

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 10TH FEBRUARY 2015

1pm

Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Katherine Sheerin	Chief Officer
Dave Antrobus	Lay Member – Patient Engagement
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Maurice Smith	GP
Dr Rosie Kaur	GP
Dr Shamim Rose	GP
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP
Dr Donal O'Donoghue	Secondary Care Doctor

CO-OPTED:

Tina Atkins	Practice Manager
Dr David Webster	GP – Matchworks Locality
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Dr Sandra Davies	Interim Director of Public Health

IN ATTENDANCE:

Tony Woods	Head of Strategy & Outcomes
Carole Hill	Head of Communications
Phil Wadeson	Director of Finance, NHS England Merseyside Area Team
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Derek Rothwell	Head of Contracts & Procurement
Ray Guy	Retired Practice Manager
Stephen Hendry	Senior Corporate Services Manager
Paula Jones	Minutes

APOLOGIES:

Dr Simon Bowers	GP/Clinical Vice Chair
Dr Rob Barnett	LMC Secretary
Councillor Roz Gladden	Liverpool City Council
Ian Davies	Head of Operations & Corporate Performance
Cheryl Mould	Head of Primary Care Quality & Improvement

Public: 18

PART 1: INTRODUCTIONS & APOLOGIES

Due to the high number of public present from “Keep Our NHS Public” and the Young Persons’ Advisory Service the Chair agreed to take their questions at the beginning of the meeting:

Mr S Semoff as the group spokesperson for “Keep Our NHS Public” asked to present a report which had been written about Princes Park health Centre entitled “The Destruction of Community Based Services”. He added that the issues identified in the report had been raised with the CCG and NHS England on numerous occasions and the response received was that there were regular meetings to monitor performance with SSP but the group felt that this was not good enough and required action. He invited the CCG to join with

them to approach NHS England and get something done. An email version of the report was also available and hard copies were tabled.

The Chair responded that he would arrange for a meeting to be set up with Mr Semoff with the CCG to discuss how to proceed with the issues raised.

The Young Persons' Advisory Service representative asked three questions which had been submitted in advance of the meeting which had been drafted by the young people themselves:

1. How important was the mental health of young people on the CCG's agenda in addition to their physical health?

The Head of Quality/Chief Nurse responded on behalf of the Governing Body. She noted that it would be good to meet with the Young Persons' Advisory Service representative outside of the meeting. She noted that the approach to children's health was a holistic one and there was no distinction between physical and mental health.

2. What was being done to make services more "young person friendly"?

The Head of Quality/Chief Nurse responded that a great deal was being done with GP Practices to make them more child and young person friendly and the Young Persons' Advisory Service was integral to this work.

3. No decision should be taken about young people without their involvement – what was being done to ensure this?

The Head of Quality/Chief Nurse agreed that there was still some way to go to get this right, it depended on the age of the child and was easier as they approached adulthood for them to be involved without parental involvement.

Introductions were then made for the benefit of the members of the public present and the formal part of the meeting began.

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 January 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendment:

- It was noted that in section 3.1 Integrated Diabetes Service page 14 second bullet from the bottom it should read “There was a specialist hotline set up with access to a consultant in 24 hours” not 24 minutes.

The Chair drew attention to the section amending the 9th December 2014 meetings which had previously been agreed by the Governing Body on 13th January 2015. The amendments served to clarify the decision made around the Policy for Procedures of Low Clinical Priority.

1.3 MATTERS ARISING Not already on the agenda:

1.3.1 Action Point One – clarification on the number of additional GP appointments per week funded from winter monies was to be picked up in the Chief Officer’s update. The Chief Officer noted that there were 45,496 GP appointments available every week of which 5,191 were additional funded from the Winter scheme.

1.3.2 Action Point Two – it was noted that the Business Case for Physical Activity Strategy would be brought to the April 2015 Governing Body meeting rather than the March 2015 meeting.

1.3.3 Action Point Three – it was noted that an update on Bariatric and Renal Dialysis Services changes would be given in the update from NHS England later on the agenda.

- 1.3.4 Action Point Five – it was noted that the Behavioural Change Brief from Public Health had been emailed to the Governing Body.
- 1.3.5 Action Point Six – it was noted that the issue of Vanguard Site from the Forward View Into Action would be picked up in the Chief Officer's update.
- 1.3.6 Action Point Seven – it was noted that the actioning of the results of the external audit re 4 hour A&E issues by the Urgent Care Team was to be brought back to the Governing Body in due course.
- 1.3.7 Action Point Eight re changes to the Risk Register to add a sentence to provide assurance that all evidence had been obtained and considered was completed.
- 1.3.8 Action Points Nine, Ten and Eleven around changes to the Constitution and presenting of the Conflict of Interest Policy to the Governing Body had been completed and were on the February 2015 agenda.
- 1.3.9 Action Point Twelve – it was noted that the CQC report on General Practice inspections had been included in the Performance Report later on the agenda.
- 1.3.10 Action Point Thirteen – it was noted that action around bringing an update to the Governing Body on Hospital Intelligence Reports being released for community providers was to be completed in due course.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 09-15:

- Healthy Liverpool Programme Leads Board 13th January 2015 –the Chief Finance Officer fed back to the Governing Body:
 - ✓ Pre-planning Phase 3 would continue for 6-8 weeks. Investment Proposals were received for Multi-Agency Safeguarding Hub, Children and Adolescents' Mental Health and Neuro Development – these had been approved in principle but further work was required. They had been discussed at the Governing Body Development Session on 28th January and there would be more sessions going forward.
- Finance Procurement & Contracting Committee 27th January 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Committee was now meeting monthly.
 - ✓ Conflicts of Interest Policy – template had a typographical error and should refer to a Q&A session not Q&Q.
 - ✓ Recurrent budgets were approved last year for two years.
 - ✓ Personal Health Budgets – to be taken to the Governing Body for ratification and on the agenda for the February 2015 Governing Body meeting.
- Primary Care Committee 27th January 2015 – the Committee Vice Chair fed back to the Governing Body:
 - ✓ Over 75s initiatives update given – a full evaluation would be carried out at the end of March 2015. In summary: 61 claims submitted and risk acknowledged of the potential that that not all

funding will be claimed in time and not enough data would be available for an effective evaluation to be carried out.

- ✓ GP Specification (Liverpool Quality Improvement Scheme) – some indicators had been retired and new ones added (Diabetes indicators with exception of eye screening had gone into QOF, however a composite indicator would still be included, Medicines Management had moved to quality, AUDIT C Tool to be used to assess alcohol consumption). Practices had been engaged around the changes and feedback was positive. Also the Local Medical Committee had approved them. Changes to the Validation process had also been agreed.

The Chair referred to the excellent attendance at the practice Engagement Event hosted by the Local Medical Committee and that the feedback received there had been incorporated into the version sent out to practices.

- ✓ Primary Care Quality Performance – there had been improvement across 7 indicators and deterioration across 7. Reporting on QOF indicators mid-year presented little value, areas identified for improvement citywide were Cancer, Vaccination & Immunisation and Long Term conditions, others were Locality specific.
- Committees in Common – the Chief Officer fed back to the Governing Body:
 - ✓ The template was incorrect and Dr Nadim Fazlani, Chair of Liverpool CCG, chaired the Committees in Common.
 - ✓ This was the second meeting, the Committee was still getting off the ground therefore an update was given on the work of the Healthy Liverpool Programme for the benefit of the other CCGs.

- ✓ Terms of Reference – these were changed to clarify that the decision making process was not at the Committees in Common on behalf of the CCGs and NHS England and that recommendations needed to come back to each individual Governing Body for approval.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Merseyside CCG Network 4th February 2015 – Report No GB 10-15

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

- NHS 111 Support Team was hosted by Liverpool CCG on behalf of the Merseyside CCGs and had been set up to run for two years. This team was now to be made permanent as agreed by the CCG Network as this was a decision that the Accountable Officers could take.
- Hosting arrangements – principles needed to be put in place re hosting arrangements going forward.
- Commissioning Support Unit – the Cheshire & Merseyside CSU had been unsuccessful in their bid to be on the Lead Provider Framework therefore could not exist from April 2016. There had been a discussion on where the Merseyside CCGs would receive services from, i.e. from other providers or by sharing resource. A separate session on this was scheduled for March 2015
- Maternity Experience review (now only Merseyside as Cheshire had pulled out) – this was not so much of an issue for Liverpool patients. The Head of Quality/Chief

Nurse was part of the Group looking at this and noted that the meeting held last week had been very positive.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from Joint Commissioning Group 12th January 2015 – Report No GB 11-15

The Head of Strategy & Outcomes fed back to the Governing Body:

- Integrated Behavioural Insight and Change Health Improvement Strategy and Approach had been agreed, further meetings would be held over the next few weeks on how to take this forward and ensure a consistent approach to the public campaign.
- Capacity within Liverpool City Council re Home Care Services caused by recruitment difficulties – short term funding would continue to providers until September 2015 but a longer term solution was required. The Better Care Fund Framework would examine this as a priority.
- More integrated commissioning approaches potential – Learning Difficulties and Mental Health were two areas for increased integration of commissioning resources and approach.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from Joint Commissioning Group**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Liverpool CCG Finance Team had won a national award for excellence and innovation for their presentation "Show Me the Money".
- ✓ Primary Care Co-Commissioning – the CCG was still waiting for the decision from NHS England on its application for Delegated Responsibility so as yet no due diligence had been carried out. Therefore there was a question on whether or not everything would be ready in time for 1st April 2015. This needed to be considered and brought back to the Governing Body..
- ✓ Specialist Commissioning – NHS Clinical Commissioners were meeting next week, it was important for Liverpool to know as soon as possible where commissioning responsibility for different specialised services would sit.
- ✓ Five Year Forward View - expression of interest to be a diabetes pilot site had been submitted.
- ✓ Launch of Voluntary & Community Sector provider support work – the Lay Member for Patient Engagement was the Governing Body Lead in this area. He noted that the event had been extremely successful with a great deal of interest and noted that support would be given to those organisations who were not yet compliant with the CCG's governance approach. He was confident that when the public consultation commenced the vast majority of the city would be covered. The Chief Officer noted that as the Programmes work developed, it would link in via the Third Sector Lead to many different local groups who might be able to support the schemes.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Sub-Regional Team

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

- Co-Commissioning – of the 12 CCGs in the Cheshire & Merseyside area four had applied for full delegated responsibility, six for joint commissioning and two were making no changes. He was surprised that Liverpool CCG had received no formal notification of the decision and would follow this up.
- Wider systems issues – the focus was still on the delivery of constitutional targets.
- Regular Monday morning Cabinet Office meetings were continuing.
- Planning for next year – a further submission date was coming up of 27th February 2015 – they were looking for relevant and credible plans and were looking forward to seeing the benefits of the Healthy Liverpool Programme as it moved into the delivery phase.
- He thanked the CCG for its support in “Transforming Care” as this had done exceptionally well.
- It was good to see positive progress being made around the Dementia target.
- Specialised Commissioning – he had no further information to give to the CCG on Bariatric and Renal services but assumed that the transfer would proceed.

The NHS Liverpool CCG Governing Body:

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

2.6 Update from Health & Wellbeing Board - Verbal

The Head of Strategy & Outcomes updated the Governing Body on the recent meeting of the Health & Wellbeing Board:

- The meeting had been brief and a report on Mental Health had been tabled.
- A report had been discussed on the progress of the Mayoral Commission for Health.
- The finances of the Pharmacy Needs Assessment were approved.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update on the Health & Wellbeing Board.**

2.7 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- Public Health Premium local indicator of Health Checks had been selected (default indicator) as this was where the largest impact in the shortest period of time could be achieved.
- Strategic Co-Ordinating Group around Ebola preparedness meeting next week – figures were showing improvement but the effort was not being stepped down.

- The work with the CCG around ambition setting and potential years of life lost would be refreshed.
- Alcohol Strategy – first draft circulated – feedback had been that all were happy with the direction of the strategy and it would go out to the wider stakeholders from March 2015.
- February 2015 campaigns: Drop a Drink Size had gone well and looked as if Liverpool had done better compared to other parts of the country. Other Campaigns were Examine Your Options, Changes for Life, Sugar Swaps, Smoke Free, Be Clear on Cancer, Healthchecks, More Independent Online and Stroke Campaign.
- Behavioural changes programmes updates had received good take up.

The Governing Body Practice Nurse member noted the effect of market forces on lack of fresh fruit and vegetable shops in certain areas of the city and asked what role could be played by Public Health/Healthcare in the city. The Interim Director of Public Health noted that was part of the Healthy Havens work but was very much subject to market forces. In response to a second question she confirmed that that Public Health were still working on the Minimum Unit Price for Alcohol.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update on Public Health**

PART 3: STRATEGY & COMMISSIONING

3.1 Mental Health Transformation Programme – Strategic Outline Case – Report No GB 12-15

The Head of Strategy & Outcomes presented a paper to the Governing Body on the Mental Health Transformation Programme as it had been agreed to bring each of the Programmes in turn to the Governing Body to update on the work being undertaken and to see progress. He highlighted:

- This was adult mental health only, children and adolescents' mental health was covered by the Children's Programme.
- Mental Health Transformation Board was a part of the Healthy Liverpool Programme and was chaired by the CCG Governing Body Chair, with representation from psychiatry/Mersey Care, Liverpool City Council, other Mental Health providers/commissioners including the Police Commissioners.
- Six key priority areas for transformation were:
 - Promotion of mental wellbeing and prevention mental ill health.
 - Development of integrated community services.
 - High quality hospital based services.
 - Liaison psychiatry input into acute hospitals
 - Crisis Care
 - Youth mental health transitions.
- Mental Health needs in Liverpool were very high. Low income and poverty were significant issues impacting on both physical and mental health, the poorest 20% of the population were twice as likely to develop mental health illness (poverty defined as household income being less than £17,279) and 40% of Liverpool households fell into this category.
- Life expectancy of people with poor mental health was similar to the population life expectancy in the 1950s.
- New model for Liverpool focussed on early detection and promotion of self-management with a significant role to played by non-clinical intervention.
- There had been patient and public engagement and a significant period of consultation and the Transformation Board had been established to manage the changes.

The Governing Body members commented:

- The Secondary Care Clinician noted the need for parity in the system between mild and severe mental health and wanted more emphasis on how to deal with the physical health challenges for mental health patients as well as supporting carers and family. The Practice Nurse member agreed that particularly young carers felt “invisible” to the health services. The Head of Strategy & Outcomes noted that Healthchecks and youth transition needed to be added in.
- The Clinical Lead for the More Independent Programme commented that it was good to have mental health added to the proactive commissioning model, and he noted the inclusion of technology/remote access telemetry.
- The Long Term Conditions Clinical Lead noted the liaison work with Long Term Conditions and the mental health implications for people suffering from long term conditions and the linking in of access to psychological therapies with the Long Term Conditions work.
- The Practice Nurse Member asked how the CCG could work closely with Third Sector Organisations. The Head of Strategy & Outcomes noted that as part of the commitment of the CCG to work with the Voluntary Sector Mersey Care were liaising with LCVS. The Director of Adult Services & Health, Liverpool City Council noted the joint working between Liverpool CCG and the Local Authority from a social prescribing viewpoint.
- Embedding this process into the Neighbourhoods was key with a team approach to the patient’s care.
- Bed capacity in the city and data collection were issues.
- The Chair noted that there had been 6,000 suicides last year therefore mental health had a significant impact on health and life expectancy and there was a great deal of

work still to be done. However 80% of deaths of mental health patients were from physical issues and only 20% were suicides.

- The More Independent Clinical Lead made reference to the fact that other organisations had a significant part to play. The Head of Strategy & Outcomes noted that there were significant numbers of patients not accessing health services and it was important to find the optimum way of engaging with these people. The Chair noted that this issue would be discussed further at the Healthy Liverpool Programme Leads meeting.

That Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Endorsed the priorities identified**

PART 4: GOVERNANCE

4.1 Conflict of Interest Policy 2015 – Report no GB 13-15

The Senior Corporate Services Manager presented the conflicts of Interest Policy 2015 to the Governing Body for noting and approval. The Finance, Procurement & Contracting Committee had discussed the draft version and following this discussion changes had been made which had now come to the Governing Body for approval. The Policy was comprehensive and there was a robust Question and Answer Section at the back of the Policy.

The Governing Body members asked how the document would be disseminated. The Senior Corporate Services Manager replied that it would be uploaded to the CCG Intranet and then the Questions & Answers section would be updated on a regular basis.

The Chief Officer highlighted that the Policy applied to all individuals involved in making decisions on behalf of the CCG.

- **Noted the contents of the report and accompanying policy document.**
- **Approved the Conflicts of Interest Policy as a Corporate Policy.**

4.2 Variations to NHS Liverpool CCG Constitution – Report no GB 14-15

The Senior Corporate Services Manager presented a paper to the Governing Body to bring to its attention the further revisions made as a result of the recommendations made by NHS England following the CCG's application for approval of the variation.

It was noted that section 6.9 (c) should refer to the Primary Care Commissioning Committee being accountable to the Governing Body (the word "commissioning" had been omitted from the second time the committee was mentioned). Section 9.9 needed to be formally adopted and explicitly minuted: "The CCG recognises and confirms that nothing in or referred to in this constitution (including in relation to the issues of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined by the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of its committees or sub-committees or the committees or sub-committees of the Governing Body, or any employee of the CCG or any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act".

If the Governing Body endorsed the changes these would then be confirmed to NHS England who would give their decision for approval.

It was noted that the revised Constitution had been approved by Practice Members.

- **Noted the revisions made as an amended submission to NHS England for approval of variation.**
- **Formally adopted (and explicitly minute) the statement at paragraph 9.9 of the Constitution which clarifies and strengthens the CCG's commitment to ensuring that all Governing Body members of the CCG, committee members and all staff can raise concerns in an environment that is safe and which values openness and transparency.**

4.3 Personal Health Budgets – Personalisation & Personal Budgets Policy – Liverpool City Council/Liverpool CCG– Report no GB 15-15

The Chief Finance Officer presented the Personalisation and Personal Budgets Policy to the Governing Body for noting and approval. From April 2014 patients had had the right to request a personal health budget and from October 2014 this became a right to have. The Policy was attached, however the uptake so far was limited and one application had been received for a child. At present 70 children were receiving care packages.

The Lay Member for Governance/Deputy Chair was concerned about the risk of patients using up all of their budget. The Head of Quality/Chief Nurse noted that the risk always existed but there would always be support and third party organisations to work with the families concerned to support them. The Director of Adult Services & Health, Liverpool City Council added that in Children's Services at Liverpool City Council there was always a six monthly review to detect risk of slippage.

The Secondary Care Clinician noted that patients would need support to make informed decisions around choice.

The NHS Liverpool CCG Governing Body:

- **Noted that the policy was endorsed by the Finance, Procurement and Contracting Committee at the meeting on 27th January 2015.**
- **Approved the content of the policy as applicable to the CCG.**

Part 5: Performance

5.1 CCG Performance Report – Report no GB 16-15

In the absence of the Head of Operations & Corporate Performance, the Head of Quality/Chief Nurse and Primary Care Committee Vice Chair 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. They highlighted:

- It was good to see the Green performance on overall ambulance response times.
- Referral to Treatment (18 weeks and 52 weeks) – this was Green at the high level but at individual provider level there were issues with Alder Hey and Liverpool Heart & Chest Hospital and work was on-going to support them.
- Cancer waits – all measure were Green but there were still a number of issues. The clinical leads and managers were working with the trusts to address these. The Royal was now improving, Liverpool Heart & Chest Hospital continued to be Red with delayed referral re consultant upgrade.
- Diagnostics (% of patients waiting for more than six weeks for a diagnostic test) was Red – Liverpool Community Health's investment plan had worked and had shown improved performance for three consecutive months but Aintree and Alder Hey still had issues.

- A & E waits (% of patients who spent 4 hours or less in A&E cumulative 95% threshold) – there was variable performance as Liverpool was performing well against the national picture. The Royal Liverpool Hospital had a significant risk of non-achievement of the target at the year end. Aintree Hospital was showing strong progress from the Action Plan in key areas but had so far not demonstrated that this could be maintained.
- TIA – performance was Green.
- Stroke – performance against target had deteriorated and was showing Red therefore there was still a great deal of work to be done.
- Mental Health - % of patients on Care Programme approach target of 95%(corrected from 90% as written in the report in error) – this was showing Red at 92.31%.
- Mixed Sex Accommodation – breaches at the Royal were still happening despite the changes in the location of clinical services. This was being discussed at the clinical Quality & Performance meeting.
- Healthcare Acquired Infection: two acute cases of MRSA in December (one at Royal, one at Aintree) and two community-attributed (one at Royal, one at Liverpool Heart & Chest Hospital). A great deal of work had been done at the Royal with a series of actions in place such as robust training, peer review etc. C-Difficile –in December there had been three acute acquired, seven community attributed. Royal had had one acute and four community, Aintree had had two acute and three community. C-Difficile Panels were being held to review any cases where the trust felt there had been no lapse of care.
- Serious Incidents reporting within 48 hours – generally this target was met well and was Green.
- Never Events – non-compliance with the WHO Checklist to be triangulated and providers were met with on a

regular basis. NHS England were to establish a Patient Safety Collaborative across the Mersey footprint.

- Life Expectancy – there had been some improvement.
- Emergency Admissions for Alcohol Related Liver Disease – reduced.
- Under 75s Cancer Mortality – inroads were being made.
- Reduction in emergency admissions for COPD during November 2013 to October 2014. The More Independent Programme Clinical Lead noted that use of remote telemetry for COPD.
- Dementia Diagnosis – the year-end target had already been achieved.
- Children’s indicators – there had been improvement in emergency admissions for lower respiratory tract infections.
- Child Protection – a great deal of work had been carried out with Liverpool City Council on developing early help offers in Liverpool.
- CCG Quality Premiums – these were contained in the appendix at the back of the paper.
- Care Quality Commission Inspections for Liverpool GP Practices – these had started in October 2014 assessing practices against five domains: ‘Safe’, ‘Effective’, ‘Caring’, ‘Responsive to Patients’ Needs’ and ‘Well Led’. The assessment was either ‘Good’, ‘Requires Improvement’ or ‘Inadequate’. 18 practices had been inspected to date for which 10 reports had been published on the Care Quality Commission’s website. Four practices were highlighted in the Performance Report:
 - Park Road Group Practice (Dr Hussey & Partners)
– four out of five categories were ‘Good’ but re

- 'Safe' there was no risk assessment around recruitment policies.
 - Picton Green Family Practice – four out of five were 'Good'.
 - Great Homer Street Medical Centre – three out of five domains were rated 'Requires Improvement'.
 - Dr S Dharmana Family & General Practice – overall rating was 'Inadequate' for all five domains and the practice had been placed in special measures.
- The Lay Member for Patient Engagement requested for the Performance Report to include a note on improvement since the last report next to the Red/Green faces symbol.

The Chief Officer commented that the Performance Report showed that a great deal of effort from those involved in improving and maintaining performance was bearing fruit, particularly in areas such as unplanned admissions related to COPD and Stroke. This needed to be taken into consideration when looking at the challenge of the A&E target. The Urgent Care Clinical Lead added that the additional A&E performance was disproportionate to what was going on in general in the hospital trusts.

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.**

6. QUESTIONS FROM THE PUBLIC

Although the Chair had dealt with questions from the public at the beginning of the meeting a member of the public asked about the loss of benefits for mental health patients who were sectioned and difficulties in re-instating these benefits. The Head of Strategy & Outcomes noted the impact of austerity and poverty on mental health which was nationally acknowledged. It was noted by the Liverpool Central Locality co-opted member noted that advice on benefits, housing etc was available from

GP practices who could make a referral for the patient directly to the organisations concerned (social prescribing). The Director of Adult Health & Social Care Liverpool City Council added that patients in this situation would already have a care plan and coordinator therefore would be in the system.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 10th March 2015 at 1pm, to be held in the Boardroom at Arthouse Square.