

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 12TH JANUARY 2016 1pm
BOARDROOM, THE DEPARTMENT, LEWIS'S BUILDING

PRESENT:

VOTING MEMBERS:

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

NON VOTING MEMBERS:

Dr David Webster	GP – Matchworks Locality Chair
Dr Paula Finnerty	GP – North Locality Chair
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Rob Barnett	LMC Secretary
Councillor Roz Gladden	Liverpool City Council

IN ATTENDANCE:

Carole Hill	Healthy Liverpool Integrated Programme Director
Ian Davies	Chief Operating Officer
Ray Guy	Retired Practice Manager
Stephen Hendry	Acting Head of Operations & Corporate Performance
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Phil Wadeson	Director of Finance, NHS England Sub Regional Team
Lynn Collins	Chair of Healthwatch Liverpool
Tony Woods	Healthy Liverpool Programme Director - Community & Digital Care
Alison Ormrod	Interim Head of Finance
Helen Shaw	Healthy Liverpool Stakeholder Lead
Paula Jones	Minutes

APOLOGIES:

Dr Simon Bowers	GP/Clinical Vice Chair
Dr Fiona Ogden-Forde	GP
Dr Sandra Davies	Director of Public Health
Cheryl Mould	Head of Primary Care Quality & Improvement

Public: 7

PART 1: INTRODUCTIONS & APOLOGIES

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

1.1 DECLARATIONS OF INTEREST

Dr David Webster declared that he had taken a post in the GP Federation commencing 1st February 2016.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 8th December 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- From item 2.1 Feedback from Committees: in the feedback from the Quality Safety & Outcomes Committee 1st December 2015 it was noted that the Lay Member for Governance had been present at the Quality Safety & Outcomes Committee meeting and had not sent apologies.

1.3 MATTERS ARISING from 8th December 2015 not already on the agenda:

- 1.3.1 Action Point One – it was noted that the minutes from the previous meeting had been amended.
- 1.3.2 Action Point Two - it was noted that the action around presentation to Localities to provide assurances on how the CCG was holding providers to account through the work of the Clinical Quality & Performance Groups was on-going.
- 1.3.3 Action Point Three – it was noted that the Terms of Reference for the Primary Care Commissioning Committee had been amended.
- 1.3.4 Action Point Five – it was noted that the action around antimicrobial prescribing impacting on Healthcare Acquired Infections reporting to the Primary Care Quality sub-Committee and in turn to the Governing Body was on-going.
- 1.3.5 Action Point Six – it was noted that the action around the pulling together of a report for the Health & Wellbeing of the various initiatives to support getting people with Learning Difficulties/Disabilities back into work was on-going.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 01-16:

- Primary Care Commissioning Committee 15th December 2015 – the Lay Member for Patient Engagement/Primary Care Commissioning Committee Chair fed back to the Governing Body:
 - ✓ Primary Care Support Services: a new stakeholder forum had been set up.
 - ✓ Primary Care Performance Report: practices with a low profile had been identified and bespoke teams were visiting practices.

- Audit Risk & Scrutiny Committee 17th December 2015 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Conflicts of Interest and how they were handled. Controls were to be tighter and policy and procedures more robust. The register would be reviewed by Audit Committee with episodic random audits carried out by the Chief Finance Officer.
 - ✓ Transition of banking arrangements: this was an NHS England led process which was incurring risk to our financial systems, therefore the CCG was not agreeing to the transition until the issues were resolved.
 - ✓ Safeguarding processes and procedures within the CCG had been presented by the Head of Quality/Chief Nurse and had been well received. The Head of Quality/Chief Nurse had been requested to attend on a regular basis to keep the Committee updated.

- Finance Procurement & Contracting Committee 22nd December 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Talk Liverpool Service and non-achievement of performance targets in access and recovery were discussed, along with contract levers to be implemented and financial sanctions applied.

- Healthy Liverpool Programme Board – 23rd December 2015 – the Chief Finance Officer feedback to the Governing Body:
 - ✓ Moving forward to implementation phase.
 - ✓ Estates Strategy – interim strategy in place (primary and commissioning services). Bids to be pulled together for February 2016 for the Primary Care Transformation Fund. More work still to be done around the hospital situation which would then inform the Healthy Liverpool Estates Strategy.
 - ✓ Outcomes work continued – developing what outcomes would mean and looking at how to commission for outcomes, led by the Programme Management Office.
 - ✓ Delivery of Healthy Liverpool and implementation – Project Initiation Documents prepared for all projects, implementation to be over two years. The Governing Body would be kept updated as matters developed.

- Committees in Common 6th January 2016 – the Chief Officer fed back to the Governing Body:
 - ✓ This would be become a subset of the CCG Alliance (see item 2.2) going forward with not all 7 CCGs just South Sefton, Knowsley and Liverpool.

- ✓ The Committees in Common model would continue to link us to our neighbouring CCGs and Local Authorities re Healthy Liverpool issues around hospital services.
- ✓ Need to consider the governance structures and whether it reported to the Liverpool City Region CCG Alliance or was accountable to Healthy Liverpool.

The Lay Member for Governance asked about where West Lancashire fitted into the structures and about the slide data which had been mentioned. The Chief Officer responded that West Lancashire & Warrington were already part of the Liverpool City Region CCG Alliance. It had been proposed that they would be associate members along with West Cheshire but without voting rights. She added that the slide data referred to was a presentation to Local Authorities and provider colleagues being given that morning and to Voluntary Sector colleagues in the afternoon.

The Liverpool City Council Member queried the roles of the combined Local Authority and individual Local Authority roles. The Chief Officer explained that the combined Local Authority had responsibility for transport and economic regeneration only. Each individual Local Authority would have its own political lead. There was no such thing as real health devolution in England and it was necessary to work through the issues around responsibility.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from Liverpool City Region CCG Alliance– 6th January 2016 – Report No 02-16:

The Chief Officer updated the Governing Body:

- ✓ First meeting – still in transition from the CCG Network to a formal committee therefore meeting in shadow.
- ✓ Discussed draft Terms of Reference which would come to the Governing Body in February 2016.
- ✓ Work Plan also to be signed off by the Governing Body in due course.
- ✓ Planning Guidance discussed – footprint for the Sustainability & Transformation Plan.

The NHS Liverpool CCG Governing Body:

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

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ The NHS England Planning Guidance had been received on which there was a presentation later in the afternoon.
- ✓ Liverpool City Region CCG Alliance – draft Terms of Reference being proposed.
- ✓ The Liverpool CCG Finance Team had won the Havelock Training Award.
- ✓ “Walk to Rio” – the CCG was participating in this endeavour to carry out enough steps to walk from Liverpool to Rio (11 million steps in total). She noted the hard work and enthusiasm of Dianna Mannhart, Neighbourhood Support Manager, in setting this up.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Update

The Director of Finance NHS England Sub-Regional Team updated the Governing Body after the presentation on the Planning Guidance (item 4.1) had been given:

- NHS England involved in comprehensive analysis of Planning Guidance and monitoring where the CCG was with regards to the Liverpool City Region.
- Scale of the undertaking was enormous, the NHS had received everything it had asked for from the Treasury therefore now needed to step up to the mark and deliver.
- Liverpool CCG was already ahead of the game re the Liverpool City Region via the CCG Network/Liverpool City Regional CCG Alliance but nevertheless the work involved was not to be underestimated.
- Key issue was how the £1.8bn for sustainability funding would be distributed. Some providers were in deficit and some not, the gap needed to be closed and ensure good quality services at a lower cost. It was not merely a question of relying on tariff deflation.
- The Sustainability & Transformation Plan needed to demonstrate the case for utilising as much of the national resource as possible for the benefit of the Liverpool City Region therefore it needed to demonstrate what it intended to do, how to implement it with the resources available as the footprint submitted on 29th January 2016. NHS England was working with NHS Improvement to ensure consistent messages.

The More Independent Clinical Lead noted the need for a Joint Board rather than just the Stakeholder Group to deliver the Sustainability & Transformation Plan.

The Liverpool City Council representative noted that she was pleased that health in the city was receiving funding in the light of the Local Authority budget cuts and noted that partnership working would be key to sustaining services in the city.

The Secondary Care Clinician noted the inflationary pressure of Specialised Commissioning and asked what the approach would be to keep costs under some control. The Director of Finance NHS England Sub-Regional Team responded that tertiary interventions were only carried out when necessary but costs had been allowed to accumulate. Specialist Commissioning over time would migrate back to local control and place based provision was what expected nationally over time.

The Lay Member for Governance/Deputy Chair was concerned about the varying degree of development within the Liverpool City Region CCGs, with Liverpool having already made significant inroads and not all providers and CCGs were as advanced in the process as Liverpool was. The Chief Officer responded that the important issue was to bring together both commissioners and providers to deliver the key plans such as seven day working and get an overall vision of how to measure and implement the changes which might be on different footprints depending on the issues. The Local Medical Committee Secretary noted differences within GP practices across the possible footprint and some hospital trusts were in deficit and some not but at what cost to the Liverpool population. He noted the continuing challenge of Increased Access to Psychological Therapies.

The Chair acknowledged these differences but that the vision and intention should not be different. The Chief Finance Officer added that the CCG was still required to deliver its financial duties. £1.8bn was available this year for providers, a provider organisation in surplus would deliver better quality than one in deficit. It was possible to transform seven different economies at different rates, the improvement would be from varying starting points. Liverpool had a complex health economy and the Improved Access to Psychological Therapies was a challenge but could be achieved.

In summary the Chair noted that the plan needed to be ambitious for NHS England to sign off.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Public Health Update - Verbal

The Director of Public Health had sent apologies to the meeting but had emailed an update which was given by the Chair to the Governing Body:

- ✓ Public Health Budget following Comprehensive Spending Review; no information would be available on impact on Public Health Budget until the end of January. Approval was with the Cabinet Office at the moment.
- ✓ Campaign Updates; Dry January and Sugar Swaps campaigns were under way. Information had been distributed on how to get involved in both of these. There would be the usual media coverage to support local activity and to link into National Campaigns.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

There was no performance report for January due to the impact of Christmas holidays on the availability of data.

PART 4: STRATEGY & COMMISSIONING

4.1 Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21– Report no GB 03-16 & Presentation

The Chief Officer gave a presentation to the Governing Body to present an overview of the NHS Planning Guidance for 2016/17 to 2020/21. She noted that the guidance had been published

on 22nd December 2015 and since then more information had been received around resources allocated to Liverpool and how this aligned to Healthy Liverpool. She highlighted:

- The guidance was only 31 pages long and had been proposed by all the national bodies which was far more aligned and consistent than previous years.
- It built from the Autumn 2015 Comprehensive Spending Review to restore the system to financial balance.
- It was for the whole system not just commissioning.
- Two key elements were required:-
 - A one year organisation plan
 - Sustainability & Transformation Plan (STP) to be produced over a five year period on a larger footprint.
- Sustainability & Transformation Plan – October 2016 to March 2021, to be submitted in June 2016 for approval to NHS England. There were Five elements:
 - Local leaders coming together.
 - Development of a shared vision with the local community including local government.
 - Programme of a coherent set of activities.
 - Execution against the plan.
 - Learning and adapting.
- The only access to transformation monies from 2017/18 onwards was via the Sustainability & Transformation Plan therefore it was critical to get this right.
- We needed to go back to NHS England by 29th January 2016 with the proposed geographic footprint. Success regimes and devolution were the starting points therefore the Liverpool City Region CCG Alliance was being proposed by the CCGs.

- There was excellent ‘read across’ from the requirements of the Sustainability & Transformation Plan to Healthy Liverpool. A plan on a page was shared to illustrate this.
- Operational Plan 2016/17: nine “must dos”:
 1. Develop a high quality and agreed **Sustainability & Transformation Plan**.
 2. Return the system to **aggregate financial balance**
 3. Develop and implement a plan to address the **sustainability and quality of general practice**
 4. Get back on track with access standards for **A and E and ambulance waits**
 5. Improvement against **referral to treatment**
 6. NHS Constitution for **cancer standards**
 7. Two **new mental health standards**
 8. Transform care for people with **learning disabilities**
 9. Improvements in quality including publication of **avoidable mortality**
- Operational Plan 2016/17: Scope:
 - To cover activity, capacity, finance and 2016/17 STP deliverables
 - Plans (commissioner and provider) need to demonstrate:
 - How they intend to **reconcile finance with activity** and clear plans to return deficits to balance
 - Planned contributions to the **efficiency challenge**
 - Plans to deliver the key **must do’s**
 - How **quality and safety** will be maintained and improved
 - How **risks** will be identified and mitigated against jointly
 - How they link with **STPs**
- Allocations: three firm years, two indicative. The CCG was over its target allocations in the past. The news on funding allocations was not as bad as had been expected.
 - £13m from Better Care Fund consolidated into the CCG Baseline.

- 2016/17 2.4% uplift as a CCG reflecting distance from target.
 - 2017/18 to 2019/20 1.6% uplift each year, 3.2% uplift 2020/21
 - Total uplift 13.22% - not as much as other CCGs but still significant.
 - Move from 6.3% over target to 5.3% over target by 2020/21.
- Liverpool Place Based Allocations (Specialised Commissioning):
 - Funding moving from £946m 2015/16 to £1bn by 2020/21
 - Distance from target goes from 4.3% over target to 4.2% over target.
 - This could have been worse.
- Returning the NHS Provider Sector to Balance:
 - £1.8bn of the Sustainability and Transformation Fund to be used in 2016/17 and allocated on a trust by trust basis
 - Quarterly release based on recovery milestones
 - Deficit reduction
 - Access standards
 - Progress on transformation
- Business Rules:
 - 3.1% inflation
 - 2% efficiency deflator
 - Surplus of 1%
 - 1% non recurrently
 - Contingency of 0.5%
 - Continued increase in mental health spend.
- Next Steps:
 - Sustainability & Transformation Plan process guidance to be received by the end of January 2016
 - Footprint to be confirmed 29th January 2016.
 - First draft submission of plans 8th February 2016.
 - Second draft submission of plans early March 2016.

- Governing Body to approve budgets and plans 31st March 2016.
- National deadline for contract sign off 31st March 2016.
- Final submission of 2016/17 plans 11th April 2016.
- Submission of full Sustainability & Transformation Plans end of June 2016, assessment end of July 2016.
- Plans go live October 2016.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the Planning Guidance 2016/17 – 2020/21**
- **Noted the synergy with the aims and direction of Healthy Liverpool**
- **Noted the next steps in developing the CCG response to producing the Operational Plan for 2016/17 and the Sustainability and Transformation Plan for 2016/17 - 2020/21.**

4.2 Healthy Liverpool Engagement and Communications Plan – Report no GB 04-16

The Integrated Programme Director for the Healthy Liverpool Programme presented a paper to the Governing body which updated on plans for engagement and communications activity to support the next phase of the Healthy Liverpool communications and Engagement Programme. There had been a report to the November 2015 Governing Body on feedback from the 2015 Case for Change Engagement and the paper contained the recommendations from this and actions. All the Healthy Liverpool Programme Boards had considered the specific feedback to inform on future engagement.

The next phase of engagement would introduce more detailed plans and proposals for improvements which had been identified across all the programmes, the main themes of which were:

- **Living Well** – There were complementary programmes of insight and engagement on the Living Well physical activity programme which would inform branding, future marketing and communication campaigns and developing initiatives. The feedback from this engagement would also feed into other clinical redesign workstreams, including mental health, learning disability and cancer .
- **Digital** – the digital programme underpinned many areas of Healthy Liverpool, including prevention and self-care. Engagement would focus on data sharing and personal health records, which earlier engagement had indicated required further engagement to reassure people about privacy, security and to emphasise the significant benefits.
- **Community Services** – this phase of engagement would seek to articulate the new model of care in an accessible way, with a focus on how the new approach would improve person-centred care, access and outcomes. There were specific community projects that we wished to engage on, including:
 - ❖ The neighbourhood collaborative – how we could best deliver a social model for health and wellbeing, with engagement on proposals for social prescribing, centres of wellbeing and health trainer and peer support approaches.
 - ❖ Plans to extend access to GP services 7days a week through locality hubs.
 - ❖ Plans to deliver more care closer to home, including the provision of diagnostics and outpatient clinics.
 - ❖ The proposed community mental health model.
 - ❖ Plans to improve patient experience and outcomes for people with learning disabilities.
- **Urgent Care** – we would engage on aspects of the new model for urgent care, including:

- ❖ 7 day primary care access and how this might influence behaviour change and use of urgent care in other settings.
 - ❖ Gaining feedback on support for the model for urgent care centres.
- **Hospitals Programme** – engagement in this phase would focus on articulating and understanding views on the principle of single-service city-wide delivery around a central university hospital campus. In addition, we would engage at an early stage on 7 day services, complex gynaecology, cardiology, stroke and neonatal services; effectively as pre-consultation for service change proposals that are currently being considered.

The engagement would be undertaken via three public events, a citywide Patient Participation Group event, a Voluntary and Community Sector event and an event around Mental Health models. The online engagement hub was integrated to the Liverpool CCG website. Tabloid versions of the Healthy Liverpool Blueprint were being worked on to distribute to every home in the city. A series of short films were being produced to show some of the projects.

The Healthy Liverpool Stakeholder Lead continued to explain about workforce engagement noting that a significant amount of work was being undertaken in this area. Wider engagement with other Boards/Senior Management Teams needed strengthening.

The Lay Member for Patient Engagement noted that this was a very comprehensive plan. He stressed the importance of engaging with those front line staff who saw people in their own homes.

The Healthwatch Chair noted that the public needed to see that they had been listened to on the smaller issues in order to have faith that they would be listened to on the larger issues. Listening needed to go hand in hand with consultation and this was a two way process. She suggested building on the work of More Independent using digital champions and hubs to improve

confidence of the public in the digital areas of Healthy Liverpool such as accessing personal records on line.

The NHS Liverpool CCG Governing Body:

- **Approved the updated stakeholder engagement and communications plan.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 05-16

The Acting Head of Operations & Corporate Performance presented the Corporate Risk Register to the Governing Body to highlight updates and amendments to the CCG's Corporate Risk Register and the key organisational responsibilities for the mitigation of risks to the delivery of strategic, quality, performance and financial objectives for the financial year 2015/16 and risks carried over from the financial year 2014/15. He highlighted:

- Risks (CO15 – quality of data from the Commissioning Support Unit and CO41b – effective provision of commissioning support services) recommended for removal from the Corporate Risk Register.
- Two new risks added to the Corporate Risk Register (CO52 – Healthy Liverpool leadership and CO53 – Healthy Liverpool engagement).
- Extreme risk C024a – safe and effective delivery of health services by Liverpool Community Health to meet commissioning requirements and C024b – uncertainty of future Liverpool Community Health service provision as a consequence of withdrawal from the Foundation Trust pipeline: the risk was unchanged but it was now felt that services were safe, efficient and sustainable as the trust was making progress.

- C039 – Alder Hey “Red” rating against Safeguarding Standards during 2013/14: quarter two data was still being analysed although there were indications of improvement.
- C051 – total bed capacity within independent nursing homes: this was a relatively new risk.
- C041b – Effective commissioning support services – this had been reduced.

The Governing Body members commented as follows:

- Risk CO11 (Aintree Hospital meeting commissioning requirements)
 - ✓ linked risk C037 which was not on Corporate Risk Register – the Acting Head of Operations & Corporate Performance agreed to look into this.
 - ✓ Direction of travel showed red arrow up but no change since last meeting the Acting Head of Operations & Corporate Performance agreed to look into this.
 - ✓ Aintree risk entered 2013 and improved substantially over last two years with only issue being A&E (the Acting Head of Operations & Corporate Performance to pick this up with the North Locality Chair after meeting)
- Risk CO24a (Liverpool Community Health): Residual Risk should be 15 not 20.
- The Chief Officer requested that a report should come to the Governing Body in February 2016 re the Liverpool Community Health Transition Process to give clear insight on the current position.
- Risk CO53 (Delivery of Healthy Liverpool): the Practice Nurse Member noted the workforce risk to delivery of Healthy Liverpool with the issue around the Practice Nurse Development Team not being able to cover all gaps in Primary Care which was potentially a huge risk.

This needed to feed through to Primary Care Commissioning Committee.

- Risk CO51 (Nursing Homes): the Urgent Care Lead noted that there should be a separate risk for quantity and capacity in addition to quality.
- The Lay Member for Governance/Deputy Chair noted that going forward it was necessary to distinguish between risks which were ongoing and involving third parties over whom we had limited power/influence and those which were within our ability to control.
- It was felt that a risk should be added re Healthy Liverpool and the Liverpool City Region CCG Alliance.

The NHS Liverpool CCG Governing Body:

- **Noted the risks (CO15 and CO41b) recommended for removal from the Corporate Risk Register;**
- **Noted the two new risks added to the Corporate Risk Register (CO52 and CO53);**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation but with some points of clarity to me picked up, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances provided that the changes requested were implemented.**

5.2 Liverpool CCG Standards of Business Conduct (December 2015) – Report no GB 06-16

The Lay Member for Governance/Deputy Chair presented a paper to the Governing Body to provide an overview on the revised Standards of Business Conduct Policy (December 2015). The Policy had been reviewed to make it more robust,

encompassing Conflicts of Interest, bribery and fraud and applied to everyone in private interests and public duties.

There was a separate Conflicts of Interest Policy and Whistleblowing Policy, therefore this document was a robust overview.

The Acting Head of Operations and Corporate Performance highlighted the changes, which had already been reviewed by the Audit Risk & Scrutiny Committee:

- Personal context: national guidelines had been used and it was now more explicit about the personal conduct of staff. A Social Media Policy was being produced and would be brought to the Governing Body in March 2016.

The Chief Officer commented that thought needed to be given to how this information was circulated to staff to ensure that they understood what was required of them.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report and policy;**
- **Approved the Standards of Business Conduct Policy (December 2015) as a Corporate Policy for formal adoption by the CCG and subsequent internal/external publication.**

5.3 CCG Safeguarding Annual Report– Report no GB 07-16

The Head of Quality/Chief Nurse presented the Safeguarding Annual Report for 2014/15 to the Governing Body. Liverpool CCG in conjunction with the other five Mersey CCGs had commissioned a Safeguarding Service. Safeguarding Funding was embedded in a Five Year Plan and involved all organisations across the health system. It was the responsibility of every NHS funded organisation to ensure that the purpose and duties of Safeguarding for Adults and Children were applied. Liverpool CCG had a responsibility to ensure that

all organisations from which it commissioned services had effective safeguarding arrangements in place.

The Head of Quality/Chief Nurse highlighted key developments from the report:

- Mental Health Capacity Act and input on health and Local Authorities re Deprivation of Liberties (DoLs)/Mental Capacity Act applications re children.
- Prevent/Counter Terrorism had played a large part over the last twelve months.
- Local context: Safeguarding Service did need to engage in formal supervision process.
- Liverpool Safeguarding Adults Board and Liverpool Safeguarding Children's Boards
- Child Death Overview Panel.
- Child Sexual Exploitation – CCG fully engaged,
- A Child Multi-Agency Safeguarding Hub developed in 2014/15 – went live April 2015 – an adult one now being developed.
- Named GP appointed back to the CCG and a second one appointed – working on both adults and children.

The priorities were:

- to provide assurance to the Governing Body that we were delivering statutory duties and responsibilities and were clear in how we use data through the Safeguarding Service (hosted by Halton CCG), underpinned by a Service Level Agreement and regular meetings.
- Going forward emerging priorities were:
 - Female Genital Mutilation and changes to law re reporting.
 - Child Sexual Exploitation
 - Looked After Children
 - Domestic Abuse
 - Deprivation of Liberties
 - Supervision model for Safeguarding staff.
 - Regular updates to the Audit Risk & Scrutiny Committee.

- Annual Reports from the Liverpool Safeguarding Children Board and Liverpool Safeguarding Adults Board to come to the Governing Body in due course.

The Governing Body members commented as follows:

- The Lay Member for Patient Engagement commented on how comprehensive the report was and noted that the hosting of the Safeguarding Service by Halton CCG on behalf of the five Mersey CCGs should not be lost when we moved to the Liverpool City Region CCG Alliance.
- The Urgent Care Clinical Lead commented on the work of the CCG Team in holding providers to account and that the difference could be seen. As a clinician she felt that the Multi-Agency Safeguarding Hub was extremely positive.
- The Practice Nurse Member enquired about the statutory requirement for advocacy services. The Director of Adult Services & Health, Liverpool City Council noted that the budget was under serious pressure and no promises could be made. He confirmed that the Local Authority was the lead agency for the management of Deprivation of Liberty Safeguards (DoLS).

The NHS Liverpool CCG Governing Body:

- **Noted the report and the contents**

6. QUESTIONS FROM THE PUBLIC

- 6.1** Mr Sam Semoff had submitted an in depth question and a written response had been prepared which would be sent to him. This was as follows:

Background

The Mayoral Recommendation on the Strategic Direction of Adult Social Care and Health went before the Cabinet at the meeting on Friday, 8 January 2015. Included in the

recommendations are the delegation of authority to the Director – Adult Services & Health in consultation with the Director – Finance & Resources to develop a business case for the integration of Health and Social Care Provision across Primary Care and Community Services.

Thus I would wish to ask

1) How were members of the CCG involved in the decisions that lead to the Mayoral Recommendations?

2) Was there any consultation with members of the public on the part of the CCG in the decisions that lead to the Mayoral Recommendation?

“ ANSWER

The Mayoral Health Commission, which took place in 2013, was instigated to determine how best to support and improve the health and wellbeing of the people of Liverpool. The Commission was chaired by Sir Ian Gilmore and included amongst others the former Chief Nursing Officer Dame Christine Beesley, Sir Michael Marmot and Chris Ham Chief Executive of the Kings Fund. A local Commissioning Steering group was also formed to support the commission, which included Dr Simon Bowers, LCCG Vice Chair and Governing Body member, along with other local commissioners. A year-long process of consultation and analysis led to the development of 10 key recommendations, two of which directly relate to health and social care integration:

Recommendation 1

*It is recommended that all the key partners in Liverpool (including the City Council, Liverpool Clinical Commissioning Group) formally sign up to the principle of seeking to create a pioneering, high quality, sustainable **Integrated Health and Social Care System for Liverpool**, and undertake together to lead, manage, and fund the transformation of the health outcomes of the people of Liverpool.*

Recommendation 7

*It is recommended that a Neighbourhood Model be the key way of implementing the proposed **Integrated Liverpool Health***

and Social Care System: • Ensuring that primary care, community health, mental health, secondary care, and public health interventions and resources are aligned wherever possible at neighbourhood level;

Healthy Liverpool was established as a whole-system programme to deliver the recommendations of the Mayor's Health Commission, led by Liverpool CCG working closely with all partners, including Liverpool City Council to deliver these improvements for the benefit of Liverpool people.

Since 2013 the CCG has been engaging with clinicians, patients and public to translate these recommendations into a new model of care for community services, the details of which were published in the Healthy Liverpool Blueprint in November 2015.

At the core of the new community model are Community care teams - integrated teams across health and social care from different organisations, including GPs, community nurses, social workers, mental health workers and other professionals who will focus their attention on people who are vulnerable and who need proactive care. The integration of health and social care in our neighbourhoods mean that in future there will be no wrong door to access the services that a person needs. These teams will enable people to stay well for longer, keeping them out of hospital unless they really need to be there and providing a full range of services – medical and non-medical. The Community Care Team approach is already being piloted in the City Centre neighbourhood and will be established across the whole city later in 2016.

The CCG has been engaging with the public throughout much of 2015 on the healthy Liverpool vision, case for change and high level intentions. In the context of community services and the integration of health and social care delivery we asked people to give us their views on health, social care and community partners working together in multi-disciplinary teams across the city. The feedback from this phase of engagement was presented to the Governing Body in November 2015. The feedback from this engagement told us that people are supportive of integrated community services.

The refreshed Healthy Liverpool Communications and Engagement Strategy which is presented to today's Governing Body meeting sets out a further phase of engagement on community services proposals that we will engage patients and public on from January to March 2016. The focus during this phase of engagement will be on proposals for the neighbourhood collaborative approach to non-medical support; self-care; respiratory services; learning disability services; the new mental health model; 7 day services for primary care and specialist clinical integration."

- 6.2** A member of the public asked for an update on the Hydro-therapy pool at the Royal Liverpool Hospital in the new build. The Chief Finance Officer responded that no decision had been taken as yet on the specification for services at the new Royal. There needed to be a clinically led conversation over the next four to six weeks on what commissioners required.
- 6.3** The same member of the public asked a further question about the prioritisation of Learning Disabilities. The Liverpool City Council Member agreed to discuss this with him outside of the meeting.
- 6.4** The same member of the public asked a further two questions about Cancer and surgical links between Liverpool Women's Hospital/Royal Liverpool Hospital. The Chair asked for these to be submitted in writing as it had been difficult to hear and these would be answered at the next meeting.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 9th February 2016 1pm in The Boardroom, The Department.