

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH JUNE 2016 1pm
BOARDROOM, THE DEPARTMENT, LEWIS'S BUILDING

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Tom Jackson	Chief Finance Officer
Dave Antrobus	Lay Member – Patient Engagement
Dr Fiona Lemmens	GP
Dr Fiona Ogden-Forde	GP
Dr Monica Khuraijam	GP
Dr Rosie Kaur	GP
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Janet Bliss	GP
Moira Cain	Practice Nurse
Dr Tristan Elkin	GP – Liverpool Central Locality

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Dr Sandra Davies	Director of Public Health
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Rob Barnett	LMC Secretary
Dr Jamie Hampson	GP Matchworks Locality
Tina Atkins	Practice Manager

IN ATTENDANCE:

Cheryl Mould
Lynn Collins
Samih Kalakeche

Dyane Aspinall

Ray Guy
Tony Woods

Ian Davies
Derek Rothwell

Alison Ormrod

Carole Hill

Stephen Hendry

Kerry Lloyd
Paula Jones

Primary Care Programme Director
Chair of Healthwatch Liverpool
Director of Adult Services &
Health, Liverpool City Council
Programme Director of Integrated
Commissioning (Health & Social
Care)

Retired Practice Manager
Healthy Liverpool Programme
Director - Community Services &
Digital Care

Chief Operating Officer
Head of Contracting &
Procurement

Interim Deputy Chief Finance
Officer

Healthy Liverpool Integrated
Programme Director

Senior Operations & Governance
Manager

Deputy Chief Nurse
Minutes

APOLOGIES:

Jane Lunt
Dr Shamim Rose
Phil Wadeson

Head of Quality/Chief Nurse
GP
Director of Finance, NHS England

Public: 20

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. The Chair emphasised that this was a private meeting held

in public and as the agenda was long as per the usual process the public present were asked to observe without interruption and the opportunity for questions would be available at the end of the agenda. Usually these needed to be submitted in writing with time for consideration but given the interest in item 4.3 Review of Homeopathy Services it would be possible to take some questions from the floor.

The Chair also took the opportunity to welcome the Cabinet Member for Health & Adult Social Care, Liverpool City Council to his first Governing Body meeting as a Non Voting Member.

The Chair also noted that Dr Shamim Rose was not able to carry out her CCG role at present and for this reason Dr Tristan Elkin had agreed to step in as a Voting Member for the Governing Body and also be acting chair of the Liverpool Central Locality.

1.1 DECLARATIONS OF INTEREST

The Chair noted that Dr Monica Khuraijam would leave the meeting for the discussion and vote around the Review of Homeopathy due to the involvement of close family members as homeopathic practitioners. The Lay Member for Patient Engagement declared that he was a Trustee of the Whitechapel Centre during item 2.4 Update from Director of Public Health.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 10th May and 26th May 2016 were agreed as an accurate record of the discussions that had taken place subject to the following changes:

- Minutes from 10th May 2016 page 13 Performance Report, it was noted that the Falls Pick Up Service pilot was not yet up and running.

1.3 MATTERS ARISING from 10th May 2016 not already on the agenda:

- 1.3.1 Action Point One: it was noted that the minutes from the March and April 2016 meetings had been approved at the Extraordinary meeting on 26th May 2016 as the meeting on the 10th May had not been quorate.
- 1.3.2 Action Points Two: it was noted that the update on Local Authority Financial cuts would be discussed at a Governing Body Strategic Development Session.
- 1.3.3 Action Point Four: it was noted that concerns over Primary Care Support Services had been picked up at the Primary Care Commissioning Committee.
- 1.3.4 Action Point Five: it was noted that the Terms of Reference for the Liverpool City Region NHS CCG Alliance Committees in Common had been approved at the quorate meeting on 26th May 2016.
- 1.3.5 Action Point Six: it was noted that an update on the Sustainability & Transformation Plan was included in the Chief Officer's Update section.
- 1.3.6 Action Point Seven: from item 3.1 Performance Report - the Deputy Chief Nurse clarified the position/figures for Aintree Hospital and Healthcare Acquired Infections. For C Difficile for 2015/16 there were 54 cases against a plan of 46 cases. Of these 24 were appealed, 19 of those appealed were upheld of which 8 related to Liverpool CCG patients. This clarified the question from the North Locality Chair about whether the figures for Aintree Hospital included all patients or just Liverpool patients.
- 1.3.7 Action Point Eight: from item 3.1 Performance Report – with regards to Healthy Ageing the Clinical Lead

noted that feedback would be brought to the Governing Body meeting in August 2016 on the Frailty Service.

- 1.3.8 Action Point Nine: it was noted that the Alcohol Strategy was to be brought to the Governing Body in July 2016.
- 1.3.9 Action Point Ten: it was noted that the Operational Plan 2016/17 had been approved at the 26th May 2016 Extraordinary meeting.
- 1.3.10 Action Point Eleven/Twelve: it was noted that new information and risk score for Primary Care Support Services/Capita would be included in the new iteration of the Corporate Risk Register for the July 2016 meeting along with the updated Healthy Liverpool Engagement Risk.
- 1.3.11 Action Point Thirteen: it was noted that audit Tender Arrangements were approved at the 26th May 2016 Extraordinary meeting.
- 1.3.12 Action Point Fourteen: it was noted that the Anti Fraud & Bribery Policy was approved at the 26th May 2016 Extraordinary meeting.
- 1.3.13 Action Point Fifteen: the Deputy Chief Nurse responded to the question from the public raised at the previous meeting as the full information needed to gathered together. Liverpool patients had two providers of maternity services, Liverpool Women's Hospital and One to One Midwifery. For 2014/15 that had been over 5,000 births in Liverpool of which 154 were homebirths therefore Liverpool was ahead of the national trend.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 39-16:

- Primary Care Commissioning Committee 17th May 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

- ✓ Primary Care Support Services – feedback had been received from NHS England. The Local Medical Committee Secretary was still disappointed with the service received from Capita and their inability to get to grips with the issues. He noted that the pilot for transport of medical records was still ongoing therefore acknowledging that the system was not working. There was no satisfactory answer for practices, no Plan B in place and the service was substandard. The Primary Care Programme Director noted that **the CCG had received a detailed response from NHS England that acknowledged our concerns and had escalated these to the National Stakeholder Forum and that** the Practice Manager Governing Body member was working with practice managers **to keep them informed of issues**. The Chair of Healthwatch observed the situation was being managed purely on the back of the goodwill and hard work of the practices. Brownlow Practice in particular with a high volume of students would find this particularly difficult.

The Chair commented that Primary Care Support Services were not part of the Scheme of Delegation and the responsibility lay with NHS England. This was also a national issue but the CCG needed to look at a local level at what could be done to support practices.

- Finance Procurement & Contracting Committee 24th May 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Contract management of Primary Care Contracts, the Head of Contracts & Procurement was to work alongside the Primary Care Team to develop the most

appropriate way to monitor the contracts for which we had delegated responsibility. This would be confirmed at the next meeting.

- Healthy Liverpool Programme Board 25th May 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ There were only 20 months remaining of the Healthy Liverpool Programme, it was important to get the focus and to ensure implementation of the key elements of this programme.
 - ✓ Community Model – development of the 7 Day Working and the Home First Model was discussed.
 - ✓ Hospital Services – delivery of the cardiology services model and review of women’s and neonatal services were discussed.
- Committees in Common 1st June 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ This was a committee of CCGs designed to make strategic decisions around the re-design of hospital services and Healthy Liverpool. “Committees” referred to Liverpool CCG, Knowsley CCG, South Sefton CCG and NHS England plus Local Authority representation.
 - ✓ The Committees in Common approved the process and the evaluation framework known as the Critical Success Framework for the re-design of services provided by Liverpool Women’s Hospital. This would then go to pre-consultation business case to set out the preferred option/range of options.
- Quality Safety & Outcomes Committee – 7th June 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

- ✓ The Committee currently met bi-monthly but there was a significant amount of information to be processed and the two hour timeslot was proving insufficient. The Chief Officer, the Head of Quality/Chief Nurse and Committee Chair were to meet to discuss how to maximise the effect of the Committee in ensuring safe services.
- ✓ One to One Midwifery – a Voluntary Ex Ante Transparency Notice procurement process to be undertaken following the failure of the lead commissioner to re-procure.
- ✓ Liverpool Community Health Capsticks Report – this would be discussed in detail later on the agenda for the June 2016 Governing Body.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

2.2 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Sustainability & Transformation Plan – feedback last month from NHS England had given a clear steer that what was required for submission by the end of June 2016 was a submission based on the four or five major things to be achieved by 2020/21 to secure sustainable services rather than a comprehensive list of everything to be done. This would be discussed at the Governing Body Strategic Development session to be held the following week.
- ✓ The Deputy Chief Nurse informed the Governing Body that a Joint Targeted Inspection of Children at Risk of Sexual Exploitation had been announced to commence 20th June 2016. This would involve the Care Quality Commission, the Police, Probation Service, Merseyside Police, Public Health, Liverpool City Council Children's Services. An audit of 20

cases had been done followed by a deep dive into 10 cases and the information gathering process was taking place and the investigation was to start on 20th June 2016 with the feedback to given on Friday 24th June 2016. An update would come to the next Governing Body meeting.

- ✓ The Lay Member for Governance/Deputy Chair updated the Governing Body that the CCG had led a successful partnership bid for £1.8m of new European money (Liverpool CCG, Alder Hey , Academic Health Science Network, Local Economic Partnership, Aimes, Liverpool John Moores University and Mersey Care). The monies were to foster digital innovation and boost the local economy.
- ✓ Dr Helen McKendrick from Vauxhall Health Centre had been awarded the MBE in the Queen’s Birthday Honours List. Dr McKendrick had started the practice in Vauxhall in the early 1990s and the practice had recently been classified as “Outstanding” in all areas by the Care Quality Commission inspectors. It was agreed that a letter of congratulations should be sent to Dr McKendrick on behalf of the Governing Body.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer’s update**

2.3 NHS England Update

There was no one present from NHS England so no update was given. The Secondary Care Clinician referred to the Sustainability and Transformation Plan process and the level of clinical engagement for the transformational issues. The Chief Officer responded that much of the local Sustainability & Transformation Plan content was built from Healthy Liverpool, which had significant clinical leadership and engagement.

The NHS Liverpool CCG Governing Body:

- **Noted that there was no verbal update.**

2.4 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ The Five Year Alcohol Strategy had now been approved at the Health & Wellbeing Board.
- ✓ Next phase of “Drink Less Enjoy More” campaign for the European Football Championships.
- ✓ Rehabilitation, Education, Support & Treatment (‘REST’) Centre opened 1st June 2016 in Fraser Street to offer services for street drinkers following a successful scheme last summer. Governing Body members were offered the opportunity to visit the centre.
- ✓ Joint Strategic Needs Assessment – new section added around hypertension and Sexual Health.
- ✓ Cancer screening uptake would be revisited.
- ✓ Public Health funding cuts – the Health & Select Committee had met and discussed the impact of the cuts locally, most of the efficiency savings which could be made had already been made and there were very few opportunities to make future efficiency savings. There might be a call on Local Authority funding in the area of HIV/Drug dependency which would be an issue.

The Lay Member for Patient Engagement declared an interest in the item as he was a trustee of the Whitechapel Centre who ran the REST Centre. The Cabinet Member for Health & Adult Social Care, Liverpool City Council also noted that there were no areas left for efficiency cuts as all those possible had been made.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Update from the Health & Wellbeing Board 2nd June 2016 - Verbal

It was noted that the meeting of the Health & Wellbeing Board on 2nd June 2016 had discussed the REST Centre evaluation and had agreed this as a really positive example of joint working across the Local authority, CCG and third sector to support very vulnerable people.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 39-16

The Senior Operations & Governance Manager presented the report to the Governing Body on key aspects of the CCG's performance in the delivery of quality, performance and financial targets for March and April 2016. He highlighted:

- Referral to Treatment Targets – this target was green across all areas but there were some alerts. Overall this was a positive position for the 18 week targets, there had been one breach of the 52 week target.
- Cancer Waits – this target was green with the exception of 62 day wait from urgent GP referral to first definitive treatment.
- Diagnostics – this was green which demonstrated significant turnaround.
- A&E Waits – Liverpool CCG had failed the target for March 2016 therefore for 2016/17 this required focus.

- Ambulance Response Times – more detail would come to the July 2016 Governing Body as the data had not been available for the June 2016 meeting.
- Increased Access to Psychological Therapies – the average recovery rate during quarter 4 remained at 34%. A deep dive analysis would be prepared for the Governing Body in August 2016.
- Mixed Sex Accommodation - in 2015/16 there were a number of breaches against a zero tolerance target. During April there were two breaches at Liverpool Heart & Chest Hospital. Not all the breaches in year involved Liverpool patients.
- Healthcare Acquired Infections – there were some issues at Aintree Hospital. The Deputy Chief Nurse was meeting with the trust on a monthly basis, the next meeting to take place at the end of June 2016 after which more assurance to be supplied to the Governing Body.
- Care Quality Commission – Five GP practice inspection reports had been received in the month, four were classed as “Good” and one “Requires Improvement”. It was highlighted that one practice had turned their performance around from an initial rating of “Good” in all areas with the exception of the domain of “Safe” to being rated as “Good” in this area on re-inspection.
- There was no financial information available.

The Governing Body commented as follows:

- The North Locality Chair noted that cancer 62 day waits had been discussed at the Aintree Clinical Quality & Performance Group and was due to complex patient pathways and patient personal choice around holidays. GPs could only make two week referral bookings within the set two week period. The Chair added that these conversations needed to be held between GP and patient.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators and the recovery actions taken to improve performance;**
- **Determined the level of assurances given in terms of mitigating actions where risks to CCG strategic objectives are highlighted.**

PART 4: STRATEGY & COMMISSIONING

4.1 Life Expectancy and Mortality Trends in Liverpool – Report no GB 41-16

The Director of Public Health presented a paper to the Governing Body which provided an analysis of short and long term trends in mortality and life expectancy in Liverpool. Since 2001 the mortality rate in Liverpool had fallen by 22% compared to a national reduction of 19.7% which had narrowed the inequalities gap. This was attributed to improvements in the management of Cardiovascular Disease and some cancers but the rate of improvement had slowed down in recent years and had raised concerns. The report looked into the demographics of the city. There had been a short term increase in mortality between 2014 and 2015 both nationally and locally, mainly associated with an increase in the mortality rate amongst those aged 80-84. Locally most of the increase in mortality between 2014/15 amongst the elderly was associated with Dementia/Alzheimers.

The Chief Officer wanted to be assured that everything possible was being done particularly with regard to influenza vaccination uptake. She was informed by the North Locality Chair that the CCG was already working with practices to increase uptake for next year with plans already in place.

The Deputy Chief Nurse observed that male mortality had increased for the first time in 20 years and wondered if there were any specific reasons for this linked to the way that men

received and acted on health messages. The Director of Public Health noted the need to look into this.

The NHS Liverpool CCG Governing Body:

- **noted the findings of this report**
- **considered how the CCG ensure a continued focus on preventing avoidable mortality including look at male mortality.**

4.2 NHS Liverpool CCG – Financial Strategy 2016/2021– Report no GB 42-16

The Chief Finance Officer presented a paper to the Governing Body on the CCG's financial strategy and financial plan 2016/17. Notification had been received from NHS England on the business rules and a higher surplus was to be delivered than had previously been thought. There was no additional significant risk but the assumptions had changed.

Page 10 of the report contained a table showing the trend in aggregate financial 'headroom' for the CCG and how this was now lower at c. £20m for 2016/17

Section 11 referred to financial sustainability and this would be discussed in more detail at the Governing Body throughout the summer months. The Better Care Fund was a significant area of expenditure for the CCG. The CCG would need to explore and develop a number of strategies to deliver financial balance. During the next 5 year planning cycle, it was planned for national resources in the region of 4% of total spend to be held centrally through the Sustainability and Transformation Fund. It would be essential for the CCG to develop credible plans to enable access to this resource. The CCG should explore the introduction of local control totals to manage variation. Additional income was availability via quality premiums and contract sanctions. In conclusion the paper reinforced the direction of travel.

The Governing Body commented as follows:

- The Lay Member for Patient Engagement referred to the allocations table on page 7 of the report and asked if the reserves included Specialist Commissioning funding allocated to Liverpool patients. The Chief Finance Officer confirmed that they did.
- The Secondary Care Clinician referred to the move to control totals from payment by activity as an opportunity to get clinical engagement and add value. He also referred to the emerging risk to the NHS of demoralising the workforce. The Chief Finance Officer responded that the end game was to put financial pricing on providers but it was better to drive behaviours and guide change.
- The Local Medical Committee Secretary asked about the extra headroom and what philosophy the CCG was applying. The Chief Finance Officer responded that 4% of NHS reserves were to be held as the Sustainability & Transformation Fund and the CCG should ensure it obtained at least its fair share of this resource. The Department of Health had imposed 1% non recurrent headroom and 1% surplus on commissioners for 2015/16 and 2016/17 therefore the direction of travel was to the centre. This was an extremely complex area and would be discussed in more detail at Governing Body Strategic Development sessions to enable the Governing Body members to understand in full. However, if CCGs did not meet their requirements then any non-discretionary spend was at risk.
- The Chair noted the challenges of the financial environment but that the greatest risk was disenfranchising front line clinicians. The important thing was to spend money on Liverpool patients, the government rules were changing constantly and the Governing Body needed to be kept informed, this paper was for noting.

The NHS Liverpool CCG Governing Body:

- **Noted the assumptions underpinning the Financial Strategy.**
- **Noted and endorsed the next steps to delivery of the strategy.**

4.3 Review of Homeopathy Services– Report no GB 43-16

At the this point in the meeting Dr Monica Khuraijam left the meeting due to her previously stated conflict of interest. The Chair introduced the paper presenting the clinical evidence for homeopathy and the results of the public consultation. The basis of the consultation had been agreed at a private session of the Governing Body in November 2015.

The Chief Operating Officer continued. The five options forming the basis of the consultation were:

1. Continue to fund at the current level.
2. Continue to fund with no upper limit.
3. Continue to fund but reduce the upper limit.
4. Continue to fund on an exceptional basis only.
5. Decommission the service.

In November 2015 the Governing Body agreed to initiative the formal process of consultation with the public using the above five options with the preferred option for the CCG being to decommission. The consultation period ran from 13th November 2015 to 22nd December 2015 using a survey which was available online and in paper format completed by 743 individual respondents. A consultation event was held on 4th December 2015 facilitated by Liverpool John Moores University. The responses/output had been evaluated by Liverpool John Moores University.

Prior to the Governing Body meeting three additional pieces of evidence had been submitted, two from the North West Friends of Homeopathy and one from the Chief Executive of the British Faculty of Homeopathy. These had been shared with all

Governing Body Members, however this did not constitute a material difference.

Of the 743 people who completed the questionnaire 73% chose the option to stop funding the service (decreasing to 64% for those with Liverpool postcodes). The public meeting had been attended by 29 individuals who explained their views further, with a high degree of support for the service.

NICE Guidance did not state anywhere that Homeopathy was a recommended treatment. If the service were to be decommissioned the CCG would work with the current provider to enable patients currently undergoing treatment to continue to the end of the treatment.

The Lay Member for Governance/Deputy Chair thanked the Chair and the Chief Operating Officer for the report. She noted that no process was without flaws but she did not consider the consultation process undertaken to be sufficiently flawed as to negate the results and although she was in favour of continuing to commission the service the consultation process was valid.

The Chair reminded the Governing Body that this discussion was around the process of public consultation and whether it supported our preferred option to decommission the service. The Chief Officer added that the preferred option to decommission the service agreed upon in November 2015 was not a decision in itself. That decision was to be taken today on presentation of the evidence gathered from clinical sources and public consultation.

The 13 Governing Body voting members present (quorate and non-conflicted) then went to vote with the result being one vote to continue to commission the service and twelve in favour of decommissioning the service.

The Chair noted that the process to decommission the service would start immediately and that the CCG would work with the provider to enable patients currently within the service to complete their treatment.

The NHS Liverpool CCG Governing Body:

- **Noted the process undertaken to conduct a public consultation on whether to continue to fund homeopathy services.**
- **Noted the findings of the public consultation exercise.**
- **Noted the conclusions of the Equality Analysis Report that decommissioning the homeopathy service will not be discriminatory.**
- **Accepted the recommendation to decommission the homeopathy service**

Dr Monica Khuraijam then rejoined the meeting.

PART 5: GOVERNANCE

5.1 Liverpool Community Health Capsticks Report – an Overview – Report no GB 44-16

The Deputy Chief Nurse presented a paper to the Governing Body to provide an overview of the Capsticks report on failures at Liverpool Community Health. The paper contained both the Liverpool Community Health and commissioner perspectives, highlighted how quality surveillance now would support earlier detection of risks and issues with quality in Trusts and offered an opportunity to reflect and understand the learning from this significant event. She referred to the background to the Capsticks report noting the Care Quality Commission visit in 2013 which had led to ultimately the replacement of the Executive team. In 2014 an improvement plan had been developed based on the findings and the Trust itself had commissioned the Capsticks Governance Consultancy Service to undertake a review of the circumstances which had led to the critical Care Quality Commission reports.

This report produced 36 recommendations, the majority of which were around clinical and corporate governance. It was highlighted that the CCG had not been asked to participate in the production of the Capsticks report, however, it was important that we considered the findings in order to learn and improve as an organisation.

Whilst risks could never be negated there was confidence that we had evolved as an organisation in capacity and were now in a better position to identify issues at an earlier stage. The Lay Member for Patient Engagement stressed the importance of ensuring the confidence in the organisation of its staff. The Chief Operating Officer noted the need for the Quality Team and the Performance Team to triangulate their intelligence gathering.

The Secondary Care Clinician noted that concerns around financial validity had been raised at the time of Liverpool Community Health's application for Foundation Trust status back in October 2012. It was important to bring Finance and Quality together to ensure that this situation did not happen again. The system needed to get better for supporting staff at all levels. The Practice Nurse member noted that the Staff Survey had not been taken into consideration by the Trust and workforce concerns had not been picked up. The Clinical Vice Chair referred to the current transaction of services and noted that the CCG had a unique opportunity to transform services as well as improve quality and monitoring processes. It was noted that the Healthy Liverpool Programme Director for Community Services and Digital Care was involved in the Transaction process on the attending the Transaction Board (the Chief Finance Officer and Chief Officer were also members of the Transaction Board). There was a sub group of the Transaction Board with a specific remit to oversee quality through the Transition. The Clinical Quality & Performance Group would focus on ensuring the quality of current services.

The Chief Officer noted that a great deal of time had been put into considering whether there was more that the CCG could have done to foresee/prevent the problems which had occurred with Liverpool Community Health. The North Locality Chair

noted that the Collaborative Commissioning Forum and Clinical Quality & Performance Group for Liverpool Community Health now drove quality and there were better systems in place.

The Chair noted that all NHS bodies were asked to produce a surplus by the Trust Development Authority so quality and finance were intrinsically linked. He noted that a great deal of information came through the Quality Safety & Outcomes Committee and there was a debate about how much level of detail was appropriate. Post the Francis report systems were far more joined up and it was only possible to say with the benefit of hindsight that this could not happen again. The Chief Officer agreed that we were now in a much stronger position and closer to the day to day working of trusts. She referred back to the Foundation Trust application, whilst we did state our concerns, the CCG might now have been more challenging. The Chair agreed that the matter needed to be discussed further at the Governing Body Strategic Development sessions.

The NHS Liverpool CCG Governing Body:

- **Noted the findings of the Capsticks Report and the recommendations for Liverpool Community Health**
- **Noted the strengthened arrangements in place for the CCG to monitor the quality of services delivered by providers**
- **Reflected on any learning for the CCG in terms of our governance arrangements.**

5.2 Complaints, Subject Access Requests, Freedom of Information Requests and MP Enquiries 2015-2016 – Report no GB 45-16

The Senior Operations & Governance Manager presented a report to the Governing Body which provided an overview of complaints activity and Freedom of Information Requests for the financial year 2015/16. He highlighted:

- Freedom of Information Requests: there was a very slight increase in numbers from the previous year, however the

key lines of enquiry for each had increased therefore they took a great deal longer to process.

- Complaints: 79 complaints had been received and the CCG had investigated 52 of these which was decrease of 34%. 15 of the 79 were redirected to alternative providers, 11 of the 79 were closed with no investigation undertaken. The majority of complaints were around Continuing Healthcare and were very complex.

The Governing Body commented as follows:

- In response to a query from the Practice Nurse member the Deputy Chief Nurse noted the triangulation of Serious Incidents/Never Events with complaints.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report.**

6. QUESTIONS FROM THE PUBLIC

The Chair noted that two detailed and complex written questions had been received and there had not been sufficient time to process them prior to the meeting and pull together all the necessary information. This would be picked up at the next meeting.

The Chair noted that three questions had been received in connection with the review of Homeopathy Services and that these had been picked up in the presentation of paper item 4.3 around the review of Homeopathy Services. The Chair then opened up the opportunity for questions around the review of Homeopathy Services to the public who were attending in higher numbers than usual due to their interest in this item:

- 6.1** Mr John Cook chairman of North West Friends of Homeopathy formally noted his dissatisfaction at the decision taken to decommission Homeopathy and the

process behind it. He referred to the document on yellow paper which he had distributed to all those present at the beginning of the meeting about the flaws in the breadth of those consulted in the process. He referred to the Governing Body paper page 37 of 39 where it stated that the engagement would be proportionate to the size of service currently provided and commensurate with a process which was not a formal public consultation and asked if this in fact been a formal consultation process. The Chief Operating Office confirmed that it had been a formal public consultation.

- 6.2** Dr Sue De Lacy told the Governing Body that she was very disappointed with the outcome and was concerned for her patients who have been living with a high level of anxiety about the future provision of their treatment from February 2015. She asked what she could feed back to her patients. The Chief Operating Officer explained that the process now was to meet with the provider to help them have the conversations with patients and to invite primary care practitioners to be involved.
- 6.3** Mr Sam Semoff referred to the Financial Strategy for 2016/2021 and the allocations from NHS England and asked if the Sustainability and Transformation Plan monies were included. The Chief Finance Officer noted that the Sustainability and Transformation Plan monies were additional. The Plan represented £40m of funding for the Health Economy.
- 6.4** Mr Greg White, Chief Executive of the Faculty of Homeopathy noted that he sent his observations through to the CCG Governing Body. He felt that the the data used to make the decision to decommission Homeopathy was flawed and that bad data made for bad decisions. The consultation process was flawed in its methodology and selective in content. He felt strongly that the Faculty of Homeopathy should have been included in the consultation process. Given the

overall budget of the CCG of £830m the cost of commissioning Homeopathy at £30k was a very small amount in comparison. He noted the influence of the Good Thinking Society as an expert pressure group. The Chief Operating Officer responded that this was a formal public consultation which drew on a wide variety of stakeholders which had been publicised on the CCG website.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 12th July 2016 1pm in The Boardroom, The Department.