NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 8TH NOVEMBER 2016
2.30pm
BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dave Antrobus	Lay Member – Patient Engagement
Dr Shamim Rose	GP
Dr Fiona Lemmens	GP
Dr Monica Khuraijam	GP
Dr Maurice Smith	GP
Jane Lunt	Head of Quality/Chief Nurse
Moira Cain	Practice Nurse
Dr Fiona Ogden-Forde	GP
Dr Rosie Kaur	GP

NON VOTING MEMBERS:

Dr Tristan Elkin	GP – Liverpool Central Locality
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Paula Finnerty	GP – North Locality Chair
Dr Rob Barnett	LMC Secretary

IN ATTENDANCE:

Cheryl Mould	Primary Care Programme Director
Mark Bakewell	Deputy Chief Finance Officer

Stephen Hendry	Senior Operations & Governance Manager
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Lynn Collins	Chair of Healthwatch Liverpool
Ian Davies	Chief Operating Officer
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Dr Emer Coffey	Associate Director of Public Health - Health Protection
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Tina Atkins	Practice Manager
Dr Sandra Davies	Director of Public Health (Emer Coffey representing)
Dr Jamie Hampson	GP Matchworks Locality
Derek Rothwell	Head of Contracts, Procurement & Business Intelligence
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Ray Guy	Retired Practice Manager

Public: 19

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present and the Governing Body members/attendees 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. Questions could be submitted by the public in advance of the meeting for a response to be prepared. There was an opportunity at the end of the agenda for

succinct questions from the floor which would be answered as far as was possible in the time available.

1.1 DECLARATIONS OF INTEREST

The Lay Member for Patient Engagement declared an in interest in the item to be mentioned in the Public Health update item 2.4 re the REST (Rehabilitation, Education, Support & Treatment) Centre as he was a Trustee of the Whitechapel Centre.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 11th October 2016 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

1.3 MATTERS ARISING from 11th October 2016 not already on the agenda:

1.3.1 Action Point Four: it was noted that the Public Health Annual Report had been circulated to Governing Body members by the Director of Public Health.

1.3.2 Action Point Five: it was noted that the Cheshire & Merseyside Sustainability & Transformation Plan was being presented to the Health & Wellbeing Board at the end of November 2016.

1.3.3 Action Points Nine and Ten: it was noted that the changes requested to the Disinvestment Policy and the Risk Management Strategy had been made.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 79-16:

- Primary Care Commissioning Committee 18th October 2016 – the Primary Care Programme Director fed back to the Governing Body:

- ✓ Prescribing – the financial position needed to be detailed in the finance report section of the quarterly Performance Report for Primary Care. Non-Medical Prescriber information on e-PACT was to be reviewed quarterly to make sure prescribers were all linked to Liverpool practices.

- ✓ Primary Care Performance Report – it had been beneficial to dedicate a whole meeting to this report, this was now to be discussed quarterly as the sole agenda item whenever possible.

- ✓ Quality Premium aspects of Primary Care would be part of the next Performance Report i.e. triangulation of e-referral information.

The Local Medical Committee Secretary raised the issue of Primary Care Support Services and updated the Governing Body that there had still been no improvement in the issues raised with NHS England. The Primary Care Programme Director added that there was normally a monthly update on the Primary Care Commissioning Committee agenda but there had been no one present from NHS England at the last meeting so there would be an update after the next meeting (now scheduled for December 2016) for the Governing Body in January 2017.

- Finance Procurement & Contracting Committee 25th October 2016 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ Financial Performance Month 6 - £3.4m of mitigations required to deliver planned outturn surplus position of £14.4m for year end. The mitigation actions were discussed and analysed at the Financial Recovery & Oversight Group ('FROG').

  - ✓ Prescribing Rebate Scheme – previously the CCG had not participated in any rebate scheme but this was now being reconsidered given the current financial position, it was supported in principle but more work was required on the governance

arrangements and insight was to be gained from other CCGs who did this.

- Healthy Liverpool Programme Board 26th October 2016 – the Lay Member for Patient Engagement fed back to the Governing Body:

  - ✓ A proposal for the reconfiguration of orthopaedic services delivered by the Royal Liverpool & Aintree Hospitals was considered and the Case for Change.

  - ✓ Strategic Framework for a new model of integrated community child and family services in North Merseyside was discussed.

  - ✓ The Case for Change for Imaging Services was discussed, CT Scans/MRI scans etc needed to be sustainable into the future due to the increasing demand. However it was necessary to wait until there was in excess of 6 months' data from Aintree Hospital.

- Quality Safety & Outcomes Committee 1st November 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

  - ✓ Serious Incidents Overview Process – overall the position was extremely healthy.

  - ✓ Liverpool Community Health Quality Risk Profile – this was a tool to collate information on both quality and risk in providers. This was completed with input from Liverpool Community Health and commissioners and would inform the Quality handover for the Transaction process. It highlighted a number of issues including that there were some staffing issues at Liverpool Community Health.

  - ✓ Aintree Hospital "Deep Dive" – this revealed that some areas required improvement and in particular

there were staffing issues/high numbers of vacancies resulting in high use of agency staff.

- Committees in Common 2nd November 2016 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ The two agenda items had been the review of Women's and Neonatal Services and the review of Orthopaedic Services at Aintree and the Royal Liverpool Hospitals and work was ongoing.

  - ✓ The Committees in Common had been set up originally for Knowsley, Liverpool and South Sefton CCGs as it was to make decisions on the issues arising from the Healthy Liverpool Programme Transformation of Hospital Services. Given the interdependencies of hospital services in Southport and Ormskirk with the North Mersey system it had been decided to invite Southport & Formby CCG to join the Committees in Common.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Update

The Chief Officer updated the Governing Body:

- The North Mersey Local Delivery System (part of the Cheshire & Mersey Sustainability & Transformation Plan) was on the agenda for later.

- There had been discussions around strengthening joint working with neighbouring CCGs and geographically this was Liverpool, South Sefton and Southport & Formby CCGs. An informal meeting of the respective Governing Bodies had taken place the previous week where it was agreed that options should be formally considered. This was to be communicated to Liverpool CCG staff and practices.

- The Walton Centre had been rated as “Outstanding” by the Care Quality Commission following their inspection. This was the second trust in Liverpool to be awarded “Outstanding” and was excellent news. The details would be contained in the Performance Report at the December 2016 Governing Body meeting.

- Liverpool CCG had been shortlisted by the Health Service Journal for the award of “CCG of the Year”. A presentation had now been made to a formal panel which had met the previous week, chaired by Sir Malcolm Grant, Chair of NHS England and Liverpool CCG had obtained sponsorship from EMIS to attend the awards ceremony on 23rd November 2016 with staff to attend to represent Liverpool CCG.

- Liverpool CCG had won an award for Sport and Physical Activity at Work in recognition of its campaigning to get staff physically active and staff had been nominated to attend the award ceremony.

The NHS Liverpool CCG Governing Body:

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

2.3 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.**

2.4 Public Health Update - Verbal

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

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- ✓ Public Health Liverpool City Council had been shortlisted for the LGC Awards for its initiative of the REST Centre (Partnership of the Year category) and the “Drink Less Enjoy More” Campaign (Campaign of the Year category)

which was in partnership with the CCG, Police and others including local bar owners.

- ✓ Cold Weather – 'flu' vaccination programme had begun and uptake was a little better than at this stage last year, the ongoing challenge was to increase uptake in the under 65s at clinical risk.

- ✓ Health Visiting – Health Visitors were now seeing pregnant women at 28 weeks. A new resource was being developed for information for pregnant women on smoking, physical activity through to alcohol and stress.

- ✓ Common Childhood Illnesses Campaign – the video featuring the Clinical Vice Chair was now on the Alder Hey Facebook site and was attracting a lot of attention.

The Cabinet Member for Health & Adult Social Care, Liverpool City Council, noted that the Council was involved in obtaining changes to the terms of licensed premises licences to include the improvement levy which was used to contribute to the funding for Police and city security activity which was part and parcel of the late night drinking economy. Also Public Health information was to be displayed in licensed premises.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 80-16

The Senior Operations and 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 August and September 2016. He highlighted:

- Diagnostic Waiting Times: the target had been marginally failed for September 2016 at 1.04% mainly due to the Royal Liverpool Hospital breach of the target at 1.61% (target was patients waiting 6 weeks or more not to exceed 1%). For Liverpool Women's Hospital (2.65%) issues were being managed by the Clinical

Quality & Performance Group. Aintree had failed the target with a performance of 1.23%

- Referral to Treatment 18 Week Target: there was a decline in performance. There were issues at the Royal Liverpool Hospital but the problems could all be addressed. Ophthalmology in particular was under pressure but it was understood that the Royal had leased additional theatre capacity at Liverpool Women's Hospital starting November 2016. In August there were 31,529 pathways at CCG level and 29,327 at trust level, the focus would therefore continue to be on the Royal Liverpool Hospital.

- Referral to Treatment 52 Week Target: there was one 52 week wait breach but this was due to patient choice on preferred date of surgery.

- Cancer Waiting Times: there was strong improvement, however the target was narrowly failed for percentage of patients seen within two weeks for an urgent referral for breast symptoms and for percentage of patients receiving treatment for cancer within 62 days.

- Ambulance Response Times: a table had been omitted from the report. The response times at CCG level were not Green which reflected the national situation and demand and work was ongoing to address this. The Chief Operating Officer updated that the Red 1 8 minutes response time was currently 8 minutes and 15 seconds, Red 2 8 minutes response time was currently 9 minutes and 25 seconds and All Reds 19 minutes response was 23 minutes. Information could be supplied if requested on the breakdown across the three national standards.

- A&E Four Hour Waits: performance was on a downward trend and the Royal Liverpool Hospital and Aintree Hospital had both failed the target in month. A great deal was being done to address this and the new A&E Department Delivery Board was in place.

- Mental Health performance around Dementia Diagnosis was good. Performance on the proportion of

people experiencing first episode psychosis starting on a recommended care pathway within two weeks of referral was Green. Improving Access to Psychological Therapies ('IAPT') 18 week recovery target had been discussed in detail at previous Governing Body meetings.

- Mixed Sex Accommodation: zero breaches in month at provider level.

- MRSA: zero cases reported in September 2016 but this was still Red due to the year to date figure of 5 cases reported.

- C Difficile: this was on a downwards trend but those cases subject to appeal were not included in the report so the outcome of the appeals when known could affect performance.

- Quality Premium – a strong focus was being maintained through the year:

    - Reduction in Emergency Admissions for Alcohol Related Liver Disease was Red. The Healthy Liverpool Programme Director - Community Services & Digital Care noted that a great deal of work had been carried out over the last 12 months working closely with Liverpool City Council and the Liverpool Alcohol Service re Brief Alcohol Interventions. 30 practices had received alcohol training and 46 were due to receive it. There was a CQUIN with the Royal Liverpool Hospital and Liverpool Women's Hospital. The work with the Local Authority on the REST Centre had been extremely well received and the post of Substance Misuse and Complex Needs Manager had been appointed to.

    - Reduction in Emergency Admissions due to falls in over 65s: performance was Green with an upward trend.

- Care Quality Commission Inspections of GP Practices: Three results had been published (one was a re-inspection) and all had been rated “Good”.

The Governing Body members commented as follows:

- The Chief Officer commented that performance felt disappointing and asked how this related to other comparable CCGs and requested benchmarking information to be included in the report. It was noted that this would take a couple of months to implement and would hopefully be available for the January 2017 meeting Performance Report.

- In response to a query from the Practice Nurse Member around alcohol, the Associate Director of Public Health – Health Protection responded that the work on alcohol was wider than liver damage and alcohol related admissions due to liver damage and a great deal was going around alcohol consumption and health. She noted that there had been heavy and sustained drinking in the population for a long time and the consequences of that were coming to fruition and needed to be addressed. Alcohol related admissions across the whole country had increased but was increasing at a slower rate in Liverpool than nationally but there was still a long way to go.

- The Local Medical Committee Secretary raised the issue of extreme delays in ambulances called by GP Practices to transport patients to hospital which were not an emergency. Also concerning IAPT he noted that it would be helpful to understand if we really did believe that the situation would improve over the next few months. The Chief Operating Officer responded that he had spoken with the North West Ambulance Service about the possibility of using non blue light fleet vehicles to move patients who did not require paramedic support. Re IAPT the NHS Intensive Support Team had visited the provider and a supporting interim model was in place – this was still a work in progress, with sustained effort from the CCG and the provider.

- The Clinical Lead for Urgent Care referred to the Four Hour Wait performance and noted that the NHS England Emergency Improvement Team had looked at the whole system and confirmed that everything that ought to be considered was being considered.

- The Chair commented that he was not as disheartened by performance as the Chief Officer was and comparison with other CCGs would be welcome which he looked forward to receiving in a couple of months' time.

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.**
- **Looked forward to receiving benchmarking information with comparable CCGs in a couple of months' time.**

3.2 Finance Update September 2016 – Month 6 – Report no GB 81-16

The Chief Finance Officer presented a paper to the Governing Body summarising the CCG's financial performance for September 2016 (Month 6) regarding the impact of 'recovery actions' initiated as a result of increased risk to the delivery of the planned surplus position. There had been very little change from the previous month and he highlighted:

- Target was to deliver £14m surplus but this was at risk for the year end position. The surplus was in fact carried over from the previous year so achieving the surplus represented a breakeven position.

- Treasury guidelines were to deliver a 1% non-recurrent surplus in addition to the £14m – this was beyond our forecast position.

- £3m to £4m challenge as the Planning Gap as at Month 6 was £3.4m.

- The CCG had previously agreed an immediate cessation of all un-committed expenditure until the end of December 2016 whilst further reviews took place with regard to forecast outturn position. The Financial Recovery Oversight Group ('FROG') had been set up to aid the development of a recovery plan and explore further potential savings in order to keep a steer on the delivery of the year-end financial position.

The Deputy Chief Finance Officer continued and referred the Governing Body to page three of the report which was a self-assessment of the CCG on its ability to deliver the 'business rules' against which it was monitored and the Statutory Duties of Revenue Resource Limit, Cash Limit and Better Payment Practice Code.

The Governing Body commented as follows:

- The Chair of Healthwatch Liverpool asked if there were any specific areas which would be affected by the immediate cessation of un-committed expenditure. The Chief Finance Officer responded that the pause related to £6.6m of planned spend that was as yet uncommitted. The FROG was assessing what, if any, risks would be associated with this measure. The Chief Officer referred the Governing Body to page 12 of the report which contained the headlines for the proposed savings. The Chair added that at the next Governing Body meeting there would be more discussion on this area and reminded the Governing Body that this represented a very small percentage of the overall budget of £853m.

The NHS Liverpool CCG Governing Body:

- **Noted the reported financial position and risks associated with the delivery of the planned forecast outturn position.**

- **Noted the required assumptions regarding delivery of 'recovery solutions' and potential residual**

planning gap to delivery of planned surplus based on current forecast outturn assumptions

PART 4: STRATEGY & COMMISSIONING

4.1 NHS Operational Planning and Contracting Guidance 2017-2019 – Report no GB 82-16

The Chief Operating Officer presented a paper to the Governing Body which brought to its attention the recently published joint planning guidance for the next two years published by NHS England and NHS Improvement. The Guidance set out nine "Must Dos" as national priorities which were: Sustainability and Transformation Plans implementation of milestones and achievement of trajectories, Financial Position, Primary Care, Urgent & Emergency Care, Referral to Treatment Times and Elective Care, Cancer, Mental Health, Learning Disabilities and Improving Quality.

The Chief Operating Officer referred to the Financial and Business Rules requirements which the CCG was expected to deliver including the 1% non-recurrent headroom in section 4.3.2 of the paper. Each CCG was to have a Financial Control Total. It was acknowledged that there was likely to be a significant trade off required between the competing demands for implementation of the Five Year Forward View, restoration and maintaining financial balance and delivery of core access and quality standards, in the context of CCG growth of 1.62% in 2017/18 and 1.53% in 2018/19.

The Operational Plan was to be submitted by 18th December 2016 and between now and then weekly meetings were being held with NHS England. It would come to the December 2016 Governing Body meeting with an update on the development of the contracting and financial position.

The Chief Finance Officer referred to the "Must Dos" and the need to prioritise them given the restriction of exceptionally low growth of 1.62% and the 1.53% as meeting the needs of the population would be extremely challenging.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of this briefing and the implications for the CCG.**

4.2 North Mersey Local Delivery System Plan – Report no GB 83-16

The Chief Officer introduced the paper to the Governing Body giving an update on the content of the North Mersey Delivery System Plan ('LDS') which was a key component of the Cheshire & Merseyside Sustainability and Transformation Plan ('STP'). The North Mersey LDS was the same as the Healthy Liverpool Programme which had begun in 2013, however the financial climate in the NHS now was very different with the Local Authority having had their budget reduced from £730m in 2011 to £418m now to reduce to £310m over the next three years. The only way forward was to work with providers, Voluntary Sector and Local Authority and the challenges were described in the paper.

The Healthy Liverpool Integrated Programme Director continued to present the paper. The GP Forward View highlighted the key areas of (1) health and wellbeing of the population (2) quality of care provided and (3) NHS finance and efficiency of services. The Cheshire & Merseyside STP was the second largest in the country comprising 12 CCGs, 20 providers and 9 Local Authorities. The three Local Delivery Systems within the STP were North Mersey, the (Mid Mersey) Alliance and Cheshire & Wirral. The North Mersey LDS was made up of Liverpool CCG, Southport & Formby CCG, South Sefton CCG and Knowsley CCG with the Local Authorities for Liverpool, Sefton and Knowsley, Specialised Commissioning and 9 provider trusts. The work on the LDS had already been started via the Healthy Liverpool Programme and 'Shaping Sefton' three years ago so we were ahead of many other areas nationally.

The North Mersey Local Delivery Service Plan identified the five priority areas of:

- Demand Management
- Hospital Service Reconfiguration – work was already on-going re the review of Women's and Neonatal

services and consultation process, reconfiguration of the two major acute trusts and a review to commence of services delivered from Southport Hospital.
- Population Health
- Digital Innovation – North Mersey stood out as an exemplar.
- Acting as One System – given the complexity of our system, it was essential that commissioners and providers worked together to create clinical and financial sustainability.

The Local Delivery System Plan was contained in Appendix 1 of the paper and was part of the STP document for Cheshire & Merseyside. If nothing changed in the current health services configuration by 2020/21 there would be a funding gap of £908m for Cheshire & Merseyside, for North Mersey this was £346m.

The Plan would be published on 16th November 2016 and it was stressed at this point that the Plan was indicating a process and did not contain any decisions on services. Full engagement and consultation where required would take place before any new decisions were taken.

The Governing Body Members commented as follows:

- The Lay Member for Patient Engagement referred to the reconfiguration of hospital services and in particular Southport & Ormskirk Hospital Trust and asked if we were confident that West Lancashire CCG would be participating in the review. The Clinical Lead noted that she was attending a Mersey Workshop organised by the Sefton CCGs to start this process which West Lancashire CCG had been invited to. This was a clinically led meeting to begin the process and conversations. The Lay Member for Patient Engagement referred to the IPA Board (Individual Patient Assessment) and noted that West Lancashire CCG did not attend when they were invited.

The Cabinet Member for Health & Adult Social Care Liverpool City Council expressed his frustration and disappointment for the low level of growth and demands placed on commissioners which given the pressures on the

system were undeliverable. The Local Authority pledged its support to the CCG.

The Physical Activity Clinical Lead noted that the Physical Activity Strategy was not mentioned in the section on Population Health. The Chief Officer responded that this did not necessarily mean it was not included. The Chair re-iterated that financially, times were very challenging, no decisions were being made in secret and due process would be followed.

The NHS Liverpool CCG Governing Body:

- **Noted the process to develop the Cheshire & Merseyside Sustainability & Transformation Plan (STP);**
- **Noted the content of the North Mersey Local Delivery System Plan, a component of the STP;**
- **Notes that the North Mersey LDS builds upon existing transformation plans within the Healthy Liverpool and Shaping Sefton programmes;**
- **Noted the commitment of the CCG and health and care partners to continued local engagement and the requirement to meet statutory requirements for public involvement.**

4.3 Quality Impact Assessment Policy – Report no GB 84-16

The Head of Quality/Chief Nurse presented a paper to the Governing Body presenting the Quality Impact Assessment which supported the CCG in having processes and systems in place to support effective commissioning. The definition of quality was based on Clinical Effectiveness, Safety and Patient Experience. The Care Quality Commission had set out a framework defining high quality services as Safe, Effective, Caring, Responsive and Well Led.

The Policy was made up of two stages: all Commissioning decisions would have a stage one screening completed and if the Risk Score was 8 or greater the next step would be completed including the submission of a Business Case. Staff education sessions would be held and the Governing Body was asked to approve the Policy.

The Lay Member for Governance/Deputy Chair welcomed the Policy and asked for Governing Body members to be included in the education sessions.

The NHS Liverpool CCG Governing Body:

- **Approved the Quality Impact Assessment Policy.**

4.4 Acute Primary Care Demand Management – Report no GB 85-16

The Primary Care Clinical Lead presented a paper to the Governing Body outlining the demand management challenges within Primary Care and the Urgent and Emergency Care System in Liverpool with a supporting case for change for a model for the management of Acute Primary Care Conditions in Primary Care. Demand on hospitals was expected to rise by 2.6% between 2015/16 and 2020/21 and the Four Hour Wait Target in A&E would struggle to be achieved, however 90% of all contacts were in Primary Care. There was already work being done to increase the number of consultations but with the workforce challenges, an ageing population with increasing complex needs, mental health issues, social care needs and cancer, access to Primary Care was under more and more pressure. Survey information was revealing that 47% of patients had gone elsewhere. The system was fragmented, demand was increasing and the General Practice Forward View document had posed the additional challenges of 7 Day Access and Extended Access. It had been estimated that approximately 50% of people attending A&E in Liverpool could be managed by a GP in a minor injuries unit. For Walk-In Centre the data showed that 90% of activity took place when the practices were open and 80% were discharged with no follow-up required.

The General Practice Local Quality Improvement Scheme had invested in 300,000 additional appointments in Primary Care but the pressures on Primary Care remained so something needed to change. The aim was to move from more unplanned emergency care to more planned care.

The focus would be around GP streaming within A&E and the building of capacity via the creation of Primary Care

Hubs. There would be a reconfiguration of the Walk-In Centres to support the creation and development of Primary Care Hubs.

The Clinical Vice-Chair commented that this was an excellent paper and this was an opportunity to reform the system, when patients were worried it was not necessarily a GP that they needed to be seen by. GPs should be dealing with more poorly/complex patients and this needed to be communicated to the public. The Chair added that workforce issues/shortages of GPs would become more of an issue in 5 years' time as GPs retired and were not replaced. The Local Medical Committee Secretary observed that in Scotland GPs were seen as clinical leaders in an expanded team within the community. The current demands on workforce would only worsen as cuts within social care took their toll.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Supported the case for change and approves the direction of travel for developing a model for management of Acute Primary Care Conditions.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 86-16

The Senior Operations & Governance Manager presented an update to the Governing Body on the changes to the Corporate Risk Register for November 2016. He highlighted:

- The focus was on the extreme risks and static risks.
- Liverpool Community Health Transaction Process – the risk had increased, the timetable was for a decision to be made on 30th November 2016.
- Static risks from 1st April 2016 identified and subjected to more in-depth analysis:
    - C019 Agreement of Better Care Fund – this was still a risk so would remain on the Register until the end of the financial year.

- C051b variable Quality of Provision of Care Homes – the was split into two parts, Quality (C051b) and Capacity (C051a). The Care Homes market was very complex and a great deal of work was on-going between Liverpool CCG and Liverpool City Council to monitor it.

The Programme Director of Integrated Commissioning (Health & Social Care) commented on the Early Intervention Psychosis Services Risk C061 which had a residual score of 16 and was classed as extreme but in the Performance Report was classed as "Green". The Senior Operations & Governance Manager explained that this was a timing issue and the next update would contain the current position.

The Lay Member for Patient Engagement referred to Risk C029 Failure of Royal Liverpool Hospital to meet the Four Hour A&E Wait Target which in the body of the report was allocated a residual risk score of 16 but in the Register 16 was the risk from when it was first entered on the Register and the Residual Risk score was actually 20. This needed to be amended.

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, with risks C029 and C061 being amended.**

5.2 Information Governance Policies – Report no GB 87-16

The Chief Finance Officer presented a summary of the current Information Governance Policies for ratification by the Governing Body following review and approval at the Information Governance Steering Group and Finance, Procurement & Contracting Committee.

The Lay Member for Governance/Deputy Chair noted that it was important for the Governing Body signed off on policies

however it was not practical for it to sign off on every single change/update as there were too many. Changes which were not of a material nature or adverse impact should be signed off virtually. Approval for more contentious changes should come individually to the Governing Body rather than en masse. The Chief Officer added that all new Policies needed to come to the Governing Body.

The NHS Liverpool CCG Governing Body:

- **Noted that the Information Governance Policies have been fully reviewed and approved by the Information Governance Steering Group and Finance, Procurement & Contracting Committee.**
- **Ratified the Information Governance policies in place within the CCG.**
- **Noted that non-contentious amendments to policies could be ratified virtually.**

5.3 Complaints, Subject Access Requests, Freedom of Information Requests and MP Enquiries – Report no GB 88-16

The Senior Operations & Governance Manager presented a paper to the Governing Body giving an update on the breadth, scale and response to complaints, subject access requests, Freedom of Information Act requests and MP enquiries for the last six months. He highlighted:

- Complaints were mostly around Continuing Healthcare.
- Freedom of Information Requests had increased by number and by number of lines of enquiry.
- Performance against target for dealing with all enquiries was positive but due to complexity/multiple lines of enquiry this had taken a great deal of work to maintain.
- There were no significant issues to report. One complaint had been forwarded to the Information Commissioners who took no further action.

The Practice Nurse Member asked if it was possible to identify if individuals were making multiple requests for

information. The Senior Operations & Governance Manager responded that it was difficult to tell as the requests came in to a generic Freedom of Information mailbox. The Chief Officer noted that the CCG had to comply with the Freedom of Information Act but that the CCG needed to look at schemes of publication for its website so that it would be possible to refer people to the website. The Senior Operations & Governance Manager responded that the CCG was much better now with its Publication Scheme but there was so much information and the Communications Department was working extremely hard on this.

The NHS Liverpool CCG Governing Body:

- **Received and noted the contents of this six monthly summary report.**

6. QUESTIONS FROM THE PUBLIC

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

A "Review of Women's and Neonatal Services" in the papers for the Liverpool CCG Governing Body meeting of 8 March 2016 (page 9 or 19)
states that:

"Both the Trust and commissioners have concluded that services cannot continue to be delivered in isolation from other services. Change is needed to ensure that patients with highly complex needs....."

Similarly an article in the Liverpool Echo, dated 31 May 2016, entitled "Revealed: NHS hopes for new Liverpool Women's Hospital next door to the Royal" stated:

"NHS Bosses have confirmed their plans to relocate the Liverpool Women's Hospital next to the Royal".

Both suggest that the question of whether or not the Women's Hospital will relocate next to the Royal is no longer open for discussion.

Given that this is the question of greatest concern to most people, I would wish to ask what will the options to be published in the coming weeks on the reconfiguration of women's health services in Liverpool be seeking to determine?

A Written Response had been prepared in advance of the meeting and distributed to the public on arrival:

"The Case for Change, presented at the Liverpool CCG Governing Body in March 2016, stated that the purpose of the review of women's and neonatal services is to answer the following question:

What is the optimal configuration of women's services that will deliver clinically & financially sustainable safe services in the future, maximising patient outcomes and experience?

The case for change did state that clinicians and commissioners had concluded that quality, safety and patient experience would be improved by resolving the current challenges of being on an isolated site from the dependent services of an acute trust.

However, a number of options have been considered for the future delivery of these services and they will be shared in advance of a formal public consultation.

We are currently discussing next steps and timescales for a consultation with NHS regulators."

Mr Semoff asked at the meeting when the data from the pre-business case consultation process which was completed in June 2016 would be available. The Healthy Liverpool Integrated Programme Director responded that the CCG was currently talking to the Regulator at NHS England and NHS Improvement re the assurance process and the next steps and it was hoped to progress to public consultation in January 2017. It might be possible for a Joint Overview & Scrutiny Committee to convened for North Mersey in December 2016/January 2017 at which point any preferred option(s) would be in the public domain.

6.2 A Member of the public expressed concern as a Pensioner regarding what she had heard during the meeting and was distressed as she had understood this to mean that the elderly population were “a burden” on the health economy. Pensioners had worked all their lives and paid their taxes. After the Sustainability & Transformation Plan was published she wanted to have assurance that a full Equality Impact Assessment would be carried out with regards to any proposed changes around access to hospital services. The Elderly were to be treated with dignity and respect and no section of society should be discriminated against in order to deliver savings.

The Chair responded that he had been a GP in the Kensington area of the city for 25 years and that the CCG was doing everything in its power to ensure that the difficult decisions which needed to be made did not discriminate against any section of the population and any decisions would be taken after full engagement with the public and consultation if required. The Sustainability & Transformation Plan was not a decision document and simply set out plans and proposals which would need to follow due process for public consultation. Any proposals would contain a full Equality Impact Assessment.

6.3 A Member of the Public referred to the Liverpool Women’s Hospital Board meeting in October 2016 where the President of the Royal College of Obstetrics & Gynaecology had praised the hospital as a flagship in the 1980s and impressive as one of the only two standalone obstetrics/gynaecology trusts in the country. The Chief Officer observed that the other standalone trust was in Birmingham but was co-located on the same site as an adult hospital trust. The Chair added that the pre business case had been clinically driven from the start and no decision had yet been made.

6.4 A Member of the Public commented that women were disproportionately negatively affected by 83% in health and social care cuts. The Lay Member for Governance/Deputy Chair responded that Liverpool CCG was fully committed to the principle of equality and

reducing health inequalities. No member of the public would be prejudiced over another by decisions taken. We were all working together for the same goal and were on the same side.

6.5 A Member of the Public wanted to know why the CCG was not lobbying central government as the NHS was underfunded if, as stated, we were all on the same side. The Lay Member for Governance/Deputy Chair responded with passion that the CCG was not "the enemy" and was protecting the interests of the population of Liverpool by challenging the system and working within it. If the CCG was not able to deliver the budgetary requirements imposed upon it by the Department of Health then the budget management would be taken out of local control which would not be in the best interests of the local population. The Clinical Vice Chair added that the CCG was clinically led and the challenge was enormous but the best way to challenge the system was from within. He commended the public for their involvement and commitment to ensuring that healthcare services in Liverpool were maintained to meet the needs of the whole population.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 13th December 2016 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA