NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 12TH APRIL 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 Fiona Ogden-Forde	GP
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Janet Bliss	GP
Tom Jackson	Chief Finance Officer
Dr Shamim Rose	GP
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Dr Sandra Davies	Director of Public Health
Dr Rob Barnett	LMC Secretary
Dr Jamie Hampson	GP Matchworks Locality

IN ATTENDANCE:

Carole Hill	Healthy Liverpool Integrated Programme Director
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Ray Guy	Retired Practice Manager

Stephen Hendry	Acting Head of Operations & Corporate Performance
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Derek Rothwell	Head of Contracting & Procurement
Alison Ormrod	Interim Deputy Chief Finance Officer
Sarah Thwaites	Healthwatch (representing Lynn Collins)
Paula Jones	Minutes

APOLOGIES:

Dr Simon Bowers	GP/Clinical Vice Chair
Dr Monica Khuraijam	GP
Dr Fiona Lemmens	GP
Dr Rosie Kaur	GP
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Councillor Roz Gladden	Liverpool City Council
Ian Davies	Chief Operating Officer
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Cheryl Mould	Primary Care Programme Director
Lynn Collins	Chair of Healthwatch Liverpool

Public: 5

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. The Chair took the opportunity to thank Roz Gladden Liverpool City Council member, who was becoming Lord Mayor, for her valued contribution to the Governing Body over the years and noted what a supportive member she had been. The close working relationship between Liverpool City Council and Liverpool CCG was evidenced by this and the contribution of the Director of Adult Services and Health.

The Chair also noted that the meeting was not quorate and a format for ratifying any decisions taken would need to be devised.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 8th March 2016 were agreed as an accurate record of the discussions that had taken place.

1.3 MATTERS ARISING from 8th March 2016 not already on the agenda:

1.3.1 Action Point One: it was noted that the Performance Report on the agenda contained detailed information around pathway issues affecting cancer waits.

1.3.2 Action Point Two: The Chief Nurse and the Practice Nurse member noted that the training issues around the transfer of vaccination and immunisations to Primary Care and the ensuing enhanced contact with families for the detection of safeguarding issues was ongoing.

1.3.3 Action Point Three: it was noted that the Sponsorship Policy had been amended to make specific reference to tobacco and electronic cigarettes.

1.3.4 Action Point Four: it was noted that the involvement of the Clinical Reference Group and Oversight Board members in public consultation/engagement events around the review of women's and neonatal services was ongoing.

1.3.5 The Chair asked about the letter to Mersey Care in response to their Foundation Trust status application and the Chief Officer confirmed that this had now been done.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 21-16:

- Primary Care Commissioning Committee 14th March 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

  - ✓ Memorandum of Understanding between Liverpool CCG and NHS England: needed to develop appendices for each delegated function outlining responsibility and any risks to delivery.

  - ✓ Liverpool Quality Improvement Scheme - Healthy Lung was approved (cost payments to practices commensurate with list size).

- Finance Procurement & Contracting Committee 22nd March 2016 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ Financial Year close down was in place, the Financial Plan for 2016/17 was on the agenda for the Governing Body.

  - ✓ APMS Contract Options – procurement route agreed and would comprise multiple lots of five year contracts with break clauses after three years.

  - ✓ Children's Community Speech & Language Therapy – non-recurrent funding to address the waiting list was agreed whilst the service was remodelled.

- Audit Risk & Scrutiny Committee 22nd March 2016 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:

  - ✓ National requirement to appoint external auditors for 2017 – the process was agreed and was to be presented to the May 2016 Governing Body meeting.

  - ✓ Internal Audit process and recommendations from reports considered – good progress was being made in closing down the recommendations with only 21 out of the 78 outstanding.

- Healthy Liverpool Programme Board 30th March 2016 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ Discussion around focus on priorities and outcomes – more robust programme integrity and performance monitoring in order to be as effective as possible in the use of resources and achieving outcomes.

  - ✓ Recruitment was in progress to key posts for Hospitals and Urgent Care Programme Directors.

- Quality Safety & Outcomes Committee 5th April 2016 – the Lay Member for Patient Engagement/committee chair fed back to the Governing Body:

  - ✓ National confidential enquiry into patient outcome and death ('Just Say Sepsis') report discussed – over 70% of cases arose in the community, an action plan was in place.

  - ✓ Safeguarding – an excellent team was in place, the safeguarding review highlighted areas for improvement and action plans were in place.

  - ✓ Paediatric Speech and Language Therapy – the access issues were discussed. It was noted that funding had been approved to address the waiting list

and that there was considerable challenge over the next three to six months around service re-design.

The NHS Liverpool CCG Governing Body:

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

2.2 Update from the Joint Commissioning Group 3rd March and 4th April 2016 – Report No GB 22-16:

The Healthy Liverpool Programme Director - Community Services & Digital Care updated the Governing Body on the issues discussed:

- ✓ Better Care Fund progress 2015/16 and 2016/17 submission.

- ✓ The Programme Director for Integrated Commissioning was carrying out a piece of work around delayed discharge of care planning for Liverpool CCG/Liverpool City Council.

- ✓ Vision for Children and Families in Liverpool – refresh and development of Children's Trust Board, new Children's and Families Trust and revised governance arrangements.

- ✓ Sensory Processing Difficulties Pilot – specialist pilot providing occupational therapy for children. It was highlighted that this could provide a good model for Speech and Language Therapy.

- ✓ New Help to Live At Home contract including Home First Initiative – to get people out of hospital to home which was the best place for rehabilitation with integrated services in place within the first 42 days post discharge.

- ✓ Integrated Commissioning Progress – the Programme Director of Integrated Commissioning had now started and was developing further the joint working across teams.

The NHS Liverpool CCG Governing Body:

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

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ The CCG had now been authorised for three years and in those three years had set out a clear strategy and vision for delivery of the Healthy Liverpool Programme, had made significant investment for example in Primary Care, Physical and Digital Strategies, a good system was in place to monitor quality, financial balance achieved, great clinical engagement achieved and the results of the Staff Survey had been extremely positive. However the climate was changing and had become far more challenging and this would inevitably affect the way the CCG worked. This year's contracting round was far more challenging than previous years and we would need to be certain that all resources were being used to maximum effect, in order to deliver the CCG aims and ambitions. The organisation (Governing Body, staff, practices) would need to work together to identify priorities and maintain focus on delivery.

- ✓ The Capstick Report on Liverpool Community Health had been received; this had come about as a consequence of the November 2013 Care Quality Commission inspection where concerns had been raised. Areas highlighted were the inexperience of the board in dealing with the Foundation Trust application, board not listening to staff; there had not been sufficient challenge from board members and actions not being followed through. The Chief Nurse was reviewing key themes and recommendations from the Liverpool Community Health Capstick report and would report back to Quality Safety & Outcomes Committee and Governing Body in due course to enable Liverpool CCG to take on board any learning/improvements.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Update

There was no one present from NHS England so no update was given. The Local Medical Committee Secretary took the opportunity to highlight to the Governing Body the poor way in which Primary Care Support Services and the transition from NHS England to Capita was being handled. He referred specifically to the movement of medical records and the pilot carried out in Yorkshire where there had been no movement of records and a high number of problems identified. The Chair noted that this had also been discussed at the Primary Care Commissioning Committee a number of times and NHS England had given assurances which appeared not to have been delivered on. He agreed that this needed to be picked up again at the Primary Care Commissioning Committee. The Local Medical Committee Secretary feared that as more services were transferred from 1st May 2016 there would be even more problems to come. It was agreed that the Chair would speak to NHS England re concerns raised over Primary Care Support Services' transfer to Capita and assurances given not being upheld and asked what they intended to do to rectify the situation.

The NHS Liverpool CCG Governing Body:

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

2.5 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

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- ✓ The Memorandum of Understanding and Action Plan was complete for 2015/16 for working with the CCG and she was happy to present it to a future meeting of the Governing Body. The new plan for 2016/17 was being led by Dr Paula Parvulescu.

- ✓ There was a new section on Cancer in the Joint Strategic Needs Assessment.

- ✓ Life expectancy – there had been an increase in natural winter deaths 2014/15 by 5.6% in the over 75s and this needed to be understood.

- ✓ Sugar Cube Campaign was to launch in May 2016, looking at how to help people make better choices. This coincided with the World Health Organisation publishing a report on global diabetes so there would be a great deal of debate.

- ✓ Healthy Lung leaflets had been translated in the five main Black and Ethnic Minority languages.

- ✓ Care at the Chemist resulted in more people registered with the Scheme.

- ✓ Examine Your Options – website was to be promoted on social media.

The Director of Adult Health & Social Care Liverpool City Council referred to the public health cuts required of £2.9m in addition to the £4.9m already imposed since February and stressed the need for contingency in order to preserve services. Further cuts were expected in September 2016. It would be of vital importance for the CCG, Local Authority and the voluntary sector to work together. The Chair asked for a formal report on the full effect of public health cuts to be brought to Governing Body in due course. The Chair also referred to the rise in death rate which was not isolated to Liverpool and asked for a report to be brought back to the Governing Body by Public Health once the reasons were understood.

The Secondary Care Clinician referenced the lack of attention to sugar content in hospital food. The Director of Public Health responded that the Sugar Cube Campaign was a first step in looking the whole issue of sugar content and that change would happen over the longer term.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 23-16

The Chair noted that the challenges to the CCG in meeting its targets were ever increasing, it was vital for performance to be communicated to the Governing Body in the best format possible and requested feedback on the format and focus on the key areas. The Acting Head of Operations & Corporate Performance presented the report to the Governing Body on key aspects of the CCG's performance in the delivery of quality, performance and financial targets for January and February 2016. He highlighted:

- Cancer waits: CCG was green for both types of 62 day waits with alerts on 62 day wait from urgent GP referral to first definitive treatment at provider level (Aintree, Liverpool Heart & Chest and Liverpool Women's Hospital) and 62 day wait for first definitive treatment following consultant decision to upgrade at provider level (Aintree). The problems at Liverpool Heart & Chest Hospital were due to pathway challenges re late referrals into the system.

- Ambulance Response Times: this had deteriorated over the last couple of months due to significant pressure in the system and was showing Red. We were doing all we could to support the trust.

- A&E Waiting times: Aintree, the Royal and Alder Hey continued to fail the 95% threshold in January 2016, this was all set against the backdrop of system pressure and discharge issues.

- Mixed Sex Accommodation: there were two breaches in February 2016 at Liverpool Heart & Chest Hospital, year to date there were eleven breaches and the CCG was working with the Trust but NHS England was actually the

lead commissioner, further information would be sought from NHS England.

- Healthcare Acquired Infection: there had been nine cases of MRSA year to date against a zero tolerance threshold. There had been 25 new cases of C Difficile in February 2016 (year to date 142) therefore the annual plan of 138 had been well exceeded. The table in the report gave trust specific provider information on number of cases for both MRSA and C Difficile but the CCG level data was:

    - Aintree – 48
    - Alder Het – 2
    - Liverpool Heart & Chest Hospital – 6
    - Liverpool Women's Hospital – 0
    - Royal Liverpool Hospital - 28

    84

  Work was being done to provide assurance in this area, particularly around microbial resistance. The Infection Control Lead at the CCG was working closely with providers and Primary Care.

- Serious Incidents: a serious incident recorded the previous month had now been downgraded as it did not meet the criteria.

- Care quality Commission Inspections of GP Practices: four new reports had been received all of which were rated as "Good".

- Financial Position (Deputy Chief Finance Officer): the report contained the position at February but since then the final accounts for 2016/17 had been produced. The draft accounts would be submitted on 22nd April 2016, early indications were that there were no problems for us re reporting the planned surplus of £14m. The Chief Operating Officer, the Deputy Chief Finance Officer and the Acting Head of Operations & Corporate Performance were working together on the production of the Annual Report.

- Serious Incidents (Chief Nurse/Head of Quality): the CCG was trying to move away from numbers to understanding and learning. Steis was a nationally mandated process, for the financial year 2015/16 Liverpool CCG had managed a total of 395 Serious Incidents, not just Liverpool patients in hospitals but also other patients from local areas and also had managed incidents in specialised services on behalf of NHS England. This presented a huge challenge re capacity but gave a system overview. Although this figure seemed high it needed to be taken into consideration that there were thousands of interventions taking place, the majority not having any problems associated with them but it was important to take on board the learning and feed back into the system. On a positive note pressure ulcer incident reporting had reduced, and the Liverpool processes were being cited as an exemplar in the management of pressure ulcers. The Lay Member for Patient Engagement asked about reporting of incidents for Liverpool patients being cared for outside of Liverpool. The Chief Nurse/Head of Quality responded that this was one of the challenges of the system.

  The Secondary Care Clinician commented on a spike in the incident reporting in September 2015.

  The Lay Member for Governance/Deputy Chair queried why pressure ulcers were classed as serious incidents. The Chief Nurse/Head of Quality responded that there were different levels/grades of pressure ulcers from one through to four, three and four being the most serious. Liverpool Community Health had been reporting all pressure ulcers but not all should be reported as serious incidents and not all reported were attributable to Liverpool Community Health depending on the point of origin. Pressure Ulcers, especially grade three and four, could cause great harm and distress to patients and might be an indicator of sub-standard care. The Lay Member for Governance/Deputy Chair was concerned that acknowledgement should be given that Liverpool

Community Health were reporting cases of pressure ulcers which were not their responsibility. The Chief Nurse/Head of Quality noted that sometimes it was not possible to track back to the point of origin therefore Liverpool Community Health were taking the matter on.

In response to a question about types one, two and three for A&E attendances it was clarified that Type one was A&E (acute), Type two was St Paul's and Type three referred to Walk In Centres. The Chief Officer noted that both the Chief Operating Officer and the Urgent Care Systems Manager were not able to attend the meeting to respond in detail. The Lay Member for Patient Engagement had thought that NHS England was going to remove types two and three from the CCG performance. The North Locality Chair noted that the Collaborative Commissioning Forum for Aintree was monitoring performance on the four hour target and highlighted several concerns. The Care Quality Commission had closed a number of Nursing Homes in the vicinity of Aintree therefore the number of intermediate care beds in South Sefton had reduced. There was also the impact of Social Services cuts, and information from the 111 services sometimes putting additional pressure on the system. NHS Improvement had agreed that there were significant pressures across the whole of the country. The Director of Adult Health & Social Care, Liverpool City Council, responded that there had been significant improvement over the last two years in the number of residential nursing home beds in South Sefton, however there had been a huge influx of patients into hospital with long term conditions then awaiting discharge into the community. The aim via the Home First Strategy was to discharge patients back home rather than into residential care.

The Chief Officer queried the C Difficile numbers year to date mentioned in the report of 142 but the Acting Head of Operations and Corporate Performance had quoted 84 as being the figure for Liverpool CCG as the CCG trust assigned cases. The Chief Nurse/Head of Quality noted that changes in the reporting systems had caused this anomaly and it would be corrected the following month.

The Secondary Care Clinician noted the positive changes re Increased Access to Psychological Therapies.

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.**

3.2 2016/17 Local Quality Premium Measures – Report No GB 24-16

The Healthy Liverpool Programme Director - Community Services & Digital Care introduced the paper on the 2016/17 Local Quality Premium Measures as the Chief Operating Officer had sent his apologies to the meeting. The guidance had been published in March 2016 for the Local Quality Premium measures 2016/17. There were four national measures this year (Cancer, E-referrals, GP Patient Survey and Antibiotic Prescribing) and three local measures which could be chosen from a list of 80 Right Care Measures, these had been reviewed and shortened to a resulting 5 options for Liverpool CCG set out in table 2:

1. Reduction in emergency admissions for alcohol related liver disease.
2. % of people who received physiological therapies as a proportion of those who have depression and/or anxiety disorders.
3. Injuries due to falls per 100,000 population aged 65 plus.
4. Reported numbers of dementia on GP register.
5. % of people aged 18-69 on Care Programme Approach in employment.

The recommendation to the Governing Body was to choose:

- (1) Reduction in emergency admissions for alcohol related liver disease – move to a rate of 56.2 per 100,000 admissions
- (2) Increase % of people who receive physiological therapies – move to a rate of 15%

- (3) Reduce the rate of injuries due to falls per 100,000 population ages 65+ - move to a rate of 3,452 per 100,000 admissions.

The two measures which were not recommended were:

4. Reported numbers of dementia on GP register.
5. % of people aged 18-69 on Care Programme Approach in employment.

These choices would need to be submitted to NHS England who might well challenge if they thought the CCG had not been sufficiently ambitious.

The Secondary Care Clinician referred to the two measures chosen for 2015/16: patients with diabetes receiving 9 care processes (target was to improve the average of the bottom 25% of practices from 45.2% to 63.8% by March 2016) and patients with SMI receiving physical health checks, (target was to improve the average of the bottom 25% of practices from 25.3% to 40.7% by March 2016). To date these measures were not being achieved although there had been improvements for mental health patients receiving physical health checks. It was explained that these two measures would remain a priority for the Healthy Liverpool Programme and were not being dropped.

The Healthy Liverpool Integrated Programme Director referred to the Sustainability and Transformation Plan and the need to share information with providers.

The Local Medical Committee Secretary was uncertain about the measures around increased access to psychological therapies and percentage increases for self-referral being included along with GP referral or Secondary Care. The Chair confirmed that it did include self-referral.

The Lay Member for Governance/Deputy Chair asked what could be done to ensure that targets which were failed last year were achieved this year. Assurances were given that these were still a priority, and the relevant teams would be focusing on them. The Healthy Liverpool Programme Director - Community Services & Digital Care

noted that the 15% access target for psychological therapies was particularly challenging for places such as Liverpool. The 15% target was around access but waiting times had shown improvement.

The Secondary Care Clinician asked if the Right Care data had been shared with frontline clinicians. It was important to look at how to package it appropriately and share to ensure front line clinicians were better engaged with Right Care findings in order to involve them in developing solutions.

The NHS Liverpool CCG Governing Body:

- **Noted the process to determine the 3 local metrics**
- **Accepted three local metrics from the shortlist provided in Table 2 for submission to NHS England in April 2016.**

PART 4: STRATEGY & COMMISSIONING

4.1 Sustainability & Transformation Plan Update – Report no GB 25-16

The Chief Officer presented a paper to the Governing Body to give an update on the development of the Sustainability and Transformation Plan highlighting how this would further the work of Healthy Liverpool. The NHS Planning Guidance had been published on 22nd December 2015, setting out the requirement for local health systems to work together to produce Sustainability over the five year period. £8.4bn was available over the five year period recurrently, but a significant portion was only accessible via the Sustainability and Transformation Plan. Cheshire & Merseyside were to work as one footprint which involved over 40 organisations - CCGs, Local authorities and providers. There would be local delivery systems and Liverpool CCG, South Sefton CCG, Knowsley CCG and Southport and Formby CCG were working together as the North Mersey Local Delivery System. A Working Group would oversee the production of the North Mersey Plan and the Chief Officer was the Local Delivery Lead for North Mersey.

The work carried out to date was set out in Appendix 2 of the paper. A great deal of work to this end had already been done as part of the Liverpool CCG Healthy Liverpool Programme and the South Sefton CCG "Shaping Sefton" initiative.

The NHS Liverpool CCG Governing Body:

- **Noted the progress in the development of the Cheshire and Mersey Sustainability and Transformation Plan**
- **Noted that the work of Healthy Liverpool is a foundation for the North Mersey Local Delivery System Plan**
- **Noted the current arrangements for producing the plan**
- **Noted that future governance arrangements to ensure implementation of the plan will be developed and endorsed by all relevant statutory bodes**

PART 5: GOVERNANCE

5.1 Liverpool CCG – Financial Plan 2016/17– Report no GB 26-16

The Chief Finance Officer presented the Liverpool CCG Financial Plan for 2016/17 to the Governing Body. This had been discussed at the Finance Procurement & Contracting Committee on 22nd March 2016. The financial duties of the CCG were to ensure expenditure did not exceed its allocation for the financial year, ensure use of resources did not exceed the amount specified, take account of any direction by NHS England in respect of specified types of resource and to publish an explanation of how it spent any payment in respect of quality.

The Five Year Forward View launched by NHS England in October 2014 set out how the health service needed to change. As explained in the presentation the Planning Guidance from December 2015 set out the clear priorities for 2016/17 and longer term challenges with the requirement for a Five Year

Sustainability and Transformation Plan and a One Year Operational Plan for 2016/17. The first year of the financial plan was the Operational Plan for 2016/17.

NHS England Planning Guidance set out business rules for contingency, non-recurrent headroom and surplus. Table 4 of the document set out previous CCG delivery against the NHS England business rules for 2013/14 through to 2016/17. For 2013/14 this totalled £35m, for 2014/15 £44m, for 2015/16 £30m and 2016/17 £20m. The risks to the CCG achieving its financial duties were activity growth in the Secondary Care Sector, challenges from NHS England "must dos", failure to deliver the transformational investment savings, impact of cuts across Health and Social Care systems and Local Health Economy sustainability. These risks had been categorised into three areas: governance arrangements, financial systems and external resources (most of this would be via the Sustainability & Transformation Fund).

The key elements of the CCG's Operational budgets for 2016/17 were contained in appendix 2 of the paper – the total allocation for 2016/17 (baseline, co-commissioning, return of in year surplus and growth) was £868m for Liverpool CCG. 2016/17 would be a far more challenging year financially than we had been used to.

The Governing Body members commented as follows:

- The Chair queried how Liverpool could be considered as having an allocation greater than the needs of the population when Liverpool was an area of the country with the worst health outcomes.

- The Lay Member for Governance/Deputy Chair congratulated the Chief Finance Officer and his team but asked about the level of surplus NHS England required the CCG to deliver and asked if there was room for discussion/manoeuvre. The Chief Finance Officer responded that the surplus required via the business rules was to provide 1% however the CCG had provided 2% in 2013/14, 2.39% 2014/15 and 1.64% 2015/16. The Lay

Member for Governance/Deputy Chair continued and asked if the surplus would be received back at some point. The Chief Finance Officer responded that the CCG did receive its surplus back but this would be offset against allocation.

The Chief Finance Officer noted that Liverpool CCG was in a far better position than most CCGs but the financial situation was tightening.

The Secondary Care Clinician was concerned about the effect of specialist commissioning allocations on the total place based allocation.

The Chair noted that as the Governing Body meeting was not quorate the recommendations for the Financial Plan needed to be ratified virtually outside of the meeting.

The NHS Liverpool CCG Governing Body, subject to virtual ratification by a quorate group of voting members post meeting:

- **Noted the assumptions and governance requirements underpinning the financial plan.**
- **Approved the financial plan for 2016/17**
- **Noted next steps to complete budget delegation and approval for 2016/17.**

5.2 Emergency Preparedness Resilience & Response Annual Report 2015/16 – Report no GB 27-16

The Acting Head of Operations & Corporate Performance presented a paper to the Governing Body to give an overview on the Emergency Preparedness, Resilience & Response activities undertaken by the CCG. Liverpool CCG was compliant against the NHS England core standards. Over the last couple of years there had been significant high profile events held in the city which had required extensive emergency preparedness, resilience and response planning and Liverpool

CCG was in a very strong situation regarding partnership working with its local council and local providers in managing such events.

The report suggested the next steps for Liverpool CCG and it was noted that a business continuity exercise was to be held.

The NHS Liverpool CCG Governing Body:

- **Acknowledged the CCG's internal and multi-agency work to ensure compliance with The Civil Contingencies Act and NHS England requirements.**

6. QUESTIONS FROM THE PUBLIC

6.1 Mr S Semoff had submitted the following question:

"Background

During the past year Liverpool CCG has extensively promoted its Healthy Liverpool Programme. However a question of great concern to many people, particularly if they have health issues remains…that is "will I be able in the future to get services or treatments that I may need and that are currently available on the NHS".

Their concern is heightened by reports of cash strapped local health bosses in other parts of the country, suggesting that they may in future no longer fund a wide list of procedures on the NHS for many patients, including hearing aids, cataract ops, vasectomies, and hip and knee operations. Already Essex announced in January it would no longer fund NHS vasectomies and last October Staffordshire CCG started denying hearing aids for the first time in NHS history.

Thus I would wish to ask
1) Has in the past six months Liverpool CCG stopped commissioning any services or treatments for reasons

other than those based on medical evidence that clearly shows health outcomes will not be compromised?

2) The above question is “dynamic” in that the situation can change any time in the future. Consequently would it be possible for the CCG to issue regular reports, perhaps every six months, of services or treatments that they are no longer commissioning for reasons other than those based on medical evidence that clearly shows health outcomes will not be compromised. If this information is already in the public domain can it published in a form that is easily accessible to the general public?”

The Chair read out the following response which had been prepared:

1. No.

2. Yes. If this situation arises we will report this at the formal Governing Body held in public.

Mr Semoff asked at the meeting how the public would be made aware of any proposed changes. The Healthy Liverpool Integrated Programme Director responded that there would be a process of engagement with the public with participation from Governing Body members and other clinicians for the clinical perspective. Patients and public would be invited to participate, no discussions or decisions would be taken in isolation. The Chair re-confirmed that there were no plans at present to stop any services.

6.2 The Chair noted that another question had been received from Mr W Shortall:

“Could you please state in writing (though a verbal answer for the moment at the meeting will do as a temporary reply) if the RLBUHT have requested capital

funding for a new hydro pool to be built at Broadgreen hospital, to replace the soon to be decommissioned hydro pool at the Royal in 2017.

Would you state the reason for the refusal of this request, though I take on board your statement, you issued to me with respect as to why you may refuse such a request however the statement was slightly ambiguous and as such a written reply stating that the request has been refused, if this is the case, should be issued, so all parties involved, know where they stand on this matter, and therefore we can consider further action, by the patients and other interested parties, to resolved this matter to our mutual benefit.

Could you also state for the record any or other capital projects that have been given monies from the LCCG over or just under £900,000.00p for the years 2014-15 - 2015-16.

I appreciate the good work carried out by you and the staff and LCCG board members and understand that all local and central government departments are under financial envelope pressures however this new hydro pool is an investment in the health and wellbeing of the patients of Liverpool for the next 40 years and something both the RLBUHT and the LCCG (before it becomes the Merseyside CCG) can be proud of and something which all the people of Liverpool would agree with".

The Chief Finance Officer noted that he had spoken with Mr Shortall and discussed the matter.

Mr Shortall referred to the Local Quality Premiums chosen. The Chief Officer confirmed that because a measure had not been selected for the Local Quality Premium this did not mean that they were not being focused on/delivered.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 10th May 2016 1pm in The Boardroom, The Department.