

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 13TH SEPTEMBER 2016
2pm

HALL 1, LACE CONFERENCE CENTRE, SEFTON PARK,
LIVERPOOL L17 1AA

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
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 Fiona Ogden-Forde	GP
Dr Janet Bliss	GP

NON VOTING MEMBERS:

Dr Jamie Hampson	GP Matchworks Locality
Tina Atkins	Practice Manager
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Paula Finnerty	GP – North Locality Chair

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
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
Mark Bakewell	Deputy Chief Finance Officer
Stephen Hendry	Senior Operations & Governance Manager
Sarah Thwaites	Healthwatch Liverpool
Emer Coffey	Associate Director of Public Health - Health Protection
Paula Jones	Liverpool City Council Governing Body Administrator/Minutes

OBSERVING :

Management Trainee shadowing Dr Simon Bowers

APOLOGIES:

Dr Donal O'Donoghue	Secondary Care Doctor
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Sandra Davies	Director of Public Health (Emer Coffey representing)
Dr Rob Barnett	LMC Secretary
Phil Wadeson	Director of Finance, NHS England
Derek Rothwell	Head of Contracting & Procurement
Alison Ormrod	Interim Head of Finance
Lynn Collins	Chair of Healthwatch Liverpool (Sarah Thwaites representing)

Public: 10

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 introduced the newly appointed Deputy Chief Finance Officer to the Governing Body and the public and welcomed him 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 9th August 2016 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Item 2.4 Update from Joint Commissioning Group – the section on the Alcohol Strategy should refer to the relationship between addiction as a whole (not addition).
- Item 4.1 Alcohol Strategy - it was noted that page 18 last bullet where the Alcohol Clinical Lead talked about the commissioning of fibroscan in primary care was not accurate and should be amended to show that there were two fibroscans in use in the community but consideration needed to be given on how to make better use of them.

1.3 MATTERS ARISING from 9th August 2016 not already on the agenda:

- 1.3.1 Action Point One: the Chief Operating Officer noted that the revised Conflicts of Interest Policy was to be discussed at the Audit Risk & Scrutiny

Committee in September 2016 and would then come back to the Governing Body in October 2016.

- 1.3.2 Action Point Two: it was noted that feedback from the Liverpool Safeguarding Adults and Children's Boards would be coming to the Governing Body as and when the meetings took place.
- 1.3.3 Action Points Three, Four and Five referred to the Performance Report and had been included in the report on the September 2016 Governing Body agenda.
- 1.3.4 Action Point Six it was noted that the Research & Development Manager had been tasked with writing a blog for the website on the Collaboration for Leadership in Applied Health Research and Care North West Coast and this would be followed up.
- 1.3.5 Action Point Six: it was noted that the Joint Targeted Inspection update had been discussed at the Quality Safety & Outcomes Committee in September 2016.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 62-16:

- Primary Care Commissioning Committee 16th August 2016 – Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ Primary Care Support Services – this was an on-going issue and a letter had been sent to the National Director: Transformation and Corporate Operations at NHS England.
 - ✓ Prescribing – detailed efficiency reports to be presented regularly to the Primary Care Commissioning Committee.

- ✓ Gold Standard IM&T – there were still a small number of practices who did not meet all the requirements. There would be ongoing support to ensure compliance.
 - ✓ Care Quality Commission practice inspection results, of the 84 inspected there was one “outstanding”, 67 “Good”, 5 “required improvement” and 3 were “inadequate”, with the remaining reports yet to be publicised.
- Finance Procurement & Contracting Committee 23rd August 2016– the Chief Finance Officer fed back to the Governing Body:
 - ✓ Terms of Reference revised and Vice Chair identified. The Vice Chair was not named but any voting member could be nominated to Chair in the absence of the existing Chair. This was approved formally by the Governing Body.
 - ✓ Risk management issues and Risk Register – specific risks logged, Better Care Fund to be reviewed by the Finance Procurement & Contracting Committee and Audit Risk & Scrutiny Committee re decision making.
- Healthy Liverpool Programme Board 24th August 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ New Royal Liverpool Hospital, Joint Project Board established to ensure integrated approach to demand management/bed requirements.
 - ✓ Physical Activity Programme – resources only allocated for a fixed period so it was necessary to secure funding from sponsors for sustainability. The Physical Activity Clinical Lead noted that the “Fit For Me” campaign had obtained sponsorship from Speedo which translated to £800k over a five year period. The Liverpool City Council Non-Voting Member endorsed the importance of partnership working and the importance of the Physical Activity

Strategy to long term health and promoting changes in culture and behaviours. He commended Liverpool CCG for its pioneering work such as initiatives working with the Citizen's Advice Bureau for advice on prescription.

The North Locality Chair asked if demand management for Secondary Care included Intermediate Care/ Care Homes/Home first or just outpatient referrals. The Chief Office responded that it included everything and that she was in fact the Chair of the Joint Project Board. The new Royal Liverpool Hospital would have a finite number of beds so it was essential to ensure that commissioning backed up the bed numbers for both the Royal and Aintree.

- Quality Safety & Outcomes Committee 6th September 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Independent review of the CCG activity to respond to the Liverpool Clinical Laboratories issues – each CCG had considered the report and co-ordinated a response to the recommendations. The narrative in the paper needed to be changed for the risk to be “the CCG could fail to respond effectively to the issues ...”
 - ✓ Continuing Healthcare/Individual Patient Activity Quality Report – the CCG was working with South Sefton and Southport & Formby CCGs to ensure continuity of care across North Mersey.
 - ✓ Draft Disinvestment Policy was discussed and approved for recommendation to the Governing Body with the inclusion of the Quality Impact Assessment as part of the procedure.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees and approved the revised Terms of Reference for the Finance Procurement & Contracting Committee.**

2.2 Liverpool City Region CCG Alliance – Report No GB 63-16

The Chief Officer fed back to the Governing Body on the meeting which had taken place on 7th September 2016:

- As planned the August, September and October 2016 meetings were to take the format of workshops to look at how the CCGs could work together for the future to optimise delivery.
- At the September meeting the geographical and organisational options were agreed along with the options against which to approach them. The process would be worked through at the Governing Body Development session on 20th September 2016.

The NHS Liverpool CCG Governing Body:

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

2.3 Update from Joint Commissioning Group – 5th September 2016 – Report No: GB 64-16

The Director of Adult Services & Health, Liverpool City Council fed back to the Governing Body on this meeting which was attended by very senior officers from both Liverpool CCG and Liverpool City Council:

- Addiction Services Report – demand was increasing and a Task & Finish Group had been set up to explore the options. A paper would be brought back to the next meeting of the Joint Commissioning Group.

- Joint Commissioning Group Assurance Report – the report was welcomed but it was noted that the data was incomplete which meant there was a risk that the Group would not have clear sight of all joint working across Adults, Children’s and Community Services and the CCG and how anticipated outcomes were being actioned. The data needed to be completed from projects for the next meeting and was to be reported monthly.

The NHS Liverpool CCG Governing Body:

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

2.4 Chief Officer’s Update

The Chief Officer updated the Governing Body:

- The newly appointed Deputy Chief Finance Officer was introduced to the Governing Body and thanks and appreciation expressed to the Interim Head of Finance for all the support given to the Governing Body in the interim period and the excellent work done.
- There had been a lot of recent media activity re the state of the NHS and therefore the Governing Body and the CCG needed to think about the “grip” required on finances and continue to make headroom to make creative investments. This would be discussed further at the Governing Body Development Sessions.
- Diabetes Care – the Care Quality Commission had carried out a thematic review and found the practices/processes in Liverpool to be excellent. The Diabetes Clinical Lead added that four key themes had been used by the Care Quality Commission being: Early Diagnosis and Support, Referral to education and self-management, Care Processes and Personalised Care Management. Liverpool had in fact been identified as particularly good in Early Diagnosis and Personalised Care Management.

- Liverpool CCG had been shortlisted by the Health Service Journal for the CCG of the year award (one of eleven on the shortlist). This was excellent news.

The NHS Liverpool CCG Governing Body:

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

2.5 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.**

2.6 Public Health Update - Verbal

The Associate Director of Public Health - Health Protection Liverpool City Council updated the Governing Body:

- ✓ Alcohol – a Liverpool City Region-wide response was being developed re alcohol licensing. The Local Authority Chief Executives had agreed that this was the right way forward. There were local voluntary agreements already with off licenses in Liverpool and now the REST Centre was in place. There was consultation currently taking place with regard to licensing and Public Health were advocating a minimum unit price for alcohol and general reform re prevention work stating that health should be the primary objective of the licensing act going forward.
- ✓ Intelligence gathering – the Team had produced good resources for the GP practices re Neighbourhood profiling.
- ✓ 'Flu' Vaccination Programme would start in October 2016.
- ✓ There would be a citywide event to raise awareness for the Smoking Cessation Campaign.

The Physical Activity Clinical Lead referred to Neighbourhood profiling and suggested that it would be helpful to have physical activity included in the neighbourhood analysis. The Associate Director of Public Health noted the need to work more closely with the CCG to get as full a picture as possible.

The Liverpool City Council Non-Voting Member added that Liverpool was the first Local Authority to promote its city as “Sun Safe” and other Core Cities were now following suit.

The Practice Nurse member asked about extending the alcohol campaign to include “Freshers” at university to educate them on safe alcohol levels. The Associate Director of Public Health noted this.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 65-16

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 June and July 2016. He highlighted:

- Referral to Treatment 52 week target – this was green.
- Referral to Treatment 18 week target – this was amber but only fractionally missed being green. Year to date performance was green.
- Cancer Wait Times – this was green with a rising trend.
- Ambulance Response Times – this was amber but there was an improvement in the direction of travel.
- A&E Waits – position was still red but with an upward trend. However winter was approaching which was always challenging.

- Mental Health – Estimated Diagnosis of Dementia was green. Early intervention in Psychosis performance was not good and had now been entered on the Risk Register. Performance was good for the proportion of patients on Care Planned Approach discharged from care and followed up within 7 days (99% performance against the 95% target).
- Mixed Sex Accommodation – the breach re two Liverpool patients in Salisbury was actually only one breach (recorded twice) and, similar to issues at Liverpool Heart & Chest Hospital, was due to the need for the patient to be placed in a critical care unit.
- MRSA – one case recorded in July, however year to date there were three cases against a zero tolerance so the year end performance would be red.
- C Difficile – the target had been exceeded so performance was red. The management of Healthcare Acquired Infections would be entered on the Corporate Risk Register to be presented next to the Governing Body in November 2016.
- The CCG Quality Premium dashboard was in Appendix three of the paper
- Integrated Performance Outcomes Indicators – the overarching indicators were Preventing People from Dying Prematurely, Enhancing Quality of Life for People with Long Term Conditions, Helping People to Recover from Episodes of Ill Health or Following Injury, Ensuring That People Had a Positive Experience of Care and the Better Care Fund.
- Children's Indicators of breast feeding prevalence, MMR uptake for 5 year olds, Face to Face Health Visitor visit with 14 days and receipt of a 6-8 week review by 8 weeks with a Health Visitor were all red. It was noted that with the transfer of childhood vaccinations to General Practice it had been accepted that there would be a slight decrease in performance in the short term but that we would see an improvement later in the financial year. This would be an exception

and would be reported on in the October 2016 Performance Report to the Governing Body. The Associate Director for Public Health confirmed that the situation would improve.

- Long Term Conditions – there was an upwards trend.
- Patients receiving all Diabetes 9 Care Processes – there had been a drop from March 2016, practices would receive intensive support from the Diabetes Partnership.
- Improving Access to Psychological Therapies – quarter 1 showed downward trend, clearing the waiting list was the major challenge. The Intensive Support Team were going back to Mersey Care the following week.
- Better Care Fund Measures – Delayed Transfer of Care, Emergency Admissions from Care Homes and Emergency Admissions due to falls in the over 65s – local and national data had been used but the major challenge again would be over the winter period.
- Care Quality Commission and Monitor Warnings/Inspections – the Royal Liverpool Hospital overall Care Quality Commission rating was “Good”. Five practices had been inspected and reports received in the period by the Care Quality Commission and all rated “Good” (two were re-inspections).
- Financial Position – the CCG was still planning to deliver the required surplus of £14m. The Senior Management Team were reviewing budgets to identify areas of savings. This would be discussed in detail at the Governing Body Development Session and the Finance Procurement and Contracting Committee with a further report to the Governing Body in October 2016. Continuing Healthcare and Secondary Care prescribing were main sources of financial pressure.

The Governing Body members commented as follows:

- The Liverpool City Council Non-Voting member referred to the recent media coverage of the Royal

Liverpool Hospital re the complexity of care packages which needed to be in place for patients to be discharged.

- It was noted that the transfer of childhood vaccinations to GP Practices had been no mean feat and that this performance would definitely improve. An Immunisation Lead Nurse was now in post.
- It was noted the Diabetes 9 Care Processes indicator was a composite indicator and some areas were outside of practices' control to deliver.

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.**

PART 4: STRATEGY & COMMISSIONING

4.1 Work plan for Healthcare Public Health Support for Liverpool Clinical Commissioning Group – Report no GB 66-16

The Associate Director of Public Health presented the work plan for the healthcare public health advice and support to Liverpool CCG. There was a Memorandum of Understanding in place but year on year a work plan was developed. The paper contained the 2016/17 work plan which had been built from Healthy Liverpool and other CCG priorities.

The NHS Liverpool CCG Governing Body:

- **Noted and approved the healthcare public health Work Plan**

4.2 Pre-Consultation Engagement Process to Support the Review of Women's and Neonatal Services – Report no GB 67-16

The Healthy Liverpool Integrated Programme Director presented a paper to the Governing Body to outline the pre-consultation engagement process undertaken for the review of women's and neonatal services in the city. The data gathered would inform the pre-consultation business case being developed which would outline the shortlisted options and approach which would go to formal consultation and then assurance by NHS England. As part of this process, it would also go to the relevant Overview & Scrutiny Committees.

The benefits discussed during the consultation process were:

- a) reduce ambulance transfers; make care safer and reduce separation of mother and baby; provide quicker and simpler access to specialised clinical staff for patients with complex needs, ensuring specialist teams would be accessible and enabling national clinical standards for women's and neonatal services to be achieved;
- b) increase space and capacity for neonatal critical care; to ensure compliance with clinical standards; to minimise infection risk; to respond to the increasing trend in the number of babies needing this care and to provide better facilities for families, including more family accommodation;
- c) reduce waiting times and better access to services which are currently remote to current services, including diagnostics, such as CT and MRI scans, blood bank, complex emergency surgery and a level 3 ITU, 24 hours – 7 days a week;
- d) enable more routine care to be provided closer to people's homes where appropriate;
- e) enable these services to be financially sustainable for the future.

The engagement objectives identified were:

- a) increase understanding among public, patients, stakeholders and VCSEs of the issues prompting a review of Women's and Babies' care (*staff engagement subject to a separate plan*);
- b) understand whether people recognised and supported the reasons for any future proposals around service changes;
- c) understand whether people supported the benefits of future proposed changes;
- d) understand what people felt was most important to achieve from future proposed changes;
- e) provide an understanding of Liverpool people's views on the objectives in order to inform consideration of future service configuration options;
- f) align the findings from the engagement feedback received across Liverpool, Knowsley and Sefton to ensure the patient population was engaged at an early stage in the review process;
- g) develop a stakeholder base for any future formal public consultation, gathered from a range of channels, including social media, online, and email/postal, through community groups or face to face.

It was noted by the Lay Member for Patient Engagement and Dr Fiona Lemmens that the public meetings had gone extremely well with good questions presented by the public. There had been wide representation from the public including traditionally hard to reach groups such as Asylum Seekers. There had however been a sense of frustration that options had not been available to be considered by the public at the present time.

The NHS Liverpool CCG Governing Body:

- **Noted the planning and delivery process described in the report.**
- **Noted that the findings from this engagement will inform and be included in a Pre- Consultation Business Case; thereby ensuring that public and**

patient views are used to shape options for the future delivery of these services.

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 68-16

The Senior Operations & Governance Manager presented the Corporate Risk Register to the Governing Body and highlighted:

- Two new risks added to the Register: CO60 (Frailty Service/Emergency Response Team handovers) and C061 (Delivery of new access standards for Early Intervention in Psychosis Services).
- Two risks were recommended for removal: C039 (Safeguarding Standards at Alder Hey) and C042 (Transfer of areas of delegated responsibility from NHS England to Liverpool CCG).
- It was noted that a drill down on long terms static risks would be incorporated into the next presentation of the Risk Register at the November 2016 Governing Body meeting.

The NHS Liverpool CCG Governing Body:

- **Noted the risk (CO42) recommended for removal from the Corporate Risk Register;**
- **Noted the two new risks added to the Corporate Risk Register (CO60 and CO61);**
- **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 Emergency Preparedness Resilience & Response Assurance 2016/17 – Report no GB 69-16

The Chief Operating Officer presented a paper to the Governing Body to present an assurance statement regarding compliance with the National Emergency Preparedness Resilience & Response ('EPRR') Core Standards. A major incident was something which could not be dealt with routinely and needed to involve one or more emergency services. For the NHS this might involve scenarios such as:

- **Big Bang** – a serious transport accident, explosion, or series of smaller incidents;
- **Rising Tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action;
- **Cloud on the Horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action;
- **Headline news** – public or media alarm about an impending situation;
- **Internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime;
- **CBRN(e)** – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device;

- **HAZMAT** – Incident involving Hazardous Materials; and
- **Mass casualties.**

The role of the CCG was to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements – this was achieved through the adoption and application of the standard national NHS Contract.
- Support NHS England in discharging its EPRR functions and duties locally – this was achieved by the provision of a 24/7 senior management on-call rota, shared with Southport & Formby and South Sefton CCGs.
- Be represented on the LHRP (at both the Strategic and Practitioner Level Groups). Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability – this was achieved through the CCG's nominated 'Executive Lead for EPRR' membership of the Merseyside LHRP and full participation in the business and operations of the LHRP.
- Fulfill the responsibilities as a Category two responder under the CCA including maintaining business continuity plans for their own organisation – this was achieved through the development and maintenance of an incident plan and separate business continuity management plan.
- Seek assurance that provider organisations were delivering their contractual obligation – this was achieved through an annual process of audit and review carried out with support from the Midlands and Lancashire Commissioning Support Unit EPRR team.

Liverpool CCG had the capacity and capability to provide an enhanced level of oversight, planning and inter agency co-operation across the breadth of threats and needs in the city.

The CCG continued to participate fully in the variety of Safety Advisory Groups (SAGs), Joint Agency Groups (JAGs),

Grounds Safety Advisory Groups (GSAGs), airport, football stadia and events management in the city. In addition the CCG regularly participated and supports EPRR exercises at a city and county / North West level. When required the CCG also had access to the EPRR Team in the MLCSU who managed the CCG on call rota.

Section 5 of the paper contained the annual self-assessment against the required national standards. The only areas where the CCG had rated itself as non-compliant were:

- Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.

(Scored as 'No' as Pandemic Flu (Communicable Disease) Plan to be formally ratified).

- Those on-call must meet identified competencies and key knowledge and skills for staff.

(Scored as 'No' as further Strategic Training is required by some staff).

An improvement plan had been drawn up to deal with these areas. This needed to be signed by the Chief Officer to be submitted to NHS England.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report; and**
- **Assured itself of the substantial compliance with the National Core EPRR Standards.**

6. QUESTIONS FROM THE PUBLIC

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

The contracts for services currently commissioned by Liverpool CCG and provided by Liverpool Community Health end on or before 31 March 2017.

Thus I would wish to ask the following:

- 1) Are the tenders for the services referred to in the above, open to only NHS providers?

The response provided was:

“The process for ensuring the services provided by Liverpool Community Health are transacted to new provider arrangements safely, and in a way that meets commissioner and regulatory requirements is led by NHS Improvement (NHS I) . The transaction process has membership from all commissioners with an interest, including Liverpool CCG, Liverpool City Council and NHS England. NHS I stipulated that the transaction for the business to business transfer will be on an NHS only competition basis and hence the Liverpool Bundle is only open to NHS Providers, however there is a service outside of the Liverpool Bundle that will be subject to a procurement process, for which non-NHS providers may bid for (see below) for further details.”

- 2) If the answer to the above question is “no”, for which of those services will the tender be open to non-NHS providers and why those particular services?

The response provided was:

“For Anticoagulation Therapy Services, the current three year contract (which was procured in 2014 in line with national procurement regulations) expires in early 2017 and given that Liverpool CCG has a responsibility to maintain patient services in this area, the CCG is currently undertaking a procurement process, in line with national procurement regulations. These regulations require the CCG to procure services in an open, fair and transparent manner with no prejudice to the organisational status of potential providers. We would like to point out that all Liverpool CCG procurements involve a wide ranging evaluation of factors including

areas such as clinical delivery, patient safety, social value, public sector equality requirements and patient experience, amongst others, to ensure that the interests of Liverpool patients are addressed effectively and appropriately. It is planned that a new provider for Anticoagulation Therapy Services will be in place to commence services in early 2017.”

- 6.2** A Member of the Public asked whether the list of Procurement decisions had been published. The response from the Chief Operating Officer was this was part of the new Conflicts of Interest Guidance and that it would be published on the website in due course. In reply to response to this from the member of the public that he did not have access to the internet, it was noted that the list would be made available for him.
- 6.3** A Member of the Public asked about Major Incidents and how the Royal Liverpool Hospital and other hospitals would cope with potential huge influxes of patients. The Chief Operating Officer responded that there were detailed plans in place for how to deal with these situations and desktop exercise to rehearse various scenarios. For rising tide infection type scenarios there was work carried out with Public Health England with very detailed plans at a Merseyside level.
- 6.4** A Member of the Public stressed the importance of working with young people to educate them on the dangers and consequences of heavy alcohol consumption and how to drink sensibly rather than stopping them completely which would never happen. The Clinical Vice Chair responded noting the use of educational sessions in schools to catch young drinkers very early on which was already happening. It was noted that Liverpool Alcohol Services were already working with schools. The Alcohol Clinical Lead added that alcohol related admissions in the under 18s in Liverpool had dropped significantly which showed that the various campaigns were effective. The Healthwatch representative endorsed the need to catch young drinkers as early as possible and to encourage possible behaviours such as looking out for your friends and taking care of them when they were intoxicated.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 11th October 2016 2.30pm (new regular start time for public section of the Governing Body noted) in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA