

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on TUESDAY 9<sup>TH</sup> DECEMBER 2014 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
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Shamim Rose	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP
Dr Donal O'Donoghue	Secondary Care Doctor

#### CO-OPTED:

Dr Rob Barnett	LMC Secretary
Ray Guy	Practice Manager
Dr Sandra Davies	Interim Director of Public Health
Dr David Webster	GP – Matchworks Locality
Dr Tristan Elkin	GP – Liverpool Central 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  
Derek Rothwell  
Carole Hill  
Phil Wadeson

Deputy Finance Director  
Head of Contracts & Procurement  
Head of Communications  
Director of Finance, NHS England  
Merseyside Area Team

Samih Kalakeche

Director of Adult Services &  
Health, Liverpool City Council  
Service Implementation Manager  
(item 3.3 only)

Sharon Elliott

Minutes

Paula Jones

## **APOLOGIES:**

Dr Maurice Smith  
Dr Rosie Kaur  
Councillor Roz Gladden  
Kathy Hull

GP  
GP  
Liverpool City Council  
Executive Officer – Healthwatch  
Liverpool Scrutiny  
Head of Primary Care Quality &  
Improvement

Cheryl Mould

Public: 5

## **PART 1: INTRODUCTIONS & APOLOGIES**

Introductions were made for the benefit of the members of the public present.

### **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 11<sup>th</sup> November 2014 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 – the Head of Strategy & Outcomes gave a verbal update that he and the More Independent Programme Manager had met with Innovate UK (formerly the Technology Strategy Board) and discussed where next for More Independent when the contract with Innovate UK ran out June 2015. They were pleased with the progress and now consideration was being given on how to mainstream More Independent within the core business of the CCG. A More Independent workshop would be held early in the New Year about how to proceed with digital health and self care.
- 1.3.2 Action Point Three re Maternity Services Review being brought back to the appropriate committee in the CCG structure –it was noted that this was ongoing.
- 1.3.3 Action Point Five – it was noted that the Governing Body Away Day when New Care Models would be discussed was on Friday 12<sup>th</sup> December 2014.
- 1.3.4 Action Point Six – it was noted that details on ‘Flu’ vaccination figures were included in the Performance Report.
- 1.3.5 Action Point Seven re Homesless Lead – it was noted that this was ongoing.
- 1.3.6 Action Point Nine – it was noted that a discussion on Liverpool Community Health was on the agenda for Part 2 Private Business.
- 1.3.7 Action Point Ten Aintree Mortality Performance – it was noted by the Chief Officer that a meeting of some of the Liverpool CCG Governing Body members with the Aintree Board had been set up for 19<sup>th</sup> December 2014.

- 1.3.8 Action Point Eleven – it was noted that changes to the Performance Report were ongoing.

## **PART 2: UPDATES**

### **2.1 Feedback from committees – Report No GB 86-14:**

- Healthy Liverpool Programme Leads Board 11<sup>th</sup> November 2014 –the Chief Finance Officer fed back to the Governing Body:
  - ✓ Review of Cheshire & Merseyside re workforce and the need to develop workstream modelling.
  - ✓ Diagnostic Review of the Programme – a review was being undertaken by PA Consulting and was to come back to the next meeting and to the Governing Body in due course.

Re Workforce Development, the Practice Nurse member noted that funding was available for universities which could be utilised and that this was being looked into by Margo Kane

- HR Committee 11<sup>th</sup> November 2014 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
  - ✓ The Risk Management Strategy was approved – the need was recognised for Governing Body members and staff to have updated training before the end of March 2015.
  - ✓ New Media and Communications Policy - the policy needed to be revised and would come back to the HR Committee (in the light of social media) and then training arranged.
  - ✓ Local Authority Service Recognition – this was approved limited to Local Authority services which

transferred to the Local Authority on 1<sup>st</sup> April 2013 due the NHS re-organisation.

- Approvals Panel 14<sup>th</sup> November & 28<sup>th</sup> November 2014 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
  - ✓ there were issues around payments to clinicians for work on research.
  - ✓ CCG resources to be used appropriately and a research policy would come to the Governing Body for approval going forward.
  - ✓ Healthy Ageing Scheme – (14.11.14) four outstanding Social Isolation bids approved – cannot be seen to invest directly in the Third Sector outside of the Grant Scheme so practices would need to be the Third Sector Leads. The CCG would support practices in this and ensure no additional costs to practices.
  - ✓ The Local Medical Committee Secretary was concerned about the transfer of monies to practices and that this did not affect them adversely, particularly with practices dealing with other agencies and the effect on the practice employers national insurance and superannuation. The Chair responded that there was no specific answer as yet and this would need to be worked through. Practices were advised to raise this with their own accountant.
  - ✓ 28.11.14 - investment to support Neighbourhood Transformation were approved – leadership needed to be in place to drive change and maintain the effectiveness of Neighbourhood investment. Maximum approved up to £17.5k per Neighbourhood, could only be drawn down subject to each Neighbourhood submitting a mobilisation plan to go to

the Approvals Panel. There would be no conflict re payments to GP practices as there were no GPs on the Approvals Panel.

- ✓ Across the city there are now a total of 45,496 GP/nurse practitioner appointments available every week from the 93 practices. This includes 5191 appointments per week which have been funded from winter monies for the period 1<sup>st</sup> November to 31<sup>st</sup> March – i.e. 21 weeks. 11% of the total weekly capacity available has been funded through winter monies.
- Primary Care Committee 25<sup>th</sup> November 2014 – the Chair fed back to the Governing Body:
  - ✓ Management of prescribing costs: category M drugs had a £700k impact which was out of practices' control. The issue of New Oral Anticoagulant prescribing was also discussed in the light of new NICE Guidance and the need to assure patients that new drugs were being used but for the best benefit. It was necessary to engage with practices to ensure wise prescribing. A paper would be brought to the January Primary Care Committee.
  - ✓ Out of Area Registrations, there were risks regarding out of area patients re access to out of hours and community services. Practices had been written to in a joint letter from the CCG and Local Medical Committee setting out these issues.
  - ✓ Minor surgery – 45 practices were registered and were required to provide evidence that skills and knowledge were up to date.
- Healthy Liverpool Hospital Based Care Committees in Common – 5<sup>th</sup> November 2014 – the Chief Officer fed back to the Governing Body:

- ✓ Liverpool CCG, South Sefton CCG, Knowsley CCG and NHS England meeting together had arisen from the Healthy Liverpool Programme Realigned Hospital Based Care workstream.
- ✓ Minor amendments had been made to the Terms of Reference which were attached, around including NHS England in the quorum and at least two members from each constituent CCG Governing Body rather than three in the membership with Local Authority representation stipulated rather than a nomination from the Health & Wellbeing Board.
- ✓ This gave a clear path for decision making on hospital services but each CCG Governing Body and NHS England needed to make their own Board decisions

#### **The NHS Liverpool CCG Governing Body:**

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

### **2.2 Feedback from the Merseyside CCG Network 3<sup>rd</sup> December 2014 – Report No GB 87-14**

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

- Commissioning Support – Lee Griffin (Managing Director) had attended the meeting. Merseyside Internal Audit were looking at future options and this would be brought back to the Network in January 2015.
- Safeguarding Services – further investment was required which was supported by the Network. The Head of Quality/Chief Nurse added that a review of the services had been commissioned to review performance and strengthen the adult component. In response to question from the Lay Member for Patient Engagement she informed the Governing Body that from 1<sup>st</sup> December

2015 the Named GP for Safeguarding came under the jurisdiction of Liverpool CCG.

**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:

- ✓ Judith Greensmith had stepped down as Chair of the Royal Liverpool Hospital, the Trust Development Authority were looking for a replacement.
- ✓ Catherine Beardshaw Chief Executive at Aintree Hospital was retiring from 31<sup>st</sup> March 2015.
- ✓ Clare Duggan had been appointed as Director of Commissioning Operations for the Cheshire & Merseyside NHS England Sub-Regional Team.
- ✓ Two successful marketplace events had taken place with over 300 attendees from practices, offering knowledge and skills development in a range of key areas.
- ✓ The Governing Body were reminded that an additional session to adopt the Annual Accounts had been set for 28<sup>th</sup> May 2015 and this needed to be quorate.
- ✓ Ray Guy, Governing Body co-opted practice manager member was retiring at the end of December 2014. On behalf of the Governing Body she thanked him for his contribution and made a presentation.

## **The NHS Liverpool CCG Governing Body:**

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

### **2.4 NHS England Area Team**

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

- As already mentioned by the CCG Chief Officer Clare Duggan had been appointed as Director of Commissioning Operations for the Cheshire & Merseyside NHS England Sub-Regional Team, the NHS England Merseyside Area Team Director of Finance had been appointed as Director of Finance for the Cheshire & Merseyside NHS England Sub-Regional Team, Tony Leo had been appointed as Director of Commissioning and Dr Kieran Murphy as the Medical Director. It was expected that by the end of the following week all the appointments would have been made and the reorganisation had resulted in savings of 50% across all senior grades.
- A&E Performance – there was lack of consistency from week to week.
- Referral to Treatment 18 week target – there was a great deal of activity and this was a moving target.
- Number of people in residential care with Learning Disabilities – this was stage three across the whole of Merseyside.
- Healthy Liverpool Programme – next phase awaited – NHS England was supportive.
- Primary Care – practices with specific problems had action plans in place and this would be followed through.

## **The NHS Liverpool CCG Governing Body:**

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

### **2.5 Update from Health & Wellbeing Board - Verbal**

The Chair updated the Governing Body:

- This has been the Governing Body Co-Opted Practice Manager member's last Health & Wellbeing Board.
- Physical Activity & Sports Strategy had been discussed. A Business Case would be brought to the Governing Body in the New Year.

## **The NHS Liverpool CCG Governing Body:**

- **Noted the verbal update.**

### **2.6 Public Health Update - Verbal**

The Interim Director of Public Health updated the Governing Body:

- Public Health Annual Report had been presented to the Health & Wellbeing Board. Also the Joint Strategic Needs Assessment had been refreshed which would be circulated to the Governing Body.
- The Interim Director of Public Health noted that reduction in immunisation rates was being looked at in conjunction with Liverpool Community Health to put a remedial plan in place and this was going well. Public Health were working closely with Public Health England and NHS England.
- Meningitis C cases at Liverpool Hope University – there was now a mass vaccination campaign on campus over Christmas.
- Alcohol – Dry January launched in November.

**The NHS Liverpool CCG Governing Body:**

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

**PART 3: STRATEGY & COMMISSIONING**

**3.1 Healthy Liverpool Phase 3 Engagement and Communications Plan – Report No GB 88-14**

The Head of Communications and Engagement presented a paper to the Governing Body which set out the engagement and communications plan which had been developed to support Phase 3 of the Healthy Liverpool Programme. Phase 1 had been May to November 2013 setting out the big ideas and agreeing the 6 programmes. Phase 2 had been the planning phase. Phase 3 which was just beginning was the citywide public consultation to engage and communicate on the 3 settings of care and agree the formal assurance process. Phases 4 and 5 were also set out in the paper and Appendix 1 contained the stakeholder analysis. Outreach was also to NHS workforce as well as the public. Section 10 of the paper set out the engagement infrastructure to meet statutory duties and the introduction of the new corporate database for stakeholder and engagement management and reporting.

The Governing body noted the benefit of engagement with member practices and the need to avoid duplication.

**The NHS Liverpool CCG Governing Body:**

- **Noted the stakeholder analysis set out in the plan.**
- **Approved the engagement and communications plans for phase 3 of the Healthy Liverpool programme.**
- **Approved plans to enhance the CCG's engagement infrastructure to support the Healthy Liverpool programme and other areas of commissioning.**

## **3.2 Healthy Liverpool Investments:**

### **a) Mersey Care NHS Trust Redevelopment Project (TIME) – Report No GB 89a-14**

The Chief Finance Officer presented a paper to the Governing Body to update on the progress of Mersey Care's redevelopment project (TIME) and for the Governing Body to approve the Finance Procurement & Contracting Committee's recommendation regarding funding for the Clock View site and the future requirements in respect of the Liverpool site (Phase 2).

In July 2011 the Merseyside Cluster board approved the business case for inpatient estate. This was not just about estate but also a re-design of services. The approval was for the Walton site and the Edge Lane scheme. The gross cost was £5.27m which after strategic savings was a net cost of £3.92m. The Walton Scheme which had been built was now Clock View. This was due for handover on 19<sup>th</sup> December 2014. The Edge Lane development (now called Liverpool development) did not progress to land purchase.

The Finance Procurement & Contracting Committee had agreed an investment of £0.29m for the Clock view site for 2014/15 and £1.23m for 2015/16. The Edge Lane scheme (Liverpool scheme) needed to be thought through again as things were very different now.

The Chair noted that estates was one issue and another was the quality of care provided to patients and how we improved care in the community. The Head of Strategy & Outcomes noted that there had been a Mental Health workshop a fortnight ago to look at the new community mental health model, which was very positive with good contributions from Mersey Care as well as primary Care and other clinicians.

The Governing Body agreed the recommendations in the paper and noted that Phase 2 Liverpool scheme would need to come back to the Governing Body for Business Case approval.

- **Noted the content of this report**
- **Approved the recommendation made by the Finance Procurement & Contracting Committee on 23<sup>rd</sup> October to agree investment of £0.29 million for the Clock View site for 2014/15 and £1.23 million for 2015/16**
- **Noted that 2015/16 investment be paid via a quality premium designed to mitigate the risks associated with the move to mental health tariff (Payment by Results), to be progressed during 2015/16 contract planning**
- **Noted that that investment for the Liverpool development (Phase 2) of the project will be presented when the detailed business case has been developed by the Trust and reviewed by the CCG**

#### **b) Frailty Unit – Royal Liverpool & Broadgreen Hospital – Report No GB 89b-14**

The Healthy Ageing Programme Governing Body Clinical Lead presented the paper to the Governing Body of the strategic context and case for change for the development of an Acute Frailty Unit at the Royal & Broadgreen University Hospital Trust and seek approval for the investment to implement this.

The Healthy Ageing Programme was run jointly with Liverpool City Council and this was around reablement and keeping people strong and independent at home for longer. Those over 75 were more likely to be admitted when presenting at A&E and if in hospital for 7 days or more would lose 14% of muscle mass, thus getting weaker and this in turn leader to adverse outcomes. The presence of

the Acute Frailty Unit would have appropriate patients referred to it during the triage process and they would then receive a comprehensive geriatric assessment by specialist geriatric clinical staff, be seen 3 times a day and receive therapy on the spot. Once medically stable patients would be taken home to be assessed and have a supported discharge at home for 5 days or longer.

The investment required was £298k from November 2014 to March 2015 to support and implement the Frailty Unit at the Royal Liverpool Hospital and for the Trust to employ additional staff. It was known what staff were required and they would be there by January 2015 and it would be a Multi-Disciplinary Team working with the patient.

The Secondary Care Clinician stressed the importance involving carers/family in the process. A query was raised about whether there was enough funding in the community workforce to back the early supported discharge up and also timely provision of any necessary community equipment. The Chief Officer noted that it was not possible to consider this in isolation and asked also about provision for this cohort of patients at Aintree Hospital. The Clinical Lead responded that there was a Frailty Unit also at Aintree which had been set up the previous year although there were some differences. It was important to ensure continuity of care for patients in the North of the city with the central/south of the city and there would be consultation with patients and a further report to the Governing Body in due course.

### **The NHS Liverpool CCG Governing Body:**

- **Approved investment of £298k to RLBUHT in 2014/15 to implement the Frailty Unit.**
- **Noted that the procurement route has been approved by the Finance, Procurement and Contracting Committee.**
- **Noted that the Business Case has been initially approved by the Healthy Liverpool Programme Leads Board**

### **3.3 Commissioning Policy Review – Procedures of Low Clinical Priority – Report No GB 88-14**

The Governing Body Clinical Lead for Planned Care presented the paper to the Governing Body setting out a revised Procedures of Low Clinical Priority for review and approval. The Service Implementation Manager was present for the discussion and took the Governing Body through some of the changes to the previous PCT Policy; and services where the CCG was proposing a different commissioning approach to other local CCGs/National Institute for Clinical Excellence ('NICE') Guidance.

- A 90 day public consultation period had been undertaken across the 12 Cheshire & Merseyside CCGs. Two provider events had been held and an Equality Impact Assessment completed.
- The Policy had been updated with a view to updated NICE Guidelines, with NHS England commissioned services removed.
- Circumcision: Liverpool would continue to commission circumcision for social, religious or cultural reasons and will review during the next 12 months.
- Varicose Veins: NICE Guidance recommends that all symptomatic varicose veins should be treated but the policy maintained treatment would only be commissioned in the event of specific criteria being met. This was no change from the current position.
- Lycra Suits: these would be funded via the Continuing Health Care budget, not IFR.
- Continuous Glucose Monitoring Systems: NICE did not support this but there were cases when it was beneficial and so would continue under the Individual Funding Request route.
- Gender Dysphoria: majority of complex surgery was carried out via specialist commissioning but the additional non core items would continue to be considered for funding via the Individual Funding Request route with

care taken to meet our Equality Duties for protected characteristics.

- **Complementary Therapies:** NICE Guidance recommends Alexander Technique for Parkinson's disease, ginger and acupuncture for reducing morning sickness and acupuncture and manual therapy for persistent low back pain. Liverpool CCG commissions Homoeopathy, acupuncture and remedial massage which was different to other CCGs. Patient feedback was positive. As such this would be retained.
- **IVF:** NICE Guidance recommended 3 cycles for women under 40, however Liverpool Women's Hospital had a higher than normal success rate so the recommendation was 2 cycles with a third cycle via Individual Funding Request raised by a Fertility Consultant.
- **Collagenase Treatment:** A successful pilot had recently been carried out by local providers for Collagenase injections for Dupuytren's Contracture. The pilot had positive outcomes and patient feedback. It is expected that NICE Guidance will approve this treatment. The pilot yielded a cost saving of £136k. It was recommended that this treatment be commissioned.

### **The NHS Liverpool CCG Governing Body:**

- **Reviewed the draft policy taking into account the Equality Impact Assessment (EIA) Appendix 1.**
- **Approved the clinical models set out in the policy as amended by the local recommendations in this paper.**

### **3.4 Next Steps Towards Primary Care Co-Commissioning for NHS Liverpool Clinical Commissioning Group – Report No GB 91-14**

The Chief Officer presented a paper to the Governing Body outlining the options for Primary Care Co-Commissioning for Liverpool CCG. Guidance had been received in early November and the CCG needed to make a decision and submit this by 9<sup>th</sup> January 2015 which meant there was limited

time for engagement with practices and the CCG was looking for approval in principle to the approach to be taken.

The Governing Body was reminded that the Liverpool GP Specification had over the last three years resulted in reduced hospital attendance, reduced prescribing spend, increase in the number of patients on disease registers and reduction in hospital referrals.

The options available to CCGs now were:

1. Greater influencing
2. Joint commissioning with NHS England
3. Delegated responsibility.

For 2015/16 co-commissioning arrangements were restricted to General Practice. A full analysis of the risks and opportunities for each option was included at Appendix 1 and discussed.

Option one, greater influencing required no change. Option Two would mean a joint commissioning committee to be set up with NHS England, this might also be involving several other CCGs. Option Three meant that a new committee of the Governing Body would need to be set up. Conflict of interest was a risk but could be managed. CCGs applying for delegated responsibility would have no change to their running cost allowance but would have access to NHS England commissioning staff. However it would carry with it a need for more recruitment internally.

At some point the APMS contracts would need to be re-procured which needed to be taken into consideration. Also it needed to be noted that joint arrangements with NHS England would involve far less local clinical leadership and patient involvement in the process and could restrict the ability to redesign services.

For delegated arrangements there would need to be a Primary Care Commissioning Committee set up as a committee of the

Liverpool CCG Governing Body. The Primary Care Quality Committee would remain and the Audit Committee would ensure robust arrangements were in place.

The Chief Officer noted that at a meeting of practices called by the Local Medical Committee which had taken place on the evening of 8<sup>th</sup> December 2014, more than 100 practice staff were present. The Local Medical Committee Secretary noted the timetable for a decision was extremely tight and that this was not a tiered process – eventually all CCGs would need to move to delegated authority, the decision to be taken was whether it was better to do this now rather than in 2016. Feelings had been mixed but no one had been opposed in principle to going for delegated responsibility now rather than later. The Chair noted that concerns needed to be addressed and discussed with members and that the timeframe was challenging. The Chief Officer noted the need for constitutional changes to be run past practices, but setting up new committees of the Governing Body was an agreed change which had been delegated to the Governing Body.

Some GP members of the Governing Body felt that there was a lack of understanding of the issues amongst their colleagues. The Chief Officer stressed the role of the Governing Body members to inform and reassure their colleagues around the decisions taken and why. It was noted that the Local Medical Secretary would be sending a letter out to practices to inform them of the processes/issues as an impartial party.

The CCG would also be writing out to practices following the discussion and recommended way forward from the Governing Body.

#### **The NHS Liverpool CCG Governing Body:**

- **Approved to proceed with the application for delegated responsibility for commissioning primary care services from April 2015.**
- **Noted the required changes to governance arrangements in order that the CCG meets its statutory duties**

## **PART 4: GOVERNANCE**

### **4.1 Emergency Preparedness, Resilience & Response Assurance 2014– Report no GB 92-14**

The Head of Operations & Corporate Performance presented a paper providing assurance to the Governing Body regarding compliance with the National Emergency Preparedness, Resilience and Response Core Standards. The outcome of the self-assessment process was that the CCG had been assessed as demonstrating “Full Compliance” against the standards

#### **The NHS Liverpool CCG Governing Body:**

- **Acknowledged the CCG’s full compliance with the National Core EPRR Standards.**

## **Part 5: Performance**

### **5.1 CCG Performance Report – Report no GB 93-14**

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:

- Diagnostic waiting time performance was holding up.
- North West Ambulance Service performance for Liverpool was good but was under pressure in the North West. 7% growth in Red calls had been noted and steps were being taken with the North West Ambulance Service to mitigate

the impact of this on their response times. In order to cope with additional winter pressures private resources were to be used which was a step which had not been taken lightly.

- Cancer: overall all targets reached but a breach from the Royal Liverpool Hospital on 2 week targets, however many of these were dermatology for which there was a peak in July coinciding with staff sickness. These issues were now being addressed. It was noted that as yet invalidated figures were showing the wait down to 1 week so compliance with the target was predicted.
- Referral To Treatment: the target had been achieved in October overall, however Liverpool Heart & Chest Hospital and Liverpool Women's Hospital had missed the target. NHS England had made additional investment to achieve these targets. It was noted in response to a question from the Secondary Care Clinician that the Alder Hey Spinal Unit issue was resolved in the medium term, however as this involved very low numbers of patients it was susceptible to change.
- A&E: Liverpool narrowly missed the 95% target. Aintree Hospital's performance had failed to meet the target all year, the Royal Liverpool Hospital had delivered the target in three out of the last four weeks so this was hopeful. The Liverpool CCG Urgent Care Manager was spending considerable time at Aintree Hospital re problems in the A&E and hospital wide systems/processes.
- Stroke: this was red, the target had not been achieved this month and the various Clinical Quality & Performance Groups were focussing on this, it was a symptom of high bed occupancy and pressure in the system.
- Mixed Sex Accommodation: four breaches reported at the Royal Liverpool Hospital in October, the relocation of the two units identified as causing the problem had been delayed until December so further breaches could be expected through November and December.

- Healthcare Acquired Infections: there were no significant changes.
- Never Events: wrong site surgery at the Dental Hospital (Royal Liverpool).
- Healthy Ageing: this had been added to the Better Care Fund indicators for information – this would be built into future outcomes information.
- Care Quality Commission: the Care Quality Commission had withdrawn the original assessment process for General Practice visit prioritisation.

The Governing Body welcomed the new format to the Performance 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.**

**6. QUESTIONS FROM THE PUBLIC**

A question had been submitted by Mr Sam Semoff which was read out by the Chair:

Background

*Report GB 66-14 entitled, “Engagement and Equality and Diversity Planning, Delivery and Governance”, was presented at the LIVERPOOL CCG Governing Body meeting of 9<sup>th</sup> September 2014.*

*A box on page 19 of the report, entitled “Engagement Approach”, listed a number of items, one of which was “Personal health budgets”.*

Thus I would wish to ask the following:

*1) Are Personal Health Budgets currently available to patients in Liverpool?*

*2) If not are there plans to make Personal Health Budgets available to patients in Liverpool and will there be any public consultation about these plans?*

*3) If yes, what is schedule for this consultation?*

A written response had been prepared and passed to Mr Semoff:

**“Response to Sam Semoff’s question:**

A Personal Health Budget (PHB) is an amount of money to support a person’s health and well-being needs, planned and agreed between the person and their local CCG. The vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. With effect from 1<sup>st</sup> April 2014 everyone in receipt of NHS Continuing Healthcare (excluding nursing home patients) will have a right to ask for a personal health budget. From October 2014 this extends to a right to have a personal health budget.

With effect from April 2015, when there is an expansion of the current programme nationally, more patients will be able to ask for, and potentially have, a PHB, and this will require close working with Liverpool City Council to ensure all health and care needs are considered and met as aspects of care may be paid for the council. These patients are:

- people with long term conditions, including frail elderly people at risk of care home admission
- children with complex needs
- people with learning disabilities
- people with severe and enduring mental health problems.

Q1- Are PHBs currently available to patients in Liverpool?

- Yes. The patients who are currently eligible, ie, those eligible for CHC are offered the choice of a Personal Health Budget.

Q2- If not are there plans to make Personal Health Budgets available to patients in Liverpool and will there be any public consultation about these plans?

- Personal Health Budgets (PHBs) are currently available to those who are eligible. As the implementation of PHBs is part of national policy, we are not consulting directly on PHBs. During the development of PHBs there were a number of national- pilot sites where there was much patient involvement and consultation which shaped the policy. We have set up systems and processes internally within the CCG to enable the CCG to administer PHBs. Specific consultation is not required re PHBs; they are seen as a vehicle for promoting personalisation of care- **or person centred care-** and as such are within the broader consultation about how we do this within the Healthy Liverpool work. For those patients that are eligible, PHBs are discussed as part of the assessment process so that patients can consider all options

Q3-If yes, what is schedule for this consultation?

- No specific consultation required re PHBs, but much broader work about person centred care as part of Healthy Liverpool “

A member of the public highlighted to the Governing Body the issue of the iVan in Merseyside and its valuable role in health education and the decision taken by the Local Authority and Public Health not to continue to fund the service. The Chief Officer thanked the member of the public for bringing this matter to the attention of the Governing Body. She noted that the CCG had just become aware of the issue and it would be looked into.

A member of the public requested that spare copies of the papers be available at the meeting. The Chief Officer noted

that there would be a couple of sets of papers available for the public.

**7. ANY OTHER BUSINESS**

None.

**8. DATE AND TIME OF NEXT MEETING**

**9.** Tuesday 13<sup>th</sup> January 2015 at 1pm, to be held in the Boardroom at Arthouse Square.