NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH APRIL 2015 1pm Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dave Antrobus	Lay Member – Patient Engagement
Dr Simon Bowers	GP/Clinical Vice Chair
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Katherine Sheerin	Chief Officer
Jane Lunt	Head of Quality/Chief Nurse
Dr DonalO'Donoghue	Secondary Care Doctor

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Dr David Webster	GP – Matchworks Locality
Dr Paula Finnerty	GP – North Locality Chair

IN ATTENDANCE:

Ian Davies	Head of Operations & Corporate Performance
Tony Woods	Head of Strategy&Outcomes
Kim McNaught	Deputy Finance Director
Carole Hill	Head of Communications
Derek Rothwell	Head of Contracts & Procurement
Phil Wadeson	Director of Finance, NHS England Sub Regional Team (until and including item 2.4 only)

Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Ray Guy	Retired Practice Manager
Dr Ed Gaynor	GP/Cancer Clinical Lead (item 4.2)
Michelle Timoney	Transformational Change Manager, Cancer (item 4.2)
Andrea Astbury	Long Term Conditions Transformational Change Manager (item 4.3)
Paula Jones	Minutes

APOLOGIES:

Dr Fiona Lemmens	GP
Tom Jackson	Chief Finance Officer
Dr Rosie Kaur	GP
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Councillor Roz Gladden	Liverpool City Council
Dr Sandra Davies	Interim Director of Public Health
Cheryl Mould	Head of Primary Care Quality & Improvement

Public: 9

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. It was noted that the meeting was not quorate.

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 10th March 2015 were agreed as an accurate record of the discussions that had taken place.

1.3 MATTERS ARISING Not already on the agenda:

1.3.1 Action Point One – it was noted that a meeting was in the diary for Liverpool CCG to meet with Mr S Semoff and Keep Our NHS Public on 21st April 2015.

1.3.2 Action Point Two – it was noted that the Chair had written to Dr Sutcliffe and Partners and Dr Ghose on behalf of the Governing Body to commend them on the areas of outstanding practice identified by the Care Quality Commission.

1.3.3 Action Point Three– it was noted that identification of risks for the appropriate risk register arising from the Liverpool Community Health Foundation Trust process was on-going.

1.3.4 Action Point Four – it was noted that confirmation of governance arrangements for the LCH Collaborative Forum re the Sustainability Steering Group with the GP North Locality Chair was on-going.

1.3.5 Action Point Five – it was noted that the report on future resilience funding initiatives was to be brought to the July meeting.

1.3.6 Action Point Six – it was noted that the Healthy Liverpool Phase 3 plan would be brought to the June 2015 Governing Body meeting rather than the May 2015 meeting due to issues around Purdah.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 24-15:

- Healthy Liverpool Programme Leads Board 10th March 2015 –the Head of Strategy & Outcomes fed back to the Governing Body:

- ✓ There had been a well delivered presentations on Living Well, Community and Digital transformational programmes.

- ✓ Preparation/planning done for the "Listening Event" on 27th March 2015.

- Finance Procurement & Contracting Committee 24th March 2015 – the Deputy Chief Finance Officer fed back to the Governing Body that there was nothing to be noted/flagged to the Governing Body.

- Primary Care Committee 31st March 2015 – the Clinical Vice Chair fed back to the Governing Body:

  - ✓ Extension of the deadline for over 75s funding initiatives for 3 months due to timescales and plans still to be submitted – this was not for additional funding

  - ✓ Routine Childhood Vaccination and Immunisations to transfer from Liverpool Community Health to General Practice. The Liverpool CCG position was for a Capacity and Capability questionnaire to go out to all practices. This would identify gaps to delivery of this service in General Practice.

  - ✓ Data Quality Issues – the effect on Key Performance Indicators for the GP Specification were discussed.

  - ✓ Primary Care Support Services (PCS') out of scope services – (formerly Central Operations Mersey) 47 lines deemed "out of scope" and the CCG was looking at how to support practices and the impact on General Practice.

  - ✓ There has been a discussion around the interface with Secondary Care and discussions were on-going.

- Committees in Common 4th March 2015 – the Chief Officer fed back to the Governing Body:

  - ✓ This had been the second meeting held, attended by Liverpool, Knowsley and South Sefton CCGs along with NHS England.

  - ✓ This was a very early stage in the life of the committee and it would require the output from the Realigned Hospital Based Care work stream.

- Human Resources Committee 24th March 2015 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:

  - ✓ CCG HR Policies had been updated and it was confirmed that they were in line with statutory requirements. A Shared Parental Leave policy was now required by legislation and so a new Shared Parental Leave Policy had been developed and in due course all the policies would come to the Governing Body. They were all to be on the Liverpool CCG Intranet.

  - ✓ The Social Value Policy made a commitment to pay the Living Wage as the absolute minimum to all staff rather than the Minimum Wage. The Living Wage went up each year and therefore would affect those on lower bands. This would be done automatically.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Merseyside CCG Network 1st April 2015 – Report No GB 25-15

The Chief Officer updated the Governing Body on the recent Merseyside CCG Network meeting:

- Commissioning support arrangements discussed given the failure of North West & Cheshire Commissioning Support Unit to attain Lead Provider Framework status and ways for CCGs to collaborate. Commissioning Intentions were required by the end of May 2015, if to be sourced in house then a business case would be required. It was likely that major services such as Business Intelligence and Continuing Healthcare would be procured through the Lead Provider Framework but small services could be provided in house or shared.

  The Lay Member for Patient Engagement raised the issue of the risk of lack of supply of what Liverpool CCG required. The Chief Officer noted this and the need to work for a safe transition to new the provider arrangements. The Director of Finance for the NHS England Sub-Regional Team noted that he was on the Commissioning Support Transition Board. Lancashire and Midland Commissioning Support Unit were to be the Stability Partner to ensure no gaps in services during the transition.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Merseyside CCG Network.**

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Two Governing Body member GPs had resigned, Dr J Cuthbert and Dr J Mahadanaarachchi, had tendered their resignations on 20th March 2015 due to their new role as elected directors of the GP Provider Organisation for the city. In fact all but one practice in the city had signed up to join the organisation which would be an important vehicle for primary care delivery. The Governing Body took the opportunity to thank both the members concerned for all their hard work and effort over the last few years. It was noted that some other Governing Body members were coming to the end of their term of office and would be up for re-election. The two replacement members would be brought on board as soon as possible to fill the gap. Nominations had now closed and if there was more than one candidate for each position then elections would be held and the Local Medical Committee would report on progress in due course.

- ✓ Public 'Listening' Event had been held in St Georges Hall on 27th March 2015 with nearly 200 people attending. They had been identified as a cross section of the Liverpool population in order to test the ideas emerging from the Healthy Liverpool. This was an extremely positive event with independent facilitators and a good way to hear from the public. It also provided contacts who were willing to work with Liverpool CCG to test new ideas and get involved. A staff event would also be held. The output from the day would be written up and reported back on in two to three weeks' time, to the Healthy Liverpool Programme Leads Board and possibly the Governing Body. The Head of Operations & Corporate Performance highlighted the social value aspect of the event in that students from Liverpool Community College had provided the catering and had done a good job. The Lay Member for Patient Engagement

commented that the attendees were a new cohort of contacts with a good ethnic mix.

- ✓ The new psychological therapies services had been in place from 1st April 2015 run by Mersey Care called Talk Liverpool. The new service had expanded referral processes and service options and a single point of access. It would be monitored via tough key performance indicators. Congratulations were due to all who had been involved in the procurement process.

  The Local Medical Committee Secretary referred to the extensive waiting list that the new provider had inherited and the knock-on effect this would have. The Head of Strategy & Outcomes confirmed that the CCG was working very closely with Mersey Care and that a national intensive support team was to carry out a review of the waiting list, the monitoring of performance would be tough but we also we did not want to set a provider up to fail. The Chair added that the transition between the old and new providers had gone very smoothly.

- ✓ Co-Commissioning of Primary Care – the Delegation Agreement had been signed with NHS England following a great deal of discussion and review of the risks that the CCG would be taking on. Verbal assurance had been given by NHS England that the CCG would receive an allocation to meet all existing commitments and its fair share of growth moneys.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Sub-Regional Team Update

The NHS England Merseyside Sub-Regional Team Director of Finance gave an update to the Governing Body on NHS England activity:

- Co-Commissioning – NHS England was delighted that Liverpool CCG had formally signed up. NHS England was still the accountable organisation and would be working closely with the CCG.

- Care Quality Commission Inspections - some practices had been placed in special measures and a meeting held with the contractors/stakeholders (including Healthwatch) and a way forward agreed.

- Contracting process was about to reach its conclusion, NHS England was a junior partner but did have a mediation role for non-Foundation Trust NHS Trusts. Five on Merseyside had signalled that they would be requiring mediation so there was a great deal of work to be done to a very tight deadline of Thursday 16th April 2015. If mediation failed then the next stage was arbitration which was very expensive and so NHS England was working closely with the Trust Development Authority to minimise mediation required.

- A&E performance and access to Psychological Therapies continued to be high on the agenda.

- Planning process for the new financial year – the planning phase was to extend to the middle of May 2015 – Liverpool CCG was at the bottom of the list of concerns for NHS England which was positive.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update from NHS England**

2.5 Update from Health & Wellbeing Board - Verbal

There was no update as the Health & Wellbeing Board had not met since the last Governing Body meeting.

2.6 Public Health Update - Verbal

There was no update available as the Interim Director of Public Health had sent apologies for the meeting.

The Local Medical Committee Secretary raised the issue of the transfer of Heath Visitor services and the effect this would have on GP practices and families registered with practices as Health Visiting would now be working to Local Authority borders. This would be an issue for practices bordering two Local Authorities and would not be good for patient care. The Director of Adult Services & Health, Liverpool City Council commented that with regard to Heath Visiting and School Nursing the Local Authority would be working closely with Liverpool Community Health on this issue and perhaps to deal with the boundary issue the three Liverpool CCGs and Local Authorities could get together to find a solution. Dr Simon Bowers requested and it was agreed that the Governing Body should task the Joint Commissioning Group to deal with this and then report back to the Liverpool CCG Governing Body.

The NHS Liverpool CCG Governing Body:

- **Agreed the Health Visitor/Local Authority border issues would be tasked to the Joint Commissioning Group of the Health & Wellbeing Board to resolve and would be brought back to the Governing Body in due course.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 26-15

The Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the

CCG's performance in the delivery of quality, performance and financial targets for the year 2014/15. He highlighted:

- A lot of the data referred to February 2015 due to the Easter break.

- Ambulance Response Times – performance in Merseyside and Liverpool was holding up well against the national data but the Trust failed all three response targets at a North West level.

- Referral to Treatment – Liverpool CCG achieved all 18 week and 52 week Referral to Treatment Targets. At provider level Liverpool Heart & Chest Hospital just failed to achieve the 92% target for patients waiting no more than 18 weeks due to its large catchment area. There were increases in emergency activity impacting on the target.

- Cancer – overall Liverpool CCG had met all targets but there were concerns:

    - percentage of patients receiving first definitive treatment with one month of cancer diagnosis – this affected 9 patients but was due to patient choice in the majority.
    - 31 day Standard for Subsequent Cancer Treatments – two patients involved, one due to bed availability and one due to patient's clinical condition.
    - 31 day standard re radiotherapy – due to patient choice - 7 breaches out of a total of 56 patients.

- Diagnostics –this was red at provider level. The Royal had issues over MRI waits with the majority waiting between six and eight weeks, but two patients waiting between nine and ten weeks and one patient waiting between ten and eleven weeks. The pressures at Aintree hospital were around colonoscopy and gastroscopy. Alder Hey performance was above the threshold.

- A&E Waits –95% target failed at 93.1%. February 2015 performance was comparable with January 2015. Contract queries remained in place with both Aintree and the Royal. Aintree might meet the target in March 2015 but the issues was around sustainability and maintenance of performance.

- Stroke – amber performance - very positive signs as this had moved from 66% to 78% for percentage of patients spending at least 90% of their time on a stroke ward. A report on Stroke Services was included later on the agenda s requested by the Governing Body.

- Mixed Sex Accommodation –two breaches at the Royal re transfer of patients to orthopaedic beds, the reasons being clinical and in the best interests of the patient.

- Healthcare Acquired Infections – no new cases of MRSA in February 2015. Marginally below in-month plan for C-Difficile. There had been a huge effort by the Quality Team in working with the hospital infection control teams.

- Serious Incidents – due to complexity of investigation there were breaches in reporting within the 48 hours national target. There had been no further Never Events.

- Care Quality Commission – the outcome of the Kensington Park Practice Inspection had been "inadequate" and the practice had been placed in special measures. A six month Action Plan had been drawn up after which time the Care Quality Commission would re-inspect. Eleven more practices were due to have their routine inspections during April 2015 and an update position would be included.

- Hospital Monitoring Intelligence Reports –still no confirmation as to when the reports would be released for community providers.

- Financial Position as at 28th February 2015 – forecasting a £260k underspend.

The Deputy Chair/Lay Member for Governance noted that the report was excellent. The Chief Officer commented that more targets were to be included re NHS Constitution rights for mental health waiting times and the Head of Operations & Corporate Performance confirmed that these would be available in the June/July 2015 report.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national performance indicators and the recovery actions taken to improve performance.**

PART 4: STRATEGY & COMMISSIONING

4.1 Planning for 2015/16:

a) The Forward View Into Action: Planning for 2015/16 – Liverpool CCG Operational Plan– Report no GB 27a-15

The Head of Strategy & Outcomes presented a paper to the Governing Body to update on the CCG Operating Plan 2015/16 and to note the key changes to levels of ambition and resultant impact on the Better Care Fund. In December 2014 The Forward View Into Action: Planning for 2015/16 was published setting the actions required for national and local organisations to deliver high quality and timely care. Last year the Strategic Five Year Plan and Two Year Operational Plans were produced. The Operational Plan for 2015/16 had been refreshed and plans were to be developed for emerging vision for health and social care for the population.

The CCG set out levels of ambition which formed a key aspect of the goals and objectives of the Healthy Liverpool Programme and associated improvement initiatives and systems within the CCG:

- 24.2% reduction in years of life lost

- Improving health related quality of life for people with long terms conditions to move Liverpool to the average of the top five performing core cities.
- Reduction of unavoidable emergency admissions by 15.4%.
- Reduction of the number of people experiencing poor inpatient care to amongst the top ten performing CCGs.
- Reduction of the number of people experiencing poor primary care to amongst the top five performing CCGs in the country.

Business Intelligence had a vital part to play to ensure a continuous focus on outcomes. The Head of Strategy & Outcomes was leading a review of current systems to ensure delivery of the sentinel outcome measures and would report back at the end of May 2015.

Emergency Admissions and the Better Care Fund – emergency admissions were agreed to reduce by 15.4% over the next five years using a composite indicator as a measure. The increase in emergency admissions was a key risk to the delivery of the Liverpool Better Care Fund which included a payment for performance calculation based on planned reductions in 2015/16. The original 2015/16 Operational Plan had a 4.2% reduction in emergency admissions which resulted in a 2.1% Better Care Fund reduction. The re-submitted 2015/16 Plans admission reduction plan had a significant effect on the Better Care Fund as the Better Care Fund utilised a calendar year so recalculating the 0.6% reduction over the calendar year provided for a Better Care Fund emergency admission plan with a 1.1% increase.

NHS Constitutional Rights – a plan had been submitted to meet all the CCG's required targets.

Narrative Plan and Plan on a Page - each CCG was requested to submit narrative to support planning assumptions and a Plan on a Page.

Assurance and next steps – plans had been submitted to NHS England on 10th April and they had communicated that

Liverpool CCG's plan was very strong and they would continue to work with the Trust Development Agency and Monitor and would feedback over the coming weeks. A further planning submission date had been set of 14th May 2015 for final submission of all plans across commissioners and providers which would then be triangulated.

The Local Medical Committee Secretary raised the issue of improved access to psychological therapies and that this was outside of the targets set by NHS England. The Head of Strategy & Outcomes agreed to check the figure in question but the CCG had submitted a 15% target however the CCG was performing in excess of these targets anyway.

The NHS Liverpool CCG Governing Body:

- **Noted the updated position on the submission of the Liverpool CCG Operating Plan 2015/16**
- **Noted the key changes to levels of ambition and resultant impact on the Better Care Fund**

b) Developing a Financial Strategy to Support Quality, Value and Sustainability – Report no GB 27b-15

The Deputy Chief Finance Officer presented a paper to the Governing Body with an overview of the financial strategy to support quality, value and sustainability for 2015/16. She highlighted:

- Presentation had been made to the Governing Body in January/February 2015.
- Five Year Forward View October 2014.
- Guidance received for this year on planning.
- Financial Strategy supported the transformation to facilitate delivery of
    - The Healthy Liverpool Programme

    - Clinical and financial sustainability of the Liverpool health economy.
    - Environment for transformation.
    - 10% of allocations for new ways of working.
    - Delivery of statutory financial duties.
- The Strategy had been approved by the Finance, Procurement and Contracts Committee and now needed Governing Body approval.

- Total allocation for 2015/16 was £760m (this did not include allocations for Primary Care Medical Services of £61.9m which was subject to on-going discussions).

- Financial Position 2015/16: return of the surplus of £18.1m, 10% reduction in running cost allowance, 1% non-recurrent contingency.

- Ambitious QIPP Plans to be achieved partly through tariff and also transformation/strategic planning.

- Key Risks:
    - Financial challenge to providers
    - Delegated commissioning
    - Uncertainty around Commissioning Support arrangements
    - Local Authority Budget reductions.

- Risk Mitigation – via close relationships with key partners. Verbal assurance had been given by NHS England re funding allocations for delegated budgets.

The Practice Nurse Member highlighted the contract value for St Helens & Knowsley. The Deputy Chief Finance Officer noted that Liverpool CCG was co-commissioner of services from Whiston Hospital for Liverpool patients and that this was on the same financial footprint as the previous year. The Matchworks Locality representative asked how involved Liverpool CCG was in assuring the quality of services delivered by St Helens and Knowsley Trust, given the number of patients attending. The Head of Quality/Chief Nurse responded that members of the Liverpool CCG quality Team met regularly with the Trust but

that thought should be given to strengthening GP clinical involvement in this area.

The NHS Liverpool CCG Governing Body:

- **Noted the timetable for financial plan approval**
- **Noted progress to date**
- **Approved the 2015/16 financial plan (subject to ratification at a future quorate Governing Body)**

4.2 Healthy Liverpool Cancer Programme– Report no GB 28-15

The GP Cancer Clinical Lead presented a paper to the Governing Body to outline the priorities of the Healthy Liverpool Cancer Programme, progress and to highlight the strong link between inequalities and cancer incidence and cancer mortality in Liverpool. Cancer had overtaken Heart Disease in Liverpool as the major killer.

The Five priorities for the Healthy Liverpool Cancer Programme were:

1. Public conversation with local people and how to deliver screening programmes and work with the community.
2. Early detection – we did not compare well with Europe.
3. Hospital re-alignment maximising opportunities for this particuarly with Clatterbridge moving onto the Royal Liverpool Hospital site.
4. Survivorship – this could only be delivered with a joined up approach. As part of this a McMillan funded post had been filled at the CCG looking into survivorship in the city.
5. Reducing the risk of lung cancer via the Healthy Lung Project.

The Governing Body members commented as follows:

- The Secondary Care Clinician advocated caution around using the number of scans as a good indicator and that it

was important to get the behavioural issues right. There were lessons to be learnt from palliative care.

- The More Independent Clinical Lead was pleased to see the inclusion of physical activity in the strategy, and suggested that more detailed modelling of impact be included in future papers, to show alignment between physical activity and improving cancer outcomes. The More Independent Clinical Lead also queried whether risk assessment tools/approaches were part of the early diagnosis of cancer workstream. The Clinical Lead responded that the Cancer Team were familiar with risk tools and the debates about their use. The Transformational Change Manager added that risk assessment tools were discussed with practices as part of the early diagnosis of cancer engagement for practices to consider as part of a broader approach.

- The Practice Nurse member noted the capacity issues around supporting survivorship and reviewing patients and gaps in education. The Clinical Lead for cancer responded that there was McMillan funded training available for Practice Nurses which had been offered in the past but there were no nurses available to take the offer up, so this did need working through.

- The Practice Nurse Member also asked what work had been done with the public around identifying champions and getting the message out. The Transformational Change Manager for cancer noted that Insight work had been carried out around the Healthy Lung Project, Living with Cancer and Cancer Survivorship and people did want to know how to reduce the risk but did not respond well to local conversations. It was important to get partners on board such as Cancer Research UK, NHS England Screening, McMillan and the Patient & Public Involvement Networks

The Transformational Change Manager for Cancer agreed to bring information back to the Governing Body in four to five months' time re the ambitions of the programme.

The Governing Body members highlighted the need for diagnostic access for GPs and tailoring engagement to fit the public as cancer did not discriminate between mental health, learning disabilities etc. The issue of capacity in primary care was raised.

The NHS Liverpool CCG Governing Body:

- **endorsed the ambition and content of the cancer programme.**
- **Looked forward to receiving an update on ambitions in four to five months' time.**

4.3 Strategic Outline Case for Stroke Improvement – Report no GB 29-15

The Governing Body Member/Clinical Lead for Stroke presented a paper to the Governing Body to provide background to stroke provision in Liverpool, set some of the wider regional and national contexts and requesting the organisation support for two key developments. She highlighted four settings:

- Prevention
- Hyper Acute Stroke Unit for first 72 hours following a stroke (becoming more important as new treatments came on board.
- Acute Stroke Unit for after the first 72 hours.
- Rehabilitation

The hospital elements were working relatively well in Liverpool over the 44 indicators for the Sentinel Stroke National Audit Programme ('SSNAP') but there was room for improvement but it was important to focus on the hospital element. The

Performance Report reported on the percentage of time spent on a dedicated stroke unit/admission with the first four hours.

Post hospital early supported discharge was the preferred route involving Occupational Therapists and Speech Therapists but there were differences between what was available at Aintree Hospital and the Royal Liverpool Hospital and time it was available for. It was important to ensure that the two Trusts worked together and consistent high quality services were available for all our patients..

The Secondary Care Clinician asked if the workforce was in place to enable early supported discharge. The Transformational Change Manager for Cancer responded that if consolidated, the two teams would have an impact on supporting this. The Director for Adult Services and Health asked about the impact on services delivered from outside Liverpool. The Chief Officer commented that prior to any consolidation it was important to assess what services were required on which footprint and formal processes would need to be followed. The Chair added that this would be brought up at the Stroke Steering Group meeting on 28th May 2015.

The Chief Officer in summary stated that the paper was extremely comprehensive and the Governing Body was being asked to support the direction of travel for early supported discharge which would in turn help to get hospital services right. The Chair however referred to the second recommendation, and that changes would only be undertaken once we knew what the effects would be on neighbouring hospitals.

The NHS Liverpool CCG Governing Body:

- **Supported the improvement of existing stroke provision across Liverpool**

- **Endorsed the need to explore wider system redesign in collaboration with neighbouring CCGs.**

Part 5: GOVERNANCE

5.1 Corporate Strategic Risks Update April 2015 – Report no GB 30-15

The Head of Operations & Corporate Performance presented a paper to the Governing Body to update on the progress of mitigating actions relating to the four 'high-extreme' related organisational strategic risks in the March 2015 Corporate Risk Register. He highlighted:

- C042 a & b: (a) outsourcing of Primary Care Support Services – from 1st April new contract restrictions took place prior to a new provider to be found from 1st July 2015 and "out of scope" services to fall to Practices/CCG. The Primary Care Team were working through the details and how to support practices going forward. The main concern lay around payments to practices for Local Enhanced Services and GP Specification payments. The CCG Finance Team did not have a way to make payments and had negotiated for April and May 2015 payments to continue to be made.

- C043 (authority to commission primary care medical services progresses without full due diligence of the potential financial, staffing and pre-existing liabilities implications will have detrimental impact) red at a score of 16 – an agreement had now been reached with NHS England and negotiations concluded satisfactorily of the matters of concern of detrimental impact of risks around co-commissioning on the CCG.

- C044 delay to contracting process - 16th April 2015 was the deadline for mediation, failure to agree would then mean going to arbitration which the risk of contracting completion delays.

The Local Medical Committee Secretary was concerned to ensure that practices did not suffer re payments previous made to the by Primary Care Support Services. The Deputy Chief Finance Officer responded that ways of making

payments through the CCG ledgers were being investigated along with ways of making payments in advance or perhaps even using SBS (current CCG accounts payable service) although the Local Medical Secretary expressed grave concerns about how effective this would be. It was noted that there was every faith in the ability of the CCG Finance Team to find a solution.

The NHS Liverpool CCG Governing Body:

- **Noted the updates on strategic risks CO40, CO41, CO42a, CO42b CO43;**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been submitted by Mr Sam Semoff and a written answer given to him by the Chair:

"Section 8.9 entitled Women's and Maternity Services in "Healthy Liverpool – Prospectus for Change notes that:

"Gynaecology services, including for cancer, are concentrated on the Liverpool Women's Hospital site. As with maternity services, they are not co-located with other key specialties such as urology, general surgery, colorectal and specialist diagnostic services and level 3 critical care beds, which means that women have to be safely transported between different hospital sites, most often to the Royal Liverpool Hospital, although in some cases consultant staff from other hospitals will travel to support patient care. The planned relocation of the Clatterbridge Cancer Centre onto the Royal Liverpool site and the opportunity to develop a centre of excellence for cancer care presents a compelling case to consider a different model of care, which would improve outcomes for cancer patients".

Thus I would wish to ask if the above statement means that services currently provided by the Liverpool Women's Hospital are to be moved to the site of the new Royal Liverpool Hospital?"

Response:

The Healthy Liverpool Programme is considering how health services in Liverpool are shaped for the future so that we can improve health outcomes, ensure first class quality of services and secure a sustainable model of care.

The five key elements of the programme are –

- Living Well
- Digital
- Transformed Community Services
- Urgent Care
- Hospital Services

For each element, considerable work has been undertaken to understand how we can improve services for the future, and meet our overriding goals. This initial thinking has been recently tested with the public at a listening event, attended by 200 (check) people who were recruited to represent a cross section of the city population.

For hospital services, questions about how services are delivered in the future are still the subject of much debate by clinicians across the system, with the evidence for how to optimise health outcomes being at the forefront of considerations, and this is reflected in the text of the Prospectus for Change, referred to in the question.

As such, no decisions have been reached about whether services currently provided by the Liverpool Women's Hospital are to be moved to the site of the new Royal or to any other new site. Options will be identified and fully considered, including any required formal public consultation, before any decision is taken.

6.2 A member of the public asked a question about Surestart Centres and whether they had been given funding from the CCG. The Clinical Vice Chair responded that no monies had been granted from Liverpool CCG to the Local Authority. No decision had been made yet about the format in which children's services would be provided but the remit of the Healthy Liverpool Programme was to revisit the configuration with the Local Authority. £700k was part of the Healthy Liverpool Programme spend on children's services but the funding footprint could be closer to home that the current arrangements via Surestart Centres.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 12th May 2015 at 1pm, to be held in the Boardroom at Arthouse Square.