



Update from the Partnership Board

Edition 6

May 2021

Welcome to this update from the Partnership Board meeting which took place on Wednesday 26th May. This was the last meeting of the Board in its current form. The date of the first meeting of the new Board is expected in the first half of July, with an induction programme for new members in late June.

Chair Alan Yates took the opportunity to thank all current members for their contribution to the Partnership and paid tribute to their commitment and success.

You can find the Board papers [here](#).

Chief Executive's Report

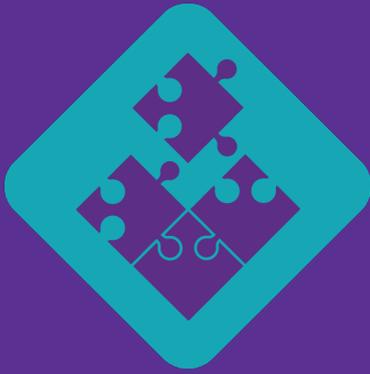
Chief Officer, Jackie Bene reported that the Covid Vaccination Programme was continuing at pace with well over 2m vaccines being administered across Cheshire and Merseyside. Currently, Cheshire and Merseyside is less affected by the Delta (Indian) variant of concern and noted that may change. It remains very important that people continue to take up the vaccine and that communications efforts are focussed on people from the priority cohorts who have yet to be vaccinated, and urging people to make sure they get their second dose for maximum protection.



The Partnership will host its first 'People Summit' between 16th and 18th June and over 900 people have already signed up to attend one or more of the sessions. This is a celebration of the efforts and achievements of our people over the last year, and an opportunity to share best practise and learn from our recent experiences in an effort to support and champion our workforce. Details of the People Summit can be found [here](#).

Finally, Jackie advised that the recruitment process to appoint a new Chair of the Partnership had begun with Gatenby Sanderson being appointed to manage the process. Partners will have the opportunity to get involved and engage, with details of how to follow. It is planned that interviews will take place in early July.

ICS Planning: workforce, finance and activity plans



This item was introduced by Executive Director of Finance, Keith Griffiths. He explained that the paper provided an overview of the NHS 21/22 planning context and the initial submission by the Partnership, with a summary of risks to delivery. It also includes the outline process for final submission.

The report reflects the current context and the pressures of the last year and resonates with colleagues in our Places across health and social care.

There are significant workforce challenges which are described, and we recognise that we need more people, working differently, in a compassionate and inclusive culture.

Activity levels are rising and performance recovery from Covid, while already under way, may take until well into 22/23. Additional funding is available to incentivise performance with 85% of 19/20 activity the target for July 2021. We expect to meet this trajectory.

The Cheshire and Merseyside ICS has submitted a break even financial plan based on planned income of £2.7 billion for the first half of 21/22. Financial plans are robust but require shared risk and the movement of resources around the System.

Board members noted that the plans are very NHS focussed with little input from partners in local authorities. However, the paper is an NHS requirement based on NHS funding and performance. Going forward, such plans and submissions are expected to be more inclusive of the whole System. It was clear in the paper that there had been significant collaboration between NHS partners to get to the position we are now in which was to be welcomed. Closer liaison with North West Ambulance Service (NWAS) would be helpful, although the three ICS workforce leads in the North West are in touch with them to determine the impact for NWAS and how we can all work together. Alan Yates also explained that he had met with the Chairs of both Greater Manchester and Lancashire and South Cumbria ICSs to discuss what should be considered on a North West basis – ambulance services would be one such example, together with NHS111 and mental health crisis services. He was due to meet the Chair of the Ambulance Service soon after the meeting.

The Board noted the report and agreed to its initial submission. The final document will be presented to the Board at the next meeting.

Commissioning

Joint Committee of CCGs

Clare Watson, Accountable Officer for Cheshire CCG presented a paper confirming the establishment of a Joint Committee of Cheshire and Merseyside CCGs to make commissioning decisions 'at scale'. Although the primacy of Place is recognised, together with the need for most commissioning to remain local, the Joint Committee is a welcome development providing a single, consistent approach. Membership is set out on the next page.



Per CCG, one member with statutory duties

- CCG Accountable Officer (x7)
- CCG Chief Finance Officer (x2)*

*When an AO is the AO of 2 CCGs

- x1 Chair**
- x1 Vice Chair**

**To be appointed from incumbent Chairs/Vice Chairs

Each CCG to provide one of the following Governing Body roles

- x4 Clinical Leads
- x1 Secondary Care Doctor
- x1 Registered Nurse
- x1 Lay Member – audit and governance
- x1 Lay member - PPI
- x 1 Quality Lead

In attendance;

- Healthwatch representative
- Cheshire and Merseyside ICS representative
- Public Health representative

In the first instance, the Joint Committee will be chaired by Andrew Wilson (Clinical Chair of Cheshire CCG) with Geoffrey Appleton (Lay Chair of St Helen's CCG) as the Vice Chair.

The Partnership Board discussed the paper and suggested that there should be two members from local authorities, including one to cover children's and young people's services. This was agreed. The committee will develop over the next six months, and it is important to ensure it remains sensitive to 'Place'. Working together is key, with a single population approach. The ICS, by design, is a collection of interrelated bodies –including the VCFSE sector too - and both vertical and horizontal connection is required. A level of trust is required between partners so we can represent each other as necessary, with confidence.

Governance around this, and provider collaboratives, still needs to be worked out but this Joint Committee is a significant development and good progress. The Board noted the paper and recognised the work of the CCGs to get to this point.

ICS Commissioning Function Review



Sarah O'Brien, Executive Director of Strategy and System Development presented this paper, which outlined the outcomes of the recent commissioning functions review. This is part of the development plan to streamline commissioning and determine proposals for commissioning and quality operating models at both Place, and System. The proposals will be considered by the ICS Development Advisory Group and brought back to the Board for approval in July. All CCGs have been involved together with representatives from local authorities. Consensus had been quickly arrived at and there were no fundamental disagreements.

There will now be a 'transition plan' developed with NHSEI and CCG colleagues to move to new operating models ahead of April 2022. Work will continue with each of the nine Places to develop proposals for governance and leadership.

Sarah will attend a future meeting of Accountable Officers to go through the paper with them too. Warren Escadale, (CEO of C&M VCFSE) asked for the VCFSE sector to be involved at Place level and offered to help achieve this. He and Sarah O'Brien are to meet to take this forward. The Board endorsed the outcomes and recognised the iterative steps yet to be taken.

Establishing an NHS Board



Chair Alan Yates led a discussion on the establishment of the new NHS Board, in addition to the ICS Partnership Board - a requirement of the White Paper. There is a very tight timetable and as the Partnership is not yet a statutory body, it relies on a high degree of leadership, trust and cooperation. That tight timescale was compounded by the legislative progress which made it improper to presume the outcome of Parliamentary scrutiny. Subject to the legislation the NHS ICS Body is not statutorily required until April 2022; it was almost certain that a shadow NHS Board would need to be in place by the autumn.

There are various options, and the risk that this becomes the Executive team by default should be avoided. The Board agreed that that would be unreasonable, burdensome and not inclusive. One potentially beneficial option was that the NHS Board could develop out of the Joint Committee of CCGs. This may be constitutionally difficult but if that were the view then membership, for example, could be developed to reflect that. The Partnership Board acknowledged that we need to start thinking about the NHS Body and be able to move quickly on it. Alan had brought it up in the spirit of 'no surprises' and to get members to start thinking about it. Clare Watson explained that when four CCGs in Cheshire were merged into one, an initial joint committee had been helpful – however, that was merging similar bodies. This is a more complex issue and she welcomed the initial discussion.

Finance

Keith Griffiths presented a short report confirming the final 2021 financial positions of each NHS organisation in the Cheshire and Merseyside ICS. He confirmed that a forecast, pre-pandemic deficit of £144m had been reduced to deficit of £10m.

All CCG's delivered break even, whereas prior to the pandemic they were predicting an overspend of £48m. By ensuring CCG's achieve break even in 20/21, the Cheshire and Merseyside System has protected resources in 21/22, given that any 20/21 CCG deficits would have to be repaid in full in 21/22. This is thanks to a commitment of collaboration by all partner organisations.



As regards the Provider positions, there is a mixture of small surpluses and deficits across the

System. This set of results is the consequence of a professional and managed set of actions that were predominantly driven by late amendments to national policy – particularly regarding annual leave being carried over from 20/21 and support for lost non-NHS income in 20/21.

The reporting of a £10m deficit for the whole of Cheshire and Merseyside is a successful result, particularly given the fixed financial envelope in the second half of the year when operational and financial uncertainties were significant.

Board members acknowledged the significant effort and resultant achievement of everyone involved and placed on record their thanks. This is a very welcome outcome in a particularly difficult year. Conversations at and involvement of Place level colleagues had resulted in a successful collaborative approach.

The report was noted and Alan thanked Keith Griffiths for his leadership in this regard.

Population Health



Sarah O'Brien gave a presentation summarising progress and outlining the next steps for the Partnership on this its top priority. The issues are clear and we know what the impact of health inequality is; we have learned a lot from our experiences of Covid – where health inequality was exacerbated. Now, it's about taking action together and doing things differently and where necessary, radically. Our Places are key together with the revised programmes of work and a commitment to contribute to economic development.

The Population Health Board is to be refreshed and will provide system leadership, oversight, connect to Place and set yearly priorities. We need to drive a culture change where the whole system and everyone in it has a commitment to improving population health and reducing inequality, together. Our citizens are our focus and we need to work with them to achieve our goals.

The Population Health Board is chaired by Eileen O'Meara, Director of Public Health in Warrington and Halton and SRO for the Population Health Programme, and she confirmed that work on a population health dash board had begun. While this looked at data and health protection involves intervention and action, we need to do more on prevention.

The Partnership Board agreed that this is a top priority and to ensure all aspects interlink, a high degree of matrix working, with a common purpose, is required. Health and Wellbeing Boards are key and need to be closely involved, and relationships with organisations like Local Economic Partnerships strengthened. Although Places will pivotal, PCNs can provide even greater hyper-local influence.

The Board noted the presentation and looked forward to ongoing discussions.

Conclusion

As this was to be the last meeting of the Partnership Board in its current form, Alan Yates sincerely thanked all members – especially those who would no longer be involved – for their contribution and commitment to the Partnership. It was thanks to them that significant progress has now been made, with a clear and shared endeavour, with relationships between different partners greatly improved.

Finally, he thanked Simon Barber, who had been a long standing member of the Partnership Board as Chief Executive of North West Boroughs NHS Trust, which from 1st June, would be part of Mersey Care NHS Foundation Trust. He had led the Governance Group of the partnership which in particular had laid the foundations for the Memorandum of Understanding.



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