Thursday 27 July 2023
09:00am-12:00pm
Boardroom, The Department, Lewis's Building,
2 Renshaw Street, Liverpool, L1 2SA

NHS Cheshire and Merseyside

Meeting of the Integrated Care Board

held in PUBLIC

Agenda

Chair: Raj Jain

The ICB Board meeting are business meetings which, for transparency, are held in public. They are not 'public meetings' for consulting with the public, which means that those people who attend the meeting cannot take part in the formal meetings proceedings. The ICB Board meeting is live streamed and recorded.

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
09:00am	**Preliminary Business**			
ICB/07/23/01	Welcome, Introductions and Apologies • confirmation of quoracy • apologies received: Joe Rafferty	Chair	Verbal	-
ICB/07/23/02	Declarations of Interest *(Board members are asked to notify the Chair if there are any declarations in relation to the agenda items or if there are any changes to those published in the Board Member Register of Interests). Register of Interest available at: https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/managing-conflicts-of-interest/*	Chair	Paper Approval	-
ICB/07/23/03	Minutes of the previous meeting: • 29 June 2023	Chair	Paper Approval	*Page 8*
ICB/07/23/04	Board Action Log	Chair	Paper For note	*Page 27*
ICB/07/23/05	Board Decision Log	Chair	Paper For note	*Page 31*
09:10am	**Standing Items**			
ICB/07/23/06	Chairs Announcements	Chair	Verbal	-
ICB/07/23/07 **09:15am**	Report of the Chief Executive	GPU	Paper For note	*Page 37*
ICB/07/23/08 **09:25am**	Report of the Place Director	MBA	Paper For note	*Page 52*
ICB/07/23/09 **09:35am**	Resident / Staff Story	-	Presentation For note	-
09:40am	**ICB Business Items**			
ICB/07/23/10	Health Inequalities and Population Health Programme Update	CWA	Paper For note	*Page 66*
ICB/07/23/11 **09:55am**	Northwest BAME Assembly Anti-Racism Framework.	CSA	Paper For approval	*Page 87*
ICB/07/23/12 **10:05am**	Cheshire and Merseyside ICB Board Assurance Framework Q1	CWA	Paper For approval	*Page 127*
ICB/07/23/13 **10:20am**	Operational Planning 2023/24 Close Down	AMI	Paper For note	*Page 182*

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
ICB/07/23/14 **10:30am**	NHS Long Term Workforce Plan	CSA	Paper For Note	*Page 199*
10:40am	**ICB Key Update Reports**			
ICB/07/23/15	Executive Director of Nursing & Care Update Report (July 2023)	CDO	Paper For noting	*Page 208*
ICB/07/23/16 **10:50am**	Cheshire & Merseyside ICB Quality and Performance Update Report (July 2023)	AMI	Paper For noting	*Page 213*
ICB/07/23/17 **11:00am**	Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee (June 2023)	TFO	Paper For noting	*Page 265*
ICB/07/23/18 **11:10am**	Cheshire & Merseyside System Month 3 Finance Report	CWI	Paper For noting	Page 273
ICB/07/23/19 **11:20am**	Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Resources Committee (June 2023)	EMO	Paper For noting	*Page 299*
11:30am	**Sub-Committee Reports**			
ICB/07/23/20	Report of the Chair of the Cheshire & Merseyside ICB Audit Committee (June 2023)	NLA	Paper For noting	*Page 304*
ICB/07/23/21 **11:35am**	Report of the Chair of the Cheshire & Merseyside ICB System Primary Care Committee (June 2023)	CWA	Paper For noting	*Page 312*
ICB/07/23/22 **11:45am**	Report of the Chair of the Cheshire & Merseyside ICB Transformation Committee (June 2023)	CWA	Paper For approval	*Page 317*
ICB/07/23/23 **11:50am**	Report of the Chair of the Cheshire & Merseyside Health and Care Partnership (June 2023)	RJA	Paper For noting	*Page 325*
11:55am	**Other Formal Business**			
ICB/07/23/24	Closing remarks, review of the meeting and communications from it	Chair	Verbal	-
12.00pm	**CLOSE OF MEETING**			

Date and time of next meeting:
28 September 2023, 09:00am – 12:00 noon, Platinum Suite, Halliwell Jones Stadium, Warrington, WA2 7NE
A full schedule of meetings, locations, and further details on the work of the ICB can be found here: www.cheshireandmerseyside.nhs.uk

Meeting Quoracy arrangements:
Quorum for meetings of the Board will be a majority of members (eight), including:

- the Chair and Chief Executive *(or their nominated Deputies)*
- at least one Executive Director *(in addition to the Chief Executive)*
- at least one Non-Executive Director
- at least one Partner Member; and
- at least one member who has a clinical qualification or background.

Speakers

AMI	Anthony Middleton, Director of Performance and Planning, C&M ICB
CDO	Christine Douglas MBE, Director of Nursing and Care, C&M ICB
CWA	Clare Watson, Assistant Chief Executive, C&M ICB
CWI	Claire Wilson, Executive Director of Finance, C&M ICB
EMO	Erica Morriss, Non-Executive Director, C&M ICB
GPU	Graham Urwin, Chief Executive, C&M ICB
MBA	Mark Bakewell, Interim Place Director (Liverpool), C&M ICB
NLA	Neil Large MBE, Non-Executive Director, C&M ICB
RJA	Raj Jain, Chair, C&M ICB
TFO	Tony Foy, Non-Executive Director, C&M ICB

NHS Cheshire Merseyside Integrated Care Board - Declarations of Interest Register 2023-2024

NHS Cheshire and Merseyside

	Name		Directorate	Role/ Position within/ relationship with NHS C&M	Type of Interest (Y/N)				Description of the interest, including the name and details of the organisation (or subject) and the nature of the role / relationship with it that constitutes an interest.	Date interest is relevant		DATE OF RETURN	Action Taken to mitigate potential conflicts of interest
	Surname	Forename			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct (D) or Indirect (I) Interest		From:	To:		
BOARD	Jain	Raj	ICB Executive/ Director	Chair	X			D	**Advisor**: Contracted by HitachiVantara to provide (paid) strategic advice on the development of digital solutions for healthcare and associated industries. Up to 48 days per year.	Feb-22	Mar-24	~~23/06/2022~~ Updated 13/07/2023	N/A: This does not involve any activities within or related to C&M ICS/ICB.
					X			D	**Senior Leadership Coaching**: Provision of (paid) coaching support to executives and senior managers in health/ health related organisations through a company RJ part owns – Socha Consulting Ltd. Approx 15 days per year.	Jun-21	Present		N/A: This will not currently include any NHS, Local Authority or third sector organisations in C&M.
							X	D	**Director**: NW NHS BAME Assembly. To support the mission of the assembly to act on inequalities in the Northwest (voluntary, unpaid)	2021	Present		N/A: No conflict
						X		D	**Director**: New Local (Charity); a national think tank that has the aim of advancing the impact of community based policy making. (Unpaid)	2021	Present		N/A: No conflict
BOARD	Urwin	Graham	ICB Executive/ Director	Chief Executive	-	-	-	-	N/A - Nil Return	-	-	~~30/06/2022~~ Updated 19/07/2023	-
BOARD	Broomhead	Steven	ICB Board	ICB Partner Member: Local Authority	X				**Chief Executive**: Warrington Borough Council (Paid)	2012	Present	~~04/07/2022~~ Updated 12/07/2023	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X		**Vice Chairman**: Warrington Wolves Rugby Club (Unpaid, 1/2 day per month)	2001	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X		**Non Exec Chair**: Data Clinic Ltd, data retrieval specialists (Paid, 1 day per month)	2019	Present		Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X			**Governor**: University of Chester (Unpaid, 1 day per month)	2019	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X			**Chair of Governors**: St Mary's Primary School, Leyland, Lancs (Unpaid, 1/2 day per month)	2020	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X			**Chairman**: Warrington & Co, Regeneration Partnership (Unpaid, 1/2 day per month)	2014	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X			**Founder**: Wire Regeneration Ltd, Joint Venture Company (Unpaid, 1/2 day per month)	2016	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
BOARD	Cummins	Paul (Cllr)	ICB Board	ICB Partner Member: Local Authority	X			D	**Councillor/ Cabinet Member:** Adult Social Care, Sefton MBC. (Paid, no set time allowance, but carried out over 7 days a week)	May-12	Present	~~24/06/2022~~ Updated 20/07/2023	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
					X			D	**Non-Exec Director:** Primary Care 24, Merseyside. (Paid, approix 2 days per month)	Feb-18	Present		Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	I	**Non-Financial Indirect:** Wife is a Shared Lives Officer for Halton Borough Council.	-	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	D	**Trustee/ Director:** Sefton CVS. (Unpaid, 2 hours every 2 weeks).	Oct-87	Present		Low: Unpaid role, but decision making role. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X			**Political Lead:** Health Integration & Health Inequalities, Liverpool City Region Combined Authority. (Unpaid, 2 hours every 2 weeks).	Sep-21	Present		Low: Unpaid role, not a decision making role. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
BOARD	Marr	Ann	ICB Board	ICB Partner Member: NHS Trusts/ Foundation Trusts	X			D	**Chief Executive:** Mersey & West Lancashire Teaching Hospitals NHS Trust (previously St Helens & Knowsley and Southport & Ormskirk Trusts).	2003	Present	~~12/07/2022~~ Updated 13/07/2023	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
BOARD	Rafferty	Joe	ICB Board	ICB Partner Member: NHS Trusts/ Foundation Trusts			X	D	**Chair**: C&M Mental Health, Learning Disability and Community Provider Collaborative. (Unpaid, approx 1 day per week)	Aug-21	Present	27/06/2022	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	D	**Honourary Professor**: Population Health, Liverpool University (Unpaid, approx 1 day per month)	Mar-21	Present		Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	D	**Member**: Liverpool Health Partnership Board (Unpaid, 1 day per 6-8 weeks)	Jan-17	Present		Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
					X			D	**Shareholder**: JA Rafferty Advisory Limited (96% shareholder). No work in NHS or UK.	Nov-19	Present		N/A: Currently no conflict identified
							X	D	**Member**: Advisory Panel for Healthcare Safety Advisor Board (Unpaid, approx 1 day per 6-8 weeks)	May-17	Present		Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate.
					X			D	**Patent Owner**: Joint holder of drug patent for Pa Trin	Jan-18	Present		Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate.
					X			D	**Chief Executive**: Mersey Care NHS Foundation Trust	Sep-12	Present		Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate.
							X	D	**Director**: Mersey Care Ltd, currently dormant - no trading history or accounts.	Apr-17	-		N/A: No conflict as company dormant. Review if company begins trading.
BOARD	Irvine	Adam	ICB Board	ICB Partner Member: General Practice Provider	X			D	**CEO**: Community Pharmacy Cheshire & Wirral LPC. (Paid, approx 32 hours per week).	Jan-18	Present	~~24/06/2022~~ Updated 17/07/2023	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
					X			D	**Contractor Representative**: James Cubbins & Sons Group (small group of Independent NHS Community Pharmacies). (Paid, ad hoc hours)	Feb-18	Present		Medium: Paid, not a decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
					X			D	**Associate**: Conclusio Ltd (a health, care and pharmaceutical consultancy company, providing advisory, consultancy and service transformation). (Paid, approx 6 days per year)	Nov-20	Present		Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	D	**Councillor**: Sandymoor Parish Council (Unpaid)	May-10	Present		N/A: No conflict
BOARD	Rankin	Naomi (Dr)	ICB Board	ICB Partner Member: General Practice Provider	X				**GP Partner:** Belle Vale Medical Practice, Liverpool.	Aug-15	Present	19/01/2023	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
					X				**Clinical Director & Shareholder:** iGPC Primary Care Network. PCN based in Liverpool, undertakes NHS work only.	Jan-20	Apr-25		Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X			**Member:** Liverpool Local Medical Committee	Jun-17	Present		Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
BOARD	Foy	Tony	ICB Executive/ Director	ICB Non Executive Director	X			D	**Secondary Employment**: Chair of Mid Mersey Digital Alliance (IT provider for some C&M organisations – not ICB). 1.5 days per month.	Apr-21	Present	22/06/2022	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	I	**Non-Financial Indirect:** Daughter is an Associate Director (Social Work) with Merseycare.	-	Present		Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
BOARD	Large	Neil	ICB Executive/ Director	ICB Non Executive Director			X	I	**Indirect:** Son is Deputy director of Finance, Southport & Ormskirk NHS Trust. Substantive following 12 month secondment.	Mar-21	Present	~~24/06/2022~~ Updated 04/09/2022	Low: Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.

Board Participants (July 23) - all declarations are accurate as at the date the register was published.

NHS Cheshire Merseyside Integrated Care Board - Declarations of Interest Register 2023-2024

NHS Cheshire and Merseyside

	Name		Directorate	Role/ Position within/ relationship with NHS C&M	Type of Interest (Y/N)				Description of the interest, including the name and details of the organisation (or subject) and the nature of the role / relationship with it that constitutes an interest.	Date interest is relevant		DATE OF RETURN	Action Taken to mitigate potential conflicts of interest
	Surname	Forename			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct (D) or Indirect (I) Interest		From:	To:		
BOARD	Morriss	Erica	ICB Executive/ Director	ICB Non Executive Director	X			D	**Non-Exec Director**: Castles and Coasts Housing Association (Paid, 2.5 days per month)	Nov-20	Present	~~22/06/2022~~ Updated 12/07/2023	N/A: This does not involve any activities within or related to C&M ICS/ICB.
							X	D	**Trustee**: Citizens Advice Bureau, Cheshire (Unpaid, approx 1.5 days per month) ENDS OCTOBER 2023 - REMOVE APRIL 2024	Nov-19	Oct-23		Low: Unpaid role, but decision making role. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
							X	D	**Board Director**: Healthwatch, Cheshire (Unpaid, approx 1 day per month)	Sep-17	Present		Low: Unpaid role, but decision making role. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X		D	**Partner & Community Governor**: Mid Cheshire Hospitals Foundation Trust (Unpaid, approx 1 day per month). ENDED APRIL 2023 - REMOVE OCTOBER 2023	Sep-17	Apr-23		Low: Unpaid role, but decision making role. Where required, will withdraw from any ICB discussions that involve MCHFT.
BOARD	Garratt	Hilary	ICB Executive/ Director	ICB Non Executive Director	X			D	**Deputy Chief Nurse**: NHS England, substantive role.	Feb-23	Jun-23	22/11/2022	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate.
EXEC	Watson	Clare	ICB Executive/ Director	Assistant Chief Executive	-	-	-	-	N/A - Nil Return	-	-	~~29/06/2022~~ Updated 13/07/2023	-
EXEC	Wilson	Claire	ICB Executive/ Director	Executive Director of Finance			X	I	**Indirect:** Husband is trustee of St Anns Hospice and Southway Housing association. Both roles voluntary with no financial benefit.	2019	Present	~~29/06/2022~~ Updated 15/02/2023	Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
						X		D	**Trustee:** Healthcare Financial Management Association (HFMA). (Unpaid).	2019	Present		N/A - No conflict
								I	**Indirect:** Husband is Non-Executive Director of Lancashire and South Cumbria NHS FT	01/01/2023	Present		Low: Non-financial. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
EXEC	Douglas	Christine	ICB Executive/ Director	Executive Director of Nursing & Care	-	-	-	-	N/A - Nil Return	-	-	08/08/2022	-
EXEC	Pritchard-Jones	Rowan	ICB Executive/ Director	Executive Medical Director	X			D	**Secondary Employment:** Consultant Plastic Reconstrcutive Surgeon, St. Helens & Knowsley Teaching Hospitals NHS Trust, providing clinical and ad hoc sessional (including weekends and on-call commitment). (Paid, ad hoc approx 1 day per week)	Jul-22	Present	~~24/06/2022~~ ~~Updated 05/07/2022~~ Updated 12/07/2023	Medium: Full and transparent declaration provided - financial interest, but not in a decision making role. Where required, will withdraw from any ICB discussions that involve STHK.
						X		D	**Chair**: Research Committee, British Association Plastic Reconstructive Aesthetic Surgeons. Sits on Council and Education Committee. (Unpaid, approx day per month)	Nov-21	Present		Low: Unpaid role, but is a decision making role. Declare as necessary in any meeting or discussion and where in agreement with the meeting Chair.
						X		D	**Chair**: Skin Group of National Cancer Research Institute (NCRI). (Unpaid, approx 1 day per month)	Mar-22	Present		Low: Unpaid role, but is a decision making role. Declare as necessary in any meeting or discussion and where in agreement with the meeting Chair.
						X		D	**Sub Specialty Lead**: Plastic surgery, hand surgery and cancer, North West Coast Clinical Research Network. (Unpaid, approx day per month)	Jun-18	Present		Low: Unpaid & not a decision making role. Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
					X			D	**Financial Indirect Interest**: Grants held from North West Cancer, NIHR and Skin Cancer Research Fund - covering consulables only, no salary.	Oct-15	Present		Low: Declare as necessary in any meeting or discussion.
						X		D	**Honourary Clinical Professor**: Edge Hill University (Unpaid)	Nov-20	Present		Low: Declare as necessary in any meeting or discussion.
						X		D	**Honourary Clinical Professor**: Liverpool University (Unpaid)	Nov-20	Present		Low: Declare as necessary in any meeting or discussion.
						X		D	**Member:** InspECT - International Network for Sharing Practices on Electrochemotherapy (Unpaid, 4 days per year).	Nov-20	Present		Low: Declare as necessary in any meeting or discussion.
EXEC	Wilkinson	Mark	ICB Executive/ Director	Place Director - Cheshire East	X				**Non Executive Director:** Bolton at Home Group Ltd. Housing Provider in Bolton (Paid, approx 1 meeting per month).	Apr-22	Mar-25	10/12/2022	Low: Declare as necessary in any meeting or discussion.
					X				**Director:** Fairways Consulting Services Ltd, a digital & IT Consultancy based in Surrey.	Jul-22	Present		Low: Declare as necessary in any meeting or discussion.
								I	**Indirect:** Spouse is Workforce Development Lead, Public Health, Lancashire County Council	Jan-23	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
EXEC	Curtis	Delyth	ICB Executive/ Director	Place Director - Cheshire West/ Deputy Chief Executive (Health & Wellbeing) Cheshire West and Chester Council	X				**Deputy Chief Executive**: Joint role with Cheshire West and Chester (CWAC). Director of Adult Social Services, and overall responsibility for Children's Social Care, Education, Public Health, Commissioning and Early Intervention. (Paid)	2017	Present	26/01/2023	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
									Director: Vivo Care Choices Limited. Social Work activities, without accommodation, for elderly and disabled service users (Unpaid).	01/04/2022	Present		Low: Declare as necessary in any meeting or discussion.
									Director: Cheshire Provider Services, a council arms-length company. Parent Co of Vivo Care Choices Ltd. (Unpaid)	05/10/2021	Present		Low: Declare as necessary in any meeting or discussion.
						X			**Director:** Harris Watkins, Property Company in Lancashire. No direct or indirect trading with NHS or Local Authority (Unpaid)	26/07/2007	Present		N/A - No conflict
EXEC	Leo	Anthony	ICB Executive/ Director	Place Director - Halton			X	D	**Trustee:** Honorary Treasurer for small music charity, Metropolitan Cathedral Choir Association (Unpaid, 1-2 hours per month approx).	Jun-05	Present	04/08/2022	N/A - No conflict
							X	D	**Other:** Justice of the Peace (Unpaid, 3-6 hours per month approx)	Jun-05	Present		N/A - No conflict
EXEC	Lee	Alison	ICB Executive/ Director	Place Director - Knowsley			X	D	**Volunteer:** Occasional volunteer with Age UK, Wirral. (Unpaid)	2006	Present		Low: Declare as necessary in any meeting or discussion.
								I	**Indirect:** Husband is a photo-journalist with Agence France Press (AFP); covering stories of national & international interest.	2006	Present		Low: Declare as necessary in any meeting or discussion.
EXEC	Bakewell	Mark	ICB Executive/ Director	Place Director - Liverpool				I	**Indirect**: Wife employed by NHS England as National Programme Lead for LD and Autism	Feb-17	Present	~~19/10/2022~~ Updated 28/03/2023	Low: Declare as necessary in any meeting or discussion.
EXEC	Butcher	Deborah	ICB Executive/ Director	Place Director - Sefton	-	-	-	-	N/A - Nil Return	-	-	27/07/2022	-
EXEC	Palethorpe	Mark	ICB Executive/ Director	Place Director - St Helens/ Executive Director People (Adult Social Care, Children & Young People & Public Health), St Helens Local Authority	X			D	**Executive Director**: Joint role with St Helens Local Authority as Executive Director Integrated Health & Social Care. Responsible for childrens, adult and public health. (Paid)	15/02/2021	Present	~~03/08/2022~~ Updated 08/11/2022	Medium: Paid & decision making role; declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.
								I	**Indirect:** Son is a Doctor at The Royal Liverpool University Hospital.	-	Present		Low: Declare as necessary in any meeting or discussion.
								I	**Indirect:** Wife is a teacher at Love Music Trust, potential partner with St Helens and other Councils.	Jun-12	Present		
								I	**Indirect:** Sister in law is a Project Manager within NHS C&M ICB, Cheshire West.	-	Present		Low: Declare as necessary in any meeting or discussion.
EXEC	Marsh	Carl	ICB Executive/ Director	Place Director - Warrington		X		D	**Consultancy:** Engaging with Boehringer Ingelheim on an international non-promotional initiative focusing on improving the implementation of guidelines in Type 2 Diabetes. Support consists of attendance at one to two summits each year (Unpaid).	01/04/2022	Present	04/08/2022	Low: Declare as necessary in any meeting or discussion.
								I	**Indirect:** Spouse is Associate Director of Transformation & Partnerships for Cheshire West. Previously Director of Commissioning at NHS Cheshire CCG.	01/07/2022	Present		Low: Not currently a decision-making role at Place within agreed parameters of ICB SORD and SFIs, but does have influence - declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate and where in agreement with the meeting Chair.

Board Participants (July 23) - all declarations are accurate as at the date the register was published.

NHS Cheshire Merseyside Integrated Care Board - Declarations of Interest Register 2023-2024

NHS Cheshire and Merseyside

	Name		Directorate	Role/ Position within/ relationship with NHS C&M	Type of Interest (Y/N)				Description of the interest, including the name and details of the organisation (or subject) and the nature of the role / relationship with it that constitutes an interest.	Date interest is relevant		DATE OF RETURN	Action Taken to mitigate potential conflicts of interest
	Surname	Forename			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct (D) or Indirect (I) Interest		From:	To:		
EXEC	Banks	Simon	ICB Executive/ Director	Place Director - Wirral				I	**Indirect:** Spouse is an employee of NHS Cheshire and Merseyside (Meds Management, Halton)	Apr-17	Present	25/07/2022	Low: Not in a decision-making role; declare as necessary in any meeting or discussion.
								I	**Indirect:** Son is an apprentice Paralegal for Stephensons Solicitors LLP, working in clinical negligence team.	Mar-21	Present		Low: Declare as necessary in any meeting or discussion.
								I	**Indirect:** Sister-in-law employed by Leso Digital Health, provider of online Cognitive Behavioural Therapy (CBT) to the NHS.	Sep-20	Present		Low: Declare as necessary in any meeting or discussion.
EXEC	Samosa	Christine	ICB Executive/ Director	Chief People Officer				I	**Indirect:** Daughter is an Administrator within St Helens & Knowsley Teaching Hospitals NHS Trust	14/11/2022	Present	27/06/2022	Low: Declare as necessary in any meeting or discussion.
EXEC	Middleton	Anthony	ICB Executive/ Director	Director of Performance & Planning	-	-	-	-	N/A - Nil Return	-	-	27/06/2022	-
EXEC	Llewellyn	Jonathan	ICB Executive/ Director	Chief Digital Officer	-	-	-	-	N/A - Nil Return	-	-	13/01/2022	-
PARTICIPANT	Lynch	Susanne	Medical (Incl Digital)	Chief Pharmacist				I	**Indirect:** Husband is owner of Cambridge Road Pharmacy, a community pharmacy in Southport.	11/01/2023	Present	12/01/2023	Low: Declare as necessary in any meeting or discussion.
EXEC	Ashworth	Ian (Prof)	Finance (Incl Planning & Perf)	Director of Population Health		X		D	**Visiting Professor:** University of Chester. This is an Honorary Position and is unpaid, it helps to maintain and enhance my academic public health skills/ and contributes towards building greater public health research capacity and collaboration within the Cheshire and Merseyside system.	Aug-22	Present	~~25/10/2022~~ Updated 22/02/2023	Low: Declare as necessary in any meeting or discussion.
						X		D	**Board Member: Brio** Leisure Community Interest Company. Non-Voting Technical Advisor included as part of the DPH portfolio of responsibilities within Cheshire West and Chester Council.	Jul-22	Present		Low: Declare as necessary in any meeting or discussion.
						X		D	**Voting Member**: C&M Directors of Public Health Executive (CHAMPS Network). As one of the subregions DPHs I am a voting member of the CHAMPs network. As part of the new Director of Population Health role for the ICB, I will continue to be a voting member.	Jul-17	Present		Low: Declare as necessary in any meeting or discussion. Voting membership retained, as agreed by the 9 DsPH, as part of Director of Population Health role - part of the main duties as described within the job role.
PARTICIPANT	Parkinson-Loftus	Jayne	Board Participant - Healthwatch	Manager, Healthwatch St Helens	-	-	-	-	N/A - Nil Return	-	-	01/08/2022	-
PARTICIPANT	Yeoman	Sally	Board Participant - Voluntary Sector, North West	Chief Officer, Halton & St Helens VCA	X			D	**Chief Executive:** H&STH VCA, therefore in receipt of place-based funding.	Aug 2006	Present	~~02/08/2022~~ Updated 21/06/2023	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
					X			D	**Chair:** Voluntary Sector, North West	Feb 2019	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	Blair	Diane	Board Participant - Healthwatch	Manager, Healthwatch Sefton	-	-	-	-	N/A - Nil Return	-	-	20/08/2022	-
PARTICIPANT	Thompson	Lydia	Board Participant - Healthwatch	Chief Executive, Warrington Healthwatch	-	-	-	-	N/A - Nil Return	-	-	21/11/2022	-
PARTICIPANT	Cullen	Alison	Board Participant - Healthwatch	Chief Officer, Warrington VCSE	-	-	-	-	N/A - Nil Return	-	-	21/11/2022	-
PARTICIPANT	Ashworth	Ian (Professor)	Board Participant - Director of Public Health	Director Public Health Cheshire West and Chester		X		D	**Board Member:** Brio Leisure Community Interest Company, Non-Voting Technical Advisor included as part of the DPH portfolio of responsibilities within Cheshire West and Chester Council.	01/07/2022	Present	25/10/2022	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
							X	D	**Honorary Visiting Professor**: University of Chester	01/08/2022	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	McNulty	Sarah (Dr)	Board Participant - Director of Public Health	Assistant Executive Director Public Health, Knowsley	-	-	-	-	N/A - Nil Return	-	-	22/02/2023	-
PARTICIPANT	Barry	Louise	Board Participant - Healthwatch	Chief Executive, Cheshire East & Cheshire West Healthwatch		X		D	**Trustee:** Options for Supported Living. Organisation providing support for people with learning disabilities operating in Merseyside.	May-05	Present	19/10/2022	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
						X		D	**Governor**: City of Liverpool College	2005	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	Thwaites	Sarah	Board Participant - Healthwatch	Chief Executive, Liverpool Healthwatch	-	-	-	-	N/A - Nil Return	-	-	21/10/2022	-
PARTICIPANT	Prior	Karen	Board Participant - Healthwatch	Senior Manager, Healthwatch Wirral		X		D	**Governor**: Wirral Community Heath & Care NHS Foundation Trust	2016	Present	19/10/2022	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	Sullivan	Kathryn	Board Participant - Voluntary Sector, North West	Chief Executive Officer, Cheshire East VCA	-	-	-	-	N/A - Nil Return	-	-	25/10/2022	-
PARTICIPANT	Hart	Chris	Board Participant - Voluntary Sector, North West	Director of Cheshire East Social Action Partnership, supporting VCFSE sector/ Cheshire East Health and Care Partnership Board member	X			D	**Director**: Pulse Regeneration Ltd, contracted by Cheshire East Council to deliver the Social Action Partnership service, responsible for engaging the VCFSE sector with health and care structures.	01/04/2020	Present	26/10/2022	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	Mavers	Paul	Board Participant - Healthwatch	Team Manager, Healthwatch Knowsley				I	**Indirect**: Spouse is Matron, employed by Liverpool Women's NHS Foundation Trust.	2020	Present	07/11/2022	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
								I	**Indirect**: Sister employed with Mersey Care NHS Foundation Trust.	2021	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
								I	**Indirect:** Sister employed with NHS Cheshire & Merseyside ICB (St Helens)	2021	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	Aspin	David	Board Participant - Healthwatch	Interim Support Team Manager - Healthwatch Knowsley	-	-	-	-	N/A - Nil Return	-	-	01/03/2023	-
PARTICIPANT	Livesey	Karen	Board Participant - Voluntary Sector, Wirral	VCFSE Lead, Wirral	X			D	**Director:** One Wirral CIC, provider organisation in Wirral. In receipt of funding from NHSE, ICB & HEE	2019	Present	19/01/2023	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
					X				**Employed Role:** Strategy & Transformation Lead, Healthier South Wirral PCN	2022	2023		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	White	Angela	Board Participant - Voluntary Sector, Sefton	VCSFE Lead, Sefton	X				**Employed Role:** Chief Executive, Sefton CVS which is a place-based health and social care provider in Sefton and VCF infrastructure organisation as VCF advocate. In receipt of NHS grants and contracts to deliver social prescribing, crisis cafes, cancer navigator programme hospital discharge, health trainers, enhanced care at home, BAME mental health project. Address: Suite 3B, 3rd Floor, North Wing, Burlington House, Crosby Road North, Waterloo, Liverpool L22 0LG	1992	Present	22/09/2022	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
					X				**Employed Role:** Healthwatch Sefton is a subsidiary private limited company of Sefton CVS. Funded through Sefton Council	1992	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.

Board Participants (July 23) - all declarations are accurate as at the date the register was published.

NHS Cheshire Merseyside Integrated Care Board -
Declarations of Interest Register 2023-2024

NHS
Cheshire and Merseyside

	Name		Directorate	Role/ Position within/ relationship with NHS C&M	Type of Interest (Y/N)				Description of the interest, including the name and details of the organisation (or subject) and the nature of the role / relationship with it that constitutes an interest.	Date interest is relevant		DATE OF RETURN	Action Taken to mitigate potential conflicts of interest
	Surname	Forename			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct (D) or Indirect (I) Interest		From:	To:		
PARTICIPANT	Jones	Racheal	Board Participant - Voluntary Sector, Knowsley	VCFSE Lead, Knowsley	X				**Employed Role:** CEO One Knowsley, delivering the Social Prescribing service for x2 PCN's in the borough (Kirkby PCN, East and South PCN); C&M CMH programme in the borough and C&M CMCA programme.	2020	Present	16/02/2023	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
					X				**Secondment:** C&M Transformation Lead for LCR, VSNW & VCSFE	2020	Present		Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.
PARTICIPANT	White	Clare	Board Participant - Voluntary Sector, Liverpool	VCSFE Lead, Liverpool	X				**Employed Role:** CEO, Liverpool CVS. Advocate for the VCFSE sector in relation to funding for work carried out in delivering services within community settings aligned to NHS strategy	2020	Present	16/03/2023	Low: Role on NHS C&M Board is non-voting, regular participant only. Declare as necessary in any meeting or discussion.

NHS
Cheshire and Merseyside

Integrated Care Board Meeting Public

Held at Runcorn Town Hall, Heath Rd, Runcorn, WA7 5TD
Thursday 29 June 2023
9.00am to 12.00pm

UNCONFIRMED Draft Minutes

MEMBERSHIP		
Name	**Initials**	**Role**
Raj Jain	RJA	Chair, Cheshire & Merseyside ICB (voting member)
Neil Large MBE	NLA	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Prof. Hilary Garratt CBE	HGA	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Erica Morriss	EMO	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Tony Foy	TFO	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Graham Urwin	GPU	Chief Executive, Cheshire & Merseyside ICB (voting member)
Claire Wilson	CWI	Executive Director of Finance, Cheshire & Merseyside ICB (voting member)
Christine Douglas MBE	CDO	Executive Director of Nursing and Care, Cheshire & Merseyside ICB (voting member)
Prof. Rowan Pritchard-Jones	RPJ	Medical Director, Cheshire & Merseyside ICB (voting member)
Prof. Steven Broomhead (from Item 6 onwards)	SBR	Partner Member, Chief Executive, Warrington Borough Council (voting member)
Adam Irvine	AIR	Partner Member, Chief Executive Office, Community Pharmacy Cheshire, and Wirral (CPCW) (voting member)
Dr Naomi Rankin	NRA	Partner Member, Primary Care (GP) Partner Member (voting member)
Councillor Paul Cummins	PCU	Partner Member, Cabinet Member for Adult Social Care, Sefton Council (voting member)
Prof. Joe Rafferty CBE (up to and including Item 11)	JRA	Partner Member, Chief Executive Office, Mersey Care NHS Trust, (voting member)
IN ATTENDANCE		
Dr Fiona Lemmens	FLE	Associate Medical Director, Cheshire & Merseyside ICB (Regular Participant)
Anthony Middleton	AMI	Director of Performance and Improvement, Cheshire & Merseyside ICB (Regular Participant)
Christine Samosa	CSA	Director of People, Cheshire & Merseyside ICB (Regular Participant)

Clare Watson	CWA	Assistant Chief Executive, Cheshire & Merseyside ICB (Regular Participant)
John Llewellyn	JLL	Chief Digital Information Officer, Cheshire & Merseyside ICB
Warren Escadale (from Item 8 onwards)	WES	Chief Executive, Voluntary Sector North West (Regular Participant)
Sally Yeoman	GCL	VCFSE representative
David Wilson	JPL	Healthwatch Halton
Tony Leo	LMA	Place Director Halton
Louise Murtagh	LMU	Corporate Governance Manager, Cheshire & Merseyside ICB
Matthew Cunningham	MCU	Associate Director of Corporate Affairs and Governance
John Llewelyn	JLE	Chief Digital Information Officer, Cheshire & Merseyside ICB (Regular Participant)
Dr Jonathan Griffiths	JGR	Associate Medical Director (Primary Care)
Neil Evans	NEV	Associate Director of Strategy and Collaboration
Prof. Ian Ashworth	IAS	Director of Population Health (Regular Participant)

APOLOGIES NOTED		
Ann Marr OBE	AMA	Partner Member, Chief Executive, St Helens & Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital Trust (voting member)

Item	Discussion, Outcomes and Action Points	Action by
12.30pm	Preliminary Business	
ICB/23/06/01	Welcome, Introductions and Apologies	
	RJA welcomed all present at the meeting and advised that this was a meeting held in public. There was a delegation of patients from Park View practice and RJA confirmed that members of the Board would be meeting with these following the Board meeting. Thanks were extended to staff based at Runcorn town hall for their warm welcome. Apologies for absence were received from Ann Marr.	
ICB/23/06/02	Declarations of Interest	
	There were no declarations of interest made by Members that would materially or adversely impact on matters requiring discussion and decision on the items being considered at today's private Board meeting.	
ICB/23/06/03	Minutes of the last meeting – 25 May 2023	

Item	Discussion, Outcomes and Action Points	Action by
	Members reviewed the minutes of the meeting held on 25 May 2023 and agreed that they were a true reflection of the discussions and decisions made. **The Integrated Care Board approved the minutes of ICB Board meeting of 25 May 2023.**	
ICB/23/06/04	Action Log	
	The Board acknowledged the completed actions and updates provided in the document. RJA asked attendees to note the high number of entries on the list and that this number was growing. Those with actions open against their names were asked to review and update. **The Integrated Care Board noted the Action Log.**	
ICB/23/06/05	Decision Log	
	Members reviewed the decision log and confirmed that the information presented was an accurate record of substantive decisions made by the Board up to 23 June 2023. It was further noted that there were no emergent actions arising from those decisions that were due for review at this meeting. **The Integrated Care Board noted the Decision Log**.	
9.10am	Standing Items	
ICB/23/06/06	Chairs Announcements	
	RJA updated attendees on the following items: **The NHS at 75 – 5 July 2023**. It did not feel so long ago since 50th anniversary. Many at the meeting believed that the organisation and its principles were something to be very proud of - a system that guaranteed health care and was publicly funded. Times were tough but time should be taken to celebrate the many achievements. There were thousands of contact each day and all staff tried to make a difference on people's lives, it was a hard slog for many. **The 75th anniversary of EMT Windrush - 24th July 2023**. It was no coincidence that the success of the NHS was linked to a diverse workforce. 24% of NHS staff come from ethnic minorities and it was the largest employer of ethnic minorities in the country. **The 1st Anniversary of the Integrated Care Board (ICB) – 1st July 2023**. It had been a difficult for year for the ICB but there had been	

Item	Discussion, Outcomes and Action Points	Action by
	many good things started. The organisation was now looking forward to further transformational work. **The Integrated Care Board noted the update.**	
ICB/23/06/07	Report of the Chief Executive	
	The report presented by GPU provided a summary of issues not otherwise covered in detail on the Board meeting agenda and included: **Operational System Pressures** GPU acknowledged the massive impact that recent industrial action had had, and the work undertaken by staff to ensure patient safety during this period. No further nurses' strikes were planned but there were further expected from doctors. The long-term Workforce Plan was expected, and it was welcomed that this would cover the timespan that it took to train a doctor. CDO shared that under the entry of corridor care in the report that visits had been carried out to ensure that if enacted it was done safely and with quality. **NHS Mandate 2023-24** The Government expected cuts in waiting times. The C&M ICS would not reach the 78-week figures but the numbers it missed the target by were small. The run rate was above that expected therefore good progress was being made. **Lucy Letby trial** The trial would be coming at an end in the following week. The Board had not discussed the case to date but following the verdict there would be action plans to follow up on lessons learned. **COVID-19 inquiry. Every Story Matters** The enquiry was underway and there was lots of publicity and media attention. The enquiry provided an opportunity to learn lessons and to hear the stories of those whose lives had been affected. **COVID-19 Update** It was likely that the Covid booster offer would be scaled back and probably only provided to the those who received the flu jab. **Joint Statement from the Cheshire and Merseyside Directors of Public Health on vaping** GPU commended CHAMPS colleagues on their statement children and the effects of vaping.	

Item	Discussion, Outcomes and Action Points	Action by
	Decisions undertaken by the Executive Team Attendees were advised that under the heading of Sustainable Hospital Programme, the executive team had discussed East Cheshire and Maternity Services at Macclesfield. The department had been closed due to Covid but event after other services were restored the Maternity Services remained closed. Following successful recruitment and high-level scrutiny the first babies had been born there this week. **Hewitt Review Update** There was a short discussion on the level of funding for prevention and promoting health and an acknowledgement from members that since 2012 the funding had been cut yearly. The NHS was involved with prevention work. Hewitt was trying to explain that each ICS needed to show its funding for prevention and how this would increase. **Cheshire and Merseyside Carers Charter** The Carers charter was welcomed and there was a need for it to complement work being done at Place. A question was asked around the accuracy of the figures shown at 9.3 is a huge underestimation. The Carer's Strategy would be presented to the Board and HCP in September. Other entries in the report covered: • New Cheshire and Merseyside Four-year Suicide and Self-harm Prevention Action Plan launched • Provider Collaborative Innovator Scheme launch • VCFSE Transformation Programme CDO, JRA AND HGA took the opportunity under this item to make two presentations to nurses working for Mersey Care Foundation trust. The Chief Nursing Officer awards were given to individuals who had demonstrated significant and outstanding contributions to nursing and midwifery practice. A silver award was presented to Solomon Gwatidzo and a gold award to Trish Bennett. All attendees congratulated the recipients. **The Integrated Care Board noted the report.**	
ICB/23/06/08	Report of the Place Director	
	The Halton Place Director's Report was presented by TLE for consideration by the Board. It provided an overview of Halton Place,	

Item	Discussion, Outcomes and Action Points	Action by
	including its geography, the history of the area, its successes, partnership working and challenges. The first slides highlighted the wide range of partners in One Halton with voluntary and third sector partners given a special mention. Attendees were advised of statistics relating to residents of Halton based on a population size of 100. The following slide provided Halton's life course statistics with TLE highlighting the high number of red ringed circles showing that Halton performed worse that than the North West average. The presentation covered demographics for Halton and attendees were advised that 48.7% of its population lived in the top 20% most deprived areas in England. In addition to this 19.6% of children 0-15 lived in relative low-income households. Further information on health inequalities by electoral ward and compared to England averages was listed in the presentation. This showed that compared to England life expectancy for Halton men was 2 years lower and for women it was 1.7 years. In comparison to the North West, it was 0.5 years less for men and 0.4 years less for women. At Halton electoral ward level there was an 8.6-year difference for men and 11.1-year difference for women. The ambitions, priorities, goals and oversight and delivery arrangements for One Halton were shared as was a summary of Halton Joint Health and Wellbeing Strategy. Early priorities for One Halton were listed in the report and these covered the broad heading of Starting Well, Living Well, Ageing Well and Integrated Neighbourhood Delivery Model. For the latter examples of areas of current work were provided. Place was paramount and the following slide concentrated on how the various organisations worked together. The One Halton Partnership had self-assessed itself as 'Established' and information was provided on areas for further development. TLE explained that the Integrated Neighbourhood Delivery provided a set of principles as to how teams worked together. Through this joined up working patients would have a seamless health and social care journey. Its success was down to lots of organisations coming together for the benefit of residents. Knowing neighbourhoods and communities was key to success. **The Integrated Care Board thanked TLE for hosting the meeting**	

Item	Discussion, Outcomes and Action Points	Action by
	and for the updates on Halton Place.	
ICB/23/06/09	Resident / Staff Story	
	A video had been prepared for attendees that provided a real-life experience of using the integrated frailty care service when she had reached crisis point. The resident was able to access services in her own home which was what she wanted and also the team prevented a hospital admission. Unfortunately, due to technical difficulties attendees were unable to watch the video and were encouraged to do outside of the meeting via: https://www.youtube.com/watch?v=DOMkv2JJjAU	
12.40pm	Business Items	
ICB/23/06/11	Cheshire and Merseyside Mental Health, Community and Learning Disability Provider Collaborative - Annual Work Plan 2023-2024	
	The report presented by JRA set out Cheshire and Merseyside Mental Health, Learning Disabilities and Community Service (MHLDC) Provider Collaborative's delivery priorities for 2023/24. The work programme had been discussed with system partners and other stakeholders and represented an effective dialogue and collaborative approach to production. There was a need for ongoing engagement but the potential benefits of working at scale and of the opportunities that the MHLDC provider collaborative can offer were recognised. It was too early in the process to have reached an agreement, but the paper described the work of the collaborative, the next areas of focus and the requirement for further and ongoing discussions with system partners The MHLDC work plan consists of six programmes of work with the following objectives: • Access to Care • Community Urgent Care • Community Services for Children and Young People (CYP) • Mental Health Transformation • Population Health Management • Workforce • Finance, Efficiency and Value (joint efficiency at scale) Further details on each area and the key risks were also listed in the report and in autumn a more detailed update could be provided once the governance had been fleshed out.	

Item	Discussion, Outcomes and Action Points	Action by
	Members welcomed the presentation and discussed the 'right care right person initiative' and the effects this would have in respect of additional NHS support for people detained in custody with mental health problems. The ICS had been working with both Merseyside and Cheshire Police Commissioners and would continue to do so. **The Integrated Care Board noted the report.** **ACTION – JRA to present the delivery plan to the board in autumn 2023.**	**JRA**
ICB/23/06/10	Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24	
	The paper presented by CWA and NEV outlined the content and the process for developing the Cheshire and Merseyside Joint Forward Plan (JFP) for 2023- 28. This included the Delivery Plan for 2023-24. NHS England guidance encouraged systems to use the JFP as a shared delivery plan for the integrated care strategy and the joint local health and wellbeing strategies (JLHWS) along with the NHS universal priorities and compliance with the statutory duties of an ICB. The JFP had been developed following the nationally defined statutory and advisory requirements identified in the NHS England Guidance, and a summary document was being published with links to the more detailed content. Learning from the production of this first JFP the intention was to align future iterations more closely with the final HCP Strategy. This would make the document more reflective of a system wide HCP delivery plan with whole system ownership of the JFP. Following presentation, the following comments and questions were received: • It was good to see population health referred in the document • Progress against plan would be tracked via a dashboard held by the HCP. The ultimate intention was to hold two such trackers, one for the system with the other concentrating on the ICB. • That Safeguarding was a duty that the ICB shared with other partners • Core20PLUS5: System-wide action on healthcare inequalities. There was surprise that maternity was not listed in the document given statistics such a Black women were three times more likely to die from a pregnancy-related cause than White women	

Item	Discussion, Outcomes and Action Points	Action by
	• That the document built on previous healthcare strategies and were driven by Place • That there was an acknowledgement that the documents were NHS centric and future plans would have a more system led approach • Reference to the system needing to move from being reactive to proactive. **The Integrated Care Board** • **Approved the publication of the 2023-28 Joint Forward Plan on 30 June, including the 2023-24 delivery plan subject to any changes of non-material nature being delegated to GPU** • **Endorsed developing the Joint Forward Plan for 2024-2028 to be a document more aligned as a delivery plan for the final Cheshire and Merseyside HCP Strategy with the use of an annual NHS Cheshire and Merseyside ICB delivery plan to reflect any additional NHS specific content which sits outside of the shared priorities within the HCP Strategy.**	
ICB/23/06/12	NHS Cheshire and Merseyside ICB Annual Report and Accounts 2022-23 & Cheshire and Merseyside CCG 3 Month Reports 2022-23	
	CWA advised the Board that NHS bodies were required to publish, as a single document, an Annual Report and Accounts (ARA) prepared in accordance with the Department of Health and Social Care Group Accounting Manual. **CCG Quarter 1 2022/23 Annual Report and Accounts** The key requirements for Quarter 1 2022/23 were that CCGs: • Provided a draft unaudited ARA to NHS England (NHSE) and the CCG's external auditors by 9am on 27 April 2023 • Provided a full audited and signed annual report, as approved in accordance with the ICB scheme of delegation and signed and dated by the Chief Executive and appointed auditors, to NHSE by 9am on 30 June 2023. The 9 CCG's draft unaudited ARA were submitted to NHSE and external audit on 26 April 2023, in advance of the deadline. A further draft was reviewed by each Associate Director of Finance (Place) in June. The final report had been reviewed internally and externally and was recommended by the Audit Committee for approval by the Board. **ICB Annual Report and Accounts 2022-23** The key requirements for 2022/23 were that ICBs: • Provided a draft unaudited ARA to NHSE and the ICB's external auditors by 9am on 27 April 2023	

Item	Discussion, Outcomes and Action Points	Action by
	• Provided a full audited and signed annual report, as approved in accordance with the ICB scheme of delegation and signed and dated by the Accountable Officer and appointed auditors, to NHSE by 9am on 30 June 2023. The draft unaudited ARA was submitted to NHSE and external audit on 26 April 2023, in advance of the deadline. The final report had been extensively reviewed internally and externally and was recommended by the Audit Committee for approval by the Board. Thanks was extended to the internal finance and governance teams and the external auditors for their hard work This was also extended to the nine previous CCGs for their due diligence during the close down of their organisations. **The Integrated Care Board** • **approved the nine CCG Annual Reports and Accounts for submission to NHS England by 30 June 2023.** • **approved the ICB Annual Report and Accounts for submission to NHS England by 30 June 2023.**	
ICB/23/06/13	Primary Care Strategic framework and update on the Cheshire and Merseyside delivery plan for recovering access to primary care	
	CWA and JGR introduced the Primary Care Strategic Framework to attendees advising that the document had been written to inform future planning relating to the commissioning of primary care services across Cheshire and Merseyside. JGR started the presentation by informing attendees that primary care was the beating heart of the NHS with 90% of patient contacts occurring in the sector. Patient would refer to seeing A consultant or surgeon but referred to MY doctor, pharmacist, dentist or optician. The Framework encompassed all Primary Care providers with initial focus being General Medical and Community Pharmacy. Plans were in place to quickly add Dentistry and Optometry once the initial two chapters of the document had been completed. Development work would continue for the latter groups and be presented to the Board in November 2023. The Framework would allow the creation of a Primary Care workplan to deliver on the proposed actions. The Primary Care Access Recovery Plan had been published by NHS England and a presentation on this was provided to attendees.	

Item	Discussion, Outcomes and Action Points	Action by
	This highlighted the key ambitions of the plan that were split into the four categories of empowering patients, implementing modern general practice access, building capacity and cutting bureaucracy. Comments and questions on the reports were as follows: • From a pharmacy perspective a thank you was extended to report writers for their collaborative approach. • That there was an announcement recently regarding a reduction in the number of pharmacy providers. Conversely, there were more providers in areas of greater deprivation. • It was positive to see population health in the document. • From a GP and patient expectation point of view it was a very good document. Reference was made to 'right place, right time, right person.' • Primary care thrived at Place and the integrated approach was welcomed. Those at a local level had the relationships and outreach into Wards through the sheer number of primary care providers. • A digital sub-strategy to accompanying this framework was planned. The ambition was to have 52% of patients using the NHS App moving forward. • An offer was received from the Voluntary, Community, Faith and Social Enterprise to build on the framework to make it operationalised. • The need to offer leadership development support to staff working in primary care • How would improvements be measured and the use of metrics and smart objectives. • That the overall response to date was that practitioners want to work on change that resulted in the sector working smarter not harder • That there were a number of other groups that would assist with aims listed in the document with the Workforce Steering Group provided as an example. **The Integrated Care Board**: • **noted the paper and draft Primary Care Strategic Framework and comment on the content** • **noted the engagement that has taken place and comment on this, describing any potential gaps** • **approved the first two chapters of the Framework subject to minor changes. CWA would report on these at Primary Care Committee** • **approved ongoing work to develop the final two chapters** • **approved the development of a workplan based on the**	

Item	Discussion, Outcomes and Action Points	Action by
	Framework to inform ongoing plans • **noted that the final Framework with all chapters be brought to Board within the next 6 months.** • **noted the presentation on the Primary Care Access recovery Plan**	
ICB/23/06/14	Winter Debrief and Urgent Emergency Care Improvement Programme	
	The report presented by AMI provided a review of the Urgent and Emergency Care 22/23 Winter De-brief conducted April 2023 by the ICB System Coordination Centre (SCC) and Emergency Preparedness, Resilience and Response (EPRR) teams. The report highlighted findings, lessons learned, preparations in readiness for Winter 23/24, and the establishment of an Urgent Care Improvement Group which would report via the Transformation Committee to the Board. AMI reported on a very high bed occupancy leading up to winter and that the normal reduction in bed number in the period prior to Christmas was not experienced. No criteria to reside stood at 25% of all beds and there were high numbers of respiratory conditions witnessed. The system was still seeing seasonal waves for Covid 2-7% which created challenges. Additional funding had been released to social care that had had helped to mitigate some issues in January. However, feedback from providers was that the money was received at short notice and for a limited period. It was therefore hard to plan on this basis. AMI summarised that there was a disproportionate number for C&M of patients with no criteria to reside. This was improving but was not at acceptable levels yet. The system was receiving national support, but this came with a high level of scrutiny. Comments and questions on the reports were as follows: • Planning for the 2023/24 winter period and that there would be a plus 600 bed change • Admission prevention and the mapping of assets for alternative provision • Mental health provision and the steps being taken to reduce the rising number of admissions • Financial stability and that further information covering this would be provided in the update report in November • Virtual wards and had these been good value for money? - 55%	

Item	Discussion, Outcomes and Action Points	Action by
	was an improvement but was still quite low. The ICB was working with the national team and the provider with the view to potentially reduce funding to the programme. • Good discharge planning strategy started at the bedside. • General practice and the short-term funding received. There was a need to push back as a system to get funding sooner so that advanced plans could be made. • That the care market was fractured • There was an obsession with beds when the focus should be on prevention • There was a need to understand national funding in totality. **ACTION: the Board requested that a winter assurance report was presented at the September meeting.** **The Integrated Care Board noted the contents of this report, in particular the establishment of the Urgent Care Improvement Programme and associated governance.**	**AMI**
ICB/23/06/15	Northwest Specialised Commissioning Joint Committee Terms of Reference	
	CWA reminded members that at the Board meeting held on March 2023, C&M ICB had agreed to enter into a Joint Working Agreement with NHS England and the two other Integrated Care Boards (ICBs) in the North West for the 59 specialised services that had been identified as being appropriate for more integrated commissioning from 1 April 2023. At the meeting, a draft Terms of Reference was provided for the North West Specialised Services Joint Committee that would oversee the Joint Working Agreement and be responsible for making decisions on the specialised services within scope of the Agreement. The Committee met for the first time in shadow form on the 1 June 2023 and at this meeting the draft Terms of Reference was agreed to be taken to the Boards of each North West ICB for approval. The joint committee would present its reports to the Transformation Committee for information and assurance. The next meeting of the Committee was scheduled for 7 September 2023. **The Integrated Care Board** • **noted the update provided on the first meeting of the shadow North West Specialised Services Joint Committee** • **approved the Terms of Reference for the North West**	

Item	Discussion, Outcomes and Action Points	Action by
	Specialised Services Joint Committee • **approved the recommendation regarding delegating authority to the Assistant Chief Executive to approve any minor amendments to the Terms of Reference that may be required following consideration by the other two North West ICB Boards.**	
11.05am	ICB Key Update Reports	
ICB/23/06/16	Executive Director of Nursing & Care Update Report (June 2023)	
	The paper presented by CDO provided an overview of the current risks, issues and highlights that impacted on quality and safety within the Cheshire and Merseyside ICS footprint. The report featured the following: • Industrial Action – The Clinical Cell was gathering information on any patient harm due to strike action. A lessons learned event was also being arranged • System Improvement Board for Countess of Chester Hospital NHS Foundation Trust and System Improvement Board Liverpool University Hospital NHS Foundation Trust - for both there was an agreed set of exit criteria • Rapid Quality Review for Cheshire and Wirral Partnership NHS Foundation Trust • Patient Safety Incident Response Framework nationally mandated process needed to be in place by autumn this year. For C&M one provider had been signed off and would start 1 July 2023. Plans were in place for other providers to come online • Special Educational Needs & Disabilities update (SEND). Annual data had been published and to date only Warrington had been inspected. The action plan was being worked through. CWA added that Place Reviews had also taken place over the last few months and that risks that had been identified with action plans being developed. **The Integrated Care Board noted the content of the report.**	
ICB/23/06/17	Cheshire & Merseyside ICB Quality and Performance Update Report (June 2023)	
	The report provided on overview of key sentinel metrics drawn from the 2023/24 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health and Primary Care, as well as a summary of key issues, impact and mitigations. The report followed a different format from earlier reports and further changes would be made from September in line with Board requests. Key issues included that the urgent and emergency care system	

Item	Discussion, Outcomes and Action Points	Action by
	continued to experience significant and sometimes severe pressure across the whole of NHS Cheshire & Merseyside, and the positive news that there was a significant reduction in backlogs for both elective and cancer care. The key risks were highlighted as the impact on ambulance response times, ambulance handover times, long waits in ED resulting in poor patient outcomes and poor patient experience; long waits for cancer and elective treatment could result in poor outcomes; and workforce, encompassing recruitment, retention, skill mix/shortages, across health and social care. Discussions moved onto: • The focus on mental health out of area placements. Additionally, the high bed occupancy rates and the need to arrange housing and community services in place for those being discharged. With patients being discharged from mental health services there would be a higher proportion who would not be returning to their own homes • Learning disability health checks and the acknowledgement that these had been discussed at Board previously. For those showing 84% compliance by year end, what did they do to reach this and could best practice be shared • East Cheshire Trust mortality indicator and the work with AQUA to look at data. Further work also planned to triangulate data which would be considered at the July Quality and Performance Committee meeting • That the HCP meeting in September would concentrate on health and housing. **The Integrated Care Board noted the content of the report.**	
ICB/23/06/18	Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee (May 2023)	
	The purpose of the report was to provide assurance to the Board on key issues, considerations, approvals and matters of escalation considered by the Quality & Performance Committee at its meeting held in May 2023. From the report TFO highlighted: • The receipt of the regular LMNS report and that the briefing provided accountability to attendees • Patient Safety Incident Response Framework (PSIRF). – members complimented those getting the ICS ready for implementation and requested further assurance as to provider readiness for PSIRF adoption. • Place based reports continued to be very informative and provide	

Item	Discussion, Outcomes and Action Points	Action by
	assurance • The receipt of All Age CHC updates Areas escalated for Board attention included mortality reporting as already discussed under the performance report, and the ad hoc never events report that provided assurance of further analysis of issues. **The Board noted:** • **Section 2 of the report** • **Section 4 noted and considered the content of issues agreed as requiring escalation to the Board**	
ICB/23/06/19	Cheshire & Merseyside System Month 2 Finance Report	
	The report updated the Board on the financial performance of C&M ICS for 2023/24, in terms of relative position against its financial plan as submitted to NHS England in May 2023, alongside other measures of financial performance and utilisation of available 'Capital' resources for the financial year. As of 30 May 2023 (Month 2), the ICS was reporting a deficit of £48.2m against a planned deficit of £40.4m resulting in an adverse year to date variance of £7.8m. The system was forecasting a position in line with its plan by year end of £51.2m deficit. Key pressures were listed as inflation, impact of industrial action, and slippage across provider CIPs, and one area of risk was that the plan profile loaded to the end of the year. A success story shared with attendees in that the system had shown a strong performance on our agency costs. **The Integrated Care Board noted the contents of the report in respect of the Month 2 ICB / ICS financial position for both revenue and capital allocations within the 2023/24 financial year.**	
ICB/23/06/20	Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Resources Committee (May 2023)	
	The committee met on 23 May2023 and the main items considered were: • Review of annual workplan • Review final Month 12 financial position • High level review of Month 1	

Item	Discussion, Outcomes and Action Points	Action by
	• Approval of 2023/24 budget and planning update • Approach to financial recovery and strategy • Approval of Wirral Place 22/23 S75 agreement • Review of the MLCSU contract, financial consequences of the clinical policy harmonisation programme and outcomes of NICE TAs The committee also held a private meeting were procurement items relevant to the ICB Business and in accordance with the scheme of reservation and delegation were considered. The next meeting of the Committee was scheduled to be held on 27 June 2023. EMO added that the committee had received the first update of the Workforce Committee and the Performance Matrix. **The Integrated Care Board:** • **noted the items covered by the Committee** • **noted that the committee considered the final 22/23 financial position of the ICB/ ICS in respect of both revenue and capital allocations** • **noted that updates were received in respect of 2023/24 planning and financial recovery, with approval given to the 23/24 ICB budget book.**	
11.45am	Sub-Committee Reports	
ICB/23/06/21	Report of the Audit Committee Chair (May 2023)	
	The committee met on 16 May 2023 when the main items considered at the meeting via papers received or verbal update provided included: • the ICBs Freedom to Speak Up arrangements • IG Privacy Notices to approve • Finance and Procurement Policies to approve • ICB Procurement Waivers • Board Assurance Framework Update • the Audit Committee Risk Register for approval • the ICB Risk Committee Terms of Reference for approval • ICB Declarations of Interest Update, including business case for Civica Declare system • the development of the Annual Report and Accounts 2022- 23 • Internal Audit progress report • the draft Head of Internal Audit Opinion • a paper outlining the HfMA Improving NHS Financial Sustainability	

Item	Discussion, Outcomes and Action Points	Action by
	• Checklist - Audit Outcomes & Insights Briefing (March 2023) • the Anti-Fraud Services Annual Report • the External Audit 2023-24 • DSPT Update Report. NLA commented that there had been a high number of procurement wavers presented due to the timing of reviews. Also of note was the limited Head of Internal Audit Opinion due to the immaturity of the ICB and that this was not concern. There was a plan to improve this for next year. **The Integrated Care Board noted the items covered by the Audit Committee at its meeting on the 16 May 2023.**	
ICB/23/06/22	**Report of the Transformation Committee Chair**	
	Attendees were reminded that the Transformation Committee had been established to support the organisation in the delivery of its statutory duties and provide assurance to the Board in relation to the development and delivery of strategic plans. The main items considered at the 11 May 2023 meeting were • updates on the progress of each of the Cheshire and Merseyside Transformation Programme delivery vehicles and key achievements to date • an update on the C&M Transformation Sub Group work. • the mid-year status report around the Digital and Data Strategy • a report describing the approach to implementing the Prioritisation Framework for C&M • A summarised position on the approach to be taken for investment in Transformation Programme areas for 2023-25. This was opened for quarters three and four with a budget of £2.5m. In respect of this there had been bids submitted totalling £9.1m. For next year, the figures were £5.04m with bids for £18.65m respectively • an update on Specialised Commissioning and the requirements for each ICS to develop a number of specialised commissioning priorities within its plans. CWA confirmed that the team had been working on these priorities for a number of years and they were mostly aligned to ICB plans • the committee's Risk Report • the digital data strategy mismatch from Place and ICB. The overarching strategy was to standardise where appropriate. **The Integrated Care Board noted the items covered by the committee at its last meeting and next steps.**	

Item	Discussion, Outcomes and Action Points	Action by
11.55am	**Other Formal Business**	
	Closing remarks, review of the meeting and communications from it (Raj Jain)	
	There had been some heavy items and discussions today that had led to great conversations. It felt that the Board was maturing and getting into the work that was required.	
	CLOSE OF MEETING	
Date, time, and location of Next Meeting:		
27 July 2023, 09:00am – 11:45am The Boardroom, The Department, Lewis's Building, 2 Renshaw Street, Liverpool, L12SA		

End of Meeting

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD

Action Log 2023 - 2024

Updated: **19.07.23**

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
ICB-AC-22-05	27/10/2022	**Continuous Glucose Monitoring Update**	Requested that in 12 months' time the Board be provided with a progress update.	Rowan Pritchard-Jones	01-Oct-2023	Added to the forward plan for October 2024	COMPLETED
ICB-AC-22-06	27/10/2022	**Provider Collaborative Update**	Agreed that a strategic business case relating to increased delegation be brought to the Board for consideration.	Joe Rafferty	28-Nov-2022	Added to work plan for May 2023	CLOSED
ICB-AC-22-10	28/11/2022	**Cheshire & Merseyside System Month 7 Finance Report**	There was a need for a comprehensive provider organisational integrated performance report to be presented to the Board covering all challenges being faced by organisations. This would be provided in the new financial year.	Claire Wilson	April 2023	Added to work plan for May 2023	CLOSED
ICB-AC-22-11	28/11/2022	**Cheshire & Merseyside System Month 7 Finance Report**	In the absence of a comprehensice provider organisational integrated performance report, members would be sent dashboards that provided the wider financial position and workforce information.	Claire Wilson	Jan 2023		ONGOING
ICB-AC-22-13	28/11/2022	**ICB Equality, Diversity and Inclusion Update Report**	Members discussed how data collected via WRES, WDES, CORE20, EDS2 and other system would be used and shared with the Board. IAS agreed to bring a further report on Core20Plus to a future Board meeting in relation to this.	Ian Ashworth	TBC	Date to be confirmed when Director of Population Health starts with ICB	ONGOING
ICB-AC-22-14	28/11/2022	**Consensus on the Primary Secondary Care Interface**	RPJ confirmed that discharge medicines services were crucial for patients and a future paper would be required at Board to review	Rowen Pritchard-Jones	TBC	Has been added to the Board Forward Plan - date tbc	COMPLETED
ICB-AC-22-15	28/11/2022	**Consensus on the Primary Secondary Care Interface**	An update report would then be presented to Board over the next 12 months	Rowen Pritchard-Jones	TBC	Has been added to the Board Forward Plan	COMPLETED
ICB-AC-22-18	28/11/2022	**Report of the Chair of the Cheshire & Merseyside ICB Primary Care Committee**	The Primary Care Strategy. This would be presented to the Board in March 2023	Clare Watson	TBC	National Plan has been published. Update coming to June Board with ICB Plan coming in October 2023	COMPLETED
ICB-AC-22-20	26/01/2023	**NHS 2023/24 Priorities and Operational Planning Guidance**	That the submission date for the draft operational plan prevented it from being approved by the Board before submission on 23 February 2023 and as such there was a need for review by the ICB Executive Team and Provider Collaboratives. The final submissions would be presented to the Board for approval in March 2023	Clare Watson	March 2023	Added to work plan for June 2023	CLOSED

Action Log 2023 - 2024

Updated: **19.07.23**

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
ICB-AC-22-21	26/01/2023	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee**	The Committee had received an Urgent Care presentation and the intention was to return to the Board meeting in March with a full Urgent Care report	Anthony Middleton	March 2023	Added to work plan for May 2023	CLOSED
ICB-AC-22-22	26/01/2023	**Report of the Chair of the Cheshire & Merseyside ICB Transformation Committee**	A programme reviewing the current transformational change activity occurring across the Cheshire and Merseyside system and the work to develop priorities, delivery, and governance approaches. A report relating to this would be presented to the Board at a future meeting	Clare Watson	March 2023	Added to work plan for May 2023	CLOSED
ICB-AC-22-23	02/03/2023	**Report of the Chief Executive**	CWA confirmed that a further report would be presented to the Board in March 2023 that would include the terms of reference for these new Committees	Clare Watson	01-Mar-2023	Womens Services Committee and Risk Committee TOR being presented at May Board. North West Specialsied Commissioning Joint Committee TOR to come to June Board.	CLOSED
ICB-AC-22-28	23/02/2023	**Cheshire & Merseyside ICB Prioritisation Framework**	CWA confirmed that that the Prioritisation Framework would be presented to the ICB Board in at its April 2023 meeting.	Clare Watson	April 2023	Date tbc	ONGOING
ICB-AC-22-29	23/02/2023	**Update on NHSE Primary Care Delegation to Cheshire & Merseyside ICB Update**	A further update report on delegated services would be presented to the Board in six months	Clare Watson	September 2023	Added to work plan for September 2023	ONGOING
ICB-AC-22-30	30/03/2023	**Report of the Chief Executive (Graham Urwin)**	With regard to the suggestion of a learning event following the end of the industrial action RJA asked RPJ to look into developing this.	Rowen Pritchard-Jones	date tbc	Action is still on-going	ONGOING
ICB-AC-22-32	30/03/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report (Andy Thomas)**	With regard to the Core20plus5 there were a range of 22 indicators that would be reported through the HCP but could also be presented to this Board.	Andy Thomas	date tbc		ONGOING

Action Log 2023 - 2024

Updated: **19.07.23**

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
ICB-AC-22-33	30/03/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report (Andy Thomas)**	The ICB relative performance compared to other ICBs in the Northwest had not improved as much as they have, yet we continue to invest and put a lot of time and attention. Deep dive into this to be undertaken in April, place-based response to the information presented today in the private meeting. Further report to be brought back to the Board at a future meeting.	Andy Thomas	date tbc		ONGOING
ICB-AC-22-36	30/03/2023	**Northwest Specialised Commissioning Joint Working Agreement (Clare Watson)**	RJA asked CWA to set out a time frame for this board to understand how we will get some benefit out of this structural change.	Clare Watson	tbc	CWA to provide an update at the June Board meeting	ONGOING
ICB-AC-22-37	30/03/2023	**Sub-Committee Reports**	RJA questioned the format of the report used for this type of committee and would like to follow this up with CWA outside of the meeting.	Raj Jain & Clare Watson	tbc	RJA, CWA and MCU to meet to review committee report format. Meeting to be arranged.	ONGOING
ICB-AC-22-39	27/04/2023	**Report of the Chief Executive**	Operational System Pressures - no criteria to reside (NCTR) improvement plan to be presented to the Board in June 2023.	Graham Urwin	Jun-23	On June Board Agenda	ONGOING
ICB-AC-22-40	27/04/2023	**Resident/Staff Story**	CWA to report to be Board on the findings and actions leading from the GP review of unpaid carers/patients	Clare Watson	TBC		ONGOING
ICB-AC-22-41	27/04/2023	**Cheshire & Merseyside System Month 12 Finance Report**	CWI and SBR to work together on the production of a position paper covering social care provision and funding	Claire & Steven Broomhead	TBC		ONGOING
ICB-AC-22-42	27/04/2023	**Intelligence Into Action: Continued provision of ICS digital and data platforms**	Responses to the tabled questions had been drafted and would be shared following the meeting and added to the ICB website	John Llewellyn	TBC		ONGOING
ICB-AC-22-43	25/05/2023	**Report of the Chief Executive**	review the communications around the minor ailment scheme and work with Healthwatch and other Third Sector colleagues	Clare Watson	TBC		ONGOING
ICB-AC-22-44	25/05/2023	**Report of the Chief Executive**	to bring the Primary Care Strategic Framework to the June 2023 Board meeting	Clare Watson	June 2023		ONGOING
ICB-AC-22-45	25/05/2023	**Resident/Staff Story - Learning Disabilities Health Checks**	IAS to work with colleagues to determine if it was possible to develop a standardised way of displaying life course statistics across Cheshire and Merseyside	Ian Ashworth	TBC		ONGOING
ICB-AC-22-46	25/05/2023	**Executive Director of Nursing & Care Update Report**	There was an acknowledgement that progress regarding internal ICB staff would be monitored through the people board but that the Board requested a direct quarterly update report. Add to work progrmme	Chris Samosa	June 2023		ONGOING
ICB-AC-22-47	25/05/2023	**Cheshire & Merseyside ICB Quality and Performance Report**	Most indicators listed in the report related to symptoms not the cause of the symptoms. These were discussed at committee level and would be incorporated into future Board reports	Anthony Middleton	June 2023		ONGOING

Action Log 2023 - 2024

Updated: **19.07.23**

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
ICB-AC-22-48	25/05/2023	**ICS Financial Plan for 2023/24 and Proposed Budgets for the ICB**	To assign one of the board development days to provide training on a general overview of system finance.	Claire Wilson	June 2023		ONGOING
ICB-AC-22-49	25/05/2023	**Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year**	Windrush was fundamental to the start of the NHS and Windrush Day was the same day as the ICB July Board meeting. The patient/staff story should focus on this.	Clare Watson	June 2023		ONGOING
ICB-AC-22-50	25/05/2023	**Reports of the Chairs of the Cheshire & Merseyside ICB Committees**	RJA requested that when items were escalated to Board that the risk template was used. This would highlight where and how risks were being mitigated.	All committee chairs	June 2023		ONGOING
ICB-AC-22-51	23/06/2023	**Cheshire and Merseyside Mental Health, Community and Learning Disability Provider Collaborative - Annual Work Plan 2023-2024**	JRA to present the delivery plan to the board in autumn 2023	Joe Rafferty	Autumn 2023		NEW
ICB-AC-22-52	23/06/2023	**Winter Debrief and Urgent Emergency Care Improvement Programme**	the Board requested that a winter assurance report was presented at the September meeting	Anthony Middleton	September 2023		NEW

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-01	01-Jul-2022	**ICB Appointments (Executive Board Members)**		The Chair of the ICB, the CEO of the ICB and the Chair of the ICB Audit Committee agreed the following appointments as Executive Members of the Integrated Care Board:- 1) Claire Wilson, Director of Finance; 2) Professor Rowan Pritchard Jones, Medical Director 3) Christine Douglas MBE, Director of Nursing and Care.. They also agreed that Marie Boles, Interim Director of Nursing and Care, will fulfil this position until the substantive postholder commences.	
ICB-DE-22-02	01-Jul-2022	**ICB Appointments (Non-Executive Board Members)**		The Chair of the ICB, the CEO of the ICB and the Chair of the ICB Audit Committee agreed the following appointments as Non-Executive Members of the Integrated Care Board:- Neil Large MBE, Tony Foy and Erica Morriss.	
ICB-DE-22-03	01-Jul-2022	**ICB Appointments (Partner Members)**		The Chair of the ICB, the CEO of the ICB and the Chair of the ICB Audit Committee agreed the following appointments as Partner Members of the Integrated Care Board:- Ann Marr OBE and Dr Joe Rafferty CBE.	
ICB-DE-22-04	01-Jul-2022	**ICB Constitution**		The Integrated Care Board approved:- 1) The NHS Cheshire and Merseyside Constitution subject to some agreed updates (see action plan ref: ICB-AC-22-01 for details). 2) The Standards of Business Conduct of NHS Cheshire and Merseyside. 3) The Draft Public Engagement/Empowerment Framework of NHS Cheshire and Merseyside. 4) The Draft Policy for Public Involvement of NHS Cheshire and Merseyside.	
ICB-DE-22-05	01-Jul-2022	**Scheme of Reservation and Delegation**		The Integrated Care Board approved:- 1) The Scheme of Reservation and Delegation of NHS Cheshire and Merseyside. 2) The Functions and Decisions Map of NHS Cheshire and Merseyside. 3) The Standing Financial Instructions of NHS Cheshire and Merseyside. 4) The Operational Limits of NHS Cheshire and Merseyside.	
ICB-DE-22-06	01-Jul-2022	**ICB Committees**		The Integrated Care Board approved:- 1) The core governance structure for NHS Cheshire and Merseyside. 2) The terms of reference of the ICB's committees. It also noted the following:- i) The proposed approach to the development of Place Primary Care Committee structures which will be subject to further reporting to the Board. ii) The receipt of Place based s75 agreements which govern defined relationships with and between specified local authorities and the ICB in each of the 9 Places.	
ICB-DE-22-07	01-Jul-2022	**ICB Roles**		The Integrated Care Board agreed the lead NHS Cheshire and Merseyside roles and portfolios for named individuals, noting that the Medical Director will be the SIRO and the Executive Director of Nursing and Care will be the Caldicott Guardian.	
ICB-DE-22-08	01-Jul-2022	**ICB Policies Approach and Governance**		The Integrated Care Board:- 1) Noted the contractual HR policies that will transfer to the ICB alongside the transferring staff from former organisations. 2) Endorsed the decision to adopt NHS Cheshire CCG's suit of policies as the ICB policy suite from 1st July 2022. 3) Agreed to establish a task and finish group to set out a proposed policy review process, using the committee structure for policy approval. 4) Noted the intention to develop a single suite of commissioning policies to support an equitable and consistent approach across Cheshire and Merseyside.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-09	01-Jul-2022	**Shadow ICB Finance Committee Minutes Approval**		The Board agreed that the minutes of the Cheshire and Merseyside Shadow ICB Finance Committee held on 30th June 2022 can be submitted to the first meeting of the ICB's established Finance, Investment and Our Resources Committee.	
ICB-DE-22-10	04-Aug-2022	**Cheshire & Merseyside ICB Financial Plan/Budget**		1) The Board supported the financial plan submission made on 20th June 2022 in relation to the 2022/2023 financial year. 2) The Board approved the initial split for budgetary control purposes between 'central ICB' and 'Place' budgets for 2022/23 resulting in a headline 20%/80% split respectively.	
ICB-DE-22-11	04-Aug-2022	**Cheshire & Merseyside System Month 3 (Quarter One) Finance Report**		The Board noted the Month 3 Financial Report.	
ICB-DE-22-12	04-Aug-2022	**Cheshire & Merseyside Month 3 (Quarter One) Performance Report**		The Board noted the Month 3 Performance Report and requested that the next report includes data around mental health indicators and the wider primary care service.	
ICB-DE-22-13	04-Aug-2022	**Establishment of a North Mersey comprehensive stroke centre for hyper-acute services for the population of North Mersey and West Lancashire**		The Board approved the clinical case for the establishment of a North Mersey comprehensive stroke centre for hyper-acute services for the population of North Mersey and West Lancashire subject to an ongoing financial review.	
ICB-DE-22-14	04-Aug-2022	**Virtual Wards – update on their expansion across Cheshire and Merseyside**		The Board noted the Virtual Wards update.	
ICB-DE-22-15	04-Aug-2022	**Responses to questions raised by Members of the Public in relation to items on the agenda**		The Board agreed to respond to all public questions raised prior to the August meeting.	
ICB-DE-22-16	29-Sep-2022	**Chief Executive Report**		1) The Board approved entering into the Sefton Partnership Board Collaboration Agreement 2) The Board approved the recommendation to delegate authority to the Chief Executive and the Assistant Chief Executive to sign off collaboration agreements or memorandum of understanding from other places noting that any arrangements requiring S75 or pooled budget agreements would be submitted to the ICB Board for approval.	
ICB-DE-22-17	29-Sep-2022	**Liverpool University Hospitals NHS Foundation Trust Clinical Service Reconfiguration Proposal**		1) The Board approved the proposals for the five LUHFT major service changes, which are contained in a business case (and outlined in Section 4 of this paper) and informed by a formal public consultation 2) The Board noted the decisions of NHS England against the proposals for the four of the five service areas (vascular, general surgery, nephrology and urology) that are in the scope of NHS England commissioning responsibilities.	
ICB-DE-22-18	29-Sep-2022	**Developing the Cheshire and Merseyside Integrated Care Partnership (ICP)**		1) The Board approved the appointment of Louise Gittins as the designate Chair of the ICP 2) The Board approved the process for the appointment of a vice chair	
ICB-DE-22-19	29-Sep-2022	**Report of the Audit Committee Chair**		1) The Board approved the Committee recommendation to agree the proposed amendments to the Terms of Reference of the ICB Audit Committee 2) The Board approved the Committee recommendation to appoint an ICB Counter Fraud Champion and the stated named post to undertake this role 3) The Board approved ICB Information Governance Policies and statements / Privacy notices and their subsequent publication	
ICB-DE-22-20	29-Sep-2022	**Report of the Chair of the ICB Quality and Performance Committee**		The Board approved the proposed amendments to the revised Terms of Reference for the ICB Quality & Performance Committee	
ICB-DE-22-21	29-Sep-2022	**Report of the Chair of the ICB System Primary Care Committee**		The Board approved the proposed amendments to the Committees Terms of Reference subject to membership from LPS being included.	
ICB-DE-22-22	27-Oct-2022	**Chief Executive Report**		1) The Board noted the contents of the report. 2) The Board approved the recommendation change in the ICB's named Freedom to Speak Up Guardian.	
ICB-DE-22-23	27-Oct-2022	**Welcome to Cheshire East**		The Board noted the contents of the report and presentation.	
ICB-DE-22-24	27-Oct-2022	**Residents Story Update - Social prescribing**		The Board noted the presentation.	
ICB-DE-22-25	27-Oct-2022	**Cheshire & Merseyside System Month 6 Finance Report**		1) The Board noted the contents of this report in respect of the Month 6 year to date ICB / ICS financial position for both revenue and capital allocations within the 2022/23 financial year. 2) The Board requested CWA and CDO provide a Workforce Update at the next Board Meeting.	
ICB-DE-22-26	27-Oct-2022	**Cheshire & Merseyside ICB Quality and Performance Report**		The Board noted the contents of the report and take assurance on the actions contained.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-27	27-Oct-2022	**Executive Director of Nursing and Care Report**		1) Noted the content of the report. 2) Noted that CDO would be taking the Kirkup recommendations to the ICB Quality and Performance Committee for consideration. 3) Noted that a Workforce update will be provided within the next Director of Nursing and Care report to the Board Meeting.	
ICB-DE-22-28	27-Oct-2022	**Continuous Glucose Monitoring**		1) The Board approved the retirement of the current Cheshire & Merseyside Continuous Glucose Monitoring (CGM) policy, and 2) The Board approved the recommendations for CGM and flash glucose monitoring within NICE NG17, NG18 and NG28. 3) Requested that in 12 months' time the Board be provided with a progress update.	
ICB-DE-22-29	27-Oct-2022	**Provider Collaborative update**		1) Noted the content of the report. 2) Agreed that a strategic outline business case for the Collaborative to receive greater delegated responsibilities from the ICB be brought to a future meeting of the Board for consideration.	
ICB-DE-22-30	27-Oct-2022	**System Finance Assurance Report**		The Board noted the contents of the report and the development of the financial accountability framework.	
ICB-DE-22-31	27-Oct-2022	**Winter Planning 2022-23**		1) The Board noted the contents of this report for information. 2) The Board agreed that an updated position on winder resilience plans is reported to the Board at a future meeting	
ICB-DE-22-32	27-Oct-2022	**Report of the Chair of the Cheshire & Merseyside ICB Remuneration Committee**		1) The Board noted the items covered by the Remuneration Committee. 2) The Board approved the recommendation to agree the proposed amendments to the Terms of Reference of the ICB Remuneration Committee (Appendix A).	
ICB-DE-22-33	27-Oct-2022	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee**		The Board noted the contents of the report.	
ICB-DE-22-34	27-Oct-2022	**Report of the Cheshire & Merseyside Chair of the ICB Transformation Committee**		1) The Board noted the report 2) Approved the revised terms of reference attached to the paper.	
ICB-DE-22-35	28-Nov-2022	**Cheshire and Merseyside ICS Digital Strategy**		Endorsed the ICS Digital and Data Strategy with a view to formal approval at a subsequent ICB Board meeting.	
ICB-DE-22-36	28-Nov-2022	**Consensus on the Primary Secondary Care Interface**		Endorsed the consensus Agreed on the proposed actions for implementation: ongoing promotion to Secondary Care via the Trust Medical Directors recommendation for the formation of Primary Secondary Care Interface Groups based around Acute Trusts across Cheshire and Merseyside	
ICB-DE-22-37	28-Nov-2022	**Report of the Chair of the Finance, Investment and Resources Committee**		Approved the revised terms of reference attached to the paper	
ICB-DE-22-38	23-Jan-2023	**Report of the Chief Executive - Harmonising Clinical Commissioning Policies Update**		Approved the revised Legal statement as detailed within Appendix Two, as reviewed by Hill Dickinson	
ICB-DE-22-39	23-Jan-2023	**Review of Liverpool Clinical Services**		Noted the content of the report Agreed all the recommendations within the report; however with regards those recommendations to be overseen by CMAST the Board removed from the recommendations the sentence 'the starting point for realising the opportunities identified in this review should be the 6 organisations within Liverpool.' Only once tangible progress is made within this scope should it be broadened to a wider geography Agreed the implementation plan and associated timescales	
ICB-DE-22-40	23-Jan-2023	**Cheshire & Merseyside Integrated Care Partnership Interim Draft Strategy 2023-24**		Noted the contents of the draft interim strategy Endorsed the next steps agreed by the Health and Care Partnership at the meeting of 17 January 2023; including the ICB using the priorities within the draft interim strategy to inform development of the ICB Five Year Joint Forward Plan	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-41	23-Jan-2023	**NHS 2023/24 Priorities and Operational Planning Guidance**		Noted: The content of the 2023-24 NHS planning guidance, including the need to develop both 2-year operational plans and an ICB Joint Forward Plan The approach to developing our Cheshire and Merseyside plans including the role of providers in developing and approving plans as well as the need to engage with the HCP partners and HWB in developing the content of the plans. That the submission date for the draft operational plan prevented it from being approved by the Board before submission on 23 February 2023. The need for review by the ICB Executive Team and Provider Collaboratives before submission and review, and ratification at the February Board meeting which takes place on the day of submission. That the final submissions would be presented to the Board for approval in March 2023	
ICB-DE-22-42	23-Jan-2023	**Report of the Chair of the Cheshire & Merseyside ICB Audit Committee, including amendments to the ICB SORD & SFIs**		Noted the items covered during the Audit Committee of 13 December 2022 report. Approved the Operational Scheme of Delegation Update, December 2022	
ICB-DE-22-43	23-Feb-2023	**Cheshire & Merseyside ICB Equality Diversity and Inclusion Annual Report 2022 – 2023**		Approved the annual ICB proposed Equality Objectives 2023 to 2024 (Appendix One, section six) subject to the amendment the fourth Equality objective (Empower and engage our leadership and workforce) explicitly showing 'to address overall inequalities'.	
ICB-DE-22-44	23-Feb-2023	**Cheshire & Merseyside ICB Risk Management**		Approved the Risk Management Strategy attached at Appendix One Approved the proposed Board Assurance Framework report format Approved the core statement and risk appetite definitions included in the draft Risk Appetite Statement	
ICB-DE-22-45	23-Feb-2023	**Update on NHSE Primary Care Delegation to Cheshire & Merseyside ICB**		Noted and supported the work undertaken to date in relation to the delegation of Ophthalmic and Dental Services on 1 April 2023	
ICB-DE-22-46	23-Feb-2023	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee**		Approved the legacy policies as described at Section 5 of the report	
ICB-DE-22-47	23-Feb-2023	**Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Our Resources Committee**		Approved the updated Committee Terms of Reference	
ICB-DE-22-48	30-Mar-2023	**Northwest Specialised Commissioning Joint Working Agreement (Clare Watson)**		• noted the contents of the report • approve the ICB entering into a Joint Working Agreement and progressing the work to establish statutory joint committee arrangements with NHSE and NHS Greater Manchester and NHS Lancashire and South Cumbria ICBs for the 2023/24 period • approve delegating authority to the Assistant Chief Executive to sign the Joint Working Agreement on behalf of NHS Cheshire and Merseyside to enable these commissioning arrangements to 'go live' from April 2023 • note that further engagement will be undertaken with members of the three ICB Boards in developing and agreeing the Joint Committee Terms of Reference.	
ICB-DE-22-49	30-Mar-2023	**Cheshire and Merseyside Cancer Alliance Update**		•noted the contents of this report and ongoing efforts to improve operational performance and outcomes. •approved ongoing constructive conversations with colleagues at place and at corporate ICB around sustaining and embedding some of the improvements discussed. •noted that the alliance is keen to explore how it may support the ICB with its new commissioning duties for specialised cancer services which are to be delegated to the ICB from NHS England.	
ICB-DE-22-50	27-Apr-2023	**Intelligence Into Action: Continued provision of ICS digital and data platforms**		The Integrated Care Board •approved the allocation of funds to support option 2, which will allow for: othe continued provision of the existing population health and data platform and associated shared care record over a transition period of two years. othe continued provision of the integrated (within CIPHA) C2Ai PTL tool across the 10 acute Trusts to support risk-adjusted triage and prioritisation of the Patient Treatment List (PTL).	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-51	27-Apr-2023	**NHS Cheshire and Merseyside ICS NHS Staff Survey 2022-23: Results and Actions**		The Integrated Care Board •noted the staff survey results and •endorsed the actions taken to review and respond to the Staff Survey results 2022.	
ICB-DE-22-52	27-Apr-2023	**Briefing on the national maternity and neonatal services delivery plan**		The Integrated Care Board noted the report and endorsed the terms of reference for the Women's Committee.	
ICB-DE-22-53	25-May-2023	**Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative - Annual Work Plan 2023-2024**		•noted the approach and progress made by CMAST •endorsed the commitments made in the workplan as part of C&M's wider delivery undertakings.	
ICB-DE-22-54	25-May-2023	**Cheshire & Merseyside ICB Board Assurance Framework (BAF)**		•approved the adoption of the principal risks proposed at appendix A for inclusion in the Board Assurance Framework and consider whether any further risks should be included. •noted the current risk profile, proposed mitigation strategies and priority actions for the next quarter and consider any further action required by the Board to improve the level of assurance provided. •noted the establishment of the ICB Risk Committee.	
ICB-DE-22-55	25-May-2023	**Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year**		•noted the content of the report, acknowledging that it represented work in progress •supported related communications and staff engagement activity in line with plans outlined, particularly through key internal meetings and meetings in public, as well as a series of informal gatherings across the ICS estate	
ICB-DE-22-56	29-Jun-2023	**Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24**		The Integrated Care Board •Approved the publication of the 2023-28 Joint Forward Plan on 30 June, including the 2023-24 delivery plan subject to any changes of non-material nature being delegated to GPU •Endorsed developing the Joint Forward Plan for 2024-2028 to be a document more aligned as a delivery plan for the final Cheshire and Merseyside HCP Strategy with the use of an annual NHS Cheshire and Merseyside ICB delivery plan to reflect any additional NHS specific content which sits outside of the shared priorities within the HCP Strategy	
ICB-DE-22-57	29-Jun-2023	**NHS Cheshire and Merseyside ICB Annual Report and Accounts 2022-23 & Cheshire and Merseyside CCG 3 Month Reports 2022-23**		The Integrated Care Board •approved the nine CCG Annual Reports and Accounts for submission to NHS England by 30 June 2023. •approved the ICB Annual Report and Accounts for submission to NHS England by 30 June 2023.	
ICB-DE-22-58	29-Jun-2023	**Primary Care Strategic framework and update on the Cheshire and Merseyside delivery plan for recovering access to primary care**		The Integrated Care Board: •noted the paper and draft Primary Care Strategic Framework and comment on the content •noted the engagement that has taken place and comment on this, describing any potential gaps •approved the first two chapters of the Framework subject to minor changes. CWA would report on these at Primary Care Committee •approved ongoing work to develop the final two chapters •approved the development of a workplan based on the Framework to inform ongoing plans •noted that the final Framework with all chapters be brought to Board within the next 6 months. •noted the presentation on the Primary Care Access recovery Plan	
ICB-DE-22-59	29-Jun-2023	**Winter Debrief and Urgent Emergency Care Improvement Programme**		The Integrated Care Board noted the contents of this report, in particular the establishment of the Urgent Care Improvement Programme and associated governance.	
ICB-DE-22-60	29-Jun-2023	**Northwest Specialised Commissioning Joint Committee Terms of Reference**		The Integrated Care Board •noted the update provided on the first meeting of the shadow North West Specialised Services Joint Committee •approved the Terms of Reference for the North West Specialised Services Joint Committee •approved the recommendation regarding delegating authority to the Assistant Chief Executive to approve any minor amendments to the Terms of Reference that may be required following consideration by the other two North West ICB Boards.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS
Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Chief Executive's Report (July 2023)

Agenda Item No	**ICB/07/23/07**
Report author & contact details	Graham Urwin, Chief Executive
Report approved by (sponsoring Director)	-
Responsible Officer to take actions forward	Graham Urwin, Chief Executive

NHS Cheshire and Merseyside Integrated Care Board Meeting

Chief Executive's Report (June 2023)

Executive Summary	This report provides a summary of issues not otherwise covered in detail on the Board meeting agenda. This includes updates on: • Operational System Pressures • Cheshire and Merseyside Joint Forward Plan 2023-2028 • All-Age Autism Pathways • 'Give digital a go' campaign • Clinical Policy Harmonisation Programme Update • EPR Go-Live at Liverpool Women's Hospital • Mental Health Research for Innovation Centre launch • NHS@75 and ICB@1 Year • Dental Services Update • COVID-19 Update • ICB Annual General Meeting and ICB Board meetings from September 2023 • Decisions undertaken by the Executive Team.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X				
Recommendation	**The Board is asked to:** • **note** the contents of the report.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X	X	X		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		X	X		
Management of Conflicts of Interest	None				
Next Steps	None				

NHS Cheshire and Merseyside Integrated Care Board Meeting

Chief Executives Report (July 2023)

1. Introduction

1.1 This report covers some of the work which takes place by the Integrated Care Board which is not reported elsewhere in detail on this meeting agenda.

1.2 Our role and responsibilities as a statutory organisation and system leader are considerable. Through this paper we have an opportunity to recognise the enormity of work that the organisation is accountable for or is a key partner in the delivery of.

2. Operational System Pressures and Industrial Action

2.1 Overall, the Cheshire and Merseyside system has remained a level below the highest level of escalation (OPEL 4) at OPEL 3 across the week. The exceptions to this were Alder Hey remaining at OPEL 1 all week and Mid Cheshire reporting OPEL level 2 (Mon-Thurs).

2.2 Levels of 'corridor care' decreased slightly last week with an average of 38 people per day, with the highest number (15) being reported by Aintree on both Monday and Thursday. Wirral University Teaching Hospital and St Helens and Knowsley NHS FT reported no corridor care all week.

2.3 Corridor care continues to be a huge concern for NHS Cheshire and Merseyside, and we need to make progress on improving the flow through the system. Our aim must be to eliminate corridor care altogether, not to accept or normalise it.

2.4 Bed occupancy has remained above 90% every day this week for all our Acute providers, with the exception of Alder Hey , which averaged 68%. The daily average number of inpatients with no criteria to reside was 843. 39% of delays were waiting for pathway 1. Pathway 3 is now the second highest category, accounting for 29% of all delays.

2.5 Cheshire and Merseyside continue to have Virtual ward capacity along with Urgent Care Response services (UCR) to support both admission avoidance and early supported discharge. There are staff available to support case finding across seven days at each Trust and across public holidays. Virtual ward utilisation was at 44.8% as of 10th July 2023, with 169 beds available to the system across acute respiratory, frailty, heart failure, palliative care, and paediatric pathways.

2.6 **Community & Mental Health pressures**. Mental Health demand continues to be a significant issue across Cheshire and Merseyside. On average over the week (17th – 21st July) there have been 12 people awaiting a mental health placement in Emergency Departments every day. At least one mental health trust has been reported as a trust of concern every day this week with both Cheshire and Wirral Partnership and Merseycare consistently reporting 100% occupancy, high numbers of people who are clinically ready for discharge and very little movement out of their bed-base. Commonly cited delayed discharge reasons are delays with securing housing and supported living placements.

2.7 **Junior Doctor and Consultant Strikes.** Junior Drs Industrial Action continued into Monday and Tuesday this week and the Consultant Industrial Action took place on Thursday and Friday. Reported Urgent Emergency Care (UEC) demand has been slightly lower than average over the period but operationally, UEC has felt challenged throughout the week. One again my heartfelt thanks go to all our staff and staff across all our NHS Trusts who continue to keep services safe whilst we manage the consequences of industrial action.

2.8 **Priority Actions.** Our priority actions continue to be:

- there continues to be a need to reduce conveyance to emergency departments where people's needs can be met in their own home using virtual ward or the Urgent Community Response services
- the system needs to reduce the number of long stay patients significantly to achieve patient flow in addition to a need to reduce the number of patients not meeting criteria to reside.
- both metrics can be reduced where fewer assessments are carried out within the acute trust but within the patient's home or other care setting. Assessment in hospital leads to over-prescription of long-term care needs
- the SCC continues to lead the roll out of the adult mental health escalation framework.

3. Cheshire and Merseyside Joint Forward Plan 2023-2028

3.1 At its meeting in June, the Board approved the recommendation that I would sign off the final version of the Cheshire and Merseyside Joint Forward Plan (JFP) . I can confirm that the JFP was published on the 05 July 2023, coinciding with the NHS@75 anniversary, and can be found at:
https://www.cheshireandmerseyside.nhs.uk/about/cheshire-and-merseyside-joint-forward-plan-2023-28/

4. All-Age Autism Pathways

4.1 In April 2023, a national framework to deliver improved outcomes in all-age autism assessment pathways: guidance for integrated boards was published. This national framework sets out the principles that should underpin the planning, design and delivery of an autism assessment pathway and guidance about applying these principles throughout the commissioning cycle.

4.2 Alongside the national framework operational guidance was also published which is intended to guide strategic decision making about the range of autism assessment services that should be provided in each area. The guidance is comprised of three sections:

- specifications for the five stages of the autism assessment pathway.
- common variations in how the autism assessment is conducted.
- non-clinical tasks commonly undertaken by autism assessment services.

4.3 The National Framework and Operational Guidance were considered by the NHS Cheshire and Merseyside Executive Team on 18th May 2023. It was agreed that the system response to the national framework and operational guidance would be coordinated by the Transforming Care programme team, as this programme seeks to address the need of people with learning disabilities, people with autism or people with both a learning disability and autism.

4.4 The Transforming Care Programme has already worked with Integrated Care System (ICS) partners to undertake a 'stock take' of autism pathway commissioned services. This work will be used to support the Cheshire and Merseyside response to the National Framework and Operational Guidance by identifying gaps in services and support cases and recommending action to address these.

4.5 In the Quality Standard on Autism (QS51), published by the National Institute for Health and Care Excellence in January 2014, people with autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral. The 'stock take' undertaken by the Transforming Care has explored whether this standard is being met for adults and for children and young people, by Provider and for Place. This data was collected in March 2023 and demonstrates variation across Cheshire and Merseyside in each Place in terms of waiting times, numbers waiting, services offered, and levels of investment made in each service. Whilst there are some exceptions, such as Liverpool Place who are achieving the diagnostic timeframe, in too many of our places we have patient waiting over a year.

4.6 The Transforming Care programme, on behalf of NHS Cheshire and Merseyside, has invested transformation funding in several Places to support waiting list initiatives in 2022/23 and in 2023/24. Despite this investment local teams are

informing us that demand continues to exceed available capacity. There are also developments such as Positive Behaviour Support (PBS) services, autism in schools initiatives and post-diagnostic support services that seek to improve flow in these services.

4.7 The Transforming Care team will continue to work with Places in response to the National Framework and Operational Guidance. It is anticipated that this will continue to reveal variation in service delivery, investment and patient experience across Cheshire and Merseyside. Whilst the response to this will involve service redesign there will also be requests for additional investment. It should therefore be noted that the National Framework and Operational Guidance come with no additional financial resources to support implementation.

5. 'Give digital a go' campaign

5.1 NHS Cheshire and Merseyside has launched a new campaign to increase awareness of online health services after 86% of people surveyed said they wanted to start accessing services online. The NHS has rapidly advanced its digital transformation over recent years to offer people a faster and more convenient way to manage their health online. Despite the significant interest and benefits however, three-quarters (77%) of those surveyed said they were unaware of the full extent of health services now accessible online.

5.2 As part of its strategy to address this knowledge gap, NHS Cheshire and Merseyside is launching a digital campaign designed to educate tech-enabled adults about the range of healthcare available and encourage them to "give it a go' www.cheshireandmerseyside.nhs.uk/give-it-a-go/.

5.3 By launching its digital campaign, the NHS in Cheshire and Merseyside aims to empower individuals to take advantage of the numerous benefits offered by online services.

6. Clinical Policy Harmonisation Programme Update

6.1 As the successor body to the nine former Clinical Commissioning Groups (CCGs) within Cheshire and Merseyside, we inherited each CCG's commissioning policies which set out what services are available for the CCG's population as a whole and which are based on eligibility criteria. Each CCG had a suite of policies with regards to the commissioning of various health care services and having considered each policy it is evident that a degree of variation existed between the CCGs.

6.2 A programme of work to develop a single suite of commissioning policies across Cheshire and Merseyside continues to be underway and progressing at pace to

ensure that the commissioning of services is consistent and applicable across Cheshire and Merseyside going forwards. Whilst there are a large number of clinical policies being systematically harmonized across Cheshire and Merseyside, there are also a large number of other services that former CCGs have commissioned with varying specifications over many years. The task to further harmonise every service and pathway to the best available evidence is considerable and complex, but one we are committed to undertake.

6.3 In May 2023, following approval at the Quality and Performance Committee, we published 49 new Clinical Policies for NHS Cheshire and Merseyside. For these policies, there was little or no variation between the previous CCG policies and they are in line with the latest evidence base. As part of the decision-making process, Quality Impact Assessments had been undertaken and approved via the Quality and Performance Sub-Committee. More information and a link to the latest policies can be found at https://www.cheshireandmerseyside.nhs.uk/your-health/policies

6.4 For the remaining clinical policies work is progressing at pace to ensure that the harmonisation of these policies results in an NHS Cheshire and Merseyside single suite of policies which are up to date and reflect the latest evidence base. The programme work is being undertaken by a multidisciplinary team and overseen by the Programme Steering Group and under the Executive Sponsorship of Professor Rowan Pritchard-Jones, ICB Medical Director.

6.5 For a further 34 policies work has been completed with Quality Impact Assessments (QIAs) undertaken and reviewed via our Nursing and Care team. The Quality and Performance Committee held on the 15 June 2023 were asked to note 19 QIAs to be signed off and a further 15 QIAs scheduled for further review.

6.6 The Board are asked to recognise the work of the Place Quality Leads involved in this process, who managed to complete these reviews in a very robust and consistent way, and within a short timeframe. In addition, the broader members of the Programme Team, including multi-disciplinary clinical colleagues, and colleagues from Finance, commissioning, contracting and communication and engagement that are supporting the extensive work to ensure the Programme progresses.

6.7 As the work progresses, we will engage with patients, the public and other key stakeholders across Cheshire and Merseyside as part of this process. We are planning to be in a position to adopt a single suite of commissioning policies across Cheshire and Merseyside during 2024.

7. EPR Go-Live at Liverpool Women's Hospital

7.1 The Trust have upgraded to Meditech's newest Electronic patient Record (EPR) offering, Meditech Expanse, and went live successfully on Monday 10 July 2023. The solution is markedly different in look and feel to their previous system and will provide clinicians with a much richer functionality and tooling. The scale of change is like implementing a new EPR system so the successful go-live is testament to detailed planning and hard work of all the teams at the Trust. The upgrade is a significant contribution to the ICBs agenda to level-up and deliver a consistent level of Digital Maturity across Cheshire and Merseyside and the Trusts go-live will be quickly followed by Alder Hey who are in detailed planning stage in readiness to take up the same product in September 2023.

8. Mental Health Research for Innovation Centre launch

8.1 Recently myself and Raj attended the launch of the Mental Health Research for Innovation Centre (M-RIC) based in Liverpool.[1] Mersey Care NHS Foundation Trust and the University of Liverpool have teamed up to create the first ever M-RIC, where service users co-design the innovations they need and want, alongside health professionals, researchers, industry partners, and public advisers. It is intended that M-RIC will create a world first 'learning system' where treatments improve the more, they are used, studied, and refined. The focus will be on under-researched areas such as early intervention in psychosis, depression, and children and young people's mental health. Research will underpin Liverpool City Region's commitment to service users, providing easy access to clinical trials and increasing their involvement in better care, closer to home.

8.2 The Centre will be awarded £10.5 million of government funding from the Office for Life Sciences and the National Institute for Health and Care Research, and it is part of the national 'Mental Health Mission' which aims to accelerate mental health research through a UK network of leading investigators called the National Institute for Health and Care Research (NIHR) Mental Health Translational Research Collaboration which includes M-RIC in Liverpool.

8.3 Congratulations to colleagues from Mersey Care NHS Foundation Trust and the University of Liverpool for successfully developing this Centre, which puts Liverpool and the Integrated Care System on a national and international footing in leading on this important area which will inevitably bring both health and economic benefits to our residents and the region.

[1] https://www.merseycare.nhs.uk/m-ric

9. NHS@75 and ICB@1 Year

9.1 The two anniversaries in the first week of July 223 provided an opportunity to celebrate and thank our staff and partners for their significant contributions and commitment towards improving the health and care of our Cheshire and Merseyside residents.

9.2 Our communications and activities began on 01 July 2023 when NHS Cheshire and Merseyside turned one year old. We started to share case studies showcasing some of the achievements from our first 12 months that we have been working together with our partners on and that illustrate how far the NHS has advanced in its first 75 years. We focused on our priority programmes such as mental health, diagnostics and elective recovery and highlighted examples of schemes and services that are beginning to make a difference.

9.3 Our first anniversary was closely followed by the NHS's 75th birthday on 05 July and throughout the week we held informal NHS Big Tea events in our main offices, giving our staff the chance to make connections with colleagues across our organisation and chat with members of the executive team and our board. Our newly formed Staff Engagement Forum played a central role in organising and championing the sessions, which were well attended and well received.

9.4 Other ways we marked the occasions included special staff and stakeholder bulletins with video messages from our chair and chief executive, sharing staff profiles and quotes on what the NHS means to them and promoting wider opportunities to get involved like taking part in NHS park runs on 08 and 09 July, or visiting local buildings and landmarks that lit up blue in celebration. You can find our case studies on our website: https://www.cheshireandmerseyside.nhs.uk/latest/case-studies/

10. Dental Services Update

10.1 NHS Cheshire and Merseyside ICB has the delegated responsibility for the commissioning of dental services including primary, community and secondary care. Access to dental services is a local, regional, and national issue impacting negatively on patients.

10.2 Primary, Community and Secondary Care Dental Services across Cheshire and Merseyside includes:

- 305 General Dental Practices providing primary care services. A national contracting model is in place underpinned by a regulatory framework. These primary care services also include orthodontic and minor oral surgery provision.
- An Urgent Dental Care Call Handling Service operates across the ICB. Telephone No: 0161 476 9651, open 9am – 10pm Monday-Sunday (charged at local rate)
- Commissioned against NHSE commissioning standards.

- Electronic Referral Management Service across the ICB for dental specialities and some vulnerable patient pathways
- General dental contactors are commissioned to provide urgent dental care sessions both In Hours and Out of Hours. Additional Urgent dental care provision has been maintained post COVID and expanded by NHSE dental commissioners to ensure access to urgent care is appropriate to the needs of the Cheshire and Merseyside population and to mitigate the challenges faced by members of the public when trying to access dental care.
- Community Dental Services - Special Care Dental Services for Children and Adults and Paediatric Exodontia
- Secondary Care services – Oral Surgery, Maxilla Facial Surgery, Special Care, Paediatric Care, Restorative and Orthodontics.

10.3 Overall funding of dental services is listed below with the primary care allocation being by far the largest allocation. The 2023/24 funding allocations made to the ICB from NHS England are:

Area	Amount (£)
Secondary Dental	£36,677,186
Community Dental	£12,410,872
Primary Care Dental	£129,697,134

10.4 The latest unverified NHS management information continues to show a general increase in activity since the COVID pandemic. This is line with other ICBs in the Northwest. End of year activity for 2022/23 will be made available to commissioners in the next couple of months as defined by the national contract monitoring process and timescales.

10.5 The recent approval of the Cheshire and Merseyside Dental Improvement Plan[1] signals NHS Cheshire and Merseyside's commitment and ambition to ensure that access is improved for both routine, urgent and dental care for our most vulnerable populations and communities impacted by the COVID pandemic. The plan is underpinned by the requirement to recover dental activity in line with Operational Plan 2023/24.

10.6 Whilst national plans are being developed, the pace of contract reform has been historically slow and our local plan for 2023-2025 will ensure access for the population of Cheshire and Merseyside improves in the absence of national policy. Working in collaboration with LDN and Dental Public Health projects already in place to support access for vulnerable patients in line with Core 20+5. This includes specific pathway for looked after children and cancer patients.

[1] https://www.cheshireandmerseyside.nhs.uk/media/ddhcmh5x/pcc-part-b-final-meeting-pack-june-2023.pdf

10.7 The finances required to underpin the improvement plan consist of both non recurrent and recurrent funding elements and relate only to General Dental Services in primary care. Community dental services and those delivered in secondary care settings are out of scope for the improvement plan. Annually there is under performance against contract delivery, and this allows commissioners to reinvest in year and on a non-recurrent basis. There is likely to be a forecast underspend in 2023-24 in excess of £3million, the funding of which will be utilised to fund the projects as outlined and agreed within the Dental Improvement Plan.

10.8 There are two reviews of the contracted performance delivery completed each year by the Business Service Authority. The first is the mid-year review which is completed in November and is based on the first 6 months of activity. Contracts must have delivered over 30% of their full contracted activity by this review, if this activity has not been achieved then additional measures for the remainder of the financial year can be established by commissioners.

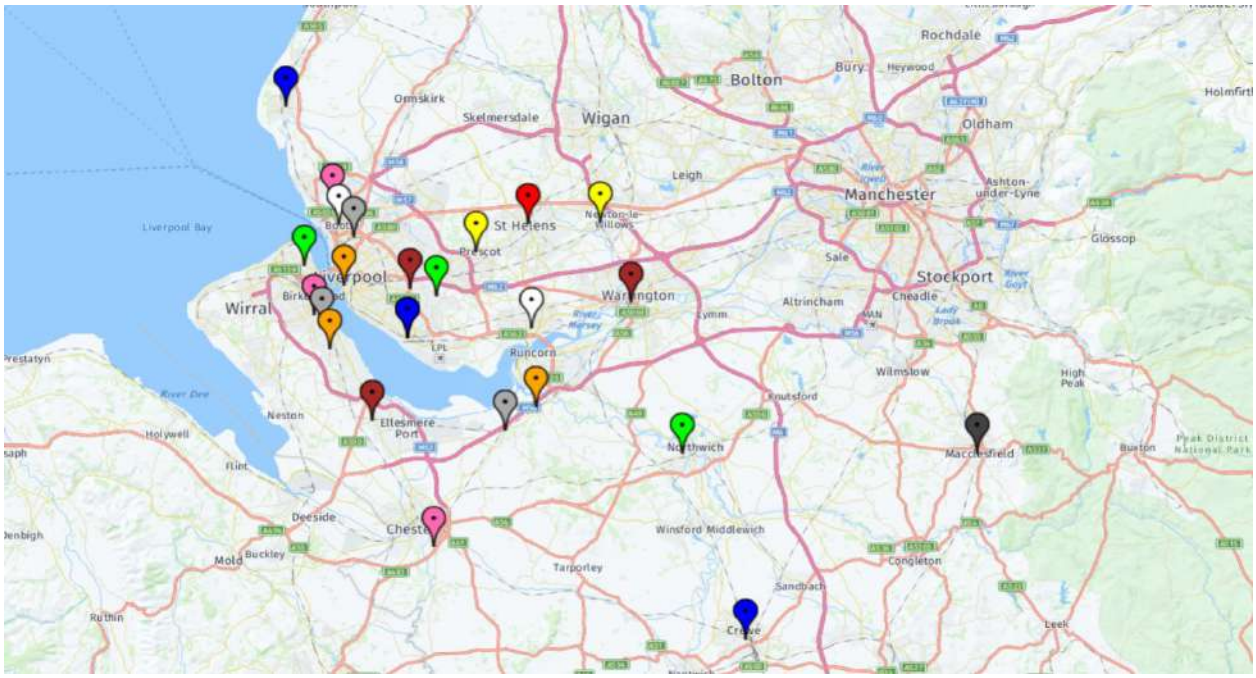
10.9 The second review is the annual review which is completed in July following all activity having been delivered and uploaded onto the BSA system for the financial year. At this point there is a nationally agreed tolerance for both under / overperformance, if underperformance is below tolerance (96%) the overpayment is 'clawed back'. For year 22/23 the national tolerance has been lowered to 90% and providers meeting 90% and above of their annual contractual activity can opt to transfer the additional activity to the next financial year (23/24).

10.10 Some of the projects in the improvement plan will require funding beyond 2023/24 and 2024/25 even if time limited and if they are more than 6 or 7 months in duration. Projects in the improvement plan, will require time to establish via EOI from practice meeting the specific quality requirements, evaluate and expand, therefore their success and sustainability will require funding for a minimum of at least two years.

10.11 It should be noted that some of the projects have already commenced and had been agreed by NHS England who at the time had commissioning responsibility. Specifically, this relates to Urgent Care provision and the ICB was party to the agreements made at the time. EOI's have gone out and arrangements put in place and subsequently reflected in the delegation process to the ICB and finance due diligence process.

10.12 Information about approved projects is outlined below and within the Improvement Plan. The projects have been developed with LDN and Dental Public Health colleagues. Of note, inclusion is voluntary and dental providers supporting the projects have been identified via expressions of interest

Project 1 Urgent Care Centres and Urgent Care Plus Sessions. Maintaining Urgent Care Centres was agreed by NHS England up to March 2024. The map on the next page shows the locations of the existing urgent dental care centre sites .Initially these practices also undertook the urgent care plus sessions to expand the urgent care pathway to enable patients on the pathway the opportunity to be supported with definitive care.



Updated oral health needs assessments have been used to support the need for additional sites/contractors. The timeline for any new providers will be over the next 4-6 weeks. We are taking a flexible commissioning approach and activity will be within existing contract values.

Urgent dental care for patients that do not have a regular dentist with a follow up appt for definitive care following the urgent intervention.

Project 2 Support for care homes. It is envisaged this will take two months, one month to evaluate and rollout from October 2023 onwards.

Project 3 New patients accessing routine care. This will commence immediately but will require issuing of Service Level Agreements. 30,000 additional appts are planned to be made available and criteria will be in place to ensure the right practices are able to offer additional activity in the right places.

Project 4 Improving access in practices where there is capacity. Only a small number of practices achieved 100% based on year 22/23. Where there is capacity within a practice to allow over performance up to 110%, we will work with the provider. Anticipated financial impact is circa £300k. In 2022-23 there were approximately 30 practices who performed over nationally agreed tolerance of 102%.

Project 5 Expansion of Advanced Child Care Dental Practices (ACCDP) across C&M. Practices chosen by an EOI process and standard criteria used. Pilots undertaken in Sefton Liverpool and Knowsley and based on local needs assessments.

Project 6 Integration of dental commissioning at Place level and improved feedback loop. A proposal at this stage aimed at developing an integrated approach with Place. A lead GDP in each Place identified and working within Place primary care governance arrangements.

Project 7 Access for hard to reach and vulnerable groups. We are currently working on final financial details regarding these projects. For ease they are grouped under one overall project.

Project 8 Workforce. The ICB has established a Centre for Dental Development Task and Finish group to look at existing provision for Trainees, Foundation Dentists and a future model working with Liverpool School of Dentistry, former Health Education England Dental Dean (now NHSE) and other key stakeholders. The model and complete costs are yet to be determined however the investment in Foundation Dentists could assist with recruitment and retention. It is envisaged that this would encourage dentists to remain in Cheshire and Merseyside. The costs are based on an MSc and an extended training pathway in each Place.

11. COVID-19 Update

11.1 The phase 5 spring booster 2023 campaign has now closed with the last day of vaccination for both boosters and primary courses on 30 June 2023. Cheshire and Merseyside met national targets to complete 100% of visits to care homes by the 30 June deadline.

11.2 As of 18 June 2023 in this spring booster programme over 202,000 vaccinations have been given with an uptake of 64.6% for Cheshire and Merseyside. However, in terms of actual vaccinations given (as the eligible population is just under 61,000 larger than Spring 2022) over 9,100 additional citizens have been vaccinated at this stage in the programme compared to last spring which is a great achievement.

11.3 The closing position for primary courses for Cheshire and Merseyside evergreen at 74.5% for first dose and 71.2% for second dose uptake compared with an uptake in the North West region of 72.9% and 69.2% respectively.

11.4 Delivery of primary course vaccination to at risk 6-months to 4-year-old children starting on 21 June 2023 under prescription/written order. Delivery is through three key providers aligned to the nine Places and includes Alder Hey, Cheshire and Wirral Partnership and Central and West Warrington PCN. This service will continue to be offered until mid-December in the first instance. Uptake is currently very low in all regions and sub-regions. As at 13 July 2023, 13 vaccinations have been completed.

11.5 After 30 June 2023 the required inter-seasonal (summer) offer (in addition to the 6 month to 4-year-olds) will be in place. This will be delivered through Cheshire and Wirral Partnership for newly severely immunosuppressed patients who are referred to this service by their GP or secondary/tertiary care clinician. To date four referrals have been received and timing of vaccination will be on the advice of the referring clinician.

11.6 It is important to note that there is no longer, from 30 June 2023, an offer or access to primary courses or boosters for healthy individuals and no routine offer for pregnant ladies. Planning continues for the autumn programme working on likely scenarios for eligible cohorts whilst firm advice is awaited from JCVI.

11.7 **Living Well Buses** (LWB). As at 30 June 2023 the closing position for this Spring programme the buses have delivered 195 clinics, almost 5800 covid vaccinations, almost 1,200 Make Every Contact Count (MECC) discussions and over 3800 health screenings. The LWB and team are continuing to provide MECC and Heath checks over the inter-seasonal period until the autumn booster starts. We are also working additional funding from Section 7a colleagues vaccinating migrant workers with non-COVID vaccines in Liverpool and St Helens as a proof of concept. This pilot will be continued up until the commencement of the Autumn 2023 programme before a period of evaluation with Public Health England Northwest from September.

12. ICB Annual General Meeting and ICB Board meetings from September 2023

12.1 At its meeting in September, to be held at the Halliwell Jones Stadium, Warrington, the ICB will host its first Annual General Meeting (AGM) following the completion of the Board meeting. At the AGM, the ICB will formally present its Annual Report and accounts for the 2022-23 period, and provide attendees with an overview of the ICBs achievements during this time and its plans for future years. Members of the public are invited to attend and there will be opportunity for a question and answer session with Board members.

12.2 Following the September 2023 meeting, meetings of the Board held in public will continue to be held across the different Places within Cheshire and Merseyside on a bi-monthly basis, and will continue to be held on the last Thursday of the month. Meeting details will continue to be made available at: www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/.

13. Decisions taken at the Executive Committee

13.1 Since the last Chief Executive report to the Board in June 2023, the following items have been considered by the Executive Team for assurance or for discussion:

- **Cheshire and Merseyside approach to provider segmentation and improvement.** This paper outlined and sought the views of the Executive team regarding the proposed operating model for implementation of the NHS Oversight Framework across Cheshire and Merseyside. It provided a summary of the responsibilities of the ICB in relation to its oversight of providers as well as the role of NHS England, and included the proposed approach to segmentation, and management of oversight processes in particular for Trusts in SOF 4 and SOF 3. The Executive Team discussed the process to agree a plan with NHS England so as to be able to move the ICS rating from SOF 3 to SOF 2. This plan will come back to a future board meeting.

- **Children and Young Peoples Elective Care Recovery.** The Executive Team received an update on the work underway across the Northwest and in Cheshire and Merseyside to address the RTT waits. Waiting list for children have grown to a greater extent than the waiting list for adults, therefore we are developing an explicit recovery plan for children.

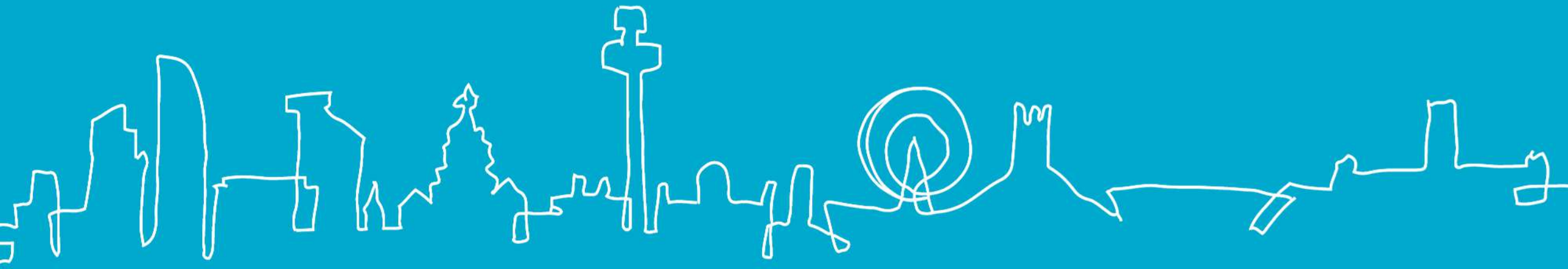
- **Virtual Wards.** The Executive Team received an update paper on the progress of the development and use of Virtual wards across Cheshire and Merseyside. A further paper was asked to be brought back in July**.**

- **Anti-Racism Framework.** The Executive Team were informed about the launch of the document and noted that an update will be presented to Board members at the July 2023 Board meeting.

13.2 At each meeting of the Executive Team, there are standing items on quality, finance, and non-criteria to reside performance where members are briefed on any current issues and actions to undertake. At each meeting of the Executive Team any conflicts of interest stated are noted and recorded within the minutes.

NHS
Cheshire and Merseyside

One Liverpool



Liverpool Place

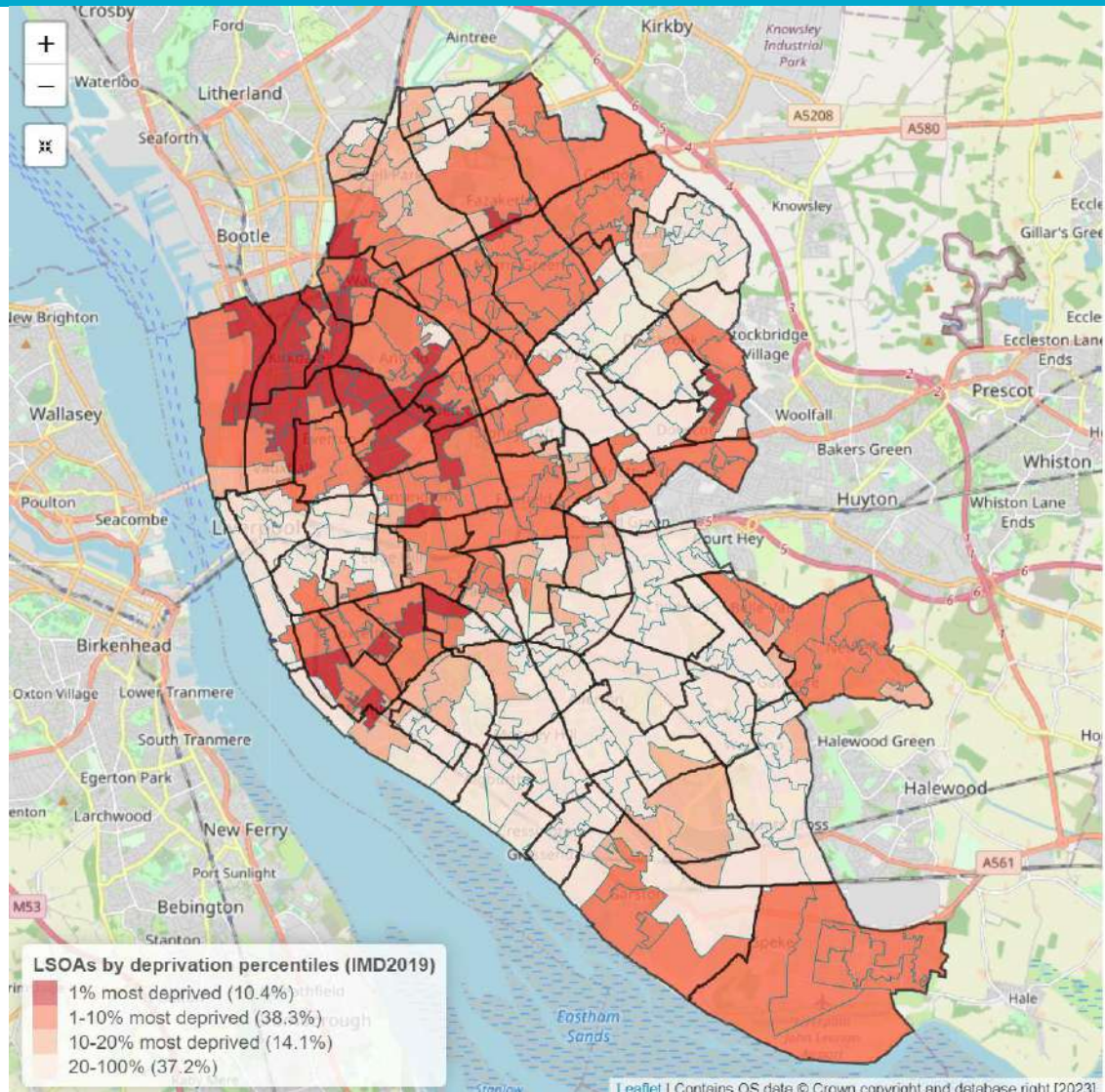
Liverpool is one of England's 7 core cities

Almost 63% of our population live within communities ranked within the 20% most deprived in England

Only 1.3% of our residents live in communities ranked as the 20% least deprived in England

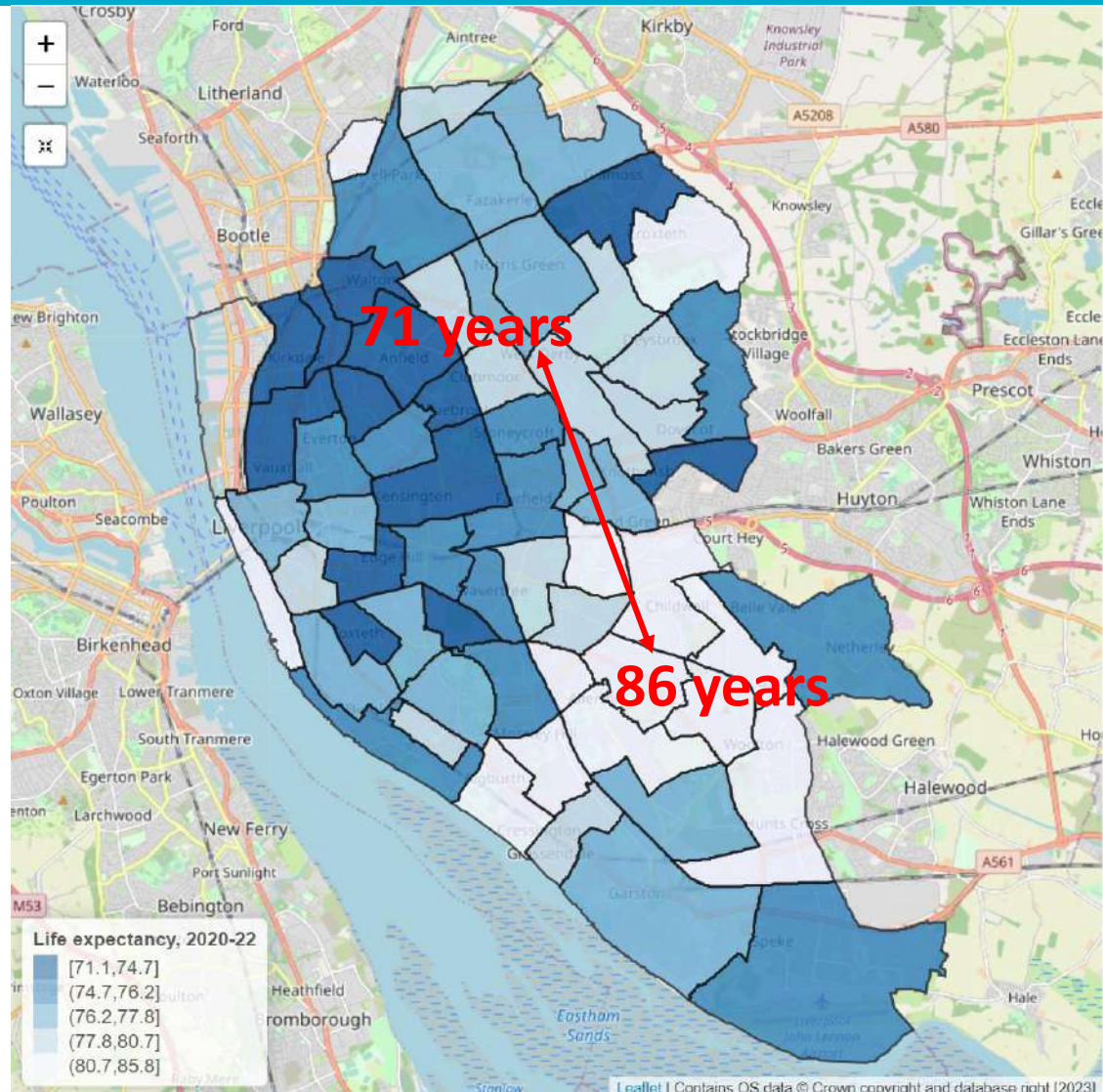
24,300 (29.9%) children live in poverty – 1 in 3

Liverpool has a diverse population. Life outcomes vary a lot between ethnic groups. 1 in 4 residents identify as being part of an ethnic minority group - 1120,300 residents



Where You Live Matters

15 year gap in life expectancy between Liverpool wards



Liverpool Health Overview

Growth in life expectancy has stagnated over the last decade. The gap with England is 3.3 years

Healthy Life Expectancy is lower than at the turn of the decade and the gap with England has widened from 5.5 years to 6 years for women and 4.8 years for men

61% of people aged 15+ with physical-mental health comorbidity are under 65

1 in 3 of our economically inactive residents are long term sick compared to 1 in 4 nationally

Source: Primary Care Mortality Database (PCMD)

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better; ↑ Increasing; ↓ Decreasing

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Rank out of 152 LAs	Indicator	Period	Liverpool			England		Range	
			Recent Trend	Count	Value	Value	Worst/ Lowest		Best/ Highest
23rd lowest	Population vaccination coverage: MMR for one dose (2 years old) (Persons, 2 yrs) <90% 90% to 95% ≥95%	2021/22	↓	-	82.1%	89.2%	65.4%		97.7%
5th lowest	School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2021/22	→	-	58.4%	65.2%	53.1%		80.0%
2nd highest	Percentage of 5 year olds with experience of visually obvious dentinal decay (Persons, 5 yrs)	2021/22	–	-	43.5%	23.7%	46.0%		9.7%
18th highest	Reception: Prevalence of overweight (including obesity) (Persons, 4-5 yrs)	2021/22	→	1,345	26.1%	22.3%	28.7%		13.7%
6th highest	Year 6: Prevalence of obesity (including severe obesity) (Persons, 10-11 yrs)	2021/22	↑	1,455	30.4%	23.4%	34.0%		12.4%
4th highest	Children in care (Persons, <18 yrs)	2022	–	1,596	172	70	218		26
11th highest	16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2021	↓	-	7.6%	4.7%	14.7%		0.0%
10th highest	Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2021	–	-	17.8%	13.0%	22.0%		6.6%
56th highest	Percentage of adults (aged 18+) classified as obese (Persons, 18+ yrs)	2021/22	–	-	28.0%	25.9%	39.4%		11.6%
24th highest	Depression: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	↑	71,903	15.3%	12.7%	3.8%		20.6%
11th highest	Estimated prevalence of common mental disorders: % of population aged 16 & over (Persons, 16+ yrs)	2017	–	88,596	21.7%*	16.9%*	24.4%		11.6%
53rd highest	Emergency Hospital Admissions for Intentional Self-Harm (Persons, All ages)	2021/22	–	925	179.7	163.9	425.7		47.9
7th highest	Admission episodes for alcohol-specific conditions (Persons, All ages)	2021/22	–	4,935	1,139	626	2,514		255
5th highest	Deaths from drug misuse (Persons, All ages)	2018 - 20	–	168	12.9	5.0	22.1		1.9
6th lowest	Cancer screening coverage: cervical cancer (aged 50 to 64 years old) (Female, 50-64 yrs)	2022	↓	-	66.9%	74.6%*	53.7%		88.2%
7th highest	Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2021/22	–	2,065	2,895	2,100	3,272		1,394

NHS Cheshire and Merseyside

One Liverpool

NHS Liverpool Heart and Chest Hospital NHS Foundation Trust

NHS Liverpool University Hospitals NHS Foundation Trust

NHS Alder Hey Children's NHS Foundation Trust

Merseyside Police

NHS The Walton Centre NHS Foundation Trust

84 GP Practices/ 9 PCNs

One Liverpool Partnership

LCVS

NHS Liverpool Women's NHS Foundation Trust

Liverpool Health Partners
COLLABORATE • DISCOVER • IMPROVE

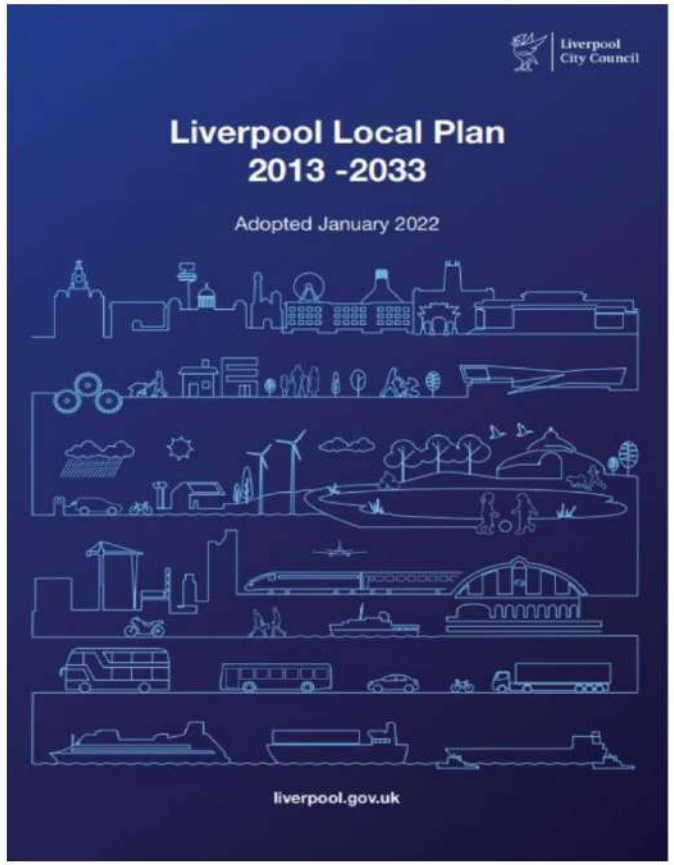
NHS Mersey Care NHS Foundation Trust

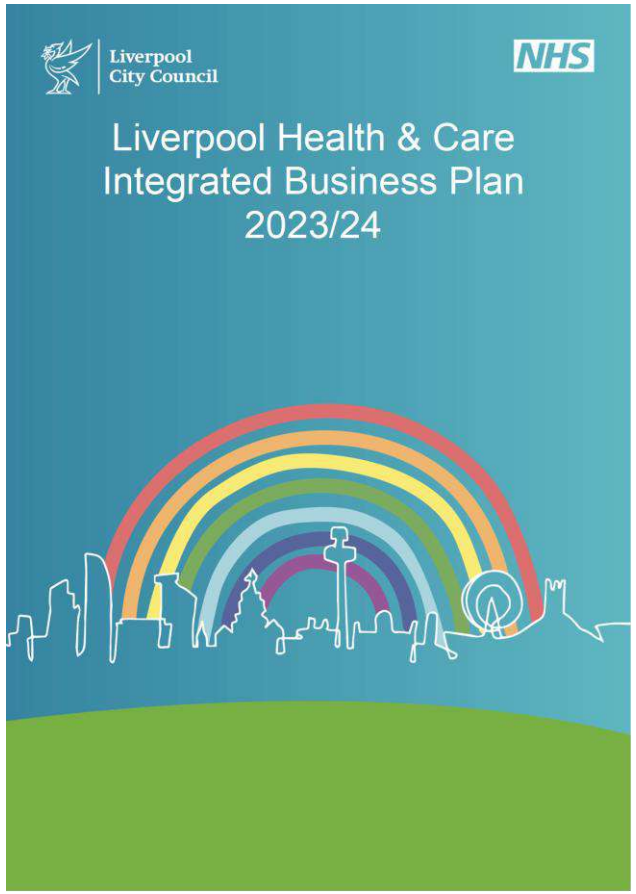
NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Liverpool City Council

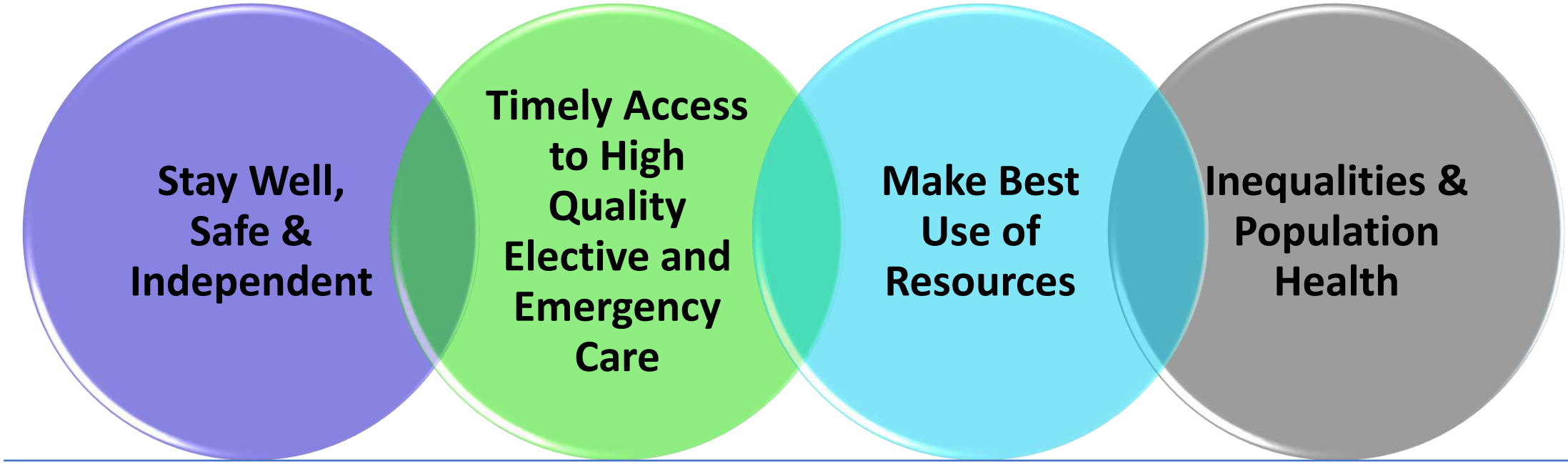
Merseyside Fire & Rescue Service

Integrated City Vision, Strategy and Plans





Liverpool Place Objectives



Enablers

Integration & Joint Working

Engagement and Co-Production

Research and Innovation

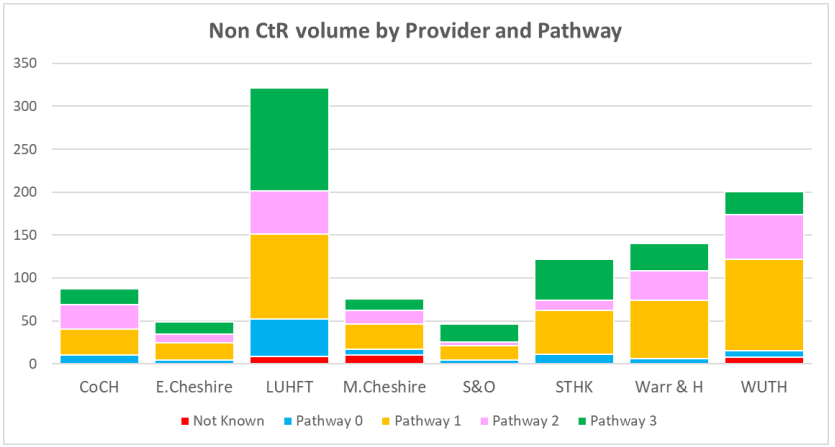
Data & Digital

Estates

Timely Access to Emergency Care

Challenges:

- High acuity – comorbidities and deprivation lead to high admissions
- High numbers of people with non-criteria to reside, including in mental health
- Overprescription of care
- Fragile and unstable care market
- Too high a percentage of pathway patients who are discharged to long term residential care



Actions:

- Whole system approach – Urgent Care Summits and a new Urgent Care Executive Board
- Demand and capacity profiling to inform plans
- Optimising and standardising services, adopting best practice
- Admission avoidance focus - falls, frailty and dementia, complex lives, care homes, mental health
- Enhanced Community Services – UTCs, front door streaming, telehealth, virtual wards
- Discharge - systematic discharge planning between health and social care from point of admission and integrated Transfer of Care Hubs
- Maximising use of intermediate and domiciliary care capacity
- Addressing deconditioning in hospital

Reducing Inequalities

Our aims:

- Reduce the gap in life expectancy between least and most deprived wards with a focus on the biggest killers: cardiovascular disease and cancer
- Reduce the healthy life expectancy gap within the city, with a focus on multimorbidity
- Embed prevention at every level with a focus on smoking and immunisation

Spotlight:

SWAGGA Primary Care Network

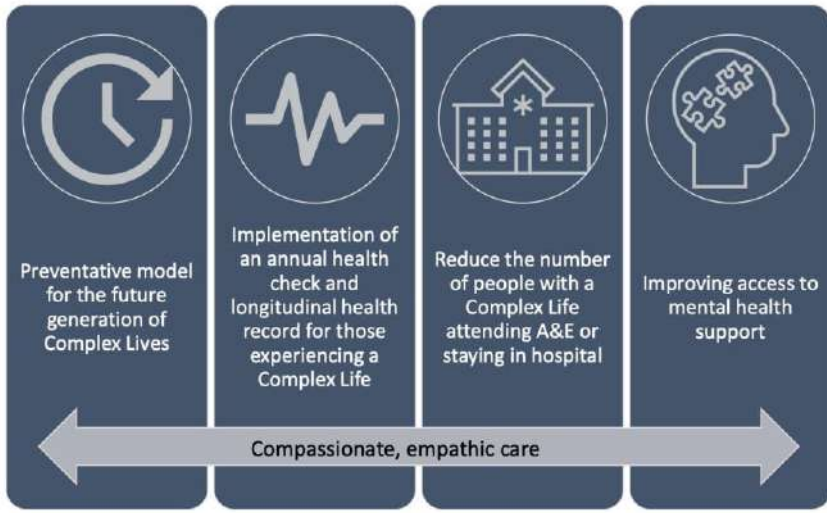
- Liverpool Hypertension (High blood pressure) Inequalities Plan
  - Proportionate universalism approach
  - Community outreach partnering with food banks to offer Social prescribing wellbeing and health checks in Garston, Speke, Netherley
  - Case finding for patients with high BP reading but no diagnosis of hypertension
  - Optimise the management of known hypertensives
- Weight management: clinical intervention and community walking group
- Health Equity Liverpool Project: Cervical screening in asylum seeker, refugees and patients with learning disability and severe mental illness

Population Health

Our Ambition

	2023		2027
D	Reactive decision-making based on our own data	DATA – all partners to use CIPHA and extend range of data on platform, include more big data	Combined org data and big data to get more predictive/upstream
A	Rear-view mirror analysis and planning	ANALYTICS using same segmentation framework, derive actionable insights for increased value for each cohort	Predictive population-based analytics with shared data science team
C	Fragmented single-condition pathways	CARE MODEL develop integrated care model for complex lives, frailty and dementia and LTC cohorts, connecting to acute site reconfiguration	Co-ordinated care around cohorts with common clusters of conditions
P	Cost and volume Input/output	PAYMENT Develop pooled budgets between partners, and incentives/disincentives to increase value for particular cohorts	Value-based payment for bundles of care/cohorts outcomes/spend
C	Unclear system Control and co-ordination	CONTROL/CO-ORDINATION Clear Place governance structure for implementing our shared strategy, and clear 'rules'	Clear and effective system governance

Population Health – Best Practice Example Complex Lives



What is a complex life?

4,462 households

9%

19,008 people

of which

8,178 children

Resilient Families

A household member with a physical health condition AND a household with a mental health condition

&

A child with either a physical OR a mental health condition

&

One or more of
Homelessness
Substance and Alcohol use
History of offending
High intensity A&E use
Lone parent
Lives in most deprived neighbourhood
Used more than 2 different health & social care services in the last year

&

Have a total health & social care spend per household in the top 25% of households with children

Complex Individuals

Either

A physical health condition

&

A mental health condition

&

One or more of
Homelessness
Substance use
Alcohol use
History of offending
High intensity A&E use
History of being looked after
Domestic abuse

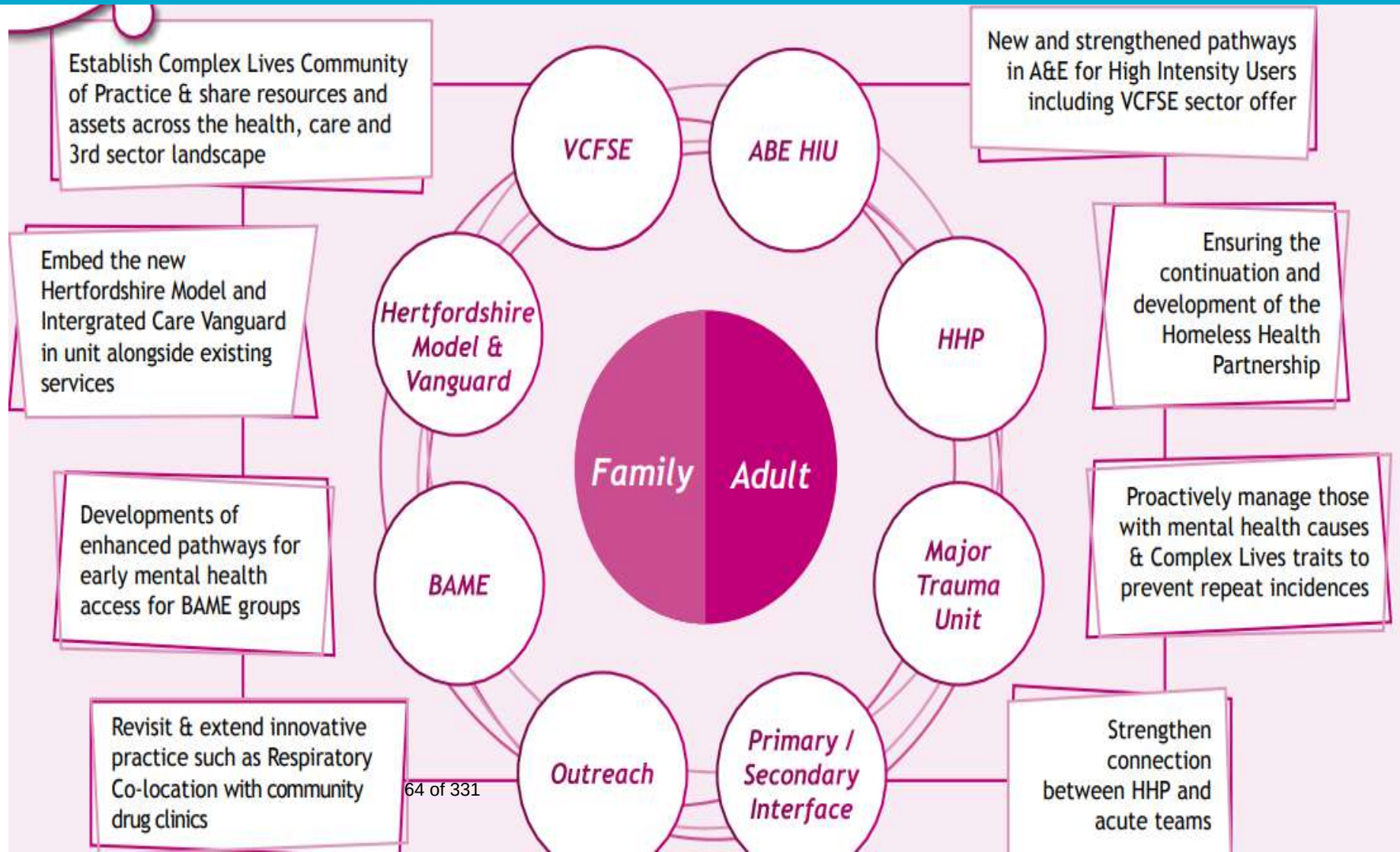
Or

Or regardless of physical or mental health three or more of
Homelessness
Substance use
Alcohol use
History of offending
High intensity A&E use
History of being looked after
Domestic abuse

5,163 people

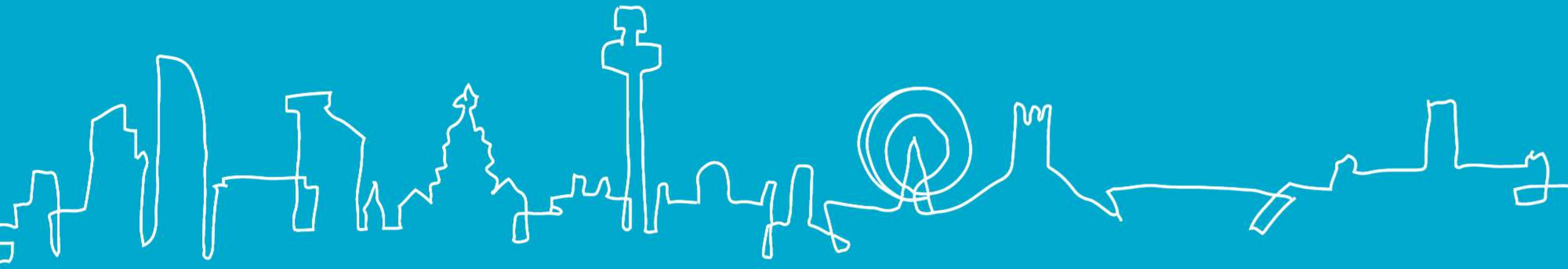
0.9%

Complex Lives Programme Priorities



NHS
Cheshire and Merseyside

One Liverpool



Thank You

Questions

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Health Inequalities and Population Health Programme update

Agenda Item No	**ICB/07/23/10**
Report author & contact details	Prof. Ian Ashworth, Director of Population Health Ian.Ashworth@cheshireandmerseyside.nhs.uk Dr Melanie Roche, Consultant in Public health, Champs Support Team. melanieroche@wirral.gov.uk
Report approved by (sponsoring Director)	Clare Watson, Assistant Chief Executive
Responsible Officer to take actions forward	Prof. Ian Ashworth, Director of Population Health.

Health Inequalities and Population Health Programme Update

Executive Summary

The Population Health Programme plays an integral role in helping the ICB and HCP to achieve its core strategic objectives of

- tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles)
- improving population health and healthcare
- enhancing productivity and value for money
- helping to support broader social and economic development.

It provides the shift towards prevention and health equity through system leadership and integrated community actions to address the social determinants of health, support healthy behaviours and wellbeing, address healthcare inequalities and strengthen uptake of screening and immunisations.

The ICB and its partners are addressing the significant healthcare inequalities that exist in Cheshire and Merseyside and adopting approaches and priorities described within the NHSCORE20PLUS frameworks for both children and adults. There is a strong Health and Care Partnership focus and commitment to the delivery of the ground-breaking 'All Together Fairer'[1] report, to tackle the social determinants of health in each of our nine local areas.

Our Intelligence into Action approach across the ICB has identified C&M population health priorities and the challenges faced by each of our nine local areas. Alignment across the strategic intelligence system is being established to maximise the use and application of population health management systems through our systems such as CIPHA, System P, with a new strategic 'Intelligence into Action' Board.

Building on successful delivery to date, the Population Health programme is entering a new phase. The ICB has invested within the sub-region's first Director of Population Health, supported by an integrated NHS and public health Population Health Team working together with nine Local Authorities and CHAMPS, the sub regions public health collaborative, which is celebrating its 20th year since inception.

Sub-regional leadership and accountability for tacking inequalities in healthcare access, experience and outcomes will be strengthened by Population Health Programme oversight and assurance for cross-programme delivery of the NHSE Health Inequalities Improvement Programme and Core20PLUS5.

The All Together Fairer Programme (with bespoke Beacon Indicators to monitor progress) and the NHS Prevention Pledge programme continue to deliver a second year of support for local area implementation and within NHS settings to help address the social determinants of health.

[1] Cheshire-and-Merseyside-report_interactive-v6.pdf (champspublichealth.com)

NHS Cheshire and Merseyside Integrated Care Board Meeting

NHS Cheshire and Merseyside

	This paper provides a progress summary of the work being undertaken by the ICB and HCP to tackle health inequalities and improve population health.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	x				
Recommendation	The Board is asked to note the content of the paper.				
Key issues	Updates on the C&M Population Health Programme priorities, progress, and achievements, with a focus on governance and accountability, tackling the social determinants of health, supporting healthy behaviours, addressing healthcare inequalities and strategic intelligence to support population health approaches.				
Key risks	-				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	x	x	x		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		x	x	x	
Route to this meeting	Clare Watson, Assistant Chief Executive and SRO for Health Inequalities				
Management of Conflicts of Interest	No conflicts of interest				
Patient and Public Engagement	No patient or public engagement was sought in the writing of this paper, but community engagement, co-development and working with people with lived experience is a core principle embedded within the population health programme and it's associated work streams.				
Equality, Diversity, and Inclusion	Whilst no formal Equality Impact Assessment has been carried out, the Population Health Programme and its constituent work programmes seek to promote equality, diversity, and inclusion at every level. Cheshire and Merseyside ICS were also the first ICS area to adopt a new Marmot review recommendation to Tackle Racism, Discrimination, and their outcomes.				
Health inequalities	The paper outlines how the Population Health Programme is acting strategically and operationally across the whole ICS to reduce health inequalities through action on the social determinants of health, the role of the NHS a significant economic player, supporting healthy behaviours, driving a shift towards prevention, and addressing healthcare inequalities.				
Next Steps	This is an update for information at a transition point for the population health programme. It is anticipated that further updates will be submitted.				
Appendices	**Appendix One**	Estimated Male and Female Life Expectancy at birth by deprivation (IMD 2019), C&M lower tier local authorities (2018-20)			
	Appendix Two	Core20PLUS5 infographics			
	Appendix Three	Case study 1: Supporting Fair Employment for all			
	Appendix Four	All Together Fairer Beacon Indicators			

Glossary of Terms	Explanation or clarification of abbreviations used in this paper
ATA	All Together Active, C&M physical activity strategy
ATF	All Together Fairer, C&M Marmot Communities programme
C&M	Cheshire and Merseyside
CIPHA	Combined Intelligence for Population Health Action
Core20PLUS5	NHSE Clinical health inequality priorities programme
CPD	Continuing Professional Development
CVD	Cardiovascular disease
CYP	Children and Young People
DHSC	Department for Health and Social Care
HCP	Health and Care Partnership
HEE	Health Education England
HIIP	NHSE Health Inequalities Improvement Programme
IBA	Identification and Brief Advice (in relation to alcohol)
JFP	Joint Forward Plan
LE and HLE	Life Expectancy and Healthy Life Expectancy
MECC	Making Every Contact Count
NHSE	NHS England
NIHR	National Institute for Health Research
OHID	Office for Health Inequalities and Disparities
UKHSA	UK Health Security Agency

Health Inequalities and Population Health Programme Update

1. Executive Summary

1.1. The Population Health Programme plays an integral role in helping the Cheshire and Merseyside Integrated Care Board (ICB) and Cheshire and Merseyside Health and Care Partnership (HCP) to achieve its core strategic objectives of:

- tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles)
- improving population health and healthcare
- enhancing productivity and value for money
- helping to support broader social and economic development.

1.2. It provides the shift towards prevention and health equity through system leadership and integrated community actions to address the social determinants of health, support healthy behaviours and wellbeing, address healthcare inequalities and strengthen uptake of screening and immunisations.

1.3. The ICB and its partners are addressing the significant healthcare inequalities that exist in Cheshire and Merseyside and adopting approaches and priorities described within the NHSCORE20PLUS frameworks for both children and adults. There is a strong Health and Care Partnership focus and commitment to the delivery of the ground-breaking 'All Together Fairer'[2] report, to tackle the social determinants of health in each of our nine local areas.

1.4. Our Intelligence into Action approach across the ICB has identified Cheshire and Merseyside population health priorities and the challenges faced by each of our nine local areas. Alignment across the strategic intelligence system is being established to maximise the use and application of population health management systems through our systems such as CIPHA, System P, with a new strategic 'Intelligence into Action' Board.

1.5. Building on successful delivery to date, the Population Health programme is entering a new phase. The ICB has invested within the sub-region's first Director of Population Health, supported by an integrated NHS and public health Population Health Team working together with nine Local Authorities and Champs, the sub regions public health collaborative, which is celebrating its 20th year since inception.

1.6. Sub-regional leadership and accountability for tacking inequalities in healthcare access, experience and outcomes will be strengthened by Population Health Programme oversight and assurance for cross-programme delivery of the NHSE Health Inequalities Improvement Programme and Core20PLUS5.

[2] https://champspublichealth.com/wp-content/uploads/2022/07/Cheshire-and-Merseyside-report_interactive-v6.pdf

1.7. The All Together Fairer Programme (with bespoke Beacon Indicators to monitor progress) and the NHS Prevention Pledge programme continue to deliver a second year of support for local area implementation and within NHS settings to help address the social determinants of health.

1.8. This paper provides a progress summary of the work being undertaken by the ICB and HCP to tackle health inequalities and improve population health.

2. Background

2.1 A third of the Cheshire and Merseyside population live in the most deprived 20% of neighbourhoods in England, with significant negative implications for health. Women living in the most deprived C&M areas live 12 years fewer than those in the least deprived areas, and for men, the difference is 13 years. There are even greater inequalities in life expectancy (LE) within local authorities, closely related to deprivation levels (Appendix One). Medical conditions contributing the largest amount to the LE 'gap' between the most and least deprived Cheshire and Merseyside quintiles are, for males; heart disease, chronic lower respiratory disease, and lung cancer, and for females; chronic lower respiratory disease, lung, and other cancers (2021, excludes COVID-19).

2.2 Health inequalities harm individuals, families and communities and place a huge financial burden on services, including the NHS, care services, the voluntary and community sector and on the economy. Despite deteriorating health and widening inequalities across Cheshire and Merseyside there is significant scope for local areas to make a real positive difference.

2.3 The Integrated Care System (ICS) has recognised these significant challenges and embedded the importance of tackling inequalities and improving the population health within its new strategic frameworks such as the recently published Joint Forward Plan[3] 2023/28.

2.4 Tackling healthcare inequalities features across all transformation areas of the ICB and with its partners. The ICB commissioned the ground-breaking Cheshire and Merseyside Marmot review, 'All Together Fairer' to help tackle the social determinants of health. This provides the principled approaches and framework the Health and Care partnership is taking, to improve the health and wellbeing of our population.

2.5 As part of the NHS Healthcare inequalities improvement programme, ICBs have a responsibility to demonstrate progress against the the NHS Core20PLUS5 approach (Appendix Two) for adults, and for children and young people. The ICB is also committed to meet the five strategic priorities for healthcare inequalities in NHS operational planning guidance:

- restoring services inclusively,
- mitigating against digital exclusion

[3] https://www.cheshireandmerseyside.nhs.uk/media/hmyp0u5e/cm-joint-forward-plan-summary.pdf

- ensuring data sets are complete and timely,
- accelerating preventative programmes (including Core20PLUS5 approach)
- strengthening leadership and accountability wider.

2.6 To provide leadership and programme delivery across these areas of work, the ICB established the Population Health Board. The aims of this board are to improve health outcomes and reduce health inequalities by embedding a sustainable system-wide shift towards focusing on prevention and reducing health inequality.

2.7 This paper provides an initial summary of the work to the board on the population health programme progress in our approach to tackling healthcare inequalities and the important partnership work on All Together Fairer.

2.8 Our ICS strategic priorities are to tackle health inequalities in outcomes, experiences, and access, improve population health and healthcare, enhance productivity, and value for money and help to support broader social and economic development.

2.9 The population health approach to tackle inequalities and increase prevention has been clearly embedded across Strategic plans, as featured in the new Joint Forward Plan and our Primary Care Strategic framework.

3. Population Health Programme

3.1 The Cheshire & Merseyside Population Health Programme aims to improve sub-regional population health outcomes and reduce health inequalities by embedding a sustainable shift towards prevention and health equity. This includes:

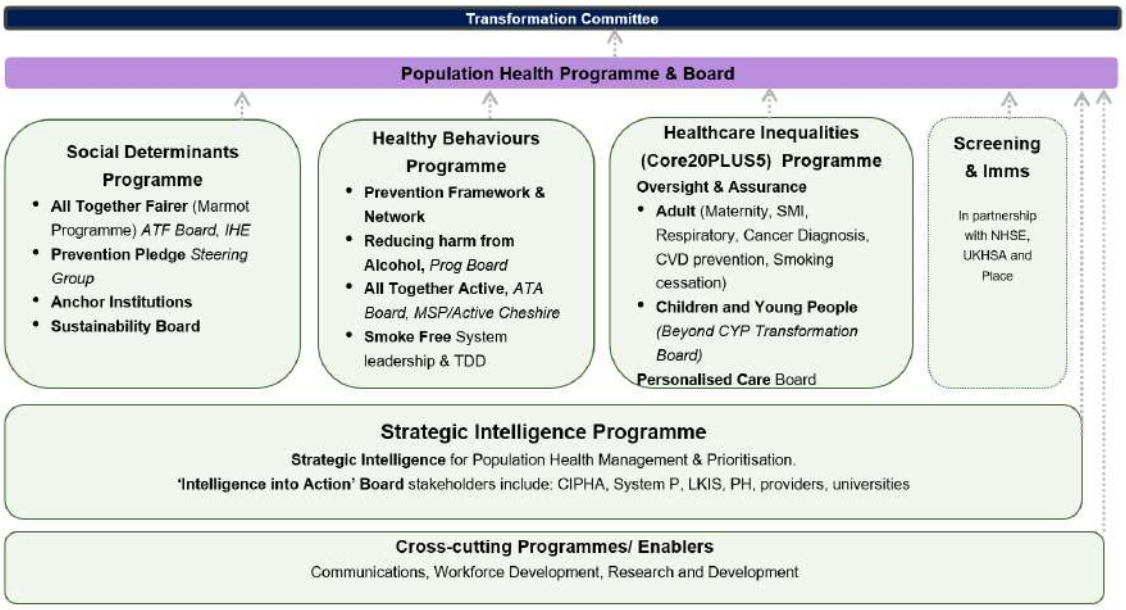
- System wide governance and accountability led by an integrated NHS/ Public health Collaborative programme team, the Population Health Board, and its governance infrastructure.
- System leadership and oversight of C&M-wide actions and collaborations to address the social determinants of health, support healthy behaviours, tackle healthcare inequalities, and optimise uptake of screening and immunisations.
- Strategic intelligence to inform, monitor and support Population Health approaches across ICS wide programmes and at Place.
- Joint working with public health collaborative enablers such as communications, Workforce Wellbeing and Development, and Research and Development.
- Match funding and in-kind support from system partners. Examples of recent match funding secured to the sub region by our approach includes £584k Sport England funding, £800k to support the alcohol programme, £285k NHSE Prevention and Core20PLUS5 funding for targeted NHS Health Checks pilots.

3.2 The Cheshire and Merseyside Population Health Programme Board oversees and leads the Population Health programme and reports to the C&M ICS Transformation Committee. The Board meets bi-monthly and provides ICS-wide strategic and system leadership, facilitating connectivity, collaborations, and the embedding of population health approaches across ICS programmes. Board membership is being refreshed to align with ICB and HCP priorities and deliverables, it includes ICS Executive level sponsorship, representatives from Place, academia, primary and secondary care, the Office of Health Improvement and Disparities (OHID), NHS England, voluntary and community sector, and leads for aligned delivery programmes.

3.3 Beyond the subregion, the Cheshire and Merseyside Population Health Programme is aligned to support delivery of national population health priorities and programmes and plays an active role in the regional (NW) Population Health Board. The ICB Assistant Chief Executive and Director of Population Health are members of this board, fulfilling regional inequalities and population health assurance requirements.

3.4 The Cheshire and Merseyside Population Health Programme acts as a 'matrix-programme' which oversees strategic programmes for addressing the social determinants of health, supporting healthy behaviours, addressing healthcare inequalities, strengthening uptake of screening and immunisation and strategic intelligence. Each of the strategic programme areas includes a number of delivery programmes (see Figure 1).

Figure 1; Population Health Programme Overview



3.5 The approach taken by the ICB has also seen it contribute towards the strengthening of the public health system in Cheshire and Merseyside. This includes the integrated programme team the ICB has established with CHAMPS, the Cheshire, and Merseyside Public Health Collaborative, working closely with the nine Local Authorities and their Directors of Public Health.

3.6 Champs is a unique, sub-regional public health collaboration, which has navigated numerous NHS and local authority iterations over time. Through the Champs Collaborative, the Cheshire and Merseyside public health community has a well-established track record of working innovatively with partners to deliver impact, change lives and improve the health and wellbeing of the population.

3.7 This year, the Cheshire and Merseyside Public Health Collaborative (Champs), celebrates 20 years of partnership working led by the nine Cheshire and Merseyside Local Authority Directors of Public Health, and now also with a tenth ICB Director of Population Health.

3.8 Recent examples of the successful partnership work between the ICB and Champs includes leading work in relation to communications, workforce development and research and development:

- **Communications:** Increasing numbers of subscribers to the Cheshire and Merseyside Public health newsletter, 'Collaborate,' and a large social media following. The award-winning Simple Things insight-led winter health protection campaign that saw national and international media coverage.
- **PH Research Hub launch and shared learning events:** In collaboration with NIHR, the hub is working to develop a network of public health research champions.
- **Workforce development:** The Champs CPD programme has been attended by nearly 2,000 delegates on a wide range of public health topics, and a HEE Funded Pilot delivered a refresh of the Making Every Contact Count (MECC) website, which supports practitioners with access to tools and resources in their local place when engaging with patients or residents.

4. Population Health Progress

4.1 The Population Health Programme has a key role in embedding prevention and supporting partners to address inequalities across multiple programmes and sectors. This section outlines progress in key strategic programme areas; the social determinants of health, supporting healthy behaviours and addressing healthcare inequalities.

4.2 **All Together Fairer.** The NHS has a key role in tackling health inequalities by influencing multi-agency action to address social determinants of health and through its role as a significant economic actor. Meeting these requirements, C&M is building a national profile as an active 'Marmot Community' and a national exemplar for system-level work on inequalities.

4.3 Through the well-established All Together Fairer (ATF) programme, we are supporting evidence-based action at Place level in relation to eight Marmot Principles:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.

5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.

4.4 Now into its second year (of five), the ATF programme has facilitated the integration of key Marmot recommendations into ICB and HCP strategy, and policy and is supporting the development and implementation of all nine local Health and Wellbeing strategies. Some notable achievements include:

- the launch of the Cheshire and Merseyside Marmot Report with over 500 participants and media coverage
- supporting the launch of the Liverpool City Region Fair Employment Charter and shared learning with Cheshire and Warrington to develop an equivalent charter.
- supporting a focus on addressing systemic racism
- delivery of All Together Inspired (social determinants development programme) including the completion of the social determinants summer school with 8 representatives from Cheshire and Merseyside.
- contributing to the development of Anchor Institutions, the extension of the Social Value Award to NHS and system partners, and progression of the NHS Prevention Pledge
- further development of the Marmot dashboard of Beacon indicators (see appendix 2) to monitor and inform place-based implementation of the ATF programme.
- Cheshire and Merseyside Children and Young Persons Health Equity Collaborative with Barnardo's and Institute of Health Equity (3 year programme) -a successful national bid through our Beyond programme, with only three ICS areas chosen to help better understand local gaps and needs and to address childhood health inequalities and wider determinants and develop interventions against specific indicators.

4.5 The ATF programme plays an integral role in the ICS achieving its strategic priorities, for example, the Cheshire and Merseyside ICS Joint Forward Plan (JFP) core performance metrics include multiple direct links to the Beacon Indicators and ATF-aligned workstreams, e.g.

- % children achieving a good level of early years development
- hospital admissions as a result of self-harm in 15-19 years
- Embedding a minimum 15% social value weighting across procurement processes.

4.6 The ICB and HCP has expressed its unified commitment in delivering the All Together Fairer recommendations, with a desire of each partnership board meeting to focus on specific thematic areas, for July's HCP this will be on the progress being made on 'Theme 8 Pursue Environmental Sustainability and Health Equity Together'.

4.7 The HCP will also look at progress against one of the system wide recommendations for action made to Cheshire and Merseyside to extend social value and anchor organisations across the NHS, public services, and local authorities.

4.8 The HCP is also forward planning an innovative Housing and Health workshop in September to tackle the housing factors that impact on health and wellbeing of residents and associated implications it has on health and care services.

4.9 **The NHS Prevention Pledge.** Aligned to the All Together Fairer programme, the NHS Prevention Pledge is a workstream within the C&M Population Health Programme that has been developed and rolled out by one of our established regional VCFSE organisations, the Health Equalities Group.

4.10 This settings-based approach supports sub-regional NHS Provider Trusts to deliver against 14 core commitments designed to drive a shift towards upstream prevention and to tackle inequalities.

4.11 To date, the Pledge has been adopted at intermediate level by seven Trusts, with the remaining 11 Trusts currently working towards full adoption which should be achieved by September 2024. The Pledge is strengthening NHS Trust commitment and leadership for action on prevention, social value, and inequalities, and is a pre-requisite for Trusts adopting the Cheshire and Merseyside Anchor Institute Charter. The Pledge also supports work towards Making Every Contact Count (MECC), All Together Active, Smoke-Free and Reducing Harm from Alcohol programmes.

4.12 In September, the first NHS Prevention Pledge Summit will be delivered, bringing all 17 Cheshire and Merseyside Trusts together, face to face. This workstream directly supports the ICS in making progress towards commitments in the Joint Forward Plan.

4.13 **Supporting Healthy Behaviours.** High levels of smoking, alcohol consumption and physical inactivity have recently been highlighted as priority health-related behaviours for action to tackle health inequalities in Cheshire and Merseyside.

4.14 The Population Health Programme oversees delivery of several inter-related work programmes to support healthy behaviours, and delivery of the NHS Long Term Plan Prevention programmes, that includes

- All Together Active
- Reducing Harm from Alcohol,
- Making Every Contact Count resources via the MECC Moments website,
- Development of a new Smoke-Free programme.

4.15 Together, these work programmes will support the ICS to drive a shift in core Joint Forward Plan metrics for smoking prevalence, alcohol consumption and physical activity levels.

4.16 **'All Together Active' physical activity programme.** A sub-regional physical activity strategy has been co-developed with local Health and Wellbeing Boards and other stakeholders to support locally owned, consistent approaches to increasing physical activity. The strategy (and accompanying resource hub) was successfully launched in October 2022, attended by 425 stakeholders, and resulting in over 200 signed pledges.

4.17 The strategy focuses on children and young people, workplace and health and social care settings, and is collaborating on a physical activity alcohol pilot working with alcohol care teams through the Reducing Harm from Alcohol Programme.

4.18 A 'one year on' event is currently being planned for October 2023, featuring an updated resource hub and newly developed website. Putting the All Together Active strategy into action, all nine Places are now being supported to develop their local implementation plans for physical activity and includes leadership from our ICB Place Directors working together with Active Cheshire and Merseyside Sports Partnerships.

4.19 **Reducing Harm from Alcohol Progress.** Development and expansion of the PROACT Alcohol Care Team workforce development offer, seen as an area of leading practice by NHS England and supporting reductions in (re)admissions and bed days.

4.20 A targeted awareness raising campaign: the Lower My Drinking app campaign has continued with 1.4m impressions.

4.21 Community engagement in licensing to address societal harms work at place and with the North West region.

4.22 Collaborative commissioning on inpatient detoxification to support increased bed placements and service provider stability.

4.23 Innovative approaches (funded by national resources) such as digital delivery of IBA (Brief Advice), the Blue Light Project (for dependent drinkers with complex lives), Fibro scans for the hardest to reach (including a pilot with Cobalt Housing) and planned work with probation, pilots for patients with co-occurring alcohol and mental health disorders, targeted physical activity interventions for alcohol patients, and diagnostics at 32 hostels and 18 addiction services.

4.24 **Developing A new 'Smoke Free' programme.** The importance of reducing harm from smoking is gaining increasing recognition, and smoking cessation is a cross-cutting priority in the NHS Core20PLUS5 programme as well as an NHS commitment in delivering the Treating Tobacco Dependency programme across all our hospital trusts.

4.25 The ICB is working with Champs and the nine local authorities to better understand the gaps and opportunities for joint action to reduce sub-regional smoking rates given the interrelationship that occurs with local tobacco control plans. At the June 2023 ICB meeting the Board endorsed the Cheshire and Merseyside Directors of Public Health position statement on vaping. This statement resulted in a well-supported major piece of media work, calling for a country wide ban on the sale of disposable vapes and to condemn the targeting of children by tobacco companies.

4.26 **A New Prevention Framework.** The Population Health Programme is developing a system leadership and communications approach for a more joined up, whole-system approach to embedding prevention and health and wellbeing interventions across ICS programmes and at Place.

4.27 The new Cheshire and Merseyside 'Prevention Framework' and network scope includes smoking, alcohol, physical activity, healthy weight, and mental wellbeing, with strategic links to MECC and prevention services (e.g., NHS Health Checks, Digital Weight Management Programme).

4.28 Board members also recently provided input into the development of a Health Foundation Prevention Framework for local government action on alcohol, tobacco, and unhealthy food, sharing our learning and progress with national networks.

4.29 Cheshire and Merseyside ICB and NW OHID also collaborated and shared its leaning by hosting a table discussion as part of the NHS Confederation focused on how we are approaching reducing inequalities for inclusion health groups.

4.30 **Healthcare Inequalities.** Tackling inequalities in healthcare provision, including access, patient experience, and healthcare outcomes, is a direct responsibility of NHS services. The Healthcare Inequalities Improvement Programme (HIIP) and Core20PLUS5 are national NHSE programmes which set out priority areas to tackle healthcare inequalities.

4.31 HIIP sets out five priority areas for urgent action across all NHS programmes and policy areas; restoring NHS services inclusively, mitigating against digital exclusion, ensuring datasets are complete and timely, accelerating preventative programmes, and strengthening leadership and accountability. From a clinical perspective, Core20PLUS5 defines key population groups and clinical focus areas for accelerated improvement in health inequalities for adults, children, and young people (see infographics in Appendix Two).

4.32 Responsibility for delivering progress against HIIP and Core20PLUS5 priorities is embedded across a wide range of Cheshire and Merseyside ICS programmes and much progress is being made. Cheshire and Merseyside has several Core20PLUS5 Ambassadors across Primary Care Network and acute trust roles including staff in maternity, CVD prevention, cancer, and Anchor Institution roles. Historically, however, the approach has been fragmented, and the Population Health Programme is building an oversight, monitoring, and assurance role to address this.

4.33 The ICB Medical Directorate has established strong principles to embed population health and health inequalities within its clinical leaders' remits, for example the Clinical lead for Elective Recovery has a dedicated health inequalities workstream that works together with the population health board.

4.34 The recent Primary Care Strategic Framework has also embedded population health approaches and tackling health inequalities in its work.

4.35 Over 2023/24, strategic relationships between the Population Health Programme, other key ICS programmes and Core20PLUS5 Ambassadors will be strengthened, bringing together inequalities activities from across ICS programmes (e.g., Children and Young persons Beyond Board, CVD prevention group, Cancer Alliance, Digital) into a coherent and coordinated ICS level programme for tackling healthcare inequalities.

4.36 Examples of Population Health Programme and Champs Collaborative achievements contributing to HIIP and Core20PLUS5 include:

- fulfillment of regional NHSE HIIP 'Stock take' and other NW Health Inequalities Board requirements.
- delivery of sub-regional inequalities and prevention programmes (All Together Fairer, All Together Active, Reducing Harms from Alcohol, NHS Prevention Pledge, and the new Smoke-Free Programme), as described earlier in the report.
- supporting mental health and wellbeing, the ratification of a Cheshire and Merseyside Prevention Concordat for Better Mental Health, Cheshire and Merseyside Suicide Prevention Strategy, and development of a CYP self-harm guide for practices
- supporting earlier detection of cancer, the launch of the **'**Early detect, early protect' digital toolkit in partnership with Cheshire and Merseyside Cancer Alliance
- supporting the high blood pressure case finding and optimisation and lipid optimisation, strategic collaborations with the CVD prevention group (including strategic input into the Cheshire and Merseyside Advancing CVD Prevention Strategy and key roles in targeted NHS Health Check pilots, BP kiosks and Know Your Numbers campaigns).
- strengthening oversight of Core20PLUS5, strategic relationships built with the Childrens and Young People Beyond Board, which oversees respective elements of the programme.

4.37 **Intelligence into Action.** Strategic intelligence and metrics play a crucial role in the healthcare inequalities oversight role. Exploration of how existing CIPHA dashboards (e.g., for ATF Beacon Indicators, Population Health, CVD, Fuel Poverty, Core20PLUS5 and NHS Health Checks), System P and the national Health Inequalities Improvement Dashboard can best align and be built on to support sub-regional progress is a priority of the programme.

4.38 While the data picture matures, some examples of ICS programmes making considerable progress against Core20PLUS5 metrics include:

- **Severe Mental Illness (SMI)**; Collaborative Merseycare/ Core20PLUS5 pilots in St Helens and Picton (Liverpool) demonstrated an increase in uptake of SMI Annual Physical Health Checks in participating practices. In St Helens, uptake increased from 2 of 30 practices achieving 50% completion (June 2022), to 17/30 achieving 50% completion (March 2023), when 8 of 30 practices also achieved at least the 60% Core20PLUS5 target. Of the 6 participating practices in Picton, uptake increased in all practices, and 3 achieved at least 50% completion by spring 2023.
- **High blood pressure (BP) case finding and optimisation:** The ICS CVD Prevention group has embedded BP detection and optimisation within its Advancing CVD prevention strategy. All C&M local authorities need to increase BP case finding, with estimated detection rates (2020/21, QoF) ranging from 52% to 60%, some way of the 80% detection by 2029 ambition. Community kiosks, annual Know Your Numbers awareness-raising activities, community pharmacy and outreach checks and increasing uptake of NHS Health Checks, particularly in target groups, are some examples of activities to address detection. BP optimisation is steadily recovering post Covid-19, with 'treatment to target' rates ranging from 56% to 64% at Place (June 2023, CIPHA). The 2023/24 NHSE planning guidance introduced a new accelerated ambition of 77% treatment to target by March 2024. If the current rate of improvement continues, most C&M Places are not on track to achieve this ambitious target.
- **Smoking cessation:** 2021 data shows that smoking prevalence in adults varies significantly across C&M, ranging from 8.8% in Cheshire West and Chester, to 17.8% in Liverpool Council. The overall rate for C&M ICS is 12.7% and the national ambition is <5% by 2030. If current trends continue, it will be 2043 before 'smoke-free' (<5%) is achieved in Cheshire and Merseyside.

4.39 The Population Health Programme is strengthening how it aligns and works with existing CIPHA and System P programmes, and with a new strategic Intelligence into Action Board, that will optimise identification of priority areas for targeted interventions and monitor progress.

4.40 This alignment will also help to provide health inequalities oversight of all digitally focused projects developed in order to reduce waiting lists, to ensure digital exclusion isn't widened through innovative, transformative projects that promote remote, virtual working for both staff and patients.

4.41 A successful example of this integrated intelligence approach was used to inform the priorities for population health and our new Joint Forward Plan by bringing together leads across ICB, CIPHA / Graphnet, Local Authority and regional NHSE Local Knowledge and Intelligence Services. This collaboration considered a range of data sources, and how they impacted within each of our nine different local areas. The work identified cardiovascular disease (CVD), cancer and respiratory disease as priority medical conditions (followed by mental health, falls, children and young people and maternity).

4.42 The importance of cross-cutting prevention interventions was also highlighted, reducing harm from tobacco, alcohol, obesity and physical inactivity and the need to increase vaccination rates.

4.43 The prioritisation exercise also highlighted opportunities to address health inequalities by tackling waiting times for urgent and planned care, access to GPs, dentists and mental health and social care support, and by focusing on groups with common needs such as those with complex lives, frailty, and dementia to facilitate targeted holistic support. This is described in Figure 2.

Figure 2: Emerging population health priorities for Cheshire and Merseyside (2023)

4.44 **Screening and Immunisation.** Increasing prevention through increased uptake of screening and immunisation is a sub-regional priority to tackle inequalities. The population health programme will oversee joint working with NHS England, UK Health Security Agency (UKHSA) and Place based commissioning teams to strengthen screening and immunisation uptake and to reduce associated inequalities.

4.45 A recent achievement is the completion of a DHSC funded pilot, which provided additional capacity locally and sub-regionally, enabled a communications campaign and delivery of a four-week introduction to health protection training programme to 80 staff.

4.46 The ICB has also been supporting NHSE and UKHSA in its planning to respond to other vaccine preventable diseases such as the elimination of measles.

5. Recommendations

5.1 It is recommended that the Board note the content of this report and breadth of work across the NHS and its partners in tackling health inequalities together.

6. Next Steps

6.1 Further updates will be provided as required.

7. Officer contact details for more information

Professor Ian Ashworth
ICB Director of Population Health
Email ian.ashworth@cheshireandmerseyside.nhs.uk

APPENDICES

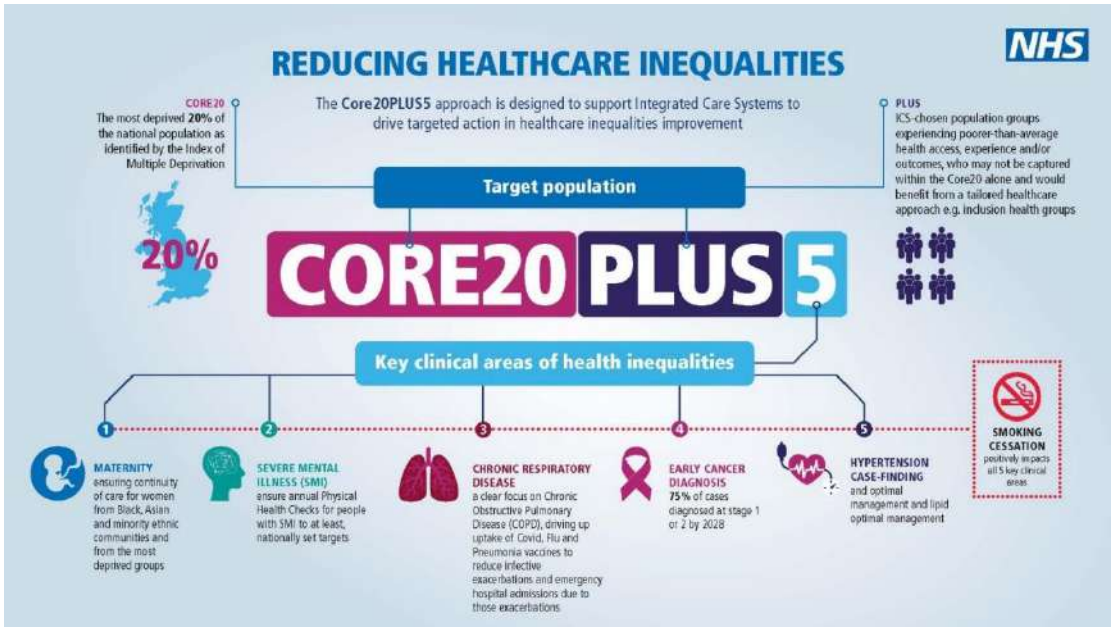
Appendix One Estimated Male and Female Life Expectancy at birth by deprivation (IMD 2019), C&M lower tier local authorities (2018-20)

Estimated male and female life expectancy at birth by deprivation (IMD 2019), Cheshire and Merseyside lower-tier local authorities, 2018-20

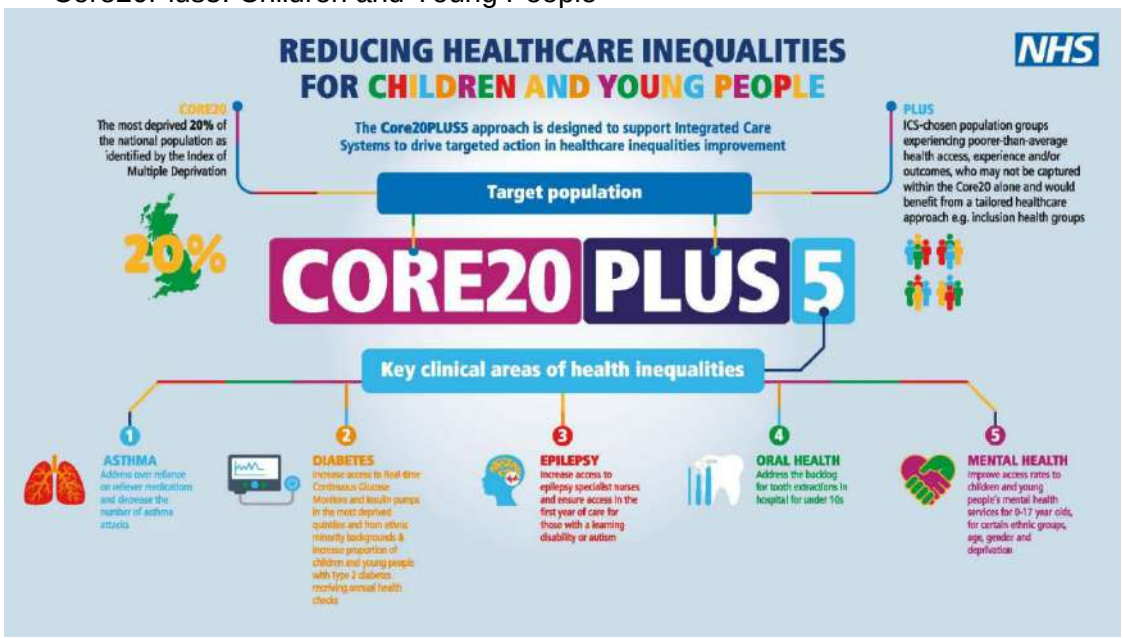
Source: *Office for National Statistics. (5)*

Appendix Two: Core20PLUS5 infographics

Core20PLUS5: Adults



Core20Plus5: Children and Young People



Appendix Three

Case study 1: Supporting Fair Employment for all.
Principle number three of the All Together Fairer programme is 'Create fair employment and good work for all'. Being in employment is a key driver of good health. Employment that ensures a fair and secure contract and a degree of control for the employee enhances health. With the support of the of the All Together Fairer (ATF) programme, two Fair Employment Charters are in development. In the Liverpool City Region area, this charter has been launched and businesses are signing up. The ATF programme is supporting NHS employers to also sign up to the contract and to begin the work to meet the quality standards required to hold the charter. In Cheshire and Warrington, the charter is at an earlier stage of development. The ATF programme is supporting the development through engaging public health directors and teams with Growth directors from each borough.

Case Study 2: The Walton Centre Prevention Pledge.
The Prevention Pledge has helped to strengthen progress towards The Walton Centre's commitment to prevention and social value. Indeed, the Trust has recently submitted applications for the Liverpool City Region Fair Employment Charter and for the Cheshire and Merseyside Anchor Institution Charter.
'Making Every Contact Count' e-learning for staff is helping to embed delivery at scale, and compliance against targets for Brief Encounters (90%) and Motivating Change (87) exceeds targets. 28 staff have been trained as Mental Health First Aiders and 10 Wellbeing Advocate appointments have been made, supporting mental health and wellbeing. Workforce health is supported by a new health and wellbeing strategy which covers social, physical, and psychological wellbeing, and is supported by regular wellbeing bulletins and 'Wellbeing Wednesdays.' The Trust is developing a Wellbeing Hub to benefit staff, patients, and the local community.

Appendix Four. All Together Fairer Beacon Indicators

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)-	Yearly	LA	IMD	Active lives survey

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Northwest BAME Assembly Anti-Racism Framework

Agenda Item No	**ICB/07/23/11**
Report author & contact details	Thomasina Afful Thomasina.afful@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director)	Christine Samosa, Chief People Officer
Responsible Officer to take actions forward	Thomasina Afful, Associate Director for Equality Diversity and Inclusion

Northwest BAME Assembly Anti-Racism Framework

Executive Summary	The Northwest BAME Assembly Anti Racism Framework (Appendix One) is a tool designed to support NHS organisations to become intentionally anti racist by tackling structural racism and discrimination through collaboration, reflective practice, and accountability. It recognises that this intention requires committing to undertaking a journey that involves the continuous review of progress and being intentional about actions for change. To demonstrate its commitment to becoming anti-racist it is proposed that the board issues and publishes an anti-racism statement detailing its commitment to race equality in the Cheshire and Merseyside ICS. In addition to this, the board should identify a champion/sponsor for the anti-racism agenda.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
		x			
Recommendation	**The Board is asked to:** • **Approve** the adoption of the Northwest BAME Assembly Anti-racism Framework by the ICB and the proposed approach for tis implementation.				
Key issues	None.				
Key risks	Lack of support for, or resistance to, implementing the framework due to a lack of aligned ideology and/or understanding of the importance of the need to address structural and systemic racism within our organisations in order to improve patient/service user and workforce outcomes and productivity.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
			x		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
			x		
Route to this meeting	n/a				
Management of Conflicts of Interest	n/a				
Patient and Public Engagement	n/a				
Equality, Diversity, and Inclusion	This proposal is aligned to national and local drivers to improve workforce equity: • NHS Constitution • NHS People's Promise				

	• Messenger Review • Broken Ladders Report • NHSE EDI Improvement Plan • Workforce Race Equality Standards • NW NHSE Anti-racism Programme.
Health inequalities	This proposal will have a direct impact on improving the health outcomes of our workforce as patients, as well as indirect impacts of patients within wider communities and structural and systemic barriers that prevent access to culturally appropriate care are broken down.
Next Steps	People Committee will review performance of the ICB with regular reporting through to the ICB Board. The Cheshire and Merseyside People Board will monitor the performance across the Cheshire and Merseyside Providers.
Appendices	Appendix One - Northwest BAME Assembly Anti-Racism Framework Appendix Two - Racial Equity Readiness Assessment Tool

Northwest BAME Assembly Anti racism Framework

1. Introduction / Background

1.1 The Northwest BAME Assembly Anti racism Framework (Appendix One) is a tool designed to support NHS organisations to become intentionally anti racist by tackling structural racism and discrimination through collaboration, reflective practice, and accountability. It recognises that this intention requires committing to undertaking a journey that involves the continuous review of progress and being intentional about actions for change.

1.2 The Framework is organised into three levels of achievement: Bronze, Silver, and Gold. Each level builds upon the next, encouraging organisations to make incremental changes and take consistent actions towards eliminating racial discrimination.

2. Cheshire and Merseyside ICB - Proposal for implementation

2.1 The following proposed steps for this work are as outlined in this section.

2.2 **Board Commitment.** To demonstrate its commitment to becoming anti-racist it is proposed that the board issues and publishes an anti-racism statement detailing its commitment to race equality in the Cheshire and Merseyside ICS. In addition to this, the board should identify a champion/sponsor for the anti-racism agenda.

2.3 **ICB Organisational Readiness Self-Assessment / diagnostic.** The first crucial step in the process is to assess the ICB's, understanding of, and readiness to do work needed to implement the anti-racism framework; and what we might already be doing to contribute towards it.

2.4 It is proposed that the readiness assessment tool (Appendix Two) be completed by each ICB Place so they can identify/evidence any legacy good practice that may be shared and up scaled where appropriate.

2.5 The information /data collected will form the baseline for helping us to identify priority areas of focus that can be mapped to the anti-racism framework. A stakeholder steering group will be established to agree priority areas of focus and develop a programme of work with timelines, resource required etc., to drive and implement the work.

2.6 **Assessment Scoring.** Each place/team will be invited to score their own individual assessment and the ICBs Equality, Diversity, and Inclusion (EDI) Team will collate the assessments received to provide an initial overall organisational score based. This will then be presented to the internal stakeholder steering group for challenge/review, and agreement. The steering group will be responsible for identifying and mapping priority areas of focus highlighted by the assessment tool

to the Anti-racism Framework, and for recommending a proposed programme of work with timescales for the ICBs People Committee to consider.

2.7 **Framework Launch.** It is proposed that the board's anti-racism statement and Board pledges be launched with the announcement of our intentions to implement the anti-racism framework prior to the immediate delivery of an organisational wide anti-racism 101 awareness raising webinar. An exec sponsor will front this.

2.8 The above will be accompanied by a series of communications messages about the framework circulated via:

- staff engagement network and any other staff networks established
- We are One webinar
- Staff Intranet
- Promoted throughout Black History Month.

2.9 **Rationale.** It is important to get an organisational wide understanding of our starting point and to work with our key stakeholders to pitch our interventions at the appropriate level to bring the whole organisation to the same basic starting point. It is possible that legacy teams / places will have a more developed understanding of the anti-racism agenda than others. In order to maximise organisational wide 'buy in' and consistency in approach, it will be necessary to ensure that there is a shared understanding of what it means to be anti-racist and of the language used. It will also be necessary to address any perceptions that board commitment to CM ICB becoming an anti-racist organisation will be at the expense of our commitment to addressing inequities across any other protected characteristics/disadvantaged group.

2.10 **Integrated Care System.** Cheshire and Merseyside People Board approval has been received to use some EDI (one-year funding), to support organisations within the CM ICB system to also start or progress their anti-racism journeys by implementing the Northwest BAME Assembly Anti-racism Framework.

2.11 Our role will be to establish a systems anti-racism steering group. The main aim of the group with be to identify themes for support and to steer and co-ordinate activity to respond to these needs. It is likely that awareness sessions and training (cultural competency, unconscious bias, alley etc. training) webinars, development of collaboration groups, sharing best practice etc., will form a part of the menu of support, including, practical guidance/support for achieving one of the standards (Bronze, Silver, or Gold) for those who wish to implement the framework.

2.12 **Workstream Alignment.** Both steering groups will be responsible for ensuring that the work aligns with national, regional, and local drivers and other appropriate workstreams to reduce duplication and lever where appropriate and possible additional resources to support the work.

- NHS Constitution
- NHS People's Promise
- Messenger Review

- Broken Ladders Report
- NHSE EDI Improvement Plan
- Workforce Race Equality Standards
- NW NHSE Anti-racism Programme.

3. Recommendations

3.1 The Board is asked to:

- approve the adoption of the Northwest BAME Assembly Anti-racism Framework by the ICB and the proposed approach for its implementation.

4. Next steps

- Share the assessment tool with the nine places for their completion
- Establish the Anti-racism Steering Groups comprising key stakeholders to identify, develop and drive the programme of works required to implement the framework.

5. Officer contact details for more information

Thomasina Afful, Associate Director for Equality, Diversity, and Inclusion
Thomasina.afful@cheshireandmerseyside.nhs.uk

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

North West BAME Anti-racist Framework

Appendix One: **Anti-Racist Framework**

NHS 75
Cheshire and Merseyside


NHS NORTH WEST
Black, Asian and Minority
Ethnic Assembly
NHS
NHS NORTH WEST BLACK, ASIAN, AND MINORITY ETHNIC ASSEMBLY
Anti-racist
Framework

Contents

Foreword

As partners in championing this ambition, the North West Black, Asian and Minority Ethnic Assembly (the Assembly) and NHS England (NHSE) North West believe that the NHS in our region should be unapologetically anti-racist. We also believe that the NHS should take positive action to eliminate racism in our organisations, stand with our colleagues when they experience racism, and eradicate the inequalities in access, outcomes and experience of health care that some of our communities face.

This document provides a framework for all NHS organisations across the North West to work towards the ambition of becoming actively anti-racist organisations. It aims to embrace both the spirit of our commitments and provide NHS organisations with guidance to put into action quickly, the steps needed to reduce the inequalities we still see every day across our workforce and to become intentionally anti-racist.

We all recognise the history and impact of institutional racism across our organisations and the harm caused to both our colleagues and communities through the continued inequalities that we still see across our society. From higher rates of bullying and harassment, disproportionate referrals into disciplinary processes, recruitment and selection where ethnicity still impacts your chance of appointment after shortlisting, all of these issues and many more needed to be tackled intentionally and as a priority by all our organisations.

We are asking our NHS partners across the North West to make a commitment to embrace the intentionally inclusive language and the approach of becoming actively anti-racist organisations. As intentionally inclusive leaders it is vital that we all look at each of the areas set out in this anti-racist framework and seek to embed the change needed to transform our own departments and teams into places where this activity is not seen as just a nice to do, but is seen as mission critical to all that we stand for; and that messaging is backed up by senior colleagues across the region, being clear that actions to tackle inequalities are a priority in all that we do.

Leaders should use the practical steps and suggested actions to support existing change activity, to add focus to future equality action plans and to build on any long-term inclusion strategies you may have. While there is not a one size fits all solution to advancing equity within any one organisation, we hope that the guidance and structure provided will help with the task of co-creating the solutions that will work for your organisation easier.

This document has been produced by The Assembly, the Northern Care Alliance's Inclusion Centre of Excellence, and NHSE North West.

Richard Barker
Co-chair of the North West Black, Asian, and Minority Ethnic Assembly and Regional Director for the North East and Yorkshire & North West regions

Evelyn Asante-Mensah OBE
Co-chair of the North West Black, Asian, and Minority Ethnic Assembly and Pennine Care NHS Foundation Trust

Why does an intentionally anti-racist approach matter?

Racism is very real, both in society and across our NHS organisations. Yet, despite a large number of reports and pledges over the years we have seen inequalities persist and some areas even get worse.

- The NHS is built on a founding principle of equality and social justice. That the service is free at the point of need anchors the NHS in social egalitarianism and makes equal rights part of our core business.
- We have seen a growth of hate incidents and racism across our communities in the UK despite existing equality and human rights legislation. It is more important than ever that as public sector organisations, we contribute to ensuring racism has no place in our society and is addressed across the communities we serve.
- Racism and discrimination are major drivers behind the health inequalities we still see today. It is our role as a health care system to be intentional in tackling those inequalities we see across our communities, but we should also be ensuring discrimination experienced by our staff is not further contributing to the problems.

Our anti-racism journey

Becoming an intentionally anti-racist organisation is a continuous journey that involves leaders and organisations continually reviewing their progress and being intentional about their actions for change.

The Fear, Learning, Growth Zone tool can help you both as an individual and as an organisation to consider honestly where you are on the path to become more anti-racist.

Approaches to move through the zones

FEAR ····· LEARNING ····· GROWTH

Provide clear factual information that challenges and supports the overcoming of any fears that individuals and teams may have with talking about racism and what is needed to address this issue.

Consider more development building on any existing learning; steps and opportunities that increase confidence with existing learning.

Empower inclusive leaders through allyship programmes and activities.

1. Prioritise anti-racism

As the NHS we have always been instinctively supportive of equality as social justice is the bedrock and foundation of our creation as an institution back in 1948. However, prioritising anti-racism work is more than simply caring about equality or stating support for inclusion; it is about ensuring we are giving it the same attention and response as other mission critical work we manage across the NHS.

The two main commodities we give to a task or area of work when we prioritise it are both time and resources. When equality activity is seen as an add-on or a nice to do, other mission critical work is seen as more important; time and resources are directed elsewhere and progress around tackling inequalities slows and stops.

Organisations need to commit to the principle that anti-racism work matters and their leaders need to see it as a priority for them as well. There will always be competing time and resource pressures when it comes to managing any large organisation, but anti-racist organisations understand that investing the time and resources needed to tackle the inequalities that exist across their workforce and services is more effective in the long term and will support them in meeting their other long-term goals.

What does this look like?

Leading from the front

Leadership matters and while being a leader often involves the management of multiple priorities, the amount of dedicated time we give to an issue is a key indicator of how much we have prioritised that area of work.

Dedicated EDI Resource

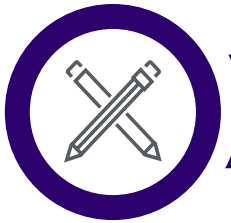
The amount of dedicated resource we have allocated to focus on an area of work is a key indicator of how much it has been prioritised. Equality, diversity and inclusion (EDI) professionals are experienced experts who can support leaders with this work. They must, however, be considered an important part of the organisation's leadership for their activity to be impactful and transformational over the longer term.

Mission Critical

Anti-racism activity needs to be at the heart of all work across an organisation, not simply a central equality action plan. Organisations that have got this right can clearly demonstrate how anti-racist practice is considered mission critical in plans around service delivery and the development of their workforce.

Actions Not Words

Organisations that are committed to anti-racism do more than the minimum ask; their work is driven by a desire to transform and have a big impact on the inequalities they see. This should be clearly visible in the activity and actions of any anti-racist organisation.



2. Understand lived experience

It is everyone's responsibility to tackle racism not just Black, Asian and Minority Ethnic colleagues, but meaningful involvement of people who experience racism and inequalities across your organisation will ensure decisions on how to tackle it are informed by real insights that reflect the different challenges people may face.

Meaningful involvement of people you would like to share their lived experiences involves committing to acting on what you hear and embedding their voices into change focused activity and decision making. Leaders need to be intentional in seeking out lived experience perspectives and considering what may be preventing some people feeling able to be involved.

When reaching out to seek the lived experiences of Black, Asian and Minority Ethnic communities it is important that leaders acknowledge and value intersectionality and understand the need to get more than a single person's perspective. When engaging others to hear their lived experiences, we should be intentional in ensuring we are hearing from a diverse range of voices rather than simply identifying a single individual to invite into a space.

Sharing lived experiences can have a weathering effect on people's wellbeing. Any activity that looks to involve and encourage others to share their lived experiences to support leaders and an organisation make better decisions should also include a clear and intentional focus around the wellbeing of those involved.

What does this look like?

Listen and Learn

Leadership matters and while being a leader often involves the management of multiple priorities, the amount of dedicated time we give to an issue is a key indicator of how much we have prioritised that area of work.

Empowering Your Talent

As well as hearing the lived experiences of staff, it is important that the underutilised potential of talented leaders from ethnic minorities is considered and empowered to support decision making. A key consideration is where you can diversify the decision makers in a space and how you can ensure the full talent potential of your diverse workforce is used.

Growing Cultural Competency

Connecting a diverse range of lived experiences with leaders is vital to improving the cultural competency of an organisation over a longer period of time. Leaders who understand their colleagues, service users and local communities are better placed to make decisions that are fair for all.

Data Plus

Organisations need to be intentional about understanding the experiences of Black, Asian and Minority Ethnic staff and service users.

3. Grow inclusive leaders

Inclusive leadership is vital if an organisation aims to be anti-racist in all that it does and aims to tackle the inequalities it sees across its workforce and services.

Where an organisation has a mature, inclusive leadership culture you will see diversity clearly represented at all levels across the workforce and colleagues will feel they belong and are included at work. On that journey to growing an inclusive leadership culture it is vital that there is an approach and strategy for reducing inequalities, not just at the top of the hierarchy, but also a commitment to increase diversity and reduce inequalities across middle leadership.

Too often the focus around developing Black, Asian and Minority ethnic leaders has been on providing them with more skills and academic development to help them move up to the next level in the leadership ladder; this reinforces a deficit stereotype rather than tackling the institutional racism that has been holding them back. Positive action measures should be targeted on the bias and prejudice that has led to ethnic minority colleagues not being given the opportunities to demonstrate the skills they have.

Inclusive leadership is not a destination. It is a continuous journey to look at how you can do more to reflect and own your own privilege, understand others more, act to tackle bias in the decisions you make, and ensure that change is seen as a positive step to tackle inequalities and injustice rather than simply a threat to the status quo.

What does this look like?

Visibility matters

Our most senior public sector leaders should come from a wider diverse range of backgrounds and should broadly represent the communities they serve. This diversity and visibility help to build communities' trust in our institutions and also lead to better decision-making overall.

Where is your talent?

Understanding your talent trajectory in respect to Black, Asian and Minority Ethnic colleagues helps an organisation know where actions need to be to increase diversity and tackle departmental or structural inequalities. Diversity should be visible across all levels of an organisation.

Levelling up middle leadership and inclusion

If we only focus development on our most senior leaders, commitment to change is often not followed through by those leaders tasked with implementing decisions across the organisation.

Real opportunities

For some time we have seen sending colleagues on dedicated learning programmes as the solution to under representation in leadership roles. However, it is often the case that development does not lead to an opportunity for promotion and reinforces the idea that Black, Asian and Minority Ethnic colleagues need to work harder and earn more to achieve the same as their white peers.

4. Act to tackle inequalities

"Let my actions speak for themselves" is a famous saying that represents the mantra by which an organisation truly committed to anti-racism needs to run.. Words alone can often become a shield through which organisations are able to justify, consciously or unconsciously, their inaction over time, and determine whether they have followed through with meaningful actions to tackle an inequality.

Initiatives like the Workforce Race Equality Standards (WRES), Model Employer plans and others are not a solution in themselves, but can be a positive tool to measure existing inequalities and target actions to have the biggest impact. These tools need to be used actively to support equality activity across an organisation rather than simply as an assurance framework completed once a year and not looked at again.

The inequalities we see across our communities today will only be addressed when organisations use their resources collectively in partnership to tackle their main causes. Building a critical mass of activity around neighbourhoods, localities and our region as a whole is key to the numerous health inequalities and social injustices that harm so many being relegated to history, instead of being a painful reality of today that many are forced to live with.

The amount of action needed to tackle inequalities is large. It reflects the generations of institutional racism and injustice developed over decades in this country. However, when viewed as mission critical and delivered through embedded priorities across all areas of an organisation's structure, the task is not insurmountable and the outcomes will be transformational for our communities as a whole.

What does this look like?

More than a tick box

While assurance frameworks have at times been labelled as just a tick box for an organisation to deliver against, this does not have to be the case. Tools like the WRES and others can be used to prioritise, leverage and monitor real change. Anti-racist organisations use all the resources and tools available to them to achieve their goals of reducing inequalities and tackling discrimination.

Zero tolerance matters

Being anti-racist is an active stance and means more than simply not acting to do harm, but actively tackling the harm we see. Organisations that are on the journey to getting this right are clear in the zero tolerance they have for racism from anyone, including colleagues and service users. It is vital that organisations consider how they handle these types of incidents and constantly learn to do more to tackle racist abuse.

We do this together

Many inequalities are too big to tackle on your own as a single organisation. It is vital that organisations work in partnership to tackle the racial inequalities we see across our communities. When looking at health inequalities, NHS organisations should work with their local community and other statutory sector bodies to tackle these collectively rather than them staying in the too hard to do pile.

Fair and just

The processes that exist across an organisation to look at grievances and disciplinaries for staff should feel fair and equitable for all. Where this is not the case, the outcomes experienced by colleagues lead to mistrust and a clear weathering effect on the wellbeing of Black, Asian and Minority Ethnic staff.

5. Act to tackle inequalities

The NHS is no stranger to performance measures and the need to be intentional about tracking progress with a clear and detailed approach.

However, when it comes to anti-racism and wider equality, diversity and inclusion activity, this often lacks the same rigour in monitoring performance as other areas of our organisations.

Research from the USA has shown us that one of the most important aspects to diversity and equality activity is grounding this work in social accountability and taking time to measure and be clear about whether progress is being made.

While an organisation may have implemented actions elsewhere to tackle and reduce the impact on bias within decision processes and decision making, it is vital that the same consideration is taken when reviewing an organisation's overall performance around anti-racism and equality as a whole. What this means in practice is ensuring progress is reviewed by not just the people who have led or commissioned any activity, and that there is intentional consideration to the diversity of those involved in the reviewing and monitoring progress.

The NHS is the biggest employer in the country. However, as we are split up into hundreds of separate organisations we often look inward for ideas and feedback around change. Through the work of the BAME Assembly, we in the North West have an opportunity to collaborate and ensure reviewing organisational progress is a task that we are able to support each other with; this can be done through ideas and the sharing in equal measure of success and failure to support our anti-racism journey.

What does this look like?

How are we performing?

It is vital that organisations consider the management of performance around inclusion as seriously as they monitor performance of other areas of work. Leaders at all levels should understand how their area is doing in relation to key targets.

What is our approach?

Becoming an anti-racist organisation takes a clear intention to deliver a range of actions and measures consistently over a prolonged period of time. Understanding where the organisation is on its journey to become anti-racist is vital.

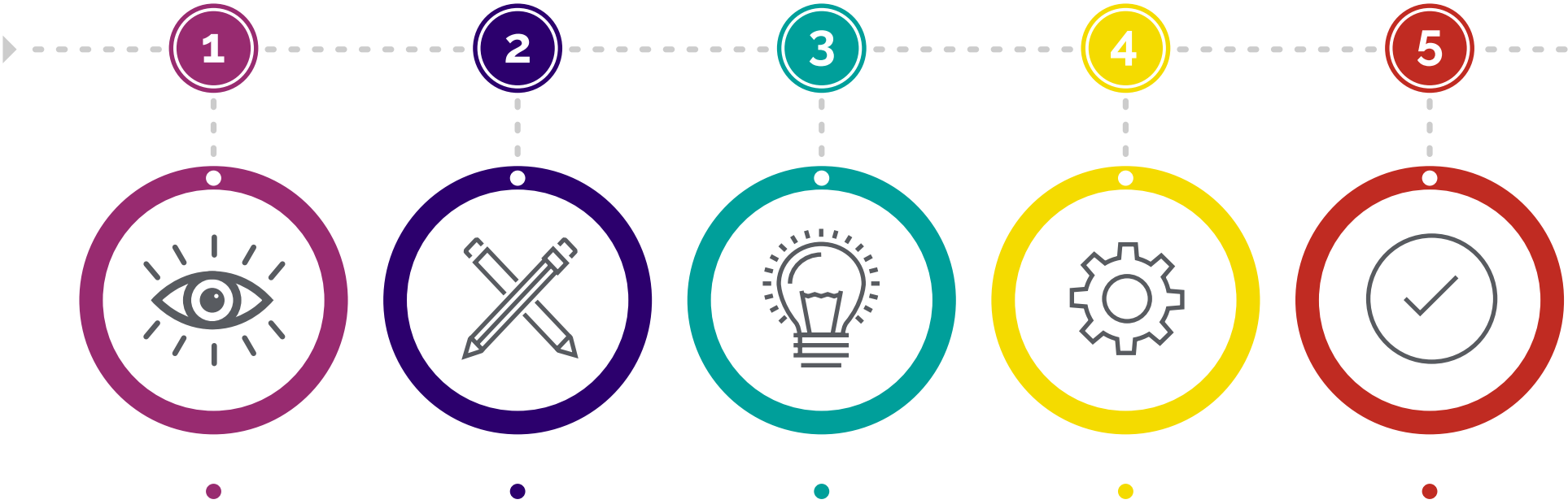
Our voices matter

The voices of Black, Asian and Minority Ethnic people should be at the heart of an organisation considering where they are on their journey to become anti-racist. This helps ensure actions that have been meaningful and impactful are prioritised, and where progress has not been made, this is not hidden.

Open and transparent

To have credibility around a statement that an organisation is anti-racist, it is vital the label is not just coming from the organisation itself but that the statement is supported by the community it serves.

The 5 anti-racist principles - Reflection questions



PRIORITISE ANTI-RACISM

How much of my time have I actually spent on anti-racism work in the last month?

UNDERSTAND LIVED EXPERIENCE

Whose voice and experience is not present, what have I done to address this, and how have I supported others to share their lived experience?

GROW INCLUSIVE LEADERS

What does the diversity of my organisation look like and how have I created opportunities for colleagues from ethnic minority backgrounds to grow and be included?

ACT TO TACKLE INEQUALITIES

What actions have I taken towards addressing racial inequalities and what impact has been made?

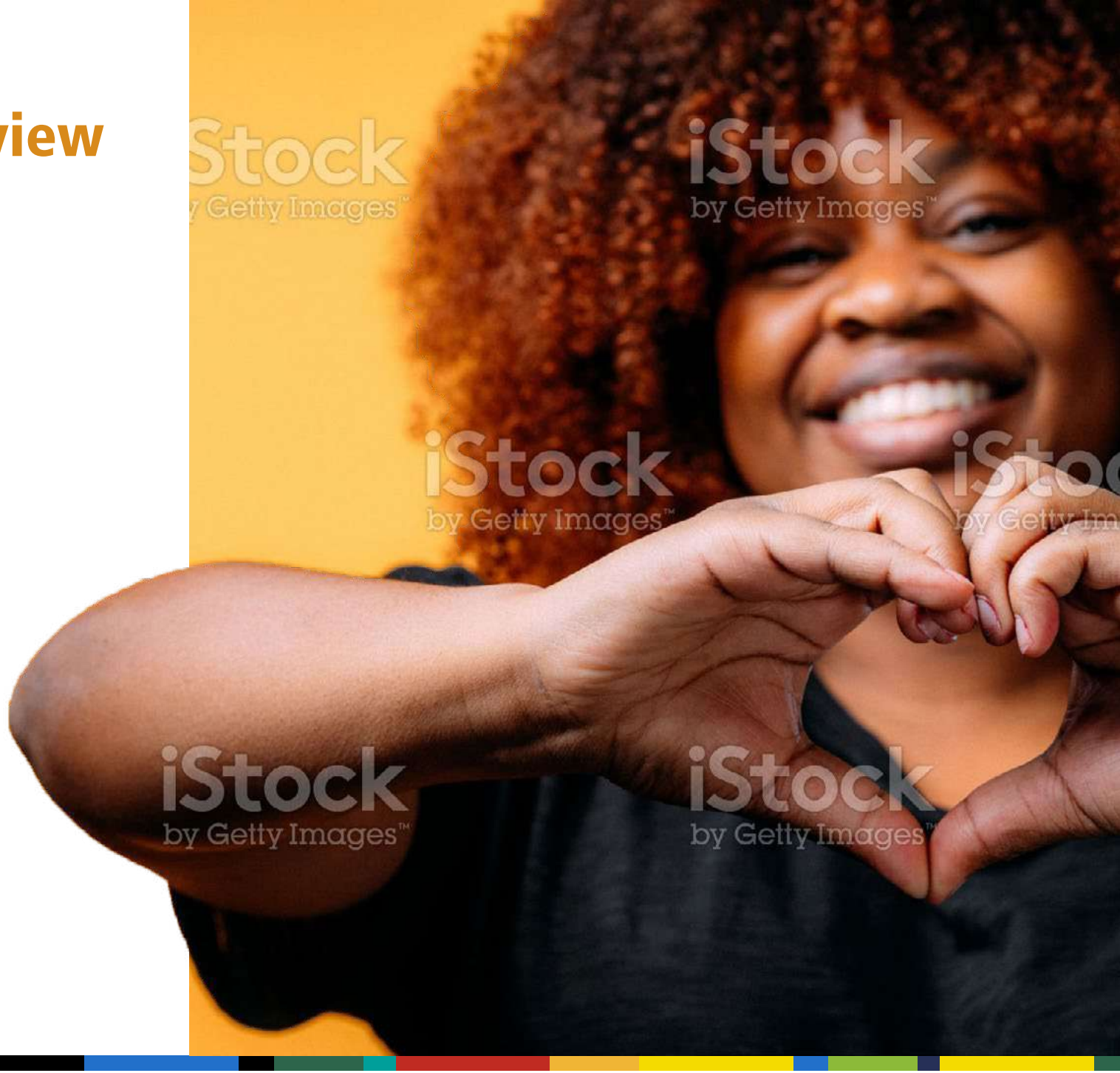
REVIEW PROGRESS REGULARLY

How has my organisation built anti-racism into their EDI targets and how is progress being measured?

Framework overview

This framework aims to support organisations on the journey to becoming intentionally and unapologetically anti-racist. The framework encourages the tackling of structural racism and discrimination through collaboration, reflective practice, accountability and action. Through the embedding of the themes, deliverables and actions outlined into structures, processes, policies and culture, organisations will create meaningful and measurable change within their workforce and service delivery.

The framework is organised into three levels of achievement: Bronze, Silver and Gold. Each level builds on the next, encouraging organisations to make incremental changes and take consistent actions towards eliminating racial discrimination in their organisations.



Bronze status

Bronze status signifies that an organisation has taken initial steps towards becoming an intentionally anti-racist organisation. These deliverables are those that embed structures and accountability for the delivery of racial equity in an organisation.

Key Drivers	Direct Deliverables	Supporting Actions
Leading from the front	The appointment of an executive or director level EDI sponsor with a commitment to advancing anti-racism within the organisation.	• This senior director level EDI sponsor has a clear role description, including annual personal development performance goals related to advancing anti-racism. • Must report as a minimum into an executive director and / or chief executive officer and be considered a part of the wider senior leadership team to facilitate and enable change on racial equity.
Anti-racism as Mission Critical	Evidence of how the organisation has acted to make anti-racism work mission critical in the past year.	• An anti-racism statement to be produced and published detailing organisational commitment to racial equity.
Actions Not Words	An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance.	• Implementation of equality and inclusion KPIs with a focus on addressing race-based disparities.
We do this together	The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality.	• The organisation can demonstrate working in partnership to reduce a specific health inequality through an anti-racism lens and publish progress within the organisational annual report.
Zero Tolerance	The organisation must have communicated clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members.	• Explicit processes for addressing instances of racist abuse, discrimination and harassment should be developed within or in addition to current organisational disciplinary procedures.

Silver status

The silver status shows that organisations have embedded structures to ensure commitment and accountability towards achieving anti-racism and have also developed actions to nurture and empower Black, Asian and Minority Ethnic talent, encourage culture change, and improve data collection, quality and reporting.

Key Drivers	Direct Deliverables	Supporting Actions
Empowering Your Talent	Set up a local Black, Asian and Minority Ethnic leadership council within your organisation.	• Ensure Black, Asian and Minority Ethnic talent is intentionally included across organisational talent programmes. Numbers should reflect the need for positive action to increase diversity within leadership roles. • Must have set targets and a published talent trajectory for Black, Asian and Minority Ethnic representation across every level of the organisation. • An organisation should have a dedicated positive action secondment or stretch projects programme in place to give Black, Asian and Minority Ethnic colleagues the chance to gain experience to support with career progression.
Levelling Up Middle Leadership & Inclusion	All leaders at Band 8A and above must have a personal development plan goal agreed around equality, diversity and inclusion, and a process to report annually the percentage of these goals that have been met.	• Leaders / managers to identify actions and create plans within their work to advance anti-racism.
Growing Cultural Competency	Evidence of inclusive leadership education for all executive directors.	• Further education for leaders, including inclusive recruitment, cultural awareness / competency, inclusive leadership, equality strategy and direction. • 75% of executive and non-executive directors and their direct reports have been part of a racial equality reverse mentoring programme over the past three years.
Listen and Learn	An executive director must attend Black, Asian and Minority Ethnic staff network meetings at least four times a year.	• A reciprocal arrangement with Black, Asian and Minority Ethnic staff network chair to attend and contribute to committee / board meetings.
Data Plus	WRES data and workforce data disaggregated by ethnic groups to be presented at board meetings to ensure that racial disparities are monitored and addressed as a part of the business as usual.	• A detailed breakdown by ethnicity of the staff survey report should be presented to the board annually, including the involvement of Black, Asian and Minority Ethnic staff network members to ensure more than just data is presented. • Quarterly monitoring and review of WRES data, workforce data and action plans by executive EDI lead and presented to board and staff networks.

Gold status

To obtain Gold status, the organisation must demonstrate that anti-racism has been embedded throughout all levels of the organisation, with diverse representation at the most senior levels and parity in staff experience, as well as ensuring anti-racism is seen as everyone's business through performance and engagement.

Key Drivers	Direct Deliverables	Supporting Actions
Visibility Matters	An organisation's board of directors diversity by ethnicity must match closely the diversity of the local population or at the minimum include one Black, Asian or Minority Ethnic member (which ever figure is higher).	• Creation and implementation of talent development and pipeline plan for Black, Asian or Minority Ethnic directors or associate non-executive director programme. • Partner with the North West Black Asian and Minority Ethnic Assembly to create a mentorship programme for Black, Asian or Minority Ethnic talent within the organisation.
How are we performing	An organisation must use an EDI performance dashboard that is presented quarterly to board and include performance against the race disparity ratio, WRES, and other race specific targets as appropriate.	• Organisation should record and publish their ethnicity pay gap annually • Intersectional data collection and analysis (by ethnicity, sex, gender, disability and sexual orientation) to be published and presented annually. • Chairs and non-executive directors to be updated annually on the progress on anti-racism plans.
More than a tick box	The organisation must be able to demonstrate two years of consecutive improvements against at least five WRES measures.	• Creation of a cross-departmental WRES actions working group to support and challenge progress on WRES data.
Fair and Just	The organisation can evidence diverse representation within their disciplinary and grievance processes.	• Freedom to Speak Up Champions within the organisation to support in incidents involving racial discrimination.
Our Voices Matter	The organisation should bring together annually Black, Asian and Minority Ethnic staff to review EDI progress and any learning be built into the following year's plans.	• WRES and anti-racism action plans to be co-produced with staff networks.

Regular review

Key Drivers	Deliverables	Supporting Actions
What's our approach	Organisations should review progress against each of the key drivers and direct deliverables within the NHS North-West Anti-Racism Framework at least annually.	Draft an annual action plan to attain initial or next accreditation that is reported on at board to ensure delivery and commitment.
Open and Transparent	The organisation should apply to the North West Black, Asian and Minority Ethnic Assembly to receive feedback against their anti-racism framework at least every two years.	Organisations should liaise with the Assembly / their Assembly member regarding progress and support in attaining recognition.

Support

The North-West BAME Assembly is here to support you in the implementation of this framework in your organisations.

We have a dedicated resource who can assist with strategy, queries, and troubleshooting any issues you may come across on your journey.

Please contact **england.nwbame_assembly@nhs.net** to discuss further.

Recognition

1. Assess your organisation's current progress using the self-assessment tool.
2. Draft action plan towards achieving either Bronze, Silver or Gold status, and implement necessary strategies to achieve the deliverables.
3. Apply to the North West Assembly for recognition. A small panel of Assembly members will review applications, make assessments and recognise successful organisations.

Self-assessment tool

The self-assessment tool has been designed as an assurance checklist. The checklist should be used by organisations as they begin to implement the Anti-Racist Framework to identify which of the key deliverables from the framework are already in place and which are the development areas for the organisation.

When an organisation has identified their gaps using the checklist, actions can then be developed to support the implementation of the framework fully prior to moving towards requesting recognition.

Anti-racist framework checklist

Summary of direct deliverables

Bronze

- [ ] The appointment of a senior director level EDI lead with a commitment to advancing anti-racism within the organisation.
- [ ] Evidence of how the organisation has acted to make anti-racism work mission critical in the past year.
- [ ] An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance.
- [ ] The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality.
- [ ] The organisation must have communicated clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members.

Silver

- [ ] Set up a local BAME leadership council within your organisation.
- [ ] Evidence of inclusive leadership education for all executive directors.
- [ ] All leaders at Band 8A and above must have a personal development plan goal agreed around equality, diversity and inclusion and a process to report annually the percentage of these goals that have been met.
- [ ] An executive director must attend Black, Asian and Minority Ethnic staff network meeting at least four times a year.
- [ ] WRES data and workforce data disaggregated by ethnic groups to be presented at board meetings to ensure that racial disparities are monitored and addressed as a part of the business as usual.

Gold

- [ ] An organisation's board of directors' diversity by ethnicity must match closely the diversity of the local population or at the minimum include one Black, Asian or Minority Ethnic member (whichever figure is higher).
- [ ] An organisation must use an EDI performance dashboard that is presented quarterly to at least a sub-group of the board and include performance against the race disparity ratio, WRES and other race specific targets.
- [ ] The organisation must be able to demonstrate two years of consecutive improvements against at least five WRES measures.
- [ ] The organisation can evidence diverse representation within their disciplinary and grievance processes.
- [ ] The organisation should bring together annually Black, Asian and Minority ethnic staff to review EDI progress and any learning be built into the following year's plans.

Sample action plan

Once the self-assessment is complete, an action plan to address the gaps should be developed. The action plan should identify a responsible person or team, a target completion date, and progress updates.

Level	Action	Person/ Team	Timescale	Target completion date	Progress	Comments
Bronze	The appointment of an executive / director level EDI sponsor.	HR	6 months		Ongoing	Proposal taken to board; nominated sponsor to be appointed at next meeting.
	Senior director level EDI sponsor has a clear role description, including annual personal development performance goals related to advancing anti-racism.	HR	12 months		Ongoing	HR to explore the addition on an anti-racism PDP goal to role descriptions; meeting to discuss progress and next steps scheduled for 07/08.
	Must report as a minimum into an executive director and / or chief executive officer and be considered a part of the wider senior leadership team to facilitate and enable change on racial equity.	HR	6 months		Ongoing	Once senior sponsor appointed, meetings with Exec directors and chief executive to be scheduled on a six monthly basis to provide updates.

Resources

To support your journey towards becoming an unapologetically anti-racist organisation, we have compiled a list of resources to assist in the development of your strategies, plans and actions.

NHS North West Black, Asian and Minority Ethnic Strategic Advisory Group

National Education Union Anti Racism Framework

NHS Leadership Academy Allyship Toolkit

NHS Leadership Academy Resources on Racism

NHS Employers Resources to Tackle Racism

NHS England WRES 2022 Data Analysis Report

NHS England Patient Carer Race Equality Framework

NHS Race and Health Observatory

NHS Confederation BME Leadership Network

Change the Race Ratio Guidance - KPMG

Board Diversity More Action Less Talk

Why companies Need a Chief Diversity Officer

Competency Framework for Equality and Diversity Leadership

Diversity Management That Works - CIPD

Embed Anti-Racism in the NHS

Guide to Establishing Staff Networks - CIPD

WRES Board Briefing BAME Leadership Council Case Study - NHS England

Building Narrative Power for Racial Justice and Health Equity

Lived Experiences of Ethnic Minority Staff in the NHS - The Kings Fund

A Case for Diverse Boards - NHS England

Taskforce on Increasing Non-Executive Director Diversity in the NHS - NHS Confederation

Develop a Strong Talent Pipeline from Entry Level to Executive Roles - CBI

Practical Guide Bridging the Gap - CBI

Six Traits of Inclusive Leadership - Deloitte

Northern Care Alliance NHS Foundation Trust Intentional Inclusion Model

Black Jobs Matter - Personnel Today

Health Inequalities Hub Case Studies - NHS England

BMA Charter for Medical Schools to Prevent and Address Racial Harassment

Hospital CEO on Zero Tolerance - BBC News

Addressing Race Inequalities Needs Engagement - The Kings Fund

A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce - NHS England and NHS Improvement

Health Education England Diversity Performance Dashboard

Civil Service Diversity and Inclusion Dashboard
The Value of Lived Experience - HPMA Newsletter

Diversity and the Case for Transparency - PWC

Shattered hopes: Black and minority ethnic leaders' experiences of breaking the glass ceiling in the NHS - BME Leadership Network NHS Confederation

No more tick boxes: a review on the evidence on how to make recruitment and career progression fairer - NHS England

If your face fits: exploring common mistakes to addressing equality and equity in recruitment- NHS England

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

North West BAME Anti-racist Framework

Appendix One: Racial Equity Readiness Assessment Tool

NHS 75
Cheshire and Merseyside

NHS
Cheshire and Merseyside

Workforce Development: Racial Equity Readiness Assessment Tool

Introduction

The Workforce Development Racial Equity Readiness Assessment is designed as a guide for workforce development organisations and practitioners to evaluate their programs, operations, and culture in order to identify strength areas and growth opportunities. The purpose of this assessment tool is to enable ICB places / teams to familiarise themselves with various practices and policies that support racial inclusion, evaluate their current efforts, and plan action steps.

Racial inequity is a critical barrier to cultivating inclusive cultures. In contrast to popular belief, racial bias is not simply an issue of individual attitude, but instead a pattern that manifests in the policies, practices, and then everyday organisational practices. These patterns of racial inequity often occur without the intention or awareness of the staff and leadership. The impacts and negative outcomes on visible Black, Asian Minority Ethnic people (Visible BAME) can be severe, leading to, for example, a lack of access to employment, progression and training opportunities, failure to cultivate and/or attract talent, a lack of engagement, reduced productivity, and access to services by patients/services users/other customers.

Ultimately a failure to address racial inequity within can prevent CM ICB from achieving its mission and vision.

The following readiness assessment criteria is intended to enable the CM ICB to understand its current racial equity practice.

How to Use the Racial Equity Readiness Assessment

1. Clarify your purpose:

The purpose of this assessment tool is to provide you with the information you need to advance racial equity more systematically, strategically, and successfully. Getting clear about the specific benefits of making racial equity a priority for CM ICB will help make this work more purposeful. How does racial equity align with your mission, vision, and values? How would operating with a racial equity framework improve your programmes and service delivery? How will this benefit your community stakeholders? Understanding that racial equity is both a strategic and moral imperative can bring a level of sustain-ability and rigour to the organisation's work.

2. Create an Equity Team:

This tool can help CM ICB to normalise the practice of explicitly examining how the organisation is addressing racism and advancing racial equity. To do this well, it is important that different people with a variety of perspectives are involved in the analysis and conversation. The composition of the team should reflect the overall composition of the community we serve, making sure it's inclusive across race, gender, and other important characteristics. It will also be helpful to include people from different departments within CM ICB, and with different levels of leadership and experience, especially those with a strong commitment to racial equity and inclusion.

3. Review the entire tool:

Review the entire tool before using it to become familiar with the assessment questions.

4. Complete the responses in stages:

First, answer as many questions as possible. This assessment tool examines several dimensions of your ICB place / team. For each area, decide an evaluation score (on a 1 to 4 scale that is provided) for each equity indicator and provide a brief explanation for the score chosen. If there are questions that you don't have enough information to answer, either detail what is known or develop a plan for completing the assessment once more information is available. Decide what information is still need, who is responsible for ascertaining it, and by when. Time will be needed to undertake research or data gathering. Schedule a date for the team to reconvene and complete the remaining questions. Some of the data needed may not exist. This must not prevent the completion of the assessment – complete with what is known and plan for how missing data/information is ascertained in the future so all aspects of your work can be eventually fully assessed and addressed.

Guiding Principles

The following principles provide an overarching framework for navigating the implications of racial equity work at CM ICB.

Stakeholder Engagement

Visible BAME people and those most adversely affected by relevant issues are engaged in feedback, planning and implementation with real decision-making power and leadership.

Race-Explicit Strategy

Strategic improvements within the organisation are framed with a racial lens including directly addressing disparities that affect specific visible BAME communities.

Outcome Oriented

Organisational and programmatic success is ultimately determined by the demonstrated benefit efforts have for visible BAME colleagues and other BAME stakeholders

Systemic Analysis

The systemic dynamics and root causes of racial disparities within the organisation are sufficiently researched, identified and addressed.

Culture of Practice

Efforts to address racial inequity within the organisation are incorporated into the everyday functioning, core activities, and culture of the organisation.

Scoring Guide

Assess how well CM ICB is carrying out the given policy or practice using the rankings below.

1 = Inadequate/Not addressed/achieved

2 = Insufficiently addressed/achieved

3 = Sufficiently addressed/achieved

4 = Exemplary practice
NA=Not applicable

Key Areas Examined in Assessment

- **Mission, Values, and Culture**
- **Leadership and Staff Morale**
- **Engagement and Decision Making**
- **Tracking Racial Disparities**
- **External Relationships**

Next Steps after Completing the Assessment

Identify the key findings:

Once you have completed the assessment, your team can then engage in analysis to surface the key findings. Analyse each section of the Assessment, one at a time. Guiding questions for this analysis may include: What patterns or trends do you notice? Are there any glaring inequities? What is surprising or especially noteworthy? What can you learn and what are the key takeaways you want to highlight?

Make recommendations for action and change:

For each section, make one or more recommendations for improved practice to advance equity. When developing these recommendations, this is a good opportunity to engage more stakeholders, both internal (within the CM ICB) and external (community stakeholders).

Prioritise what to work on.

It may not be possible to implement all recommendations all at once. Recommendations may therefore need some prioritising and sequencing in accordance to what has the greater alignment with the CM ICB's mission, vision, and commitment to the values of equity and inclusion and where resources or opportunities are currently available to take initial action.

Develop concrete goals:

Turn priority recommendations into clear SMART (Specific, Measurable, Attainable, Realistic and Time-bound) goals. Identify some easy opportunities (quick wins) to start moving things forward.

Develop and implement a realistic work plan:

Create a work plan for each goal. Spread the workload in order to give more people practice and investment in this work. Try to build a growing culture of learning and action on equity and inclusion.

Evaluate your progress and celebrate success.

Develop a plan to track and document your progress and success. Share learning, internally and externally, and celebrate successes.

Continue to learn, build upon, and sustain your success.

For practices that prove to be worthwhile and successful, turn them into ongoing protocols and policies. Develop the infrastructure, communication channels, funding, staffing, and other supports to keep expanding and sustaining the equity work. Doing this will "institutionalise equity"— making equity both an aspirational and operational framework for daily and ongoing work. Creating and modelling effective equity practices, can help transform CM ICB, workforce development, and the lives of those living in the communities we serve.

CM ICB Place/Team:	

Mission, Values, and Culture

GOAL: Racial equity is a core part of our organisational mission. Visible BAME colleagues at all levels of our organisation feel fully included, respected, represented, and valued. Sufficient actions and interventions are undertaken, as needed and on an ongoing basis, to interrupt patterns of white domination and power in the day-to-day operations, programs, policies, and practices (institutional racism - where normative patterns--whether intentional or not--have the impact of benefiting white people and disadvantaging or excluding visible BAME people). We define our success based on the experiences and health outcomes of the visible BAME people we employ and the communities we serve

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
Stakeholder Engagement Does the organisational culture, programs and services reflect the culture of community stakeholders? Is the culture welcoming, familiar and comfortable to the community, or must they conform to dominant (and white) cultural patterns?		
Race-Explicit Strategy Are visible BAME colleagues explicitly invited to create and contribute to organisational culture and norms? Are there explicit acknowledgements of the patterns and impacts of white supremacy culture, and explicit strategies to address it?		
Outcomes Oriented In planning for internal gatherings, is special attention paid to ensuring that location,		

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
childcare, and food are equitable and accessible to all staff?		
Systems Analysis Have we contributed time and organisational resources into analysing the places in which white supremacy culture is rewarded and normalised? Have we crafted systemic solutions or interventions?		
Culture of Practice Are the contributions of visible BAME colleagues and visible BAME community stakeholders regularly recognised as innovative and inherently valuable to the overarching strategy, mission, and vision of CM ICB?		

Leadership and Staffing

GOAL: Visible BAME colleagues are proportionally represented throughout our staffing and leadership structure. They are fully equipped with decision-making power in order to best guide CM ICB toward a fully realised racial equity strategy.

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
Race-Explicit Strategy What professional development, promotional pathways, and mentorship opportunities **from visible BAME colleagues in leadership** are available to support visible BAME		

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
colleagues to succeed in the organisation?		
Outcomes Oriented How do you value and compensate visible BAME colleagues for any additional work they may absorb to better serve the organisation's visible BAME stakeholders?		
Systems Analysis Do you research whether or not visible BAME colleagues become less represented at various departmental and positional levels due to recruitment, hiring or retention processes?		
Culture of Practice How do you support your leadership teams and colleagues from across the organisation to build a foundational understanding around institutional racism and racial equity?		

Engagement and Decision Making

GOAL: Visible BAME colleagues are involved and have input into decision-making processes spanning areas of the business that directly impact on their ability to be wholly themselves within the organisation. This includes, but is not limited to, input into the development and implementation of racial equity frameworks that underpin the organisations anti-racist ambitions.

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
Race-Explicit Strategy How do your governance arrangements support opportunities for visible BAME colleagues to influence and engage in decision making processes?		
Outcomes Oriented How do you value and compensate visible BAME colleagues for any additional work they may absorb to better serve the organisation's visible BAME stakeholders?		
Systems Analysis Have you conducted a detailed analysis of what decisions visible BAME colleagues have been able to influence and the impact that influence has made to improving outcomes and experiences?		
Culture of Practice How do you support visible BAME colleagues from across the organisation to build a sound understanding of your organisation's governance structures and how these may be influenced?		

Access to Employment/Training/learning/Commissioned Services and other Opportunities and Tracking Disparities

GOAL: There are no internal organisational barriers and biases that are preventing visible BAME customers (e.g., staff, learners, educators, patients, service providers etc.)

from accessing our services. We know this is true because the representation of visible BAME customers' fully accessing our services is proportional to, or exceeds, the racial percentage of that population in our service area.

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
Stakeholder Engagement Do you prioritise outreach materials and recruitment/ referral outlets that specifically reach visible BAME communities?		
Race-Explicit Strategy How have you addressed structural barriers that might prevent visible BAME people/BAME Led Businesses from accessing your employment/learning, procurement opportunities etc. (consider access criteria, infrastructure support, business support, documentation, staff demographics)?		
Outcomes Oriented To what extent do you ensure that any data revealing racial disparities in programmes or internal operations is addressed concretely, sufficiently and in a timely manner?		
Systems Analysis Have you conducted a detailed analysis of the various racial and ethnic populations in pipeline areas? If visible BAME people/BAME led businesses are underrepresented in your programmes, to what extent		

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
have you performed a racial equity impact analysis on your recruitment pipeline to better understand potential biases and barriers to entry or full engagement?		
Culture of Practice How do you prioritise supporting visible BAME people/BAME led businesses who may be experiencing institutional or interpersonal racism while accessing employment/learning commissioned opportunities etc.?		

External Relationships and Advocacy

GOAL: All leadership and colleagues are equipped with racial equity frameworks that inform internal and external work practices, decision-making capabilities, and advocacy efforts for the clients of colour they serve.

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
Outcomes Oriented How do you advocate with external organisations and employer partners to mitigate the effects of implicit bias on their job placement decisions?		
Systems Analysis To what extent do you take steps to proactively pursue procurement routes that would expand your ability to better		

Core Principle & Racial Equity Readiness Indicator	Score	Evidence/Explanation
provide for visible BAME clients?		
Culture of Practice To what extent do you consider the regular interactions you have with external partners as opportunities to introduce racial equity values or goals?		

Completed By: _____

Date: _____

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Board Assurance Framework Quarter One 2023-24

Agenda Item No	**ICB/07/23/12**
Report author & contact details	Dawn Boyer, Head of Corporate Affairs and Governance
Report approved by (sponsoring Director)	Report reviewed and approved by Matthew Cunningham, Associate Director of Corporate Affairs & Governance / Company Secretary
Responsible Officer to take actions forward	Matthew Cunningham, Associate Director of Corporate Affairs & Governance / Company Secretary Dawn Boyer, Head of Corporate Affairs &and Governance

Board Assurance Framework Quarter One 2023-24

Executive Summary	The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this. The 2023-24 BAF and principal risks were approved by the Board in May 2023. These principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives. This report provides an update at the end of quarter 1. There are currently 10 principal risks, including 4 extreme risks and 6 high risks. The most significant risks are: • **P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience, currently rated as extreme (20).** • **P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population, currently rated as extreme (16).** • **P7 - The Integrated Care System is unable to achieve its statutory financial duties, currently rated as extreme (16).** • **P3 - Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes, currently rated as extreme (15).** There has been no movement in current risk scores since the May report, but progress has been made in completing actions to improve both controls and assurances. Mitigation strategies are having an impact in relation to a number of the risks, with some reductions from the inherent (uncontrolled) risk scores but further action is still required to achieve an acceptable level. The report and appendices set out the controls in place, an assessment of their effectiveness and further control actions planned in relation to all of the principal risks. Planned assurances have been identified in relation to each principal risk and these will be provided through the work of the Committees and through Board reports over the course of the year. The priority activity over the last quarter has been the strengthening and implementation of controls with the aim of reducing the likelihood or potential impact. As progress continues to be made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

Recommendation	**The ICB Board is asked to:** • **NOTE** the current risk profile, progress in completing mitigating actions, assurances provided and priority actions for the next quarter; and consider any further action required by the Board to improve the level of assurance provided or any new risks which may require inclusion on the BAF.			
Key issues	There is further work required to complete the detailed risk appetite statement and refine target risk scores. The most significant risks will require action over multiple years to mitigate to an acceptable level and targets for 23/24 reflect that.			
Key risks	This report concerns the Board Assurance Framework and as such is focused on the principal risks to the delivery of the ICB's strategic objectives.			
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X	X	X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
		X	X	
Route to this meeting	The 2023-24 BAF and principal risks were approved by the Board in May. The Risk Committee received a draft of the quarter 1 review and requested a focus on ensuring that mitigation strategies are sufficient to achieve the target scores. Senior responsible leads and operational leads for each risk have progressed actions to improve control and reviewed the level of risk in light of this, and further reviewed the mitigation strategies.			
Management of Conflicts of Interest	The recommendations do not present any potential conflict of interest for any members of the ICB Board.			
Patient and Public Engagement	No patient and public engagement has been undertaken.			
Equality, Diversity, and Inclusion	Principal risks P3, P4, P5, P6, P8 and P9 have the potential to impact on equality, diversity and inclusion in service delivery, outcomes, or employment. The mitigations in place and planned are described in more detail in the risk summaries at appendix D.			
Health inequalities	Principal risks P1 and P2 have the potential to impact on health inequalities. The mitigations in place and planned are described in more detail in the risk summaries at appendix D.			
Next Steps	The priority actions and assurance activities will continue to be progressed as identified in appendix A and in the individual risk summaries at appendix D. Updates will be provided in the quarterly BAF reports to the Board.			
Appendices	**Appendix A**	Board Assurance Framework Summary		
	Appendix B	Heat Map		
	Appendix C	Risk Assurance Map		
	Appendix D	Risk Summaries		

Board Assurance Framework Quarter One 2023-24

1. Executive Summary

1.1 The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this.

1.2 The 2023-24 BAF and principal risks were approved by the Board in May. These principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives. This report provides an update at the end of quarter 1.

1.3 There are currently 10 principal risks, including 4 extreme risks and 6 high risks. The most significant risks are:

- P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience, currently rated as extreme (20).
- P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population, currently rated as extreme (16).
- P7 - The Integrated Care System is unable to achieve its statutory financial duties, currently rated as extreme (16).
- P3 - Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes, currently rated as extreme (15).

1.4 There has been no movement in current risk scores since the May report but progress has been made in completing actions to improve both controls and assurances. Mitigation strategies are having an impact in relation to a number of the risks, with some reductions from the inherent (uncontrolled) risk scores but further action is still required to achieve an acceptable level.

1.5 The report and appendices set out the controls in place, an assessment of their effectiveness and further control actions planned in relation to all of the principal risks. Planned assurances have been identified in relation to each principal risk and these will be provided through the work of the Committees and through Board reports over the course of the year.

1.5 The priority activity over the last quarter has been the strengthening and implementation of controls with the aim of reducing the likelihood or potential impact. As progress continues to be made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level.

2. Introduction / Background

2.1 The establishment of effective risk management systems is vital to the successful management of the ICB and local NHS system and is recognised as being fundamental in ensuring good governance. The ICB Board needs to receive robust and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

2.2 The Board has a duty to assure itself that the organisation has properly identified the risks it faces and that it has processes in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Board discharges this duty as follows:

- identifying risks which may prevent the achievement of its strategic objectives
- determining the organisation's level of risk appetite in relation to the strategic objectives
- proactive monitoring of identified risks via the Board Assurance Framework and Corporate Risk Register
- ensuring that there is a structure in place for the effective management of risk throughout the organisation, and its committees (including at place)
- receiving regular updates and reports from its committees identifying significant risks, and providing assurance on controls and progress on mitigating actions
- demonstrating effective leadership, active involvement and support for risk management.

2.3 As part of the annual planning process the Board undertakes a robust assessment of the organisation's emerging and principal risks. This aims to identify the significant external and internal threats to the achievement of the ICB's strategic goals and continued functioning. The principal risks identified for 2023-24 were approved for adoption by the Board in May and form the basis of the Board Assurance Framework reported quarterly to the Board.

2.4 The ICB must take risks to achieve its aims and deliver beneficial outcomes to patients, the public and other stakeholders. Risks will be taken in a considered and controlled manner, and the Board has determined the level of exposure to risks which is acceptable in general, and this is set out in the core risk appetite statement. Further work is underway to define the appetite specifically in pursuing each of the strategic objectives and in relation to each of the risk elements. The Risk Management Strategy will be updated to reflect this once complete.

2.5 The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this.

2.6 The principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives and, as such, have extreme or high inherent scores. The BAF sets out the mitigation strategy, progress in implementing or strengthening required controls, and their effectiveness and impact in controlling the risk. Once the mitigation is in place, the focus will be on seeking assurance that controls are, and continue to be, effective in controlling the risk.

2.7 The BAF is a dynamic document, and the Board should expect improving risk scores and assurance ratings over time. This may span multiple years in the case of some risks and target scores reflect this. Once the Board is assured that a risk is at an acceptable level and is being effectively controlled, it may consider de-escalating it, or closing it where the objective has been achieved. New risks may also be added, with the Board's agreement, in response to new strategic challenges.

3. Board Assurance Framework

3.1 This BAF report follows the standard format agreed by the Board in February and comprises 4 elements which are described in more detail below.

3.2 **Summary** (appendix A) – which lists the principal risks for each strategic objective, together with key data on ownership, risk scores and priority control and assurance activity. It aims to inform the Board regarding the extent to which the principal risks are being controlled, movement and distance from target score. It suggests the priority activities and focus of scrutiny in terms of identifying additional controls to reduce the level of risk or seeking assurance that controls in place are effective.

3.3 **Heat Map** (appendix B) – which provides the current risk profile in relation to the principal risks and plots the extent to which this has shifted from the inherent (uncontrolled) risk profile.

3.4 **Risk Assurance Map** (appendix C) – which summarises the assurances available to the Board in relation to each principal risk. It provides a rating of the adequacy and effectiveness of each group of controls and briefly describes the assurances provided in relation to each of the three lines of defence, being:

- 1st line - assessment and monitoring of the effectiveness of controls by the senior responsible lead and operational lead as the responsible risk owners
- 2nd line - scrutiny and oversight of effective risk management practices by corporate teams, thematic / portfolio leadership groups, ICB committees

- 3rd line - external review and oversight, including by auditors, external regulators and NHSE oversight.

3.5 **Risk Summaries** (appendix D) – for each principal risk and which describe the risk in more detail and provide scores, trends, controls list, ratings, gaps and actions, planned and actual assurances, ratings, gaps and actions. This enables the Board to dive into the detail of any area of risk which is giving cause for concern.

4. Key Points Highlighted

4.1 There are currently 4 extreme risks and 6 high risks. There has been no movement in current risk scores since the May report, but progress has been made in completing actions to improve both controls and assurances.

4.2 The most significant risks are:

4.2.1 **P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience**, currently rated as extreme (20). This is to be mitigated through the delivery of operational plans spanning urgent and emergency care, virtual wards, admissions avoidance, no criteria to reside, and bed occupancy. The national delivery plan for recovering urgent and emergency care spans the next 3 years to 2024/25 e.g., an improvement to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvements in 24/25. The risk is expected to diminish over this timeframe and the target score for 23/24 (15) reflects that improvement to pre-pandemic constitutional standards e.g., 95% of patients being admitted, transferred or discharged within four hours will span multiple years. Oversight and assurance will be provided through the work of the C&M Urgent Care Improvement Group commencing in July.

4.2.2 **P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population**, currently rated as extreme (16). This is to be mitigated through the development and delivery of the Primary Care Strategic Framework, Primary Care Access Recovery Plan, and Dental Improvement Plan. This is in the context of significant and increased post Covid-19 demand which continues to exceed supply despite the substantial progress in recovering activity levels. Oversight and assurance will be provided through the System Primary Care Committee supporting by the work of the programme delivery governance structure to be established.

4.2.3 **P7 - The Integrated Care System is unable to achieve its statutory financial duties**, currently rated as extreme (16). This is to be mitigated in the short term through the 23-24 System Financial Plan which has now been agreed and approved. During the course of the year a long-term financial strategy will be developed. This is in the context of a significant underlying system deficit which is reflected in the risk score. Oversight and assurance will be provided through the work of the Finance, Investment and Our Resources Committee and the monthly system finance reports to the Board.

4.2.4 **P3 - Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes**, currently rated as extreme (15). This is to be mitigated through the delivery of operational plans, including the elective recovery programme, diagnostics programme, Cancer Alliance programme and place delivery plans. Delivery is subject to a range of uncertainties including demand and capacity issues within the NHS and the independent sector, workforce, industrial action, which are reflected in the risk score. The national delivery plan for tackling the COVID-19 backlog of elective care spans the next 3 years to 2024/25 and the risk is expected to diminish over this timeframe. Oversight and assurance will be provided through the work of the Quality and Performance Committee and Transformation Committee and the monthly performance reports to the Board. External assurance with be through the NHS System Oversight Framework.

4.3 Mitigation strategies are having an impact in relation to a number of the risks as illustrated by the heat map at appendix B and summarised below:

4.3.1 **P1 - the ICB is unable to progress meeting its statutory duties to address health inequalities**. Mitigated from extreme (16) to high (12) through strategy and plans to implement Marmott principles and focus on Core 20+5 supported by ringfenced funding for health inequalities & transformational programmes. Key further actions are to finalise prioritisation framework, and re-focus Population Health Board.

4.3.2 **P2 - The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities.** Mitigated from high (12) to high (9) through the Digital and Data Strategy 2022-25 and key contracts for population health management and shared care record integrated health and care data platform and analytical services. Key further actions are to complete appointments and governance arrangements, establish ‘intelligence into action’ programme and conduct review of data and intelligence assets.

4.3.3 **P4 - Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience.** Mitigated from extreme (15) to high (10) through contractual standards and extensive infrastructure for quality review, analysis, learning and assurance. Key further actions include development of clinical quality strategy and further improvement of existing controls.

4.3.4 **P8 - The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services.** Mitigated from high (12) to high (8) through the transformation programmes in Liverpool, East Cheshire, and Sefton and for women's services and clinical pathways. Key further actions are to develop the clinical improvement hub, establish governance and progress the Liverpool urgent care pathways, and re-launch the Sefton Shaping Care Together Programme.

4.3.5 **P9 - Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives.** Mitigated from extreme (16) to high (12) through a range of programmes developed and supported by the Cheshire and Merseyside People Board. Key further actions are review of workforce data, greater focus on system workforce planning and development of the system workforce strategy and establishment of new roles.

4.3.6 **P10 - ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population**. Mitigated from extreme (16) to high (9) through the development of the Interim HCP Strategy and the Joint 5-Year Forward Plan, together with the associated consultation and engagement. Key actions are to further develop and finalise the HCP Strategy and establish delivery arrangements and governance.

Further detail is provided in the risk summaries at appendix D.

4.4 The priority activity over the last quarter has been the strengthening and implementation of controls with the aim of reducing the likelihood or potential impact. The significant actions to improve controls completed during quarter 1 are:

4.4.1 Joint 5-Year Forward Plan 2023-2028 completed (P1, P10)
4.4.2 Investment approved for continued provision of ICS digital and data platforms (P2)
4.4.3 2023-24 Operational Plans signed off (P3, P5)
4.4.4 Primary Care Strategic Framework (General Medical and Community Pharmacy) completed (P6)
4.4.5 2023-24 System Financial Plan agreed (P7)
4.4.6 Liverpool Trusts Joint Committee established (P8)
4.4.7 East Cheshire Trust / Stockport Foundation Trust Programme Board established (P8)

4.5 As progress is made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level. Planned and actual assurances have been identified in relation to each principal risk and these are summarised in appendix C and detailed in the risk summaries at appendix D.

5. Recommendations

5.1 **The ICB Board is asked to:**

- **NOTE** the current risk profile, progress in completing mitigating actions, assurances provided and priority actions for the next quarter; and consider any further action required by the Board to improve the level of assurance provided or any new risks which may require inclusion on the BAF.

6. Next Steps

6.1 The risk appetite is still to be finalised. The Board has determined the level of exposure to risks which is acceptable in general, and this is set out in the core risk appetite statement. Board members are in the process of individually defining the appetite specifically in pursuing each of the strategic objectives and in relation to each of the risk elements. Further discussion and moderation will be required on any points where board members views differ to achieve consensus.

6.2 Senior responsible leads and operational leads for each risk will continue to develop and improve the controls in line with the targets and progress the priority actions and assurance activities as identified in appendix A and in the individual risk summaries at appendix D. Updates will be provided through the quarterly BAF report to the Board.

6.3 The draft Corporate Risk Register, compiled from the significant risks scoring high (12+) from the committee risk registers, was reviewed at the initial meeting of the Risk Committee at the end of June. The Committee concluded that further work was required to ensure that the register reflected the full range of ICB objectives and functions and to ensure consistency of scoring and description. This work is progressing and will be reported to the September Board meeting.

7. Officer contact details for more information

Dawn Boyer
Head of Corporate Affairs & Governance
NHS Cheshire and Merseyside ICB
dawn.boyer@cheshireandmerseyside.nhs.uk

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

Board Assurance Framework Quarter One

Appendix One:	**Board Assurance Framework Summary**
Appendix Two:	**Heat Map**
Appendix Three:	**Risk Assurance Map**
Appendix Four:	**Risk Summaries**

WINDRUSH 75

NHS 75
Cheshire and Merseyside

NHS
Cheshire and Merseyside

Board Assurance Framework 2023/24 – Quarter 1 Review

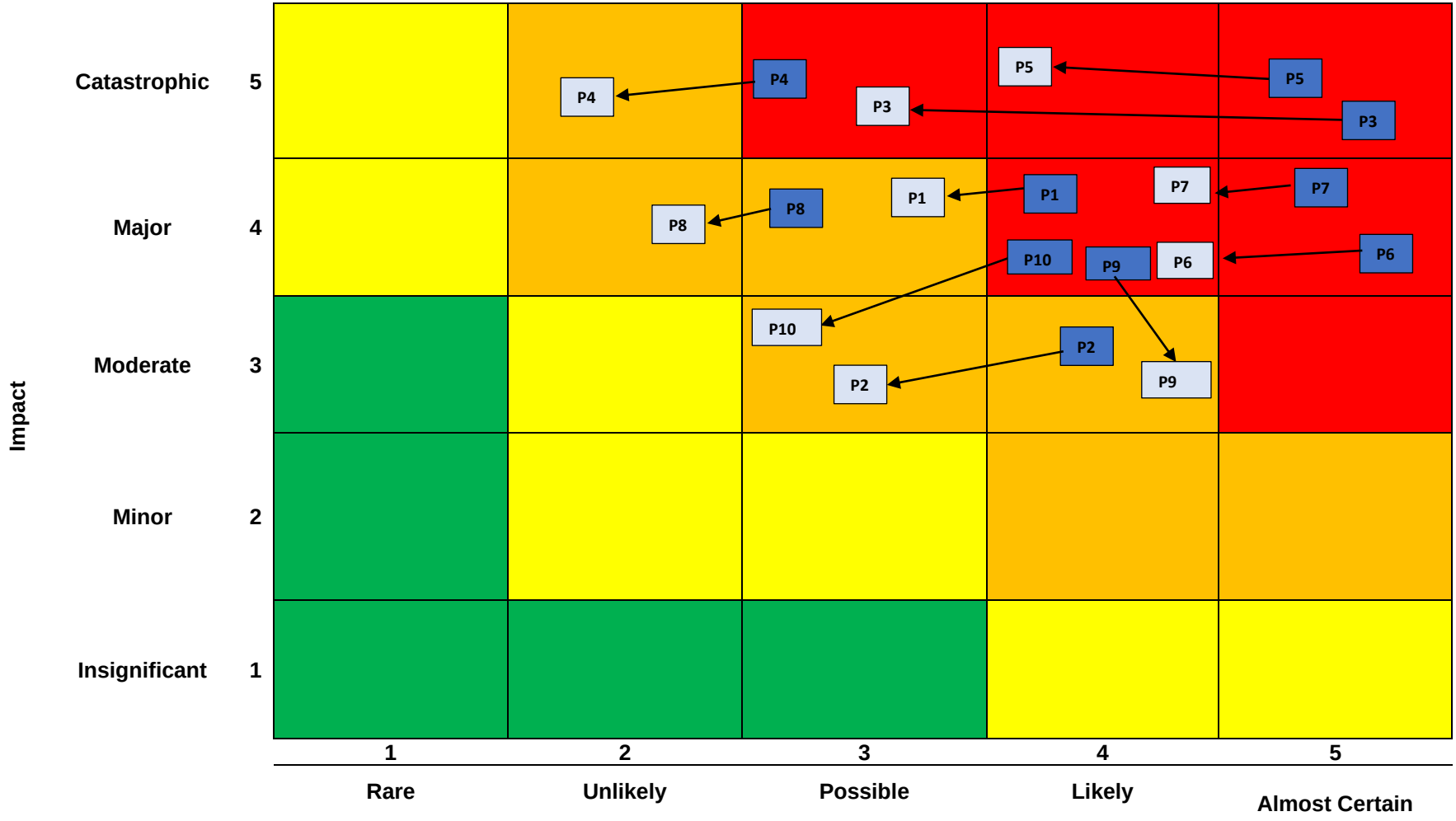
Appendix A – Summary

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score	Priority Actions / Assurance Activities
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience						
P1: The ICB is unable to meet its statutory duties to address health inequalities	Transformation Committee Clare Watson	**4x4=16**	**3x4=12**	No change	**2x4=8**	Further action to strengthen controls. Key actions are to finalise prioritisation framework, and re-focus Population Health Board.
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	Transformation Committee Rowan Pritchard-Jones	**4x3=12**	**3x3=9**	No change	**2x3=6**	Further action to strengthen controls. Key actions are to complete appointments and governance arrangements, establish 'intelligence into action' programme and conduct review of data and intelligence assets.
Strategic Objective 2: Improving Population Health and Healthcare						
P3: Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes	Quality & Performance Committee Anthony Middleton	**5x5=25**	**3x5=15**	No change	**2x5=10**	Further action to strengthen controls. Key actions are the Mutual Aid Hub and increasing diagnostics capacity through Community Diagnostic Centres and elective capacity through elective hubs

P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	Quality & Performance Committee Chris Douglas / Rowan Pritchard-Jones	**3x5=15**	**2x5=10**	No change	**1x5=5**	Significant controls in place with some actions for further improvement, including development of clinical quality strategy. Priority will be to provide assurance on continuing effectiveness of control framework.
P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience	Quality & Performance Committee Anthony Middleton	**5x5=25**	**4x5=20**	No change	**3x5=15**	Further action to strengthen controls. Key actions are implementing operational plan for urgent emergency care, virtual wards, admissions avoidance, no criteria to reside, and bed occupancy
P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	Primary Care Clare Watson	**5x4=20**	**4x4=16**	No change	**3x3=9**	Further action to strengthen controls. Key actions are to complete and secure approval to primary care plans.
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money						
P7: The Integrated Care System is unable to achieve its statutory financial duties	Finance, Investment & Our Resources Committee Claire Wilson	**5x4=20**	**4x4=16**	No change	**2x4=8**	Further action to strengthen controls. Key actions are to finalise cost improvement plans and conclude provider contracts.
P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	Transformation Committee Rowan Pritchard-Jones	**3x4=12**	**2x4=8**	No change	**2x3=6**	Further action to implement and strengthen controls. Key actions are to develop the clinical improvement hub, establish governance and progress the Liverpool urgent care pathways, and re-launch the Sefton Shaping Care Together Programme.

P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives	Finance, Investment & Our Resources Committee Chris Samosa	**4x4=16**	**4x3=12**	No change	**2x3=6**	Further action to implement and strengthen controls. Key actions are review of workforce data, greater focus on system workforce planning and development of the system workforce strategy and establishment of new roles.
Strategic Objective 4: Helping the NHS to support broader social and economic development						
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population	ICB Executive Graham Urwin	**4x4=16**	**3x3=9**	No change	**2x3=6**	Further action to strengthen controls. Key actions are to further develop and finalise the HCP Strategy, and to establish delivery arrangements and governance.

Appendix B – Heat Map



NHS
Cheshire and Merseyside

Appendix Three – Risk Assurance Map

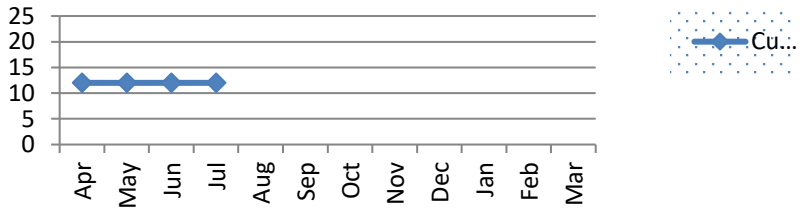
Principal Risks	Current Risk Score	Controls				1st line of defence		2nd line of defence	3rd line of defence	Assurance Rating
		Policies	Processes	Plans	Contracts	Reporting				
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience										
P1: The ICB is unable to meet its statutory duties to address health inequalities	**12**	**A**	**A**	**A**	**A**	**A**	Management oversight of the development & implementation of the prioritisation framework. Appraisal of health inequalities funding bids / allocations.	Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmott principles - ***Planned***	Core 20+5 & health inequalities stocktakes by NHSE/I reported to Population Health Board & C&M HCP Board - ***Planned***	**Reasonable**
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	**9**	**G**	**A**	**G**	**A**	**A**	Management scrutiny and prioritisation of requests. Management oversight of programme delivery.	Approval of 'intelligence into action' investment case by ICB Board – ***In place*** Programme delivery reporting to Transformation, Quality & Performance Committees, Population Health Board – ***Planned***		**Reasonable**

Strategic Objective 2: Improving Population Health and Healthcare										
P3: Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes	**15**	**G**	**A**	**G**	**G**	**G**	Executive sign off to the operational plan Management oversight of operational and programme planning and delivery	Performance reporting to Quality & Performance Committee, ICB Board – ***In place*** Programme delivery reporting to Transformation Committee, ICB Board – ***Planned***	NHSE/I Systems Oversight Framework – ***In place***	**Reasonable**
P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	**10**	**A**	**A**	**R**	**A**	**G**	Executive oversight through system-wide quality governance structure and reporting	Executive Nurse report to ICB Board – ***In place*** Quality reporting and dashboard to Quality and Performance Committee – ***In place***	Regional Quality Group reporting - ***Planned***	**Reasonable**
P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience	**20**	**G**	**A**	**A**	**G**	**A**	Executive sign off to the operational plan Management oversight of activity and performance	Urgent and Emergency Care Oversight and Transformation Group - ***Planned***		**Reasonable**

P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	**16**	**G**	**A**	**A**	**G**	**G**	Executive sign off to the primary care strategic framework and plans and to the operational plan Management oversight of operational and programme planning and delivery	ICB Board approval of primary care strategic framework and plans – ***Planned*** Programme delivery reporting to System Primary Care Committee, ICB Board – ***In place*** Performance reporting to Quality & Performance Committee, ICB Board – ***In place***	NHSE/I Systems Oversight Framework – ***Planned*** NW Regional Transformation Board oversight - ***Planned***	**Reasonable**
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money										
P7: The Integrated Care System is unable to achieve its statutory financial duties	**16**	**A**	**G**	**A**	**A**	**G**	Management oversight of financial planning & budget setting Management oversight of contract development & negotiation	System Finance Reports to ICB Board – ***In place*** ICB Board approval of 23-24 Financial Plan – ***In place***	NHSE/I Systems Oversight Framework – ***Planned***	**Reasonable**
P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	**8**	**G**	**A**	**A**	**A**	**A**	ICB Executive & Place representation on programme boards	Programme delivery reporting to Transformation Committee, ICB Board – ***Planned*** ICB Women's Services Committee oversight of LCSR - ***Planned***	NHSE/I Major Service Change Process - ***Planned***	**Reasonable**

P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives	**12**	**A**	**A**	**A**	**G**	**A**	Executive sign off of workforce plans Management oversight of operational and programme planning and delivery	Workforce performance reporting to the People Board – ***Planned***	CQC Well Led Review – ***Planned*** NHSE/I Systems Oversight Framework – ***Planned***	**Reasonable**
Strategic Objective 4: Helping the NHS to support broader social and economic development										
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population	**9**	**G**	**G**	**A**	**A**	**G**	Executive oversight of strategic planning process & associated engagement activity	Review and approval of joint strategy & plans by ICB & HCP Boards – ***Interim approved***	NHSE/I Systems Oversight Framework – ***Planned*** CQC Well Led Review - ***Planned***	**Reasonable**

Appendix D – Risk Summaries

ID No: P1	The ICB is unable to meet its statutory duties to address health inequalities			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	4	**8**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Dave Sweeney / Ian Ashworth	Assistant Chief Executive	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequalities in Outcomes, Access, and Experience	Transformation	C- Beyond the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	13/07/23	15/09/23

NHS
Cheshire and Merseyside

Risk Description
There are longstanding social, economic and health inequalities across Cheshire and Merseyside, when comparing outcomes both between different communities in our area and to the national average. Population health is largely shaped by the social, economic, and environmental conditions in which people are born, grow, live and work in. This can only be addressed through collective efforts and investment across a partnership of our communities, the NHS, local government, the voluntary and private sectors. This risk relates to the potential inability of the ICB to secure the necessary investment and influence priorities across the multiple organisations, agencies and communities involved.

Linked Operational Risks	

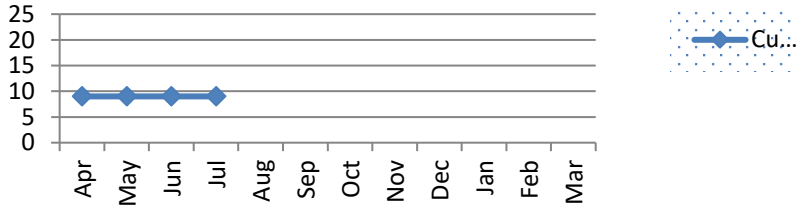
Current Controls		Rating
Policies	Constitution, membership & role of HCP Partnership Board, 'All Together Fairer' (Marmott Review), Core 20+5, Prioritisation Framework, Public Engagement / Empowerment Framework	A
Processes	Strategic planning, consultation & engagement, HCP & Place-based partnership governance, financial planning, proactively securing investment / bidding opportunities	A
Plans	C&M HCP Interim Strategy, Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, ringfenced funding for health inequalities & transformational programmes, continued focus on Core 20+5 for adults and children, implementation of Marmott principles	A
Contracts	Role of Director of Population Health	A
Reporting	C&M HCP Partnership Board oversight of health inequalities, Population Health Board, Place-based partnership boards, ICB Board	A

Gaps in control
Work is still ongoing to finalise & secure agreement to the strategy Prioritisation framework is being rolled out Director of Population Health not fully in post until July Plan to re-focus Population Health Board - July MOUs with place-based partnerships to be agreed in relationship to delivery at place MOUs with place-based partnerships to be agreed in relationship to delivery at place

Actions planned	Owner	Timescale	Progress Update
Finalise Joint 5-year Forward Plan	Neil Evans	Complete	Approved by ICB Board in June
Re-focus Population Health Board	Ian Ashworth	31/7/23	Now started in post
Agree MOUs with place-based partnerships	Clare Watson	31/8/23	Executive Team workshop planned this month on ICB operating model. Interviews held with key place stakeholders to inform themes and objectives for this workshop. Following the workshop, it is planned to bring operating model to Place Partnership Boards & ICB Board in July.
Finalise & secure partner sign off to strategy	Neil Evans	30/9/23	HCP strategy progress to date and next steps agreed at HCP Board on 13/6/23
Develop & implement prioritisation framework	Neil Evans	Mar – Dec 23	Prioritisation framework developed and being tested by the ICB to invest in bids from transformation programmes during Q1 and 2 of this year. Implementation and roll out Mar – Dec 23

Assurances		
Planned	**Actual**	**Rating**
ICB Board approval to Joint 5 Year Forward Plan	Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24 – 29/6/23 (reasonable)	**Reasonable**
Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmott principles (place & system where appropriate) (quarterly)	Update on Social value, Anchor, and Green Net Zero – 18/7/23 (reasonable)	
Core 20+5 & health inequalities stock takes by NHSE/I reported to Population Health Board & C&M HCP Board (quarterly)	Quarterly submissions made to NHSE – to be reported to Board	
Gaps in assurance		
Work is still underway to finalise joint strategy & plan Assurance around infrastructure to deliver transformation programmes		

Actions planned	Owner	Timescale	Progress Update
Finalise & seek approval to final strategy & plans	Neil Evans	Sept 2023	Joint 5-Year Forward Plan approved by ICB Board in June. HCP strategy progress to date and next steps agreed on 13/6/23.
Establish population health programme governance structures	Ian Ashworth	TBC	

ID No: P2	Risk Title: The ICB is unable to address inadequate digital and data infrastructure and interoperability, which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	3	**12**	
Current Risk Score	3	3	**9**	
Target Risk Score	2	3	**6**	
Risk Appetite	In the short term (3 months) the ICB can accept the risk because existing arrangements are supporting a reduced capability for data and intelligence. In the medium and longer term The ICB cannot accept the risk at the current level because resolution is required to fulfil its core objectives.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard-Jones	John Llewelyn	Medical	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequalities in Outcomes, Access, and Experience	Transformation	B – within the financial year	Principal	Manage

13/02/23	10/07/23	15/09/23
13/02/23	10/07/23	15/09/23

Risk Description

Understanding the health and care needs of our population and our ability to bring focused and meaningful interventions to those who most need it, and therefore improve health and care outcomes of our population in an equitable way, is dependent on a robust interoperable infrastructure to deliver high quality data and intelligence. Developing consistent at scale capabilities will require a levelling up, and rationalisation, of our digital and data infrastructure across places, communities, partner, and provider organisations. This risk relates to the potential inability of the ICB to deliver equitable access to a common set of technologies and services across the whole system.

Linked Operational Risks	

Current Controls		**Rating**
Policies	What Good Looks Like success criteria, technical & data architecture standards, IT policies, information governance policies, Data Saves Lives	**G**
Processes	Digital and data maturity assessment, programme & project management, training, communication & engagement, academic validation,	**A**
Plans	Digital and Data Strategy 2022-2025, System P programme, 2 year funding plan now approved and associated procurements are progressing well.	**G**
Contracts	IT provider contracts, data sharing agreements, AGEM CSU Data Services for Commissioners Regional Office (DSCRO), CIPHA (Graphnet contract for: population health management and shared care record integrated health and care data platform; Johns Hopkins Population Health risk stratification tools; and analytic services) Liverpool University Civic Health Innovation Lab (CHIL) including Civic Data Cooperative and analytic resource from Faculty of Health and Life Sciences , C2Ai tools,	**A**
Reporting	Digital Transformation & Clinical Advisory Board, Transformation Committee	**A**
Gaps in control		
Shared governance with system partners still in development Gaps in data coverage – e.g., social care		

Actions planned	**Owner**	**Timescale**	**Progress Update**

Complete shared governance arrangements, including pipeline process for analytics requests, prioritization process and progress reporting.	John Llewelyn	30/6/23	Draft Governance being consulted on. Recommended Proposal for Governance model to be presented to Digital Transformation and Clinical Improvement Assurance board in July 2023 On 7th July, a Data into Action meeting agreed a T.O.R. for the new DiA Board including T.o.R. for all DiA sub-groups. On 2nd August, Medical Director will chair a shadow DiA board. Paper formalizing Data into Action programme will be taken to Executive Team in August, prior to extended socialization. Will come to Transformation Committee in September.
Conduct review of data and intelligence assets (including Social Care) and platforms to identify rationalization opportunities	John Llewelyn/Anthony Middleton	Dec 2023	Initial desk-based assessment complete. More detailed review and consultation with users is in planning stage July 23 Opened discussion with DDAS C&M lead around alignment with Digital & Data Strategy and increased data sharing.
Establish C&M Digital Design Authority	John Llewelyn	Sept 2023	Draft T.O.R written. Discuss with formal CIO group April 2023
Appoint Chief Technical Officer (CTO)	John Llewelyn	Sept 2023	Digital TOM and Org structure under staff consultation until end April. Structure agreed and establishment approved. Some key posts (inc. CTO) under vacancy control consideration. Vacancy now approved for recruitment, process underway.

Assurances		
Planned	**Actual**	**Rating**

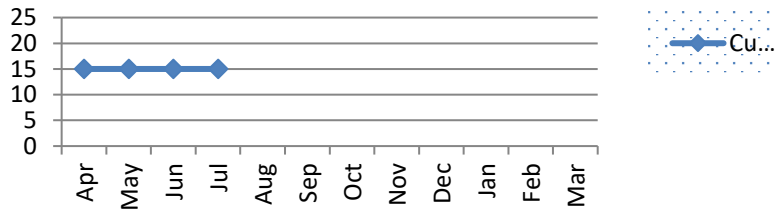
ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.	ICB Finance Investment and Resources Committee (FIRC)agreed the 'data into action' investment case to continue 2 further years funding of the Graphnet contract, SystemP and C2AI. FIRC recommendations approved at ICB Board	**Reasonable**
Through the Medical Director establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers. The ICB will use this programme to set objectives consistent with CM joint forward plan and receive assurances on delivery through Transformation Committee, Quality and performance Committee and Population Health Board.	ICB Medical Director appointed Senior Academic from University of Liverpool as Associate Director of Research. Programme architecture developing in draft. Approval in August/Sept. ICB Director of Population Health in post mid July 2023 and engaged with governance design work.	

Gaps in assurance

Actions planned	Owner	Timescale	Progress Update
ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.	Rowan Pritchard-Jones	27 April 2023	Investment case has been approved by FIRC. FIRC recommendations approved by ICB Board in April.
Due Diligence and IG compliance work underway alongside procurement process to secure PTL risk stratification capability.	Rowan Pritchard-Jones	30th June 2023	IG model agreed for continuation of PTL work. With system IG leads for consideration and approval at next IG steering Group.
Establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers.	Rowan Pritchard Jones	May 2023	Draft proposition for discussion at existing 'data into action' meeting on 21 April 2023 Paper to be prepared for Corporate Executives meeting before end of April 2023 Programme to be established during May 2023. Proposal now going to July meeting of DTCIA Group then up to Transformation Committee

Socialise the governance model and establish pipeline and delivery methodology across wider C&M system	Rowan Pritchard Jones	Dec 2023	

ID No: P3	Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes			
	Likelihood	Impact	Risk Score	Trend

Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	3	5	**15**	
Target Risk Score	2	5	**10**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Andy Thomas	Finance	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Performance	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/07/2023	14/08/23

Risk Description
The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. The Cheshire and Merseyside Operational Plan sets out service recovery plans to deliver significantly more elective care and diagnostic activity to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards and to improve timely access to primary care. This risk relates to the potential inability of the ICB to ensure that these plans are effective in delivering against national targets for recovery of electives, diagnostics, and cancer services, which may result in patient harm and increased health inequalities. This may be due to a range of factors including demand and capacity issues within the NHS and the independent sector, workforce, industrial action.

Linked Operational Risks	

Current Controls		Rating
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, NHS elective recovery plan published February 2022 '**Delivery plan for tackling the COVID-19 backlog of elective care'**	**G**
Processes	System level operational planning, performance monitoring, contract management, system oversight framework	**A**
Plans	C&M Operational Plan, Elective Recovery Programme and Plans, Diagnostics Programme and Plans, Cheshire & Merseyside Cancer Alliance work programme, Place Delivery Plans	**G**
Contracts	NHS Standard Contract – contracting round for 23/24 concluded	**G**
Reporting	Programme level reporting, Quality & Performance Committee, Primary Care Committee, ICB Board	**G**

Gaps in control
Industrial Action. IA to date has had significant impact thus far, scale and frequency of IA going forward is unknown. We work to mitigate through EPRR processes on days of IA, and Trusts/programmes seek to mitigate impact overall. It should be noted that on elective long waits (65+ weeks) overall C&M is ahead of trajectory as at July 2023, providing some contingency.

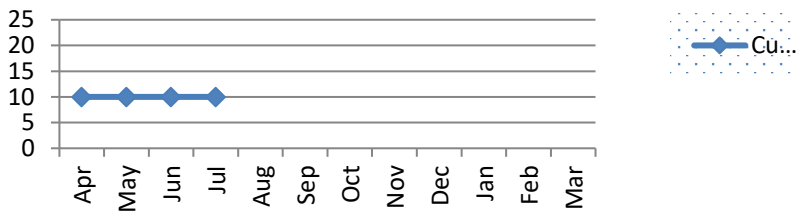
Actions planned	Owner	Timescale	Progress Update
Mutual Aid Hub	AM	Ongoing	23/24 Plans set out in operational plans, finalised 04/05/2023
Increasing diagnostics capacity through CDCs and elective capacity through elective hubs	AM	Ongoing	23/24 Plans set out in operational plans, finalised 04/05/2023

Assurances		
Planned	**Actual**	**Rating**
Implementation of C&M SOF Framework in 23/24	23/24 SOF framework anticipated in August 2023	**Reasonable**
Performance reporting to Quality & Performance Committee, ICB Board (monthly)	Reporting against 23/24 trajectories incorporated into Q&P/Board report	
Programme delivery reporting to Transformation Committee, ICB Board		

Gaps in assurance

Actions planned	Owner	Timescale	Progress Update

ID No: P4	Risk Title: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience			
	Likelihood	Impact	Risk Score	Trend

Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	5	**15**	
Current Risk Score	2	5	**10**	
Target Risk Score	1	5	**5**	
Risk Appetite	The ICB has a low appetite for risk that impacts upon patient safety and experience			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Chris Douglas / Rowan Pritchard-Jones	Kerry Lloyd	Nursing & Care / Medical	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Quality	B – within the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	12/07/23	15/09/23

Risk Description
The ICB has a statutory responsibility to improve the quality of commissioned services and safeguard the most vulnerable, the quality governance framework that has been established supports early identification and triangulation of risks to quality and safety. This risk pertains to the potential

failure of the established framework, with the consequence of a major impact on the safety and experience of services by our population. The current score is reflective of the mitigations in place which support in reducing the likelihood and potential impact of a major quality failure.

Linked Operational Risks	TBC

Current Controls		**Rating**
Policies	National Quality Board guidance on risk management and escalation Safeguarding legislation and policy alignment Patient Safety policy alignment - Patient Safety Incident Response Framework and Serious Incident Framework	**A**
Processes	System Quality Group Place based quality partnership groups Place based serious incident panels (Maternity panel at C&M level) Quality Assurance Visits Rapid Quality Review Desktop reviews Responses to national enquiries and investigations Safeguarding practice reviews and serious adult review Multi- agency safeguarding boards/partnerships Clinical effectiveness group Infection Prevention Control/Anti-Microbial Resistance Board Independent Investigations	**A**
Plans	Development of clinical quality strategy	**R**
Contracts	Place based quality schedule within NHS standard contract Development of standardized C&M quality schedule Service specifications Safeguarding commissioning standards	**A**
Reporting	Quality & Performance Committee System Oversight Board Quality and Performance Dashboard	**G**

	National quality reporting requirements	

Gaps in control

1. Alignment and maturity of PSIRF development
2. Development of ICB governance and interface with place based governance
3. Clinical quality strategy not yet in place
4. C&M wide quality schedule under development in 23/24, with full implementation planned in 24/25
5. Development of data and intelligence platforms to identify and triangulate quality concerns / failures

Actions planned	Owner	Timescale	Progress Update
Oversight and implementation of PSIRF, with close down of SIF	CD	April 2024	C&M steering group established Panel process to sign off individual organization priorities pan underway Closing down of legacy serious incidents in progress Dates listed for organizational sign off, first organization goes live in July 2023, assurance given to QPC re organisational readiness
Ongoing and iterative maturity of ICB level and place based roles and responsibilities	CD/RPJ	Ongoing	Continuous review and evaluation of governance, with place based maturity assessment in development MIAA audit submitted April 2024 Participation in Grant Thornton VFM Audit underway
Development of clinical quality strategy	RPJ	October 2023	Initial meeting of senior system clinical leaders (primary care, ICB corporate and CMAST) took place on 17.4.23 with next meeting planned for May 23. A review of Provider Trust clinical strategies is underway to look for themes and to assess alignment between system strategy and provider strategies. A Clinical and Care Constitution has been developed which outlines the principles that will underpin our Clinical Strategy. This document on a page is currently being socialised and refined based on feedback. It will be presented to ICB board in September.

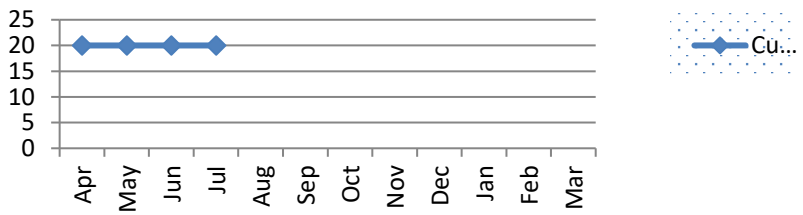
C&M group established	CD/KL	April 2024	C&M group mapping exercise underway Strategic and ops group established Standardisation reviews underway Streamlining reporting requirements Provider forum to be established
Ongoing review and alignment of quality reporting requirements	CD/AM	Ongoing	Iterative review of national, regional, and local quality reporting requirements

Assurances		
Planned	**Actual**	**Rating**
Executive Director of Nursing & Care report to ICB	Executive Director of Nursing & Care report to ICB – Apr to Jun (reasonable)	Reasonable
Monthly quality report to Quality & Performance Committee	Monthly quality report to Quality & Performance Committee – Apr to Jun (reasonable)	
Monthly quality and performance dashboard to quality and performance committee	Monthly quality and performance dashboard to quality and performance committee – Apr to Jun (reasonable)	
Regional quality group reporting (quarterly)		

Gaps in assurance
Work to strengthen quality, safety and experience reporting through intelligence led approach

Actions planned	**Owner**	**Timescale**	**Progress Update**
Development of digital strategy and alignment of place based reporting	CD/RPJ	April 2024	

ID No: P5	**Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience.**			
	Likelihood	**Impact**	**Risk Score**	**Trend**

Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	4	5	**20**	
Target Risk Score	3	5	**15**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Claire Sanders	Finance	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Quality	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/07/2023	14/08/23

Risk Description
The wider urgent and emergency care system, spanning primary care, community and mental health care and social care is under significant pressure with similar demand, capacity and flow challenges impacting on the ability of patients to access the right urgent or emergency care at the right time in the right place. Within the acute sector, high bed occupancy, driven by excess bed days due to delayed discharges and increased

length of stay compared to pre-COVID is resulting in reduced flow from emergency departments into the acute bed base, and is in turn impacting on waiting times in ED, ambulance handover delays and failure to meet ambulance response time standards. Delays in ambulance response times and delays in ED are associated with patient harm and poor patient experience, and increased health inequalities as people living in more deprived areas are more likely to present at EDs.

Linked Operational Risks	As acute hospitals must accommodate urgent and emergency care this may impact on the delivery of elective care and cancer care.

Current Controls		**Rating**
Policies	NHS Delivery plan for recovering urgent and emergency care services (“the recovery plan”)	**G**
Processes	System Control Centre, ICB level operational planning, provider and Place level planning, performance monitoring, contract management, System Oversight Framework	**A**
Plans	C&M Operational Plan, Place Delivery Plans – 23/24 operational planning round concluded, and plans signed off 04/05/2023. Plans in development in response to national discharge visit/UEC tiering.	**A**
Contracts	NHS Standard Contract – contracting round for 23/24 concluded	**G**
Reporting	SCC reporting, Winter Plan reporting, Programme level reporting, Quality & Performance Committee, ICB Board	**A**

Gaps in control

Demand exceeds planned levels in a range of sectors, and fuller understanding of demand and capacity across all sectors is required
Variation in processes C&M wide, e.g., application of patient choice, discharge processes

Actions planned	**Owner**	**Timescale**	**Progress Update**
UEC and wider actions within operational plans, spanning UEC, Virtual Wards, Admissions Avoidance, NCTR, Bed occupancy	Provider, Place and ICB	23/24	Operational plans signed off 04/05/2023, contracting round completed

Production of action plan in response to national discharge visit	Provider, Place and ICB	Q1 23/24	Initial discharge task and finish group held, and will be the fortnightly steering group for UEC/discharge priorities, fortnightly meeting set up with national UEC Tiering team
Production of action plan and implementation of improvement actions in response to UEC Tiering of C&M Providers and ICB	Provider, Place and ICB	Q1 23/24	Initial discharge task and finish group held, and will be the fortnightly steering group for UEC/discharge priorities

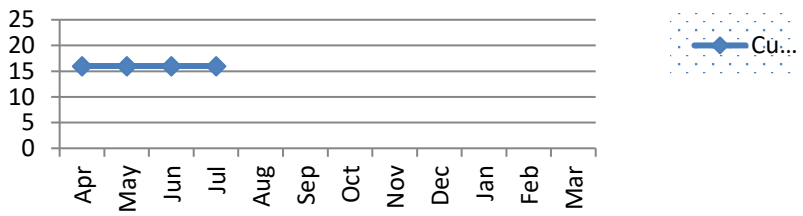
Assurances		
Planned	**Actual**	**Rating**
C&M Urgent Care Improvement Group is being established from July		**Reasonable**
Winter Plan to be brought to September Board		
Performance reporting to Quality & Performance Committee, ICB Board (monthly)	Reporting against 23/24 trajectories incorporated into Q&P/Board report	

Gaps in assurance

Actions planned	**Owner**	**Timescale**	**Progress Update**

ID No: P6	**Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population**			
	Likelihood	**Impact**	**Risk Score**	**Trend**

Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	**20**
Current Risk Score	4	4	**16**
Target Risk Score	3	3	**9**



Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Chris Leese & Tom Knight	Assistant Chief Executive	Primary Care

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Primary Care	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
10/05/23	07/07/23	15/09/23

Risk Description
The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. While general practice is delivering more appointments than pre-pandemic, this increase is not keeping pace with demand and there are financial sustainability pressures in general practice in some places. Primary Care dentistry is slowly recovering, and patients are presenting in greater need than pre-COVID. Access for new patients seeking an NHS dentist remains an ongoing issue. Community Pharmacy continues to play a key role in managing patient demand and creating additional GP capacity but is also under considerable pressure. The national delivery plan for recovering access to primary care focuses initially on streamlining access to care and advice. This risk relates to the potential inability of the ICB to ensure that local plans are effective in delivering against national targets for recovery of primary care access, which may result in poorer outcomes and inequity for patients. We continue to work with optometry colleagues to understand risk in this area.

Linked Operational Risks	

Current Controls		Rating
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, National Stock takes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, Core 20 plus 5	**G**
Processes	System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework, dental reporting midyear/end year performance	**A**
Plans	Primary Care Strategic Framework version 1, Developing Primary Care Access Recovery Plan, System Development Funding Plan, Dental Improvement Plan, ICS Operational Plan	**A**
Contracts	GMS PMS APMS Contracts (note no specific ask in terms of number of appointments), Local Enhanced/Quality Contracts (poss stretch asks within), Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS PDS Contracts nationally determined	**G**
Reporting	System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board	**G**

Gaps in control
Primary Care Strategic Framework version 2 to be completed & formally signed off Primary Care Access Recovery Plan yet to be completed

Actions planned	Owner	Timescale	Progress Update
Secure approval to Primary Care Strategic Framework	Jonathan Griffiths	Nov 2023	General Practice & Community Pharmacy agreed by ICB Board in June. Optometry & Dental to be completed for Board review in November.
Complete & secure approval to Primary Care Access Recovery Plan	Chris Leese	November 2023	In development. Update to System Primary Care Committee in June on Access Recovery Plan
Complete & secure approval to Dental Improvement Plan	Tom Knight	Complete	Approved by System Primary Care Committee in June
Secure agreement & establish governance arrangements for above	Clare Watson	Complete	

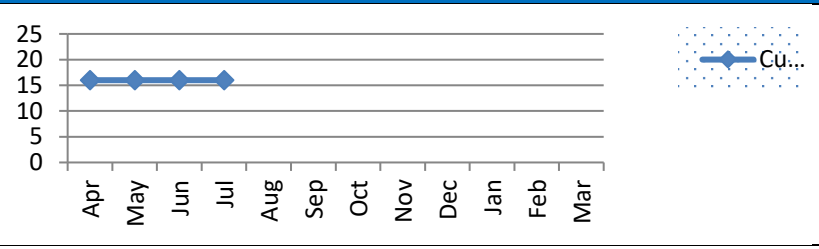
Assurances		
Planned	**Actual**	**Rating**

Sign off plans by ICB Board	System Primary Care Committee & ICB Board approval to Primary Care Strategic Framework & Dental Improvement Plan (June) (reasonable)	**Reasonable**
Reporting on delivery to System Primary Care Committee & ICB Board	System Primary Care Committee & ICB Board reports (reasonable)	
Performance Reporting to ICB Board (monthly)	Performance reporting	

Gaps in assurance

Plans yet to be approved
Delivery reporting yet to be established

Actions planned	Owner	Timescale	Progress Update
Secure approval to plans	Jonathan Griffiths, Chris Leese & Tom Knight	October 2023	Primary Care Strategic Framework will be going to ICB Board in June and System Primary Care Committee in August. Dental Improvement Plan will be going to System Primary Care Committee in June. Primary Care Access Recovery Plan is in development for completion in October.
Establish delivery reporting	Chris Leese & Tom Knight	Complete	

ID No: P7	Risk Title: The Integrated Care System is unable to achieve its statutory financial duties			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	20	
Current Risk Score	4	4	16	
Target Risk Score	2	4	8	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Wilson	Rebecca Tunstall	Finance	Finance, Investment & Our Resources

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Finance	B – within financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/07/23	15/09/23

Risk Description
There is a substantial underlying financial gap across the Cheshire and Merseyside healthcare system between current spending levels and the national formula-based allocation. If the ICB is unable to secure agreement to and deliver a long-term financial strategy which eliminates this gap whilst also enabling delivery of statutory requirements and strategic objectives, then it will fail to meet its statutory financial duties. This is further exacerbated by the relative' distance from target' and convergence adjustments for both core ICB allocations and future specialised services and inflationary pressures anticipated in the short -medium term compared to funding settlements.

Linked Operational Risks	

Current Controls		Rating
Policies	Standing Financial Instructions, Scheme of Reservation & Delegation, Delegation Agreements (ICB / Place), Financial Policies	A
Processes	Financial planning	G
Plans	23-23 System Financial Plan, Cost Improvement Plans	A
Contracts	NHSE Funding allocations (Revenue & Capital), NHS Standard Contracts	A
Reporting	ICB Executive Team, Finance Investment and Resources Committee, ICB Board, NHSE/I	G

Gaps in control

23-24 Contracts yet to be signed
ICB / ICS Long Term Financial Strategy
Operational scheme of reservation and delegation (SoRD) does not yet reflect final structures
Cost improvement plans need to be fully identified

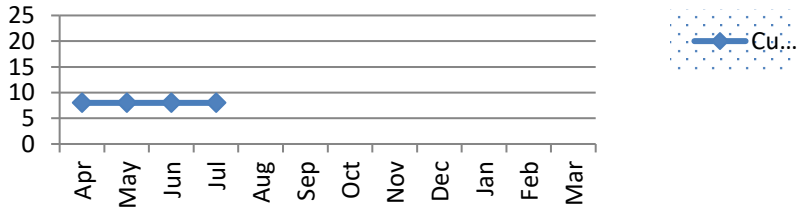
Actions planned	Owner	Timescale	Progress Update
Finalise 23-24 System Financial Plan	Claire Wilson	Complete	Now agreed
Conclude 23-24 contracts	Claire Wilson	July 23	Still ongoing, target date deferred from May 23 to July 23. Financial values have been agreed so for purposes of this risk, substantially complete.
Update Operational SoRD	Rebecca Tunstall	August 23	In progress, confirming appropriate officers with places and corporate directorates. Planned to take to FIRC in August for approval.
Finalise cost improvement plans	Place Directors	July 23	Places are working to confirm their final cost improvement plans including recurrent delivery
Develop long term financial strategy	Claire Wilson	Dec 23	Project initiated and system working group confirmed to support development of strategy

Assurances

Planned	Actual	Rating
ICB Board approval of 23-24 Financial Plan (annual)	ICB Board approved 23-24 Financial Plan – 25/5/23 (Reasonable)	**Reasonable**
System Finance Reports to ICB Board (monthly)	System Financial Report to ICB Board – 29/6/23 (Reasonable)	
NHSE/I ICB Assessment (annual)		

Gaps in assurance

Actions planned	Owner	Timescale	Progress Update
ICB Board & system partners sign off to 23-24 System Financial Plan	Claire Wilson	Complete	The system financial plan is now finalised and agreed

ID No: P8	The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	4	**12**	
Current Risk Score	2	4	**8**	
Target Risk Score	2	3	**6**	
Risk Appetite	The ICB has a low appetite for risk that impacts on patient outcomes.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard Jones	Fiona Lemmens	Medical	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	06/07/23	15/09/23

Risk Description
There are significant service sustainability challenges across the Cheshire and Merseyside system. • The Liverpool Clinical Services Review (LCSR) identified significant clinical risks for Women's, Maternity and Neonatal Services both locally in secondary care services provided to the population of Liverpool and North Mersey, and for specialist tertiary services provided to the whole C&M population, due to the configuration of hospital services in Liverpool. • The LCSR also identified challenges with both timely access and poor outcomes in the urgent and emergency care pathways particularly in acute cardiology which affects the entire C&M population. • Liverpool University Hospital Foundation Trust (LUHFT) is at SOF4 indicating critical quality and / or finance issues • 4 other trusts in C&M are at SOF3 indicating significant support needs. • Southport and Ormskirk Hospital (S&O) Trust has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications • East Cheshire Trust (ECT) has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications. • There are a number of services identified as fragile due to national workforce shortages and require providers to work collaboratively to identify mitigations This risk concerns the potential inability to maintain services in their current configuration and inability to deliver the necessary transformational business cases in relation to our most challenged services.

Linked Operational Risks	

Current Controls		Rating
Policies	NHSE Major Service Change Guidance NHSE Standard Operating Framework	**G**
Processes	NHSE Major Service Change Process S&O and St Helens and Knowsley Hospital (StHK) Transaction process.	**A**
Plans	C&M Clinical Improvement Hub S&O and StHK transaction Development of the ICB Women's Services Committee Liverpool Place Provider collaboration on Urgent care pathways CMAST Clinical Pathways Programme Re-establishment of the Shaping Care Together Programme in Sefton Place (to oversee the S&O services transformation). Continuation of the ECT/Stockport Foundation Trust (SFT) Programme in East Cheshire Place	**A**
Contracts	Provider contracts held at Place. NHSE Specialist Commissioning Contracts held at NHSE region	**A**
Reporting	Provider Boards and internal governance arrangements, Liverpool Provider Joint Committees, ICB Women's Services Committee, ICB Transformation Committee, ICB Board	A

Gaps in control
The C&M ICB Clinical Improvement Hub is still under development and the Medical Directorate currently does not have capacity to progress this at the speed it would like. NHSE regional team re-organisation means there is uncertainty here is uncertainty over the transfer of NHSE regional improvement team staff into the ICB to support Improvement Hub The Shaping Care Together (SCT) programme in Sefton Place is to be re-convened in light of the approval of the StHK and S&O transaction to create the Mersey and West Lancashire Hospital (WMLH)

Actions planned	Owner	Timescale	Progress Update

Clinical Improvement Hub Development	RPJ	October 2023	Group met on 14.6.23. NHS Futures site now established. Additional resource brought in from End of Life Programme team for 1 day a week. Fiona Lemmens meets regularly with regional NHSE and clinical network colleagues to ensure alignment and meeting planned with CEO to discuss approach to the potential changes in NHSE teams
AMD for Transformation and East Cheshire Place team to support the ECT/SFT programme	Fiona Lemmens Mark Wilkinson	October 2023	ECT/SFT Programme Board meeting bimonthly attended by Fiona Lemmens and Mark Wilkinson. At last meeting ECT reporting on track with plans, recruitment underway to support the work, clinical and patient engagement happening. Scope of programme agreed. East Cheshire Place have appointed a new Place clinical director who will also now support this work. Next meeting 18.7.23
AMD for Transformation and Sefton Place team to work with provider to re-launch the SCT programme	Deb Butcher Fiona Lemmens		Programme Board met on 18.5.23 and 22.6.23. The STHK/S&O transaction is now approved. The SCT programme, which was paused to prevent conflating the issues and prejudicing future plans, will discuss the implications of the transaction approval at its next meeting. Comms programme remains active to ensure public are informed. Community based service transformation will be covered by Place Team work.
Liverpool Place Team to support the development of the programmes of work and governance arrangements to progress the urgent care pathway improvements	Mark Bakewell Fiona Lemmens	April 2024	UEC Liverpool system summit held on 6.6.23 with aim of developing a single integrated UEC plan for Liverpool with oversight from a proposed urgent care “board” and a dashboard under development. Cardiology Partnership Board meets bimonthly chaired by Fiona Lemmens to consider 4 workstreams 3 of which related strongly to Urgent care pathways. 3 pilots currently live. Liverpool Trusts Joint committee established and 3 site based sub committees set up. Formal ratification of TOR awaited.
Assurances			

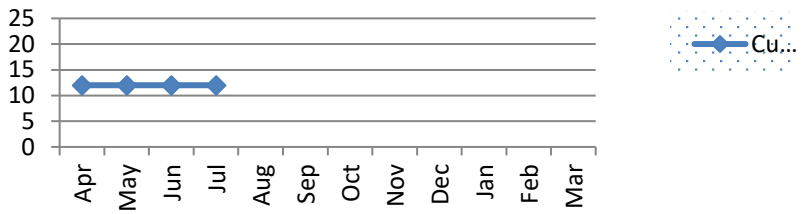
Planned	Actual	Rating
ICB Women's Services Committee oversees the LCSR		Reasonable
ICB Exec (FL) and Place Director (DB) attendance at SCT Programme Board ICB Exec (FL) and Place Director (MW) attendance at ECT/SFT Programme Board		
Programme plans approval – Transformation Committee		
Programme Delivery reporting – Programme Boards for S&O, ECT and Clinical Pathways to report to the ICB - Transformation Committee		
NHSE Major Service Change Process is being followed in all these programmes which includes compliance with gateway reviews.	Secretary of State approval to transactions to create Mersey and West Lancashire Hospital (WMLH)	

Gaps in assurance
Plans for S&O and ECT are not yet fully developed to provide assurance on deliverability (workforce, financial investment etc)

Actions planned	Owner	Timescale	Progress Update
Discussion at ICB Execs re LCSR SRO Role	FL C.Watson	June 2023	Mark Bakewell (Liverpool Place Director)agreed as LCSR SRO
Programme Boards to confirm scope on S&O and ECT programmes of work going forward	FL and DB or MW	June 2023	See above updates. Both Programme boards have considered this at their last meetings

NHS
Cheshire and Merseyside

ID No: P9	Risk Title: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	3	**6**	

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Chris Samosa	Vicki Wilson	Nursing & Care	Finance, Investment & Our Resources

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity & Value for Money	Workforce	B – within financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/07/23	15/09/23

Risk Description
Ensuring that we have a workforce with the necessary skills and experience, and that is reflective of our local population, is essential to the delivery of our strategic objectives. The C&M system has significant workforce challenges including recruitment, retention, and sickness absence.

Linked Operational Risks	

Current Controls		Rating
Policies	Provider Recruitment & Selection, Apprenticeship, Retention Strategies.	**A**
Processes	Organisational development, workforce planning, PDR, training & development, communication & engagement, recruitment, demographic profiling, international recruitment, apprenticeship levy, C&M retention forum	**A**
Plans	C&M People Plan, NHS People Promise, provider workforce plans	**A**
Contracts	TRAC, ESR, Occupational Health, Payroll, EAP	**G**
Reporting	WRES, WDES, Staff survey, reporting to People Board	**A**

Gaps in control

System Workforce dashboard in development
Maturity of collaborative working at system level
Inconsistent workforce planning process/methodology across the system
Links to educational institutions and local authorities
Technology and inconsistent use of workforce systems across the region (ESR, ERoster, TRAC, NHS jobs, OH system)

Actions planned	Owner	Timescale	Progress Update
Develop workforce dashboard framework	Paul Martin	July 2023	Current available data being reviewed along with the metrics reported within provider Trusts. Following benchmarking, first draft dashboard will be developed.
Develop and enhance workforce planning capabilities across the system	Emma Hood	September 2023	New posts to support development of workforce planning capability funded by People Board, currently being recruited to.
Data on available supply through NHSE/ HEIs	Emma Hood	September 2023	Data on attrition from programmes available but need to plot trends due to impact of bursary for some specialties
Delivery of the C&M retention plan	Paul Martin	April 2024	Good progress continues to be made in line with retention plan.
Maximise the use of apprenticeship levy	Taira Shaffi	September 2023	

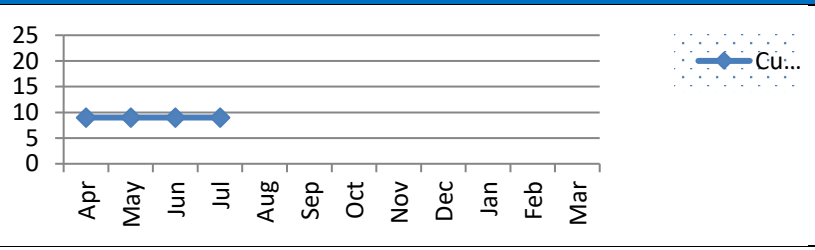
Assurances

Planned	Actual	Rating
People Board	Revised People Board terms of reference and Planning session held on 16th May 2023	**Reasonable**

CQC Well Led review (annual)		
WRES & WDES reporting (annual)		
NHS Equality Diversity and inclusion improvement plan		

Actions planned	**Owner**	**Timescale**	**Progress Update**

ID No: P10	**Risk Title: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population**

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	3	**9**	
Target Risk Score	2	3	**6**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Graham Urwin	Clare Watson	Assistant Chief Executive	ICB Executive

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Helping the NHS to support broader social & economic development	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	07/07/23	15/09/23

Risk Description
Delivery of our shared aims, strategy and 5-year plan is dependent on collective ownership and collaborative effort by communities and organisations across Cheshire & Merseyside. The ICB has a key role in system leadership and promoting greater collaboration across the NHS and with local partners. This risk relates to the potential that the ICB is unable to build effective collaboration, shared ownership, and delivery of the strategy on behalf of the population. This is in the context of the changing operating model of NHSE/I and the ICB, and current national and local quality, safety, performance, and financial pressures during the post COVID recovery period and the impact this is having on patients.

Linked Operational Risks	

Current Controls		Rating
Policies	Constitution & membership of ICB Board & HCP, Public Engagement / Empowerment Framework, Prioritisation Framework	G
Processes	Strategic planning, consultation & engagement, public / stakeholder / local media communications & campaigns, programme & project management, culture & organisational development, Provider Collaboratives, CQC well led review, attendance at C&M wide and/or sub regional leadership / partnership forums & networks	G
Plans	C&M HCP Interim Strategy, Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, Operational Plan, Communications & Engagement Plan, Provider Collaborative business plans, allocation of resources for health inequalities & transformation programmes	A
Contracts	MOU with NHSE for system oversight	A
Reporting	C&M HCP Partnership Board, Place-based partnership boards & H&WB Boards, ICB Board	G

Gaps in control
Work is still ongoing to finalise & secure agreement to the strategy MOUs with place-based partnerships to be agreed in relationship to delivery at place Joint committee with Cheshire and Merseyside local authorities to be formally established in 2023

Actions planned	Owner	Timescale	Progress Update
Finalise Joint 5-year Forward Plan	Neil Evans	Complete	Approved by ICB Board in June
Finalise & secure agreement to C&M HCP Strategy	Neil Evans	30/9/23	HCP strategy progress to date and next steps agreed on 13/6/23
Agree MOUs with place-based partnerships	Clare Watson	31/8/23	Executive Team workshop planned this month on ICB operating model. Interviews held with key place stakeholders to inform themes and objectives for this workshop. Following the workshop, it is planned to bring operating model to Place Partnership Boards & ICB Board in July.
Secure agreement to next steps to establish Joint Committee with local authorities	Matthew Cunningham	31/7/23	Revised TORs for HCP will be considered at the HCP meeting in July 2023 which will include the next steps for its establishment as a joint committee of the ICB and the nine local authorities in Cheshire and Merseyside.
Identify ICB function and budgets that decision making on can be formally delegated to the HCP Committee	Clare Watson	TBC	Work is underway to determine the extent of the ICB Health Inequalities funding that could identified as pot that would be under the authority of the HCP Committee to decide on how to allocate

Assurances		
Planned	**Actual**	**Rating**
C&M ICB Quality & Performance Report to ICB Board (monthly)	C&M ICB Quality & Performance Report - 27/4/23, 25/5/23, 29/6/23 (reasonable)	**Reasonable**
Joint Overview & Scrutiny		
Approval and review of joint strategy & plans (annual)	C&M HCP Interim Draft Strategy – 26/1/23, Joint Forward Plan – 29/6/23, Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24 – 29/6/23 (reasonable)	
NHSE Systems Oversight Framework (annual)		
CQC Well Led review (annual)		

Gaps in assurance
Work is still underway to finalise joint strategy & plan CQC approach to assessing integrated care systems is still evolving

Actions planned	Owner	Timescale	Progress Update
Finalise & seek approval to final HCP strategy & plans	Neil Evans	Sept 2023	HCP strategy progress to date and next steps agreed on 13/6/23. Joint 5-Year Forward Plan approved by ICB Board in June.
Respond to CQC framework as it evolves & build evidence base as required	Clare Watson	Ongoing	Will not be participating in pilots of CQC assessment in Q3. A number of other assessments underway – working with regional and national teams on segment 2 to 3 assessment & ICB partnership governance self-assessment

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Operational Planning 2023/24 Close Down

Agenda Item No	**ICB/07/23/10**
Report author & contact details	Andy Thomas
Report approved by (sponsoring Director)	Anthony Middleton
Responsible Officer to take actions forward	Anthony Middleton/Andy Thomas

Operational Planning 2023/24 Close Down

Executive Summary	This paper sets out a summary of feedback received from NHS England on NHS Cheshire & Merseyside ICB's final system operating plan for 2023/24, submitted on 4th May 2023. The feedback includes issues which the ICB is asked to keep under review, as well as a number of specific actions which NHS England has requested that the ICB take forward. The key themes are as follows: • Emergency care and system resilience • Elective and cancer care • Mental health and Learning Disability and Autism • Workforce • Finance.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		
Recommendation	**The Board is asked to:** • Note the feedback received from NHS England and the priority areas identified in the paper.				
Key issues	A summary of the priority areas is provided in section 8. Recommendations.				
Key risks	No new risks identified within the report.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X	X	X	X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
	X	X	X	X	
Route to this meeting	The content of the report has been discussed via the Executive Team				
Management of Conflicts of Interest	Member of the Board will need to declare any relevant conflicts in relation to the content of this paper.				
Patient and Public Engagement	n/a				
Equality, Diversity, and Inclusion	n/a				
Health inequalities	n/a				
Next Steps	n/a				
Appendices	Appendix One – Feedback Letter from NHS England				

Operational Planning 2023/24 Close Down

1. Executive Summary

1.1 This paper sets out a summary of feedback received from NHS England (Appendix One) on NHS Cheshire & Merseyside ICB's final system operating plan for 2023/24, which was submitted on 4th May 2023.

1.2 The feedback includes issues which the ICB is asked to keep under review, as well as a number of specific actions which NHS England has requested that the ICB take forward.

1.3 The key themes are as follows:

- Emergency care and system resilience
- Elective and cancer care
- Mental health and Learning Disability and Autism
- Workforce
- Finance

2. Background

2.1 The ICBs plans were developed in accordance with the 2023/24 Priorities and Operational Planning Guidance published in December 2022, and further guidance published over the course of the planning process.

2.2 Initial submissions were made on 23 February with the final plans due on 30 March 2023.

2.3 The 2023/24 operational and financial plans submitted on 30 March showed progress in closing the gap against the ambitions set out in the guidance, however a significant financial gap remained, both nationally and locally in Cheshire & Merseyside.

2.4 Further to additional work to refine plans, final submissions were made on 4th May 2023, and the following feedback is based on this submission.

3. Emergency care and system resilience

3.1 The NHS has two main recovery ambitions for Urgent and Emergency Care in 2023/24: achieve 76% A&E performance by March 2024 and improve Category 2 ambulance response times to an average of 30 minutes over the course of 2023/24.

3.2 Cheshire & Merseyside providers have submitted plans to achieve 76% by March 2024.

3.3 Category 2 mean ambulance response time plans were set at a regional level by the North West Ambulance Service (in partnership with North West ICBs). NWAS plans indicate that this ambition will be missed, with a 33-minute average across 2023/24.

3.4 NHS England has emphasised the importance of reducing ambulance handover delays, citing wide variation in performance at C&M providers, as a key means of ensuring that Cat 2 response times improve. Cheshire & Merseyside acute hospitals and the ICB are engaging with NWAS via an ambulance handover collaborative to address this.

3.5 NHS England has also highlighted that Cheshire & Merseyside has a recognised challenge around discharge pathways and processes, and associated with this, one of the highest proportions of general and acute hospital beds occupied by patients with a length of stay of 14+ days of any ICB in the country.

3.6 As an outlier on length of stay, NHS England has requested that the ICB maintains a focus on addressing this and utilising support both from the national Discharge Support and Oversight Group (DSOG) and the national UEC Tiering Programme. This will necessitate a continued system wide focus on reducing the proportion of patients not meeting the criteria to reside in hospital (NCTR).

4. Elective and cancer care

4.1 For elective care, ICB plans show a plan to deliver weighted activity in 2023/24 at 108% of 2019/20, against a target of 105% of 2019/20. This additional level reflects the local ambition to recover elective care and minimise long waits.

4.2 Eliminating waits of over 65 weeks for elective care by March 2024 is the key objective for the NHS in 2023/24. Cheshire & Merseyside providers have submitted plans to meet this requirement.

4.3 On cancer, Cheshire & Merseyside providers have committed to plans which reduce the 62-day backlog to 1,095 by year end, in line with national recovery ambitions.

4.4 In relation to the cancer Faster Diagnosis Standard, it is recognised that the continuing high levels of demand may pose a risk to achievement, but that in mitigation the system has plans in place to invest in workforce and improve productivity.

4.5 On diagnostics, Cheshire & Merseyside committed to an 89.51% 6 week wait trajectory in March 2024 as an interim locally agreed measure to support achievement of the March 2025 95% target. This is dependent on the sustainability of 116% activity in year, above baseline, and on the implementation of Community Diagnostics Centres.

4.6 The ICB is asked to plan to protect and maintain elective activity, maximising productivity and ensuring robust monitoring of delivery.

4.7 NHS England will continue to engage with the ICB via the regional Elective Recovery Board and will provide targeted support for providers identified as Tier 1 or Tier 2 for elective care and/or cancer, in conjunction with the ICB, the Cheshire & Merseyside Acute and Specialist Trust collaborative (CMAST), and the Cheshire & Merseyside Cancer Alliance (CMCA).

5. Mental Health and Learning Disability and Autism

5.1 Cheshire and Merseyside will meet 4 of the 6 National Mental Health Objectives.

5.2 The exceptions are the Access Target for Perinatal Mental Health (PMH) (Target 2729: Plan 2357 (85%)) and Zero Inappropriate Out of Area Placements Bed Days (Plan 900). The ICB is however planning for improvement in both measures.

5.3 Delayed discharges of Mental Health inpatients are a key contributing factor in relation to inappropriate Out of Area Placements, and the ICB is developing an action plan following a recent visit from the National NHSE Discharge Lead.

5.4 NHS England has requested that a recovery action plan and clear trajectory for PMH Access and Zero Inappropriate OAPs should now be developed by the system with progress reports through the Regional Mental Health ICB Triangulation Meetings.

6. Workforce

6.1 System plans forecast a total provider workforce reduction of 0.2% in 23/24, predicated on significant reductions in bank (33.8% reduction) and agency (43.2% reduction).

6.2 These reductions will be supported by a growth in the substantive workforce of 3.2% and a reduction in establishment of 0.6%.

6.3 The ICB is also forecasting to reduce sickness absence from 7.5% to 6.2%.

6.4 Similarly turnover is expected to reduce from 14.5% to 12.5%

6.5 Within this overall picture, investments in mental health workforce and in the primary care workforce via ARRS funded roles are recognised as ambitious but carry a risk of depleting workforce elsewhere.

6.6 It was recognised by NHS England that plans across all sectors present a significant challenge, which will require a focus on workforce optimisation and reducing variation between providers.

7. Finance

7.1 The ICB submitted a deficit plan, in line with the level discussed with NHS England. NHS England still expects the ICB to work to mitigate this in-year and strive to deliver a break-even out-turn.

7.2 NHS England has stipulated that all ICBs and Providers continue to apply the following conditions:

- Recurrent delivery of efficiency schemes from Q3 to achieve full year effect in 2024/25 to compensate for any non-recurrent measures required to achieve 23/24 plans.
- Full engagement in national pay and non-pay savings initiatives.
- Monitoring of agency usage by providers, compliance with usage and rate limits.
- Revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from NHS England.

7.3 By the end of quarter 2, the ICB is required to prepare a medium-term financial plan, demonstrating how recurrent financial sustainability will be delivered.

7.4 In addition, for ICBs with a deficit plan, further conditions apply as follows:

- The ICB is to review current pay controls.
- Vacancy control panel to be in place for all recruitment.
- Apply agency staffing and additional payment controls as stipulated.
- Ensure an investment oversight panel is in place to oversee all non-pay expenditure. Non-funded revenue or capital business cases should not be approved.
- Where revenue or capital cash support is required, additional conditions will apply.

8. Recommendations

8.1 The Board is asked to note the feedback on plans outlined above and the key areas of delivery that NHS England expects the ICB to prioritise:

- Reducing ambulance handover delays
- Addressing variation in whole system discharge pathways and processes to bring down 14+ day length of stay and to reduce mental health delayed discharges.
- Protecting and maintaining elective activity, whilst eliminating waits of over 65 weeks.
- Continuing to engage, in partnership with NHS England and relevant collaboratives/alliances, with organisations identified as falling within relevant Tiering frameworks for UEC, Elective and Cancer.
- Developing and implementing a recovery plan for PMH Access and Zero Inappropriate OAPs
- Focus on workforce optimisation and reduction of variation.
- Preparation of an ICB medium term financial plan to deliver financial sustainability, and ICB and Providers to adhere to all relevant conditions.

8.2 Assurance on delivery of these priorities will come back through the relevant committees, predominantly Quality & Performance, and therefore to Board.

8.3 In addition, NHS England will hold the ICB to account for delivery through the NHS Oversight Framework and quarterly review checkpoints.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

Operational Planning 2023/24 Close Down

Appendix One: NHS England Feedback Letter

NHS 75
Cheshire and Merseyside

Ref:20230628_RBLS

Richard Barker
North West Region
4th Floor
3 Piccadilly Place
Manchester
M1 3BN

richardbarker.nwrd@nhs.net

28 June 2023

Graham Urwin,
Chief Executive Officer,
NHS Cheshire & Merseyside Integrated Care Board

By email

Dear Graham

I am writing to acknowledge receipt of Cheshire and Merseyside ICB's final system operating plan for 2023/24 and set out next steps.

The objectives set out in 2023/24 priorities and operational planning guidance are framed around three tasks for the coming year. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

You have developed your plan during a period of intense pressure on services and in the context of industrial action (noted disproportionality impacting this health economy), and uncertainties around pay and inflation. Systems will receive additional funding for the cost impact of the recently announced 2023/24 pay award. The finance and contracting actions that ICBs and NHS providers should take have been set out in the recently published guidance on the 2023/24 pay award.

We have reviewed your submission in this context and I have set out below some of the key elements of your plan that you are committed to deliver on as a system. Where appropriate, I have also highlighted issues for you to keep under review and / or that require specific action. Please could you share this letter with your full Board for consideration.

Emergency care and system resilience

The NHS has two main recovery ambitions for Urgent and Emergency Care in 2023/24: achieve 76% A&E performance by March 2024 and improve Category 2 ambulance response times to an average of 30 minutes over the course of 2023/24.

Cheshire and Merseyside ICB has indicated in their final operating plan submission for 2023/24 that they will achieve 76.9% A&E performance by March 2024 but that the Cat 2 ambulance response time (to be achieved at a regional level by the North West Ambulance Service working in partnership with North West ICBs) will be missed (plan states 33 minute average will be achieved across 2023/24). This shortfall needs to be addressed, hence the improvement and support package referred to below.

Reducing hospital handovers is critical to supporting improvement in Category 2 ambulance response times (there is a recognised correlation between the two metrics) and Cheshire & Merseyside ICB need to ensure that a strong focus is maintained through 2023/24 to reduce handover delays as much as possible. Amongst hospital sites across Cheshire & Merseyside, there is still too much variation in terms of the average length of time patients wait to be handed over to the hospital emergency department team when they are conveyed by ambulance to hospital (the range each week is often anywhere between 10 minutes at one hospital up to 50 minutes at another hospital).

Cheshire and Merseyside has also a recognised challenge around discharge pathways and processes, with one of the highest proportions of general and acute hospital beds occupied by patients with a length of stay of 14+ days of any ICB in the country. Tackling the challenges that this presents needs to remain a key priority for the ICB in 2023/24. We recognise that support is being provided via both the national Discharge Support and Oversight Group (DSOG) and the national UEC Tiering Programme (for which Cheshire & Merseyside sits in Tier 1, the highest tier for national and regional support) and we will continue to support you from a regional perspective too.

NHS England has allocated significant additional resource to increase system capacity for ambulance and emergency care. For 2023/34, Cheshire and Merseyside has been allocated £60.4m additional capacity revenue funding. In addition, £23.5m has been allocated to Lancashire & South Cumbria ICB as lead commissioner of ambulance services in the North West region to increase ambulance service capacity in 2023/24, including in your system. We will continue to work with you to ensure that these investments deliver improvements for patients.

Elective and cancer care

Elective

Your final submission shows a plan to deliver weighted activity in 2023/24 at 108% of 2019/20, against a target of 105% of 2019/20.

All ICBs are expected to monitor delivery against submitted plans. We expect that all systems and providers will continue to monitor activity levels and profile, highlighting any concerns regarding credibility or risk, which will include;

- To operationally plan to protect and maintain elective activity (including optimising mutual aid at system, regional and national levels including use of DMAS).
- Continued reporting POD level activity.
- Monitor planned delivery against the OPFU ambition (25% reduction by March 2024 vs 19/20 baseline) looks credible with opportunities to improve against trajectory.
- Explore productivity improvements and plans to deliver the 85%-day case and 85% theatre utilisation expectations
- The assumed impact of any additional capacity through the Targeted Investment Fund (and risks/issues to delivery) this includes how mutual aid will be delivered within the current financial envelope.

Eliminating waits of over 65 weeks for elective care by March 2024 is a key objective for 2023/24. We note that the plan you have submitted meets this requirement. We expect you to work towards delivery of this objective and will engage with you to monitor progress. Through local Governance arrangements which include the Elective Recovery Board and Tier 1 or 2 meetings.

Cancer

The plans to deliver against 62d backlogs, particularly those with significant backlogs will work in conjunction with best practice timed pathways in prostate, colorectal, breast and skin ensuring there is diagnostic and treatment capacity to match demand. Targeted support for Tier 1 and 2 providers to improve the most challenged Trusts to support cancer recovery. We will engage with you to monitor progress of the 62d backlogs and Tier provider performance.

Plans for delivery of FIT and NSS pathways

It is acknowledged that FIT is well established across Cheshire and Merseyside with a focus for 2023 on Primary Care and Place leads to ensure full roll out of the revised FIT pathway with an improvement group being set up with LUFHT and led by the national team. We will monitor the comprehensive pathology strategy and investment to ensure laboratory capacity will be able to fulfil the increased demand and usage of FIT.

Plans to deliver the faster diagnosis standard

The continuing increased demand for cancer services may pose a risk to achieving cancer targets including the faster diagnosis standard. Mitigations include improved productivity and workforce investment as well as Trusts commitments to improvement trajectories and we expect to you to mitigate as much as possible and will monitor progress on this.

Diagnostics

Overarching assurance for all modalities, including CDC, was not provided to ensure sufficient capacity will be delivered in year. The risks to delivery identified are:

- Ability to measure productivity across all modalities (including CDCs)
- Delays in CDC implementation
- Sufficient capacity to manage demand, particularly from GPDA
- Managing diagnostic demand from cancer and elective backlogs
- Sustained workforce in modalities

The system committed to an 89.51% 6 week wait trajectory in March 2024 as an interim locally agreed measure to support achievement of the March 2025 95% target. This is dependent on the sustainability of 116% activity in year, above baseline.

Mental health and Learning Disability and Autism

Mental Health: The final plan reflects that Cheshire and Merseyside will meet 4 of the 6 National Mental Health Objectives. The system plan reflects that the Access Target for Perinatal Mental Health (PMH) (Target 2729: Plan 2357 (85%)) and Zero Inappropriate Out of Area Placements Bed Days will not be met (Plan 900). It is positive to note that the PMH access rate will however increase and that the number of Inappropriate Out of Area bed days will decrease in 2023/24. Delayed discharges of Mental Health inpatients are a key contributing factor in numbers of inappropriate Out of Area Placements, and it is noted that the system is establishing a focused action plan on patient discharge following a recent visit from the National NHSE Discharge Lead.

A recovery action plan and clear trajectory for reaching the LTP requirements for PMH Access and Zero Inappropriate OAPs should now be developed by the system with progress reports invited through the Regional Mental Health ICB Triangulation Meetings.

Learning Disabilities and Autism: Greater challenge relates to delivery of adult inpatient rate, which will currently not be achieved by March 2024. The ICB will need to continue to work toward achieving this by reducing inappropriate admissions and improving the timeliness of discharges particularly where people are not receiving treatment.

Progress has been made with Children & Young People which needs to be maintained building of the successes of the Children & Young People Key working function across the ICB. The ICB plans to continue to work with people, families, primary and secondary care to improve GP Learning Disability Registers, increase uptake of annual health checks and delivery of high quality & meaningful Health Action Plans to ensure people with a learning disability and autistic people remain physically, emotionally, and mentally well in the community. Including and ensuring the outcomes from the learning from lives and deaths of people with a learning disability and autistic people (LeDeR) are put into actions to reduce health inequalities.

Workforce

It is acknowledged that the triangulation of the operating plans with finance, activity, performance, quality and workforce has been very challenging this year across providers and for all of the ICBs. The ICB's efforts in galvanising providers for the three submissions and flash collections are noted and appreciated.

Although the workforce narrative was non-mandatory nationally, they were requested in the region and these proved to be very helpful in providing some qualitative insight around the numerical returns. We recognise the ICB has also completed their Joint Forward Plan (JFP) and are embarking on workforce strategies and plans to under pin the NHS Long Term workforce plan when it is published.

System planning returns are forecasting a total provider workforce reduction of 0.2% in 23/24 this is largely due to significant reductions in bank (33.8% reduction) and agency (43.2% reduction). These reductions will be supported by a growth in the substantive workforce of 3.2% and a reduction in establishment of 0.6%. The ICB is also forecasting to reduce sickness absence from 7.5% to 6.2% which in relative terms represents a 17% reduction. Similarly turnover is expected to reduce from 14.5% to 12.5%, a relative reduction of 11.7%. The primary care workforce is expected to increase by 10.3% (807 WTE) with the bulk of growth focussed in ARRS funded roles.

The secondary care plans have some credibility to achieve financial balance, however this is offset by some very optimistic expansion plans in primary care and mental health via the ARRS scheme and MH investments. The ICB needs to ensure they are not just moving workforce around the system to meet this growth.

Whilst the ICB has seen some success in closing the vacancy gap, further emphasis needs to be placed on this in the plans which should in turn reduce the over reliance on agency. Achieving the planned bank and agency reductions even with a slightly reduced establishment, improved attendance levels and retention rates will be a significant challenge. It is understood that there will be a significant focus on reducing variation and workforce optimisation over this financial year and beyond.

All ICBs are expected to monitor delivery against their workforce plans and work with colleagues at all levels to consider whether actions to improve substantive recruitment, retention and staff health and wellbeing are sufficient to meet workforce demand.

Finance

Delivering system-level financial balance remains a key requirement for all ICBs. We note that you have submitted a deficit plan, and that this deficit is in line with the level discussed in the recent meeting with Amanda Pritchard and Julian Kelly. Given that the level of deficit is in-line with expectations the additional inflationary funding we communicated has been added to your allocation.

Although the level of deficit in your plan is in line with our expectations at this stage, we still expect you to work to mitigate this in-year and strive to deliver a break-even out-turn position. Regional teams will continue to monitor progress.

We expect all systems and providers to continue to apply the following conditions stipulated in 2022/23:

- Commit to recurrent delivery of efficiency schemes from quarter 3 to achieve a full year effect in 2024/25 to compensate for any non-recurrent measures required to achieve 23/24 plans. Within this we expect all systems to be able to describe how this will be achieved by the end of quarter 1.
- Fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing.
- Monitoring of agency usage by providers, and compliance with usage and rate limits.
- Any revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from the NHS England regional team based on agreed regional process.

We also expect that by the end of quarter 2 every system will prepare a medium-term financial plan, demonstrating how recurrent financial sustainability will be delivered. These plans should provide a clear demonstration how the recurrent exit run-rate from 2023/24 will be consistent with this, and how this run-rate will be improved through 2023/24.

In addition, because your system did not submit a balanced plan, you will also be required to comply with the following conditions (all of which should be shared with regional teams for oversight and sign-off, with agreed process for assuring implementation):

- Review your current processes and arrangements around the pay controls described in the appendix to this letter.
- Ensure that you have a vacancy control panel in place for all recruitment.
- That you apply the agency staffing and additional payment controls stipulated in the appendix to this letter
- Ensure you have an investment oversight panel in place to oversee all non-pay expenditure, with papers shared with NHSE. Within this process we would not expect approval of any non-funded revenue or capital business cases.
- Where revenue or capital cash support is required, the additional conditions described in the appendix to this letter will apply.

The plans are based on a number of assumptions around CIP plans and also have a level of risk and mitigation included. Assurance around delivery of the numbers in year will be closely monitored and the system put into recovery should they not be achieved; any additional enhanced controls will be applied on a case-by-case basis.

Next Steps

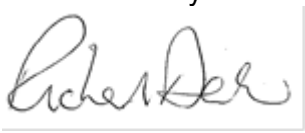
Where this has not been done already, ICBs must ensure that all contracts are agreed and completed in line with final plans, and signed as soon as possible.

We will continue to work with you to address the issues highlighted above and ensure you are able to access the necessary development support to strengthen the system's capability and capacity for delivery.

We will review progress through our regular monitoring meetings.

If you wish to discuss the above or any related issues further, please let me know.

Yours sincerely



Richard Barker CBE
Regional Director (North West)

cc;

Louise Shepherd	Chief Executive	Alder Hey Children's NHS FT
Colin Scales	Chief Executive	Bridgewater Community Healthcare NHS FT
Tim Welch	Chief Executive	Cheshire and Wirral Partnership NHS FT
Dr Liz Bishop	Chief Executive	Clatterbridge Cancer Centre NHS FT
Jane Tomkinson	Interim Chief Executive	Countess of Chester Hospital NHS FT
Ged Murphy	Chief Executive	East Cheshire NHS Trust
Jane Tomkinson	Chief Executive	Liverpool Heart and Chest Hospital NHS FT
James Sumner	Chief Executive	Liverpool University Hospitals NHS FT
Kathryn Thomson	Chief Executive	Liverpool Women's Hospital NHS FT
Joe Rafferty	Chief Executive	Mersey Care NHS FT
Ian Moston	Chief Executive	Mid Cheshire Hospitals NHS FT
Ann Marr	Chief Executive	Southport and Ormskirk Hospital NHS Trust
Ann Marr	Chief Executive	St Helens and Knowsley Teaching Hospitals NHS T
Jan Ross	Chief Executive	The Walton Centre NHS FT
Simon Constable	Chief Executive	Warrington and Halton Hospitals NHS FT
Karen Howell	Chief Executive	Wirral Community Health & Care NHS FT
Janelle Holmes	Chief Executive	Wirral University Teaching Hospital FT

Appendix – Standard Financial Controls

Where the system has not submitted a balanced plan the following standard reviews and controls should be applied across organisations in the system.

1. Pay Controls
Review of Recruitment and Processes
1.1 Produce and review a complete reconciliation of staff increases since 19/20 with full justification for post increases based on outcomes/safety/quality/new service models. A review of the value for money of the outcomes of these new posts should be included. Where value for money is not demonstrated a plan for the removal of the post needs to be in place. The overall plan to be signed off by the Board and the ICB.
1.2 Review all current open vacancies to consider where the removal or freezing of posts is appropriate. This should initially focus on posts which have been vacant for over 6 months with a starting assumption that these should be removed or re-engineered.
1.3 Review the establishment to remove partial posts not required and identify unfunded/unapproved posts which should be removed.
1.4 Review current governance arrangements for recruitment and temporary staffing (panels and sign off at all levels of the organisation including groups, terms of reference, SFIs and sign off rights).
1.5 Ensure workforce plans are in place and that these are in a granular level of detail (e.g., by service, workforce type and substantive / temporary) and align to approved establishment levels and budget.
1.6 Ensure that rigorous illness policy and procedure is in place and consistently applied.
1.7 Ensure that retention processes are reviewed – including exit interviews, flexible working options and retentions schemes.
1.8 Ensure that rota processes are reviewed to provide assurance to the Board that they are embedded and operate as anticipated across the organisation.
General Vacancy Controls
1.9 Ensure that a regular vacancy control panel or equivalent is in place to check and challenge recruitment to ensure all vacancies remain within authorised budgetary limits.
1.10 Ensure Vacancy Control Panel terms of reference enable flexibility to avoid operationally delaying opportunities for savings and considering clinical need.
Non-Clinical Posts

1.11 No use of non-clinical agency staff, with exceptions authorised by an executive director and then requiring onward approval by ICB and NHSE regional director.
Nursing
1.12 Review one to one nursing policies, approvals, and tracking process to ensure standardised approach linked to patient need/acuity.
Medical
1.13 Review consultant job planning compliance and policies.
1.14 Benchmark waiting list initiative and other additional payments against local organisations. An enhanced authorisation process for these payments should be in place, ensuring that such payments deliver value for money or are operationally critical before approving.
Agency Controls and Additional Payment Controls
1.15 Established governance process to oversee agency staffing with clear terms of reference (either at overall level or by key staffing group e.g., nursing, medical, corporate) to be chaired by an executive director.
1.16 Limit the authorisation of agency staff to Executives or named senior managers. Executive level sign-off of locum spend and off-framework spend.
1.17 Agree an implementation date for the removal of all non-framework agency staffing with an associated organisation-wide temporary staffing policy.
1.18 Clear Board accountability and reporting of plans and actual spend.
2. Non-pay
2.1 Commitment of additional expenditure over £10,000 which will add to the expenditure run-rate, excluding categories out of scope, to be approved at an executive chaired group.
Non-pay categories of spend out of scope of non-pay controls: Supplies and services - clinical (excl. drugs) Drug costs Clinical negligence fees Audit fees Depreciation and Amortisation

3. Cash
3.1 Where a trust is seeking cash support for their revenue or capital position, they will need to continue to provide all of the documentation required as part of this process.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

NHS Long Term Workforce Plan

Agenda Item No	
Report author & contact details	Christine Samosa Christine.samosa@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director)	Christine Douglas -Director of Nursing and Care
Responsible Officer to take actions forward	Christine Samosa – Chief People Officer

NHS Long Term Workforce Plan

Executive Summary	To share the key elements of the new NHS Long Term Workforce Plan				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X				
Recommendation	**The Board is asked to:** • Note the publication of the NHS Long Term Workforce plan and the implications for the future supply and training of staff .				
Key issues	There is a recognized need for additional training of clinical staff to ensure the long term sustainability of the NHS workforce. There is a requirement to focus on retention of existing staff and create a positive and compassionate culture				
Key risks	• Careers in NHS not attractive • Retention rates • No confirmed funding for employment for additional trainees.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X		X		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		X	X		
Route to this meeting	Discussed at the Executive Team meeting and ICB People Committee				
Management of Conflicts of Interest	n/a				
Patient and Public Engagement	n/a				
Equality, Diversity, and Inclusion	This plan is aligned to national and local drivers to improve workforce supply equity and opportunity : • NHS Constitution • NHS People's Promise • Messenger Review • Broken Ladders Report • NHS England EDI Improvement Plan • Workforce Race Equality Standards • North West NHS England Anti-racism Programme.				
Health inequalities	This proposal will have direct impact on improving the health outcomes by offering opportunities for local people to enter the workforce through a wider range of entry routes				
Next Steps	To be considered further at People Committee / People Board				
Appendices	None				

NHS Long Term Workforce Plan

1. Introduction

1.1 The NHS Long Term Workforce Plan was published on 30 June 2023. It sets out how the NHS will address existing and future workforce challenges by recruiting and retaining thousands more staff over a 15-year period and working in new ways to improve staff experience and patient care.

1.2 Commissioned and accepted by the government, it provides a costed plan for how the NHS will develop to meet existing and future demand and challenges, and support population health and wellbeing. Over £2.4 billion has been committed to fund additional education and training places over the next five years, on top of existing funding commitments.

1.3 The plan sets out the strategic direction over the long term as well as short- to medium-term actions to be undertaken locally, regionally and nationally. Those actions fall into three priority areas:

- **Train:** Substantially growing the number of doctors, nurses, allied health professionals and support staff. This is underpinned by a £2.4 billion funding commitment.
- **Retain**: A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to retain 130,000 staff working in the NHS for longer.
- **Reform**: Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.

1.4 While it is a national plan, it allows for priority decisions to be taken at system and local level. There is also a commitment for it to be an iterative rather than 'one-off plan', with further versions developed and published on a more regular basis. The plan aims to increase the total number of NHS staff through an unprecedented expansion in recruitment and significant improvement in retention, so that the NHS keeps more existing staff in post.

1.5 Routes into careers in the NHS will change through the development of apprenticeships and reform of medical education and training. The plan also aims to deliver productivity improvements through making the most effective use of emerging technologies such as artificial intelligence. It also signals a shift from reliance on international recruitment to a largely domestic recruitment model.

2. The numbers

2.1 The plan will increase the NHS workforce by:

- doubling medical school training places to 15,000 by 2031/32, with more places in areas with the greatest shortages
- increasing the number of GP training places by 50 per cent to 6,000 by 2031
- almost doubling the number of adult nurse training places by 2031, with 24,000 more nurse and midwife training places a year by 2031
- providing 22 per cent of training for clinical staff through apprenticeship routes by 2031/32
- introducing medical degree apprenticeships with pilots running in 2024/25 so that by 2031/32 2,000 medical students will train by this route
- training more NHS staff domestically – in 15 years' time, it is expected that around 9 -10.5 per cent of the workforce to be recruited from overseas compared to nearly a quarter now
- ensuring that more than 6,300 clinicians start advanced practice pathways each year by 2031/32
- increasing training places for nursing associates (NAs) to 10,500 by 2031/32 – and by 2036/37, there will be over 64,000 nursing associates working in the NHS, compared to 4,600 today.

2.2 The aims of the plan are linked to achieving planned productivity improvements, reducing leaver rates and changes to clinical placement hours, length of medical training, increases in apprenticeship places and reductions in agency spend. Achieving these objectives will depend on actions across the NHS and for our partners in social care.

2.3 **Key actions for employers.** The following table provides a summary of the key areas of action for employers.

Train	
Apprenticeships	Upscale apprenticeship offer for all training of clinical staff. Share voice through networks to feed into NHS England's development of an apprenticeship funding approach to facilitate the increase in apprenticeship places. Widen access of opportunities to people from all backgrounds and in underserved areas to join the NHS through apprenticeships. Transfer apprenticeship levy funds between employers to ensure committed funding is used.
Placement capacity	Increase placement capacity and experience to support increased training places in the NHS. Support legislation suggestions to reduce placement

Train	
	hours from 2,300 to 1,800 over the course of a Nursing and Midwifery Council (NMC) degree. Engage with higher education institutions to support students, placement capacity and maximise accreditation of recognition of prior learning (RPL). Develop multi-professional, system-based rotational clinical placement models to increase capacity. Ensure clinical placements are designed into health and care services through co-design of a nationwide approach to clinical placement management.
Students	Understand and address the reasons students leave training and the variation in their experiences to increase support. Implement a single consistent policy for funding excess travel and accommodation costs incurred by students undertaking placements. Implement the new educator workforce strategy which sets out actions that will lead to sufficient capacity and quality of educators.
Nursing and Midwifery	Increase nursing and midwifery training capacity to support a higher number of training places available through traditional routes and apprenticeships. Focus on mental health and learning disability nursing training and recruitment. Recruit newly qualified nurses to join the NMC register on qualification at end of third academic year, permitting new registrants to be in employment up to four months earlier.
Domestic recruitment	Add value to local communities through access to employment programmes and the provision of education and training. Recruit more people from local communities with a particular focus on those who may experience health inequalities. Boost recruitment to support worker roles and in-role development. Supported by a national recruitment programme and recruitment exercises for entry-level NHS jobs.

Train	
	Continue work at system and local level to build on talent attraction strategies, taking advantage of the strong reputation and the unique employee value proposition the NHS has to offer. Facilitate skills development including digital skills, career progression and social mobility programmes. Adopt new recruitment practices and systems in line with the outcomes of the national programme to overhaul NHS recruitment.
AHPs	Increase AHP training capacity to support higher number of training places available through traditional routes and apprenticeships. Support paramedic students to enter the workforce as a registered clinical within two years rather than the traditional three years.
International recruitment	Scale back dependence on international recruitment. The speed and scale of action in each area of the plan will determine how quickly this can happen. In 15 years', time, it is expected around 9-10.5 per cent of the workforce to be recruited from overseas, compared to almost a quarter now. Maintain current levels of ethical international recruitment of adult nurses in the short and medium term to meet workforce demand.
Pre employment	Support pre-employment initiatives to equip young people and adults into a career of their choice in the NHS through next steps of higher education or apprenticeships. Work with system partners to maximise how the NHS works as an anchor institution to expand access routes into training in the NHS.
Doctors	Increase training capacity to support higher number of training places available and increased use of the apprenticeship route. Support changes in approach to training to provide a better balance of generalist and specialist skills.

Retain	
Retention – embedding the right culture and improving retention.	Implement local level plans to deliver improvements. Make the NHS People Promise a reality for our NHS staff, recognising the differing needs of the workforce in terms of generational difference and career stage. Work differently to create a consistently compassionate, inclusive and values-driven culture that delivers better staff experience now and in the future. Offer every staff member the opportunity for regular conversations to discuss what will keep them in work. System partners should work together to determine how these actions are best implemented to provide a consistent staff experience across organisational boundaries.
Flexible retirement	Implement plans to improve flexible opportunities for prospective retirees and deliver the actions needed to modernise the NHS Pension Scheme, building on changes announced by the government in the Spring Budget 2023 to pension tax arrangements, which came into effect in April 2023. Offer every staff member the opportunity for regular conversations to discuss pension flexibilities.
Flexible working	Offer every staff member the opportunity for regular conversations to discuss flexible working options. From day one of employment, offer people flexible working and the best possible start to an NHS career. Support individuals, managers and teams to work together to explore flexible working options. Engage with opportunities to work closely with system partners to consider flexible working options for every job and clearly communicate these to staff. Ensure e-rostering and e-rostering metrics are regularly reviewed at board level. Adopt the NHS Digital Staff Passport at pace once available at ICS level. Develop collaborative banks to offer more flexibility opportunities for staff and help reduce agency spend. Restrict staff offering services via agency.
Reward and recognition	Everyone working in the NHS should be recognised and rewarded fairly to help ensure we attract and retain the

	staff we need to provide the best possible care for patients. From 2023/24, NHS organisations should work with system partners to develop a clear employee value proposition (EVP) and promote this across the workforce. ICSs to agree plans across their system for implementing flexibilities – where permissible – within national terms and conditions (such as local incentives for new recruits and bank rates), to facilitate a more strategic and aligned approach to improving reward and recognition for staff. ICSs are encouraged to work with partners to support the recommendations of the Fuller stocktake for innovative employment models and adoption of NHS terms and conditions in primary care.
Healthy working conditions	Develop and implement plans to invest in occupational health and wellbeing services at ICS level. Occupational health services and interventions to improve health and wellbeing should be overseen by the wellbeing guardian (or equivalent leadership role) and reviewed continually by local boards, drawing on evidence to assess impact and priorities for further improvement. Review the NHS Health and Wellbeing Framework and the National Standards for Healthcare Food and Drink to ensure that all staff are working within an environment that supports their health and wellbeing. Appoint domestic abuse and sexual violence (DASV) leads. Offer every staff member the opportunity for regular wellbeing conversations
Culture and staff engagement	Employers should ensure staff and learners are treated fairly within a compassionate and inclusive culture and deliver outcomes against the six high-impact actions set out in the equality, diversity and inclusion improvement plan for the NHS. Employers should embed a compassionate culture built on civility, respect and equal opportunity, Employers should undertake a regular culture review to understand how to improve staff experience. Organisations should consider how best to support team development. Organisations should have a clear and regularly communicated freedom to speak up approach.

	Organisations are encouraged to review their existing approach to listening to staff to ensure it engages and staff feedback is acted on. Organisations should make better use of national tools and to more regularly use employee engagement metrics to inform improvement plans.
Development	Develop healthcare support workers, giving them opportunities to build knowledge and skills to develop their careers in the NHS. Commit to continuing professional development for nurses, midwives and AHPs. Line managers should hold regular conversations with individuals about learning and development opportunities and career progression
Preceptorship	Support newly qualified healthcare professional through offering a robust preceptorship programme by adopting the national preceptorship programmes

3. Next steps

3.1 The publication of the plan is just the first step towards building a sustainable workforce. The plan is both ambitious and bold and we will need to ensure that in implementing the NHS plan we do not inadvertently cause problems work across our wider system.

3.2 The plan is 151 pages long and there will be a need to look at the detail and ensure our local strategies and approaches are aligned. Nationally we can expect an implementation plan to support this document, however with aspirations for the degree level apprenticeships to be offered in September 2024 we need to ensure that our Cheshire and Merseyside plans are formed over the next few months. The Cheshire and Merseyside People Board will receive regular reports on progress against the plan.

4. Recommendations

4.1 The Board is asked to note the publication of the NHS Long Term Workforce Plan and to agree that a local implementation plan will be considered and monitored by the Cheshire and Merseyside People Board with subsequent reporting to the ICB Board.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

The Director of Nursing & Care's Report I

Agenda Item No	**ICB/07/23/15**
Report author & contact details	Kerry Lloyd – Deputy Director of Nursing & Care
Report approved by (sponsoring Director)	Chris Douglas – Executive Director of Nursing & Care
Responsible Officer to take actions forward	Kerry Lloyd – Deputy Director of Nursing & Care

NHS Cheshire and Merseyside Integrated Care Board Meeting

NHS Cheshire and Merseyside

Executive Summary	The purpose of the paper is to provide the Integrated Care Board (ICB) for Cheshire & Merseyside (C&M) with an overview of the current risks, issues and highlights that have an impact on quality and safety within the Cheshire and Merseyside ICS footprint. The report will feature updates that include: • The Reopening of Maternity Services at East Cheshire Trust • Children & Young People's Mental Health • Paediatric Audiology Services • Named GP Support & Development.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	X	X	X	X
Recommendation	**The Board is asked to:** • Note the content of the report and request additional information/assurance as appropriate				
Key issues	• the Reopening of Maternity Services at East Cheshire Trust • Children & Young People's Mental Health • Paediatric Audiology Services • Named GP Support & Development				
Key risks	• the ongoing resilience and sustainability of maternity services at East Cheshire Trust • that children and young people may not receive the right support in an appropriate setting • the safety and sustainability of paediatric audiology services				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
		X	X	X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
			X		
Route to this meeting	Not Applicable				
Management of Conflicts of Interest	No conflict of interest identified				
Patient and Public Engagement	Not Applicable				
Equality, Diversity, and Inclusion	The nature and content of the paper does not require an Equalities Health Impact assessment (EHIA) to be undertaken.				
Health inequalities	Not Applicable				
Next Steps	Reporting will continue via the established governance routes.				
Appendices	None				

Director of Nursing and Care Report

1. Executive Summary

1.1 The purpose of the paper is to provide the Integrated Care Board (ICB) for Cheshire & Merseyside (C&M) with an overview of the current risks and issues impacting on quality and safety within the Cheshire and Merseyside ICS footprint.

1.2 The report will feature updates that include:

- the Reopening of Maternity Services at East Cheshire Trust
- Children & Young People's Mental Health
- Paediatric Audiology Services
- Named GP Support & Development
- Regulatory Inspections.

2. Reopening of Maternity Services at East Cheshire Trust

2.1 East Cheshire Trust successfully reopened maternity services to it population on the 26th of June 2023, following suspension of service in 2023 to intra-partum care. Members of the ICB Nursing & Care team, alongside the Local Maternity & Neonatal Services team joined the regional Chief Midwife in undertaking a quality assurance visit on the 19th of June 2023 to review and reassurance prior to the planned opening date.

2.2 The visit involved presentations from all maternity related teams within the Trust, alongside a governance review, with visits to the newly reconfigured clinical areas. Following some further assurance requests following the visit to which the Trust responded, the service successfully reopened as planned, and to date, there have been no safety incidents reported. A further review visit is planned in September 2023 and the Board will receive an update by exception.

3. Children & Young People's (CYP) Mental Health

3.1 The Executive Director of Nursing & Care has been made aware of several young people during the month of June who have experienced package of care 'breakdown', or have required specialist mental health provision, with both outcomes resulting in those young people being in an inappropriate environment to support their therapeutic needs.

3.2 The impact these scenarios have placed on the young people and their families, as well as the support staff who care for them, cannot be underestimated and is a situation which greatly impacts our ability to provide safe, effective, and positively experienced care.

3.3 The utilisation and alignment to the Young Person's Mental Health Escalation Framework that has been adopted across Cheshire & Merseyside (C&M) by all partners is imperative to ensure timeliness of action and oversight is maintained.

3.4 The framework describes several principles that we have signed up to as a system and it was felt important to reaffirm some of them again within this report, as they serve to re-emphasise the importance of system leadership, partnership, and collaboration to support the right solution for CYP and their families:

- put the child's short- and long-term needs at the centre, using family focused approach
- Place based teams taking collective responsibility for the care and welfare of their young people
- shared risk and accountability for decision making
- solution focused - willingness and courage to act in creative and innovative ways.

3.5 There will be an after action review/learning event in August 2023 that will focus on the detail of one young person's experience. The event will look at what should have happened from both an evidenced and experiential perspective, against what actually happened, with the ultimate goal being to better understand what we can we learn from this and build better pathways and partnerships of care. The event will try to focus on the voice of the young person and ensure that their voice is heard above those of professionals involved.

4. Paediatric Audiology Services

4.1 In 2021 the British Academy of Audiology (BAA) published an independent review into the paediatric audiology service at NHS Lothian in Scotland. The review found systemic failings which led to some babies and children being undiagnosed or significantly delayed in the diagnosis and appropriate treatment for their hearing issues. It is important to note though, that this issue relates to specialist hearing tests carried out in a relatively small percentage of babies, not the routine hearing screening test undertaken in all newborns.

4.2 Following the Lothian review, NHS England conducted an audit of paediatric audiology services in England to see whether the diagnostic testing carried out, identified an appropriate number of babies with hearing problems. This has identified concerns about how diagnostic testing (auditory brainstem response testing) was performed at several Trusts across the country, including Warrington & Halton Hospitals (WHH). There has been the recent establishment of a national steering group to look at the issues identified across England and take appropriate action.

4.3 In response to these concerns, an incident response group, chaired by the Integrated Care Board, with wide representation including NHS England, the BAA, and the National Deaf Children's Society has been running and there was temporary suspension of services at WHH. As the onward pathway for these children in C&M was for referral to Bridgewater Community Trust (BWT), as this incident has evolved, we have since included BWT in our incident response group.

4.4 Actions taken to date include an ongoing review of the diagnostic tests carried out on all children referred from the new-born hearing screening programme between April 2018 and January 2023, for those seen at WHH. Working with an accredited NHS partner organisation who has supported in providing interim testing, undertaking a multidisciplinary team review of each case, and providing training to audiology staff.

4.5 A communications plan has been developed and all families are being sent letters, providing contact details via a dedicated helpline if families have any concerns at all about their child's hearing. Patients are being recalled where required and a review of all affected children is well underway. To date there has been one case that has been stratified as low harm identified.

4.6 A full Place pathway review will be undertaken across both services and work is underway to assure UKAS accreditation of Audiology services is in place. There will also be a mapping exercise of paediatric audiology services taking place across C&M.

5. Named GPs for Safeguarding

5.1 NHS Cheshire and Merseyside has recently completed a recruitment process to increase the number of Named GPs and the sessions they provide within the ICB. With a focus on 'Think Family;' Named GPs now cover the safeguarding of both adults and children.

5.2 The team have been located within the corporate arm of the ICB, but have been aligned place based sessional work, so as to build local relationships and maintain corporate memory, for those who have performed this role in the longer term. This approach also allows for economies of scale, resilience of service provision, and consistency of approach.

5.3 Named GPs provide a unique and powerful lens on practice, with a background of safeguarding, general practice and clinical leadership. They advocate for general practice in other health and multi-agency arenas, whilst providing respectful challenge and support to practitioners, surgeries, PCNs and Places.

6. Recommendations

6.1 The Board is asked to:

- **Note** the content of the report and request additional information/assurance as appropriate.

7. Officer contact details for more information:

Kerry Lloyd – Deputy Director of Nursing & Care
Kerry.lloyd@cheshireandmerseyside.nhs.uk

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside ICB Board Meeting

27 July 2023

Quality & Performance Report

Agenda Item No	**ICB/07/23/16**
Report author & contact details	Andy Thomas (contact details in body of report)
Report approved by (sponsoring Director)	Anthony Middleton, Director of Performance and Planning
Responsible Officer to take actions forward	Andy Thomas, Associate Director of Planning

Quality & Performance Report

Executive Summary	The attached presentation provides on overview of key sentinel metrics drawn from the 2023/24 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health and Primary Care, as well as a summary of key issues, impact and mitigations.				
Purpose (X)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		
Recommendation	**The Cheshire and Merseyside ICS Board is asked to:** • Note the contents of the report and take assurance on the actions contained.				
Key issues	• the urgent and emergency care system continues to experience significant and sometimes severe pressure across the whole of NHS Cheshire & Merseyside. • significant reduction in backlogs for both elective and cancer care are to be welcomed.				
Key risks	• impact on ambulance response times, ambulance handover times, long waits in ED resulting in poor patient outcomes and poor patient experience. • long waits for cancer and elective treatment could result in poor outcomes. • workforce, encompassing recruitment, retention, skill mix/shortages, across health and social care.				
Impact (X) (further detail to be provided in body of paper)	**Financial**	**IM&T**	**Workforce**	**Estates**	
			X		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		X			
Route to this meeting	n/a				
Management of Conflicts of Interest	n/a				
Patient and Public Engagement	n/a				
Equality, Diversity and Inclusion	n/a				
Next Steps	n/a - regular report				
Appendices					

Quality & Performance Report

1. Urgent and Emergency Care

1.1 The urgent and emergency care (UEC) system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside. All acute hospitals across the system report daily against a nationally defined set of Operational Pressures Escalation Levels (OPEL). The majority of Trusts across C&M have been consistently reporting at OPEL 3 for an extended period during 2022 and 2023 to date. OPEL 3 is defined as 'the local health and social care system is experiencing major pressures compromising patient flow'.

1.2 A national tiering system for urgent and emergency care delivery was announced in May in which all Trusts and ICBs were placed within a Tier based on UEC performance. Cheshire & Merseyside has been identified as a Tier 1 system alongside 6 other ICS areas and 1 ambulance provider, and therefore will be the recipient of national improvement resources.

Sentinel Metrics

1.3 The 4 key metrics that determine the UEC Tier are: attainment of the 30-minute Category 2 ambulance response time standard, 76% delivery against the A&E 4-hour standard, alongside the 12-hour time in Emergency Department measure and the proportion of general and acute beds occupied by patients over a 14-day length of stay.

1.4 The June 2023 Category 2 mean ambulance response time was 32 minutes and 55 seconds. The national recovery target is for the response time to be within 30 minutes in 2023/24. NWAS has set a plan to achieve 33 minutes across the year reflecting operational pressures in 2022/23.

1.5 C&M has shown improvement over the last three month for patients admitted, transferred, or discharged within 4 hours, with June performance at 74.5% against a year-end national recovery target of 76%. Current performance is significantly better than anticipated at the time of setting 2023/24 plans and better than the performance for the North West (73.6%) and England (73.3%).

1.6 The percentage of patients spending over 12 hours in A&E from arrival has remained relatively static at 13.9% in June, however this is higher than both the NW average of 10.6% and the national position of 8.0%. There is no defined national target, however for the purposes of tiering a RAG rating based on relative performance is given, and C&M is one of 4 ICB areas nationally rated as Red.

1.7 The percentage of beds occupied by patients with a length of stay over 14 days decreased to 13.9% as of the end of June 2023, whilst length of stay over 21 days continues to account for around a quarter of occupied beds against the 2023/24 Operational Plan of 17%, for the purposes of tiering a RAG rating is given, and again C&M is one of 4 ICB areas nationally rated as Red.

1.8 Long length of stay (as reported above in 1.7) is a significant factor in the persistently high levels of adult bed occupancy, and there also continues to be a significant number of patients no longer meeting the criteria to reside in hospital. Provisional data indicates that the proportion of people not meeting the criteria to reside is reducing steadily and, as of the

9th of July, achieved 18.5% compared to 20.1% in June and 20.6% in May but remains significantly higher than the England average and also above the C&M ambition of 12% to 14%. Within this there is also significant variation across Trusts.

1.9 In addition, a wider range of metrics are scrutinised across Cheshire & Merseyside as key indicators of UEC system flow or as part of 2023/24 operational plans as follows.

1.10 The Urgent Community Response (UCR) service capacity and activity continued to grow consistently throughout 2022/23 increasing further still in the first two months of 2023/24. In April there were 1,675 referrals and in May 1,720, while the 2-hour performance was 83.0%, performing significantly higher the national target of 70%.

1.11 Ambulance handover delays between 30 and 60 minutes remain high at 1,656 in June, however this is a slight improvement on1,777 in May. Delays over 60 minutes in Cheshire and Merseyside deteriorated again in June, with 952 patients waiting over an hour compared to 874 in May and 721 in April.

1.12 Overall adult G&A bed occupancy for July 2023 stood at 95.3% compared to trajectory of 94.2%. This represents an improvement from Q4 of 2022/23, when most C&M acute Trusts reported bed occupancy in a range from 96%-100%. Operational plans for Cheshire and Merseyside in 2023/24 assume that occupancy will remain a challenge and that occupancy will be 93.4% by year end, against the national ambition to reduce occupancy to 92%.

1.13 Bed occupancy in adult mental health remains very high, running at or close to 100%, impacting on the ability of mental health trusts to accommodate patients who require a bed and are delayed either in an emergency department or within the community. Cheshire and Merseyside are piloting the implementation of a mental health escalation framework in Wirral, which commenced on 19th June 2023, with the aim of scaling this up across the system by winter 2023. Mental health patient flow sits as a workstream within the C&M UEC Improvement programme.

1.14 The System Control Centre (SCC) continues to operate 7 days a week, 8am to 8pm. The operating model is being reviewed both locally and nationally with a new ‘minimum viable product’ due to be released in August 2023 for implementation by October 2023, alongside a national requirement for the SCC to move to real time reporting enabling the SCC and wider system to have real time oversight of pressures which will allow the system to become more proactive in its support offer.

1.15 Place Directors continue to work closely with their respective Local Authorities to facilitate discharge. Given the extraordinary level of pressure this winter and in the following months, this response has focused on increasing and maintaining the run rate of hospital discharges.

2. Elective Care

2.1 The key metrics for Elective Care are the elimination of waits of over 65 weeks by March 2024, and to deliver a system specific elective recovery activity target.

Sentinel Metrics

2.2 In May 2023 there were 4,762 patients waiting over 65 weeks against the C&M trajectory of 6,642, continuing to performance ahead of plan.

2.3 In terms of elective care activity, performance is calculated as value-weighted activity compared to 2019/2020. The national target set for C&M is 105% with C&M setting an ambition of 108.5% across the year. There has been no data published nationally for 2023/24 yet, however provisional data indicates performance as of 25th June C&M was 100.1%.

2.4 Looking at 2023/24, within the overall waiting list in the over 65-week cohort, provisional data as of week ending 2nd July reported 117,433 patients currently waiting over 26 weeks that could potentially breach 65 weeks if they are not seen and/or treated before the end of March 2024. Based on the current 6-week average clearance rate of 6,472, hospitals in C&M remain on track to treat all these patients before the end of 2023/24.

2.5 In terms of reducing and eliminating the number of patients waiting longer than 78 weeks, which remains a key national ambition for the first quarter of 2023/24, C&M have a residual cohort still to clear, the majority of these are patient choice or classed as clinically complex, excluding these there are 27 capacity breaches at the end of June. Assurance from trusts has been sought on all remaining 78-week waiters and dates by which all will be treated has been requested.

2.6 System wide focus on long waits continues with Trusts through the mutual aid hub. Weekly meetings are held with each Trust to review their waiting list and support to access all possible capacity to maintain clearance rates (including diagnostics, independent sector, and sourcing capacity out of area), while training of local teams in theatre improvement techniques is progressing at pace.

3. Diagnostics

3.1 Within the NHS priorities for elective care there is a focus on increasing diagnostic activity, ensuring that Community Diagnostic Centres (CDC) and acute diagnostic capacity is used to best effect to reduce long waits for elective care and reduce cancer backlogs.

Sentinel Metrics

3.2 In line with this, the system has set activity and associated productivity plans to increase utilisation of diagnostic capacity to ensure that no more than 10% of patients wait for longer than six weeks for their diagnostic by March 2024. For May 2023, this figure was 20.85% compared to 22.10% in April.

3.3 In May 2023 Cheshire & Merseyside hospitals completed 102,047 diagnostic tests which is an increase of 6,920 on April, with activity at 104.22% when compared to 19/20. The overall number of patients waiting increased slightly to 76,549 in May 2023 from 76,086 in April.

3.4 In addition to the above, focus has been placed on ensuring those that have very long waits are being prioritised to be seen. Some patients were previously waiting in excess of 104 weeks for a diagnostic test; however, C&M can report that no patient is waiting in excess of 79 weeks for the third month in a row, and as of the end of June there were circa 300 patients waiting over 40 weeks with plans in place for all of them to be cleared.

3.5 C&M has ensured that our population has access to a comparatively high number of CDCs, providing the highest levels of CDC activity in the Northwest and the 3rd highest activity levels in England.

3.6 System capacity is reviewed on a weekly basis with neighbouring trusts asked to support each other where waiting times vary, mutual aid has been used to good effect for many modalities. As set out in the previous report, multiple initiatives are in place to improve productivity, reduce demand and increase activity to further support a reduction waiting times.

4. Cancer

4.1 The key national priorities for cancer services are to further reduce the number of patients waiting longer than 62 days for treatment and achievement of the 28 day Faster Diagnosis Standard (FDS) of 75%. Trajectories for the reduction of the over 62-day backlog and 75% Faster Diagnosis Standard (FDS) target have been built into the C&M 2023/24 operational plans.

Sentinel Metrics

4.2 As of 9th July 2023, there were 1,377 patients waiting over 62 days for trusts in C&M, which is 263 ahead of the planning trajectory and will support the ICB to meet the target of 1,095 by the end of year.

4.3 At ICB level performance against the 62-day cancer target of 85% remains below the operating standard in May 2023 at 64.0%, compared with 63.6% in April. However, C&M continues to perform better than the North West (59.4%) and England (58.7%) averages.

4.4 The 28-day faster diagnosis standard (FDS) performance remains challenged due to high referral volumes. Performance in May 2023 was slightly higher than the previous month, moving from 67.3% to 67.8%.

4.5 Cancer services are busier than ever, with referrals in June circa 25% higher when compared to June 2019, seeing and treating more patients each month than ever before. Conversion rates have not significantly changed, and the number of new cancers diagnosed has increased. This suggests that, in most cases, the increase in demand (i.e., GP cancer referrals) is genuine and appropriate.

4.6 The number of urgent suspected cancer referrals seen in May 2023 is similar to the number seen in the same period last year,100.67%. England, by comparison, reported 100.06% in May 2023 compared to May 2022. More patients than ever are being seen within target time, however performance against the 14-day standard remains below the target of 93% at 84.1%, which is higher than the previous month (76.0%).

4.7 Greater number of patients have been seen and treated within target times, however high volumes have meant that significant numbers of patients have experienced delays, as reflected in the 62-day performance, the impact of this will continue to be monitored through patient experience surveys and clinical harm reviews.

4.8 3,000 additional cancer first appointments are being provided each month compared with 2019, to manage increased demand. The Cancer Alliance is supporting improved efficiency and productivity with funding and project resources through the faster diagnosis programme.

4.9 Capital investments, training & education (in both primary and secondary care) and a pipeline of innovation are all building resilience and supporting recovery. However, significant further investment in the cancer workforce is required to meet demand.

5. Mental Health

5.1 As previously reported, data quality issues continue to impact adversely on national reporting against MH access targets for 2022/23 in a number of service areas.

5.2 Operational plans for 2023/24 have focused on maintaining contact with people with severe mental illness (SMI), the reduction of out of area (OOA) placement bed days, improving access to NHS Talking Therapies (IAPT), community perinatal mental health (PNMH) and dementia diagnosis.

Sentinel Metrics

5.3 There has been a significant increase in physical health checks for people with severe mental illness during the last quarter of 2022/23, with percentages of health checks increasing at Place level, achieving 82.7% in Quarter 4 2022/23, compared to 69.3% in Quarter 3.

5.4 The number of out of area placement bed days has increased again in April to 2,850 from 1,885 in May due to continued high demand. All out of area activity relates to Cheshire and Wirral Partnership NHS Foundation Trust who are experiencing issues with staffing levels in inpatient services and high numbers of delayed discharges which are impacting adversely on acute care flow. Lack of supported housing, nursing homes and suitable community placements are the most significant reasons for delays.

5.5 For NHS Talking Therapies (IAPT) access in April 23 remained below target levels in terms of the numbers of people entering treatment at 4,395, and lower than March at 5,115. The planned national communications campaign is now not expected until quarter 3 of 2023/24, however, a local population-based campaign is imminent to prompt self-referral.

5.6 The waiting time target of 75% of people having access to NHS Talking Therapies (IAPT) within 6 weeks continues to be exceeded at ICB level, achieving 90% on April.

5.7 NHS Talking Therapies recovery rates have been achieved overall at a Cheshire and Merseyside level for the fourth consecutive month.

5.8 Specialist community perinatal services (PNMH) exceeded the agreed recovery target in 2022/2023, with local data evidencing increased access across all areas. The nationally reported position of 2,345 for April 2023 continues to demonstrate month on month increases in access as part of the agreed recovery plan for this service.

5.9 As detailed above in the UEC section, the new NW Region Escalation Framework for adult mental health is being piloted in Wirral, with a view to rolling out across the ICS and ensuring robust oversight via the System Control Centre.

6. Learning Disabilities and Autism

6.1 The key national priorities for Learning Disabilities (LD) and autism spectrum disorder (ASD) are Annual Health Checks (AHC) for people aged 14+ with a Learning Disability, reducing the number of inpatients for both Adults and Children and Young People (CYP) and patients in placements that are out of area (OOA).

Sentinel Metrics

6.2 In terms of Learning Disabilities (LD) Annual Health Checks (AHC) local data indicates that Cheshire and Merseyside surpassed the target of 75%, accomplishing 80.40% by year end 2022/23, a significant improvement on 71.7% the previous year.

6.3 The increased uptake in AHCs in 2022/23 has continued into 2023/24. For monitoring progress the measure restarts at 0 on the 1st April each year with a seasonally adjusted trajectory to achieve 75% by year end. May 2023 data shows C&M attaining 6.6% against a target of 6.3%. The Learning Disability Health Facilitators focus on supporting practices with the review of the LD waiting lists and identification of new diagnoses in the first part of the year so the number of health checks per month tends to increase as the year goes on.

6.4 The national target for adult inpatients at the end of 2023/24 is 17.76 per million population. The main challenge in this area is delayed discharge caused by difficulty identifying suitable housing, making essential adaptations, and workforce to support patients in the community.

6.5 Similarly, for Children and Young People (CYP), there is a target to reduce reliance on inpatient care to 13.99 per million by quarter 4 of 2023/24. For C&M the Q1 target is that there should be no more than 8 CYP in a tier 4 bed, as of 18th June 2023 there were 6. This has been achieved with strong performance regarding discharges, which has brought the ICB within trajectory for all cohorts for the first time.

6.6 The Dynamic Support Register enables early identification of CYP at risk of admission to ensure admissions are appropriate, with key workers utilising the escalation process to avoid inappropriate admissions or reduce Length of Stay.

7. Primary and Community Care

7.1 Operational plans for 2023/24 focus on the C&M trajectory to support the national ambition to deliver 50 million more appointments in general practice by the end of March 2024, making it easier for people to contact their GP practice, and to continue recruiting additional staff using the Additional Roles Reimbursement Scheme.

Sentinel Metrics

7.2 In Cheshire and Merseyside patients continue to benefit from continued and increased access to GP appointments with activity remaining higher than the same pre-pandemic period. In May activity was reported as being 115.9% against the pre covid baseline. This is an increase of 10.9% when compared to the previous month.

7.3 Face to Face appointments stand at 94.7 % in May 2023 compared to 2019/20, Telephone consultations delivered against the pre-covid baseline stand at 226.7%.

7.4 At Place level, Practices and Primary Care Networks continue to use appointment data to support 'outlier' practices to improve access. While maintenance of appointments and full restoration against the overall trajectory is positive, there was a slight dip in face-to-face appointments in April, which could be due to Easter holidays.

7.5 Overall Primary Care access and appointment related performance, actions, and recruitment via the Additional Roles Reimbursement Scheme are managed via the Primary Care Access Recovery Plan (PCARP) workstream, which reports into the System Primary Care Committee – this includes qualitative, quantitative, place and system level performance and actions combined.

7.6 For Community Services the overall number of patients awaiting a community appointment in May 2023 was 59,121, compared to 65,057 in May 2022. Further work is being taken forward through the mental health and community service provider collaborative with all provider organisations working together to share best practice and provide mutual aid.

8. Summary/Recommendations

8.1 The Cheshire and Merseyside ICS Board is asked to note the contents of the report and take assurance on the actions contained.

NHS
Cheshire and Merseyside

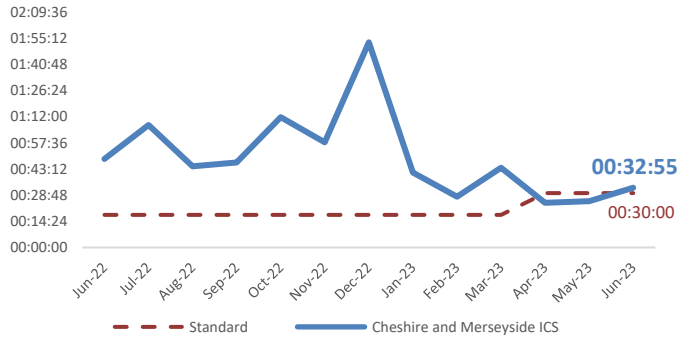
Performance Report

Section I: Urgent Care

NHS Cheshire and Merseyside

Average Category 2 ambulance response time

UEC National Tiering System Metric

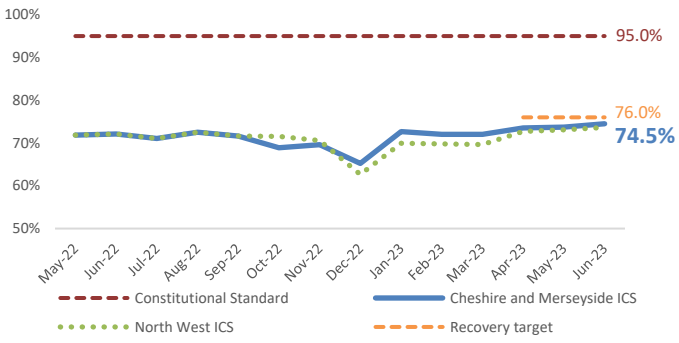


Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	00:24:39	00:25:30	00:32:55
North West	00:20:36	00:22:02	00:26:30
England	00:28:35	00:32:24	00:36:49

Note: National Target 30 Minute response time to be achieved over 23/24

A&E 4 Hour Standard

UEC National Tiering System Metric

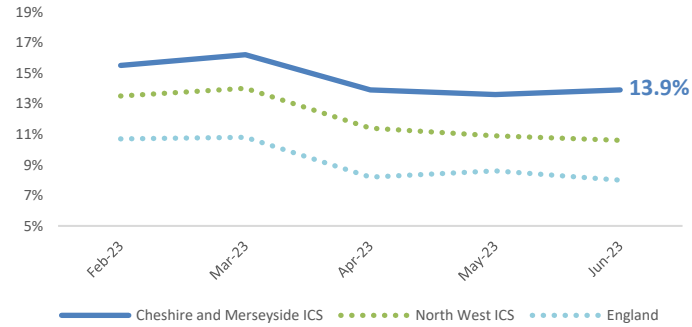


Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	73.6%	73.7%	74.5%
North West	72.7%	73.1%	73.6%
England	74.6%	74.0%	73.3%

Note: National target 76% by March 2024, however the 95% standard remains.

A&E 12 hours in A&E from arrival

UEC National Tiering System Metric

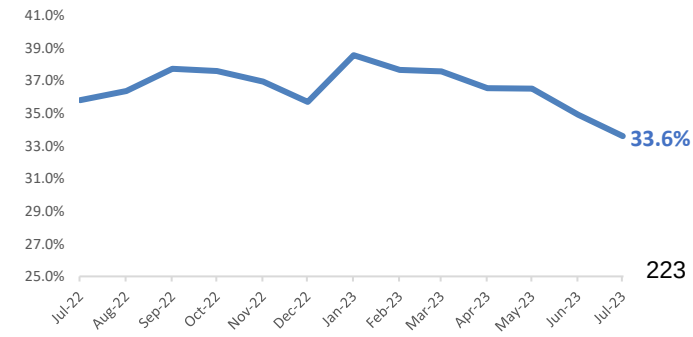


Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	13.9%	13.6%	13.9%
North West	11.4%	10.9%	10.6%
England	8.2%	8.6%	8.0%

Note: June figure is published provisional

Bed Occupancy General & Acute 14+ day LOS

UEC National Tiering System Metric



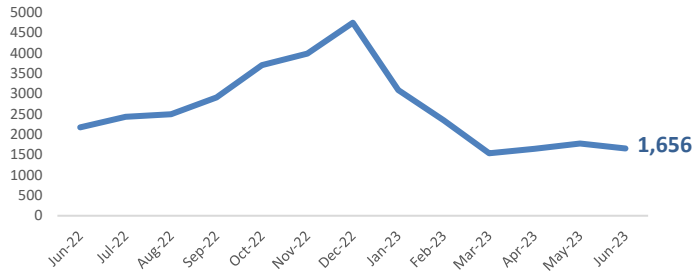
Organisation	May-23	Jun-23	Jul-23
Cheshire & Merseyside	36.5%	34.9%	33.6%

Note: July figure to 11th July

Section I: Urgent Care

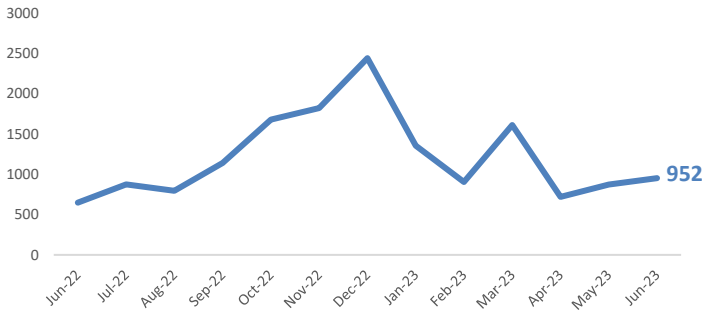
NHS Cheshire and Merseyside

Ambulance Arrival to handover 30 to 60 minutes



Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	1,647	1,777	1,656
North West	4,723	4,871	4,563

Ambulance Arrival to handover >60 minutes



Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	721	874	952
North West	1,610	2,031	1,775

Note: England data not yet published for 2023/24

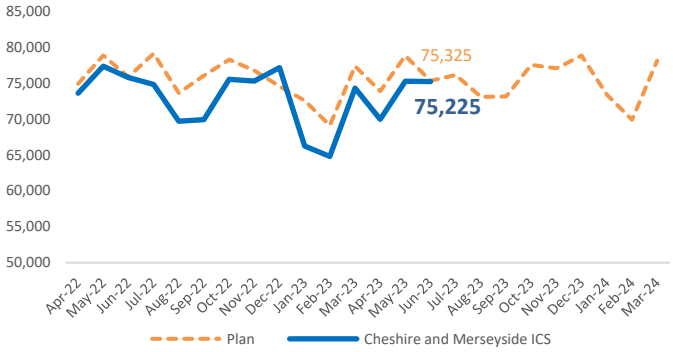
Site Level Ambulance Arrival to handover >60 mins

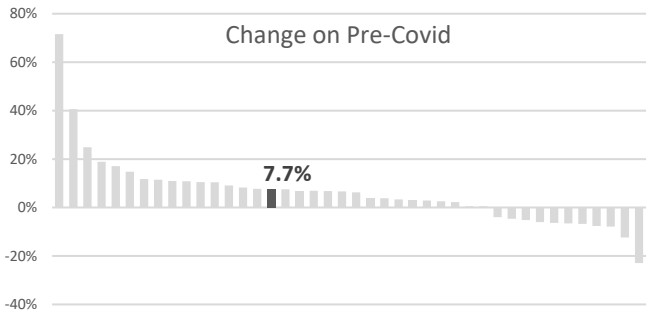
June-23	Total measurable arrivals	>60 min arrival to handover	% attends over 60 mins	Change
Aintree University	1793	231	13%	▲
Alder Hey	1	0	n/a	▶
Arrowe Park	948	139	15%	▼
Countess of Chester	874	122	14%	▼
Leighton	922	16	2%	▼
Macclesfield General	105	2	2%	▼
Royal Liverpool University	1454	105	7%	▲
Southport District General	1015	46	5%	▲
Warrington	1323	118	9%	▲
Whiston	1314	173	13%	▼

Section I: Urgent Care

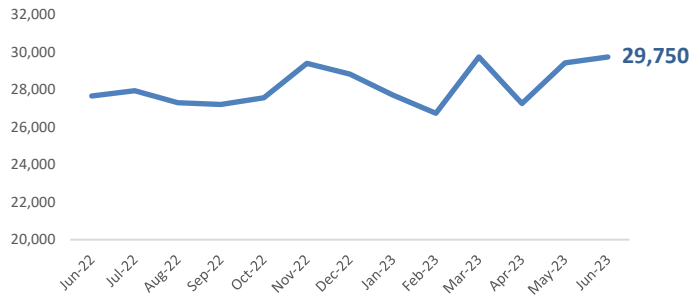
NHS Cheshire and Merseyside

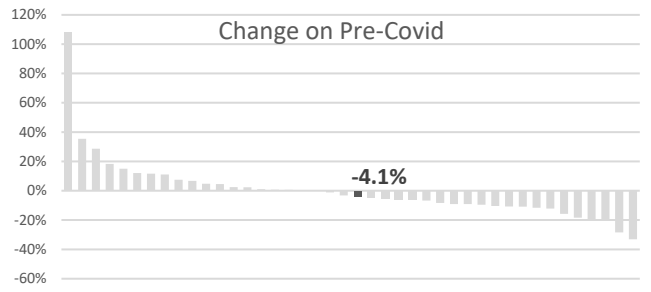
A&E Attendance (Type 1)



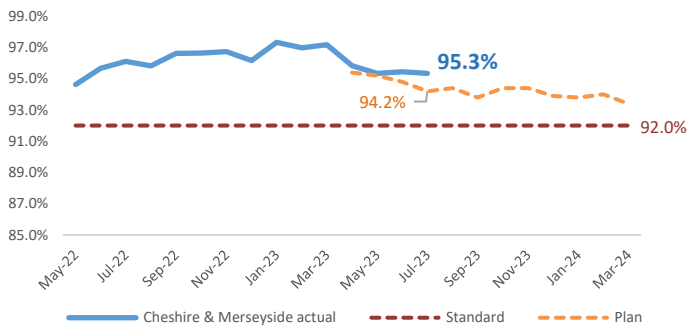


All Emergency admissions





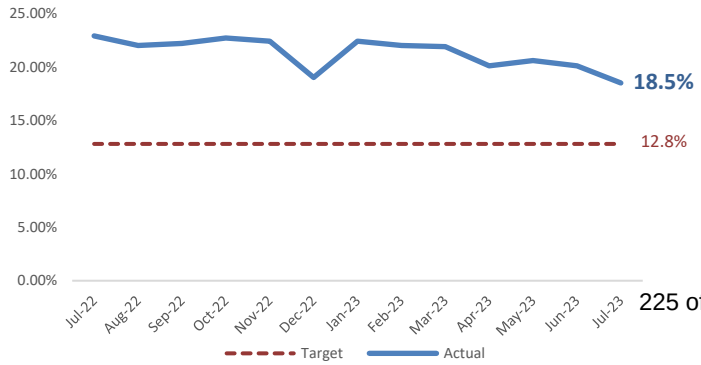
Bed Occupancy for adult general & acute beds



Organisation	May-23	Jun-23	Jul-23
Cheshire & Merseyside	95.3%	95.4%	95.3%
North West	94.4%	94.1%	
England	94.6%	94.4%	

Note: England and North West data not yet published for July 2023

Beds occupied by patients no longer meeting the criteria to reside for adult general & acute beds



Organisation	May-23	Jun-23	Jul-23
Cheshire & Merseyside	20.6*%	20.1*%	18.5%*

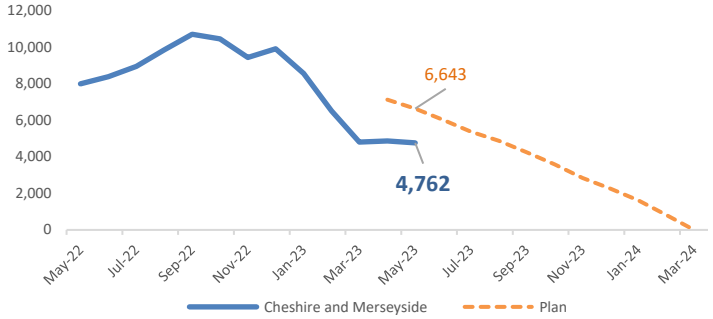
Note: Jul 23 – Ave Week to 9th July

No Criteria to reside – Trust	11/06/23	09/07/23	Change
Countess of Chester Hospital	20.2%	17.5%	▼
East Cheshire Hospitals	15.3%	9.1%	▼
Liverpool University Hospitals	26.6%	19.9%	▼
Mid Cheshire Hospitals	16.0%	16.9%	▲
Warrington & Halton Hospital	19.8%	20.4%	▲
Wirral University Teaching Hospital	19.0%	18.9%	▼
Mersey & West Lancashire Trust	n/a	16.7%	-

Section II: Planned Care (Elective)

NHS Cheshire and Merseyside

Total patients waiting more than 65 weeks to start consultant led treatment

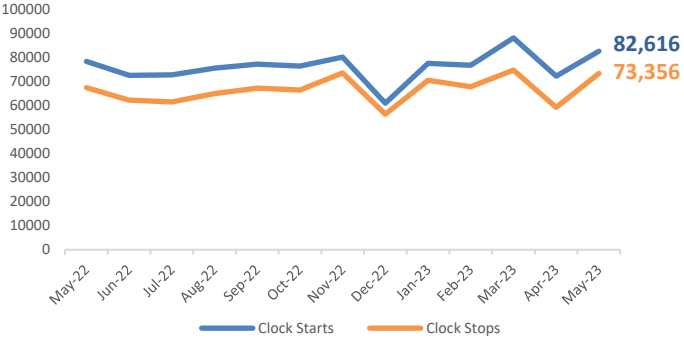


Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	4,807	4,867	4,762
North West	17,307	19,679	19,172
England	86,748	92,104	93,442

Elective Recovery Fund – Value-weighted Activity (VWA)

SUS Value + A&G (est)	31-Mar-23	09-Apr-23	16-Apr-23	23-Apr-23	30-Apr-23	07-May-23	14-May-23	21-May-23	28-May-23	04-Jun-23	11-Jun-23	18-Jun-23	25-Jun-23
North West	**94.8%**	**95.4%**	**93.2%**	**91.5%**	**91.6%**	**91.3%**	**99.1%**	**101.8%**	**104.1%**	**105.1%**	**102.9%**	**100.7%**	**98.2%**
CHESHIRE AND MERSEYSIDE ICB	***98.6%***	***101.0%***	***98.6%***	***96.1%***	***95.1%***	***93.6%***	***101.3%***	***103.6%***	***106.6%***	***107.2%***	***105.2%***	***102.7%***	***100.1%***
WIRRAL UNIVERSITY TEACHING HOSPITAL	*100.6%*	*108.7%*	*104.2%*	*100.5%*	*98.9%*	*98.9%*	*111.4%*	*113.6%*	*117.4%*	*115.7%*	*111.8%*	*105.4%*	*99.3%*
ST HELENS AND KNOWSLEY TEACHING HOSPITAL	*98.8%*	*100.1%*	*100.7%*	*98.4%*	*98.8%*	*97.7%*	*104.0%*	*104.9%*	*104.5%*	*106.1%*	*104.3%*	*104.3%*	*103.7%*
LIVERPOOL HEART AND CHEST HOSPITAL	*98.3%*	*113.0%*	*118.8%*	*118.2%*	*116.5%*	*116.0%*	*118.5%*	*116.9%*	*121.6%*	*123.8%*	*124.1%*	*126.5%*	*121.1%*
ALDER HEY CHILDREN'S HOSPITAL	*99.4%*	*104.1%*	*102.8%*	*99.6%*	*98.0%*	*95.7%*	*105.9%*	*112.5%*	*116.6%*	*123.0%*	*122.9%*	*118.7%*	*116.2%*
MID CHESHIRE HOSPITALS	*101.9%*	*98.6%*	*91.7%*	*91.0%*	*87.3%*	*87.1%*	*99.7%*	*100.9%*	*103.3%*	*100.7%*	*98.9%*	*91.9%*	*91.6%*
LIVERPOOL UNIVERSITY HOSPITALS	*95.9%*	*101.0%*	*98.0%*	*94.6%*	*94.2%*	*92.1%*	*98.1%*	*101.9%*	*105.1%*	*106.2%*	*103.4%*	*101.0%*	*98.8%*
THE CLATTERBRIDGE CANCER CENTRE	*138.5%*	*131.9%*	*132.7%*	*129.7%*	*126.2%*	*119.6%*	*129.7%*	*136.8%*	*137.7%*	*142.7%*	*132.8%*	*125.8%*	*127.7%*
LIVERPOOL WOMEN'S HOSPITAL	*95.8%*	*100.6%*	*89.4%*	*86.7%*	*87.8%*	*81.3%*	*89.2%*	*88.9%*	*91.8%*	*95.1%*	*96.4%*	*93.8%*	*90.7%*
THE WALTON CENTRE	*111.2%*	*91.0%*	*89.1%*	*86.6%*	*89.0%*	*87.1%*	*91.5%*	*95.5%*	*106.8%*	*109.6%*	*110.9%*	*117.5%*	*105.4%*
EAST CHESHIRE HOSPITAL	*80.3%*	*79.4%*	*79.8%*	*74.9%*	*75.3%*	*75.5%*	*80.0%*	*84.4%*	*87.1%*	*88.3%*	*85.9%*	*80.9%*	*73.9%*
COUNTESS OF CHESTER HOSPITAL	*88.6%*	*85.6%*	*81.1%*	*80.6%*	*77.2%*	*75.6%*	*83.6%*	*84.8%*	*89.2%*	*87.4%*	*88.9%*	*84.6%*	*82.8%*
SOUTHPORT AND ORMSKIRK HOSPITAL	*96.6%*	*100.9%*	*98.7%*	*94.9%*	*95.1%*	*95.5%*	*99.7%*	*100.1%*	*102.8%*	*102.7%*	*102.4%*	*105.7%*	*104.9%*
WARRINGTON AND HALTON HOSPITAL	*89.3%*	*87.1%*	*86.2%*	*86.0%*	*86.0%*	*86.5%*	*92.6%*	*92.2%*	*93.0%*	*91.7%*	*88.3%*	*87.7%*	*86.4%*
England	**95.4%**	**97.9%**	**95.6%**	**94.3%**	**95.3%**	**94.8%**	**102.2%**	**103.6%**	**105.2%**	**105.0%**	**103.6%**	**101.2%**	**99.0%**

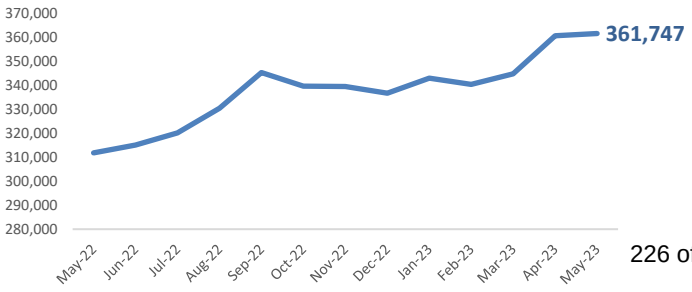
RTT – Clock Starts & Clock Stops



Cheshire & Merseyside	Mar-23	Apr-23	May-23
Clock Starts	88,095	72,237	82,616
Clock Stops	74,743	59,234	73,356

Note: Clock starts and clock stops give a broad, but not complete picture of additions and removals from the waiting list, as data is subject to ongoing validation.

Total Waiting List Size

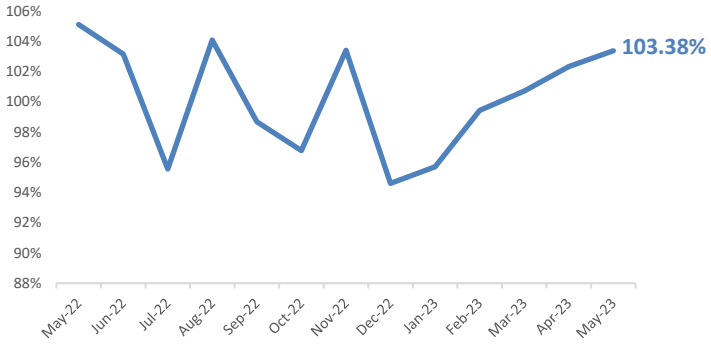


Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	344,912	360,819	361,747
North West	984,533	1,053,492	1,065,099
England	6,796,618	7,198,184	7,273,844

Section II: Planned Care (Elective)

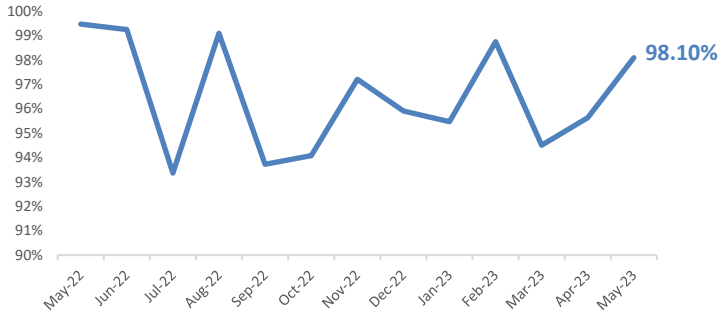
NHS Cheshire and Merseyside

Consultant-led first outpatient attendances (specific acute) (comparison with 2019/20)



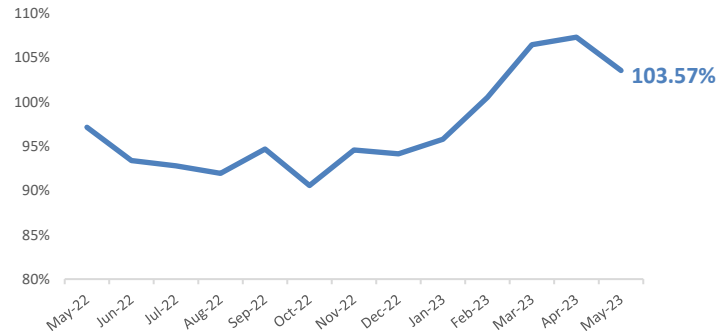
Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	100.72%	102.34%	103.38%
North West	95.95%	93.34%	99.78%
England	100.35%	99.53%	102.60%

Consultant-led follow-up outpatient attendances (specific acute) (comparison with 2019/20)



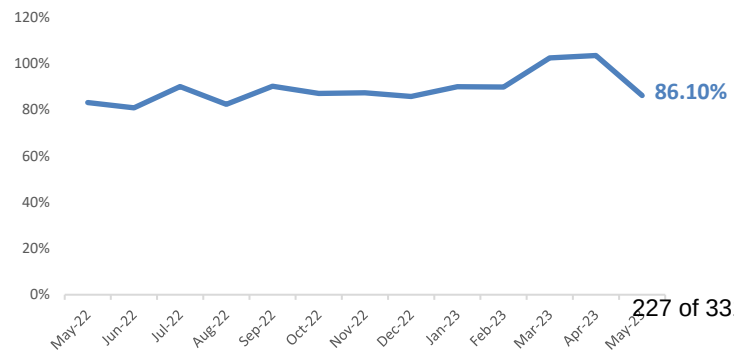
Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	94.51%	95.64%	98.10%
North West	88.81%	90.00%	97.31%
England	95.75%	96.28%	103.83%

Day case spells (specific acute) (comparison with 2019/20)



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	106.47%	107.32%	103.57%
North West	100.25%	98.68%	98.24%
England	101.70%	101.45%	100.43%

Inpatient spells (specific acute) (comparison with 2019/20)

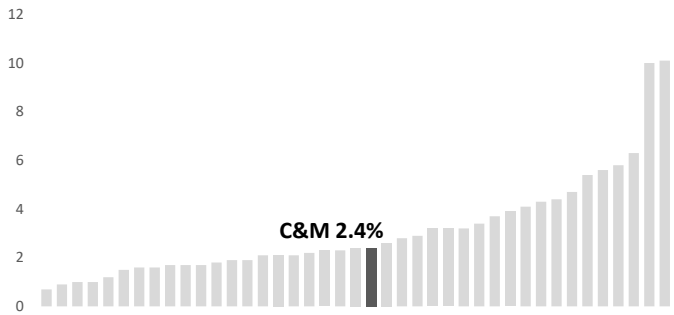


Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	102.30%	103.34%	86.10%
North West	99.07%	100.69%	90.43%
England	95.57%	95.52%	81.54%

Section II: Planned Care (Elective Care)

NHS Cheshire and Merseyside

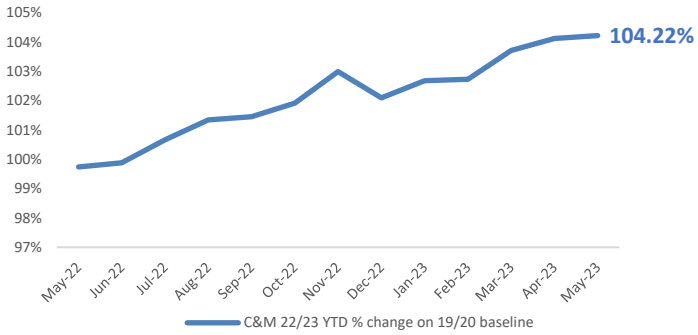
Episodes moved or discharged to patient-initiated outpatient follow-up pathway (PIFU) as an outcome of their attendance. ICS Benchmark



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	2.2%	2.2%	2.4%
North West	2.1%	2.2%	2.3%
England	2.3%	2.4%	2.5%

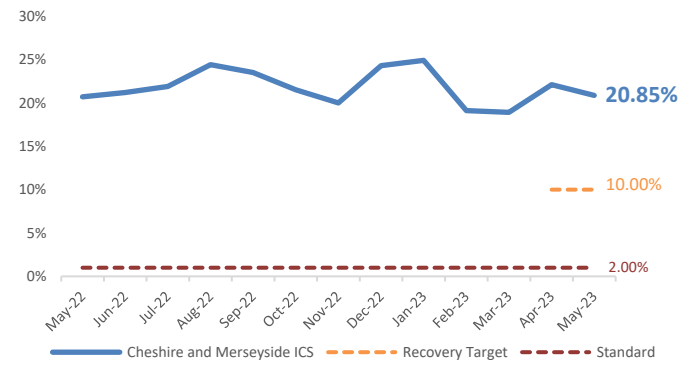
Section II: Planned Care (Diagnostics)

Diagnostic test activity, year to date (comparison with 2019/20)



Organisation	Mar-23	Apr-23	May-23
Cheshire & Merseyside	103.71%	104.12%	104.22%
North West	105.10%	105.41%	105.53%

Diagnostic 6-week waits



Organisation	Mar-23	Apr-23	May-23
Cheshire & Merseyside	18.90%	22.10%	20.85%
North West	23.30%	26.10%	25.06%
England	25.00%	26.60%	25.88%

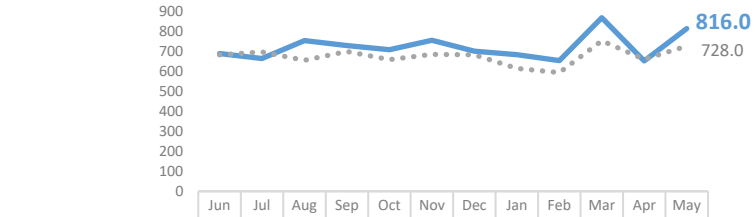
Note:

- No more than 10% of patients waiting more than 6 weeks by end March 2024.
- No more than 5% of patients waiting more than 6 weeks by end March 2025

Section III: Cancer Care

NHS Cheshire and Merseyside

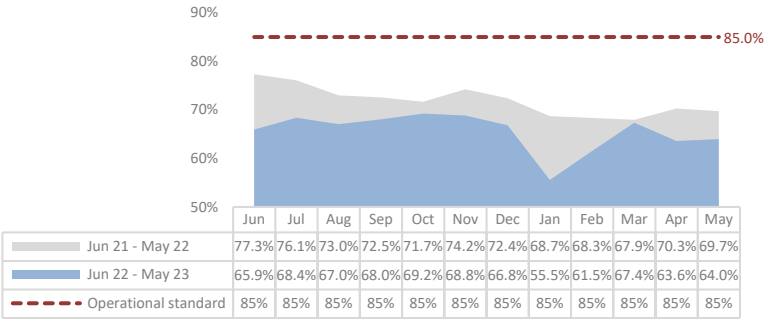
Number of patients receiving a first definitive treatment for cancer following an urgent suspected cancer referral



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Jun 22 - May 23	691.0	665.5	755.5	730.5	710.0	757.5	702.5	685.0	655.0	870.0	653.5	816.0
Jun 21 - May 22	684.0	698.5	657.0	701.0	660.0	687.0	684.5	616.5	595.5	755.0	661.5	728.0

Note: This metric shows numbers of patients seen in Cheshire & Merseyside, meaningful comparisons to numbers seen in the North West or England cannot be made.

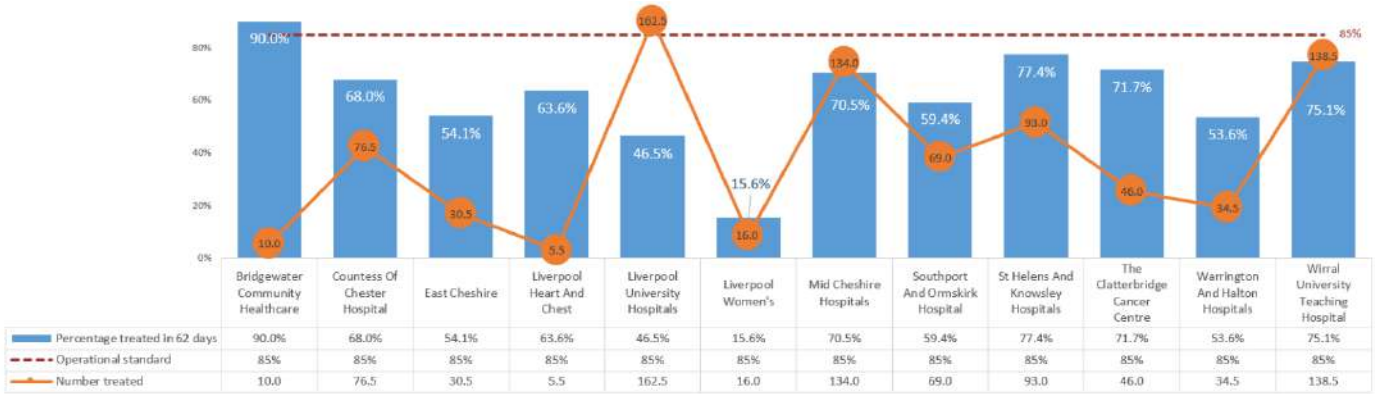
% of patients receiving a first definitive treatment for cancer within 62 days of an urgent suspected cancer referral



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Jun 21 - May 22	77.3%	76.1%	73.0%	72.5%	71.7%	74.2%	72.4%	68.7%	68.3%	67.9%	70.3%	69.7%
Jun 22 - May 23	65.9%	68.4%	67.0%	68.0%	69.2%	68.8%	66.8%	55.5%	61.5%	67.4%	63.6%	64.0%
Operational standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	67.4%	63.6%	64.0%
North West	63.8%	61.9%	59.4%
England	63.5%	61.0%	58.7%

% of patients receiving a first definitive treatment for cancer within 62 days of an urgent suspected cancer referral by provider



	Bridgewater Community Healthcare	Countess Of Chester Hospital	East Cheshire	Liverpool Heart And Chest	Liverpool University Hospitals	Liverpool Women's	Mid Cheshire Hospitals	Southport And Ormskirk Hospital	St Helens And Knowsley Hospitals	The Clatterbridge Cancer Centre	Warrington And Halton Hospitals	Wirral University Teaching Hospital
Percentage treated in 62 days	90.0%	68.0%	54.1%	63.6%	46.5%	15.6%	70.5%	59.4%	77.4%	71.7%	53.6%	75.1%
Operational standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Number treated	10.0	76.5	30.5	5.5	162.5	16.0	134.0	69.0	93.0	46.0	34.5	138.5

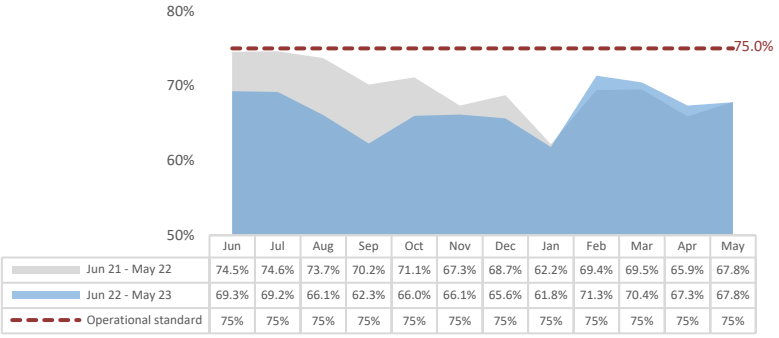
Over 62 day Weekly Cancer PTL

	Over 62 day cancer PTL		Net movement this week	Trend since 1st April 2023	Distance from plan (G = ahead, R = behind)	Distance from end of March 2024 target	Weekly movement required to meet March 24 target
	Last week 02/07/2023	**This week 09/07/2023**					
Bridgewater Community Healthcare	0	**0**	0		0	0	
Countess of Chester Hospital	90	**78**	-12		-32	-24	
East Cheshire	57	**51**	-6		-12	4	-0.1
Liverpool Heart and Chest Hospital	13	**12**	-1		3	7	-0.2
Liverpool University Hospitals	308	**290**	-18		-244	26	-0.7
Liverpool Women's	176	**163**	-13		53	98	-2.6
Mersey and West Lancashire	261	**239**	-22		-64	3	-0.1
Mid Cheshire Hospitals	261	**244**	-17		52	116	-3.1
The Clatterbridge Cancer Centre	70	**73**	3		13	23	-0.6
The Walton Centre	0	**0**	0		0	0	
Warrington and Halton Hospitals	54	**64**	10		5	9	-0.2
Wirral University Teaching Hospital	161	**163**	2		-37	20	-0.5
Cheshire and Merseyside	**1451**	**1377**	**-74**		**-263**	**282**	**-7.4**

Section III: Cancer Care

NHS
Cheshire and Merseyside

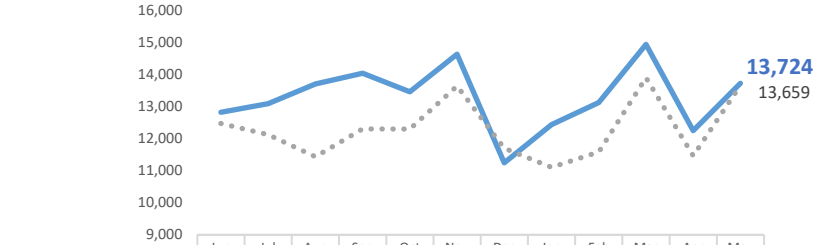
% patients receiving a diagnosis of cancer, or having cancer ruled out, within 28 days of referral



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Jun 21 - May 22	74.5%	74.6%	73.7%	70.2%	71.1%	67.3%	68.7%	62.2%	69.4%	69.5%	65.9%	67.8%
Jun 22 - May 23	69.3%	69.2%	66.1%	62.3%	66.0%	66.1%	65.6%	61.8%	71.3%	70.4%	67.3%	67.8%
Operational standard	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	70.4%	67.3%	67.8%
North West	73.0%	70.2%	70.4%
England	74.2%	71.3%	71.3%

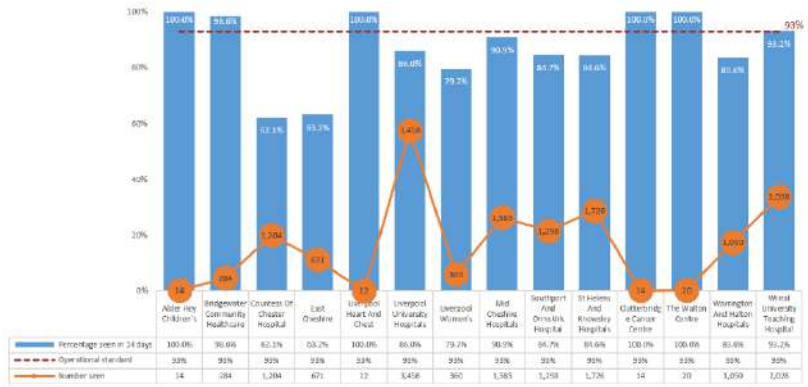
Number of first appointments following an urgent suspected cancer referral * *proxy for referrals*



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Jun 22 - May 23	12,822	13,091	13,704	14,039	13,459	14,634	11,244	12,437	13,127	14,939	12,246	13,724
Jun 21 - May 22	12,474	12,123	11,435	12,301	12,296	13,642	11,698	11,103	11,583	13,902	11,463	13,659

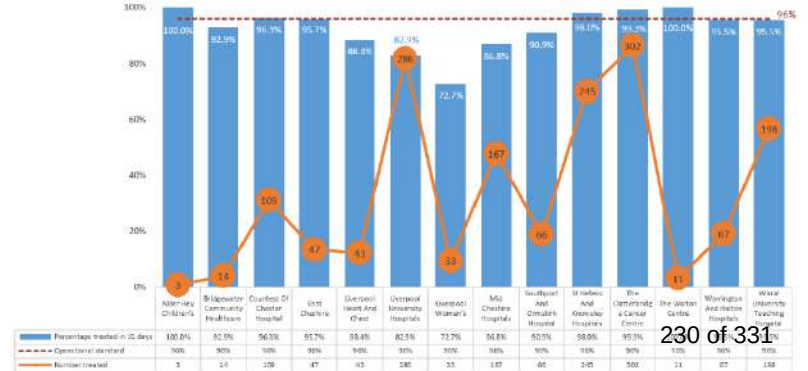
Note: This metric shows numbers of patients seen in Cheshire & Merseyside, meaningful comparisons to numbers seen in the North West or England cannot be made.

% of patient seen within 14 days of an urgent suspected cancer referral



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	77.7%	76.0%	84.1%
North West	83.1%	79.6%	83.5%
England	83.9%	77.7%	80.8%

% of patients receiving a first definitive treatment for cancer within 31 days of a decision to treat

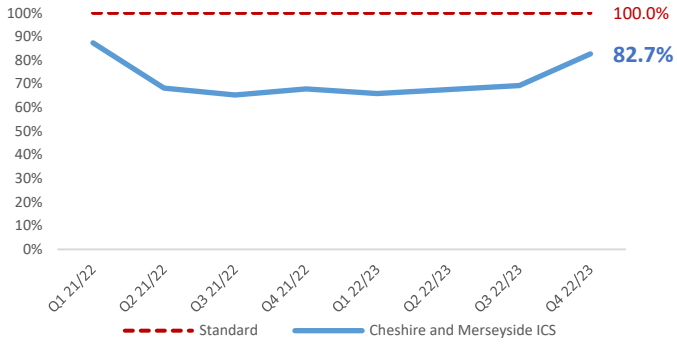


Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	94.8%	94.3%	92.0%
North West	91.4%	91.2%	90.6%
England	91.9%	90.5%	90.3%

Section IV: Mental Health (Adult)

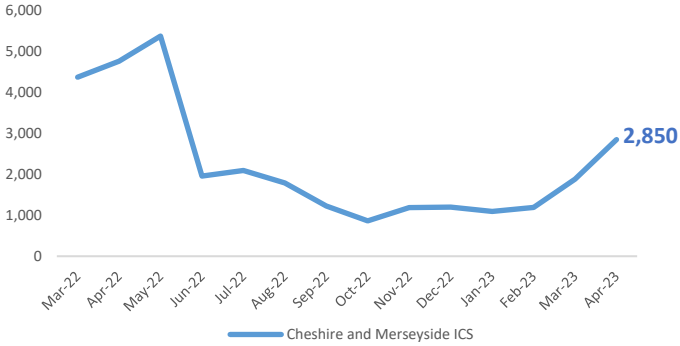
NHS Cheshire and Merseyside

Physical health checks for people with severe mental illness (SMI)



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire and Merseyside	67.6%	69.3%	82.7%
North West	73.9%	74.7%	90.6%
England	74.5%	76.5%	90.5%

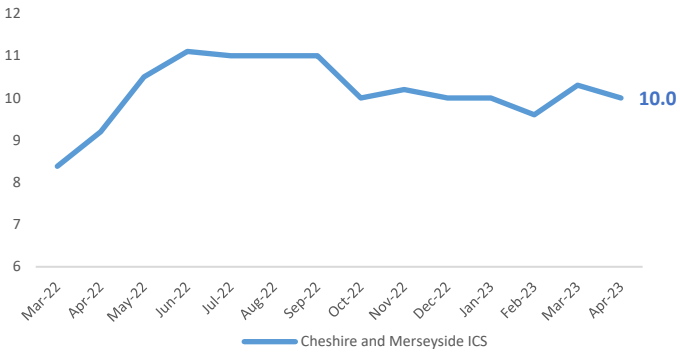
Number of inappropriate adult acute mental health out of area placement bed days



Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	1,195	1,885	2,850
North West	7,695	9,270	11,095
England	54,015	58,515	61,525

Note: Data is a 3 month rolling position

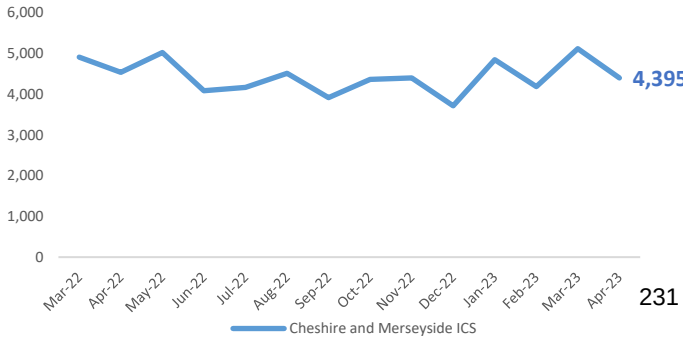
Rate of people discharged per 100,000 from adult acute beds aged 18-64 with length of stay of 60+ days



Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	9.6	10.3	10.0
North West	11.2	12.3	12.0
England	8.7	9.2	9.0

Note: Data is a 3 month rolling position

IAPT access: Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy

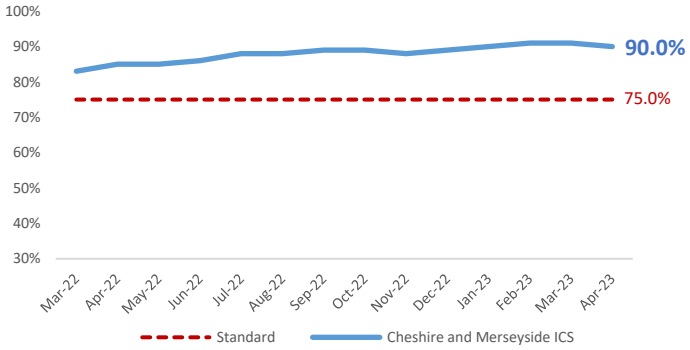


Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	4,185	5,115	4,395
North West	13,225	14,725	12,600
England	99,169	111,279	93,381

Section IV: Mental Health (Adult)

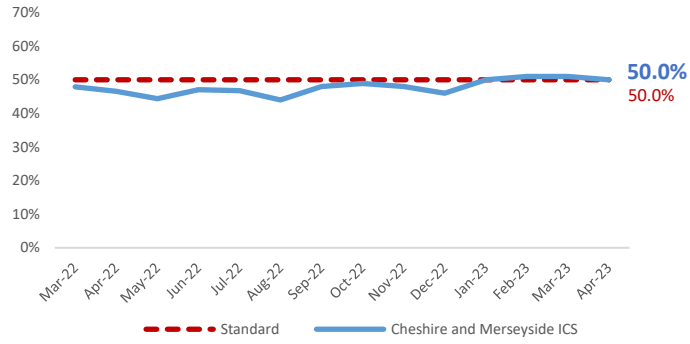
NHS Cheshire and Merseyside

IAPT 6 week waits: % finished treatment in the reporting period who had first treatment within 6 weeks



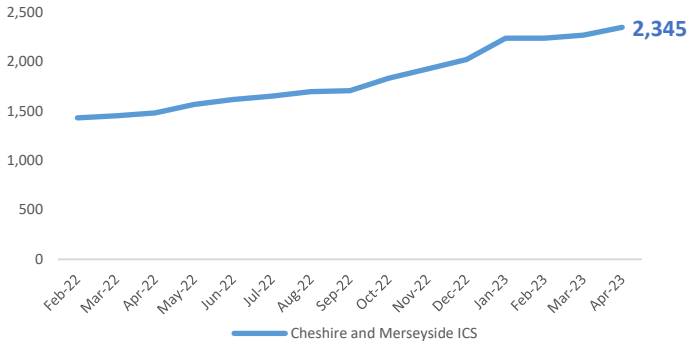
Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	91.0%	91.0%	90.0%
North West	84.0%	84.0%	83.0%
England	90.3%	90.2%	90.0%

IAPT recovery: % of people that attended at least 2 treatment contacts and are moving to recovery



Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	51.0%	51.0%	50.0%
North West	50.0%	51.0%	51.0%
England	50.2%	51.2%	50.9%

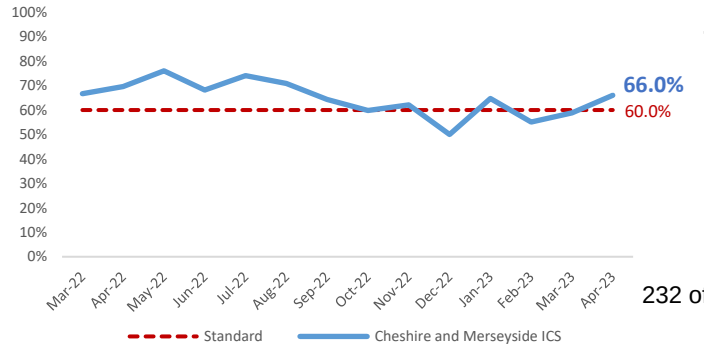
No. of women accessing specialist community perinatal mental health services



Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	2,235	2,265	2,345
North West	6,190	6,080	6,050
England	47,805	48,085	48,150

Note: Data is a 12 month rolling position

% of referrals on early intervention in psychosis (EIP) pathway that waited for treatment within two weeks



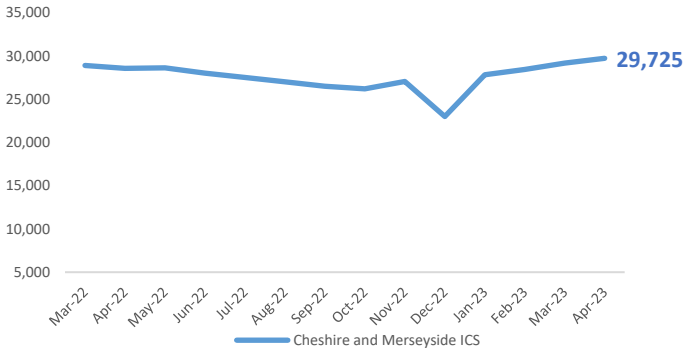
Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	55.1%	58.8%	66.0%
North West	53.1%	55.8%	65.0%
England	69.1%	70.8%	70.7%

Note: Data is a 3 month rolling position

Section IV: Mental Health (CYP)

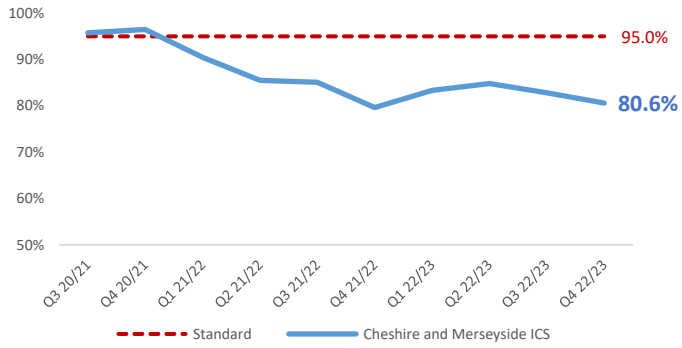
Cheshire and Merseyside

Number of children and young people (CYP) aged under 18 supported through NHS funded mental health services receiving at least one contact



Organisation	Feb-23	Mar-23	Apr-23
Cheshire and Merseyside	28,435	29,180	29,725
North West	100,875	103,415	104,690
England	720,817	721,506	701,839

% of children and young people (CYP) with eating disorders seen within 1 week (Urgent)



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire and Merseyside	84.8%	82.8%	80.6%
North West	-	86.8%	91.4%
England	67.1%	77.5%	77.7%

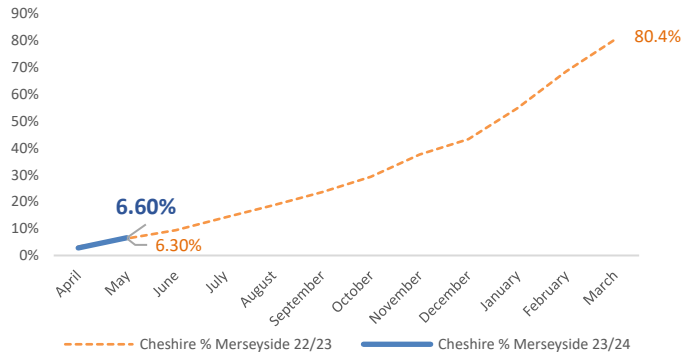
Note:

- Note: 12 months to end of quarter
- A cyber incident affected NHSE data in July 22 and August 22. NHS Digital produced estimates for the affected months.
- Data processing for CWP and Mersey Care affected data in December 22.
- Therefore, data for these months cannot be considered accurate.

Section V: Primary Care

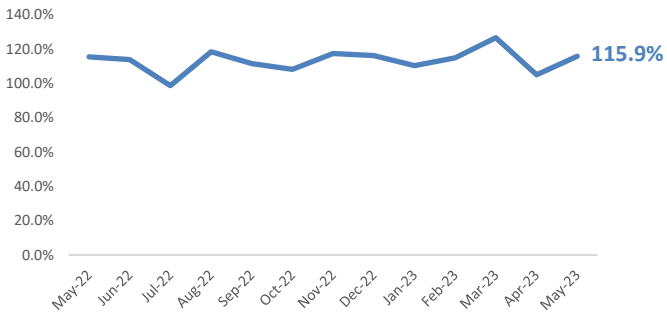
NHS Cheshire and Merseyside

Number of annual health checks carried out for persons aged 14 years or over on the QOF Learning Disability Register



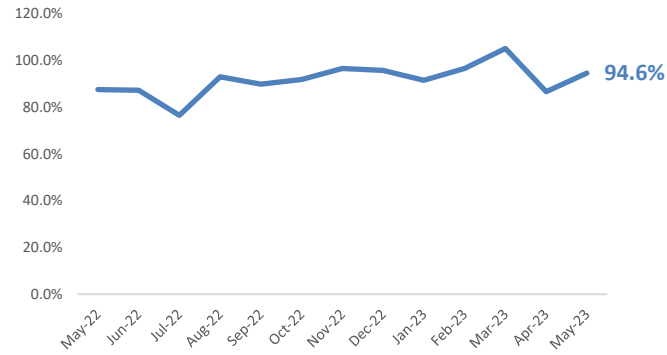
Organisation	Mar-23	Apr-23	May-23
Cheshire & Merseyside	80.4%	2.8%	6.6%
North West	80.4%	2.7%	6.4%
England	80.6%	2.5%	6.2%

Planned number of General Practice appointments delivered against pre covid baseline



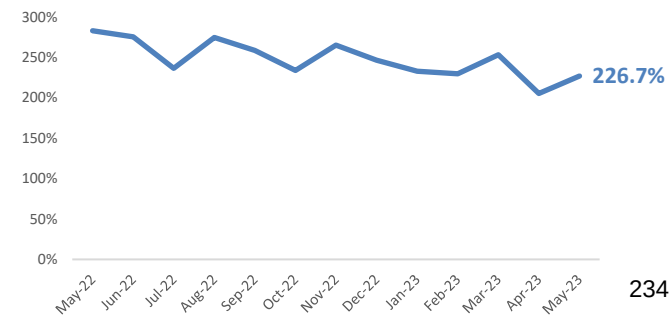
Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	126.7%	105.0%	115.9%
North West	134.9%	109.7%	121.7%
England	129.6%	105.8%	117.1%

Planned number of General Practice Face-to-Face appointments delivered against pre covid baseline



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	105.2%	86.7%	94.7%
North West	110.8%	90.0%	99.3%
England	109.6%	89.7%	98.8%

Planned number of General Practice Telephone appointments delivered against pre-covid baseline

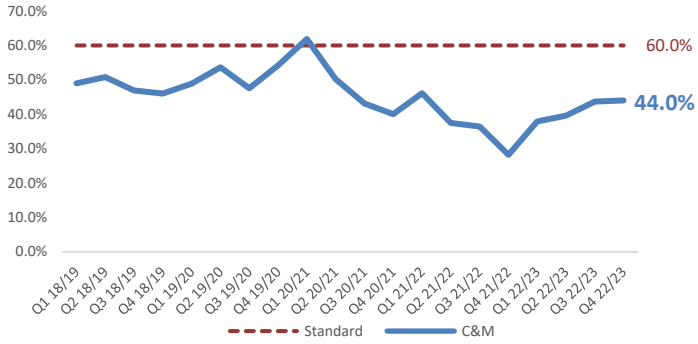


Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	253.2%	205.3%	226.7%
North West	303.7%	227.4%	267.4%
England	252.4%	186.8%	218.0%

Section VI: Quality Care

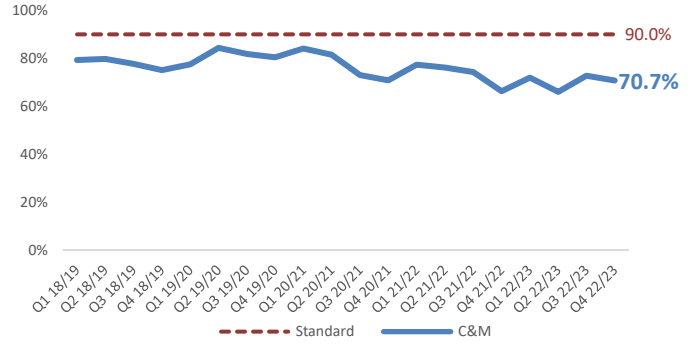
NHS Cheshire and Merseyside

Admitted to stroke unit <4 hours



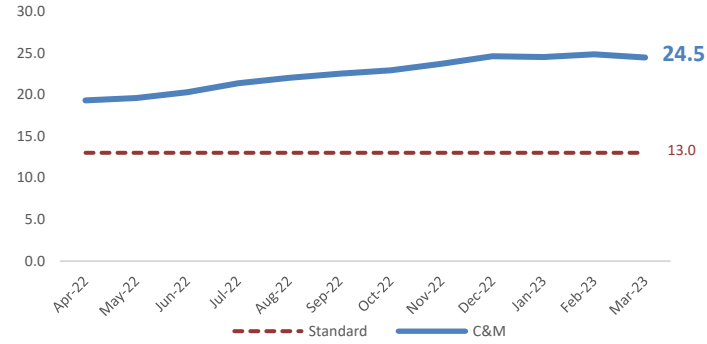
Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire & Merseyside	39.6%	43.7%	44.0%
North West	39.9%	43.7%	44.8%
England	37.9%	36.9%	40.1%

Spent >90% of time on stroke unit



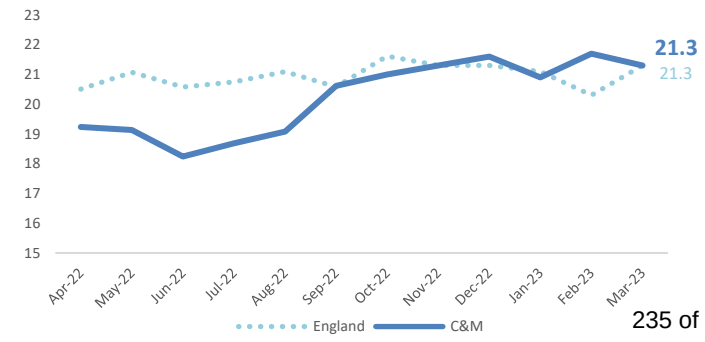
Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire & Merseyside	66.0%	72.7%	70.7%
North West	72.5%	77.2%	77.9%
England	75.8%	75.1%	75.3%

C.Difficile (Hospital Onset)



Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	20.9	21.7	24.5
North West	22.2	21.9	26.0
England	20.3	19.5	20.6

E.Coli (Hospital Onset)

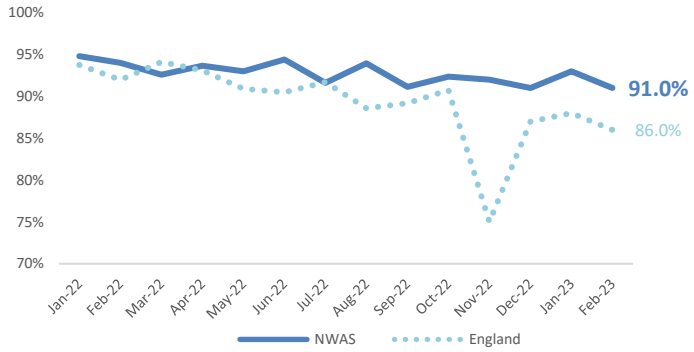


Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	20.9	21.7	21.3
North West	22.2	21.9	22.5
England	20.3	21.3	21.3

Section VI: Quality Care

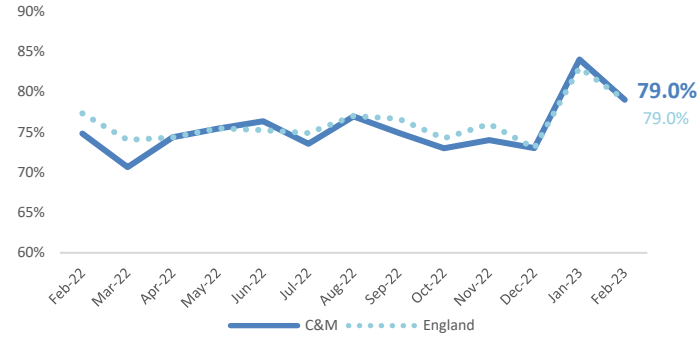
NHS Cheshire and Merseyside

Friends & Family – Ambulance Service



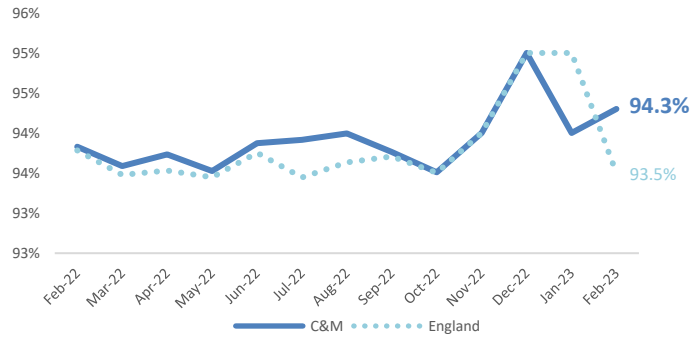
Organisation	Dec-22	Jan-23	Feb-23
NWAS	91.0%	93.0%	91.0%
England	87.0%	88.0%	86.0%

Friends & Family score – A&E



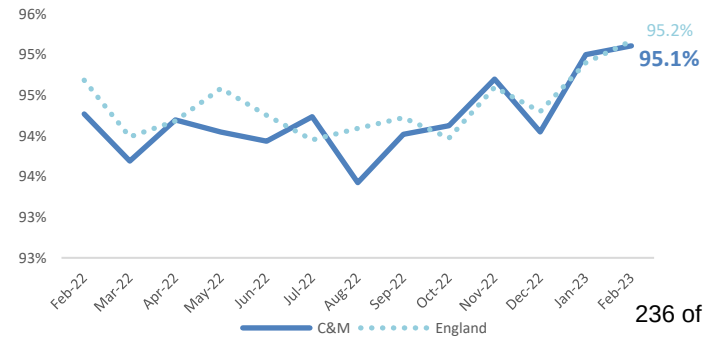
Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	73.0%	84.0%	79.0%
North West	73.4%	83.2%	81.0%
England	73.0%	83.0%	79.0%

Friends & Family score – Outpatient



Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	95.0%	94.0%	94.3%
North West	94.1%	94.2%	94.2%
England	95.0%	95.0%	93.5%

Friends & Family score – Inpatient

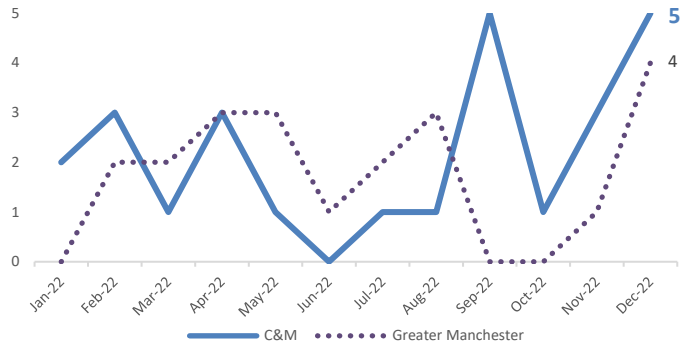


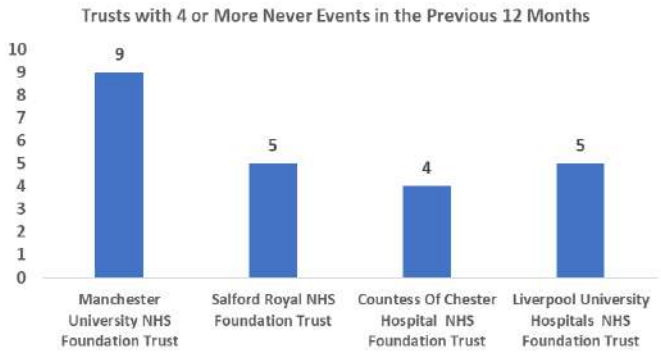
Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	94.1%	95.0%	95.1%
North West	93.8%	94.2%	94.2%
England	94.3%	94.9%	95.2%

Section VI: Quality Care

NHS Cheshire and Merseyside

Never Events





Appendix 1 – ICB National priority metric summary

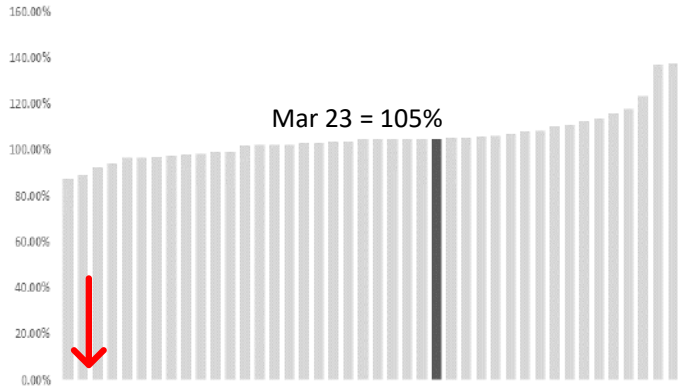
National Performance Ambition Metrics

NHS Cheshire and Merseyside

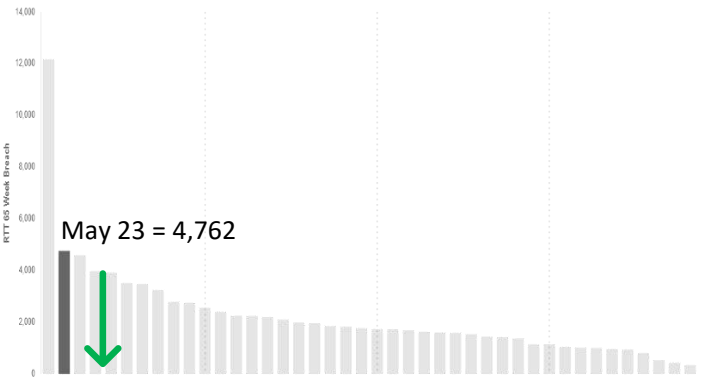
↑ Deterioration since July 2022

↑ Improvement since July 2022

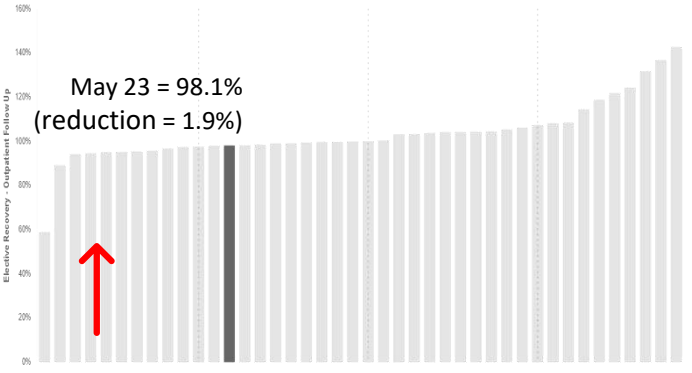
Increase diagnostic activity to pre-pandemic levels *(see note on following slide)



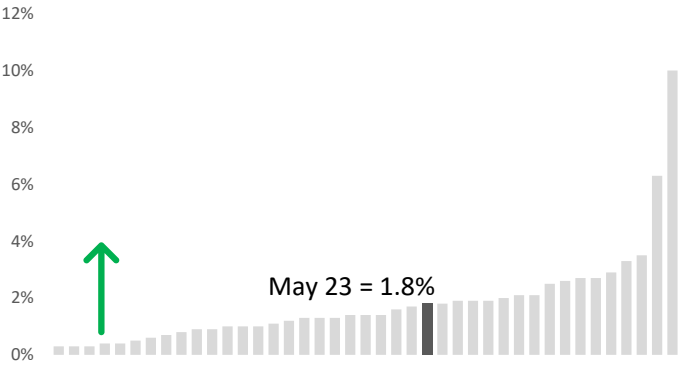
65-week waiters



-25% reduction in outpatient follow up attendances

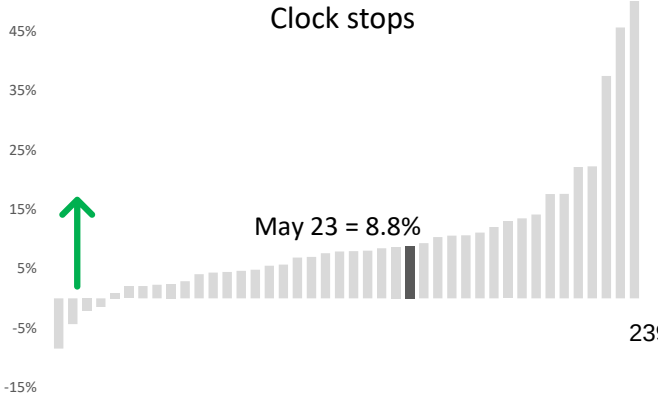


5% of outpatient attendances to convert to PIFU

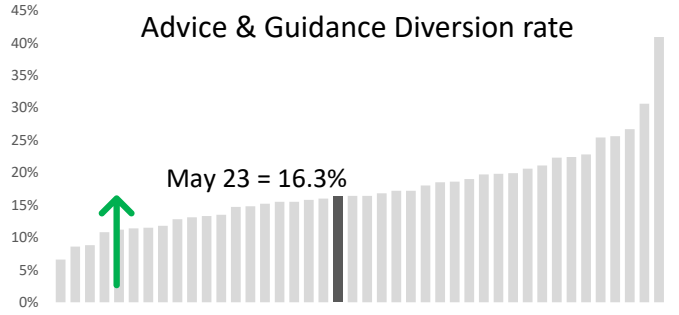


10% more patients to complete treatment through a combination of completed pathways (4% via clock stops and 6% via Advice & Guidance deflections)

Clock stops



Advice & Guidance Diversion rate



National Performance Ambition Metrics

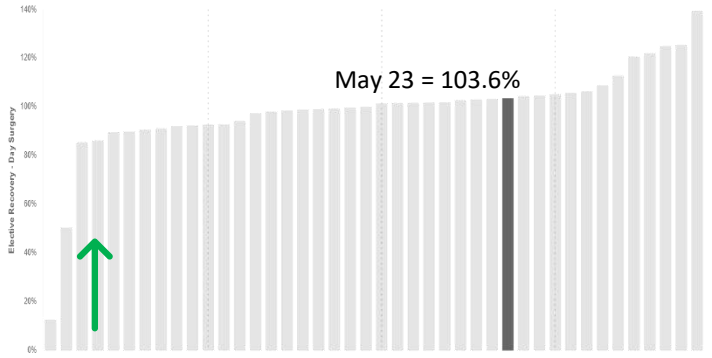
NHS Cheshire and Merseyside

↑ Deterioration since July 2022

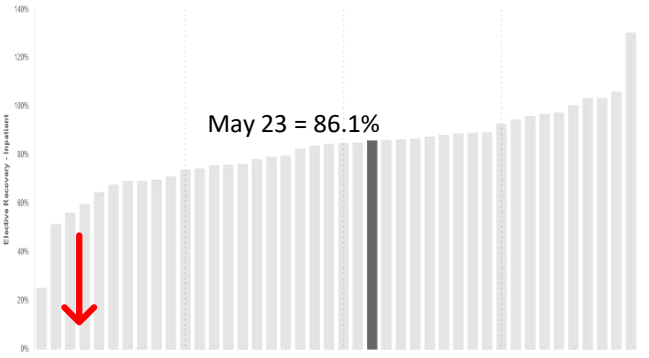
↑ Improvement since July 2022

Increase day cases, ordinary admissions, OPFA and OP with procedures (excluding OPFU) compared to 2019/20 levels

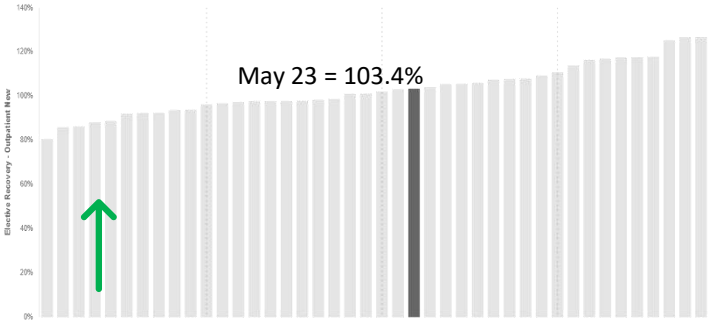
Day case



Ordinary admissions



Outpatient new



Note:

- Diagnostic activity reported here differs slightly to the YTD position due to this measure reported on an ICS provider footprint by NHS Futures and the YTD reported on a Sub ICB place footprint by NHS Digital
- A provisional local figure of 58 has been reported for March 2023, this is in line with the downward trajectory seen in the last two months, however this figure has not yet been confirmed in the national published figures and as such no comparison data is available.

National Performance Ambition Metrics

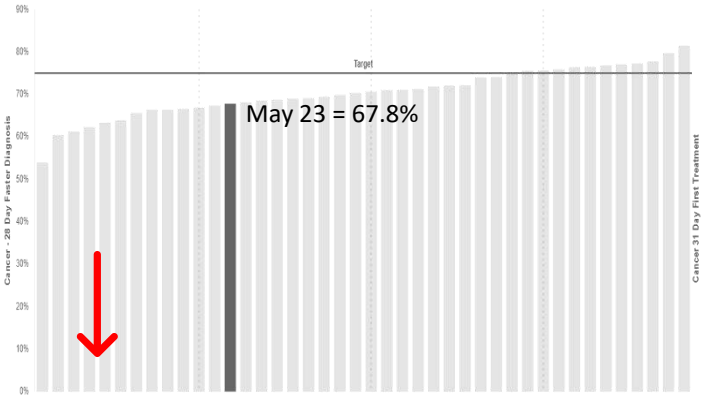
NHS Cheshire and Merseyside

↑ Deterioration since July 2022

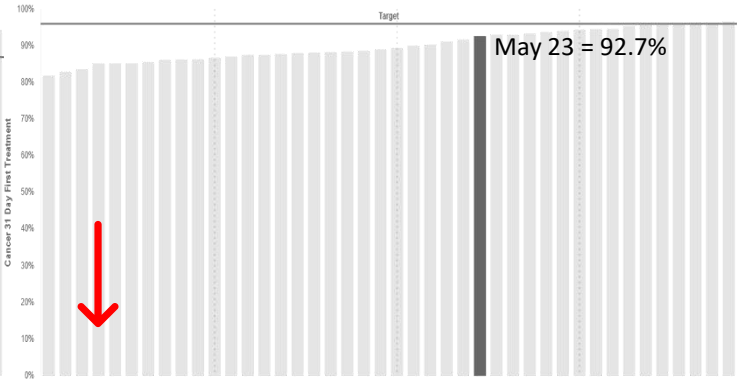
↑ Improvement since July 2022

Improvements to cancer treatments against cancer standards (62 days urgent ref to 1st treatment, 28 faster diagnosis & 31 day decision to treat to 1st treatment)

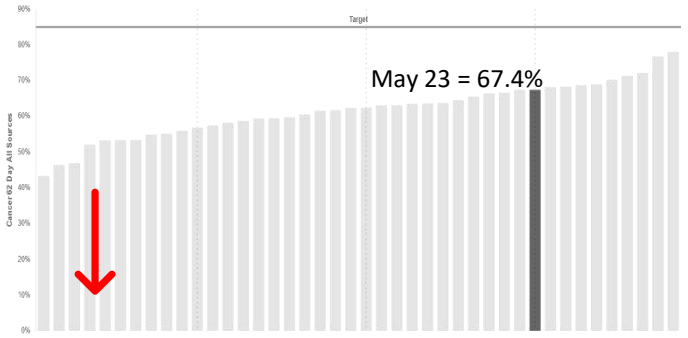
28 day faster diagnosis (75% standard)



31 day decision to treat (96% standard)



62 day referral to treat (85% standard)



Appendix 2 – Provider Summaries

Warrington & Halton Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	84.35%	**71.0%**
A&E Attendances All	May 23	10,544	**11,049**
C.difficile (Hospital Onset)	Mar 23	13.00	**22.5**
Cancer - 28 Day Faster Diagnosis	Apr 23	70.0%	**68.8%**
Cancer 2 Week Wait	Apr 23	93.00%	**62.9%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	**22.0%**
Cancer 31 Day First Treatment	Apr 23	96.00%	**94.9%**
Cancer 62 Day Classic	Apr 23	85.00%	**48.2%**
Day Surgery Activity	Mar 23	2,213	2,325
Diagnostics - 6 Week Standard	Apr 23	10.00%	**25.5%**
E.coli (All Cases)	Mar 23	-	115.2
Elective Inpatient Activity	Mar 23	261	270
Mixed Sex Accommodation Breaches	Apr 23	0	**8**
MRSA (All Cases)	Mar 23	0.00	**2.0**
Outpatient Follow Up Activity	Mar 23	-	30,640
Outpatient New Activity	Mar 23	-	7,955
RTT 104 Week Breach	Apr 23	0	**1**
RTT 52 Week Breach	Apr 23	1,805	**1,894**
RTT 78 Week Breach	Apr 23	0	**39**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**54.3%**
RTT Total Incompletes	Apr 23	33,978	31,385
Sickness Absence Rate	Feb 23	4.00%	**5.6%**
Staff Recommend Care	Q3 22/23	80.00%	**55.8%**
Summary Hospital Mortality Indicator	Jan 23	100.00	99.4

Wirral University Teaching Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**63.6%**
A&E Attendances All	May 23	-	11,352
C.difficile (Hospital Onset)	Mar 23	13.00	**44.7**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	75.3%
Cancer 2 Week Wait	Apr 23	93.00%	**77.4%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	**-**
Cancer 31 Day First Treatment	Apr 23	96.00%	**95.9%**
Cancer 62 Day Classic	Apr 23	85.00%	**69.2%**
Day Surgery Activity	Mar 23	-	4,510
Diagnostics - 6 Week Standard	Apr 23	1.00%	**8.4%**
E.coli (All Cases)	Mar 23	-	94.3
Elective Inpatient Activity	Mar 23	-	585
Mixed Sex Accommodation Breaches	Apr 23	0	**2**
MRSA (All Cases)	Mar 23	-	1.1
Outpatient Follow Up Activity	Mar 23	-	34,225
Outpatient New Activity	Mar 23	-	12,575
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**1,388**
RTT 78 Week Breach	Apr 23	0	**15**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**58.5%**
RTT Total Incompletes	Apr 23	-	41,720
Sickness Absence Rate	Feb 23	4.00%	**5.9%**
Staff Recommend Care	Q3 22/23	80.00%	**62.1%**
Summary Hospital Mortality Indicator	Jan 23	100.00	**105.3**

St Helens & Knowsley Hospital

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**64.1%**
A&E Attendances All	May 23	-	14,786
C.difficile (Hospital Onset)	Mar 23	13.00	**16.6**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**69.0%**
Cancer 2 Week Wait	Apr 23	93.00%	**75.9%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	96.0%
Cancer 31 Day First Treatment	Apr 23	96.00%	97.2%
Cancer 62 Day Classic	Apr 23	85.00%	**82.3%**
Day Surgery Activity	Mar 23	-	4,610
Diagnostics - 6 Week Standard	Apr 23	1.00%	**35.0%**
E.coli (All Cases)	Mar 23	-	88.4
Elective Inpatient Activity	Mar 23	-	465
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	0.7
Outpatient Follow Up Activity	Mar 23	-	33,320
Outpatient New Activity	Mar 23	-	16,545
RTT 104 Week Breach	Apr 23	0	**1**
RTT 52 Week Breach	Apr 23	0	**1,775**
RTT 78 Week Breach	Apr 23	0	**49**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**62.4%**
RTT Total Incompletes	Apr 23	-	48,268
Sickness Absence Rate	Feb 23	4.00%	3.5%
Staff Recommend Care	Q3 22/23	80.00%	**77.6%**
Summary Hospital Mortality Indicator	Jan 23	100.00	**101.7**

Mid Cheshire Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**65.9%**
A&E Attendances All	May 23	-	10,160
C.difficile (Hospital Onset)	Mar 23	13.00	**16.5**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**66.0%**
Cancer 2 Week Wait	Apr 23	93.00%	**89.9%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	93.3%
Cancer 31 Day First Treatment	Apr 23	96.00%	96.3%
Cancer 62 Day Classic	Apr 23	85.00%	**65.8%**
Day Surgery Activity	Mar 23	-	2,505
Diagnostics - 6 Week Standard	Apr 23	1.00%	**27.3%**
E.coli (All Cases)	Mar 23	-	103.6
Elective Inpatient Activity	Mar 23	-	260
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	2.6
Outpatient Follow Up Activity	Mar 23	-	19,280
Outpatient New Activity	Mar 23	-	8,940
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**2,000**
RTT 78 Week Breach	Apr 23	0	**40**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**57.4%**
RTT Total Incompletes	Apr 23	-	39,685
Sickness Absence Rate	Feb 23	4.00%	**4.7%**
Staff Recommend Care	Q3 22/23	80.00%	**67.1%**
Summary Hospital Mortality Indicator	Jan 23	100.00	98.2

Liverpool University Hospitals

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**70.7%**
A&E Attendances All	May 23	-	25,152
C.difficile (Hospital Onset)	Mar 23	13.00	**25.0**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**66.4%**
Cancer 2 Week Wait	Apr 23	93.00%	**76.1%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	**86.7%**
Cancer 31 Day First Treatment	Apr 23	96.00%	**86.0%**
Cancer 62 Day Classic	Apr 23	85.00%	**48.2%**
Day Surgery Activity	Mar 23	-	8,065
Diagnostics - 6 Week Standard	Apr 23	1.00%	**17.9%**
E.coli (All Cases)	Mar 23	-	117.6
Elective Inpatient Activity	Mar 23	-	1,430
Mixed Sex Accommodation Breaches	Apr 23	0	**1**
MRSA (All Cases)	Mar 23	-	1.9
Outpatient Follow Up Activity	Mar 23	-	62,390
Outpatient New Activity	Mar 23	-	29,390
RTT 104 Week Breach	Apr 23	0	**3**
RTT 52 Week Breach	Apr 23	0	**6,175**
RTT 78 Week Breach	Apr 23	0	**34**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**51.4%**
RTT Total Incompletes	Apr 23	-	78,006
Sickness Absence Rate	Feb 23	4.00%	**6.5%**
Staff Recommend Care	Q3 22/23	80.00%	**56.0%**
Summary Hospital Mortality Indicator	Jan 23	100.00	**105.9**

East Cheshire Hospitals

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**55.2%**
A&E Attendances All	May 23	-	4,226
C.difficile (Hospital Onset)	Mar 23	13.00	**15.2**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**60.2%**
Cancer 2 Week Wait	Apr 23	93.00%	**63.1%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	**31.8%**
Cancer 31 Day First Treatment	Apr 23	96.00%	100%
Cancer 62 Day Classic	Apr 23	85.00%	**59.0%**
Day Surgery Activity	Mar 23	-	885
Diagnostics - 6 Week Standard	Apr 23	1.00%	**18.1%**
E.coli (All Cases)	Mar 23	-	120.8
Elective Inpatient Activity	Mar 23	-	85
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	2.5
Outpatient Follow Up Activity	Mar 23	-	6,060
Outpatient New Activity	Mar 23	-	4,555
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**302**
RTT 78 Week Breach	Apr 23	0	**2**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**59.1%**
RTT Total Incompletes	Apr 23	-	12,238
Sickness Absence Rate	Feb 23	4.00%	**5.6%**
Staff Recommend Care	Q3 22/23	80.00%	**62.6%**
Summary Hospital Mortality Indicator	Jan 23	100.00	**118.0**

Countess of Chester Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**60.2%**
A&E Attendances All	May 23	-	7,386
C.difficile (Hospital Onset)	Mar 23	13.00	**41.4**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**66.1%**
Cancer 2 Week Wait	Apr 23	93.00%	**73.5%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	**-**
Cancer 31 Day First Treatment	Apr 23	96.00%	96.6%
Cancer 62 Day Classic	Apr 23	85.00%	**72.3%**
Day Surgery Activity	Mar 23	-	2,580
Diagnostics - 6 Week Standard	Apr 23	1.00%	**22.1%**
E.coli (All Cases)	Mar 23	-	106.4
Elective Inpatient Activity	Mar 23	-	300
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	2.6
Outpatient Follow Up Activity	Mar 23	-	26,550
Outpatient New Activity	Mar 23	-	9,740
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**2,932**
RTT 78 Week Breach	Apr 23	0	**22**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**46.7%**
RTT Total Incompletes	Apr 23	-	35,373
Sickness Absence Rate	Feb 23	4.00%	**5.2%**
Staff Recommend Care	Q3 22/23	80.00%	**46.7%**
Summary Hospital Mortality Indicator	Jan 23	100.00	**100.8**

Southport & Ormskirk Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	**75.5%**
A&E Attendances All	May 23	-	10,797
C.difficile (Hospital Onset)	Mar 23	13.00	**28.1**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**65.8%**
Cancer 2 Week Wait	Apr 23	93.00%	**77.2%**
Cancer 2 Week Wait Breast Symptomatic	Apr 23	93.0%	**-**
Cancer 31 Day First Treatment	Apr 23	96.00%	**85.2%**
Cancer 62 Day Classic	Apr 23	85.00%	**44.1%**
Day Surgery Activity	Mar 23	-	1,790
Diagnostics - 6 Week Standard	Apr 23	1.00%	**19.4%**
E.coli (All Cases)	Mar 23	-	133.6
Elective Inpatient Activity	Mar 23	-	215
Mixed Sex Accommodation Breaches	Apr 23	0	**5**
MRSA (All Cases)	Mar 23	-	0.7
Outpatient Follow Up Activity	Mar 23	-	15,725
Outpatient New Activity	Mar 23	-	6,205
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**183**
RTT 78 Week Breach	Apr 23	0	0
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**62.0%**
RTT Total Incompletes	Apr 23	-	19,701
Sickness Absence Rate	Feb 23	4.00%	**6.2%**
Staff Recommend Care	Q3 22/23	80.00%	**51.2%**
Summary Hospital Mortality Indicator	Jan 23	100.00	**102.6**

Liverpool Women's Hospital

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	93.3%
A&E Attendances All	May 23	-	1,324
C.difficile (Hospital Onset)	Mar 23	13.00	0.0
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**38.7%**
Cancer 2 Week Wait	Apr 23	93.00%	**47.4%**
Cancer 31 Day First Treatment	Apr 23	96.00%	**94.7%**
Cancer 62 Day Classic	Apr 23	85.00%	**33.3%**
Day Surgery Activity	Mar 23	-	505
Diagnostics - 6 Week Standard	Apr 23	1.00%	**7.6%**
E.coli (All Cases)	Mar 23	-	46.0
Elective Inpatient Activity	Mar 23	-	160
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	0.0
Outpatient Follow Up Activity	Mar 23	-	7,985
Outpatient New Activity	Mar 23	-	5,220
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**1,586**
RTT 78 Week Breach	Apr 23	0	**22**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**43.9%**
RTT Total Incompletes	Apr 23	-	17,444
Sickness Absence Rate	Feb 23	4.00%	**6.5%**
Staff Recommend Care	Q3 22/23	80.00%	**71.6%**

Liverpool Heart & Chest Hospital

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
C.difficile (Hospital Onset)	Mar 23	13.00	3.9
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**50.0%**
Cancer 2 Week Wait	Apr 23	93.00%	100%
Cancer 31 Day First Treatment	Apr 23	96.00%	**89.4%**
Cancer 62 Day Classic	Apr 23	85.00%	85.7%
Day Surgery Activity	Mar 23	-	455
Diagnostics - 6 Week Standard	Apr 23	1.00%	**1.2%**
E.coli (All Cases)	Mar 23	-	11.6
Elective Inpatient Activity	Mar 23	-	445
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	0.0
Outpatient Follow Up Activity	Mar 23	-	4,890
Outpatient New Activity	Mar 23	-	2,870
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**56**
RTT 78 Week Breach	Apr 23	0	**2**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**71.8%**
RTT Total Incompletes	Apr 23	-	5,092
Sickness Absence Rate	Feb 23	4.00%	**5.1%**
Staff Recommend Care	Q3 22/23	80.00%	90.6%

Alder Hey Hospital

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	84.8%
A&E Attendances All	May 23	-	5,772
C.difficile (Hospital Onset)	Mar 23	13.00	0.0
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	100%
Cancer 2 Week Wait	Apr 23	93.00%	100%
Cancer 31 Day First Treatment	Apr 23	96.00%	-
Cancer 62 Day Classic	Apr 23	85.00%	-
Day Surgery Activity	Mar 23	-	1,990
Diagnostics - 6 Week Standard	Apr 23	1.00%	**13.7%**
E.coli (All Cases)	Mar 23	-	46.2
Elective Inpatient Activity	Mar 23	-	390
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	0.0
Outpatient Follow Up Activity	Mar 23	-	18,810
Outpatient New Activity	Mar 23	-	6,980
RTT 104 Week Breach	Apr 23	0	**1**
RTT 52 Week Breach	Apr 23	0	**761**
RTT 78 Week Breach	Apr 23	0	**7**
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**52.4%**
RTT Total Incompletes	Apr 23	-	25,056
Sickness Absence Rate	Feb 23	4.00%	**5.9%**
Staff Recommend Care	Q3 22/23	80.00%	86.4%

The Walton Centre

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
C.difficile (Hospital Onset)	Mar 23	13.00	**15.5**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	100%
Cancer 2 Week Wait	Apr 23	93.00%	100%
Cancer 31 Day First Treatment	Apr 23	96.00%	100%
Cancer 62 Day Classic	Apr 23	85.00%	**0.0%**
Day Surgery Activity	Mar 23	-	1,035
Diagnostics - 6 Week Standard	Apr 23	1.00%	0.7%
E.coli (All Cases)	Mar 23	-	28.8
Elective Inpatient Activity	Mar 23	-	255
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	0.0
Outpatient Follow Up Activity	Mar 23	-	9,215
Outpatient New Activity	Mar 23	-	4,430
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**53**
RTT 78 Week Breach	Apr 23	0	0
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**73.4%**
RTT Total Incompletes	Apr 23	-	13,381
Sickness Absence Rate	Feb 23	4.00%	**6.2%**
Staff Recommend Care	Q3 22/23	80.00%	86.5%

The Clatterbridge Cancer Centre

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
C.difficile (Hospital Onset)	Mar 23	13.00	**33.6**
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	**73.7%**
Cancer 2 Week Wait	Apr 23	93.00%	93.8%
Cancer 31 Day First Treatment	Apr 23	96.00%	97.9%
Cancer 62 Day Classic	Apr 23	85.00%	**77.5%**
Day Surgery Activity	Mar 23	-	345
Diagnostics - 6 Week Standard	Apr 23	1.00%	0.0%
E.coli (All Cases)	Mar 23	-	140.9
Elective Inpatient Activity	Mar 23	-	100
Mixed Sex Accommodation Breaches	Apr 23	0	0
MRSA (All Cases)	Mar 23	-	0.0
Outpatient Follow Up Activity	Mar 23	-	43,875
Outpatient New Activity	Mar 23	-	1,820
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	**1**
RTT 78 Week Breach	Apr 23	0	0
RTT Incomplete 18 Week Standard	Apr 23	92.00%	96.3%
RTT Total Incompletes	Apr 23	-	977
Sickness Absence Rate	Feb 23	4.00%	**4.7%**
Staff Recommend Care	Q3 22/23	80.00%	85.4%

Key Performance Indicator	Period	Target	
Day Surgery Activity	Mar 23	-	-
EIP Open Referrals Waited < 2 Weeks	Apr 23	60.00%	-
Elective Inpatient Activity	Mar 23	-	-
IAPT Face to Face	Jan 23	-	13%
IAPT Recovery Rate	Jan 23	50.0%	52.8%
IAPT Referrals Entered Treatment	Jan 23	-	825
IAPT Waited Less Than 18 Weeks	Jan 23	95.0%	98.9%
IAPT Waited Less Than 6 Weeks	Jan 23	75.0%	94.5%
Mixed Sex Accommodation Breaches	Apr 23	0	0
Outpatient Follow Up Activity	Mar 23	-	-
Outpatient New Activity	Mar 23	-	-
Sickness Absence Rate	Feb 23	4.00%	**6.2%**
Staff Recommend Care	Q3 22/23	80.00%	**70.6%**

Mersey Care

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	97.8%
A&E Attendances All	May 23	-	12,132
Day Surgery Activity	Mar 23	-	-
EIP Open Referrals Waited < 2 Weeks	Apr 23	60.00%	64.0%
Elective Inpatient Activity	Mar 23	-	-
IAPT Face to Face	Jan 23	-	-
IAPT Recovery Rate	Jan 23	50.0%	**49.1%**
IAPT Referrals Entered Treatment	Jan 23	-	2,110
IAPT Waited Less Than 18 Weeks	Jan 23	95.0%	99.5%
IAPT Waited Less Than 6 Weeks	Jan 23	75.0%	96.8%
Mixed Sex Accommodation Breaches	Apr 23	0	0
Outpatient Follow Up Activity	Mar 23	-	-
Outpatient New Activity	Mar 23	-	-
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	0
RTT 78 Week Breach	Apr 23	0	0
RTT Incomplete 18 Week Standard	Apr 23	92.00%	97.2%
RTT Total Incompletes	Apr 23	-	36
Sickness Absence Rate	Feb 23	4.00%	**7.1%**
Staff Recommend Care	Q3 22/23	80.00%	**66.8%**

Wirral Community

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	94.4%
A&E Attendances All	May 23	-	4,541
Cancer 31 Day First Treatment	Apr 23	96.00%	-
Cancer 62 Day Classic	Apr 23	85.00%	-
Diagnostics - 6 Week Standard	Apr 23	1.00%	0.0%
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	0
RTT 78 Week Breach	Apr 23	0	0
RTT Incomplete 18 Week Standard	Apr 23	92.00%	99.1%
RTT Total Incompletes	Apr 23	-	107
Sickness Absence Rate	Feb 23	4.00%	**6.0%**
Staff Recommend Care	Q3 22/23	80.00%	**71.6%**

Bridgewater Community Healthcare

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	May 23	76.00%	97.4%
A&E Attendances All	May 23	-	3,483
Cancer - 28 Day Faster Diagnosis	Apr 23	75.0%	83.3%
Cancer 2 Week Wait	Apr 23	93.00%	97.8%
Cancer 31 Day First Treatment	Apr 23	96.00%	100%
Cancer 62 Day Classic	Apr 23	85.00%	**77.8%**
Day Surgery Activity	Mar 23	-	0
Diagnostics - 6 Week Standard	Apr 23	1.00%	**13.6%**
Elective Inpatient Activity	Mar 23	-	0
IAPT Recovery Rate	Jan 23	50.0%	-
IAPT Referrals Entered Treatment	Jan 23	-	-
IAPT Waited Less Than 18 Weeks	Jan 23	95.0%	-
IAPT Waited Less Than 6 Weeks	Jan 23	75.0%	-
Mixed Sex Accommodation Breaches	Apr 23	0	-
Outpatient Follow Up Activity	Mar 23	-	8,040
Outpatient New Activity	Mar 23	-	2,010
RTT 104 Week Breach	Apr 23	0	0
RTT 52 Week Breach	Apr 23	0	0
RTT 78 Week Breach	Apr 23	0	0
RTT Incomplete 18 Week Standard	Apr 23	92.00%	**58.7%**
RTT Total Incompletes	Apr 23	-	2,485
Sickness Absence Rate	Feb 23	4.00%	**5.3%**
Staff Recommend Care	Q3 22/23	80.00%	**79.3%**

Appendix 3 – Place on a page summary

C&M Place Summary:
NHS Oversight Framework publication - July 23

NHS Cheshire and Merseyside

NHS OF Metric Name Full	Aggregation Source	Period	NHS CHESHIRE (SUB ICB LOCATION) (27D)	NHS HALTON (SUB ICB LOCATION) (01F)	NHS KNOWSLEY (SUB ICB LOCATION) (01J)	NHS LIVERPOOL (SUB ICB LOCATION) (99A)	NHS SOUTH SEFTON (SUB ICB LOCATION) (01T)	NHS SOUTHPORT AND FORMBY (SUB ICB LOCATION) (01V)	NHS ST HELENS (SUB ICB LOCATION) (01X)	NHS WARRINGTON (SUB ICB LOCATION) (02E)	NHS WIRRAL (SUB ICB LOCATION) (12F)
S009a: Total patients waiting more than 52 weeks to start consultant led treatment	SubICB	2023 04	6,868	991	1,265	4,847	1,507	391	834	1,458	1,610
S009b: Total patients waiting more than 78 weeks to start consultant led treatment	SubICB	2023 04	199	25	15	42	11	5	28	35	17
S009c: Total patients waiting more than 104 weeks to start consultant led treatment	SubICB	2023 04	4	0	1	3	0	0	0	1	0
S010a: Total patients treated for cancer compared with the same point in 2019/20	SubICB	2023 03		122%	128%	102%	95%	111%	81%	93%	99%
S012a: Proportion of patients meeting the faster cancer diagnosis standard	SubICB	2023 04	79.5%	67%	76.9%	74.7%	78.6%	69.9%	76.8%	72.3%	78.2%
S013a: Diagnostic activity levels: Imaging	SubICB	2023 03	117.1%	103.4%	102.8%	109%	104.3%	102.3%	102.7%	97.8%	102.2%
S013b: Diagnostic activity levels: Physiological measurement	SubICB	2023 03	72.1%	81.4%	91.2%	93.8%	67.1%	93.9%	88.6%	71.3%	94.7%
S013c: Diagnostic activity levels: Endoscopy	SubICB	2023 03	64.3%	121.5%	143.1%	103.9%	109%	126.6%	119.3%	132.7%	93.4%
S013d: Diagnostic activity levels: Total	SubICB	2023 03	108%	102.6%	104%	107.1%	101.3%	103.4%	102.2%	97.2%	100.4%
S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	SubICB	2023 04	15	2	2	6	2	0	1	2	4
S041a: Clostridium difficile infection rate	SubICB	2023 04	139.1%	136.4%	80.9%	111%	103.4%	116.7%	114.9%	153.3%	145%
S042a: E. coli bloodstream infection rate	SubICB	2023 04	116.1%	120.2%	131.8%	137%	120.7%	122.8%	95.6%	139.2%	141%
S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	Apr 2022 - Mar 2023	98.2%	118.2%	119.8%	113.1%	123.3%	105.2%	119.5%	99.3%	116.6%
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	Apr 2022 - Mar 2023	6.89%	6.13%	6.92%	7.64%	8.11%	8.22%	5.75%	6.23%	9.43%
S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	SubICB	2023 02	84.3%	80.3%	73.1%	73.8%	76.2%	82.7%	77.7%	80.9%	81.1%
S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	SubICB	22-23 Q3	74%	69.2%	70.8%	62.3%	67.4%	71.3%	70.1%	72.3%	70.9%
S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	SubICB	2021-22	88.4%	90.7%	91.6%	89%	88.9%	89.5%	90.7%	90.9%	90.6%
S053b: % of hypertension patients who are treated to target as per NICE guidance	SubICB	2021-22	60.7%	57.1%	53.6%	57.3%	52.3%	62.8%	58.1%	58%	57.7%
S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	SubICB	22-23 Q3	58.1%	59.6%	60.8%	62.5%	59.2%	53.2%	58.1%	56.7%	60.7%
S055a: Number GP referrals to NHS Digital weight management services per 100k population	SubICB	22-23 Q4	74 per 100,000	77.1 per 100,000	90.3 per 100,000	73.7 per 100,000	16.5 per 100,000	115.7 per 100,000	36.5 per 100,000	12.7 per 100,000	21.8 per 100,000
S081a: Access rate for IAPT services	SubICB	2023 03	69.3%	60.1%	71.2%	49.7%	47.7%	47.2%	105.7%	61.3%	77.1%
S086a: Inappropriate adult acute mental health placement out of area placement bed days	SubICB	Jan 2023 - Mar 2023	1,165	0	0	0	0	0	0	145	575
S105a: Proportion of patients discharged from hospital to their usual place of residence	SubICB	2023 03	89.4%	94.8%	95%	93.4%	92.9%	91.3%	93.1%	94.7%	92.7%
S115a: Proportion of diabetes patients that have received all eight diabetes care processes	SubICB	21-22 Q4	42.9%	28.5%	31.8%	42.9%	32.4%	47.2%	26.9%	27.3%	30.9%

Rank Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile

Appendix 4 – SOF Segments

ICB – Provider NHS OF Segments

NHS Cheshire and Merseyside

NHS Cheshire and Merseyside Provider Oversight Framework Segmentations

Trust	Segment
Liverpool Heart and Chest Hospital NHS Foundation Trust	1
The Walton Centre NHS Foundation Trust	1
Alder Hey Children's NHS Foundation Trust	2
Bridgewater Community Healthcare NHS Foundation Trust	2
Cheshire and Wirral Partnership NHS Foundation Trust	2
Clatterbridge Cancer Centre NHS Foundation Trust	2
Mersey Care NHS Foundation Trust	2
Mid-Cheshire Hospital NHS Foundation Trust	2
North West Ambulance Service NHS Trust	2
Southport and Ormskirk Hospital NHS Trust	2
St Helens and Knowsley Teaching Hospitals NHS Trust	2
Warrington and Halton Teaching Hospitals NHS Foundation Trust	2
Wirral Community Health and Care NHS Foundation Trust	2
Countess of Chester NHS Foundation Trust	3
East Cheshire NHS Trust	3
Liverpool Women's Hospital NHS Foundation Trust	3
Wirral University Teaching Hospital NHS Foundation Trust	3
Liverpool University Hospitals NHS Foundation Trust	4

https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

Key

Segment 1	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities
Segment 2	Plans that have the support of system partners in place to address areas of challenge.Targeted support may be required to address specific identified issues
Segment 3	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)
Segment 4	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support

ICB NHS OF Segments

NHS Cheshire and Merseyside

NHS Provider Oversight Framework Segmentations (Published 8th June 2023)

ICB	Segment
Frimley	1
Bath and North East Somerset, Swindon and Wiltshire	2
Bedfordshire, Luton and Milton Keynes	2
Dorset	2
Gloucestershire	2
Humber and North Yorkshire	2
North Central London	2
North East & North Cumbria	2
North West London	2
Nottingham and Nottinghamshire	2
Somerset	2
South West London	2
South Yorkshire	2
Suffolk and North East Essex	2
Surrey Heartlands	2
Sussex	2
West Yorkshire	2
Birmingham and Solihull	3
Black Country	3
Bristol, North Somerset and South Gloucestershire	3
Buckinghamshire, Oxfordshire and Berkshire West	3
Cambridgeshire and Peterborough	3
Cheshire and Merseyside	3
Cornwall and The Isles of Scilly	3
Coventry and Warwickshire	3
Derby and Derbyshire	3
Greater Manchester	3
Herefordshire and Worcestershire	3
Hertfordshire and West Essex	3
Kent and Medway	3
Lancashire and South Cumbria	3
Leicester, Leicestershire and Rutland	3
Mid and South Essesx	3
North East London	3
Northamptonshire	3
South East London	3
Staffordshire and Stoke on Trent	3
Devon	4
Hampshire and the Isle of Wight	4
Lincolnshire	4
Norfolk and Waveney	4
Shropshire, Telford & Wrekin	4

Key

Segment 1	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities
Segment 2	Plans that have the support of system partners in place to address areas of challenge.Targeted support may be required to address specific identified issues
Segment 3	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)
Segment 4	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support

https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

Report of the Chair of the Quality & Performance Committee (June 2023)

Agenda Item No	**ICB/07/23/17**
Report author & contact details	Kerry Lloyd, Deputy Director of Nursing & Care kerry.lloyd@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director/ Chair)	Tony Foy, Chair
Responsible Officer to take actions forward	Kerry Lloyd, Deputy Director of Nursing & Care

Cheshire and Merseyside ICB Board Meeting

Report of the Chair of the Quality & Performance Committee (June 2023)

Executive Summary	The purpose of this report is to provide assurance to the C&M Integrated Care Board in regard to key issues, considerations, approvals and matters of escalation considered by the C&M ICB Quality & Performance Committee in securing continuous improvement in the quality of services, against each of the dimensions of quality (safe, effective, person-centered, well-led, sustainable and equitable), set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care, coupled with a focus on performance.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		
Recommendation	**The Board is asked to:** • Section 2 - note the content • Section 3 – note the approval made • Section 4 - note and consider the content of issues agreed as requiring escalation to the Board				
Key issues	Highlighted in Section 4				
Key risks	-				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
Management of Conflicts of Interest	No conflicts of interest declared at the Committee.				
Next Steps	Noted in the body of report.				
Appendices	None				

Report of the Chair of the Quality & Performance Committee (June 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Quality & Performance Committee	The Quality and Performance Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality (safe, effective, person-centred, well-led, sustainable and equitable), set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care, coupled with a focus on performance. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care. The committee will focus on quality performance data and information and consider the levels of assurance that the ICB can take from performance oversight arrangements within the ICS and actions to address any performance issues. In particular, the Committee will provide assurance to the ICB on the delivery of the following statutory duties: • Duties in relation children including safeguarding, promoting welfare, SEND (including the Children Acts 1989 and 2004, and the Children and Families Act 2014); and • Adult safeguarding and carers (the Care Act 2014).	Tony Foy

2. Meetings held and Summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
23/06/05	15/06/23	**Corporate Risk Register Update** The committee was provided with assurance as to progress against populating the corporate risk register and the process for the identification and mitigation for new and emerging risks.

Decision Log Ref No.	Meeting Date	Issues considered
		The committee took assurance as to the introduction of the ICB Risk Committee in June 2023 and agreed that given the organizational approach now in place, and the timelines required to observe change/improvement in risks scores, the risk item would be reduced to quarterly reporting within the committee work plan.
23/06/06	15/06/23	**Maternity Report** The committee received its monthly assurance report from the Local Maternity and Neonatal Services (LMNS) lead. The committee received assurance as to how the monitoring of triage and risk assessment was taking place across the seven maternity providers in C&M and how greater standardisation of monitoring performance was aiding oversight. The committee received an update that Maternity services at Wirral University Teaching Hospital (WUTH) were still awaiting the formal outcome of the inspection of their maternity services in April 2023, and once known, the committee would receive a fuller update. The committee received assurance as to the work taking place to ensure there was an equitable and standardised approach for the commissioning of the Maternity Voices Partnerships across C&M that allows for the population's voice to be better heard. The committee received an update following an NHSE convened visit to the maternity unit at East Cheshire Trust and the positive assurances received as to the Trust's preparation and planning for the re-opening of services on the 26th June 2023. The Trust received advice as to how they could better strengthen their plans which were being implemented prior to opening.
23/06/07	15/06/23	**Patient Safety Report** The committee received its quarterly update as to the transfer of staff to a centralised patient safety team for the ICB. This team would be responsible for the aggregation and coordination of patient safety related functions for the organisation. The team is focused on the close-down of the Serious Incident (SI) Framework and the Implementation of the National Patient Safety Incident Response Framework (PSIRF). The committee received an update as to the themes and trends contained within the SI reporting period and in

Decision Log Ref No.	Meeting Date	Issues considered
		particular, the increase in the number of surgically related Never Events. The committee agreed that it should receive a more in-depth analysis of the Never Event reporting within the next report.
23/06/08	15/06/23	**Performance Report** The committee received its monthly overview of key sentinel metrics drawn from the 2023/24 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health, and Primary Care, as well as a summary of key issues, impact, and mitigations. The committee queried how mental health related escalation could better feature as part of the report and were advised that this would be considered for future reporting. The committee also sought additional assurance as to how End of Life Care was being provided and how the ICB met its commissioning responsibilities. This was agreed as an action for update at a future meeting.
23/06/09	15/06/23	**Quality Aggregated and Place Based Report** The committee received its monthly assurance as to those strategic risks to quality identified both systemically and within place based areas. The committee discussed the impending transaction of Southport & Ormskirk Trust to St. Helens & Knowsley Trust and explored the need for some enhanced quality oversight during the initial post-transaction period. The committee actioned Place Leads to submit a proposal for this oversight for the July meeting. The committee received an update in relation to the previously reported Paediatric Audiology incident that affected children at Warrington & Halton Hospitals and Bridgewater Community Trust. The committee was assured as to the plans in place to ensure children were reviewed and recalled, as well as the associated communications plan in place. The committee received an update in relation to two young people within Warrington Place who required mental health support and the escalation framework in place to support movement of these young people to the most appropriate setting. The committee was informed that there would be a learning event to support partners in relation to one of the cases that would be fed back within a future report.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration) The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
23/06/10	15/06/23	**Clinical Policy Harmonisation Phase 2 Quality Impact Assessment Process** The committee noted the findings from the completion of a series of Quality Impact Assessments (QIAs) for the proposed harmonisation of legacy clinical commissioning policies from across the nine places in Cheshire & Merseyside during 2023/24. The first cohort of 31 policies had been drafted, reviewed by clinicians, an Equality Impact Assessment (EIA) had been carried out, and these policies and associated EIAs were then passed to Place Quality Leads to conduct a Quality Impact Assessment (QIA) in line with ICB QIA policy and process. Each policy was reviewed by Place Quality teams and was then subsequently discussed with a panel to ensure agreement and consistency of decision making across Cheshire and Merseyside. The outcome of this exercise and findings of the panel were outlined and the committee noted and approved the findings.

4. Escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
23/06/11	15/06/23	**Mortality Reporting at East Cheshire Trust** The committee discussed the ongoing concerns in relation to the increased Summary Hospital Mortality Indicator at East Cheshire Trust and felt it important to continue to alert the Board to the ongoing concerns regarding the raised Summary Hospital Mortality Indicator (SHMI) at East Cheshire Trust. The Trust has been invited to provide direct assurance to the committee at the July 2023 meeting.

		Update 13Th July 2023 Committee At the July 2023 meeting, the committee received a presentation from the newly appointed lead for mortality at the Trust and the Director for Corporate Governance. The Trust presented some of the possible rationale as to why the SHMI may be raised and what action the Trust is taking to review and reduce the indicator. The committee reported that the data request to allow for further interrogation and triangulation of the Trust data using software provided by the 'C2AI' platform had only been received the day before committee took place. and so feedback had not yet been received. Following the presentation, the committee asked the Trust about how it triangulates mortality related intelligence with other patient safety/harm related incidents and its 'Learning from Deaths' process. The Trust reported that due to its size, this could sometimes prove challenging. The Trust were also asked about how palliative care coding was undertaken and if done appropriately would that have a bearing on its overall SHMI outcomes. There was agreement that this needed further focus by the Trust. The committee emphasised to the Trust that whilst the intention was to be supportive, that there was a need for pace in terms of understanding the issues and actions therefore required moving forward. The committee agreed that they would await the outcome of data review using the C2AI software, and should this indicate a further or more significant lack of assurance, then the ICB should align with its agreed quality risk management escalation process and proceed to a Rapid Quality Review of mortality with the Trust and partners, and the Trust leads should be informed of this decision.

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
-	-	-

6. Recommendations

6.1 **The ICB Board is asked to:**

- Section 2 - note the content
- Section 3 – note the approval made
- Section 4 - note and consider the content of issues agreed as requiring escalation to the Board

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Cheshire and Merseyside System Finance Report Month 3

Agenda Item No	**ICB/07/23/18**
Report author & contact details	Frankie Morris – Associate Director of Finance (Provider Assurance, Capital & Financial Strategy) Rebecca Tunstall – Associate Director of Finance (Planning & Reporting)
Report approved by (Sponsoring Director)	Claire Wilson – Executive Director of Finance
Responsible Officer to take actions forward	Claire Wilson – Executive Director of Finance

Cheshire and Merseyside System Finance Report – Month 3

Executive Summary	This report updates the Board on the financial performance of Cheshire and Merseyside ICS ("the System") for 2023/24, in terms of relative position against its financial plan as submitted to NHS England in June 2023, alongside other measures of financial performance (e.g., Cash Management and Better Payment Practice Code) and utilisation of available 'Capital' resources for the financial year. As at 30th June 2023 (Month 3), the ICS 'System' is reporting a deficit of £75.4m against a planned deficit of £54.9m resulting in an adverse year to date variance of £20.5m. The system is forecasting a position in line with its plan by year end of £51.2m deficit.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	x				

Recommendation	**The Board is asked to:** • **Note** the contents of this report in respect of the Month 3 ICB / ICS financial position for both revenue and capital allocations within the 2023/24 financial year.
Key issues	The financial plan is expected to be delivered in year; but continued focus on the achievement of recurrent efficiencies is required.
Key risks	Outlined within the main paper.

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	x		x	x
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
				x

Route to this meeting	Financial plan previously discussed at ICB Finance, Investment and Resources Committee. Provider position will be presented to Cheshire and Merseyside Acute and Specialist Provider Collaborative in line with agreed reporting timetable.
Management of Conflicts of Interest	No specific issues raised
Patient and Public Engagement	Financial performance at both place and provider level will be subject to local public communications and engagement arrangements.
Equality, Diversity and Inclusion	Efficiency Plans and Investment decisions will need to be subject to organisation level Equality Impact Assessments (EIA). This will be subject to internal audit review in line with locally agreed audit plans.
Health inequalities	Healthcare resource and investment decisions impact on health inequalities and so future place-based allocation decisions will be subject to EIA

	processes. Strong budget management and control is important to minimise areas of overspend which lead to an unplanned redistribution of resources.
Next Steps	Continued monitoring of financial forecasts for revenue and capital allocations. Further development of cost improvement plans and system wide efficiency opportunities. Development of financial strategy to support future financial sustainability.
Appendices	Appendices 1-6 gives details of the narrative in the main body of the report.

Cheshire and Merseyside System Finance Report – Month 3

Executive Summary

This report updates the Board on the financial performance of Cheshire and Merseyside ICS ("the System") for 2023/24, in terms of relative position against its financial plan as submitted to NHS England, and alongside other measures of financial performance (e.g., Cash Management and Better Payment Practice Code) and utilisation of available 'Capital' resources for the financial year.

Financial performance for the period ending 30th June 2023

- The system is reporting a deficit of £75.4m against a planned deficit of £54.9m resulting in an adverse year to date variance of £20.5m.
- The plan profile assumes significant levels of efficiencies are delivered over the later months of the year and therefore this position contains significant risks which is not yet reflected in the year-to-date position.
- Cost Improvement Plans have delivered £68.7m YTD, £8.2m behind plan, with just £47m achieved recurrently.
- The system is forecasting achievement of plan, but a number of significant risks have been identified namely, ERF/activity achievement, excess inflation, delivery of recurrent efficiencies, addition pay costs arising from industrial action and cost of delayed transfers of care across the system.

The financial position for the year is set out in the table below:

	M3 YTD			2324 Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
ICB	17.2	5.7	(11.6)	69.0	69.0	(0.0)
Total Providers	(72.1)	(81.1)	(8.9)	(120.1)	(120.1)	0.0
Total System	(54.9)	(75.4)	(20.5)	(51.2)	(51.2)	(0.0)

I&E Position – plan profile and YTD actual

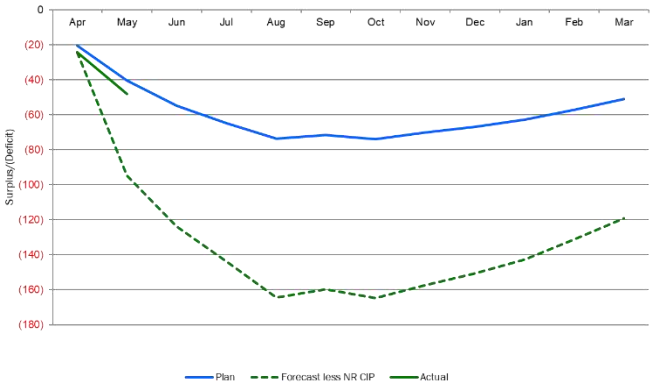


Chart shows profile of I&E plan with and without impact of NR CIP.

Dotted green line shows crude exit run rate adjusting only for NR CIP.

Long term financial model being developed to provide baseline for financial strategy.

Capital

At the end of June 2023, Provider capital spend was £23.9m, £6.3m behind the plan of £17.9m. There has been no Primary Care Capital spend to Month 3.

System Finance Report to 30th June 2023 (Month 3)

Background

1) This report updates Board on the financial performance of Cheshire and Merseyside ICS ("the System") for 2023/24, in terms of relative position against its financial plan as submitted to NHS England in May 2023, and utilisation of available Capital resources for the financial year.

2) The revised system plan for 2023/24 submitted on 4th May 2023 as a combined £51.2m deficit consisted of a £68.9m 'surplus' on the commissioning side (ICB) partially offsetting an aggregate NHS provider deficit position of £120.1m.

3) It should be noted that ICBs are required to plan for 'at least' a break-even position as reflected in the recent Health & Social Care Act, which has been reflected in the distribution / relative risk position within the ICS plan submission.

Month 3 (June) Performance

ICB performance

4) The ICB has reported a surplus of £5.7m compared to an original planned surplus of £17.2 m resulting in an adverse variance to plan of £11.6m as per the table below:

	M3 YTD Plan £m	Actual £m	Variance £m	Variance %
System Revenue Resource Limit	**(1,614.9)**			
ICB Net Expenditure:				
Acute Services	836.5	836.3	0.2	0.0%
Mental Health Services	146.4	149.4	(2.9)	(2.0%)
Community Health Services	157.2	157.1	0.2	0.1%
Continuing Care Services	87.1	92.8	(5.7)	(6.6%)
Primary Care Services	150.2	155.3	(5.2)	(3.4%)
Other Commissioned Services	3.5	3.2	0.3	9.3%
Other Programme Services	10.9	11.0	(0.1)	(0.8%)
Reserves / Contingencies	1.9	0.0	1.9	100.0%
Delegated Primary Care Commissioning	191.9	192.3	(0.3)	(0.2%)
Primary Medical Services	124.0	124.0	(0.1)	(0.0%)
Dental Services	43.8	43.8	(0.0)	(0.0%)
Ophthalmic Services	6.8	6.9	(0.2)	(2.3%)
Pharmacy Services	17.4	17.5	(0.1)	(0.7%)
ICB Running Costs	12.0	12.0	0.0	100.0%
Total ICB Net Expenditure	1,597.7	1,609.3	(11.6)	(0.7%)
Allocation adjustment for reimbursable items		0.0		
TOTAL ICB Surplus/(Deficit)	**17.2**	**5.7**	**(11.6)**	(0.7%)

5) This adverse year to date performance is driven by the following issues which are being actively managed to ensure delivery of the plan by the year end.

   a. Mental Health Services – overspend relating to packages of care linked to cost and volume of service users.
   b. Continuing care - overspend relating to increases to volume and price for continuing care including the impact of inflation above national planning assumptions. This is an area of significant focus and by each place team.
   c. Prescribing – estimated overspend based on April 2023 prescribing data (latest available) and reflecting inflationary pressure above national planning assumptions.
   d. Efficiency savings are built into the position and are forecasting to achieve the planned position. Further work is required to fully identify saving schemes in year and recurrently.

Place Performance

6) Details of ICB performance split by place is shown below and more detail is provided in Appendix 1. ICB central budgets are currently showing a positive variance to plan due to slippage on centrally funded programmes. Places with adverse variances to plan at month 3 will be required to identify actions to mitigate the position by year end in order for the ICB plan to be achieved.

ICB Financial Position: Combined Year-to-date Financial Position by Place as at Month 3 (30th June 2023)

	M3 YTD Plan £m	M3 YTD Actual £m	M3 YTD Variance £m	Annual Plan £m	3 Forecas ACTUAL £m	3 Forecas VARIANCE £m
Cheshire - East	(9.1)	(9.5)	(0.4)	(36.4)	(36.4)	0.0
Cheshire - West	(6.8)	(10.8)	(4.0)	(27.3)	(27.3)	0.0
Halton	(2.1)	(3.4)	(1.2)	(8.6)	(8.6)	0.0
Knowsley	2.8	1.4	(1.4)	11.2	11.2	0.0
Liverpool	1.8	1.1	(0.7)	7.2	7.2	0.0
Sefton	(1.4)	(3.3)	(1.9)	(5.7)	(5.7)	(0.0)
St Helens	(2.1)	(2.3)	(0.2)	(8.6)	(8.6)	0.0
Warrington	(2.0)	(2.5)	(0.5)	(7.8)	(7.8)	0.0
Wirral	(1.8)	(6.9)	(5.1)	(7.2)	(7.2)	(0.0)
ICB	38.0	41.8	3.8	152.1	152.1	(0.0)
Total ICB	**17.2**	**5.7**	**(11.6)**	**69.0**	**69.0**	**(0.0)**

NHS Provider Performance

7) The table below summarises the combined NHS provider position to the end of June 2023 reflecting a year-to-date cumulative deficit position of £81.1m compared to a deficit plan of £72.1m, giving an adverse variance of £8.9m. Further detail is provided in Appendix 2 and the table below.

8) All Providers are forecasting achievement of plan, but Providers have identified an estimated £223m of risk, relating to ERF, Industrial action, escalation beds open and unachieved efficiencies.

	M3 YTD			2324 Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Alder Hey Children's NHS Foundation Trust	(1.5)	(1.5)	(0.0)	12.3	12.3	0.0
Bridgewater Community Healthcare NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0
Cheshire and Wirral Partnership NHS Foundation Trust	(0.1)	(1.3)	(1.1)	0.0	0.0	(0.0)
Countess of Chester Hospital NHS Foundation Trust	(6.2)	(9.9)	(3.7)	(25.2)	(25.2)	0.0
East Cheshire NHS Trust	(3.9)	(4.4)	(0.5)	(4.4)	(4.4)	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	2.5	2.1	(0.3)	9.8	9.8	0.0
Liverpool University Hospitals NHS Foundation Trust	(39.6)	(39.4)	0.2	(60.7)	(60.7)	0.0
Liverpool Women's NHS Foundation Trust	(4.6)	(4.6)	0.0	(15.4)	(15.4)	(0.0)
Mersey Care NHS Foundation Trust	2.0	2.0	(0.0)	6.4	6.4	0.0
Mid Cheshire Hospitals NHS Foundation Trust	(7.1)	(9.2)	(2.1)	(18.9)	(18.9)	0.0
Southport And Ormskirk Hospital NHS Trust	(2.0)	(2.0)	0.0	0.0	0.0	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	1.3	1.3	(0.0)	5.6	5.6	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	0.1	0.1	0.0	0.4	0.4	(0.0)
The Walton Centre NHS Foundation Trust	1.5	1.5	0.0	4.1	4.1	0.0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	(6.2)	(8.0)	(1.8)	(15.7)	(15.7)	0.0
Wirral Community Health and Care NHS Foundation Trust	0.1	0.1	0.0	0.2	0.2	(0.0)
Wirral University Teaching Hospital NHS Foundation Trust	(8.5)	(8.1)	0.4	(18.6)	(18.6)	0.0
Total Providers	**(72.1)**	**(81.1)**	**(8.9)**	**(120.1)**	**(120.1)**	**0.0**

9) 6 provider trusts are reporting a year-to-date position adverse to plan.

10) Further analysis of the year-to-date position demonstrates that the adverse position is a result of higher than anticipated pay costs (£32.0m) and non-pay costs (£30.6m) partially offset set by favourable movements in Income (£47.9m) and non-operating items (£5.8m) as per the table below. The variance on pay compared to plan reflects the additional costs of the pay award agreed shortly after the planning submission but this is funded by NHSE and as reflected on the overperformance in income reported.

	M3 YTD			
	Plan	Actual	Variance	
	£m	£m	£m	%
Total Income	**(1,471.7)**	**(1,519.6)**	**(47.9)**	**(3.3%)**
Pay	1,008.8	1,040.8	32.0	(3.2%)
Non Pay	510.2	540.8	30.6	(6.0%)
Non Operating Items (excl gains on disposal)	24.9	19.1	(5.8)	23.3%
Total Expenditure	**1,543.8**	**1,600.7**	**56.8**	**(3.7%)**
Total Provider Surplus/(Deficit)	**(72.1)**	**(81.1)**	**(8.9)**	**(12.3%)**

11) The following Trusts are currently reporting forecast adverse variances to plan.

- **Cheshire and Wirral Partnership NHS Trust**
  £1.1m adverse variance YTD, forecast to plan
  A high level of out of area placements has driven increased costs year to date. A number of patients are clinically fit for discharges to the community, resulting in delays to admissions and placements in the independent sector. In addition, the Trust is also reporting high levels of vacancies, sickness and increased levels of acuity of patients.

- **Countess of Chester NHS Foundation Trust**
  £3.7m adverse variance YTD, forecast to plan
  Key driver is undelivered CIP of £3.8m as the Trust has not been able to step down the winter escalation ward as planned.

- **East Cheshire NHS Trust**
  £0.5m adverse variance YTD, forecast to plan
  The variance is driven by costs of industrial action, energy costs above planned inflation rates, and 12 escalation beds remaining open.

- **Liverpool Heart and Chest Hospital NHS Foundation Trust**
  £0.3m adverse variance YTD, forecast to plan
  Key driver is non-achievement of CIP, which the Trust expects to recover as the year progresses.

- **Mid Cheshire Hospitals NHS Foundation Trust**
  £2.1m adverse variance YTD, forecast to plan
  Key drivers are CIP slippage of £2.2m, cost of industrial action £0.4m, and anticipated pay pressure of £0.3m

- **Warrington and Halton Teaching Hospital NHS Trust**
  £1.8m adverse variance YTD, forecast to plan
  Key driver of variance is the lost elective income arising from industrial action and compared to improvement trajectory.

12) In summary, key pressures relate to underachievement of CIP, lost income or additional costs associated with industrial action and out of area costs arising from delayed transfers of care.

Provider Agency Costs

13) ICB Providers set a plan for agency spend of £117.6m, compared to actual spend in 2022/23 of £155.9m. The system is required to manage agency costs within budget and to demonstrate reduced reliance on agency staffing year on year.

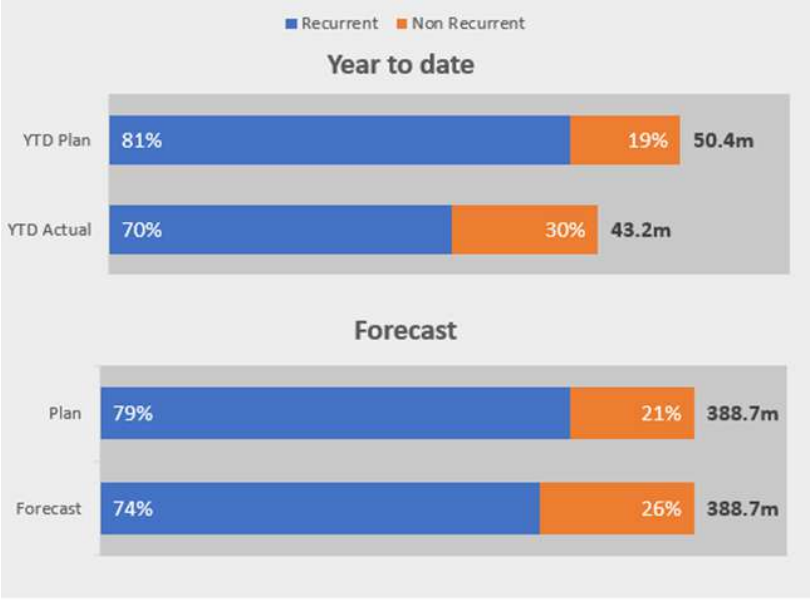
14) Agency spend is being closely monitored with approval required from NHS England for all non-clinical agency above £50k. In Month 3, agency spend is

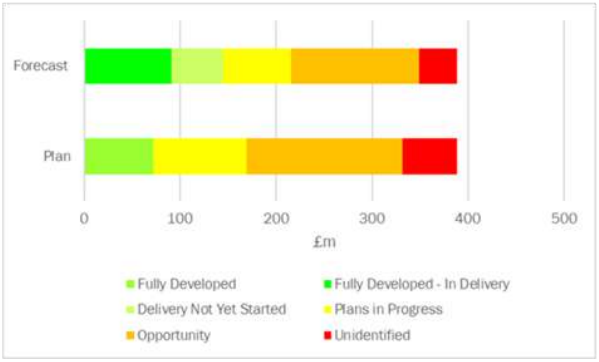
£34.3m (£0.2m below plan), equating to 3.3% of total pay. 9 Trusts are reporting an adverse variance to plan.

15) Trusts are forecasting agency spend to be £112.6m, a £4.9m favourable variance to a plan of £117.6m, and significantly below the overall ICS agency ceiling of £127.3m. 5 Trusts: Countess of Chester, Southport and Ormskirk, Walton Centre, Wirral Community and Wirral Acute all forecasting a forecast adverse variance to plan for agency spend.

Efficiencies

The charts below show.....





ICB Efficiencies

16) The ICB is reporting an adverse position against plan of £3.6m YTD for unidentified efficiencies but is forecast to achieve the full £57.9m for the year.

17) Key schemes are focussed on Continuing Health Care and Prescribing costs in each of the 9 places. Enhanced reporting of place level plans is being developed and will be reported in more detail in future Committee papers.

Provider Efficiencies

18) Provider efficiency schemes have delivered efficiencies of £59.1m YTD, an adverse variance of £4.6m. However only £38.5m of this has been delivered recurrently, which raises concerns over the underlying financial position. The detail by provider is included in Appendix 4.

19) An in-depth review of providers' scheme level CIP programmes is underway to support assurance, benchmarking and sharing of best practice amongst partners.

System Risks & Mitigations

20) The system is currently forecasting that the financial plan will be delivered by year-end. However, several risks have been highlighted namely:
    a. **Non-achievement of ERF/activity requirements** – progress in April and May was impacted by industrial action but otherwise remained strong.
    b. **Identification and delivery of recurrent CIPs** – this is subject to focussed system wide review to identify areas for acceleration and improvement
    c. **Inflation** - specifically food and energy inflation for providers and prescribing and continuing care for the ICB.
    d. **Industrial action disruption** – costs are being monitored by each provider so that the impact can be accurately quantified.
    e. **Maintenance of escalation beds year-round** – targeted improvement plan in development across system in response to recommendations identified by National team
    f. **Cost of out of area placements** arising from delayed transfers of care
    g. **Pay claims** – situation being monitored closely by HR directors

Provider Capital

21) The 'Charge against Capital Allocation' represents the System's performance against its operational capital allocation, which is wholly managed at the System's discretion. The Secondary Care allocation in 23/24 is £238.1m

22) Spend in relation to IFRS16 changes (movement of Operating leases from revenue to capital recognition) were administered by the national team, on behalf of systems, but there are indications that this may come into the remit of the ICS, but this has not yet been confirmed.

23) Spend in relation to National programmes and other items chargeable to the Capital Direct Expenditure Limit (CDEL) are effectively administered on the behalf of systems, and therefore under/overspending does not score against System's Capital performance.

24) At month 3, providers have spent £23.9m against a system allocation of £30.2m. Detail by provider is set out in Appendix 5.

25) Capital spend is behind plan at 12 Providers, which is not unexpected at this stage in the year and is similar to previous years. All Providers are forecasting to plan.

26) The IFRS16 plan, actual and forecast are set out in Appendix 5b. This is for information only as the ICS is not yet held responsible for this performance.

27) The Total CDEL position is set out appendix 5c. This is also for information only as it includes national schemes, such as CDCs, diagnostics, digital diagnostics, Frontline Digitisation, New Hospital Programmes and Elective Recovery.

Primary Care Capital

28) The ICB has been allocated £4.7m in 23/24 and £4.7m in 24/25, for Primary Care Capital to cover GP Improvement Grants and GP BAU digital.

29) Approval for £2.451m of Improvement Grants was given at the June Primary Care Committee. This leaves £2.2m for IT investment and any further Improvement Grants.

30) There has been no spend year to date against Primary Care Capital allocation.

Cash and the Better Payments Practice Code (BPPC)

31) Provider Cash position at Month 3 is £699.7m, with the detail set out in Appendix 6. This is £36.1m higher than at the end of 22/23 and £312.2m higher than at the end of 2019/20.

32) 4 Trusts have requested cash support from the ICS: LWH, COCH, Southport and Ormskirk and Mid Cheshire.

33) The BPPC monitors public sector organisations on the timeliness of their financial payments both in terms of volume and value. Guidance recommends that 95% of payments are made within 30 days, The BPPC position for each Provider is set out in appendix 6. Providers struggling to meet the target of 95% for value of non-NHS invoices are the Walton Centre Mersey Care and Countess of Chester.

34) C&M ICB is achieving the BPPC targets by value and volume for both NHS and non NHS providers. Appendix 7b shows the number of invoices paid against target.

Recommendations

The Board is asked to:

- Note the contents of this report in respect of the month 3 financial position for both revenue and capital allocations within the 2023/24 financial year.

Officer contact details for more information

Claire Wilson
Executive Director of Finance
Cheshire and Merseyside ICB
Claire.Wilson@cheshireandmerseyside.nhs.uk

Frankie Morris
Associate Director of Finance (Provider Assurance, Capital & Strategy)
Cheshire and Merseyside ICB
Frankie.Morris@cheshireandmerseyside.nhs.uk

Rebecca Tunstall
Associate Director of Finance (Planning & Reporting)
Cheshire and Merseyside ICB
Rebecca.Tunstall@cheshireandmerseyside.nhs.uk

Appendix 1

ICB Place Performance split by Programme Area as at 30th June 2023

Total C&M ICB - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(169)	(169)	0
Community	(8)	(8)	()
CHC	0	0	0
Mental Health - Packages of Care	0	()	()
Mental Health - Contracts	()	()	()
Other Commissioned Services	0	0	0
Other Programme	()	()	()
Reserves	(3)	0	3
Primary Care - Delegated GP	()	0	0
Primary Care - Delegated Other	(68)	(69)	()
Prescribing	0	0	0
Primary Care - Other	0	()	()
Running Costs	(12)	(12)	0
Total Net Expenditure	**(262)**	**(259)**	**4**
Surplus / (Deficit) plan	(38)	0	38
Surplus / (Deficit) Reported	**(301)**	**(259)**	**42**

Cheshire East - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(87)	(87)	0
Community	(20)	(20)	0
CHC	(16)	(16)	()
Mental Health - Packages of Care	(5)	(5)	0
Mental Health - Contracts	(12)	(12)	()
Other Commissioned Services	()	()	0
Other Programme	(1)	(1)	0
Reserves	0	0	()
Primary Care - Delegated GP	(18)	(18)	0
Primary Care - Delegated Other	0	0	0
Prescribing	(17)	(17)	(1)
Primary Care - Other	(4)	(4)	0
Running Costs	0	0	0
Total Net Expenditure	**(180)**	**(180)**	**()**
Surplus / (Deficit) plan	9	0	(9)
Surplus / (Deficit) Reported	**(170)**	**(180)**	**(9)**

Cheshire West - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(93)	(93)	0
Community	(16)	(16)	0
CHC	(12)	(16)	(4)
Mental Health - Packages of Care	(5)	(5)	0
Mental Health - Contracts	(12)	(12)	0
Other Commissioned Services	()	(1)	()
Other Programme	(1)	()	0
Reserves	0	0	()
Primary Care - Delegated GP	(17)	(17)	0
Primary Care - Delegated Other	0	0	0
Prescribing	(16)	(17)	()
Primary Care - Other	(5)	(5)	()
Running Costs	0	0	0
Total Net Expenditure	**(177)**	**(181)**	**(4)**
Surplus / (Deficit) plan	7	0	(7)
Surplus / (Deficit) Reported	**(170)**	**(181)**	**(11)**

Halton - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(36)	(36)	0
Community	(9)	(9)	()
CHC	(4)	(4)	()
Mental Health - Packages of Care	(2)	(3)	(1)
Mental Health - Contracts	(6)	(6)	()
Other Commissioned Services	()	()	0
Other Programme	()	()	0
Reserves	0	0	0
Primary Care - Delegated GP	(6)	(6)	0
Primary Care - Delegated Other	0	0	0
Prescribing	(6)	(7)	()
Primary Care - Other	(1)	(1)	()
Running Costs	0	0	0
Total Net Expenditure	**(71)**	**(73)**	**(1)**
Surplus / (Deficit) plan	2	0	(2)
Surplus / (Deficit) Reported	**(69)**	**(73)**	**(3)**

Knowsley - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(45)	(45)	0
Community	(14)	(14)	0
CHC	(3)	(3)	()
Mental Health - Packages of Care	(2)	(2)	()
Mental Health - Contracts	(8)	(8)	()
Other Commissioned Services	()	()	0
Other Programme	(1)	(2)	(1)
Reserves	0	0	()
Primary Care - Delegated GP	(10)	(10)	()
Primary Care - Delegated Other	0	0	0
Prescribing	(8)	(8)	()
Primary Care - Other	(1)	(1)	0
Running Costs	0	0	0
Total Net Expenditure	**(92)**	**(94)**	**(1)**
Surplus / (Deficit) plan	(3)	0	3
Surplus / (Deficit) Reported	**(95)**	**(94)**	**1**

Liverpool - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(137)	(137)	0
Community	(30)	(30)	()
CHC	(15)	(15)	0
Mental Health - Packages of Care	(7)	(7)	()
Mental Health - Contracts	(27)	(26)	0
Other Commissioned Services	(1)	(1)	0
Other Programme	(2)	(2)	()
Reserves	0	0	0
Primary Care - Delegated GP	(25)	(25)	0
Primary Care - Delegated Other	0	0	0
Prescribing	(23)	(24)	(1)
Primary Care - Other	(8)	(8)	0
Running Costs	0	0	0
Total Net Expenditure	**(275)**	**(276)**	**(1)**
Surplus / (Deficit) plan	(2)	0	2
Surplus / (Deficit) Reported	**(277)**	**(276)**	**1**

Sefton - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(74)	(74)	0
Community	(18)	(18)	()
CHC	(10)	(11)	()
Mental Health - Packages of Care	(2)	(2)	(1)
Mental Health - Contracts	(15)	(15)	0
Other Commissioned Services	()	()	0
Other Programme	(4)	(3)	0
Reserves	0	0	0
Primary Care - Delegated GP	(12)	(12)	()
Primary Care - Delegated Other	0	0	0
Prescribing	(13)	(14)	(1)
Primary Care - Other	(5)	(5)	0
Running Costs	0	0	0
Total Net Expenditure	**(152)**	**(154)**	**(2)**
Surplus / (Deficit) plan	1	0	(1)
Surplus / (Deficit) Reported	**(151)**	**(154)**	**(3)**

St Helens - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(53)	(53)	0
Community	(13)	(13)	()
CHC	(6)	(6)	0
Mental Health - Packages of Care	(4)	(5)	()
Mental Health - Contracts	(8)	(8)	()
Other Commissioned Services	()	()	0
Other Programme	(1)	(1)	0
Reserves	0	0	()
Primary Care - Delegated GP	(10)	(10)	()
Primary Care - Delegated Other	0	0	0
Prescribing	(10)	(10)	()
Primary Care - Other	(2)	(2)	0
Running Costs	0	0	0
Total Net Expenditure	**(106)**	**(107)**	**()**
Surplus / (Deficit) plan	2	0	(2)
Surplus / (Deficit) Reported	**(104)**	**(107)**	**(2)**

Warrington - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(52)	(52)	0
Community	(10)	(10)	0
CHC	(7)	(7)	()
Mental Health - Packages of Care	(1)	(1)	()
Mental Health - Contracts	(11)	(11)	()
Other Commissioned Services	()	()	0
Other Programme	(1)	(1)	0
Reserves	0	0	()
Primary Care - Delegated GP	(9)	(9)	0
Primary Care - Delegated Other	0	0	0
Prescribing	(9)	(9)	()
Primary Care - Other	(2)	(2)	()
Running Costs	0	0	0
Total Net Expenditure	**(101)**	**(102)**	**(1)**
Surplus / (Deficit) plan	2	0	(2)
Surplus / (Deficit) Reported	**(99)**	**(102)**	**(2)**

Wirral - Month 3 Financial Position	2023/24 YTD Plan £m	2023/24 YTD Actual £m	2023/24 YTD Variance (Favourable) / Adverse £m
Net Expenditure			
Acute	(90)	(90)	0
Community	(20)	(20)	()
CHC	(14)	(15)	(1)
Mental Health - Packages of Care	(6)	(8)	(2)
Mental Health - Contracts	(14)	(14)	()
Other Commissioned Services	()	()	0
Other Programme	0	0	0
Reserves	1	0	(1)
Primary Care - Delegated GP	(16)	(16)	()
Primary Care - Delegated Other	0	0	0
Prescribing	(17)	(18)	(1)
Primary Care - Other	(3)	(3)	0
Running Costs	0	0	0
Total Net Expenditure	**(180)**	**(185)**	**(5)**
Surplus / (Deficit) plan	2	0	(2)
Surplus / (Deficit) Reported	**(178)**	**(185)**	**(7)**

Appendix 2

System Financial Position: Combined Year-to-date Financial Position by Organisation as at Month 3 (30th June 2023)

	M3 YTD			2324 Forecast			2324
	Plan £m	Actual £m	Variance £m	Plan £m	Current £m	Variance £m	Plan £m
ICB	**17.2**	**5.7**	**(11.6)**	**69.0**	**69.0**	**(0.0)**	**69.0**
Alder Hey Children's NHS Foundation Trust	(1.5)	(1.5)	(0.0)	12.3	12.3	0.0	12.3
Bridgewater Community Healthcare NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cheshire and Wirral Partnership NHS Foundation Trust	(0.1)	(1.3)	(1.1)	0.0	0.0	(0.0)	0.0
Countess of Chester Hospital NHS Foundation Trust	(6.2)	(9.9)	(3.7)	(25.2)	(25.2)	0.0	(25.2)
East Cheshire NHS Trust	(3.9)	(4.4)	(0.5)	(4.4)	(4.4)	0.0	(4.4)
Liverpool Heart and Chest Hospital NHS Foundation Trust	2.5	2.1	(0.3)	9.8	9.8	0.0	9.8
Liverpool University Hospitals NHS Foundation Trust	(39.6)	(39.4)	0.2	(60.7)	(60.7)	0.0	(60.7)
Liverpool Women's NHS Foundation Trust	(4.6)	(4.6)	0.0	(15.4)	(15.4)	(0.0)	(15.4)
Mersey Care NHS Foundation Trust	2.0	2.0	(0.0)	6.4	6.4	0.0	6.4
Mid Cheshire Hospitals NHS Foundation Trust	(7.1)	(9.2)	(2.1)	(18.9)	(18.9)	0.0	(18.9)
Southport And Ormskirk Hospital NHS Trust	(2.0)	(2.0)	0.0	0.0	0.0	0.0	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	1.3	1.3	(0.0)	5.6	5.6	0.0	5.6
The Clatterbridge Cancer Centre NHS Foundation Trust	0.1	0.1	0.0	0.4	0.4	(0.0)	0.4
The Walton Centre NHS Foundation Trust	1.5	1.5	0.0	4.1	4.1	0.0	4.1
Warrington and Halton Teaching Hospitals NHS Foundation Trust	(6.2)	(8.0)	(1.8)	(15.7)	(15.7)	0.0	(15.7)
Wirral Community Health and Care NHS Foundation Trust	0.1	0.1	0.0	0.2	0.2	(0.0)	0.2
Wirral University Teaching Hospital NHS Foundation Trust	(8.5)	(8.1)	0.4	(18.6)	(18.6)	0.0	(18.6)
Total Providers	**(72.1)**	**(81.1)**	**(8.9)**	**(120.1)**	**(120.1)**	**0.0**	**(120.1)**
Total System	**(54.9)**	**(75.4)**	**(20.5)**	**(51.2)**	**(51.2)**	**0.0**	**(51.2)**

Note: brackets denote deficit/overspend.

Appendix 3

Agency spend: Current Performance and Forecast Outturn as at Month 3 (30th June 2023)

	M3 YTD			2324 Forecast			2223
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m	Actual £m
Alder Hey Children's NHS Foundation Trust	(0.3)	(0.3)	(0.0)	(1.1)	(1.0)	0.1	(1.5)
Bridgewater Community Healthcare NHS Foundation Trust	(1.1)	(1.5)	(0.4)	(4.2)	(4.2)	0.0	(5.8)
Cheshire and Wirral Partnership NHS Foundation Trust	(1.7)	(2.3)	(0.6)	(6.7)	(6.7)	(0.0)	(8.0)
Countess of Chester Hospital NHS Foundation Trust	(1.7)	(2.0)	(0.3)	(6.9)	(8.2)	(1.2)	(18.0)
East Cheshire NHS Trust	(2.8)	(2.4)	0.4	(9.5)	(9.5)	0.0	(12.3)
Liverpool Heart and Chest Hospital NHS Foundation Trust	(0.3)	(0.2)	0.1	(1.1)	(0.9)	0.3	(1.2)
Liverpool University Hospitals NHS Foundation Trust	(7.4)	(5.2)	2.2	(15.7)	(15.7)	0.0	(16.3)
Liverpool Women's NHS Foundation Trust	(0.6)	(0.2)	0.4	(2.3)	(0.4)	1.9	(2.2)
Mersey Care NHS Foundation Trust	(4.8)	(5.1)	(0.2)	(19.3)	(19.3)	0.0	(20.7)
Mid Cheshire Hospitals NHS Foundation Trust	(3.6)	(3.0)	0.6	(12.6)	(6.9)	5.6	(20.6)
Southport And Ormskirk Hospital NHS Trust	(1.6)	(1.8)	(0.2)	(6.5)	(7.5)	(1.0)	(7.2)
St Helens And Knowsley Teaching Hospitals NHS Trust	(2.7)	(3.7)	(1.0)	(10.8)	(10.8)	0.0	(12.6)
The Clatterbridge Cancer Centre NHS Foundation Trust	(0.4)	(0.3)	0.1	(1.8)	(1.8)	0.0	(1.8)
The Walton Centre NHS Foundation Trust	0.0	(0.1)	(0.1)	0.0	(0.2)	(0.2)	(0.3)
Warrington and Halton Teaching Hospitals NHS Foundation Trust	(3.6)	(3.3)	0.3	(11.6)	(11.6)	0.0	(14.8)
Wirral Community Health and Care NHS Foundation Trust	(0.4)	(0.5)	(0.1)	(1.5)	(1.6)	(0.1)	(2.7)
Wirral University Teaching Hospital NHS Foundation Trust	(1.5)	(2.5)	(1.0)	(5.7)	(6.2)	(0.5)	(9.9)
Total Providers	**(34.5)**	**(34.3)**	**0.2**	**(117.6)**	**(112.6)**	**4.9**	**(155.9)**
as a proportion of Total Pay	3.42%	3.30%		2.99%	2.82%		

System agency ceiling is £127.3m

Appendix 4

System Efficiencies: Current Performance and Forecast Outturn as at Month 3 (30th June 2023)

	M3 YTD			2324 Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
ICB	13.2	9.6	(3.6)	57.9	57.9	(0.0)
	13.2	**9.6**	**(3.6)**	**57.9**	**57.9**	**(0.0)**
Alder Hey Children's NHS Foundation Trust	3.5	2.5	(1.0)	17.7	17.7	0.0
Bridgewater Community Healthcare NHS Foundation Trust	1.3	1.1	(0.2)	5.1	5.1	0.0
Cheshire and Wirral Partnership NHS Foundation Trust	3.0	2.6	(0.4)	12.8	12.8	0.0
Countess of Chester Hospital NHS Foundation Trust	5.2	1.4	(3.8)	20.8	20.8	0.0
East Cheshire NHS Trust	1.1	1.1	0.0	10.3	10.3	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	2.2	1.3	(1.0)	9.0	9.0	0.0
Liverpool University Hospitals NHS Foundation Trust	11.7	15.9	4.2	81.7	81.7	0.0
Liverpool Women's NHS Foundation Trust	1.1	1.2	0.1	8.3	8.3	0.0
Mersey Care NHS Foundation Trust	9.3	9.3	0.0	37.2	37.2	0.0
Mid Cheshire Hospitals NHS Foundation Trust	3.5	1.3	(2.2)	21.2	21.2	0.0
Southport And Ormskirk Hospital NHS Trust	2.8	2.8	0.0	13.2	13.2	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	7.1	7.1	0.0	28.4	28.4	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	2.1	2.1	0.0	8.2	8.2	0.0
The Walton Centre NHS Foundation Trust	2.4	2.4	0.0	7.5	7.5	0.0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	1.7	1.8	0.1	17.9	17.9	0.0
Wirral Community Health and Care NHS Foundation Trust	1.3	0.5	(0.8)	5.3	5.3	0.0
Wirral University Teaching Hospital NHS Foundation Trust	4.3	4.8	0.5	26.2	26.2	0.0
Total Providers	**63.8**	**59.1**	**(4.6)**	**330.8**	**330.8**	**0.0**
Total System	**76.9**	**68.7**	**(8.2)**	**388.7**	**388.7**	**(0.0)**

Recurrent/Non-recurrent split of Provider YTD CIP delivery as at Month 3 (30th June 2023)

	YTD Recurrent			YTD Non Recurrent			YTD Total		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Alder Hey Children's NHS Foundation Trust	3.5	0.8	(2.8)	0.0	1.7	1.7	3.5	2.5	(1.0)
Bridgewater Community Healthcare NHS Foundation Trust	1.3	0.3	(0.9)	0.0	0.7	0.7	1.3	1.1	(0.2)
Cheshire and Wirral Partnership NHS Foundation Trust	1.5	0.9	(0.6)	1.5	1.7	0.1	3.0	2.6	(0.4)
Countess of Chester Hospital NHS Foundation Trust	2.6	1.1	(1.5)	2.6	0.3	(2.3)	5.2	1.4	(3.8)
East Cheshire NHS Trust	1.1	0.5	(0.5)	0.0	0.6	0.6	1.1	1.1	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	2.2	0.6	(1.6)	0.0	0.7	0.7	2.2	1.3	(1.0)
Liverpool University Hospitals NHS Foundation Trust	11.7	9.8	(1.9)	0.0	6.1	6.1	11.7	15.9	4.2
Liverpool Women's NHS Foundation Trust	1.1	1.2	0.1	0.0	0.0	0.0	1.1	1.2	0.1
Mersey Care NHS Foundation Trust	4.2	6.4	2.3	5.1	2.9	(2.3)	9.3	9.3	0.0
Mid Cheshire Hospitals NHS Foundation Trust	3.5	0.9	(2.6)	0.0	0.3	0.3	3.5	1.3	(2.2)
Southport And Ormskirk Hospital NHS Trust	2.8	2.8	0.0	0.0	0.0	0.0	2.8	2.8	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	5.4	5.4	0.0	1.7	1.7	0.0	7.1	7.1	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	2.1	0.4	(1.6)	0.0	1.6	1.6	2.1	2.1	0.0
The Walton Centre NHS Foundation Trust	2.4	1.3	(1.1)	0.0	1.1	1.1	2.4	2.4	0.0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	1.7	0.9	(0.8)	0.0	0.9	0.9	1.7	1.8	0.1
Wirral Community Health and Care NHS Foundation Trust	1.3	0.3	(1.0)	0.1	0.3	0.2	1.3	0.5	(0.8)
Wirral University Teaching Hospital NHS Foundation Trust	4.3	4.8	0.5	0.0	0.1	0.1	4.3	4.8	0.5
Total Providers	**52.7**	**38.5**	**(14.2)**	**11.1**	**20.6**	**9.5**	**63.8**	**59.1**	**(4.6)**

Recurrent/Non-recurrent split of Provider 23/24 Forecast CIP delivery as at Month 3 (30th June 2023)

	2324 Fcast Recurrent			2324 Fcast Non Recurrent			2324 Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Alder Hey Children's NHS Foundation Trust	17.7	15.7	(2.0)	0.0	2.0	2.0	17.7	17.7	0.0
Bridgewater Community Healthcare NHS Foundation Trust	5.1	3.6	(1.5)	0.0	1.5	1.5	5.1	5.1	0.0
Cheshire and Wirral Partnership NHS Foundation Trust	6.6	6.6	0.0	6.2	6.2	0.0	12.8	12.8	0.0
Countess of Chester Hospital NHS Foundation Trust	10.4	10.4	0.0	10.4	10.4	0.0	20.8	20.8	0.0
East Cheshire NHS Trust	10.3	9.5	(0.8)	0.0	0.8	0.8	10.3	10.3	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	9.0	5.7	(3.3)	0.0	3.3	3.3	9.0	9.0	0.0
Liverpool University Hospitals NHS Foundation Trust	58.8	58.8	0.0	22.9	22.9	0.0	81.7	81.7	0.0
Liverpool Women's NHS Foundation Trust	8.3	8.3	0.0	0.0	0.0	0.0	8.3	8.3	0.0
Mersey Care NHS Foundation Trust	16.8	25.8	9.0	20.4	11.4	(9.0)	37.2	37.2	0.0
Mid Cheshire Hospitals NHS Foundation Trust	21.2	18.7	(2.5)	0.0	2.5	2.5	21.2	21.2	0.0
Southport And Ormskirk Hospital NHS Trust	13.2	13.2	0.0	0.0	0.0	0.0	13.2	13.2	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	21.4	21.4	0.0	7.0	7.0	0.0	28.4	28.4	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	8.2	5.4	(2.9)	0.0	2.9	2.9	8.2	8.2	0.0
The Walton Centre NHS Foundation Trust	7.5	5.2	(2.4)	0.0	2.4	2.4	7.5	7.5	0.0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	17.9	3.8	(14.1)	0.0	14.1	14.1	17.9	17.9	0.0
Wirral Community Health and Care NHS Foundation Trust	5.0	2.8	(2.2)	0.3	2.5	2.2	5.3	5.3	0.0
Wirral University Teaching Hospital NHS Foundation Trust	26.2	23.6	(2.5)	0.0	2.5	2.5	26.2	26.2	0.0
Total Providers	**263.7**	**238.5**	**(25.1)**	**67.2**	**92.3**	**25.1**	**330.8**	**330.8**	**0.0**

Note: brackets denote under delivery

Appendix 5

A) Provider Capital: Current & Forecast Performance (excluding IFRS16 impact) as at Month 3 (30th June 2023)

	YTD Charge against Capital Allocation (excluding IFRS 16 impact)			23/24 Charge against Capital Allocation (excluding IFRS 16 impact)		
	Plan £m	Actual £m	Variance £m	Plan £m	ACTUAL £m	Variance £m
Alder Hey Children's NHS Foundation Trust	2.3	2.0	0.3	14.6	14.6	0.0
Bridgewater Community Healthcare NHS Foundation Trust	0.0	0.3	(0.3)	2.1	2.1	0.0
Cheshire and Wirral Partnership NHS Foundation Trust	0.7	0.2	0.5	4.5	4.5	0.0
Countess of Chester Hospital NHS Foundation Trust	6.9	4.9	1.9	45.3	45.3	0.0
East Cheshire NHS Trust	1.2	0.2	1.0	3.5	3.5	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	1.9	1.0	0.9	6.1	6.1	(0.0)
Liverpool University Hospitals NHS Foundation Trust	2.6	2.5	0.2	39.4	39.4	0.0
Liverpool Women's NHS Foundation Trust	1.5	1.1	0.3	5.0	5.0	0.0
Mersey Care NHS Foundation Trust	1.2	1.5	(0.3)	16.0	16.0	0.0
Mid Cheshire Hospitals NHS Foundation Trust	6.2	6.5	(0.3)	31.0	31.0	0.0
Southport And Ormskirk Hospital NHS Trust	0.7	0.4	0.3	19.5	19.5	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	0.0	0.8	(0.8)	5.0	5.0	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	0.0	0.1	(0.1)	7.3	7.3	0.0
The Walton Centre NHS Foundation Trust	0.5	0.5	0.1	4.8	4.8	0.0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	2.6	1.3	1.2	8.9	8.9	0.0
Wirral Community Health and Care NHS Foundation Trust	0.7	0.3	0.4	4.4	4.4	0.0
Wirral University Teaching Hospital NHS Foundation Trust	1.3	0.4	0.9	12.6	12.7	(0.1)
Total Charge against System Operational Capital Plan	**30.2**	**24.0**	**6.3**	**230.0**	**230.0**	**(0.1)**

System Operational Capital Allocation	238.1

B) Provider Capital: Current & Forecast Impact of IFRS16 as at Month 3 (30th June 2023)

	YTD Impact of IFRS16			23/24 Impact of IFRS16		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Alder Hey Children's NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0
Bridgewater Community Healthcare NHS Foundation Trust	(0.7)	0.4	(1.2)	(0.7)	(0.1)	(0.7)
Cheshire and Wirral Partnership NHS Foundation Trust	0.4	0.0	0.4	0.4	0.4	0.0
Countess of Chester Hospital NHS Foundation Trust	2.0	0.0	2.0	2.0	2.0	0.0
East Cheshire NHS Trust	0.0	0.0	0.0	0.2	0.2	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0
Liverpool University Hospitals NHS Foundation Trust	0.0	0.0	0.0	2.0	2.0	0.0
Liverpool Women's NHS Foundation Trust	0.0	0.0	0.0	0.1	0.1	0.0
Mersey Care NHS Foundation Trust	2.7	2.8	(0.0)	6.0	6.0	0.0
Mid Cheshire Hospitals NHS Foundation Trust	0.8	0.4	0.4	3.4	3.4	0.0
Southport And Ormskirk Hospital NHS Trust	0.0	0.0	0.0	0.0	0.0	0.0
St Helens And Knowsley Teaching Hospitals NHS Trust	0.0	0.0	0.0	0.7	0.7	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	0.0	0.0	0.0	0.1	0.1	0.0
The Walton Centre NHS Foundation Trust	0.0	0.0	0.0	1.4	1.4	0.0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	4.6	0.0	4.6	5.0	5.0	0.0
Wirral Community Health and Care NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0
Wirral University Teaching Hospital NHS Foundation Trust	0.0	0.0	0.0	0.0	0.0	0.0
Total Charge against System Operational Capital Plan	**9.9**	**3.6**	**6.3**	**20.5**	**21.1**	**(0.7)**

C) Provider Capital: Current & Forecast CDEL as at Month 3 (30th June 2023)

	YTD NET CDEL			23/24 NET CDEL		
	Plan £m	Actual £m	Variance £m	Plan £m	ACTUAL £m	Variance £m
Alder Hey Children's NHS Foundation Trust	2.7	2.1	0.7	21.1	20.7	0.4
Bridgewater Community Healthcare NHS Foundation Trust	(0.7)	0.7	(1.4)	1.6	2.3	(0.7)
Cheshire and Wirral Partnership NHS Foundation Trust	1.2	0.2	1.0	8.3	8.3	0.0
Countess of Chester Hospital NHS Foundation Trust	8.9	4.9	3.9	47.5	47.5	0.0
East Cheshire NHS Trust	4.1	1.8	2.4	12.9	12.9	0.0
Liverpool Heart and Chest Hospital NHS Foundation Trust	1.9	1.0	0.9	6.1	6.1	(0.0)
Liverpool University Hospitals NHS Foundation Trust	7.0	3.8	3.2	80.3	80.3	0.0
Liverpool Women's NHS Foundation Trust	1.5	1.1	0.3	5.2	5.2	0.0
Mersey Care NHS Foundation Trust	14.6	9.9	4.8	61.4	61.4	0.0
Mid Cheshire Hospitals NHS Foundation Trust	10.5	8.2	2.3	47.9	47.9	0.0
Southport And Ormskirk Hospital NHS Trust	0.7	0.4	0.3	21.0	21.0	(0.0)
St Helens And Knowsley Teaching Hospitals NHS Trust	0.6	1.5	(0.9)	12.2	12.2	0.0
The Clatterbridge Cancer Centre NHS Foundation Trust	0.0	0.2	(0.2)	7.4	7.6	(0.2)
The Walton Centre NHS Foundation Trust	0.5	0.5	0.1	6.2	6.3	(0.0)
Warrington and Halton Teaching Hospitals NHS Foundation Trust	9.9	1.9	8.1	24.8	24.8	0.0
Wirral Community Health and Care NHS Foundation Trust	0.7	0.3	0.4	4.4	4.4	0.0
Wirral University Teaching Hospital NHS Foundation Trust	7.4	0.9	6.5	26.8	26.8	(0.1)
Total Charge against System Operational Capital Plan	**71.6**	**39.4**	**32.2**	**395.1**	**395.7**	**(0.5)**

Note: brackets denote underspend

Appendix 6

Provider Cash: Current Cash Position as at Month 3 (30th June 2023)

	M3 ACTUAL £m	M2 ACTUAL £m	M1 ACTUAL £m	M2 to M3 CHANGE £m	31/03/2023 BALANCE £m	31/03/2022 BALANCE £m	31/03/2021 BALANCE £m	31/03/2020 BALANCE £m
Alder Hey Children's NHS Foundation Trust	85.12	83.1	83.1	2.0	83.5	91.5	92.7	90.0
Bridgewater Community Healthcare NHS Foundation Trust	20.53	20.7	20.7	(0.1)	24.3	26.2	17.9	3.6
Cheshire and Wirral Partnership NHS Foundation Trust	32.8	32.7	37.6	0.2	37.5	41.1	33.9	21.2
Countess of Chester Hospital NHS Foundation Trust	8.7	10.9	10.9	(2.2)	22.9	40.9	32.7	12.2
East Cheshire NHS Trust	28.3	30.6	31.4	(2.2)	30.3	37.3	27.4	11.4
Liverpool Heart and Chest Hospital NHS Foundation Trust	46.18	46.2	45.0	0.0	41.3	42.7	49.0	30.2
Liverpool University Hospitals NHS Foundation Trust	89.75	100.6	100.6	(10.8)	99.3	211.4	167.5	43.6
Liverpool Women's NHS Foundation Trust	3.0	4.8	8.7	(1.9)	9.8	11.2	4.2	4.6
Mersey Care NHS Foundation Trust	95.4	93.8	94.0	1.7	83.3	84.2	90.8	59.6
Mid Cheshire Hospitals NHS Foundation Trust	17.42	14.4	12.1	3.0	8.4	26.7	33.1	14.0
Southport And Ormskirk Hospital NHS Trust	10.5	1.8	3.6	8.7	1.0	18.5	6.4	1.1
St Helens And Knowsley Teaching Hospitals NHS Trust	67.71	67.8	40.8	(0.1)	25.6	54.2	51.4	7.3
The Clatterbridge Cancer Centre NHS Foundation Trust	75.2	67.9	67.9	7.3	70.0	80.7	60.2	35.4
The Walton Centre NHS Foundation Trust	45.4	47.0	48.7	(1.7)	47.7	40.7	35.7	26.7
Warrington and Halton Teaching Hospitals NHS Foundation Trust	30.39	28.8	32.3	1.6	34.9	44.7	47.9	2.2
Wirral Community Health and Care NHS Foundation Trust	13.0	13.9	17.4	(0.9)	19.5	23.8	26.2	18.3
Wirral University Teaching Hospital NHS Foundation Trust	30.29	29.1	29.1	1.2	24.3	36.4	21.3	5.9
Total Providers	**699.7**	**693.8**	**683.7**	**5.9**	**663.6**	**912.1**	**798.2**	**387.5**

Appendix 7

Provider BPPC: YTD BPPC Position as at Month 3 ((30th June 2023)

	M3 YTD			
	NHS by Value %	NHS by Number %	Non NHS by Value %	Non NHS by Number %
Alder Hey Children's NHS Foundation Trust	95.9%	74.7%	93.2%	95.2%
Bridgewater Community Healthcare NHS Foundation Trust	100.0%	99.5%	99.6%	99.2%
Cheshire and Wirral Partnership NHS Foundation Trust	93.9%	89.8%	95.9%	97.3%
Countess of Chester Hospital NHS Foundation Trust	92.7%	79.9%	82.3%	78.4%
East Cheshire NHS Trust	97.7%	93.9%	95.0%	95.0%
Liverpool Heart and Chest Hospital NHS Foundation Trust	99.6%	96.7%	98.0%	97.1%
Liverpool University Hospitals NHS Foundation Trust	97.3%	81.8%	91.1%	87.1%
Liverpool Women's NHS Foundation Trust	99.7%	99.2%	100.0%	99.5%
Mersey Care NHS Foundation Trust	91.3%	92.0%	87.9%	95.2%
Mid Cheshire Hospitals NHS Foundation Trust	98.3%	87.8%	90.9%	87.6%
Southport And Ormskirk Hospital NHS Trust	89.6%	86.8%	96.6%	94.3%
St Helens And Knowsley Teaching Hospitals NHS Trust	86.5%	91.6%	97.7%	94.8%
The Clatterbridge Cancer Centre NHS Foundation Trust	100.0%	100.0%	99.6%	98.9%
The Walton Centre NHS Foundation Trust	87.5%	69.3%	87.8%	88.7%
Warrington and Halton Teaching Hospitals NHS Foundation Trust	89.4%	83.0%	92.1%	93.1%
Wirral Community Health and Care NHS Foundation Trust	95.1%	92.5%	94.4%	88.0%
Wirral University Teaching Hospital NHS Foundation Trust	94.2%	91.7%	97.0%	95.2%

ICB BPPC: YTD as at Month 3 (30st June 2023)

	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
No. of bills paid in period		13,325			37,397	
No. of bills paid within target		13,193			37,074	
% of bills paid within target	**95.00%**	**99.01%**	**4.01%**	**95.00%**	**99.14%**	**4.14%**
Value of bills paid in period (£000)		£ 498,045			£ 1,479,315	
Value of bills paid within target (£000)		£ 495,897			£ 1,474,820	
% of bills paid within target	**95.00%**	**99.57%**	**4.57%**	**95.00%**	**99.70%**	**4.70%**

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Report of the Chair of the Finance, Investment & Resource Committee (June 2023)

Agenda Item	ICB/07/23/19
Report author & contact details	Claire Wilson, Executive Director of Finance Claire.wilson@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director/ Chair)	Erica Morriss, Chair of the Finance, Investment and Resource Committee
Responsible Officer(s) to take actions forward	Claire Wilson, Executive Director of Finance Frankie Morris, Associate Director of Finance

Cheshire and Merseyside ICB Board Meeting

NHS Cheshire and Merseyside

Report of the Finance, Investment & Resource Committee Chair

Executive Summary	The Finance, Investment and Resource committee of the NHS Cheshire and Merseyside Integrated Care Board met on 27th June 2023
	
	The meeting was quorate and was able to undertake its business.
	The main items considered in the private part of the meeting were:
	• Briefing on Knowsley Autism assessments
	• Decisions on procurement of:
	  • CICC Wirral Place
	  • MSK – Wirral Place
	  • BPAS – Halton Place
	  • Intermediate Care Beds – Sefton Place
	• Status of Hospice of Good Shepherd.
	
	Items considered:
	• Detailed information relating to the month 2 financial position
	• Endorsed recommendation of the s75 agreement for St Helens Place
	• Approval of the 2023/24 distribution of capital allocations.
	• Approval of the Area Prescribing Group recommendations, including 2 new medicines
	
	The next meeting of the Committee is scheduled to be held on 25th July 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

Recommendation	**The Board is asked to:** • **note** the items covered by the Committee. • **note** the decisions with regard to procurement of services. • **note** that the committee considered the month 2 position. • **note** that the committee approved the distribution of the 23/24 capital allocation

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X	X	X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
	X			

Management of Conflicts of Interest	No
Next Steps	None
Appendices	None

Report of the Chair of Finance, Investment & Resource Committee (June 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Finance, Investment & Resource Committee	The main purpose of the Committee is to • provide the Board with a vehicle to receive the required assurances, review the management of associated risks, and understand further details as deemed appropriate for the committee to consider in relation to matters concerning, finance (both revenue and capital) , resources (e.g. workforce) and investment / dis-investment issues. • support the development and delivery of the ICS' financial strategy, oversee financial delivery and provide assurance on the arrangements in place for financial control and value for money across the system. • take a system view on use of resources and deployment but also provide a forum where ICB directors and ICB members can consider, govern and assure ICB actions as an employer.	Erica Morriss, Non-Executive Director

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that these issues required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
	27.6.23	Month 2 position • **Noted for assurance**

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
	27.6.23	**Autism Assessments – Knowsley Place** Approval of additional procurement
	27.6.23	**CICC – Wirral Place** Direct Award to extend current service
	27.6.23	**MSK – Wirral Place** Extend current service
	27.6.23	**BPAS – Halton Place** Transitional change to payment
	27.6.23	**Intermediate Care Beds – Sefton Place** Move to competitive procurement
	27.6.23	**Hospice of the Good Shepherd** Debt repayment proposal agreed
	27.6.23	**APG recommendations** NICE approval of 2 new medicines endorsed

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
	27.6.23	St Helens S75 agreement 23/24 • **APPROVED**
	27.6.23	23/24 Capital Plan • **APPROVED**

6. Recommendations

6.1 The ICB Board is asked to:

- **Note** the approval of procurement decisions for:
  - Autism assessments: Knowsley Place
  - CICC – Wirral Place
  - MSK – Wirral Place
  - BPAS – Halton Place
  - Intermediate Care Beds – Sefton Place
- **Note** the approval of the s75 agreement for St Helens Place 23/24
- **Note** the approval of the 23/24 Capital Plan
- **Note** the approval of APG recommendations with regard to 2 new medicines
- **Note** the Month 2 financial position.

7. Next Steps

7.1 The committee will

- continue to meet monthly at the present time in order to provide assurances to the board as per its terms of reference and agreed workplan
- continue to monitor the financial plan and associated risks both as the ICB but also as part of the ICS in order to deliver the required financial plan for 2023/24.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Report of the Audit Committee Chair (June 2023)

Agenda Item No	**ICB/07/23/20**
Report author & contact details	Matthew Cunningham, Associate Director of Corporate Affairs & Governance
Report approved by (sponsoring Director/Chair)	Neil Large, Chair of the Audit Committee
Responsible Officer(s) to take actions forward	Claire Wilson, Executive Director of Finance Matthew Cunningham, Associate Director of Corporate Affairs and Governance

Report of the Audit Committee Chair (June 2023)

Executive Summary	The Audit Committee of the NHS Cheshire and Merseyside Integrated Care Board met on 27 June 2023. The meeting was quorate and was able to undertake the business of the Committee. Declarations of interest where applicable were minuted. Main items considered at the meeting via papers received or verbal update provided included: • Head of Internal Update Opinion • Audit Findings Reports for the ICB and the nine former CCGs & Auditors Annual Report • External Audit Opinion • ICB Draft Annual Report and Accounts 2022-23 • Draft Annual Reports (April – June 202) for the Nine former CCGs of Cheshire and Merseyside • ICB Financial Management Policy • a paper on ICB Procurement Waivers • Board Assurance Framework Update • a paper on the Audit Committee Risk Register for approval • ICB Working with the Pharmaceutical Industry (PI), Dispensing Appliance Contractors (DACs) and Prescribing Associated Product Suppliers Policy • Freedom of Information (FOI) and Subject Access Requests (SARs) Annual Report 2022-23 • IG Update Report June 2023 Meeting papers are available to all Board members upon request to the Associate Director of Corporate Affairs and Governance. The next meeting of the Committee is scheduled to be held on 05 September 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

Recommendation	**The Board is asked to:** • **note** the items covered by the Audit Committee at its meeting on the 27 June 2023.

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X		X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
	X			

Management of Conflicts of Interest	There were no declarations of interest made by Members or attendees at the meeting that would materially or adversely impact on matters requiring discussion and decision.
Next Steps	None
Appendices	None

Report of the Audit Committee Chair (June 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Audit Committee (Statutory Committee)	The main purpose of the Committee is to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.	Neil Large, Non-Executive Director

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
-	27.06.23	**Head of Internal Audit Reports** Committee members received the 2022/23 Head of Internal Audit Report for the ICB. The report outlined that the overall opinion for the period 1.06.22 – 31.03.23 provides Limited Assurance. Whilst recognising that receiving Limited Assurance was disappointing, the complexities of transferring nine CCGs into one organisation since the establishment of the ICB was recognised, and work will be undertaken to look at the system metrics during the next financial year to improve the assurance level. A report will come back to the Committee in September outlining the steps to be taken to enable the ICB to receive a more positive Assurance Opinion rating for the 2023-24 period. The Committee noted that the Head of Internal Audit Opinion will be communicated to the Board at its June 2023 meeting when it considers the ICB Annual Reports and Accounts 2022-23. **The Committee noted the Head of Internal Audit Opinion Report**

Decision Log Ref No.	Meeting Date	Issues considered
-	27.06.23	**External Audit Finding Report for the 9 Former CCGs** Committee members received the report from the ICBs External Auditors – Grant Thornton – and heard that unqualified audit opinions were to be provided on all but one CCG. A section 30 referral was issued on Wirral CCG due to a breach in financial duties. No significant weaknesses had been identified and it was anticipated that unqualified audit opinions would be provided to the ICB on all of the CCG's upon completion of the audit work. **Audit Committee noted the report and accepted the recommendations within**
-	27.06.23	**External Audit Opinion / Representation Letter(s)** Committee members received the report from the ICBs External Auditors – Grant Thornton – and heard that the Auditors anticipated to make an unqualified opinion at the ICB Board meeting on 29th June 2023. Committee members were referred to the key findings and headlines within the report which noted that adjustments had been identified to the financial statements which will impact the expenditure figure as well as several disclosure amendments. The committee was asked to confirm the adjustment made to materiality. In relation to value for money work was expected to conclude by the end of July and a final report will be present to the committee to report any findings. **Audit Committee accepted the decision and recommendations from the Audit Findings of the ICB.**
-	27.06.23	**ICB Annual Report and Accounts 2022 – 2023 and Q1 CCG Annual Report and Accounts (April – June 2022)** Committee members received the final draft of the ICBs Annual Report and Accounts for the 2022 – 2023 period, as well as the Q1 (April – June 2022) Reports for the nine former CCGs of Cheshire and

Decision Log Ref No.	Meeting Date	Issues considered
		Merseyside. All reports had also been circulated to Board members for their consideration at the June 2023 Board meeting. **Committee members endorsed the ICBs Annual Report and Accounts and the Q1 Reports for the nine former CCGs.**
-	27.06.23	**Freedom of Information (FOI) and Subject Access Requests (SARs) Annual Report 2022-23** The Committee received the Annual Report on the ICBs duties and performance in relation to responses to FOIs and SARs. Committee members noted the ICBS 100%compliance, the themes of the requests and the numbers received since the establishment of the ICB. **The Committee noted the Annual report.**

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
-	27.06.23	**Financial Management Policy** Committee members received a report that provided an update on the development of the ICB's financial Management Policy. This policy provides a framework for the finance team to follow during the year and was designed to ensure that all the requirements of internal and external audit and good corporate governance are satisfied. It was noted that there had been no fundamental changes to the previous policy inherited from the former CCGs. **The Audit Committee approved the Financial Management Policy.**

Decision Log Ref No.	Meeting Date	Issues considered
-	27.06.23	**ICB Working with the Pharmaceutical Industry (PI), Dispensing Appliance Contractors (DACs) and Prescribing Associated Product Suppliers Policy** Committee members received a report that provided an update on the development of this policy, noting that the policy had been devised to provide guidance for staff members working with pharmaceutical industries. If adopted there would also need to be minor amendments made to the ICBs Standards of business conduct policy (gift and hospitality sub section), COI Policy and FTSU Policy and committee was asked to provide authorisation to the Associate Director of Corporate Affairs and Governance to make the relevant amendments and then republish the policies on the ICB website. **The Audit Committee approved the Policy and gave authorisation to the Associate Director of Corporate Affairs and Governance to make the relevant amendments to other ICB Policies as outlined.**
-	27.06.23	**IG Bi-Monthly Update** Committee members received the bimonthly report updated on all aspects of the IG Service provided to the ICB and which provided assurance against annual workstreams and escalated any known issues. Minor changes had been made to the Data Security and Protection Policy and IG handbook, and the Committee were asked to approve the changes so that they could be published on the website. 85% as of 15 May 2023 but needed to reach 95%. There was a 1% increase each per week and this rate would not be high enough to reach the target. The teams were looking at ways to increase the uptake. **The Audit Committee noted the report and approved the amendments to the ICBS Data Security and Protection Policy and IG handbook**

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
-	-	None

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
-	-	None

6. Recommendations

6.1 **The Board is asked to:**

- **note** the items covered and decisions made by the Audit Committee at its meeting on the 27 June 2023.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Report of the Chair of the System Primary Care Committee (June 2023)

Agenda Item:	**ICB/07/23/21**
Report author & contact details	Christopher Leese c.leese@nhs.net
Report approved by (sponsoring Director/ Chair)	Clare Watson, Assistant Chief Executive Erica Morriss, Committee Chair
Responsible Officer to take actions forward	Christopher Leese c.leese@nhs.net

Report of the Chair of the System Primary Care Committee (June 2023)

Executive Summary	The System Primary Care Committee met on the 26 June 2023. The meeting was quorate. The Committee discussed the following business as listed: In **Part A** , the meeting held in private: • Committee Risk Register • Outcome of Extraordinary Meeting held in May 2023 • Harmonisation of minor ailments schemes • Contracting Issue agreement in respect of a dental contractor • Escalation from Place Primary Care Forums • An application for incorporation (General Practice contractor) • Protected Learning Time • Finance and Capital • Minutes from the Pharmaceutical Committee. In **Part B**, the meeting held in public: • System Pressures • Contracting and Commissioning Update • Primary Care Access Recovery • Dental Improvement Plan • Primary Care Workforce Steering Group. The next meeting is due to be held on the 8th September 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

Recommendation	**The Board is asked to:** • note the contents of the report.
Key issues	Outlined within the report
Key risks	Key risks were noted, and mitigating actions confirmed as part of the main papers.

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X		X	X
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
	X	X		X

Management of Conflicts of Interest	Managed by the Chair
Next Steps	As detailed in the full papers
Appendices	None

Report of the Chair of the System Primary Care Committee (June 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
System Primary Care Committee	The role of the System Primary Care Committee shall be to oversee, coordinate and promote alignment of the functions amongst Places relating to the commissioning of primary medical services under section 82B of the NHS Act in relation to GP primary medical services and community pharmacy.	Erica Morriss

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
	22.6.2023	• An updated Committee Risk Register was presented, this will know move forward as a standing agenda item in Part B (Public) and be updated via agreed processes • The minutes of an Extra Ordinary Committee meeting held in May were agreed • An update on the ongoing work to align Minor Ailments Schemes was received, with further work required in respect of finance before any agreement can be reached. • An update on issues escalated for awareness by Place Primary Care Forums was received. There were no formal asks of the Committee by place in this respect. • A general update on Primary Care Finance was received • Minutes from the Pharmaceutical Services Committee were received. • All four Primary Care Contractor groups gave updates via their Local Committee representatives for assurance and awareness purposes.

Decision Log Ref No.	Meeting Date	Issues considered
		• A general policy and contracting update was received in respect of dental, general practice (medical), community pharmacy and optometry. This contained assurances in relation to appointment numbers for general practice and other key areas. • A specific update was presented in respect of Recovering Access to Primary Care, which the Board have discussed previously. The Committee received assurances in respect of the approach, governance, progress, and risks. A programme board to oversee this reports directly to the System Primary Care Committee, which is chaired by the Assistant Chief Executive, who is also a member of the Committee. • An update was received in respect of the Primary Care Workforce Steering group, including assurance on workplan, priorities and governance. This will be a quarterly update to the Committee as the group formally reports to the People Board. All four contractor groups are represented at this meeting, which covers all of primary care.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
	22.6.203	Paper seeking approval from the committee to take action in respect of a dental contractor for breach issues was agreed. The paper's recommendations were supported and financial/reputational risks around this were noted. This was agreed in the private section of the Committee. Paper seeking approval for alignment of the ICB's approach to Protected Learning Time (PLT) for General Practice was agreed and this will be enacted from Q3. This concludes the process to align PLTs to a single model, from the previous 9 different

Decision Log Ref No.	Meeting Date	Issues considered
		approaches, mitigating contract challenge from medical providers. An application to agree incorporation for a general practice/medical provider was agreed. Given that the ICB now has a legal position and process to support these applications, in line with the national Policy and Guidance Manual , a policy will be drawn up for these decisions to be made at place forums in the future. Decisions were made in line with agreed delegation limits in respect of some primary care capital monies. Further work/decision are required in some areas and those will return to the committee at a future meeting A dental improvement plan was formally agreed, further details of which can be found in the Chief Executives update to the Board at its meeting in July.

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
		None

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendations
		None

6. Recommendations

6.1 **The ICB Board is asked to:**

- Note the contents of the report and the decisions therein.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

28 July 2023

Report of the Chair of the Transformation Committee (June 2023)

Agenda Item No	**ICB/07/23/22**
Report author & contact details	Neil Evans; Associate Director of Strategy and Collaboration neilevans@nhs.net
Report approved by (sponsoring Director/ Chair)	Clare Watson; Assistant Chief Executive
Responsible Officer to take actions forward	Neil Evans; Associate Director of Strategy and Collaboration neilevans@nhs.net

Report of the Chair of the Transformation Committee (June 2023

Executive Summary	The Transformation Committee has been established to support NHS Cheshire and Merseyside in the delivery of its statutory duties and provide assurance to the Board in relation to the development and delivery of our strategic plans. The meeting considered: • the update on the progress of each of the Cheshire and Merseyside Transformation Programme delivery vehicles and key achievements to date; • an update on the progress of Maternity TTD (treating tobacco dependency) implementation across Cheshire and Merseyside (C&M); • an update on the progress of the Transformation Programme Funding application process, including the timeline, and the current position regarding Quarter 1 transformation funding for the current transformation programmes; • development of enhanced processes to provide assurance that the milestones and outcomes from the transformation plans were discussed with revised reporting to commence by October 2023. • a report providing an update on development of the workplan for the C&M Transformation Sub Group; and • a paper relating to the timeline to sign off and submit the Specialised Services PDAF (Pre Delegation Assurance Framework).				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	X			
Recommendation	**The Board is asked to:** • **note** the contents of this report and the next steps • **approve** giving delegated authority to the Transformation Committee to formally approve the Specialised Services PDAF submission being made in September.				
Key issues	• the delivery of unified LIMS solutions due to varying end dates for the CMAST Diagnostics Programme is an issue. An options appraisal and Trust agreement workshop is being held later in the month with procurement to recommence in September once options are developed. • in advance of a final position on the 2022/23 underspend for Transformation, programmes will require further due diligence to ensure there are no adverse impacts to 23/24 submissions and plans, before funding being retuned back to the ICB. • the 2023/24 Q1 Transformation Programme underspend is to remain within the Transformation Programme budget but will also require further due diligence to consider the impact this has on programme plans. • the Specialised Services PDAF submission will require the ICB Board				

	to confirm that it agrees to giving the Transformation Committee delegated responsibility to sign this off before submission. The final draft PDAF needs to be submitted to NHS England by 19th September.
Key risks	• workforce reductions across the strategic clinical networks may impact the ability for C&M to deliver the entirety of current programme plans for these networks.

Impact (x) (further detail to be provided in body of paper)				
	Financial	**IM &T**	**Workforce**	**Estate**
	x	x	x	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
		x		

Management of Conflicts of Interest	Not applicable
Next Steps	• the Transformation Committee has asked for further reports to be presented to their next committee in relation to: • the Specialised Services PDAF submission for sign off (Subject to delegated authority to do so by the ICB Board); • a paper updating on the work of the transformation funding applications, detailing the assurance process with appropriate metrics in place; and • a paper on ICB Digital and Data Strategy and the priorities of each Place, deferred from July's meeting. • work carried out on some of the key delivery programmes and seeking confirmation that they are delivering against national targets.
Appendices	N/A

Glossary of Terms	**Explanation or clarification of abbreviations used in this paper**
ICB	Integrated Care Board
HCP	Health and Care Partnership
ICP	Integrated Care Partnership
ICS	Integrated Care System
FiR	Finance, Investments & Resources (Committee)

Report of the Chair of Transformation Committee (June 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Transformation	Provide a leadership forum, across the system, to consider the development and implementation of the HCP strategy and policy and plans of the ICB securing continuous improvement of the quality of services Retain a focus on health inequalities and improved outcomes and ensure that the delivery of the ICP / ICB's strategic and operational plans are achieved. within financial allocations.	Clare Watson

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
	06/07/23	The Committee was provided with the regular Transformation Programme Assurance update, highlighting key achievements to date. A risk to the delivery of unified LIMS solutions due to varying end dates for the CMAST Diagnostics Programme was highlighted. An options appraisal and Trust agreement workshop is being held later in the month with procurement to re-commence in September once options are developed. Teledermatology was reported to the Committee as an escalation, with delays to implementation in Wirral and the interdependency with the IT platform required for this programme. An escalation relating to the Diabetes Programme was raised around the resourcing impact and the ability to deliver. This is an issue for all networks as a result of workforce reductions and all programmes have highlighted this as a risk, impacting C&M's ability to work though some of the programme for these networks. There was agreement around the need to re-profile existing work programmes and the existing workforce to focus on those key priorities that are identified. The Committee was informed about the development and implementation of a more efficient tracking system for the Delivery Plan and Operational Plan (System Outcomes Framework).

		This will simplify performance and automate some of the work through BI. A product that is operational by the end of September is expected, with ongoing refinement and improvement throughout the year.
	06/07/23	A paper on the progress on the transformation funding applications and also the process that has been followed for this was discussed, including the ask for the Committee to approve the release of the 2023/24 Q1 actual against what was previously approved and not any overspend. The committee was also requested to approve the release of both Q1 and Q2 allocated funding for the Teledermatology programme, totaling £125,000, in order support the payment of the IT platform required for the service. This was agreed by the Committee for each of the ten transformation programmes. There is a total underspend against programmes of £382,799 for 2022/23 and there was a consensus at the meeting that this should not be used to fund new schemes/plans and returned to the ICB and not automatically being considered for other transformation schemes. Some due diligence work will be needed to ensure there are no adverse impacts to 23/24 submissions. The total 2023/24 Q1 actual spend of £63,623 was presented to the Committee. The proposal is that this is retained for other potential transformation programmes funding as opposed to each programme retaining their own underspend. It was agreed that this underspend remains within the Transformation Programme budget, but not automatically against the programmes in the first instance. It was also agreed for due diligence to be taken with Delivery Vehicles to understand the impact this has on programme delivery to deliver schemes which may make a significant difference. An update was provided on the transformation funding process, outlining the criteria for applying. the comms approach and some of the challenges / lessons learnt. 68 applications have been received for funding which exceeds the total amount available. Delivery Vehicles will review these in the first instance for assurance and prioritisation panels will score applications. The Funding Decision Panel is scheduled for 16th August. An update position is to come back to the Committee in September, with an ask to understand the assurance process with appropriate metrics in place.

	06/07/23	A further update on the implementation of maternity treating tobacco dependence (TTD) services across C&M which has been led and supported by the LMNS. Funding has been the most significant challenge with a delay in national funding being received by the ICB. Funding for 23/24 was confirmed at the end of May. LMNS has advised Trusts that the national funding will go into ICB baselines from 24/25. Trusts are requesting this in writing for assurance that they will receive ongoing funding to cover the costs of these posts. Support from the LMNS will continue for trusts to help expedite 'go live' of Maternity TTD across all C&M maternity sites. There was a request to approve Trusts receiving the full allocation for 23/24 to support services rather than part year allocation based on when services 'go live' due to uncertainty around 24/25 funding and to ensure services continue. It was agreed that Finance would want to understand in more detail what has been achieved so far and evidence of delivery and would provide an answer in writing, including clarification on the future funding regime, including the baseline funding issue, from 2024/25.
	06/07/23	The Committee was provided with an update from the Transformation Group. The key update is the plan to implement the NW Mental Health Escalation Framework. This will be piloted in Wirral and ADs will be looking at the work that came out from the national Criteria to Reside visit. The Transgender business case was briefly detailed, looking at the model across C&M and supporting this going forward into the transformation funding bids. The Transformation Group's workplan has now been agreed. Areas not covered in the C&M wide programmes will be picked up, with leadership identified from within the group for support. Updates on these will be provided to the Committee as they progress.
TC-07-06-09	06/07/23	A paper was presented relating to the Specialised Services PDAF submission. **There is an ask for the Transformation Committee to take responsibility for signing this off at the next meeting in September. The ICB Board is requested to confirm that it agrees to this delegated responsibility, with the final PDAF requiring submission to NHS England by mid-September, prior to the next meeting of the ICB Board.**

		The PDAF is a national template that all ICBs and NHS regional teams have to submit before the transfer of specialised services in April next year. Work is currently ongoing on completing the submission, with some areas such as IT and BI being led by regional work. The first draft of the submission is required by 16th August. There is also the requirement for the Safe Delegation Checklist to be completed and this is being worked on in parallel to the PDAF completion. Clarity is needed on whether this is required to be submitted or not.
	06/07/23	Work is to commence, with support from PDO, on looking at some of the key delivery programmes and seeking confirmation that they are delivering against national targets with a report back to the Committee meeting in September.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
		N/A

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
		N/A

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Issue for escalation	Recommendation from the Committee
TC-07-06-09	06/07/2023	Specialised Services PDAF submission – Delegated authority to sign off	**The Board is requested to give delegated authority to the Transformation Committee to formally approve the Specialised Services PDAF submission.**

6. Recommendations

6.1 **The ICB Board is asked to:**

- **Note** the contents of this report
- **Approve** giving delegated authority to the Transformation Committee to formally approve the Specialised Services PDAF submission being made in September.

7. Next Steps

7.1 The Transformation Committee has asked for further reports to be presented to the next committee in relation to:

- The Specialised Services PDAF submission for sign off (Subject to delegated authority to do so by the ICB Board);
- A paper updating on the work of the transformation funding applications, detailing the assurance process with appropriate metrics in place; and
- A paper on ICB Digital and Data Strategy and the priorities of each Place, deferred from July's meeting.
- Work carried out on some of the key delivery programmes and seeking confirmation that they are delivering against national targets.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

27 July 2023

Report of the Chair of the Cheshire and Merseyside Health and Care Partnership (June 2023)

27 July 2023

Agenda Item No	**ICB/07/23/23**
Report author & contact details	Ian Ashworth Director of Population Health-Cheshire and Merseyside ICB Ian.ashworth@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director/ Chair)	Clare Watson; Assistant Chief Executive
Responsible Officer to take actions forward	Ian Ashworth Ian.ashworth@cheshireandmerseyside.nhs.uk

Report of the Chair of the Cheshire and Merseyside Health and Care Partnership (June 2023)

<table>
<tr><td>Executive Summary</td><td colspan="5">The Cheshire and Merseyside Health and Care Partnership (HCP) met on the 13 June 2023. The meeting considered:

• The Chair agreed to consider holding hybrid meetings going forward.
• All Together Fairer- Healthy Work and Fair Employment
• Governance and refresh of the TOR
• Cheshire and Merseyside HCP Draft Interim Strategy
• Cheshire and Merseyside ICB Financial Strategy
• HCP Forward Plan</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>X</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• Note the contents of this report and the next steps</td></tr>
<tr><td>Key issues</td><td colspan="5">• The Chair agreed to consider holding hybrid meetings going forward.
• All Together Fairer- Healthy Work and Fair Employment
• Governance and refresh of the TOR
• Cheshire and Merseyside HCP Draft Interim Strategy
• Cheshire and Merseyside ICB Financial Strategy
• HCP Forward Plan</td></tr>
<tr><td>Key risks</td><td colspan="5">None</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td colspan="2"></td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td></td><td>x</td><td></td><td colspan="2"></td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">Not applicable</td></tr>
<tr><td>Next Steps</td><td colspan="5">The HCP has asked for further thematic areas to be explored in future meetings:
• A Housing and Health workshop in September 2023
• Finalising the Terms of Reference by November 2023
• A themed meeting regarding Children’s Services and Care Leavers in November 2023</td></tr>
<tr><td>Appendices</td><td colspan="5">N/A</td></tr>
</table>

Report of the Chair of the Cheshire and Merseyside Health and Care Partnership (June 2023)

1. Summary of the principal role of the HCP

Committee	Principal role of the HCP	Chair
HCP	Cheshire and Merseyside Health and Care Partnership – an Integrated Care Partnership – will operate as a statutory committee consisting of health and care partners from across the region, including voluntary, community, faith and social enterprise (VCFSE) organisations and independent healthcare providers. It provides a forum for NHS leaders and local authorities to come together, as equal partners, alongside key stakeholders from across Cheshire and Merseyside. A key role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people's health and care outcomes and experiences	Cllr Louise Gittens

2. Meetings held and summary of "issues considered"

The HCP considered the following items. The committee did not require escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
	13/06/23	**All Together Fairer: Healthy Work and Fair Employment** An external speaker from Liverpool City Region and from Cheshire and Warrington were invited to give an update on progress on the Marmot altogether fairer work which we have signed up to and their focus for the meeting was Healthy Work and Fair Employment. In Liverpool City Region there are four themes within employment charter which are healthy, just, fair, and inclusive. Within this, payment of a living wage and enabling trade union access is fundamental as is enabling a home working policy. The charter has several levels that would be achievable starting with an aspiring entry level, where employers may already have plans and policies in place. The next level is accredited, and top level is ambassador, which is for companies with exemplary practice. Applications were made from

		Spring 2022 and to date have had eighty approved employers ranging from small to large NHS employers. Plans are in place to open up the next stage of applications later this year. From the applications received it has been encouraging to see the high quality and effective practice already in place and are starting to see a commitment from some organisations who are already paying or have made a commitment to pay the real living wage. An officer group was formed in the autumn of 2022 who have been looking at the good practice in other areas, and the Liverpool City Region has been hugely helpful in sharing their good practice and lessons learned. Cheshire and Warrington Charter will apply to all sizes and sectors, public, private and third sector, it will be free to enter and will be taken to the Leaders Board once consultation has closed, for them to advise on next steps, which will hopefully be in July. Businesses are extremely interested in the charter and are seeing it as a positive step. The charter has been clear that it wanted positive standards for health and mental health, physical wellbeing and health and safety. It also includes responsible business practices such as lowering emissions and addressing modern slavery.
	13/06/23	**Support For New Members and Refresh of TOR** An agreement has been made outside of this meeting to develop an induction pack for new members of the partnership to help bring them up to speed with the work previously undertaken. A discussion took place regarding the Partnership becoming fully constituted so that members around the table can make decisions on behalf of their councils. The Terms of Reference has had a lot of feedback from borough solicitors and queries have been raised which are being worked through. The group welcomed open and transparent document sharing in plenty of time to share with Local Authority colleagues so that informed decisions can be made at Partnership Board.
	13/06/23	**Cheshire and Merseyside HCP Draft Interim Strategy** The group were advised that we were mandated nationally to produce an interim strategy by the end of the last calendar year. In January 2023 we approved a draft interim strategy, which pulled together the work already happening in Cheshire and Merseyside into one single place. Marmot and All Together Fairer were key

		documents underpinning this work, as health and inequalities are the primary objective of a Health and Care Partnership. Agreement was made in January that we needed to move on to the next stage to determine priorities and a group was formed from the Directors of Public Health, CHAMPS and the ICB to look at the data. Wider determinants were the overriding driver for poor outcomes of ill health. This then led to the workshop held on 7th March where pledges were made, and three common themes were identified which are: • workforce • prevention • early help and children and young people A public survey was undertaken during March and April 23 and the public draft interim strategy was shared with the public. The NHS, in the terms of Integrated Care Boards and providers have a statutory duty to publish the Joint Forward Plan. Guidance indicates that this should reflect the HCP strategy and the joint health and wellbeing strategies, but equally needs to cover off a wide range of NHS statutory duties. A thirty-page joint forward plan is being drafted which will be shared at Health and Wellbeing Boards. It has been recognised that there is a disproportionate amount of NHS driven content in both the strategy and the joint forward plan, some of which is based on what the historical programs were focusing on in Cheshire and Merseyside, some of which is very much driven by the national guidance. A peer review was undertaken by NHS England who gave fairly positive feedback on the joint strategy and forward plan. When the next joint forward plan is published in March 2024, it will be a system document which the HCP will own and contribute to. It is hoped that some members of the board will make an editorial panel to oversee and design the process using feedback from the wider partnership.
	11/05/23	**Cheshire and Merseyside ICB Financial Strategy** The group were advised that the NHS have just finished the financial planning rounds for the last financial year, which has been a challenging and elongated process. There have been some big financial challenges which the whole country has been faced with. The financial plan was submitted for health and there is a significant deficit within the plan, which is not has big as expected, however it is £50m for this financial year.

		The group received an overview of the presentation provided to members of the ICB board. The ICB financial strategy is in place to support and enable wider objectives. Regulators have asked for a three-year strategy as we are in deficit, and this will demonstrate how we will recover from this. Both local authorities and health budgets are constrained, and it is important to work together to get the best value for the resources we have across the system. Value is around the not only cost, but outcomes. It was explained that £6b comes into Cheshire and Merseyside ICB. The total capital resource limit is £407m, which is not a huge amount for a system the size of Cheshire and Merseyside compared to some budget expenditure in local authorities. The four pillars used in the approach to developing the financial strategy were explained and are: • modelling and analysis, • supporting values • delivering value • Transformation for value
	13/06/23	**HCP Forward Plan** Future Items for Meeting were outlined, and the following will be added to the forward plan • Children and Young People from the Beyond Programme • Strategy & Marmot • Housing • Finance • Pledges

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the HCP under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
		N/A

4. Issues for escalation to the ICB Board

The Partnership considered the following items. The Partnership considered that theyshould be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
		N/A

5. Partnership recommendations for ICB Board approval

The Partnership considered the following items. The Partnership made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Issue for escalation	Recommendation from the Committee
			N/A

6. Recommendations

6.1 **The ICB Board is asked to:**

- Note the contents of this report

7. Next Steps

- The Terms of Reference will be finalised later in the year
- Future meetings will be held with hybrid facilities
- A thematic workshop regarding Housing will be arranged for the September meeting