

Approved Minutes

Meeting Name: Joint Committee (Meeting held in Public)
Meeting Date/Time: 30th November 2021 at 1.40 pm **Venue:** Microsoft Teams
Chair: Geoffrey Appleton, NHS St Helen's CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Voting Members		
Geoffrey Appleton	GB Lay Member	NHS St Helen's CCG
Simon Banks	Accountable/Chief Officer Representative	NHS Wirral CCG
Dr Sue Benbow	Secondary Care Doctor	Knowsley CCG
Dr Rob Cauldwell	Clinical Lead	NHS Southport & Formby CCG
Sylvia Cheater	GB Lay Member	NHS Wirral CCG
David Cooper	Chief Finance Officer	NHS Warrington CCG
Michelle Creed	Chief Nurse	NHS Warrington CCG
Dr Andrew Davies	Clinical Chief Officer	NHS Halton CCG
Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
Dr David O'Hagan	GP Director	NHS Liverpool CCG
Jan Ledward	Chief Officer	NHS Liverpool CCG and NHS Knowsley CCG
Jane Lunt	Director of Quality, Outcomes & Improvement / Chief Nurse	NHS Liverpool CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Mark Palethorpe	Accountable Officer	NHS St Helen's CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	Accountable Officer	NHS Southport and Formby CCG
Clare Watson	Accountable Officer	NHS Cheshire CCG
Non-Voting Members		
Sheena Cumiskey	Cheshire & Merseyside ICS Representative (interim CEO)	Cheshire & Merseyside Health Care Partnership
Dianne Johnson	Director of Transition	Cheshire & Merseyside Health Care Partnership
Margaret Jones	Director of Public Health Representative	ChaMPs
Paul Mavers	Healthwatch Representative	Healthwatch
Sarah O'Brien	C&M HCP Representative	Cheshire & Merseyside Health Care Partnership

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
In Attendance		
Nesta Hawker	Director of Commissioning and Transformation	NHS Wirral CCG
Dave Horsfield	Director of Transformation, Planning & Performance	NHS Liverpool CCG
Geraldine Murphy-Walkden	Programme Director	NHS Knowsley CCG
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG
Emma Lloyd	Notetaker	NHS Cheshire CCG

Apologies		
Name	Job Title /Category of Membership	Organisation being Represented
Dr Andrew Wilson AW	Clinical Chair	NHS Cheshire CCG
Ian Ashworth IA	Director of Public Health Representative	ChaMPs
David Flory DF	Cheshire & Merseyside ICS Representative (interim Chair)	C&M Health Care Partnership
Dr Ifeoma Onyia IO	Director of Public Health Representative	ChaMPs
David Parr DP	LA Chief Executive Officer Representative	Halton Borough Council

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>Geoffrey Appleton welcomed everyone, including any members of the public, to the meeting of the Cheshire and Merseyside CCGs Joint Committee held in public.</p> <p>The Chair wished to express thanks to Sheena Cumiskey, interim Chief Officer of Cheshire & Merseyside Health and Care Partnership, as this will be her final meeting and Graham Urwin commences in the role from 1st December 2021.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted above along with the nominated deputies where appropriate.</p>	
A3	<p>Declarations of Interests:</p> <p>There were no declarations raised specific to this meeting, other than those contained in the annual register of interests.</p>	

A4	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on 26th October 2021 were circulated prior to the meeting and comments were invited. No comments were raised, and the minutes were therefore approved.</p> <p>Outcome: The minutes of the meeting held on 26th October 2021 were approved.</p>	
A5	<p>Action and Decision Log:</p> <p>The action and decision log were noted, and it was highlighted that there were no actions for consideration at this meeting.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action and decision logs.</p>	
A6	<p>Committee Forward Planner:</p> <p>The forward planner was noted by the committee.</p>	
A7	<p>Advanced Notice of Any Other Business:</p> <p>No AOBs were raised.</p>	
A8	<p>Public Questions:</p> <p>No public questions were submitted for consideration at this meeting.</p>	
B Cheshire & Merseyside Health and Care Partnership Updates		
B1	<p>Update from the Interim Chief Officer:</p> <p>Sheena Cumiskey informed the committee that things are starting to move at pace, subject to legislative changes, as 1st April 2022 approaches. There is a lot going on and many people across all nine Clinical Commissioning Groups (CCGs) are involved in the safe closedown of the CCGs and the stand-up of the Integrated Care System.</p> <p>Sheena shared that it is vital that work continues to take place as close to the population as possible, to reach the objectives of improving outcomes and reducing inequalities. The current work is around ensuring that the scaffolding is in place to enable this to happen.</p> <p>The development of Place-based working is moving forward and a framework for each Place to assess themselves against has been established. This will be used to aid further conversations with each Place in the New Year to understand where further development is needed and how that is taken forward.</p> <p>The framework and logistics of how Place based leaders will be taken forward is being prepared and this will be followed up in the New Year.</p>	

Sheena confirmed that part of the new way of working is around provider collaboratives, with the two main foci being on acute and specialist providers, and community mental health and learning disability.

The main purpose is to work together to improve quality of care and to reduce inequalities in care to the population. Just as important, is the work done at Place with provider collaboratives and integrated care, where the collaboration is not just with NHS providers but also other care providers and those within the voluntary sector. Sheena confirmed that good process is being made.

The consultation for the very senior roles started last Thursday and this is progressing. Sheena shared that it was important to recognise that this is a huge change management process that it is difficult for many people; it is therefore important to focus on wellbeing and to ensure that support is given to people going through this process. Regular staff briefing sessions have been established and recruitment for non-executive roles and other roles will commence in December. Recruitment for the substantive Chair position will be completed early in the new year. There is a new Chief Officer in Graham Urwin and he starts his role on 1st December 2021.

The final work on the Integrated Care Board Constitution is being completed following the consultation and engagement process. This will go for submission to the region during week commencing 6th December.

Sheena confirmed that she will be handing over to Graham Urwin tomorrow and stepping back to her substantive role as Chief Executive Officer for Cheshire and Wirral Partnership. Sheena expressed thanks to everyone at the meeting today, and their teams, for their support whilst she has been carrying out the interim role. Sheena shared that she had found the role challenging, satisfying and enjoyable, and has found it a privilege to serve the people of Cheshire and Merseyside, and knows that under Graham's leadership it will go from strength to strength.

Questions were invited:-

- David O'Hagan thanked Sheena for her support in the interim role. David noted that primary care was not mentioned when talking about provider collaboratives and asked where they will fit in this.
 - Sheena confirmed that primary care is at the heart of everything as we move forward, we need to go where people live their lives and primary care do this every day. Primary care will be closely involved in integration and connected care at a Place based level, and the Integrated Care System want to see the Primary Care Forum continue. The engagement that goes through this forum is included in this. Work on developing a clinical leadership model is underway and primary care will be an integral part of this. In terms of the constitution, there will be two members from a primary care background. This is not about just having representatives; it is about members who bring knowledge and expertise to enable the Integrated Care Board to take the best decisions.

B2	<p>Update from the Director of Transition:</p> <p>Dianne Johnson shared an update via a presentation [link to presentation here].</p> <p>The Chair noted that the process is very important, but it was also important to note why these changes are happening and this is outlined in the presentation which is about improving outcomes and reducing inequalities. The two key questions should be asked – what is being done every day that exacerbates inequalities, or what is being done to reduce them, and how do you know. This is the bedrock of why this change is happening.</p> <p>No questions raised.</p>	
C Committee Business Items		
C1	<p>Delegation of Authority to the Cheshire & Merseyside CCGs Joint Committee:</p> <p>Fiona Taylor shared that this item and C2 are interlinked and describe the same things in some parts, but each will be treated separately at this meeting.</p> <p>Fiona highlighted that this paper is around ensuring that CCGs work collaboratively and effectively towards a position to successfully complete the closedown of the CCGs and one way to do this is streamlining the governance arrangements.</p> <p>Fiona highlighted that, throughout November, this paper has been through the governing body for each CCG to consider the Terms of Reference for the joint committee and consider how the joint committee would be able to enact its functions. Three sub-committees of the Joint Committee are also proposed to cover Quality, Performance and Finance. Fiona informed the committee that these governing body conversations led to feedback, and this is contained within the paper presented at this meeting. Fiona highlighted page 40 (item 5.3) and page 41 (item 6) as examples of where updates have been incorporated following feedback from governing bodies. Fiona also highlighted page 42 and the reiteration of the inclusion of Healthwatch on the Joint Committee to acknowledge and reinforce its role as an independent voice.</p> <p>Fiona informed the committee that several governing bodies raised comments around further assurance being needed along with the involvement and support of Mersey Internal Audit Agency. This is included in the paper and in the recommendations for consideration.</p> <p>Another request for the Chair of the Joint Committee to agree and oversee the process for the appointment of members of each sub-committee.</p> <p>Committee workplans have been updated and continue to be fine-tuned.</p>	

Communication was raised by governing body and the paper now includes a direct link from the Joint Committee to governing bodies, and there is a process in place to ensure that the transition piece and Accountable Officers are interconnected.

CCG governance leads are meeting weekly and are finalising the sub-committee arrangements. The group have focussed on a process that ensures governing bodies understand the work of the joint committee and its sub-committees and ensuring that they receive feedback and have access to the relevant. Fiona confirmed that this will be done through receipt of papers along with a summary from meetings and will be reported through governing body meetings.

The committee is asked to note that all governing bodies have agreed to greater delegated authority to the Joint Committee, are asked to note the updated Terms of Reference, note the process to establish sub-committees, note the process for communication to governing bodies and endorse the proposal for CCG Audit Chairs to approve the Terms of Reference and scope for the review of these which will be done in conjunction with Mersey Internal Audit Agency by the end of January.

The Chair thanked Fiona for the work and leadership on this item and invited any questions and comments:-

- Dr Andrew Davies also thanked Fiona for the work on this paper and highlighted that, whilst the technical detail is included in this, it is important that governing bodies work with a mutual confidence, trust, and respect, with the ability to trust each other to make good decisions but to challenge issues as well. This will give the public the confidence that we are doing the job well.

Outcome: The Cheshire & Merseyside Joint Committee noted that all Cheshire and Merseyside CCGs have agreed to delegate greater authority to the Joint Committee

Outcome: The Cheshire & Merseyside Joint Committee noted the updated Joint Committee Terms of Reference (Appendix B)

Outcome: The Cheshire & Merseyside Joint Committee endorsed the request for CCG Audit Chairs to consider and approve the Terms of Reference and scope of the review to be undertaken by MIAA at the end of January 2022

Outcome: The Cheshire & Merseyside Joint Committee noted the work underway to progress the establishment of the sub-committees.

Outcome: The Cheshire & Merseyside Joint Committee noted the process to be followed to enable Governing Body members to be informed of the work of the Joint Committee and its sub-committees.

C2	<p>Cheshire & Merseyside CCGs Joint Committee Sub-Committee Terms of Reference:</p> <p>Fiona Taylor extended thanks to Matthew Cunningham who has worked alongside her for items C1 and C2 of this agenda.</p> <p>Fiona reminded the committee that there is some repetition within this paper but highlighted that it was important to ensure the papers represent the information required for governance purposes.</p> <p>The Joint Committee are being asked to approve the Terms of Reference for the Sub-Committees and note the update on the membership.</p> <p>Members of the Joint Committee will be aware that it was necessary to be able to exercise their oversight of relevant functions of the sub-committees, and the Terms of Reference can be seen from page 104 to 132 of the meeting papers.</p> <p>Fiona informed the committee that initial meeting dates have been set as this was needed to get going with the set-up of the sub-committees given the timescales. The committee were also informed that governance leads have been identified to support the committees from a subject expertise point of view.</p> <p>The appendices include the terms of references which incorporates cross validation from MIAA. Although there is some more fine tuning to do in terms of triangulation, if the committee agrees to the terms of reference, then Chairs will be put into place. Fiona confirmed that the governance team are working on finalising the membership of the sub-committees, including the Chairs and Vice Chairs.</p> <p>Matthew Cunningham confirmed that he would be emailing out to potential committee members today to confirm the agreed committee membership and the governance leads are in the process of putting together draft agendas ready to link in with the chairs and vice chairs ready for the first meetings. Matthew highlighted that whilst recognising there is only a few months of operation, there is scope to amend the terms of reference for these sub-committees, and now the Joint Committee has been given the authority to approve, it will be an easier approval process.</p> <p>Fiona highlighted that, as the papers have been seen several times through governing body meetings and have been fine-tuned accordingly, it was not proposed to go into further detail.</p> <p>The Chair expressed thanks to Fiona and Matthew, and invited questions and comments from the committee:-</p> <ul style="list-style-type: none"> • Dr Andrew Davies noted the proposed quoracy and shared his view that this needs to be reviewed given that the decision-making capacity of the sub-committees. Dr Davies felt that this does not stop the committee proceeding but felt that it may be difficult to secure 75% quoracy. 	
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	<p>In addition, Dr Davies asked whether there were options to delegate matters from this committee to expediate decisions that are needed quickly.</p> <ul style="list-style-type: none"> ○ Geoffrey Appleton agreed that 75% quoracy will be a challenge and Chairs discretion may be needed, i.e. to ensure that the people around the table can make the decisions needed. ○ Fiona Taylor confirmed that the paper in C1 outlines the authority of the Chair of the Joint Committee and felt that it would be beneficial to have meetings of the Chairs to have a conversation around quoracy. Action: Fiona Taylor will organise for Chairs of Committees to review sub-committee quoracy. <ul style="list-style-type: none"> ● David O’Hagan expressed thanks for the work done and particularly for the updates and amendments throughout the process. David noted that the MIAA report highlighted that, whilst a lot of duties had been mapped across, some duties were outstanding and most of these have now been moved into better positions within the terms of reference. However, David suggested that consideration is given to how the work of these committee can be triangulated to ensure they don’t work in silos. David therefore welcomed the suggestion for a Chair’s meeting and felt that these meetings were important. <ul style="list-style-type: none"> ○ Fiona Taylor confirmed that the Joint Committee will receive the formal business of the sub-committees, but some work could be done around assurance work as well as the MIAA assurance as this will ease peoples’ concerns as we progress. <p>Geoffrey Appleton expressed thanks to Dr Andrew Wilson for his work on committee membership and highlighted that it has been a challenge to balance the clinical and lay membership within the committees as well as identifying chairs and vice chairs.</p> <p>Outcome: The Joint Committee approved the Terms of Reference for the sub-committees of the Joint Committee.</p> <p>Outcome: The Joint Committee noted the update with regards to the membership of Sub-Committees subject to the further updates.</p> <p>Outcome: The Joint Committee requested that the quoracy for sub-committees is reviewed by governance leads and sub-committee chairs.</p>	Fiona Taylor
C3	<p>Cheshire & Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper:</p> <p>Nesta Hawker joined the meeting for this agenda item and highlighted that the brief report provided includes an options paper as requested at the previous Joint Committee meeting.</p> <p>Nesta informed the committee that South Cumbria and Lancashire ICS, which includes the lead CCG for this procurement, have opted for 2.</p>	

	<p>Due to the timings of meetings, the paper will be going to the Directors of Commissioning Group next week, however, Nesta confirmed that of the responses from CCG commissioning leads to date, most have replied to suggest that they would accept option 2.</p> <p>Nesta highlighted that, for Merseyside CCGs, this should decrease the value of bariatric surgery as they are currently paying a premium for the short-term interim contracts currently in situ.</p> <p>Nesta also informed the committee that, in terms of the cost of procurement, should Cheshire decide to join, this would be the same cost as it follows the national tariff.</p> <p>Nesta highlighted Option 2 within the paper and confirmed that Cheshire could be included as an associate and then opt in if they decided. Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Clare Watson confirmed that Cheshire are happy to support option 2 and, although they need to look at the quality of the service both in stoke and the proposed one, they were happy to be an associate at the moment. • Dr Andrew Davies shared that Warrington would prefer option 2 or 3 but highlighted that they are seeing a rapid turnover in pathway 2 and therefore the position is not in a stable state going into Tier 4 procurement and may impact on the need going forward. • Peter Munday highlighted that the committee needs to have an understanding around the scale in terms of finance and patient numbers involved and asked for this to be included as background information on any future reporting. • Clare Watson noted that previously Wirral has worked with Cheshire, and it would be helpful to understand their reasons for moving from that arrangement. Nesta and Clare will liaise outside the meeting. • Simon Banks confirmed that Wirral would support option 2 but would see it as an interim measure. Simon felt that the ICB may wish to look at connecting Tier 1, 2, 3 and 4 across the area in the future and, given that we are looking at preventative work and aiming to reduce inequalities, work may be undertaken with local authorities and partner organisations to prevent people getting to Tier 4 and ensure that, when they do, they are safely returned into the weight management system. <p>Outcome: The Joint Committee reviewed the options within the table and agreed on Option 2 as their preferred option.</p>	
C4	<p>Expansion of Cheshire & Merseyside Virtual Wards:</p> <p>Geraldine Murphy-Walkden joined the meeting for this item and highlighted that there are two parts to this paper.</p>	

Geraldine informed the committee that the paper articulates a position and pilots the commissioning of an 'at scale' covid virtual ward offer to give enhanced support to facilitate early discharge. The other element to the paper is a virtual respiratory ward that has been tested to bring patients out of hospital early with enhanced package of care. Geraldine informed the committee that data suggests that there is a significant amount of bed days saved and significant benefit from this type of service.

The ask of the committee is to continue to commission the virtual covid ward for use across Cheshire and Merseyside whilst also working to expand the current respiratory offer building on local services that exist in each Place, to accelerate early discharge for those patients that are suitable with support at home.

Geraldine informed the committee that she has just taken part in a national discussion which confirmed that virtual ward expansion is expected to be part of the national guidance. The recommendation in this paper would enable Cheshire and Merseyside to be aligned with the expected direction of travel.

Questions and comments were invited:-

- Dr Andrew Pryce noted Section 9 about escalation which refers patients to 111 and asked what instructions have been given to 111 around this and how they would deal with this.
 - Geraldine confirmed that this is articulated in the SOP and highlighted that those patients will be part of a virtual ward offer. Therefore, 111 is a gateway but they aren't a 24-hour service, and the normal pathways would be followed. 111 is being used as part of the wrap around service as a central point of contact should a patient deteriorate.
 - Dr Pryce felt that this is fine as long as 111 are aware and know what to do.
- Michelle Creed shared that she feels the covid virtual ward at scale is a good idea and asked whether this work will include current data to look at what is working well and spread this at pace.
 - Geraldine confirmed that the current provision for respiratory services does vary by Place and work is needed to understand what is in existence already and what can be done to enhance this. There is no expected change to the provision that is currently in place and working well, it is about an enhanced wrap around for people leaving hospital.
 - Geraldine also confirmed that the clinical pathways developed for respiratory step down have been developed in conjunction with respiratory leads across Cheshire and Merseyside. Therefore, whilst Liverpool Heart and Chest Hospital were commissioned to work on this, they have worked with other providers to get a common view on what these pathways should be.
- David O'Hagan thanked Geraldine for the paper and the additional explanation of these two different respiratory are being proposed and how they fit in with current arrangements in Place.

David highlighted the importance of enabling Places to develop services with local providers so that they fit better with Primary Care Networks and primary care provision.

- Dr Sue Benbow thanked Geraldine for the explanations at the meeting and highlighted that the paper is two very separate areas and felt it is much easier to deal with separately. The Covid virtual ward does have a national SOP and has already been extrapolated across Cheshire and Merseyside, whereas the respiratory aspect is really a pilot in a specific area. Dr Benbow suggested that, therefore, two possible decisions could be made regarding this paper. Dr Benbow also raised the following two questions 1) Does the paper include people that are being stepped down from hospital to care homes, and 2) Is there any outcome data for the respiratory pilot in St Helen's and Knowsley as the data presented is primarily for the covid ward step down and highlighted that it is important that clinical outcomes are looked at. Dr Benbow also raised workforce issues which are of national concern and suggested that some smaller providers may struggle with on-call provision and would hope that all providers have been involved in discussion and not just the larger acute providers.
 - Geraldine agreed that workforce is a challenge, especially for smaller trusts. Geraldine shared that during discussions with providers, it was agreed that there is flex for one provider to cover another trust and this may be needed to ensure that there is equitable provision across the area. The model will be flexed to ensure there is system cover.
 - In terms of outcomes, the data is mainly around covid as this is deeper and more available. Ongoing monitoring of outcomes from respiratory virtual ward will take place and an independent evaluation is likely to be commissioned to ensure that patients are aware of how to re-access provision if they deteriorate.
- Simon Banks confirmed that he supported the recommendations in the paper as this learns from experience and provides a standardised approach with a localised response. Simon noted table 1 in the report which outlines the various components to be provided in a collaborative way and felt that this is where local implementation is important.
- Dr Andrew Davies confirmed that he also supported the recommendations. Dr Davies noted that some work is around community nursing support and suggested that there is data from a previous pilot which could be used for this. Dr Davies agreed that there are some structures already in place and need to ensure that when endorsing this we recognise that some flex is needed to reflect local Places and workforce pressures

Outcome: The Joint Committee agreed to the continuation of the Cheshire and Merseyside Covid virtual ward and the commissioning of this service for a further six months

	<p>Outcome: The Joint Committee agreed to the continued discussion and negotiation with providers to mobilise respiratory virtual wards across all sites with provider configuration for all three elements of respiratory virtual wards of 1. clinical in reach, 2. consultant oversight and 3. telehealth support</p>	
C5	<p>Update from the Cheshire & Merseyside CCGs Directors of Commissioning:</p> <p>David Horsfield joined the meeting for this item and outlined the report provided in the meeting papers, highlighting the following points from the Directors of Commissioning (DoC):-</p> <ul style="list-style-type: none"> • The addition of some items discussed at the previous Joint Committee meeting around specialised commissioning transition, operational delivery networks, asylum seekers and refugee population health, health and equalities, and specialised weight management which will be added to the workplan. This ensures the group aligns to the joint committee functions and its workplans. • The group has made some amends to the work plan and aligned this more closely to the Joint Committee's plan to ensure things are not missed off. • DoC have followed up commitment to the greener NHS and this has been received. • More information on System P will follow. The DoC are linking in with System P group on this. • Work on aligning policies has been delayed and this is due to come back to the Joint Committee in January. They have followed up with each CCG to get their financial position on IVF and sub-fertility and this information has been secured and has been fed back to the team Cheshire. Other policies likely to be of high risk as we move into an Integrated Care System are being identified and the method at Cheshire looks to be the best process to do this. The group will identify all other areas that need to be addressed due to significant differences between Places. The proposal is to continue this work and use the dashboard prepared by Cheshire to review the policies. The group is also ensuring that the work on IVF and sub-fertility is progressed at pace. • Business intelligence activity is being reviewed to ensure that work is done once across the patch without duplication. • Alcohol works in the Wirral is being supported by the DOC group, and more info will follow on this issue. • The Pan-Mersey headache pathway has been referred to DOC and there were some concerns around whether the pathways are being followed across the patch. This is being followed up with all LMCs. • The next DOC meeting is focussing on monoclonal anti body works and how this work can be supported, investment in mental health services 2022/23, clinical policies, specialised commissioning services and aligning work, Tier 4 obesity procurement and how this will be taken forward, commissioning of the veteran rehab services, and specialist rehab. 	

	<p>Geoffrey Appleton thanked Dave for the update and felt it was reassuring to hear about what the group is working collaboratively on. Comments and questions were invited:-</p> <ul style="list-style-type: none"> • Jan Ledward shared that, with regard to the Bariatrics work, consistencies at Tier 2 and 3 services are critical to getting onto Tier 4 and suggested that there may need to be a review of who is on the waiting list, identify where there are inequalities to address these, and review commissioning for next year as a result. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that he would add this to the agenda for the DOC meeting. • Dr Andrew Davies referred to the IVF and Sub-fertility project and shared his understanding that the Joint Committee had agreed to scope and assess the timelines and financial implements with a view to deciding on whether to proceed and asked whether this was still the plan. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that the financial information was key as this will be important in deciding what is affordable. This information has gone back to the team at Cheshire to look at differentials. The request is that the DOC group keep this on their agenda to provide support to the team at Cheshire, and then when this is scoped it will be brought back to the Joint Committee. <p>Outcome: The Joint Committee noted the contents of the report from the Directors of Commissioning.</p> <p>Outcome: The Joint Committee agreed to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at Cheshire and Merseyside.</p> <p>Outcome: The Joint Committee agreed to the addition of the identified items to the Directors of Commissioning Group's work plan.</p>	
D	Any other Business	
	N/A	

End of CMJC Meeting (Held in Public)