NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 10TH MAY 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
Tom Jackson	Chief Finance Officer
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Ogden-Forde	GP
Dr Monica Khuraijam	GP
Dr Rosie Kaur	GP
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Janet Bliss	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
Dr Tristan Elkin	GP – Liverpool Central Locality
Tina Atkins	Practice Manager

IN ATTENDANCE:

Cheryl Mould	Primary Care Programme Director

Lynn Collins	Chair of Healthwatch Liverpool
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Ray Guy	Retired Practice Manager
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Ian Davies	Chief Operating Officer
Derek Rothwell	Head of Contracting & Procurement
Alison Ormrod	Interim Deputy Chief Finance Officer
Beverley Bird	Financial Accountant
Paula Jones	Minutes

APOLOGIES:

Dr Simon Bowers	GP/Clinical Vice Chair
Dr Shamim Rose	GP
Dr Fiona Lemmens	GP
Stephen Hendry	Senior Operations & Governance Manager
Carole Hill	Healthy Liverpool Integrated Programme Director
Phil Wadeson	Director of Finance, NHS England

Public: 9

PART 1: INTRODUCTIONS & APOLOGIES

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

The Chair also noted that the meeting was not quorate and any decisions taken would need to be ratified at the next quorate meeting. The Chief Officer noted that this was the second month in succession

that the meeting had not been quorate and urged voting members, particularly the GP members, to prioritise the meeting.

1.1 DECLARATIONS OF INTEREST

The Lay Member for Patient Engagement noted that with regard to item 2.5, being the Public Health Update, he was a Trustee of the Whitechapel Centre.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 12th April 2016 were agreed as an accurate record of the discussions that had taken place subject to ratification at the next quorate Governing Body meeting.

1.3 MATTERS ARISING from 12th April 2016 not already on the agenda:

1.3.1 Action Point One: the Head of Quality/Chief Nurse noted that the key themes and recommendations from the Liverpool Community Health Capstick report were to be brought back to the Governing Body in July 2016.

1.3.2 Action Points Two, Three and Four: the Director of Public Health noted that the Public Health Workplan was being developed by the Consultant in Public Health Medicine who was back from maternity leave and would be meeting with all involved over the next couple of months. A paper on the impact of the Local Authority financial cuts would be brought to the next Governing Body meeting. With regard to understanding the natural rise in excess winter deaths, local data had been analysed and national data was being looked at with a presentation to be made to the next Governing Body meeting.

1.3.3 Action Point Five: the Chair confirmed that he had written to NHS England about the concerns raised

over Primary Care Support Services and the transfer to Capita. This matter was also on the agenda for the Primary Care Commissioning Committee the following week with an update being brought to the Committee by NHS England. The Primary Care Programme Director noted that this had been discussed with the Local Medical Committee and that the Local Medical Committee was working with the Governing Body Practice Manager member to communicate to practices. The situation had not improved since the last Governing Body meeting. The Local Medical Committee Secretary commented that the situation had deteriorated over the last few days with six practices receiving deliveries of records which did not belong to them, and some practices sending records to Primary Care Services for onward delivery and receiving them back two weeks later. This was a national issue and was not just a problem in Liverpool. The Lay Member for Governance/Deputy Chair asked what the CCG could do to assist the Local Medical Committee. The Local Medical Committee Secretary felt very strongly this was a situation which should be reported to the Department of Health as patient safety could be compromised. His concern was that no one seemed to be taking responsibility for it within NHS England and there was no back-up plan, particularly in the light of the closure of Bevan House on 19th May 2016. The Chair reminded the Governing Body that this was not an area which had been delegated to the CCG. The Governing Body Practice Manager member noted that a back-up plan was definitely required for when payments to practice/providers ceased to be carried out from Bevan House. The Chief Finance stressed the need to understand what the potential issues would be and to put a plan in place to address, he would pick this up with the Primary Care Programme Director outside of the meeting.

1.3.4 Action Point Six: the Head of Quality/Chief Nurse explained that Liverpool Community Health had been reporting pressure ulcers which were not theirs to report in order to capture all data in the system for a better understanding. This had been formally acknowledged and fedback.

1.3.5 Action Point Seven: with regards to the action around ensuring front line clinicians were better engaged with the Right Care findings the Chief Officer commented that this was completely tied into the need for the CCG to commission for value for money and having to engage with practice members and providers. It was completely embedded into the North Mersey Delivery Plan.

1.3.6 Action Point Eight: as the 12th April 2016 meeting had not been quorate the Liverpool CCG Financial Plan 2016/17 had been shared electronically with all Governing Body members and approved.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 28-16:

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

  - ✓ Annual Report and Accounts: these were reviewed in detail and thanks given to all those involved in their preparation. They would be coming to the Governing Body later in the month for sign off.

  - ✓ Audit Panel – a detailed report was on the agenda for the May 2016 Governing Body meeting.

- Finance Procurement & Contracting Committee 26th April 2016 – the Chief Finance Officer fed back to the Governing Body:

- ✓ Annual Report and Accounts were reviewed.

- ✓ Better Care Fund – to be subject to robust scrutiny.

- ✓ Audit Panel – a detailed report was on the agenda for later.

The Lay Member for Patient Engagement asked if there was a transparent procedure for ensuring quality and value for money re the Better Care Fund. The Chief Finance Officer noted that this would be picked up in the Operational Plan.

- Healthy Liverpool Programme Board 27th April 2016 – the Chief Officer fed back to the Governing Body:

  - ✓ Vision for hospital services and implementation of a single service citywide delivery model. This was progressing well in the direction of travel and teams of clinicians had grouped together to work on making it a reality. This would run right through the Local Delivery System Plan which was part of the Cheshire and Mersey Sustainability & Transformation Plan.

  - ✓ Importance of the Physical Activity Strategy – the More Independent Clinical Lead referred to the "Beat Street" campaign which was being piloted in the north and south of the city.

  - ✓ Performance management – this was being strengthened to ensure that the programmes delivered against plan.

- Human Resources Committee 3rd May 2016 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:

  - ✓ Lisa Doran had been welcomed back from maternity leave.

- ✓ No Staffside representative replacement had yet been found and work was on-going with the local branch of Unison if any employee issues came up.

- ✓ Workforce profile – overall this had been very good but there were concerns raised around representation of people with disabilities and ethnic minorities in the organisation which was out of synchronisation with the city's profile. The recruitment policies would be re-examined to explore how we could ensure more diversity.

- Committees in Common 4th May 2016 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ Options Appraisal for Women's Services – Committees in Common made up of Liverpool, Knowsley and South Sefton CCGs as well as NHS England (re specialised commissioning). A paper to go to each Governing Body setting out the process and decision making, Committees in Common to confirm the criteria for options appraisal, Local Authority scrutiny to be established across the three Local Authorities.

  - ✓ Stakeholder engagement plan to be shared at the next meeting for the Sustainability & Transformation Plan and Healthy Liverpool Programme.

The NHS Liverpool CCG Governing Body:

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

2.2 Update from NHS Liverpool City Region CCG Alliance 4th May 2016 – Report No GB 29-16:

The Chief Officer updated the Governing Body:

- ✓ How did we ensure alignment between CCG and the Local Authority in the local Liverpool City Region context and the Cheshire & Mersey Plan? A workshop was to be held to explore this.

- ✓ The Liverpool City Region CCG Alliance had been a long time in its development due to the changing footprint of the Sustainability and Transformation Plan therefore revised Terms of Reference for the Committees in Common were brought to the Governing Body for approval. The May 2016 Governing Body meeting was not quorate therefore these would need to be approved at the next quorate meeting.

The NHS Liverpool CCG Governing Body:

- ➢ **Noted the Verbal Update.**

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Mersey Care had achieved Foundation Trust status which was extremely good for the organisation. Their five year long term financial plan was required to ensure stability.

- ✓ Sustainability and Transformation Plan: a draft of the plan would be coming to the next Governing Body meeting. A session was being held on 11th May 2016 for Cheshire & Mersey with NHS England/NHS Improvement national leaders to go through the plan.

- ✓ Sam Clements, Project Manager at Liverpool CCG, had completed the London Marathon in the time of 3 hours 41 minutes and had raised over £1,000 for a local children's charity. This was a fantastic achievement and the Governing Body offered congratulations.

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 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:

.

- ✓ Liverpool was supporting the Active Cities/International Olympic Committee/The Association for International Sport for All Initiative which provided the opportunity to plug into a wealth of expertise.

- ✓ Sugar Cube Campaign – Liverpool was the first Local Authority to publicise the sugar content of drinks. The campaign was to run over the summer and then be evaluated to see how we could build on it and maintain the impact. This had had a larger profile nationally.

- ✓ Examine Your Options – winter campaign to launch at the end of May 2-16 – self care for patients and less inappropriate use of A&E.

- ✓ Drink Less/Enjoy More campaign involving bar staff.

- ✓ Alcohol Strategy had been signed off by the Alcohol Strategy Group. It was noted by the Alcohol Clinical Lead that this had been signed off by the Community Board and then the Health & Wellbeing Board. The Director of Public Health added that the resulting Action Plan would become the working document.

- ✓ The Rehabilitation, Education, Support & Treatment Centre ('REST' Centre) was progressing well with a site identified. This would offer a safe place for homeless people and street drinkers and would be happening from

1st June 2016. The Whitechapel Centre had been approached as an operational lead, to have a service level agreement with Liverpool City Council. An evaluation framework was being built and following this a date would be produced. The 2015 evaluation would be considered at the Health & Wellbeing Board in June 2016. At this point the Lay Member for Patient Engagement declared an interest as a trustee of the Whitechapel Centre.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.6 Update from the Health & Wellbeing Board 29th April 2016 (Extraordinary Meeting) - Verbal

The Healthy Liverpool Programme Director - Community Services & Digital Care updated the Governing Body on the Extraordinary meeting of the Health & Wellbeing Board on 29th April 2016:

.

- ✓ Extraordinary meeting to consider the Better Care Fund 2016/17. This had previously been discussed in detail at the Finance Procurement & Contracting Committee and went to the Health & Wellbeing Board for sign off and then submission to NHS England for feedback on any particular issues.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 30-16

The Chief Operating Officer 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, noting that the data was from January 2016 given delays in receipt of data. He highlighted:

- Cancer waits: positive overall but there was pressure around 62 day waits at specialist trusts, significant work was ongoing with the Chief Operating Officer at Liverpool Heart & Chest Hospital to deal with delays in the pathway.

- Ambulance Response times: the end of year position was extremely challenging for the North West Ambulance Service with red call out activity up by 18% (16.2% increase for the North West). Liverpool had achieved the three reporting standards for 2014/15 and despite the pressure during the March 2016, and the year end showed a positive performance with all targets achieved for Liverpool (however not at the wider North West level). This indicated A&E were only being sent genuine emergencies by ambulance.

- A&E Performance: the challenge continued, there were early indications of improvement at Aintree Hospital.

- Increased Access to Psychological Therapies: progress was being made and investment made to deliver recovery, trajectory and provider targets.

- Mixed Sex Accommodation: there had been 31 breaches at the Royal Liverpool Hospital in March 2016 attributed to a breakdown in operational management. This was now improving but breaches had occurred on one day due to flow issues.

The Chief Nurse/Head of Quality continued:

- Healthcare Acquired Infections: one new case of MRSA was reported in March 2016. With regards to C Difficile there were 21 new cases in March 2016 which brought the year to date figure to higher in comparison with previous years. A system based approach was required to reduce incidents. Close working was required with Primary Care and community and to this end the Five Year Antimicrobial Resistance Strategy was developed. The Chief Nurse noted the need to look at infections, not just C Difficile and MRSA. There was work being done on

a Cheshire & Mersey footprint to try to focus on what should be reported and achieve broader coverage to include CPE and Sepsis. It was agreed that this would be brought to future Governing Body meetings.

The Practice Nurse Member asked if all the figures reported for Aintree referred to Liverpool patients. The Chief Nurse responded that the focus in the report was around Liverpool patients but there were areas of data which might not be clear due to other CCGs commissioning services from the trust. This would be looked at and picked up in future reports. The North Locality Chair felt that the C Difficile numbers for Aintree Hospital were rather high and might not refer to Liverpool patients alone.

- Never Events: there was zero tolerance and none were reported during March 2016 but the CCG remained Red for 2015/16 due to the three reported in the year. It was important to report and investigate causes and use the learning received and identify trends. The learning from Liverpool Community Health dental Never Events was being disseminated across the wider health economy.

- Cardiovascular Disease: the Clinical Lead commented:

    - Under 75s mortality had reduced and the gap between Liverpool and the rest of the country was narrowing.
    - There had been an increase in stroke patients leaving hospital with a joint health and social care plan.
    - There was an increase in Pulse Check measuring for the over 65s and the anticoagulation of Atrial Fibrillation patients which in turn had an effect on stroke admissions.

- Respiratory Disease: the Clinical Lead noted the good news about the increased in the percentage of COPD patients being offered pulmonary rehabilitation with performance over target.

- Diabetes: the Clinical Lead noted that performance was still below plan for Diabetes patients having received the 9 care processes but steady progress was being made. The new Liverpool Diabetes Partnership was involved in structured education for patients with a new offer.

- Alcohol: The Clinical Lead referred to alcohol related mortality and noted that a new Alcohol Strategy was in place. Alcohol related admissions were rising except for the under 18s and this needed to be looked at in more detail to understand why. The Healthy Liverpool Programme Director – Community Services & Digital Care referred to the Waves of Hope Programme which was looking at alcohol related issues for that particular cohort.

- Cancer: The Clinical Lead noted that performance for Domain 1 Cancer was good and early stage detection had improved. Screening was a standard item at the Programme meetings. Neighbourhood awareness needed to be increased with a focus on determining factors on the low uptake of cervical screening. A good Red Whale event had been held with the focus around education and screening and had been well received.

- Children's health: the Chief Nurse/Head of Quality updated the Governing Body in the absence of the Clinical Lead/Clinical Vice Chair.

    - The performance for antenatal assessment within 13 weeks stood at 103.3% due to patient choice of where to manage the birth, this was higher than the comparable Core Cities.
    - Breastfeeding initiation was below the Core Cities level but had shown improvement.
    - Excess weight in 10 to 11 year olds – there had been a positive reduction.
    - Maternal Smoking at delivery – there had been a positive reduction with a significant impact.
    - Breastfeeding maintenance – performance was not so good and needed more focus.

- MMR – ahead of the national uptake. This was led by Public Health with a clear strategy for the city.

- Healthy Ageing: the Clinical Lead noted that there had been a decrease in excess winter deaths for 2013/14. Hip fractures required improvement and development of a fracture liaison service which had been approved in 2013/14 by the CCG with a single service access to be delivered at the Royal and Aintree. This would be mobilised once finance had been agreed with Knowsley and South Sefton CCGs and would be discussed at the next Collaborative Commissioning Forum. There was a Falls Pick Up Service pilot which was not up and running but it was noted that service across the city in the area of falls was not comprehensive. The More Independent Clinical Lead noted the service run by More Independent where GP practices could refer to a Falls Monitoring Team via Riverside Health Centre. The Healthy Ageing Clinical Lead noted that the Frailty Service was being reviewed and results would be fed back to the next Governing Body.

- Mental Health/Dementia: the Chair/Clinical lead noted that there had been a steady reduction in dementia diagnosis, although we still hit our target. Dementia patients in care homes needed to be identified, also education to increase awareness for BME communities was required, some of whom had fixed ideas about dementia. There was significant variation in general practice due to demographics regarding dementia. With regard to patients with serious mental illness receiving physical health checks, this was a good proxy indicator. Most mental health patients had a shortened life expectancy due to physical health issues not being detected due to their lifestyles, and so it was important that there were reviewed. Employment support was also important.

- Better Care Fund: the Healthy Liverpool Programme Director – Community Services & Digital Care noted that it was key to have a community model and the Frailty Service was part of this to support people to be cared for

in their own homes. This needed to be done on a North Mersey basis and feed into the Local Delivery System and was part of the wider community programme.

- Improving Access to Psychological Therapies: the Chair/Clinical Lead that the beginning of improvement was starting to be seen.

- Care Quality Commission inspection of GP practices – the Chief Operating Officer updated the Governing Body that all reports received were "Good" and Storrsdale Practice had two areas of "Outstanding".

- Financial Position: the Interim Deputy Chief Finance Officer updated that the CCG's closing surplus position was £14.4m (1.7%). The accounts were being audited but no significant issues had been raised. Allocations had increased from 2014/15 to 2015/16 due to delegated commissioning in 2015/16. The CCG had achieved its statutory duties of ensuring that expenditure did not exceed allocations, use of resources had not exceeded the amount specified by NHS England and additional controls on resource usage had been noted. The Better Payment Practice Code target had been achieved and surpassed.

The NHS Liverpool CCG Governing Body:

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

PART 4: STRATEGY & COMMISSIONING

4.1 Operational Plan 2016/17 (incorporating the Better Care Fund) – Report no GB 31-16

The Chief Operating Officer presented the Operational Plan for 2016/17 and Better Care Fund between the CCG and Liverpool City Council to the Governing Body for approval and noted that as the meeting was not quorate this would need to be approved at the next full quorate meeting of the Governing Body. These

had already been reviewed by the Operational Management Team.
The nine must dos for 2016/17 for every local system were:

The nine 'must dos' for 2016/17 for every local system:

1. Develop a high quality and agreed **STP**, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the **Forward View**.

2. Return the system to **aggregate financial balance**. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.

3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.

4. Get back on track with **access standards for A&E and ambulance waits**, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.

5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**, including offering patient choice.

6. Deliver the NHS Constitution **62 day cancer waiting standard**, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving **one-year survival rates** by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

7. Achieve and maintain the **two new mental health access standards**: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a **dementia diagnosis** rate of at least two-thirds of the estimated number of people with dementia.

8. Deliver actions set out in local plans to transform care for people with **learning disabilities**, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.

9. Develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of **avoidable mortality** rates by individual trusts.

The Chief Operating Officer commented:

- The Primary Care Quality Framework addressed the sustainability and quality of General Practice.

- A&E and ambulance performance: there was significant variation in the performance of the key trusts. Adult A&E activity had increased by 1.5% which was similar to the rest of the country. Children's A&E activity increases had been influenced by the new Alder Hey building. A number of groups were working in 2016/17 to ensure that A&E activity was contained and manageable.

  Ambulance performance: work was on-going at a national level to ensure triage before taking patients to A&E.

- Referral to Treatment: performance at the CCG level overall was positive, 2016/17 would require focus on particular hotspots through collaborative commissioning arrangements.

- Cancer: CCG had continued overall to deliver strong performance against the 62 day wait targets in 2015/16 and this was expected to continue in 2016/17.

- Mental Health: national structure re psychosis, shadow reporting indicated compliance with the new waiting time standard. Improved Access to Psychological Therapies and Dementia had already been discussed.

- Learning Disabilities. The Chief Nurse was very active in the Cheshire and Mersey Transforming Care Programme to ensure that care for people with Learning Disabilities was appropriate.

- Avoidable mortality.

- Activity Planning Submission: the impact of the required activity changes and assumption in 2016/17 were:
    - Consultant led first outpatient attendances to increase by 2.6%
    - Consultant led follow up outpatient attendances to decrease by 1.3%.
    - Total elective admissions (electives and day cases) increase by 3%.
    - Total non-elective admissions not to change.
    - Total A&E attendances to decrease by 0.1%.

- Better Care Fund: the Better Care Fund for 2016/17 had been agreed as a total funding amount of £67m of which the CCG was contributing £39.9m.

  The Lay Member for Patient Engagement asked about the accountability of the Better Care Fund through the CCG's committee structure. The Chief Operating Officer noted that the governance was provided by the Liverpool Health & Wellbeing Board. The Programme Director of Integrated Commissioning (Health & Social Care) referred to the Section 75 Agreement for the Better Care Fund which was a pooled budget and partnership schedules between Liverpool CCG and Liverpool City Council setting out the commitments re the joint commissioning of services. £67m of joint funding was assigned/available for integrated commissioning. It was confirmed that Continuing Healthcare was not included.

The NHS Liverpool CCG Governing Body (subject to approval at the next quorate meeting):

- **approved the Operational Plan for 2016/17 and**
- **approved the Better Care Fund for 2016/17.**

PART 5: GOVERNANCE

5.1 Liverpool CCG Corporate Risk Register– Report no GB 32-16

The Chief Operating Officer presented a paper to the Governing Body to update on the changes to the Corporate Risk Register for May 2016 to ensure that the Governing Body were satisfied with the control measures and agreed the risk scoring. He highlighted:

- 24 risks were recorded (22 when the risks recommended for removal were discounted).

- There were 6 extreme risks, 15 high risks, 1 moderate risk and no low risks.

- Extreme Risks:
  - CO24a Safe and effective delivery of health services by Liverpool Community Health to meet commissioning requirements: this was on-going with a focus on Speech and Language Therapy.
  - CO35 'Red' rating Failure of Aintree Hospital to meet the 4 hour A&E target in 2015/16: this had already been discussed in the Performance Report.
  - CO36 'Red' rating Service Pressures across North Mersey.
  - CO29 'Red' rating Failure of Royal Liverpool Hospital to meet the 4 hour A&E target in 2015/16.
  - CO51a and CO51b Total bed capacity within independent nursing homes and the quality of services.

- Risk CO23 Failure to comply with requirements for Information Governance Toolkit: the CCG was level three compliant therefore this meant return to normal business. It would continue to be monitored by The Chief Finance Officer as the Senior Responsible Officer. The risk was recommended for removal.

- Risk CO48 Risk around the new Liverpool CCG Headquarters: the move had taken place and issues resolved therefore the risk was recommended for removal.

- Changes in the Register were marked in blue. Page 11 of the risk register referred to the transfer of Primary Care Support Services to Capita – new information had been received and the risk score would be changed in the next re-iteration to reflect this.

- New risk CO55: failure to meet statutory requirements and due process around the delivery of the transformation of health and healthcare services across the city through the Healthy Liverpool Programme – the Committees in Common was part of the assurance process and the Overview & Scrutiny Committee would be involved in the review of the consultation. The risk re Healthy Liverpool Engagement would be updated an provided for the next meeting.

The Chair noted that the role of the Governing Body was to observe that the appropriate arrangements were in place and to understand the risks and mitigation.

The NHS Liverpool CCG Governing Body:

- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Audit Tender Arrangements – Report no GB 33-16

The Lay Member for Governance/Deputy Chair informed the Governing Body that the CCG needed to appoint external auditor for 2017/18 and therefore the auditors needed to be in

place by the end of December 2016. An independent Audit Panel needed to be set up and she thanked the Financial Accountant, who had prepared the paper, for her excellent work. Financial and legal advice had been taken and this had been discussed at the Audit Risk & Scrutiny Committee and Finance Procurement & Contracting Committee and was therefore ready for final sign off by the Governing Body as only the Governing Body could appoint the Auditor Panel. It was expected to be established formally separate to the Audit Risk & Scrutiny Committee and have its own Terms of Reference as contained in Appendix 2 of the paper.

The Financial Accountant referred to the tabled Terms of Reference which had been amended slightly following legal advice. The changes were around the conflict of interest paragraphs as formal process was needed plus the auditor panel needed to have regard to any guidance issued by the Secretary of State in exercising, or deciding whether to exercise, its functions. Three Audit Risk & Scrutiny members would be included on the membership of the Audit Panel, one would not. No employee of the CCG or anyone receiving a large portion of their income from the CCG could sit on the Auditor Panel, quorum would require 50% or two members present. Other Governing Body members could be added to the membership provided they were fully independent as mentioned previously and there needed to be synergy between the Audit Risk & Scrutiny Committee and the Auditor Panel.

The Lay Member for Patient Engagement asked if the addition of Non-Executive members to the Auditor Panel required a change to the Constitution of the CCG however it was noted that as Non-Executive meant not an officer of the CCG rather than adding another Lay Member then this was not necessary.

The NHS Liverpool CCG Governing Body:

- **Noted the Liverpool CCG's plans and intentions in relation to the appointment of an Auditor Panel**
- **Approved (subject to ratification at the next quorate Governing Body meeting) the amended Audit Risk and Scrutiny Committee terms of reference which**

incorporated the Auditor Panel requirements (Appendix 2).

- **Noted Liverpool CCG's steps in requesting legal advice around these changes.**

5.3 Anti-Fraud, Bribery & Corruption Policy – Report no GB 34-16

The Chief Operating Officer presented the Anti-Fraud, Bribery & Corruption Policy to the Governing Body for noting and approval/ratification. The Policy aimed to ensure commitment to the proper use of public funds. The Chief Officer, as the CCG Accountable Officer, could be held legally responsible for any breaches of the policy which covered employees and anyone connected to the CCG. The CCG needed to ensure that anti-crime measures were embedded at all levels of the organisation. NHS organisations were required to demonstrate the values of accountability, probity and openness.

The Chief Officer noted the Policy included all those organisations associated with the CCG which covered a wide range of organisations therefore it was vital for everyone to be aware of their responsibilities. The Chief Operating Officer highlighted how important it was to maintain the Declaration of Interests for the CCG.

The Local Medical Committee Secretary referred to the Bribery Act 2016 and that there should be national guidance for practices on how they related to CCGs.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report, and;**
- **Approved/ratifies the Anti-Fraud, Bribery & Corruption Policy 2016 as a corporate policy for dissemination and implementation subject to ratification at the next quorate Governing Body meeting.**

6. QUESTIONS FROM THE PUBLIC

6.1 Mr S Semoff had submitted the following questions in advance of the meeting and a written response had been provided to the members of the public present:

"Background

The recent meeting of the Patient's Participation Group at Princes Princess Park Health Centre discussed the issue of patient involvement in the procurement process for the contracts to manage the 12 GP surgeries previously managed by SSP. A number of questions were raised particularly in relation to notice jointly headed by the Volunteer Centre and Liverpool CCG entitled "The way GP Services are provided is changing and we need YOU to help us".

Thus I would wish to ask the following questions:

1) **What is the relationship between the Volunteer Centre and Liverpool CCG?**

Response:

NHS Liverpool CCG (LCCG) has a three year contract with The Volunteer Centre Liverpool to provide support in co-ordinating our volunteer programme and supporting our volunteers and staff to work together. This is part of our approach to involving people in decision making.

2) **What is the position of the volunteers in relation to Liverpool CCG?**

Response:

LCCG recognises the important role volunteering plays in a healthy society and how it can benefit individuals.

The LCCG approach is to invite and then work with the individuals to see how best their interests, skills and desired outcomes from volunteering can be met by various opportunities to volunteer with LCCG. This includes a range of activities such as volunteers supporting health information sharing, supporting our community grant partners with communications and social media advice and becoming involved in procurement processes. The latter is something LCCG committed to as part of its community engagement approach and is considered good procurement practice.

We have been recruiting volunteers for the APMS procurement for a few weeks and an outline volunteer specification has been produced to support this. Currently, LCCG has identified a “long list” of potential volunteers and LCCG will now work with these volunteers to identify final participants by July 2016.

3) **Will the views of the individual volunteers be taken into account or will it be a group decision and if so, how will it be reached?**

Response:

Volunteers involved in the APMS procurement process will be trained in advance of the procurement process commencing. They will provide a public / patient perspective which is included with a range of other perspectives from those involved in assessing procurement tender documentation. There is a formal scoring and assessment process in place for tenders and the volunteers will contribute to the overall decision.

4) **In which stages of the draft schedule for the procurement process as circulated at the CCG meeting of 8 March 2016, will the views of the volunteers be taken into account?**

Response:

Volunteers are currently being recruited and will be supported to understand the procurement process and requirements first of all. They will then be involved in assessing the Invitation to Tender (ITT) proposals put forward by Bidders. The volunteers will work alongside other members of LCCG staff and external advisers and they will be involved in the decision making process throughout.

5) **How will the views of the volunteers be taken into account (i.e. will they carry the same weight as the procurement panel members or will they be advisory?**

Response:

Volunteers will be asked to comment, score and assess Bidder proposals as procurement panel members. Volunteers will also attend and contribute to procurement moderation meetings.

The volunteers are vital in ensuring there is an independent patient perspective involved in the evaluation process, their role will be focused on those areas of the assessment where their views are most appropriate (in the same manner in which independent external clinicians are used to assess the clinical aspects of the bids). Whilst volunteers are treated as equal partners in the process, the individual areas of the assessment do carry different weightings. This differential weighting (which is published in advance of tenders) is used to ensure that LCCG achieve the appropriate balance across all the requirements of the service and which includes such aspects as clinical quality, patient safety, responsiveness to patients, workforce, IT, social value, public sector equality duty etc.

6) **Will there be a wider consultation with patients beyond that of the volunteers?**

Response:

The changes to the service relate solely to the provider as the specification is being aligned to the Liverpool GP specification for other Liverpool practices. Public consultation isn't appropriate or required for this, however as we are committed to enabling people to be involved in our decision making we are committed to ensuring we have a public/patient voice through the involvement of volunteers included in the assessment process."

6.2 Mr S Semoff acknowledged and thanked the CCG for the changes which had now occurred at Princes Park Health Centre and there had been a great improvement seen already. Sadly this had taken two and a half years to resolve and in that time many patients had moved to other practices.

6.3 A Member of the public present referred to the Sugar Campaign and stressed the substantial impact on health in all areas of body function and noted it would be useful to learn of the impact already made on the children of the city through high sugar consumption. The Director of Public Health responded that the campaign was only just starting, moving forward there would be plans to have child monitoring programmes for reception and Year 6 children with letters sent to parents identified about healthy eating. She noted the need to be more aware of undetected diabetes in the population of the city as well as in children. The government sugar tax would have some impact but there needed to be a whole system approach to take obesity.

6.4 A Member of the public present asked about maternity services, how many providers there were in the CCG's

area, how they were paid and were there any statistics on the number of home births. The Chief Nurse/Head of Quality responded to give a detailed answer would require a little research but a summary was that there were currently two providers, Liverpool Women's Hospital and One to One Midwifery but all women had the choice to attend where they wished. As for payment there was the standard national maternity tariff. There was no immediate data to hand re the number of home births in Liverpool but the North Locality Chair was of the opinion that Liverpool had the highest number outside of London, the Head of Quality Chief Nurse agreed to find the necessary data.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Extraordinary meeting to be held Thursday 26th May 2016 for sign off of the Annual Report and Accounts, next full meeting to be Tuesday 14th June 2016 1pm in The Boardroom, The Department.