NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 11TH OCTOBER 2016
2.30pm
BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

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

NON VOTING MEMBERS:

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

IN ATTENDANCE:

Derek Rothwell	Head of Contracts, Procurement & Business Intelligence

Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Ian Davies	Chief Operating Officer
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Sarah Thwaites	Healthwatch Liverpool
Paula Jones	Governing Body Administrator/Minutes

APOLOGIES:

Dave Antrobus	Lay Member – Patient Engagement
Cheryl Mould	Primary Care Programme Director
Mark Bakewell	Deputy Chief Finance Officer
Stephen Hendry	Senior Operations & Governance Manager
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Dr Rosie Kaur	GP
Alison Ormrod	Interim Deputy Chief Finance Officer
Lynn Collins	Chair of Healthwatch Liverpool (Sarah Thwaites representing)
Ray Guy	Retired Practice Manager

Public: 9

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. Both Governing Body members/attendees and the members of the public present introduced themselves. The Chair emphasised that this was a private meeting held in public with the opportunity for questions at the end of the agenda.

1.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 13th September 2016 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- It was noted that the Governing Body meeting had started at 2pm as it followed on from the Annual General Meeting which had started at 1pm.

- It was noted that the last paragraph on page 15 re the Pre-Consultation Engagement Process to Support the Review of Women's and Neonatal Services required amendment to read: "There had however been a sense of frustration that options had not been available to be considered by the public at the present time."

1.3 MATTERS ARISING from 13thSeptember 2016 not already on the agenda:

1.3.1 Action Point One: it was noted that the changes had been made as requested to the minutes of the August 2016 Governing Body meeting.

1.3.2 Action Point Two: it was noted that the change had been made as requested to the feedback template from the Quality Safety & Outcomes Committee September 2016 to state that the Independent review of the CCG activity to respond to the Liverpool Clinical Laboratories issues had the risk identified that the CCGs could fail to respond effectively to the issues rather than the CCG had failed to respond.

1.3.3 Action Points Three and Six: it was noted that the management of Healthcare Acquired Infections was to be included on Corporate Risk Register for the November 2016 Governing Body meeting along with a drill down on longstanding static risks.

1.3.4 Action Point Seven: it was noted that the register of procurement decisions would be available on the CCG website from early the following week.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 70-16:

- Primary Care Commissioning Committee 20th September 2016 – the Chief Officer fed back to the Governing Body:

  - ✓ Primary Care Support Services – this matter was ongoing.

  - ✓ Prescribing Financial Effectiveness Plan was presented.

  - ✓ Liverpool Quality Improvement Scheme (GP Specification) last year's results (2015/16) – the reasons for why practices had not achieved all targets, lessons learnt were taken on board and support was available to practices to deliver the targets going forward.

- Finance Procurement & Contracting Committee 27th September 2016– the Chief Finance Officer fed back to the Governing Body:

  - ✓ Information Governance policies were sent to the Finance Procurement & Contracting Committee for approval. These would need to come to the Governing Body for approval once the comments made at the committee had been included.

  - ✓ Approval was given for bidders for the Telehealth Technology Services procurement pre-qualification questionnaire stage. The next stage was to progress to Invitation to Tender.

  - ✓ Financial position was discussed – there was a paper later on the agenda which would give more detail on this.

- ✓ Prescribing Financial Effectiveness Plan and ‘Acting as One’ system issues regarding High Cost Drugs – the draft cost framework was to be taken forward – this would be discussed at the Hospital Transformation Board re Secondary Care Prescribing.

- Healthy Liverpool Programme Board 28th September 2016 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ Financial Constraints presented significant risks.

  - ✓ Acute Primary Care Demand Model case for change was approved.

  - ✓ Demand Management Performance – dashboard to be introduced.

- Audit Risk & Scrutiny Committee 30th September 2016 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:

  - ✓ Better Care Fund – new national guidelines around the Better Care Fund had been issued and we were waiting for these to be worked through and the impact on the internal processes of the Joint Commissioning Group and joint processes with the Local Authority. The Audit Risk & Scrutiny Committee was keeping this under review and would bring something back in due course.

  - ✓ Conflict of Interest Policy had been discussed, however further new guidance was to be issued so this was likely to be changed again within the current financial year.

  - ✓ Risk Management Strategy had been endorsed and was on the Governing Body agenda for approval.

  - ✓ The Disinvestment Policy and Procedure had been discussed and endorsed – it was emphasised that this did not mean that there had not been a policy

and procedure in place previously, there was but this had now been written up into a published format. Disinvestment was quite different from time limited contracts coming to an end at the end of their term.

- ✓ Information Governance report had been made to the Finance Procurement & Contracting Committee but feedback needed to be incorporated before it came to the Governing Body for approval.

- ✓ The Auditor Panel had been meeting to follow due process around the appointing of external auditors and the successful bid would be communicated shortly.

- Quality Safety & Outcomes Committee 4th October 2016 – the Head of Quality/Chief Nurse fed back to the Governing Body:

  - ✓ Anti-Microbial Strategy and associated implementation plan was discussed and approved. Failure to implement could have a major adverse impact on health outcomes therefore a steering group was in place reporting regularly to the Quality Safety & Outcomes Committee and also within the appropriate Mersey-wide groups.

  - ✓ Quality Impact Assessment Policy discussed for dissemination within the CCG. Failure to implement would lead to a lack of an audit trail outlining the impact of any service change. The Policy would be launched by a series of workshops and needed to be incorporated within the Disinvestment Policy.

  - ✓ Intermediate Care Services – the Quality Safety & Outcomes Committee was to undertake a Quality Impact Assessment on the new services with regular reports back to the Committee. A review was to be carried out of the monitoring arrangements to ensure they were robust and effective.

The NHS Liverpool CCG Governing Body:

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

2.2 Liverpool City Region CCG Alliance – Report No GB 71-16

The Chief Officer fed back to the Governing Body on the meeting which had taken place on 5th October 2016:

- This was the third of three workshops, which assessed the geographic options against agreed criteria. This resulted in local arrangements being optimised – i.e Liverpool, South Sefton and Southport and Formby CCGs exploring how best to work together. There would be a joint meeting of the CCG Governing Bodies in early November to share this and consider next steps.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool City Region CCG Alliance.**

2.3 Feedback from the Liverpool Safeguarding Adults Board – 27th September 2016 and the Liverpool Safeguarding Children's Board – 28th September 2016 – Report No: GB 72-16

The Head of Quality/Chief Nurse updated the Governing Body:

Liverpool Safeguarding Adults Board:

- The Performance Report highlighted issues that Liverpool had a lesser percentage of Care Homes rated as "Good" or "Outstanding" than the North West average and a greater percentage rated "Requires Improvement" than the North West average. This meant that there was a potential for poor quality. Liverpool City Council and Liverpool CCG would lead on this work and report back to the next Safeguarding Adults Board.

- Critical Incident Group feedback – the risk identified was the poor dissemination of learning from the outcomes of current reviews therefore there were dissemination events planned for December 2016.

- Exploration of the feasibility of Adult Safeguarding Boards in Wirral, Knowsley, Sefton and Liverpool joining to work on key strategic common issues. This involved four Local Authorities, four CCGs and the Police. A further paper would be shared at the Board when a proposal was available.

Liverpool Safeguarding Children's Board:

- Impact of the current Children & Social Work Bill on the structure of Safeguarding Children's Boards. The Chief Executive of Liverpool City Council had attended for this item. The potential future partnership arrangements were discussed and the Local Authority Chief Executives would support local discussions.

- Joint Targeted Area Inspection Action Plan Review – Plans to be submitted to Ofsted shortly. The strategic leads were to be defined and action, impact and timescales for completion. The Plan was to be signed off by key partner agencies at Chief Executive level.

  The Chief Officer requested more information on the impact of the Children and Social Work Bill for the Governing Body via a briefing paper from the Head of Quality/Chief Nurse to the Governing Body.

The NHS Liverpool CCG Governing Body:
- **Considered the reports and recommendations from Liverpool Safeguarding Adults Board and the Liverpool Safeguarding Children's Board.**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- Liverpool Heart & Chest Hospital Care Quality Commission report had rated the trust as "Outstanding"

overall and was the only specialist trust in the country to achieve this. More information was contained in the performance report, this was an excellent result.

- The NHS England Planning Guidance had been issued at the end of September 2016. The process was to be different to previous years and the CCG was required to undertake a two year planning round with contracts with trusts to be signed off by 23rd December 2016 which would be extremely challenging. There were nine "Must Dos" for the process and a paper on these would be presented to the November 2016 Governing Body meeting.

- Healthy Lung – the Chief Officer introduced the Cancer Transformation Programme Manager to update the Governing Body on the Healthy Lung Campaign. The Cancer Transformation Programme Manager showed the Governing Body the poster which was being shared and had been presented to the Royal College of General Practitioners by the Cancer Clinical Lead.

- At the invitation of the Chief Officer, the Lay Member for Governance/Deputy Chair updated the Governing Body with the excellent news of the successful application from the CCG for European funding of £240,000 Euros to be spent on sharing best practice re Healthy Living and the Digital agenda. She added that this brought the total of European funding into the CCG for Liverpool to approximately £10m over a three year period. The Digital Clinical Lead expressed grateful thanks to the Digital Care & Innovation Programme Lead for all his hard work on the European bids.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Update

There was no one present from NHS England so no update was given. .

The NHS Liverpool CCG Governing Body:

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

2.6 Public Health Update - Verbal

The Director of Public Health Liverpool City Council updated the Governing Body:

.

- ✓ Public Health Annual Report 2015/16 was now available on the Liverpool City Council website and could be circulated to the Governing Body should they wish.

- ✓ Breast Screening Services – Public Health were meeting with the Chief Executive of Public Health England to share concerns about the poor uptake of screening in Liverpool.

- ✓ New Stop Smoking Services launch in October. The Local Authority was urged by Cancer Research UK not stop the focus on smoking cessation.

- ✓ Common Childhood Illnesses Campaign – this would continue to March 2017.

- ✓ "Drink Less Enjoy More" campaign to launch again on 14th October 2016 – there would be a focus on students.

- ✓ The 'flu' Campaign was to launch again on 12th October 2016.

The NHS Liverpool CCG Governing Body:

➢ **Noted the Verbal Update.**

2.7 Health & Wellbeing Board Update - Verbal

The Healthy Liverpool Integrated Programme Director updated the Governing Body:

.

- ✓ Liverpool CCG had provided an update on the Sustainability & Transformation Plan in advance of the publication of the final plan – the plan was built on Healthy Liverpool and Shaping Sefton, a draft had been submitted in June 2016 and the final plan was to be submitted to NHS England on 21st October 2016. It

would then be presented to the Health & Wellbeing Board at the end of November 2016.

- ✓ There was a presentation on the impact of benefit changes on the local population which was not to be underestimated. The Cabinet Member for Health & Adult Social Care, Liverpool City Council noted the work of the CCG with the Citizens Advice Bureau via Advice on Prescription and how valuable this would be in supporting the population.

- ✓ Merseyside Fire and Rescue gave a presentation on the Safe At Home Scheme – it was good for health to link in to maximise the benefits of early contact with the public.

- ✓ Refresh of the Children's Trust Board to become the Children's and Families Trust Board.

The NHS Liverpool CCG Governing Body:

- ➢ **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 73-16

The Chief Operating Officer 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 July and August 2016. He highlighted:

- Referral to Treatment 18 Week target – the target was marginally missed but performance was on a downward trend. A piece of work was being carried out to look at the tail (waiting longer than 18 weeks) and the next report would contain an update on this.

- Referral to Treatment 52 Weeks – the breach occurred due to a patient at the Robert Jones and Agnes Hunt Orthopaedic Hospital in Oswestry being put on the waiting list but then choosing a different consultant so it was not always possible to legislate for patient choice.

- Cancer – there was good performance around waiting times, however there was some pressure on the 62 day

wait due to the complexity of the patients coming through the system.

- Ambulance Response Times – there was some improvement in performance in Liverpool (meeting one of the three national targets), there was a slowdown in activity growth from 6.1% seen in May to the 1.6% in August. The North West was just under 3% over plan and was struggling to deliver the three performance level targets.

- A&E 4 Hour Wait Targets – the Royal Liverpool Hospital achieved 92%, Aintree Hospital 86% against the 95% target. There had been three meetings of the Joint NHS England/NHS Improvement Summit challenging patient flow re Aintree Hospital and NHS England would adopt this approach for the Royal Liverpool Hospital. The Emergency Care Improvement Programme Team were looking at North Mersey in the round and holding a first meeting towards the end of October 2016 looking at the Royal Liverpool Hospital. Nationally the System Resilience Groups had been replaced by the Local A&E Delivery Boards.

- Mixed Sex Accommodation – there were two breaches in August due to the clinical need of patients and the lack of availability of segregation.

- Healthcare Acquired Infection – at this point the Head of Quality/Chief Nurse updated the Governing Body explaining that two cases of MRSA had been assigned to the CCG due to the vagaries of the system rather than any lapse in care - because there was no process to assign cases for patients not from England they were assigned to the CCG area in which the hospital sat. There was a zero tolerance target for MRSA. The Head of Quality/Chief Nurse continued re C Difficile explaining that the focus was on the number of trusts with breaches and the assurance given and control measures in place. The Anti-Microbial Strategy was part of this process and Trusts were taking the issue very seriously.

- CCG Quality Premium First Quarter – there were four national premiums (Cancer early diagnosis, Increase in e-referrals, Overall experience of making a GP appointment and Anti-Microbial Resistance) and three local (Reduction in emergency admissions for alcohol related liver disease, Access to Improving Access to Psychological Therapies and Reduction in emergency admissions due to falls in the over 65s). The CCG might have its quality premium award reduced if the NHS Constitutional measures were not met. Some of these were showing as red and challenged (A&E Waits, Cancer diagnosed at early stage, overall experience of making a GP appointment and increase in proportion of e-referrals).

- Care Quality Commission Inspections – Aintree University Hospital Urgent & Emergency Services had been rated as “Requires Improvement” from an unannounced visit in June 2016. The issues were being picked up in operational discussions to make sure the focus remained on patient care. Liverpool Heart & Chest Hospital (including Community services in Knowsley) had been rated as “Outstanding” overall.

The Governing Body members commented as follows:

- The Lay Member for Governance/Deputy Chair referred to the national indicator for overall experience of making a GP appointment and that Liverpool CCG was achieving a rate of 77.1% for respondents saying their experience was good (below the target of 85%) and commented that it would be helpful to know the % of respondents. She noted that Liverpool had invested money in improving access to Primary Care and risked being “punished” when every effort had been made. The Chief Operating Officer agreed that he could obtain this information.

- The Chief Officer asked for more information on the local quality premiums for the next Performance Report.

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 Disinvestment Policy (Cessation and Significant Reduction in Services) – Report no GB 74-16

The Head of Procurement, Contracts & Business Intelligence presented the Disinvestment Policy and Procedure (cessation and significant reduction of services) to the Governing Body for approval. He noted that the policy was not to be applied retrospectively as disinvestment had previously been done on a case by case basis with all the legal requirements met. Going forward it was important to have a disinvestment procedure with a single process to ensure documentation was drawn up to legal requirements. The Policy had already been discussed at the Finance Procurement & Contracting Committee, Quality Safety & Outcomes Committee and the Audit Risk & Scrutiny Committee and comments included for the final draft presented to the Governing Body for approval. Disinvestment proposals must consider the Public Sector Equality Duty as outlined in the policy Appendix A.

Where key programme reviews such as Financial Efficiency Programme, Contracts cycles, Healthy Liverpool Programme identified the need to disinvest in a service, a number of stages would be required to make the case for change. These would include:

- Business case for change and evidence of usage and performance
- Equality implications (Both pre and post consultation)
- Clinical Quality implications
- Consultation /engagement and communication requirements
- Correct governance and decision making processes.

The objective of the policy was to connect with all the key programmes that generated proposals for disinvestment with one single process and oversight. There was no de minimis level.

The aims of this policy were to:

- Provide a rationale and process that demonstrated how the proposal to disinvest had been identified.
- Contribute to the delivery of the CCG's commissioning strategy and priorities.
- Highlight the process which commissioners needed to take when disinvesting
- Ensure the CCG was operating within its legal parameters.

The Governing Body, as the legally accountable body for NHS resources in Liverpool, would ultimately take the decision with regard to the disinvestment of any service following the criteria and process set out in this document. No final decision would be made by the Governing Body, without consideration to:

- Business case for change and evidence of usage and performance
- Equality implications
- Quality implications
- Consultation /engagement findings

Operational Management Group ('OMG') was the key forum for:

1. evaluating potential ideas and initial proposals regarding disinvestment

2. To quality assure and oversee the disinvestment process. This would include:

* Consideration of the Initial business case (PID)
* Involve subject matter expertise (Equality, clinical Quality, consultation and legal)
* Refer the initial business case to the Governing Body for approval on whether to proceed or not.
* Review full business case

* Identify which services will be subject to further work through the disinvestment process
* To oversee timelines for consultation and engagement
* Provide assurance that proposals are evidence based and are compliant with the law, good practice and this policy/procedure

The Head of Contracts, Procurement & Business Intelligence then explained the principles under which the policy should operate, including the need for any conflict of interest to be declared.

For the purposes of the Policy the responsible officer would be the programme/budget line manager and they were required to undertake the following actions:

- Identify services for consideration of disinvestment
- Provide an Initial business case (PID) of the service to be reviewed

Subject to approval by OMG, the responsible officer needed to further develop proposals by:

- Developing the case for change (full Business case)
- Developing equality analysis report and consultation / engagement plan (in conjunction with subject matter experts)

Section 4.3.1 of the Policy referred to criteria for developing proposals for disinvesting of services (business case). No disinvestment of the service would commence until the relevant statutory requirements had been met. This would include the engagement/ consultation report and full equality analysis report and quality impact report presented to the Governing Body for their consideration, prior to making a final decision.

The Governing Body, as the legally accountable body, would ultimately make the decision with regard to the disinvestment of any service following the criteria and process set out in this policy.

The Governing Body would make the appropriate decision following their review of the information:

1 **Non approval to the disinvestment recommendation.**

2 **Approval to the disinvestment recommendation.**

3 **Request more information.**

Should it be applicable, Liverpool CCG reserved the right to deviate from this process, the decision to deviate would be via a formal committee such as the Governing Body meeting, Finance, Procurement and Contracting Committee, Primary Care Commissioning Committee etc.

A Governing Body GP Member asked about the level of clinical input to the disinvestment process. The Head of Contracts, Procurement and Business Intelligence responded that clinicians were involved at the appropriate stages. The GP Governing Body member was adamant that it required wider clinical involvement. The Chief Officer noted that there were GPs among the membership of all the committees of the Governing Body where the Policy had been debated prior to coming to the Governing Body for approval so clinicians were involved in the whole process. However it needed to be explicit in policy rather than implicit that the policy did not refer to fixed term contracts which came to a normal end.

The NHS Liverpool CCG Governing Body:

- **Noted the report**
- **Approved the Disinvestment Policy and Procedure (cessation and significant reduction of services) set out in Appendix A**

4.2 Hospital Services Digital Investment Proposal: Electronic Patient Record ('EPR') – Report no GB 75-16

The Clinical Vice Chair/Digital Lead presented a paper to the Governing Body to set out the investment case to support the implementation of an Electronic Patient Record in three local Acute Trusts. This had been approved the previous month at a private session of the Governing Body but the commercial and in confidence elements had been removed from the paper presented at the October Governing Body as the procurement exercise with preferred bidders was still

ongoing. A ring fenced financial allocation from NHS England was available for digital development and the investment proposal was also approved by the Healthy Liverpool Programme Digital Programme Board subject to confirmation of funding. Liverpool was the only area of the country putting this in place.

The Governing Body Members commented as follows:

- The Hospitals Clinical Lead endorsed this as integral to the success of the Healthy Liverpool Programme.

- The Cabinet Member for Health & Adult Social Care, Liverpool City Council asked about the threat of computer hacking of the record(s). The response from the Clinical Vice Chair/Digital Lead was that the software platform was cutting edge and the most secure available.

- It was noted that Liverpool was once again at the forefront of development and that this was an excellent example of Acting as One.

- The Chair thanked the Clinical Vice Chair/Digital Lead and the Chief Finance Officer for maintaining resilience to contain the ring-fenced funding from NHS England for Liverpool.

The NHS Liverpool CCG Governing Body:

- **Received and notes the redacted version of the investment case for EPR**
- **Confirmed the original decision of Liverpool Clinical Commissioning Group Governing Body to approve the use of restricted digital funding to support the procurement of a Hospital Electronic Patient Record in three local Acute Trusts.**

4.3 Finance Update Month 5 (August) 2016/17 – Report no GB 76-16

This item was taken immediately following the Performance Report item 3.1.

The Chief Finance Officer presented a paper to the Governing Body to give an update on the CCG's financial position within the 2016/17 financial year based on Month 5 (August) reporting information and steps being taken to mitigate financial risk given the Month 5 reporting position and the approach towards financial recovery.

This was the fourth year of the CCG's operations and it has continued to receive the lowest growth in the country for each of the last four years and planned for the next two. Low growth coupled with growing demand and inflation was now beginning to drive financial challenges. Under NHS Business Rules the CCG was required to deliver a planned surplus of a minimum of 1%, establish contingency of at least 0.5% and have at least 1% non-recurrent headroom. As at Month 5 the CCG was unable to deliver the additional non-recurrent headroom 1% requirement.

The resources available to the CCG were:

Revenue Resource Limit	£'000
Total Notified Allocation	780,505
Total Non Recurrent Allocation	20,710
Primary Care Co-Commissioning Funds	66,357
Total Allocation	**867,572**
Total Programme Costs	842,528
Total Running Costs	10,617
Total Costs	**853,145**
Planned Surplus	**14,427**

Non-Recurrent Allocations received were:

Other non-recurrent allocation	2016/17
Return of Prior Year Surplus	14,427
GP Access	44
Vanguard Funding	914
Additional MH	309
Public Health	16
IM&T	5,000
Total	**20,710**

Year to date, there were risks in the forecast due to standard budgetary pressures which challenged the position to deliver

the £14m surplus (1.7%) and non-delivery of this could be assessed by NHSE as financial failure.

The Statement of Financial Position as at August 2016 showed no exceptional issues to report at this stage. The Better Payment Practice Code was being achieved for non NHS payments. The majority of pressures identified in the paper were in relation to contracting expenditure, Continuing Healthcare and Primary Care which it was forecast would reduce the surplus delivered at year end to £5.3m instead of £14m. A Finance and Effectiveness Plan had been put in place to mitigate this with a range of possible solutions identified. The value of the potential solutions was estimated at £6.65m which brought in a revised forecast surplus of £11.9m, however this was still currently short of the required £14m and so further work would be required.

The Governing Body commented as follows:

- The Physical Activity Clinical Lead commented that Physical Activity was under budget and would therefore be returning funds for the CCG to use.

- The Cabinet Member for Health & Adult Social Care, Liverpool City Council noted that the Local Authority had been experiencing financial pressures for some time and thanked the CCG for its support in integrating health and social care and would continue to stand alongside the CCG.

- The Chair noted that the rest of the financial year would be extremely challenging but we were taking stock, carrying out good housekeeping and we would ensure the right outcome.

The NHS Liverpool CCG Governing Body:

- ➢ **Noted the financial position at Month 5 (August) and risks to delivery of planned surplus**
- ➢ **Noted the treatment of the 1% non-recurrent headroom within outturn assumptions and potential consequence regarding NHS England 'business planning' rules**

- **Supported and approved the immediate cessation of all un-committed CCG expenditure until the end of December 2016 whilst further reviews take place with regards to forecast outturn position.**
- **Supported and approved the development of a dedicated Governing Body level financial recovery oversight group to aid the development of a recovery plan document, enhanced governance regarding reporting and delivery structure (as described in this paper) which is aligned with good practice and/or NHSE guidance.**

PART 5: GOVERNANCE

5.1 Risk Management & Assurance Strategy 2016-2016 – Report no GB 77-16

The Chief Operating Officer presented a paper to the Governing Body to provide an overview/summary regarding the revised Risk Management & Assurance Strategy 2016-2018. This had been presented to the Audit Risk & Scrutiny Committee and was now coming to the Governing Body for approval. The objectives of the Risk Management Strategy were:

- Year One – to enhance existing organisational structures and processes to ensure a standardised approach for risk management was taken across Liverpool CCG.

- Year Two – to implement a Governing Body Assurance Framework.

The Governing Body was committed to providing the resources and support systems necessary to support the Risk Management and Assurance Strategy.

The Practice Nurse Governing Body member referred to the potential risk of workforce and recruitment and felt that Health Education England needed to be added to the list of other Specialist Expertise organisations in section 6.12.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the Risk Management & Assurance Strategy 2016-2018;**
- **Approved the Risk Management & Assurance Strategy 2016 as a corporate policy for adoption and dissemination.**

5.2 Conflicts of Interest Policy – Report no GB 78-16

The Chief Operating Officer presented a paper to the Governing Body to provide an overview of the CCG's revised Conflicts of Interest Policy 2016. The latest guidance was issued in June 2016 from NHS England and this had been incorporated into the revised policy. One of the requirements under the 2016 Guidance was for CCGs to self-certify compliance on a quarterly basis and annual self-assessment. A new role was to be created for a Conflicts of Interest Guardian within CCGs, this was likely to be the Chair of the Audit Risk & Scrutiny Committee.

The CCG was required to set out a clear process for managing any breaches of its Conflicts of Interest Policy and to make public its Declarations of Interest and Gifts and Hospitality Register. Procurement decisions were also to be published on the website, this would be completed by the following week. Mandatory training was to be completed by all CCG staff (including Governing Body and Committee members), this would be via an online tool from NHS England. There would be an annual audit of Conflicts of Interest Management which Mersey Internal Audit would be carrying out. CCGs also needed to appoint a third Lay Member. It was anticipated that the guidance from NHS England would be revised again before the end of the financial year which would require the Policy to be updated again.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report;**

- **Approved the 2016 Conflicts of Interest Policy as a corporate policy for dissemination and publication.**

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been submitted by Mr Sam Semoff in advance of the meeting which was:

The paper entitled "NHS Liverpool Clinical Commissioning Group (CCG) Briefing – Sustainability and Transformation Plan (STP)" was submitted as part of the response to questions by Sam Semoff and Councilor Sarah Jennings to the Health and Well Being Board meeting of 29 October 2016. It includes the statement:

"NHS England will determine when STPs can be published and be made available to members of the public."

However NHS England in response to a Freedom of Information request (Ref: FOI-011415) stated:

"NHS England has not centrally imposed a ban on making early drafts of STPs public. STPs will be published in future and there is a commitment to doing this, and some footprint areas have already chosen to publish because of local circumstances".

Given the above response from NHS English I would wish to ask the following:

1) Why does the statement from Liverpool CCG in the above mentioned briefing contradict the statement from NHS England in above mentioned FOI?

2) Given the statement from NHS in the above mentioned FOI, why can Liverpool CCG not now put the full draft of the STP in the public domain?

A written answer was supplied to Mr Semoff as follows:

Answer to question 1:

We cannot comment on the statement above, however we are following guidance published by NHS England in

September 2016 on engaging local people in the development of STPs. https://www.england.nhs.uk/wp-content/uploads/2016/09/engag-local-people-stps.pdf

In the guidance, NHS England states that it expects most areas will take a version of their STP to their organisation's public board meeting for discussion between late October and the end of the year.

It also expects that most areas will publish their plans, for more formal engagement, during this period - building on the engagement they have already done to shape thinking.

Answer to question 2:

In line with the NHS England guidance referenced in the previous answer, the STP for Cheshire and Merseyside will be in the public domain from late October 2016. This will be the final version of the plan. The draft STP was sent to NHS England in June 2016, and has been further developed in the four months since then, which is why it has not been published.

Mr Semoff referred to a version which had already been published online on the Health Campaigns Together website. The Chief Officer responded that the only version of the Sustainability and Transformation Plan submitted was the draft version submitted to NHS England at the end of June 2016 and was not the final version. The deadline of 23rd December 2016 referred to the contract negotiations with Trusts. The content of the Sustainability and Transformation Plan was around the future direction of travel and did not contain specific references to changes in services not did it make any decisions. Any decisions around changes to services would follow the due process of public engagement and consultation.

6.2 A member of the public expressed concern over the future funding/financial situation and then asked who would be taking over the services previously delivered by Liverpool Community Health. The Chief Officer responded that the transaction process had not yet been completed but was able to confirm that there were two bidders in the process, Mersey Care and Bridgewater. It

was expected that the bidding process would be completed in the next few weeks.

6.3 A member of the public asked about the current situation regarding Primary Care Support Services. The Chair responded that Liverpool CCG did not hold the contract and that this was held/commissioned by NHS England, it had not passed to the CCG under delegated authority. Questions around the management of the contract needed to be directed to NHS England.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 8th November 2016 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA