NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 9TH AUGUST 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
Dr Simon Bowers	GP/Clinical Vice Chair
Dave Antrobus	Lay Member – Patient Engagement
Dr Fiona Lemmens	GP
Dr Monica Khuraijam	GP
Dr Rosie Kaur	GP
Dr Maurice Smith	GP
Jane Lunt	Head of Quality/Chief Nurse
Moira Cain	Practice Nurse
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Fiona Ogden-Forde	GP

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Dr Rob Barnett	LMC Secretary

IN ATTENDANCE:

Martin Smith	Consultant in Public Health (representing Sandra Davies)
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Ian Davies	Chief Operating Officer
Cheryl Mould	Primary Care Programme Director
Ray Guy	Retired Practice Manager

Derek Rothwell	Head of Contracting & Procurement
Alison Ormrod	Interim Deputy Chief Finance Officer
Stephen Hendry	Senior Operations & Governance Manager
Kirsty Pine	R&D/Collaboration for Leadership in Applied Health Research & Care North West Coast ("CLAHRC") Operations Manager
Paula Jones	Governing Body Administrator/Minutes

APOLOGIES:

Tom Jackson	Chief Finance Officer
Dr Janet Bliss	GP
Dr Jamie Hampson	GP Matchworks Locality
Tina Atkins	Practice Manager
Dr Sandra Davies	Director of Public Health
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Carole Hill	Healthy Liverpool Integrated Programme Director
Phil Wadeson	Director of Finance, NHS England

Public: 7

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. Both Governing Body members/attendees and the members of the public present introduced themselves. The Chair emphasised that this was a private meeting held in public with the opportunity for questions at the end of the agenda.

The Chair informed the Governing Body that in addition to the apologies received Dr Fiona Lemmens would be arriving late to the meeting.

1.1 DECLARATIONS OF INTEREST

The Lay Member for Patient Engagement declared during the discussion under item 2.8 Public Health Update and the discussion around the REST (Rehabilitation, Education, Support & Treatment) Centre that he was a trustee of the Whitechapel Centre which was a partner in its delivery.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 12th July 2016 were agreed as an accurate record of the discussions that had taken place.

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

1.3.1 Action Point One: it was noted that the proposals for the way for CCGs to work together going forward discussed at the Liverpool City Regional CCG Alliance the Liverpool CCG Governing Body Strategic Development session in July 2016 would be referred to under item 2.2.

1.3.2 Action Points Two, Three and Four were all included in the Performance Report item 3.1.

1.3.3 Action Point Five: it was noted the work for the Performance Report around looking at the effect of cancelled appointments and non-attendance at appointments made on the cancer pathway was on-going.

1.3.4 Action Point Six: it was noted that the preparation of action plans for the Governing Body when red risks remained unchanged for three successive meetings on the Corporate Risk Register was on-going.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 51-16:

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

  - ✓ Formal process for the decommissioning of services: draft policy developed for approval via the committee structure of the CCG.

  - ✓ Securing future telehealth technology services to move the next stage of full procurement.

  The Governing Body Chair noted that the decommissioning of services was currently dealt with on a case by case basis as contracts came to an end following national requirements. The Policy which was being developed was an over-arching policy to cover all services in the future.

- Audit Risk & Scrutiny Committee 29th July 2016 – the Lay Member for Governance/Deputy Chair/Audit Risk & Scrutiny Committee Chair fed back to the Governing Body:

  - ✓ A Safeguarding Update had been provided by the Chief Nurse. Safeguarding was a complex area and this update would be a regular agenda item twice a year, or more frequently if required.

  - ✓ It was noted that significant progress had been made in dealing with the detailed recommendations from Mersey Internal Audit Agency. All open recommendations from 13/14 and 14/15 audit recommendations would be completed by December 2016.

  - ✓ Revised statutory guidance received from NHS England on Conflicts of Interest which would be used to refresh the CCG's Conflict of Interest Policy which would be presented to the Audit Risk & Scrutiny Committee in September 2016 and then

back to the Governing Body in October 2016. This might lead to changes to the Liverpool CCG Constitution.

- Quality Safety & Outcomes Committee 2nd August 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

  - ✓ Quality Impact Assessment for Liverpool Community Health core services specifications were approved.

  - ✓ Liverpool Community Health Care Quality Commission re-inspection – improvements had been made but the staff survey showed potential disparity between staff and management perceptions.

  - ✓ Improving Access to Psychological Therapies – from 1st April 2016 Mersey Care had failed to meet contractual standards, the Intensive Support Team had visited, there were six amber actions on the residual action plan and eight were green therefore regularly reporting back to the committee would be carried out. This was discussed in more depth under item 3.1

  - ✓ Special Educational Needs and Disability ('SEND') – action plan was in place to achieve full CCG compliance with the legislative requirements and update reports to come back to the committee on a six monthly basis.

  - ✓ Amended Terms of Reference were agreed and attached for the Governing Body to explore which reflected the increased responsibility of the Quality Safety & Outcomes Committee with regard to primary care commissioning, also the frequency of meetings had been changed from bi-monthly to monthly. The Head of Quality/Chief Nurse noted the increasingly challenging current NHS financial climate hence the changes to the Terms of Reference which were marked in red which in summary were:

- The Head of Quality/Chief Nurse was to be the committee Vice Chair.
- Formalised Local Authority/Public Health input re their role in the commissioning of services.
- A Healthwatch representative was required.
- Twice yearly deep dive into each trust as per the Workplan.
- Meetings to be a minimum of ten per year.
- There were other minor changes to the data and information to be sent.
- The Clinical Quality & Performance Groups were to report to the Quality Safety & Outcomes Committee.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees and approved the revised Terms of Reference for the Quality Safety & Outcomes Committee.**

2.2 Liverpool City Region CCG Alliance – Report No GB 52-16

The Chief Officer fed back to the Governing Body on the meeting which had taken place on 5th August 2016:

- Only one item on the agenda which was a discussion around the changes and challenges facing CCGs and the need to have a new approach to the way commissioners worked together.

- The Mersey CCGs and Warrington CCG would use the August, September and October 2016 Liverpool CCG City Region Alliance meetings to discuss the way forward. This would also be discussed at the Governing Body Development Sessions.

- 5th August meeting had been in the format of a workshop facilitated by AQUA. A CCG Chairs/Accountable Officers had agreed the need for

change and would work on principles for future working and options for delivery next.

The NHS Liverpool CCG Governing Body:

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

2.3 Update from Liverpool Safeguarding Children Board – Report No GB 53-16

The Chief Nurse/Head of Quality fed back to the Governing Body on the meeting which had taken place on 13th July 2016:

- Joint Targeted Area Inspection – clear governance determined for oversight of action plan, each agency would have their own allocated actions.

- Thematic review of a Liverpool family carried out looking at different areas of multi-agency involvement over ten year period. The mitigating actions in place were to have a regular audit of neglect cases with the focus on the child's experience, improve staff training and refresh the Neglect Strategy.

- Woods Report Review of Role and Function of Local Safeguarding Children Boards commissioned by the Department for Education was considered which looked at how safeguarding arrangements for children were structured.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool Safeguarding Children Board**

2.4 Update from Joint Commissioning Group – 25th July 2016 – Report No: GB 54-16

The Director of Adult Services & Health, Liverpool City Council fed back to the Governing Body:

- Joint assurance report on how Liverpool CCG and Liverpool City Council – there was too much focus on the Better Care Fund and all joint working should be included.

- Alcohol Strategy – this was to go to a Task & Finnish Group to develop a plan and was to include the relationship between addiction as a whole and alcohol, not just alcohol, to look at all pathways for providers in the city.

- Children's Services – Children and Families Trust structure would report to the Health & Wellbeing Board which the Head of Quality/Chief Nurse would attend for Liverpool CCG.

The NHS Liverpool CCG Governing Body:

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

2.5 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ CCG Assurance ratings for 2016 had been received. All CCGs had been assessed on the categories of " Well Led", "Delegated Functions", "Financial Management", "Performance" and "Planning". Nationally 10 CCGs had been rating as "Outstanding", 82 had been rated as "good", 91 "Required Improvement" and 86 were "Inadequate". Liverpool CCG had been overall as "Good" in all five areas and was in the top 20% of CCGs in the country which given the complexity of the challenges we faced was a very good result. It was disappointing that given the level of delegated authority and responsibility for primary care that Liverpool CCG had been assessed in the same way as those with no delegated responsibility. The 2016/2017 framework for assurance was very different to the 2015/2016 one with 29 areas and 60 indicators.

  The Secondary Care Clinician congratulated Liverpool CCG on an excellent result and asked how the performance of neighbouring CCGs would impact on

Liverpool CCG and how we worked together. The Chief Officer responded that of the seven Merseyside CCGs three had been ranked as "Good" (Liverpool, Knowsley and Halton), two had been ranked as "Required Improvement" (Warrington and South Sefton) but this was due to technicalities and two had been ranked as "Inadequate (Southport & Formby and St Helens) but for Warrington this was due to the financial position. She commented that that if a rating of Good was received in four areas but not in Finance and Planning then the overall result was "Required Improvement" so the system was biased towards finance and planning. It was therefore not always easily within the power of smaller CCGs to address this.

- ✓ At the request of the Chief Officer, the Head of Quality/Chief Nurse updated the Governing Body on the results of the Care Quality Commission Inspection of the Royal Liverpool Hospital which took place on 15th to 18th March 2016 and 30th March 2016 which had been published at the end of July 2016. Overall the Trust had been rated as "Good" which was broken down over the five domains as:

    - "Safe" – Good
    - "Effective" – Good
    - "Caring" – Good
    - "Responsive" – Required Improvement
    - "Well Led" – Good

  The areas which "Required Improvement" were mainly around bed occupancy rates throughout the trust and delayed transfers of care which had an effect on patient flow.

  End of Life Care had been ranked as "Outstanding" and the Academic Palliative Care Unit had been commended.

  The Quality Safety & Outcomes Committee would have a view on the report and the Action Plan would be monitored by the Clinical Quality & Performance Group. A broader briefing on the report would be brought at a later date to the Governing Body.

The NHS Liverpool CCG Governing Body:

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

2.6 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.**

2.7 Update from Health & Wellbeing Board 21st July 2016

The Chair updated the Governing Body on the matters discussed at the Health & Wellbeing Board on 21st July 2016:

- Alcohol Strategy
- Rehabilitation Centre
- Safeguarding Board Update
- Presentation of Healthy Liverpool including primary care access.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update.**

2.8 Public Health Update - Verbal

The Consultant in Public Health updated the Governing Body:

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- ✓ Rehabilitation, Education, Support & Treatment ('REST') Centre update – based in the city centre dealing with street drinkers who had complex health problems and therefore were often unlikely to access services. The centre had begun 1st June 2016 and would be open until 30th September 2016. The programme had been well received the previous year, this year there was a tighter focus and so far of the 117 attendees three quarters had been male and had attended for at least three days. The numbers were smaller than the previous year but attendance was more regular and had led to 49 health assessments being carried out, 8 new accesses to rehabilitation, wound dressings done, 19 referrals to

treatment services and 38 onward referrals. The Police had noted a reduction in anti-social behavior which was directly attributable to the REST Centre.

- ✓ Skin Cancer Campaign – the momentum was being maintained with the importance of shading and canopies being emphasised.

The Lay Member for Patient Engagement declared an interest in the REST Centre as he was a trustee of the Whitechapel Centre, one of the partners involved in its delivery.

The Practice Nurse Member referred to the 30th September 2016 finish date for the REST Centre at which point the data would be evaluated by Liverpool John Moores University for further decision making. Given the success attributed to it by the Police she wondered if they might be interested in providing funding going forward. The Consultant in Public Health responded that the future would be considered once the evaluation had been completed.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 55-16

The Senior Operations & Governance Manager 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 May and June 2016. He highlighted:

- Referral to Treatment 18 week target: this was amber on a downward trend but had only just been missed. Performance at the Royal Liverpool Hospital was impacting on overall performance. Unlike the A&E target the CCG would be performance managed on this in the assurance framework. A recovery plan was in place for the Royal Liverpool Hospital but the trust was still not expected to meet the target until January 2017.

- Referral to Treatment 52 week target – for 2015/16 one 52 week breach was reported but it needed to be checked if it was actually for 2016/17 as it was reported in April 2016.

- Cancer Waits – performance was Green but with an alert for maximum 62 day wait from urgent GP referral to first definitive treatment for cancer which linked with the standards for patients receiving treatment from NHS Screening services. Discussions were ongoing with providers on the various breaches. Areas that had been identified as particularly challenging were lung, urology, head and neck and gastrointestinal cancers. Complex pathways and capacity issues had also been identified. It was noted by a GP member that the situation with regards to the 62 day wait target was very complex, CQUINS were being implemented with the Royal Liverpool Hospital and Liverpool Women's Hospital to improve this. For those patients waiting more than 104 days root cause analyses were being carried out to look at the pathway. For those waits between 62 days and 105 days there were usually multiple trusts involved and multi-disciplinary teams. Work was on-going re Aintree Hospital with South Sefton CCG and this was being monitored via the Clinical Quality & Performance Group. It was also noted that if the patient delayed the making of a two week wait appointment the clock did not stop, however if the patient failed to turn up for an appointment the clock was reset.

- Ambulance Response times – performance had dropped to amber in June 2016 but the position was still a positive performance in Liverpool with two of the three national targets met.

- A&E Waits – performance was still red but the trend was upwards.

- Better Care – Mental Health: performance was good re dementia diagnosis.

- Improving Access to Psychological Therapies – the target on % of patients receiving their first treatment appointment within 6 weeks and 18 weeks of referral was being met but the trend was downwards. However access and recovery targets were not being met and performance was deteriorating. Liverpool CCG had recently enlisted the support of the NHSE IAPT Intensive Support Team to undertake a deep dive into the service. The findings were that:

    - The service was resourced appropriately to meet the standards;
    - Staff were delivering less clinical contact hours than those expected of a well lead IAPT service;
    - Very few people had second treatments booked well in advance which is contributing to inefficiency in the service;
    - There was a significant 'drop out' rate between first and second appointments which is impacting on recovery rates;
    - There was a recurring theme around the lack of clinical leadership within the service, which needs to be stronger and more IAPT focused;
    - The quality of referrals could be poor and caused blocks in the system;
    - There was a lack of consistency in clinical decision making with staff not always knowing which NICE compliant treatments to offer and where to place people on the pathway;
    - Deprivation was not a factor in delivering the standards – equally deprived areas did better than Liverpool;
    - Data collection and analysis by the provider was excellent and could be used to support service developments.

  An Action Plan was being worked through with the CCG. The Chair commented that performance in this area has been frustrating and something needed to change. The Practice Nurse Member asked about the Mersey Care recruitment process and it was agreed that the next Performance Report would contain an update on this.

- Proportion of people experiencing first episode psychoses waiting two weeks or less to start treatment performance was Green.

- Proportion of patients on Care Planned Approach discharged from inpatient care followed up within 7 days target – performance in this area was Green.

- Mixed Sex Accommodation – zero breaches in month. However at Liverpool Heart & Chest Hospital there were two breaches and Liverpool CCG was working with NHS England re contract performance. No feedback had been received as yet from Salisbury as why two Liverpool patients had been involved in a breach there the previous month and this would be obtained.

- MRSA – zero cases in month, there had been 15 C Difficile cases in June which was over the monthly trajectory at 48 against 34.

- Liverpool Community Health follow up Care Quality Commission Inspection – improvements had been made but there was more work to be done as reported in the Quality Safety & Outcomes Committee feedback.

- Care Quality Commission Practice Inspections – overall practices were rated as "Good", one of the visits in month had been a re-inspection re the domain of "Safe" and all improvements had been made except for the need to have a defibrillator which would be put in place over the next three weeks.

- Sustainability of the Financial Position – the Interim Deputy Chief Finance Officer updated the Governing Body that as at 30th June 2016 the CCG was showing an overall underspend of £35k, month three revenue resource limit totaled £862m. Total month three reserves were £33.2m which was committed as part of the NHS England business rules including the 2016/17 planned surplus of £14.4m and the 1% non-recurrent uncommitted reserve of £8.3m. Remaining available reserves totaled £10.5m.

- Better Care Payments Practice Code – the target had been achieved for the year to 30th June 2016 for non-NHS creditors by number and value and for NHS creditors by value.

The Governing Body commented as follows:

- The Chief Officer expressed concern about the five areas which were amber or red and on a downward trajectory and wanted to know more about what was being done in these areas (Referral to Treatment, Ambulance Response Times, Healthcare Acquired Infections/C Difficile and Improving Access to Psychological Therapies performance). More detailed explanations would be provided in future reports. The Chair responded by noting that all these areas were extremely complex and needed careful consideration. Particularly in the area of Healthcare Acquired Infections we needed to ensure that everything possible was being done with commissioners and providers. The Chief Officer noted the issue with A&E targets and that the CCG's Quality Premium would be measured against locally agreed targets, however we would still be performance managed against the NHS Constitutional targets.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators and the recovery actions taken to improve performance;**
- **Determined the level of assurances given in terms of mitigating actions where risks to CCG strategic objectives are highlighted.**

3.2 Collaboration for Leadership in Applied Health Research & Care North West Coast ("CLAHRC") – Report no GB 56-16

The Research & Development/Collaboration for Leadership in Applied Health Research & Care North West Coast Operations Manager presented a paper to the Governing Body to provide a summary of progress and to seek active engagement from Liverpool CCG in the on-going

development and delivery of the programme of work, its governance and implementation. Liverpool CCG was the host organisation for this £20m programme for applied research and implementation in areas with the potential to reduce health inequalities.

The programme of work for the scheme was made up of the six themes of Public Health, Improving Mental Health, Managing Complex Needs, Delivering Personalised Health and Care, Knowledge Exchange and Evidence Synthesis. Two years in the programme was being reframed as relationships with partners evolved. Health inequalities was at the forefront of the CLAHRC and the Health Inequalities Impact Assessment Toolkit ('HIAT') had been developed to assess whether a proposed piece of work had the potential to reduce health inequalities.

To date 70 projects had been funded including 23 PhDs and 12 internships. Nearly 100 staff were employed through the CLAHRC. The Neighbourhood Survey data was complete with 4,319 participants. This involved 10 Neighbourhoods for Learning including Liverpool Old Swan Ward.

A Public Reference Panel had been set up, the Partners Forum and the Community Research and Engagement Network which would recruit around 100 residents across the 10 Neighbourhoods for Learning. This would lead to a change in the way Partners and public influenced the programme. An external Advisory Committee had been set up. There had been 9 publications.

The paper contained details of the projects under the themes.

The total National Institute for Health Research income of 5 years was £9m (£3.7m invested in projects to date), the matched funding available from partners to date was £2.9m in cash and 'in kind'. It was proving more difficult than anticipated to allocate the matched funding and engagement with partners had been a real challenge but hopefully this would improve. The next steps were to engage with partners, offer 5 MPhil opportunities to intercalating medical or dental students, a training programme for public health engagement aimed a CLAHRC NWC public advisors, have an internal evaluation of activities that were progressing and

develop a Sustainability Plan for biding for the next round of funding in 2017/18.

The Lay Member for Patient Engagement asked about using the information from the Neighbourhoods for Learning in the future, it was noted in response that it was still very early on in the process. The Lay Member for Governance/Deputy Chair noted that Liverpool CCG was the only CCG in the country to host a CLAHRC and stressed the need to spend the matched funding. The Practice Nurse member suggested that a blog should be written about the CLAHRC and the The Research & Development/Collaboration for Leadership in Applied Health Research & Care North West Coast Operations Manager agreed to do this.

The NHS Liverpool CCG Governing Body:

- **Encouraged wide engagement with CLAHRC NWC from CCG staff and member practices**
- **Encouraged CCG patient/public groups to engage with CLAHRC NWC themes (meetings and projects)**
- **Ensured the identified CLAHRC NWC lead in the CCG engages staff in CLAHRC NWC Activities to meet the requirements of the matched funding commitment and involvement as active partners in the work packages.**
- **Supported the implementation of governance arrangements and ensures representation as the host trust at Steering Board meetings**

PART 4: STRATEGY & COMMISSIONING

4.1 Alcohol Strategy – Report no GB 57-16

The Clinical Lead for Alcohol presented the 5 Year Alcohol Strategy for Liverpool to the Governing Body which replaced the 2011to 2014 Strategy. The five strategic aims of the Strategy were:

- Encourage and support responsible attitudes and behaviours towards alcohol consumption.

- Deliver evidence based, recovery focused treatment support.
- Reduce the number of people who experienced crime and disorder related to alcohol misuse.
- Protect children, young people and their families from alcohol misuse related harm.
- Ensure via local licensing decisions and influencing of government policy that alcohol accessibility was responsibly controlled.

Prevention and early intervention training was a Key Performance Indicator in the GP Specification and was also a CQUIN at the Royal Liverpool Hospital and Liverpool Women's Hospital looking at screening for all acute admissions. Brief Alcohol Intervention Training to Primary Care was being delivered by the Liverpool Community Alcohol Service. The second part of the Strategy was the treatment/sustainable recovery of patients with alcohol problems who usually had very complex needs. The third part of the Strategy was around safety which is where the REST Centre fitted in as well as training for bar staff in the city around not serving those who were already intoxicated. The fourth part of the Strategy was around protecting young people. The fifth part of the Strategy was around the control of licensing laws and continuing to support a minimum unit price for alcohol. The Public Health Consultant added that an Action Plan was being developed around the five themes and was progressing well.

The Governing Body members commented as follows:

- The Strategy was extremely comprehensive but a question was raised about detecting the origins of alcohol in Primary Care. The Alcohol Clinical Lead responded that there were two fibroscans in the community but consideration needed to be given on how to make better use of them for the management of chronic conditions.

The NHS Liverpool CCG Governing Body:

- **Noted the development and content of the strategy and action plan**
- **Noted that the strategy and action plan was approved by the Liverpool Health and Wellbeing Board in June 2016**
- **Considered how Liverpool CCG should respond to this strategy as a partner in ensuring its delivery.**

4.2 Strengthening Financial Performance and Accountability in 2016/2017 – Report no GB 58-16

The Interim Deputy Chief Finance Officer presented a paper to the Governing Body which presented the Strengthening Financial Performance and Accountability in 2016/2017 document for discussion and understanding and to highlight any initial key implications for the CCG. The document was attached as Appendix 1 to the paper and described the importance of the Sustainability and Transformation Plans and the seven point set of actions:

1. Allocated an extra £1.8 billion to trusts, with the aim set by NHS Improvement of cutting the combined provider deficit to around £250 million in 2016/17 and the ambition that, in aggregate, the provider position commences 2017/18 in run-rate balance

2. Replaced national fines with trust-specific incentives linked to agreed organisation-specific published performance improvement trajectories, so as to kick start a multi-year recovery and redesign of A&E and elective care

3. Agreed 'financial control totals' with individual trusts and CCGs, which represent the minimum level of financial performance, against which their boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable

4. Introduced new intervention regimes of special measures which will be applied to both trusts and CCGs who are not meeting their financial commitments.

5. Set new controls to cap the cost of interim managers and to fast track savings from back office, pathology and temporary staffing.

6. Published the 2015/16 performance ratings for CCGs.

7. Launched a two-year NHS planning and contracting round for 2017/18-2018/19, to be completed by December 2016, and linked to agreed STPs.

Local Emphasis and implications for NHS Liverpool CCG were:

1. Of the £1.8bn of resources NHSI resources, c. £28.67m had been allocated to NHS providers based in Liverpool. Alder Hey had so far declined the £3.7m offered to them.

2. The CCG's approach to contract sanctions would be influenced by the refresh of performance improvement trajectories.

3. No change for Liverpool CCG in terms of its expenditure control total target for 2016/17.

4. The CCG was not being impacted by the new intervention regime as we had planned to deliver against our financial commitments.

5. The CCG continued to comply with the prevailing controls on interim staff including consultants.

6. The CCG had received its assurance status and has been rated as 'Good' in all areas for 2015/16.

7. The CCG had already begun preparatory work with partners to work towards the December 2016 timescale for two year contracts and plans.

There would be significant impact to Liverpool CCG and providers could expect to receive strong scrutiny over the coming months. The Chair added that the financial landscape would become even more challenging and the

Chief Officer commented on the return to far more central control of the NHS.

A question was asked by a GP member as to whether or not the Sustainability Fund had been allocated in the figures as some trusts were in deficit and some in surplus. The Chief Officer responded that some organisations received funds to produce a smaller deficit than they would have without the additional funding.

The North Locality Chair queried why Alder Hey had refused the NHS Improvement resources and it was thought that they might revise this original decision.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the Financial Reset document and the initial implications for the CCG.**

PART 5: GOVERNANCE

5.1 Liverpool CCG Social Media Policy 2016 – Report no GB 59-16

The Senior Operations & Governance Manager presented a paper to the Governing Body which gave an overview of the CCG's Social Media Policy 2016 which had been discussed at the Staff Listening Group and recommended by the Human Resources Committee for approval. The Policy aimed to provide clarity and guidance for all staff both in terms of the CCG's responsibilities and expectations in the use and application of social media tools and of staff's individual responsibilities as representatives of the CCG. This had been a complex process from an employment law perspective and legal advice had been sought.

The Lay Member for Governance/Deputy Chair noted the need for guidance and training for staff, however this did not detract from their own personal responsibility re personal social media accounts. The Chief Officer noted that the policy referred to all staff, Governing Body members and practice members undertaking work on behalf of the CCG.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report;**
- **Approved the 2016 Social Media Policy for immediate implementation and dissemination.**

5.2 Revised Conflicts of Interest Statutory Guidance for CCGs July 2016 – Report no GB 60-16

The Senior Operations & Governance Manager presented a paper to the Governing Body on the revised 2016 NHS England statutory guidance for CCGs in managing conflicts of interest. In summary the main changes were:

- Third Lay Member required for the Governing Body.
- CCG Conflicts of Interest Guardian to be nominated (similar type of role to the Caldicott Guardian).
- Robust arrangements for the management of breaches. Liverpool CCG already had processes in place which stood us in good stead.
- Publication of registers.

It was agreed that the Conflicts of Interest Policy would now be refreshed in line with the new guidance and taken to the September 2016 Audit Risk & Scrutiny Committee after which it would come back to the October 2016 Governing Body meeting.

The Lay Member for Governance/Deputy Chair noted the changing NHS landscape and that Liverpool CCG was already ahead of the game with the two existing Lay members chairing the Primary Care Commissioning Committee and Audit Risk & Scrutiny Committee. She noted that as mentioned earlier in the meeting by the Chief Officer there was increasing central control whereas previously only guidance had been issue.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report;**
- **Formally offered the role of 'Conflicts of Interest Guardian' to the current Audit, Risk & Scrutiny Committee Chair;**
- **Noted the requirement of the CCG to appoint a third lay member to the Governing Body;**

- **Assured itself that the proposed actions will meet the requirements in the revised statutory guidance.**

5.3 Joint Targeted Inspection Update – Report no GB 61-16

The Head of Quality/Chief Nurse presented a paper to the Governing Body highlighting the outcomes of the recent Joint Targeted Area Inspection ('JTAI') from the published response letter and the feedback for both the partnership and single agencies. The paper also informed of the activity in place to address the improvements required.

The inspection had taken place in June 2016 and the findings were outlined under the headings of Areas for priority actions, Areas for improvement and Key strengths. The inspection was there to help us understand what the challenges were in the system. Some of the feedback was for the partnership and some was specific to single agencies. The letter was published on 3rd August 2016. The Local authority was asked on behalf of the wider partnership to prepare a written statement to be submitted to Ofsted by 8th November 2016.

Since the verbal feedback was received there had been a deep dive into Careline and the Multi-Agency Safeguarding Hub. The Liverpool Safeguarding Children Board had considered the verbal feedback and the Children's Family & Trust Board and the Children's Trust Board were to be the governance process and where appropriate the Clinical Quality & Performance Groups.

The Inspection gave us the opportunity to renew and refresh how we worked in Liverpool to ensure that safeguarding was integral and to improve outcomes for children.

The Chief Officer noted that the Liverpool Safeguarding Children Board was responsible for the development of the Plan. The Head of Quality/Chief Nurse informed the Governing Body that there was a meeting to take place the following week with the key leads to pull together the narrative and to ensure a coherent approach across the health system which would then translate into a final action plan for internal and external sharing. In response to a query from the Chief Officer the Head of Quality/Chief Nurse noted

that this would be sent to the Quality Safety & Outcomes Committee.

The NHS Liverpool CCG Governing Body:

- **Noted the JTAI report**
- **Noted the activity to address the required improvements**

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been submitted by Mr Sam Semoff in advance of the meeting which was:

1) When will the Health and Well Being Board be given site of the STP plan as submitted on 30 June 2016?

2) Will it be presented to Health and Well Being Board for information only or will the Board be asked to approve it?

3) How is that Shropshire CCG was able to put the local STP plan in the public domain?

The Chief Officer responded that the submission on the 30th June 2016 had been seen by individual members of the Health & Wellbeing Board but not all of the Health & Wellbeing Board. However, as explained at the Health & Wellbeing Board, this submission was not the Sustainability & Transformation Plan but rather an the start of a conversation from which the plan would be pulled together for October 2016. The Health & Wellbeing Board would have sight of it before the end of October 2016 but it was not clear whether it was required to approve it. The Chief Officer noted that she had been unable to find the Shropshire CCG Plan on their website and asked if Mr Semoff could forward it on to Liverpool CCG. Mr Semoff also referred to the publication of the London CCGs' Sustainability & Transformation Plan to which the Chief Officer replied that the Blueprint which had been published in November 2016 by Liverpool CCG contained much more information than the submission made on 30th June 2016 by Liverpool CCG.

6.2 Mr John Cook of the North West Friends of Homeopathy challenged the decision taken by the Liverpool CCG Governing Body on 14th June 2016 to decommission Homeopathy for the following reasons:

- Robust processes were not in place for the decommissioning of services and a formal policy for the decommissioning of services was only now being discussed at the Finance Procurement & Contracting Committee.

- The minutes of the meeting were only now finalised and published on the CCG website.

- Dr Monica Khuraijam who had been named by the Engagement Team at the CCG as leading on Homeopathy was excluded from the debate and the vote which made the decision "unsafe".

He asked that the Governing Body reconsider its decision.

6.3 A member of the public asked how the Sustainability & Transformation Plan would affect the future of Liverpool Women's Hospital and its staff. The Chief Officer responded that the process of assessing the options for the future provision of women's and neonatal services was happening separately to the development of the Sustainability & Transformation Plan. The review would develop and approve options for sustainable services, and then formally consult with the public on any referred option(s). Whilst this process was happening separately to the Sustainability and Transformation Plan, the results of the process should feature in future plans when the results were ready.

6.4 A member of the public asked what a Voluntary Ex Ante process referred to in the minutes of the 14th June 2016 around the contract with One to One Midwifery was. It was explained by the Head of Contracting and Procurement that this referred to when a procurement process was undertaken and new bids received which did not meet the requirements and the incumbent

provider was appointed. The Head of Quality/Chief Nurse stressed that there were no current quality issues in Liverpool with the service provided by One to One Midwifery.

6.5 A member of the public asked about alcohol consumption screening in pregnancy and the requirement for a systematic approach and also advice for pregnant women on foetal harm from alcohol. The Clinical Lead responded that there were services for pregnant women to be referred into should there be concerns around their alcohol consumption.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 13th September 2016 1pm in Hall 1 LACE Conference Centre, Sefton Park