

Partnership Board
Tuesday 6th July 2021
15:00pm to 17:00pm
Agenda

AGENDA NO.	ITEM	LEAD	ACTION / PURPOSE
PB/21/48 15:00 - 15:04	Welcome, Introductions and Apologies	Alan Yates	Oral
PB/21/49 15:04 - 15:05	Declarations of Interest	All	Oral
PB/21/50 15:05 - 15:06	<ul style="list-style-type: none">Minutes of the last meeting 26th May 2021Minutes of Partnership Development Advisory Group	Alan Yates	Paper
			For Approval
			Paper
			For Noting
PB/21/51 15:06 - 15:10	Chief Officer's Update	Jackie Bene	Oral
			For Noting
PB/21/52 15:10 – 15:40	ICS Development <ul style="list-style-type: none">NHSE ICS FrameworkICS Development Plan	Sarah O'Brien	Presentation
			Discussion
PB/21/53 15:40 – 16:10	Digital Review	Sarah O'Brien	Presentation
			Discussion
PB/21/54 16:10 – 16:40	ICS Planning Submission: Our Activity, Finance and Workforce	Keith Griffiths	Presentation
			For Noting
PB/21/55 16:40 – 16:55	ICS Population Health Management – Building on Next Steps: <ul style="list-style-type: none">System P	Louise Edwards	Presentation
			For Discussion
PB/21/56 16:55 – 17:00	Review of the Meeting and Communications From It	Alan Yates	Oral
			For Agreement
Date and time of next meeting: Tuesday 14 th September 2021, 15:00pm to 17:00pm			

MEMBERSHIP – PARTNERSHIP BOARD

Chair

Alan Yates (AY) – Chair, Cheshire & Merseyside Health & Care Partnership

Local Authorities

- Councillor Sam Corcoran (SC), Cheshire East Council
- Councillor Louise Gittens (LG), Cheshire West and Chester Council
- Councillor Marie Wright (MW), Halton Borough Council
- Councillor Christine Bannon (CB), Knowsley Metropolitan Borough Council
- Councillor Frazer Lake (FL), Liverpool City Council
- Councillor Ian Moncur (IM), Sefton Metropolitan Borough Council
- Councillor David Baines (DB), St. Helens Metropolitan Borough Council
- Councillor Paul Warburton (PW), Warrington Borough Council
- Councillor Yvonne Nolan (YN), Wirral Metropolitan Borough Council

Primary Care

- Dr Jonathan Griffiths (JG) - GP/Primary Care Advisor
- Dr Raj Kumar (RK) - General Medical Practitioner - Eric Moore Partnership Medical Practice, Warrington and Clinical Director & Responsible Officer - NHS Digital

NHS Providers

- Ann Marr (AM) – Chief Executive, St Helens & Knowsley Teaching Hospitals NHS Trust
- Lyn McGill (LMG) – Chair, East Cheshire NHS Trust
- Louise Shepherd (LS) – Chief Executive, Alder Hey Children's NHS FT
- Janet Rosser (JS) – Chair, The Walton Centre NHS FT
- Mike Maier (MM) – Chair, Cheshire and Wirral Partnership NHS FT
- Joe Rafferty (JR) – Chief Executive, Mersey Care NHS FT

Public Health

- Eileen O'Meara (EO) - C&M Population Health Clinical Lead/Director of Public Health and Public Protection Halton

CCG Chairs

- Dr Andrew Wilson (AW), Cheshire,
- Dr David Merrill (DM), Halton
- Dr Andrew Pryce (AP), Knowsley
- Dr Fiona Lemmens (FL), Liverpool,
- Geoffrey Appleton (GA), St Helens
- Rob Caudwell (RC), Southport and Formby
- Dr Pete Chamberlain (PCh), South Sefton
- Dr Ian Watson (IW), Warrington
- Dr Paula Cowen (PC), Wirral

CCG AO representative

- Clare Watson (CW)

Voluntary, Community and Social Enterprise (VCSE)

- Warren Escadale (WE) – Chief Executive, Voluntary Sector North West



Executive Team

- Jackie Bene (JB) – Chief Officer
- Keith Griffiths (KG) – Director of Finance
- Sarah O'Brien (SOB) – Director of Strategy & System Development
- Anthony Middleton (AMi) – Director of Performance and Improvement

NHS North West

- Linda Buckley (LB) – Director of Strategic Transformation and Locality Lead (C&M)

In attendance:

- Local Authority Chief Executives
- NHS Commissioners
- NW Ambulance Service - Daren Mochrie (DMo) – Chief Executive Officer
- Christine Hughes (CH) – Director of Communications & Engagement
- Dave Sweeney (DS) – Director of Partnerships
- Marie Boles (MB) – Director of Nursing
- Gerald Meehan (GM) – C&M Health and Care Partnership Advisor
- Ben Vinter (BV) – ICS Planning
- Chris Samosa, (CS) Director of Workforce

Cheshire and Merseyside Partnership Board
26th May 2021, 15:00-17:00
MS teams – Virtual
DRAFT MINUTES

Present:

Alan Yates (AY)	Chair	Cheshire and Merseyside Health and Care Partnership
Jackie Bene (JB)	Chief Officer	Cheshire and Merseyside Health and Care Partnership
Keith Griffiths (KG)	Finance Director	Cheshire and Merseyside Health and Care Partnership
Clare Watson	Chief Officer	Cheshire CCG
Sarah O'Brien	Director of Strategy & System Development	Cheshire and Merseyside Health and Care Partnership
Steve Broomhead	Chief Officer	Warrington Borough Council
Gerald Meehan	Local Authority Advisor to the Executive Team	Cheshire and Merseyside Health and Care Partnership
Maxine Power	Director of Quality, Innovation & Improvement	North West Ambulance Service (NWAS)
Eileen O'Meara	C&M Population Health Clinical Lead & Director of Public Health and Public Protection	Cheshire and Merseyside Public Health Collaborative
Linda Buckley	Director of Strategic Transformation and Locality Lead	Cheshire and Merseyside Health and Care Partnership
Mark Palethorpe	Chief Officer	NHS St Helens CCG
Marie Boles	Director of Nursing	Cheshire and Merseyside Health and Care Partnership
Christine Hughes	Director of Communications & Engagement	Cheshire and Merseyside Health and Care Partnership
Chris Samosa	Director of Workforce	Cheshire and Merseyside Health and Care Partnership
Jonathan Griffiths	GP / Primary Care Advisor	Cheshire and Merseyside Health and Care Partnership
Raj Kumar	GP Representative	Cheshire and Merseyside Health and Care Partnership
Warren Escadale	Chief Executive	Voluntary Sector North West

Sheena Cumiskey (in attendance from 4:30pm)	Chief Executive	Cheshire & Wirral Partnership
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In Attendance

Jennie Bennett (JBe)	Executive Assistant (Minutes)	Cheshire and Merseyside Health and Care Partnership
Ben Vinter (BV)	ICS Planning	Cheshire and Merseyside Health and Care Partnership
Fiona Taylor (OBO Jan Ledward)	Chief Officer	NHS South Sefton CCG

Apologies

Joe Rafferty	Chief Executive	MerseyCare
Ann Marr	Chief Executive	St Helens & Knowsley
Simon Barber	Chief Executive	North West Boroughs Healthcare NHS FT
Kath O'Dwyer	Chief Executive	St Helens Council
Kieran Murphy	Clinical Lead (NHSE/I Advisor to the Executive Team)	NHSE/I
Jan Ledward	Chief Officer	NHS Liverpool CCG
Dave Sweeney	Implementation Director	Cheshire and Merseyside Health and Care Partnership

Agenda No	Item	Action
PB/21/39	Welcome, Introductions and Apologies	AY
	AY welcomed all to the meeting and apologies were recorded as detailed. Given the apologies provided it was noted that the meeting was quorate and could proceed. However, at the start of the meeting, it was noted that all Trusts with the exception of the Ambulance Service were absent from the meeting.	
PB/21/40	Declarations of Interest	AY
	There were no declarations of interest.	
PB/21/41	Minutes of the Last meeting – 28th April 2021	AY
	<p>The minutes of the Cheshire and Merseyside Partnership Board held on 28th April 2021 were accepted as a true and accurate record of the meeting.</p> <p>Minutes of Partnership Co-ordination Board – For Review</p> <p>The minutes of the Partnership Co-ordination Board, which has now changed its name to the Development Advisory Group, contained within the meeting pack were noted for information purposes.</p>	
PB/21/42	Chief Officers Update	JB
	<ul style="list-style-type: none"> JB provided an update on the vaccination programme status and advised that, to date, Cheshire and Merseyside is the North West system least affected by the reported high transmission of the new Covid variant. Learning from systems affected identified the importance of promoting vaccinations for all, with an emphasis on second doses, especially in vulnerable groups. Covid hospital admissions across affected systems had increased. The Partnership's People Summit is taking place from 16th – 18th June 2021. The event has been promoted, including through flyers, outlining workshops and events. Over six hundred people have signed up to the summit so far. A letter was shared with system partners on 25th May 2021 initiating the recruitment to the new Chair's post for Cheshire and Merseyside. JB identified that there will be a stakeholder process as part of the recruitment process. The next Partnership Board meeting will be held on 6th July 2021 at 3:00pm. New members of the Board will need orientation and induction. A timetable of meetings has been scheduled in order to support induction. <p>Given recent announcements SB thanked JB & AY for promoting harmony and engagement and for all that they have done for the Health and Care Partnership.</p>	

PB/21/43	ICS Planning: Our Workforce, Finance and Activity Plans	KG
	<p>KG acknowledged and paid tribute to the work undertaken by colleagues across CCG's, Providers and HCP teams to deliver the plan in an integrated way. KG also recognised that the report, included within the meeting pack, summarised a unique position due to Covid and recovery and workforce pressures within the system.</p> <p>KG provided an overview of the five priorities contained within the report: health and wellbeing of staff; Covid vaccinations; system transformation; ED transformation; and collaboration. The planning period focuses on the first six months of 21/22 (H1), rather than the whole year, the exception to this being mental health where planning has been required for the whole of 21/22.</p> <p>The planning approach starts with projecting patient need and expected demand, mapping this to capacity across the system including workforce and equality and diversity considerations. Recruitment of staff with sufficient skills and capability represents a challenge within in the period covered with Providers projecting significant recruitment in order to reduce dependency on bank and agency and to achieve delivery of priorities.</p> <p>Current elective recovery planning is for a six-month period, however it is projected that full elective recovery will take until 22/23 and beyond to achieve a return to acceptable levels of waiting times. The elective recovery fund has been set up to incentivise and maximise elective activity, aiming to achieve 85% of 19/20 elective activity levels by the end of July 2021, using the independent sector as much as possible in order for this to be achieved.</p> <p>KG identified that there are currently atypical financing arrangements resulting from the NHS implemented fixed financial envelopes in response to the pandemic which continue for the first half of 21/22, while there is currently no clarity around what the financial envelope or mechanism will be from October to the end of March 2022. Every provider organisation and commissioner organisation has committed to achieving break even in the six month period covered.</p> <p>The content reported in the meeting pack is predicated on a set of plans that are still going through final review with NHSE/I colleagues, regionally and nationally, and as such represents a draft subject to later reporting.</p> <p>KG acknowledged the work that MB and colleagues have undertaken to substantiate nursing and medical workforce numbers to tie them back into retirement planning, recruitment and over-seas recruitment.</p> <p>SB asked thanked KG for his leadership on this piece of work and asked if it could be enhanced by a contribution from the Councils, particularly adult and social care as he felt it was a primarily NHS facing document. AY advised that the next agenda item will include discussion on when the ICS will operate as the NHS ICS Board and when it will be operating as a Partnership ICS. KG commented that, following agreement by the Board, he is content to modify the report to support its use by different audiences and would like the document to be used and discussed further than the Partnership Board so that connectivity and the shared effort underpinning the plan is both understood and grasped.</p>	

	<p>CW thanked KG, Directors of Finance, and wider teams for their hard work over the past few months and identified that all NHS organisations in Cheshire and Merseyside are committed to breaking even as a system.</p> <p>MP identified that North West Ambulance Service has a regional footprint, meaning it interacts with three Integrated Care Systems, with a primary submission through Lancashire and South Cumbria for workforce modelling. In response to questions KG highlighted that there is work, yet to be undertaken, to secure and enhance read-across as the focus, to this point, has been on activity volumes and capacity in current provider organisations.</p> <p>CS advised that the three workforce leads for the Integrated Care System have met with the Human Resources Director from North West Ambulance Service to explore alignment and understand the impact of achieving the projected additional roles required within Primary Care which could have an adverse impact on the ambulance trust who are already struggling with future supply. This has been included as a risk and decisions will need to be made about failing the additional roles target.</p>	
PB/21/44	Commissioning	
	<ul style="list-style-type: none"> Joint Committee of CCGs – Development and Work Plan <p>CW began by acknowledging and thanking Dianne Johnson for her leadership with this piece of work. The Joint Committee recognised that some commissioning and strategic development is likely to be more effective and efficient at scale with a single Cheshire and Merseyside approach. The joint committee therefore looks to streamline commissioning in certain areas across the nine CCG's.</p> <p>AO's and Governing Bodies have signed up to principles for identifying services that can be managed at scale. For areas commissioned at scale any public consultation would be coordinated once as a joint committee. Membership will be Accountable Officers and Chief Finance Officers with Andrew Wilson, who is the Clinical Chair from Cheshire CCG as the nominated Chair, and Geoffrey Appleton from St Helens as the lay chair. Other roles are drawn from constitutionally described roles of a CCG Governing Body.</p> <p>The Joint Committee was described as having a limited lifespan until the ICS takes on statutory responsibility from 1st April 2022. If CCG Constitutions are required to change, agreement will be required from NHSE/I. CW advised that the purpose of bringing the report to the Partnership Board was to demonstrate that CCG's are working collectively and have ambitions to undertake more work together and seek approval and support from the Board.</p> <p>SB asked CW about the work plan for children's and young people mental and crisis services, as Councils provide a lot services which will need to be taken into account, SB asked that representatives be sought from Councils to be in attendance / as an observer to represent social services. CW will take this back to the group and confirmed that Healthwatch are in attendance at meetings and representatives are being sought from CHAMPS or a DPH and the ICS.</p> <p>WE identified that conversations have been held with community health providers around mental health services who felt the need to ensure that groups who are on the ground are involved in these conversations.</p> <p>CW advised that CCG's develop end to end pathways, the joint committee will look at strategic at scale specialist areas, which will grow as the joint committee matures, CW</p>	CW

	<p>explained that the areas WE discussed would remain at Place and involve continued dialogue with communities, the voluntary sector and with local authorities.</p> <p>AY identified that in her absence Sheena Cumiskey asked him to raise an issue from the supplied report that indicated mental health services would be commissioned at scale. Sheena asked how this relates to the Provider Collaboratives and how the CCGs see this interrelating? CW advised that it is both provider collaboratives working as a part of the system, not separately and the Joint Commissioning Committee morphing into different structures in the future.</p> <p>Following discussion, AY concluded that the Partnership Board are in favour of the joint committee and recognise its progress.</p> <ul style="list-style-type: none"> • Commissioning Function Review - ICS and Place Responsibilities and Next Steps <p>SO gave an overview of the circulated documentation and explained that a key part of the system development plan was to develop streamlined commissioning for the future alongside the establishment of the joint committee. As the CCG's dissolve with the move towards an ICS leading up to April 2022, the ICS will become the system commissioner and each Place will need to be clear on it's commissioning remit. A commissioning function review was undertaken with the consensus output following two sessions was detailed. The Board was asked to endorse the output of the function review.</p> <p>CW advised that the paper was discussed at the Accountable Officers meeting on Monday 24th May 2021, and despite the group representing the output of empowered representatives there was not universal support for the outputs. In response SO agreed to join the next Accountable Officers meeting to discuss the next steps which included further delegated work with the CCG nominated group on scenarios and examples and further engagement with Directors of Quality .</p> <p>WE discussed holding a workshop to look at VCS involvement in Place; SO agreed VCS engagement in Place would be essential and needed to be linked and timed to Place development. SO & WE will discuss outside of the meeting.</p> <p>LB advised that she has connected Andy Davies with an AO in Lancashire who has set up a CCG close down group. Andy Davies will connect and bring back some of the work that Lancashire are undertaking with task and finish groups and terms of reference for sharing with the Cheshire and Merseyside AO's.</p> <p>A discussion took place around establishing a group to take this forward, however JB advised that it was agreed that this work would be undertaken through the AO group and the development advisory group.</p> <p>RK discussed that within that paper, Primary Care is being commissioned and managed by Place, however dentistry and pharmacy are being commissioned by NHS England / Improvement. SO advised that there is early indication that dentistry and pharmacy will at a future date be moving transferring to the ICS, however the details will take some time to work through including the best way to involve Place. RK would like to provide a presentation at a future meeting around the development of the Primary Care Forum.</p> <p>AY asked for the meeting's support subject to the further exploration and iteration detailed. The meeting's agreement was provided.</p>	<p>SO</p> <p>RK</p>
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	<ul style="list-style-type: none"> • Establishing an NHS Board <p>AY explained to the meeting that the White Paper makes it clear that there will be a Partnership Board and a distinct NHS Body / Board. However there is a tight timetable and the functions of both Boards are expected to be developed and operate in shadow form when statutory authority is absent. The ICS will not exist in statutory terms until 1st April 2022.</p> <p>The Health and Care Partnership will bring together the NHS, local government, and other partners to support integration and to develop plans to address the systems health, public health and social care needs in a forum for agreeing co-ordinated action and alignment of funding on key issues.</p> <p>The NHS bodies activity is the responsibility for running the of the ICS and is responsible for NHS planning and allocation decisions and commissioning. AY explained that a shadow arrangement will be required in the autumn as there is a risk that , without further collaboration, the default system leadership expectation of the NHS centre will fall to the Executive team which will be an unreasonable burden for the executive team and would fail to involve partners. It is foreseeable that the NHS body can be grown from the CCG joint committee. It is important that the joint committee is inclusive and connects with the executive team supporting the ICS to develop the requirements of shadow operation.</p> <p>CW explained that when the four CCG's were merged in Cheshire, a joint commissioning committee was set up as a precursor to a governing body. Membership and governing body constitution agreements were sought to agree a number of key issues at scale.</p>	
PB/21/45	Finance Briefing – Year End 20/21	KG
	<p>KG gave a brief outline of the report provided within the meeting pack which provided a further update on the position previously reported for year end 20/21. The position reported detailed the final position as submitted to regulators. There has been a slight improvement of the overall reported position of £11m deficit from a few weeks ago which is now £10m. KG explained that the underlying position in Cheshire and Merseyside pre-Covid was an underlying deficit of just over £200m.</p> <p>As a part of landing the position last year there was a collegiate effort across commissioner and providers to ensure that every organisation achieved break even.</p> <p>FT thanked KG and his team for working with the Chief Finance Officers and highlighted that the benefit for 21/22 is significant. There is an underling deficit of £29 -£30 million in the Southport system.</p> <p>MP explained that it is important that Place conversations happen as challenges sit across the system and there is not a national response to the funding challenges facing adult and children's social care.</p> <p>AY asked for the attached paper to be noted and indicated that the Partnership Board papers are now published in the public domain in order to provide accountability and responsiveness.</p>	

PB/21/46	ICS Population Health Management – Next Steps	SO
	<p>SO provided an overview of the presentation and opened to questions from the Board.</p> <p>EO thanked SO for the presentation and outlined that it has captured a lot of the work that has been undertaken. A representative from each of the nine Places is needed to sit on the Population Health Management Board.</p> <p>MP discussed engaging LEPTS and the wider determinates to help craft a delivery to this such as housing, wages, lifestyle, skills and transport. There is the need to ensure that these are a part of the solution where Place would deliver this using the wider footprint of Cheshire and Merseyside.</p> <p>RK discussed bringing strategies closer to the groups of patients that we are trying to support with targeted intervention as a part of the population process which needs to be PCN's, PCN's are working with social care partners and other providers across health and social care. RK felt that it would help to have someone from the PCN forum to support the strategy work around this to implement change.</p>	
PB/21/47	Review of the Meeting and Communications From It	AY
	<p>AY thanked the Board for their contributions to the meeting and highlighted that this was the last Board meeting in its current form, meaning several current members will not be contributing in its new shape. AY formally thanked members for all contributions made to the Partnership Board.</p> <p>AY noted that from 1st June 2021 Simon Barber will not be serving as a Chief Executive as MerseyCare will be taking on North West Boroughs. AY thanked Simon for all of his work and will write formally to thank him.</p> <p>AY concluded the meeting and outlined :-</p> <ul style="list-style-type: none"> • The good discussions held to ensure that whilst ICS planning continues, day to day operational planning requirements within the NHS are being met. • The progress made with the Joint Committee of the CCG's and how that may develop over time. • The Commissioning Functions Review and how it has been supported with co-operation between the various parties. 	
	Date and Time of Next Meeting – Tuesday 6th July 2021 at 3:00pm.	

ICS Development Advisory Group

Thursday 13th May 2021

Attendance

Name	Title
Jackie Bene (JB) - Chair	Chief Officer, Cheshire and Merseyside Partnership
Sarah O'Brien (SO)	Executive Director of Strategy & System Development, Cheshire and Merseyside Partnership
Linda Buckley (LB)	Director of Strategic Transformation, NHSE/I
Clare Watson (CW)	Accountable Officer, NHS Cheshire CCG
Simon Banks (SBa)	Accountable Officer, NHS Wirral CCG
Mark Palethorpe (MP)	Accountable Officer, NHS St. Helens CCG
Dianne Johnson (DJ)	Accountable Officer, NHS Knowsley CCG
Andrew Davies (AD)	Accountable Officer, NHS Warrington CCG and NHS Halton CCG
Jan Ledward (JL)	Accountable Officer, NHS Liverpool CCG
Fiona Taylor (FT)	Accountable Officer, NHS South Sefton CCG and NHS Southport & Formby CCG
Deborah Butcher (DB)	Executive Director for Adult Health and Social Care, Sefton Council
Steven Broomhead (SBr)	Chief Executive, Warrington Borough Council
Kath O'Dwyer (KO)	Chief Executive, St. Helen's Council
David Parr (DP)	Chief Executive, Halton Borough Council
Paul Satoor (PS)	Chief Executive, Wirral Council
Sarah Smith (SS)	Executive Director (Health & Social Care), Knowsley Council
Graham Hodgkinson (GH)	Director for Adults' Care and Health, Wirral Council
Mil Vasic (MV)	Strategic Director, People, Halton Borough Council
Ian Ashworth (IA)	DPH Cheshire West & Chester Council
Jonathan Griffiths (JG)	Primary Care Advisor, Cheshire & Merseyside Partnership
Warren Escadale (WE)	Chief Executive, Voluntary Sector North West
Lucy Davies (LD)	Deputy Director, NHS Transformation Unit
Sophie Whitham (SW)	Associate Consultant, NHS Transformation Unit

Apologies

Name	Title
Christine Hughes	Executive Director of Communications and Engagement, Cheshire and Merseyside Partnership

Maxine Power	Director of Quality, Innovation and Improvement, North West Ambulance Service
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Minutes

1. Welcome and introductions

The chair, Jackie Bene, opened the meeting and welcomed colleagues joining the ICS DAG.
No changes required to the minutes of the previous meeting.

2. Minutes & action log

Action 037: SBr to determine how the learning from Warrington (as an early adopter of 111 First) can be shared across C&M.

Action ongoing. Steven to bring a report to the ICS Development Advisory Group.

Action 075: SO to confirm with Christine Samosa what workforce information is still required from the Places.

SO confirmed that CSU workforce information is outstanding.

FT contacted the CSU to follow-up for Sefton on 13/05/2021.

JB highlighted further work is required collectively to understand the delivery of functions.

CW highlighted that the information is anonymous and agreed to confirm the outstanding information with the CSU. Action closed.

Action 076: AD to circulate report detailing NHS 111 Learning with PCG group members.

AD confirmed the paper was circulated to ICS DAG members on 13/05/2021. Action closed.

Action 077: CW to follow up with the CSU regarding outstanding workforce information.

Discussed above - see action 075. Action closed.

Action 078: SO to bring update (paper if possible) regarding ICS allocation functions work to DAG on 13th May.

SO commented that the ICS allocation functions work is still ongoing and a paper will be circulated once complete. Action closed.

Action 079: SO to confirm with JG there is sufficient Primary Care representation on the DAG.

JG agreed to discuss this issue with the Primary Care Forum. Action closed.

3. Current issues

- SO highlighted the ICS framework is expected to be published next week. SO commented that the second reading of the bill could be later than expected which would delay the publishing of the HR guidance.
- JB highlighted the ICS framework will further detail the requirements of the ICS NHS Body.
- LB confirmed the framework includes details on the purpose of the Partnership Board and NHS Board. LB commented this will be taken to the NHSE board next week and published then.

- SBr emphasised the need to remain focused on Social Care. SBr confirmed there will be no major changes in the membership of the 9 Places following the recent elections. There will be changes in some Local Authorities to the Health and Social Care portfolio holders.
- KO highlighted the leadership changes in Halton and Liverpool and suggested the Partnership connects with those individuals prior to the Political Assembly.

4. Developing the ICS and Place-based commissioning

- SO discussed the developing ICS and place-based commissioning options. The content has been collated from the White Paper, national seminars and information shared with SO. SO made the following points with regards to the ISC and Place-based commissioning:
 - There are key deadlines the ICS and system must work towards. SO highlighted that by Q2 an MoU must be agreed with each Place.
 - Once CCGs are dissolved there will be a focus on place-based partnerships through which the ICS can discharge its statutory functions. This will require an agreed Place lead in all 9 Places.
 - The four fundamental purposes of ICSs aligned to the White Paper were discussed.
 - Various options for possible approaches to commissioning services at a Place level were discussed. This would depend on the maturity of each Place and result in varying levels of autonomy. SO acknowledged that all 9 Places are at different stages of development.
 - There needs to be consideration around how finance can be collectively managed. The ICS would hold any contracts and link in with the Place based partnership. Further work is required to determine the possible financial flows.
 - Places should consider how decisions will be made once the ICS becomes a statutory body.
- SO emphasised the need for a clear plan from Places which evidences integrated partnership working, evidence of jointly delivering plans and resolving issues.
- DP thanked SO for the information shared. DP questioned the role of CCG Boards in this process given their current legal powers. DP highlighted the Local Authority democratic decision-making process and questioned how the two connect. DP acknowledged the need to operate differently in each Place. DP questioned how we can ensure consistency across the system given the different operating models. DP highlighted the different funding regimes for Local Authorities and questioned how this will be resolved to ensure system working.
- JB emphasised that this build one existing joint arrangements and Local Authorities and CCGs should continue working together. JB commented that many elements of the future arrangements are still to be determined. JB supported the point around ensuring consistency given the different operating models. JB highlighted that the ICS will need to hold some budgets in a joint arrangement with Place.
- SBr expressed appreciation for the information shared. SBr emphasised the need to clarify the criteria which determines the level of maturity and delegation. SBr commented further clarity and criteria around the role of Place lead would also be valuable.
- JB emphasised the importance of co-production and supported the sharing of criteria. JB highlighted the decisions regarding maturity will ultimately sit with the ICS with a degree of oversight from regional colleagues.
- JG questioned whether Primary Care commissioning is expected to be delegated from NHS England and General Practice to the ICS.
- SO commented that some elements of NHS commissioning are expected to be delegated to the ICS which could include elements of Primary Care.
- AD emphasised the need to ensure thorough planning and preparation to prevent health inequalities widening between Places depending on their level of maturity.
- SO commented it will be a challenge to ensure any staff employed by the ICS across the system are working collaboratively.

- SO highlighted the next stage of the commissioning work is to develop the target operating model. SO emphasised the need to work together and accept that current CCG resource in Place may be a system resource.
- JL highlighted the importance of building relationships and considering specialist commissioning. JL emphasised the focus should be to reduce health inequalities. JL commented that the ICS will hold the contracts as the statutory body from April 2022.
- SO requested that group members share the slides with their colleagues. A maturity assessment framework now needs to be developed by the ICS. The Hill Dickinson report will help all 9 Places to identify their strengths and areas for improvement. SO highlighted a group may need to be convened with one representative from each CCG and Local Authority representation to further discuss how to deliver the target operating model and functions at a system and Place level. SO commented that a session with CCG AOs and CFOs is also required to discuss and hypothesise how the costs budgets could be run.
- JB emphasised that as further guidance is released this will provide clarity.

5. Update on NW ICS Development Workforce Steering Group

- CW highlighted discussions regarding the different approaches to governance across the NW region. A delay in publishing of the HR guidance remains the biggest risk. CW emphasised there will be further information to feedback once the guidance has been published.
- SBa questioned whether there will be considerations made given the delay in publishing of the guidance and in the context of ongoing COVID-19 requirements and BAU.
- JB highlighted ongoing conversations with CCGs about managing the workforce and finance transition elements. Further conversations are required.

6. AOB

- No other business raised.

Summary of actions

No new actions.

ICS Development Advisory Group

Thursday 27th May 2021

Attendance

Name	Title
Jackie Bene (JB) - Chair	Chief Officer, Cheshire and Merseyside Partnership
Sarah O'Brien (SO)	Executive Director of Strategy & System Development, Cheshire and Merseyside Partnership
Linda Buckley (LB)	Director of Strategic Transformation, NHSE/I
Matthew Cunningham (MC)	Director of Governance and Corporate Development, NHS Cheshire CCG
Simon Banks (SBa)	Accountable Officer, NHS Wirral CCG
Mark Palethorpe (MP)	Accountable Officer, NHS St. Helens CCG
Mark Bakewell (MB)	Chief Finance Officer, NHS Knowsley CCG
Andrew Davies (AD)	Accountable Officer, NHS Warrington CCG and NHS Halton CCG
Jan Ledward (JL)	Accountable Officer, NHS Liverpool CCG
Fiona Taylor (FT)	Accountable Officer, NHS South Sefton CCG and NHS Southport & Formby CCG
Deborah Butcher (DB)	Executive Director for Adult Health and Social Care, Sefton Council
Steven Broomhead (SBr)	Chief Executive, Warrington Borough Council
Kath O'Dwyer (KO)	Chief Executive, St. Helen's Council
Delyth Curtis (DC)	Deputy Chief Executive – Health and Wellbeing, Cheshire West and Chester Council
David Parr (DP)	Chief Executive, Halton Borough Council
Paul Satoor (PS)	Chief Executive, Wirral Council
Sarah Smith (SS)	Executive Director (Health & Social Care), Knowsley Council
Graham Hodgkinson (GH)	Director for Adults' Care and Health, Wirral Council
Mil Vasic (MV)	Strategic Director, People, Halton Borough Council
Ian Ashworth (IA)	DPH Cheshire West & Chester Council
Nicola Thompson (NT)	Director of Commissioning, Cheshire East Council
Jonathan Griffiths (JG)	Primary Care Advisor, Cheshire & Merseyside Partnership
Lucy Davies (LD)	Deputy Director, NHS Transformation Unit
Sophie Whitham (SW)	Associate Consultant, NHS Transformation Unit

Apologies

Name	Title
Maxine Power	Director of Quality, Innovation and Improvement, North West Ambulance Service
Clare Watson	Accountable Officer, NHS Cheshire CCG
Joe Rafferty	Chief Executive, Mersey Care NHS FT
Louise Shepherd	Chief Executive, Alder Hey Children's NHS FT

Minutes

1.	Welcome and introductions
<p>The chair, Jackie Bene, opened the meeting.</p> <p>No changes required to the minutes of the previous meeting.</p>	
2.	Minutes & action log
<p>Action 037: SBr to determine how the learning from Warrington (as an early adopter of 111 First) can be shared across C&M.</p> <p>Action ongoing. Steven to bring a report to the ICS Development Advisory Group.</p>	
3.	Current issues
<ul style="list-style-type: none"> DP questioned what representation will be required on ICP Boards. DP highlighted the different governance and decision-making arrangements for Local Authorities. DP requested that best practice examples are shared between Places. JB confirmed the precise governance arrangements are for local determination. The ICS can support Places in this development process and provide legal support. MPa highlighted the joint arrangements in St Helen's and offered to share further details with DP. FT discussed the current situation in general practice and highlighted public expectations around GP services. FT highlighted ongoing conversations around the future of general practice. JG highlighted the need for a collaborative Partnership approach to tackle the issues in general practice. There is no Primary Care team within the ICS. JG highlighted the focus of the ICS communications team to support positive messaging around general practice. JG has contacted CCGs to understand their current position and approach to general practice. SBa highlighted positive conversations with the GP body in Wirral. SBa discussed the integrated commissioning arrangements in Wirral and suggested sharing these commissioning examples across the system. MC commented that Cheshire CCG are launching a campaign titled 'In it Together' with a focus on Primary Care. This has been shared with ICS colleagues. SBr mentioned a constructive conversation that had taken place with Hill Dickinson. SBr requested further clarification about whether the ICP Body will have separate funds. KO offered to share papers from St Helens regarding governance of local ICP Board and structures. 	

- JB suggested expert legal advice will likely be needed to resolve this issue and develop robust governance arrangements.

4. Commissioning Function Review

- SO summarised the commissioning review paper. The next stage is to reconvene the Task and Finish group to determine the practical next steps and what resource is needed at a Place and system level. SO emphasised this is an iterative process and will likely evolve as further guidance is published.
- FT confirmed that AO colleagues have been asked to identify where there is alignment.
- DP thanked colleagues for the work undertaken. DP questioned whether the timelines have been adjusted given the delayed publishing of guidance. DP emphasised the need for thorough planning and preparation to prevent inconsistency and a pragmatic approach. There are significant opportunities in the integration between health and social care.
- JB emphasised this will be an evolutionary and developmental process. Decisions will be made when appropriate.
- MP confirmed the paper reflects conversations from the workshop. MP suggested a set of examples could help the system to understand how commissioning will work in the future.
- DB emphasised the importance of the commissioning approach. DB highlighted that everyone is at different stages and questioned whether the membership of the Task and Finish group should be expanded.
- SBa highlighted the importance of conducting this work thoroughly whilst at pace. SBa emphasised this work is the continuation of a further journey.
- JL discussed the importance of confidence and pace in determining commissioning functions. JL highlighted that talent may be lost at an ICS and Place level as staff apply for other positions.
- GH emphasised the opportunity to refine and define local commissioning arrangements. There is an opportunity to move from transactional commissioning to commissioning for the population. GH highlighted the need for ongoing dialogue with Providers.
- JB confirmed that Providers have been invited to the DAG.
- SBa commented we need to define what commissioning is and what it isn't.
- FT highlighted the need to reach an agreement regarding secondments and emphasised the important of retaining talent across the system.
- JB supported this conversation and highlighted the additional support required by the ICS.
- JL suggested CCGs could offer the ICS a service and share the work across the system. This could help to build the relationship between the ICS and Place.

5. ICS NHS Body

- SO summarised the key points regarding the NHS Body from the white paper. SO made the following additional points:
 - There are no expectations the transition to a statutory ICS Body will be delayed.
 - We are awaiting further guidance on what the relationship between the ICS Health & Care Partnership Board and ICS NHS Body Board will be.
 - The primacy of Place was emphasised.
 - A draft constitution for the ICS NHS Body is expected to be published.
 - The ICS will be rated and subject to CQC inspection.
 - The ICS are increasingly being held to account for A&E performance across the system.
- DP questioned who the Local Authority representative would be.
- JB confirmed that Local Authority Chief Executives is understood to be the requirement. JB highlighted that a new Partnership Board will be established in June/July.
- MC highlighted that the interim arrangements need to be robust. MC highlighted that there are ways to allow political representation that is different from CCG Governing Bodies.

- SBa suggested the JCCCG is a potential building block for the ICS NHS Body. SBa highlighted the need for a transition plan that determines how ICS functions will be delivered over the next 10 months. SBa supported the idea of a shared workforce approach.
- AD highlighted the ICS will likely be a minimum viable organisation by April 2022 and it will continue to mature after it becomes a statutory organisation. AD highlighted the transition from PCTs to CCGs took approximately 2-3 years. AD emphasised the importance of ensuring sufficient resources and utilising the talent within the system.
- JL suggested the CCG constitution model will likely be adapted to provide the basis for the ICS NHS Body constitution. JL highlighted potential complexities around the membership of the ICS NHS Body and emphasised the value in learning from CCGs constitutions. JL discussed the importance of building in flexibility for local decision making and continually reflecting.
- JG discussed the merger of the 4 Cheshire CCGs and highlighted the value in the Joint Committee having significant responsibilities. JG suggested expanding the remit of the JCCCG at pace could be the best approach based on previous experience.
- JB highlighted the great learning from across the system. JB emphasised that the ICS NHS Body will not solely focus on commissioning actions but also consider a system approach to issues such as Urgent Care.
- AD highlighted that Joint Committees also provide a facility to collate finances and workforce.
- MC highlighted that the CCG governance leads discussed what additional support can be provided to the ICS and JCCCG. MC suggested the governance group could look at the legal architecture with support from Hill Dickinson. MC offered to connect with governance colleagues and Ben Vinter on this issue.
- SO questioned whether NHS Trust representatives and Local Authority representatives is needed on the JCCCG if this is going to evolve to become the ICS NHS Body.
- SBr highlighted the group which has been established by the region to support the leadership transition in Cheshire and Merseyside.
- JB emphasised the importance of keeping the region connected. JB summarised the group were enthusiastic about adopting a collective approach to developing the ICS NHS Body.
- MB questioned what types of decisions will be required by the ICS NHS Body in the next 10 months. MB suggested specific examples would be helpful from a contracting and finance CCG perspective.
- JB confirmed that specific examples can be provided. These are likely to be decisions not traditionally taken through a JCCCG.

Action 080: SO to provide examples of decisions that could be made by the ICS NHS Body prior to April 2022.

6. Update on NW ICS Development Workforce Steering Group

- JB confirmed there are no further updates regarding the HR Framework.

7. AOB

- No other business raised.

Summary of actions

Action 080: SO to provide examples of decisions that could be made by the ICS NHS Body prior to April 2022.

ICS Development Advisory Group

Thursday 10th June 2021

Attendance

Name	Title
Jackie Bene (JB) - Chair	Chief Officer, Cheshire and Merseyside Partnership
Sarah O'Brien (SO)	Executive Director of Strategy & System Development, Cheshire and Merseyside Partnership
Clare Duggan (CD)	NW Regional Director of Transformation, NHS E/I
Linda Buckley (LB)	Director of Strategic Transformation, NHSE/I
Matthew Cunningham (MC)	Director of Governance and Corporate Development, NHS Cheshire CCG
Simon Banks (SBa)	Accountable Officer, NHS Wirral CCG
Mark Palethorpe (MP)	Accountable Officer, NHS St. Helens CCG
Philip Thomas (PT)	Assistant Chief Executive, NHS Knowsley CCG
Jan Ledward (JL)	Accountable Officer, NHS Liverpool CCG
Fiona Taylor (FT)	Accountable Officer, NHS South Sefton CCG and NHS Southport & Formby CCG
Deborah Butcher (DB)	Executive Director for Adult Health and Social Care, Sefton Council
Steven Broomhead (SBr)	Chief Executive, Warrington Borough Council
Kath O'Dwyer (KO)	Chief Executive, St. Helen's Council
Paul Satoor (PS)	Chief Executive, Wirral Council
Sarah Smith (SS)	Executive Director (Health & Social Care), Knowsley Council
Delyth Curtis (DC)	Deputy Chief Executive – Health and Wellbeing, Cheshire West and Chester Council
Graham Hodgkinson (GH)	Director for Adults' Care and Health, Wirral Council
Angela Johnson (AJ)	Programme Manager, Liverpool City Region
Nicola Thompson (NT)	Director of Commissioning, Cheshire East Council
Jonathan Griffiths (JG)	Primary Care Advisor, Cheshire & Merseyside Partnership
Maxine Power (MP)	Director of Quality, Innovation and Improvement, North West Ambulance Service
Warren Escadale (WE)	Chief Executive, Voluntary Sector North West
Joshua Pryce (JP)	Communications and Engagement Specialist, Cheshire & Merseyside Partnership
Christine Hughes (CH)	Executive Director of Communications and Engagement, C&M HCP
Lucy Davies (LD)	Deputy Director, NHS Transformation Unit
Sophie Whitham (SW)	Associate Consultant, NHS Transformation Unit

Apologies

Name	Title
Joe Rafferty	Chief Executive, Mersey Care NHS FT
Louise Shepherd	Chief Executive, Alder Hey Children's NHS FT
Mil Vasic	Strategic Director, People, Halton Borough Council
David Parr	Chief Executive, Halton Borough Council
Clare Watson	Accountable Officer, NHS Cheshire CCG
Ann Marr	Chief Executive, St Helens and Knowsley Teaching Hospitals NHS Trust
Andrew Davies	Accountable Officer, NHS Warrington CCG and NHS Halton CCG
Dianne Johnson	Accountable Officer, NHS Knowsley CCG

Minutes

1.	Welcome and introductions
<p>The chair, Jackie Bene, opened the meeting.</p> <p>No changes required to the minutes of the previous meeting.</p>	
2.	Minutes & action log
<p>Action 037: SBr to determine how the learning from Warrington (as an early adopter of 111 First) can be shared across C&M.</p> <p>Action ongoing. Steven to bring a report to the ICS Development Advisory Group.</p> <p>Action 080: SO to provide examples of decisions that could be made by the ICS NHS Body prior to April 2022.</p> <p>Discussed during agenda item 4. Action closed.</p>	
3.	Current issues
<ul style="list-style-type: none"> No current issues were raised. 	
4.	Examples of ICS NHS Body decisions
<ul style="list-style-type: none"> SO presented the Example ICS NHS Body Decisions slides. SO highlighted that Cheshire and Merseyside, despite not yet being statutory, are being held to account as a system in several areas including Urgent Care, Stroke, Mental Health and Digital. JB commented that a Shadow ICS NHS Body is expected to be required. CD confirmed that ICS's are required to have ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form from Q3 of 2021/22.. CD commented that some NHSE/I functions will transition to the ICS prior to April 2022 where it is safe and appropriate to do so. JB emphasised the importance of working as a system. 	

- SBa discussed the ongoing conversation around IAPT recovery and emphasised the value in establishing a common approach to the workforce. SBa highlighted the importance of building on existing arrangements in Place and establishing a collective system view where required.
- JB questioned whether there is an appetite to complete this work as a system.
- SBr emphasised that Local Authorities should be represented on a shadow ICS Board.
- JB confirmed that Local Authorities will have representation on the ICS Shadow NHS Body. It is anticipated this will be a minimum of 1 Chief Executive, for local determination.
- MC commented that a shadow Board was valuable during the merger of Cheshire CCGs. MC highlighted that a JCCCG membership isn't restricted by the Governing Body requirements and mentioned ongoing conversations about expanding the current JCCCG membership.
- JB suggested providing a further update on the evolving Joint Commissioning Committee.

Action 081: Matthew Cunningham to provide an update on the evolving Joint Commissioning Committee.

- MC questioned where the conversation regarding Primary Care is currently taking place in the system.
- JB commented that system engagement with General Practice is in the Out of Hospital Cell and the Primary Care Cell is part of that membership. JB highlighted there is further work required to collect evidence on Primary Care. The PCN forum has been formally established to engage with General Practice. JB commented that the ICS NHS Body constitution is likely to have a General Practice representative.
- CD highlighted ongoing work around delegation of direct commissioning and specialist commissioning functions. CD suggested the details of this work could be presented with Linda Charles-Ozuzu at the appropriate point. CD highlighted the importance of transitioning services safely and ensuring the ICS have capacity. CD commented that further work is required on the NHSE/I functions

Action 082: Linda Charles-Ozuzu to be invited to present on the delegation of commissioning functions.

- DB emphasised the importance of understanding where the interdependencies between NHS and Local Authority commissioning exist.
- SO confirmed that Local Authority colleagues participated in the workshops.
- MC highlighted the need for further information to inform Primary Care staff.
- FT highlighted the AO's have agreed to the principles and commissioning functions. FT emphasised the need for connectivity between Local Authority and NHS at a Place level and discussed the opportunity for Places to shape their future arrangements.
- SO highlighted proposals currently being drafted around the required structure for PCNs.
- JB discussed the opportunity to involve GP leaders in system work.
- SBa highlighted that no definitive HR guidance can be release until the Second Reading of the Bill. SBa commented that there will be an evolutionary approach for CCG staff below Board level. SBa discussed the model in Wirral which is aligning CCG staff to PCNs to strengthen Place and retain talent in the system.

5. Implementation Plan

- SO discussed the Implementation Plan and provided an update on the System Development Plan. SO highlighted a key role of this group is to work through the journey to becoming an ICS. SO made the following additional points:
 - The System Development Plan has been submitted to region.
 - The System Progression Tool was used to update this plan, along with the White Paper and any additional guidance.
 - SO will update the System Development Plan based on feedback received.

- The Programme Delivery Office (PDO) have broken down strategic areas into specific actions.
- The ICS are currently considering what the operating model will be for all functions being transferred.
- Further workshops are being held with system partners to consider the ICS functions in greater detail.
- Each function will have a responsible ICS Executive.
- The PDO have established working groups and Partners will be asked to support these.
- SO is meeting with Chief Nurses and Director of Quality the week commencing 14th June to discuss quality and nursing in further detail.
- SBr questioned whether the ICS System Development Plan will align with Place plans.
- SO highlighted that how Place will develop is a significant section in the System Development Plan. SO emphasised the importance of continually sharing this work to ensure connectivity.
- JB suggested the Place Target Operating Model is brought to the DAG to ensure processes are aligned.

Action 083: SO to present the Place Target Operating Model at a future DAG meeting.

- SBa emphasised the importance of proceeding at pace with sufficient detail. SBa questioned whether the Progression Tool is applicable to measuring ICP development. SBa highlighted the valuable learning from the merger of Cheshire CCGs. SBa questioned how Places can support the ICS moving forward throughout this process.
- SO welcomed the offer of support and discussed the current ICS engagement across the system. SO commented that the Progression Tool may not help to assess the maturity of Place, however there is unlikely to be strict guidance for measuring ICP maturity.
- SBr questioned when the Hill Dickinson work will be shared with the system.
- SO confirmed she will meet with Hill Dickinson next week and confirm the timescales with this group.

Action 084: SO to provide an update on the Hill Dickinson work.

- PT highlighted that Greater Manchester may have useful tools for measuring ICP maturity.
- SO suggested the DAG could gather examples and discuss a possible assessment framework.
- JB thanked colleagues for their offer of support.

Action 085: SO to bring together ideas around Place-based maturity assessment framework and considerations for future ICS DAG

6.	Update on NW ICS Development Workforce Steering Group
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| | <ul style="list-style-type: none"> ● JB stated that relevant documents from Clare Watson will be circulated following the meeting and comments are welcome. |
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7.	AOB
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| | <ul style="list-style-type: none"> ● No other business raised. |
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Summary of actions

Action 081: Matthew Cunningham to provide an update on the evolving Joint Commissioning Committee.

Action 082: *Linda Charles-Ozuzu to be invited to present on the delegation of commissioning functions.*

Action 083: *SO to present the Place Target Operating Model at a future DAG meeting.*

Action 084: *SO to provide an update on the Hill Dickinson work.*

Action 085: *SO to bring together ideas around Place-based maturity assessment framework and considerations for future ICS DAG*

ICS Development Advisory Group

Thursday 24th June 2021

Attendance

Name	Title
Jackie Bene (JB) - Chair	Chief Officer, Cheshire and Merseyside Partnership
Sarah O'Brien (SO)	Executive Director of Strategy & System Development, Cheshire and Merseyside Partnership
Linda Buckley (LB)	Director of Strategic Transformation, NHSE/I
Louise Shepherd (LS)	Chief Executive, Alder Hey Children's NHS FT
Simon Banks (SB)	Accountable Officer, NHS Wirral CCG
Mark Palethorpe (MP)	Accountable Officer, NHS St. Helens CCG
Dianne Johnson (DJ)	Accountable Officer, NHS Knowsley CCG
Jan Ledward (JL)	Accountable Officer, NHS Liverpool CCG
Clare Watson (CW)	Accountable Officer, NHS Cheshire CCG
Andrew Davies (AD)	Accountable Officer, NHS Warrington CCG and NHS Halton CCG
Deborah Butcher (DB)	Executive Director for Adult Health and Social Care, Sefton Council
Lorraine O'Donnell (LD)	Chief Executive, Cheshire East Council
David Parr (DP)	Chief Executive, Halton Borough Council
Paul Satoor (PS)	Chief Executive, Wirral Council
Sarah Smith (SS)	Executive Director (Health & Social Care), Knowsley Council
Delyth Curtis (DC)	Deputy Chief Executive – Health and Wellbeing, Cheshire West and Chester Council
Charlotte Walton (CW)	Director of Adult Social Care & Commissioning, Cheshire West and Chester Council
Graham Hodgkinson (GH)	Director for Adults' Care and Health, Wirral Council
Angela Johnson (AJ)	Programme Manager, Liverpool City Region
Nicola Thompson (NT)	Director of Commissioning, Cheshire East Council
Mil Vasic (MV)	Strategic Director, People, Halton Borough Council
Ian Ashworth (IA)	Director of Public Health, Cheshire West & Chester Council
Steve Porter (SP)	Assistant Executive Director of Health and Social Care Integration, Knowsley Council
Ben Vinter (BV)	ICS Planning – Cheshire and Merseyside
Christine Hughes (CH)	Executive Director of Communications and Engagement, C&M HCP
Lucy Davies (LD)	Deputy Director, NHS Transformation Unit
Sophie Whitham (SW)	Associate Consultant, NHS Transformation Unit

Apologies

Name	Title
Ann Marr	Chief Executive, St Helens and Knowsley Teaching Hospitals NHS Trust
Maxine Power	Director of Quality, Innovation and Improvement, North West Ambulance Service
Steven Broomhead	Chief Executive, Warrington Borough Council
Jonathan Griffiths	Primary Care Advisor, Cheshire & Merseyside Partnership
Fiona Taylor	Accountable Officer, NHS South Sefton CCG and NHS Southport & Formby CCG

Minutes

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2.	Minutes & action log
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3.	Current issues
<ul style="list-style-type: none"> JB highlighted the ICS Design Framework has been published. 	

- CW questioned when the commissioning function review outputs will be discussed.
- SO commented that the quality review is taking place in July. SO suggested bringing the outputs of both reviews back to the DAG in July.

Action 086: SO to provide an update on the commissioning function review and quality work.

4. ICS Design Framework

- SO provided a high-level overview of the ICS Design Framework. SO emphasised further guidance is expected to be released on the Partnership Body. SO made the additional following points:
 - Further clarity is required on the HR framework and how functions will transfer into the ICS.
 - The HCP's strategy is based on the four core purposes of an ICS. These core purposes are not expected to change following publication of the Bill.
 - The Design Framework outlines all functions that will sit in the ICS NHS Body.
 - The proposed membership is a minimum requirement. There will be flexibility for each system to determine whether additional members are required.
 - Further guidance is expected on a draft model constitution for an ICS NHS Body.
 - The framework outlines potential governance arrangements that could be used between the NHS, Local Authorities and other partners.
- GH emphasised the importance of establishing Place level ambitions and determining what can be commissioned locally. GH discussed the idea of a Joint Committee and the associated requirements at Place to implement this. GH highlighted the opportunity for ongoing dialogue between Places and the ICS.
- JB highlighted that there can be more than one legal arrangement within Places for different services or clinical pathways.
- AD questioned whether the arrangements for CHC and Safeguarding have been established.
- SO confirmed that the Nursing and Quality leads are reviewing these topics. SO highlighted that accountability for Safeguarding and CHC will sit with the ICS and teams will be required at a Place level to deliver both.
- MP highlighted that the employment commitment has been released. MP emphasised the value in further discussing the establishment of the Provider Collaborative alongside the ICS and its interaction with Place.
- JB confirmed the discussion will continue around Provider Collaboratives.
- DB questioned how the CHC and Safeguarding arrangements will practically work at a system and Place level.
- SP confirmed that further guidance is expected to be released on Safeguarding.
- SB emphasised the need to maintain quality as an underpinning principle. SB commented that further work is required to connect the ICS to Place around Safeguarding. SB confirmed that the employment commitment was received positively by wider CCG staff. SB highlighted the continued uncertainty for CCG staff above Board level.
- DB questioned whether this includes Children's budgets.
- JB confirmed the framework does include Children's budgets.
- SP questioned how ICP's are different to Place-based partnerships.
- JB commented that Place-based partnerships are similar to an ICP. JB emphasised that it is for local Places to individually determine the difference.
- JB encouraged attendees to distribute the material presented to colleagues across the system.

5. Update on NW ICS Development Workforce Steering Group

- CW highlighted the CSU offer to provide consistent HR messages for Cheshire and Merseyside which can be shared with CCG staff. CW emphasised that further clarity is required for staff above Board level following publication of the employment commitment.
- CW suggested widening the offer of support from the NHS Leadership Academy.
- CW emphasised the importance of also considering the Governing Body.
- CW discussed the Clinical Leads and their alignment between Place and the ICS.
- CW highlighted the REMCOM and Audit committee and questioned whether a committee in common could be established in shadow form.
- JB agreed to discuss this further with CW and Christine Samosa offline.
- AD questioned whether the employment commitment covers GP Governing Body members.
- CW commented her understanding is that this does not include GP Governing Body members.
- DB suggested a focussed session around HR and Place structures would be valuable to clarify misunderstandings and identify potential alignment.
- JB confirmed there is an appetite to undertake this. The HR guidance once published will enable further conversations around this topic.
- SO highlighted the variety of views amongst Places with some requesting common structures and others requesting only common principles. Any potential workshop should be focused on the exploration of possibilities. SO highlighted that the budget at a Place level is still unclear.
- JB suggested holding a summit to bring views together.
- SB discussed the modelling of prospective scenarios being undertaken in Wirral. SB emphasised the need for a common understanding of what the employment commitment means. SB highlighted the continuing uncertainty for individuals.
- JL highlighted concerns regarding conflicting information and the impact on staff morale.
- CW highlighted the opportunity to have a single HR narrative and communication across Cheshire and Merseyside through the CSU support offer.
- JB emphasised the importance of having a single Cheshire and Merseyside message around the interpretation of the guidance and employment commitment.

6. AOB

- No other business raised.

Summary of actions

Action 086: SO to provide an update on the commissioning function review and quality work.

ICS System Development Plan & ICS Framework

Professor Sarah O'Brien
Executive Director Strategy & System Development

ICS System Development Plan (SDP)

- SDP agreed as part of ICS Designation Submission & approved at HCP Board
- Planning Guidance – end Q1 SDP to be updated & develop Implementation Plan
- Plans have to be agreed with NHSEI - SDP updated and submitted to region by deadline
- Implementation Plan is underpinned by project support, engagement & work with Development Advisory Group to ensure successful delivery
- ‘Peer Review’ of SDP with all 3 North West ICS on 24th June – feedback will be used to update SDP
- 6 themes based on System Progression Tool

Plan will help us create the culture, focus & infrastructure to achieve our Strategic Objectives:

- Improve population health & healthcare
- Tackling unequal outcomes & access
- Enhancing productivity & value for money
- Helping the NHS to support broader social & economic development



Theme 1: System & Digital Transformation

Completed:

New system strategy

Reviewed all programmes & established new governance & aligned regional programmes

Independent Digital Review and clear option to take forward (SCR & Pop Health)

Appointed Chief Digital Officer

Completed Planning Round as System

Updated & submitted SDP & Implementation Plan in Q1

Ongoing:

Further develop work on pop health using CIPHA (System P & NHSEI PHM programme)

Connecting each 'Place' to programmes & system plans

Need 'Estates Lead' to drive forward strategy & plans

Business Case for Digital Option

Review of 9 Place 5 Year Plans



Theme 2: Leadership & People Development

Completed:

Peoples Plan & Board in Place had 1st Peoples Summit

System wide workforce transformation & plans in place

Leadership & OD Support for HCP Exec

OD Support for emerging Provider Collaboratives

New Primary Care Forum

Ongoing:

Work with CCGs & NHSEI regarding transition (need HR framework)

Place's reviewing leadership arrangements (ICP)

Support to Provider Collaboratives

Joint working ICS & system HRDs

Recruitment Chair & Chief Officer

Will need ongoing system wide leadership support and OD



Theme 3: System Oversight & Quality Improvement

Completed:

Quality 'function review'

Reviewed NQB guidance on System Quality Groups and commenced review of QSG

Commenced system review of arrangements for CHC, Safeguarding & LeDeR

JD for Exec Nurse

Appointed Interim Exec Director Performance & Improvement

Ongoing:

Development of System & Place TOM for Quality

Development of 'System wide' Quality Committee

Need to recruit / second an Exec Nurse

Establishing 'Winter Room & System Urgent Care Board & Reviewing OOH Cell purpose

Recruiting a BI lead and establishing ICS Performance & assurance capability

Theme 4: System Roles & Capabilities

Completed:

Commissioning function review – board approval

Established JCCCG

Established C&M principles for ICP – board approved

External review / diagnostic of all 9 places

Established Primary Care Forum

Agreement on 2 Provider Collaboratives & leadership

Ongoing:

Development of commissioning TOM system & Place

Working with NHSEI on future direct commissioning & quality functions

Evolution of JCCCG to Shadow NHS Board

Assurance / maturity matrix place

Development place governance

Development Provider Collaboratives

Theme 5 & 6: Financial Framework / System Governance

Completed:

System financial plan 2021/22

Established Development Advisory Group –
cross partnership input to emerging
architecture

Refreshed Partnership Board & MOU (whole
partnership sign up)

Draft MOU –HCP & Region

Ongoing :

‘Modelling’ financial framework

Partnership dialogue & engagement re emerging ICS

Draft governance NHS Body

Review & interpretation ICS Framework

ICS Framework

June 2021

Statutory ICS

ICS four core purposes:

improve
outcomes in
population
health and
healthcare

enhance
productivity
and value for
money

tackle
inequalities
in outcomes,
experience
and access

help the NHS
support
broader
**social and
economic
development.**

All ICS's will be made up of two component parts which **together** will be accountable for outcomes of the health of the population. Both bodies will draw on the experience and expertise of front-line staff across health and social care.

ICS Health & Care Partnership

Brings together the NHS, local government and partners

Supports integration

Develops plan to address the systems' health, public health and social care needs

Forum for agreeing co-ordinated action and alignment of funding on key issues

ICS NHS Body

Responsible for the day to day running of the ICS

Responsible for NHS planning and allocation decisions

Responsible for commissioning functions

ICS Design Framework

The document begins to describe future ambitions for:

- the **functions of the ICS Partnership**
- the **functions of the ICS NHS body**
- the **governance and management arrangements** that each ICS NHS body will need to establish
- the opportunity for **partner organisations** to work together as part of ICSs to agree and jointly deliver shared ambitions
- **key elements of good practice** that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight
- **financial framework** that will underpin the future ambitions of systems,
- the roadmap to **implement new arrangements** for ICS NHS bodies by April 2022

ICS Health & Care Partnership

- Bringing together NHS, local government and others to integrate care and improve health and wellbeing
- Develop an Integrated Care Strategy
- Not prescriptive on partnership rules, but requires local, mutual agreement
- Must include local authorities in ICS area and local NHS, but wider membership for local determination
- Chair jointly selected by NHS and local authority; can be same chair as NHS ICS Board
- Role in hearing lived experiences, building on existing engagement.

ICS NHS Body

New organisation, leading on integrating NHS planning and provision. Responsible for:

- **Developing a plan** to meet the needs of the population
- **Allocating resources**, including resources needed in each place
- **Establish joint working arrangements with partners** to embed collaboration
- **Establish governance arrangements** to support accountability between partner organisations
- **Arrange the provision of health services**, including contracts, personalised care (inc CHC and FNC)
- **Leading implementation of the People Plan** to align 'one workforce'

ICS NHS Body (cont/d)

- **Leading system-wide action on data and digital** to connect health and care services, understand local priorities and track delivery
- **Invest in community organisations and infrastructure, alongside councils and other partners**
- **Joint working on estates, supply chain, procurement and commercial strategies to maximise value for money**
- **Planning for and responding to incidents when such emergencies or issues arise**
- **Functions delegated by NHS England and Improvement, including primary care and specialised services**

Place-based partnerships

Place-based partnerships will be consistently recognised as key to the coordination and improvement of service planning and delivery. At a minimum, these partnerships should involve primary care provider leadership, local authorities, including directors of public health, providers of acute, community and mental health services and representatives of people who access care and support.

The ICS NHS body will remain accountable for NHS resources deployed at place-level.

The framework set out a number of options for place-based governance arrangements that the ICS NHS Body could agree with local authorities and other partners, to jointly drive and oversee local integration.

- **consultative forum**, informing decisions by the ICS NHS body, local authorities and other partners
- **committee** of the ICS NHS body with delegated authority to take decisions about the use of ICS NHS body resources**
- **joint committee** of the ICS NHS body and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee in accordance with their schemes of delegation
- **individual directors** of the ICS NHS body having delegated authority, which they may choose to exercise through a committee. This individual director could be a joint appointment with the local authority or with an NHS statutory provider and could also have delegated authority from those bodies
- **lead provider** managing resources and delivery at place-level under a contract with the ICS NHS body, having lead responsibility for delivering the agreed outcomes for the place.

***Contracts would be awarded and held, and payments made, by the ICS NHS body as the legal entity.*

Provider collaboratives

- Provider collaboratives are partnership arrangements involving two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale. It will be up to providers, working with partners, to decide on the specific model and best governance arrangements for their collaboratives.
- From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more PC
- Community trusts, ambulance trusts and non-NHS providers (eg community interest companies) should participate in PC where this is beneficial for patients and makes sense for the providers and systems involved.
- Provider collaboratives will
 - agree specific objectives with ICS to contribute to the delivery of that system's strategic priorities
 - help facilitate the work of alliances and clinical networks, enabling specialty-level plans and decisions to be made and implemented in a more coordinated and systematic way in the context of whole system objectives e.g. Cancer Alliances
- ICS NHS bodies will contract with NHS trusts for the delivery of services, using the NHS Standard Contract.
- The ICS NHS body and provider collaboratives should define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the provider collaborative to agreed ICS objectives.

Summary

- System Development & Implementation Plan outline key actions required to establish statutory ICS by April 2022
- Safe transfer of CCG functions and establishment of core ICS features as outlined in ICS framework is priority up to April 2022.
- Further development work will be required across ICS from April 2022 as system adapts & matures.
- Must maintain focus on collaboration, integration & partnership working with the aim of:
 - Improve population health & healthcare
 - Tackling unequal outcomes & access
 - Enhancing productivity & value for money
 - Helping the NHS to support broader social & economic development

Thank You

Digital Strategy Review

Professor Sarah O'Brien

Executive Director Strategy & System Development



National Context

- NHS Long Term Plan ambition for greater collaboration between health & Care partners including a shared care record across health & social care
- Shared Care Record needs to support transformation of pathways AND generate data that enables meaningful population health management at place & system
- C&M received national funding for population health management system (CIPHA) during pandemic this enabled very effective use of population data to support testing & vaccination

Cheshire & Merseyside Context

- Large ICS (2.6 million population)
- Areas of high deprivation and tackling inequalities is top priority – recognition need population health management capability to do this effectively
- Large number of trusts & complex (regional) patient flows
- There are existing technology solutions but they don't meet all national shared care or population health management requirements
- Integration of social care data has been a challenge and 9 places at different stages with this
- Historically information sharing across partners has been a challenge – need to build on how we did this during pandemic



Cheshire & Merseyside Digital Ambitions

- Effective integrated place-based partnerships to enable joined up services (shared records)
- Embed use of real time population health data & analytics at place and system
- Create a common person held record across ICS to enhance engagement & increase remote monitoring
- Utilise strength of academic and partners in research and innovation



Review Objectives

The aim of the review was to outline options & recommend direction for:

1. An integrated shared care record for Direct Care across Cheshire and Merseyside.
2. A single system (platform) supporting population health management.
3. Supporting data provision / integration to Person Held Record solutions across the region



Methodology

- Independent, external expertise conducted the review
- Interviewed stakeholders across the ICS including Regional and Place leads, ICS programme leads, clinical users, adult and children's social care representatives, and academic researchers.
- Interviewed current vendors in the region to understand their vision for how the solutions in the market will develop.
- Generated an options assessment framework based on the ambitions, challenges, and impacts from both Place and region perspectives.
- Presented to ICS Digital Board and agreed on 2 options to explore further

Outcomes

- Consensus view that we need a common (C&M) solution for direct care to inform population health management and provide a base for person held records
- Design Principles for final solution agreed:
 - No place to get a reduction in current service (solution needs to integrate existing)
 - Place will retain local control (existing electronic records (health & care) won't change)
 - Solution must adopt national clinical & technical standards
 - Must move towards a common (C&M) data set
 - Must support place-based population health management
- Presented 6 options, Digital Board reviewed & agreed 2 'top scoring options' to be developed further in a Business Case



Next Steps

- Ongoing engagement key stakeholders via Digital Board (including social care)
- ICS will engage independent support to develop business case
- Complete business case and take through Digital Board for comment etc
- Final decision to be made by ICS – possible ‘Shadow NHS Body’ decision

Thank You
