

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 13TH DECEMBER 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
Dave Antrobus	Lay Member – Patient Engagement
Dr Fiona Lemmens	GP
Dr Monica Khuraijam	GP
Dr Rosie Kaur	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Jane Lunt	Head of Quality/Chief Nurse
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor

NON VOTING MEMBERS:

Dr Jamie Hampson	GP Matchworks Locality
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Paula Finnerty	GP – North Locality Chair
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Sandra Davies	Director of Public Health
Dr Rob Barnett	LMC Secretary

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
Cheryl Mould	Primary Care Programme Director
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Mark Bakewell Stephen Hendy	Deputy Chief Finance Officer Senior Operations & Governance Manager
Lynn Collins Paula Jones	Chair of Healthwatch Committee Secretary/Minutes

OBSERVING :

Laura Middleton	PriceWaterhouseCoopers
Jacqui Harvey	PriceWaterhouseCoopers

APOLOGIES:

Prof Maureen Williams	Lay Member – Governance/Deputy Chair (Proxy Form Received in favour of Chair)
Dr Fiona Ogden-Forde	GP
Dr Simon Bowers	GP/Clinical Vice Chair
Tina Atkins	Practice Manager Member
Ray Guy	Retired Practice Manager
Dyanne Aspinall	Programme Director Integrated Commissioning – Health & Social Care

Public: 20

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.

The Chair noted that NHS England were always invited to attend the Governing Body and had done so in the past. However NHS

England had now informed the CCG that given that they had twelve CCGs in their region they would be unable to attend but would continue to receive the papers.

1.1 DECLARATIONS OF INTEREST

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

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 8th November 2016 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- The Practice Nurse member asked for a revision to item 2.1 Feedback from Primary Care Commissioning Committee page 4 first bullet to show that a quarterly review of the e-PACT system was to be carried out to make sure all non-medical prescribers were linked to Liverpool practices.

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

1.3.1 Action Point One – it was noted that the January 2017 Governing Body would contain feedback from the December 2016 Primary Care Commissioning Committee on Primary Care Support Services.

1.3.2 Action Point Three – it was noted that the benchmarking data referred to with other CCGs would not be available until the February 2017 Performance Report.

1.3.3 Action Point six – it was noted that the next presentation of the Corporate Risk Register was at the January 2017 Governing Body meeting.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 89-16:

- HR Committee 15th November 2016 – the Chief Officer fed back to the Governing Body:
 - ✓ A number of HR Health and Safety Policies were approved, the Governing Body did not need to see them all and was asked to take the approval of the HR Committee as sufficient.
 - ✓ Recruitment Policy was approved and was on the Governing Body agenda under the Governance section for a more detailed discussion with the Governing Body.
 - ✓ There was currently no Staffside representative on the HR Committee as there was as yet no representative in the organisation. This was being addressed and two staff members had put themselves forward for training.
- Finance Procurement & Contracting Committee 22nd November 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Better Care Fund: this was a substantial piece of work and the process had been discussed at Audit Risk & Scrutiny Committee. The review should enable us to be in a stronger position in 2017/18.
 - ✓ Financial position as at Month 7 discussed.
 - ✓ Prescribing Rebate Scheme was progressing to delivery.
 - ✓ Three procurements were discussed:

- ✓ Community anticoagulation – approved and would continue as this was a statutory service.
 - ✓ End of Life and Telehealth: given the financial position of the CCG these had been supported from the procurement aspect but implementation was put on hold until December 2016/early 2017 when the financial position of the CCG was clearer.
- Healthy Liverpool Programme Board 30th November 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Future of the Urgent Care Programme: to be integrated into the Community and Hospital Programmes. The acute primary care demand project would be part of the demand management programme led by the Healthy Liverpool Programme Director - Community Services & Digital Care. Any hospital related urgent care projects emerging would be led by Dr Chris Grant with Dr Fiona Lemmens who remained the Clinical Director for urgent care and hospitals.
 - ✓ Physical Activity Programme – due to end 31st March 2017.
 - ✓ Healthy Liverpool Programme Engagement – it was important to get this right.

The Healthwatch Chair asked about the overlap of Public Health and the CCG in areas such as the Physical Activity Strategy, Advice on Prescription and Children's activities. The Chief Finance Officer responded that Liverpool City Council and Liverpool CCG were working closely together in the overlap areas of social care and the importance of prevention. The Director of Public Health emphasised the joint working of the CCG, Liverpool City Council and other partners to meet the needs of the population of the city.

- Quality Safety & Outcomes Committee 6th December 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Looked After Children Annual Report highlighted issues.
 - ✓ Safeguarding Annual Report – this highlighted that the Governing Body members had not received their safeguarding training yet and this was being rolled out shortly.
 - ✓ Intermediate Care Service Re-design - move from the previous bed base model from the Broadgreen site to a new community model for care in people's own homes. There were teething issues as staff moved from working in a hospital setting to the community.

- Committees in Common 7th December 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Membership extended to include Southport and Formby CCG to ensure governance arrangements reflected the North Mersey Delivery System.
 - ✓ North Mersey Orthopaedics single service proposal – further pre-consultation engagement to be conducted in Sefton and Knowsley, possibly to be integrated into the wider discussion around single services between the Royal and Aintree.
 - ✓ Women's and Neonatal Review – feedback from NHS England on the assurance process had raised issues about the capital required. The draft pre-consultation business case would be sent to the Overview and Scrutiny Committees in January 2017. Communication process for next steps to be agreed and implemented in December 2016. However it was looking as if the January consultation window period would be missed.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from NHS Liverpool City Region CCG Alliance – 7th December 2016 Report No GB 90-16

The Chief Officer fed back on the Liverpool City Region NHS CCG Alliance meeting:

- This had been set up originally as a formal Committee in Common to ensure governance arrangements across the Liverpool City Region footprint and align with the devolution agenda. This was now stood down as a formal Committee in Common but would remain as an alliance/network.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from the Joint Commissioning Group 28th November 2016 Report No GB 91-16

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

- Performance Assurance Report – this was not yet complete, the Lead for performance in joint work areas within children's families and communities had been identified and would be drawing up new measures/outcomes.
- Better Care Fund Scheme Performance reviews – new staff had be allocated to the review task, templates were to be completed and a virtual desktop system was to be put in place for smaller value schemes.

The NHS Liverpool CCG Governing Body:

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

2.4 Feedback from Extraordinary Liverpool Safeguarding Children's Board 3rd November 2016 Report No GB 92-16

The Head of Quality/Chief Nurse updated the Governing Body on the Extraordinary meeting of the Liverpool Safeguarding Children's Board:

- Joint Targeted Area Inspection Action Plan formally signed off prior to submission on 8th November 2016 to Ofsted. This had been completed with input from all partners and oversight was via the Joint Targeted Area Inspection Implementation Board chaired by Ged Fitzgerald, Chief Executive of Liverpool City Council, at which the Head of Quality/Chief Nurse represented Liverpool CCG.
- Review of the Annual Report from the Liverpool Safeguarding Children's Board – the risk was that this did not fully represent the work which had been ongoing in 2015/16. The Report was agreed and would be presented to the Health & Wellbeing Board then the Governing Body.

The NHS Liverpool CCG Governing Body:

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

2.5 Chief Officer's Update

The Chief Officer updated the Governing Body:

- Community Services: the Liverpool Community Health Transaction process was drawing to a conclusion. All services had been transferred to NHS organisations. The Liverpool Core bundles had been awarded to Bridgewater Community Trust in partnership with Liverpool City Council and the GP Provider Organisation (also involving Aintree, the Royal and Alder Hey). This was an excellent

opportunity to implement the Healthy Liverpool Community Model. The remaining non-core services had gone to local NHS organisations such as Alder Hey, Liverpool Heart & Chest Hospital and Aintree and there had been a procurement process for the Anticoagulation Services which had been awarded to the Royal Liverpool Hospital.

- The Governing Bodies of Liverpool, South Sefton and Southport & Formby CCGs had met to discuss a strategy for joint working and the next session would take place on Thursday 15th December 2016. A process was being developed to agree a preferred option which would then be brought to the Governing Body. This would need to be signed off by practice members. Sessions would also be held with staff.
- Liverpool CCG had won the Health Service Journal's CCG of the Year Award due to its excellent clinical leadership and partnership working which was great news.

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 Feedback from Health & Wellbeing Board – 1st December 2016 – Verbal

The Chair feedback to the Governing Body on the meeting of the Health & Wellbeing Board on 1st December 2016:

- The Mayor had stated the lack of support from Liverpool City Council for the Sustainability and Transformation Plan process.

- The Street Car Project was presented (involving Police and Mersey Care).
- Cancer Prevention Strategy was presented and signed off – 80% of cancers were preventable.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.8 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ Safeguarding Event to be run for Nurses, Health Visitors and Midwives from January 2017 working around safeguarding issues. Practice Nurses to be invited as well.
- ✓ Smoking Cessation campaign for January 2017 targeting adults over 45 years of age and over who were quitting smoking “without help” but really were being provided with support. Also females over 30 years of age were being targeted.
- ✓ Alcohol – work was being done via Liverpool City Council with Off Licenses around the area of the Royal Liverpool Hospital to ask them not to sell alcohol to patients and their families.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 93-16

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 September and October 2016. He highlighted:

- Diagnostic waiting times – performance had improved from Red to Green.
- Referral to Treatment 18 Weeks – performance was Red, the Royal failed to achieve the 92% standard in September, the issue over leasing theatre space from Liverpool Women’s Hospital still needed to be signed off.
- Cancer Waits:
 - There was improvement in performance (% of patients receiving treatment for cancer with 62 days from an NHS cancer screening service had turned around, however performance was Red for percentage of patients receiving first definitive treatment for cancer within two months.
- Ambulance Response Times/A&E waits – performance had deteriorated but actions were in place to address this around prioritisation of lower acuity calls and dispatching, as well as looking around internal trust processes and discharge pathways to the community.
- Increasing Access to Psychological Therapies (‘IAPT’) an exception report for targets not met was included.
- Mixed Sex Accommodation breaches – one breach in October.
- Healthcare Acquired Infections: zero cases of MRSA this period, six new cases of D Difficile in October, slightly down on September.
- CCG Quality Premium – some indicators were red, the position was to be reviewed on 19th December 2016 ready for reporting to the January 2017 Governing Body meeting.
- Care Quality Commission GP Practice Inspections – one practice report received overall rated as “Good”.

The Governing Body members commented as follows:

- The Lay Member for Patient Engagement referred to the Performance of the IAPT contract and after all the effort to support change it was still not moving in the right direction. It was noted that this had been discussed at the Quality Safety & Outcomes Committee and would continue to be monitored at the Mersey Care Clinical Quality & Performance Group. The Head of Quality/Chief Nurse referred to the deep dive into the Trust and the continued challenge made to the Trust at the quality meetings.
- Re A&E and Ambulance response times, the Chief Operating Officer referred to the North Mersey A&E Delivery Board which involved all stakeholders and the Emergency Care Improvement Programme report which had been extremely helpful. The A&E Delivery Board had given a clear commitment to strive to make a material difference and a workplan was to be drawn up for the next couple of months. The Clinical Lead added that the Plan would be brought back to the Governing Body in due course. The Chief Officer highlighted that the report referred to the coherence of the Liverpool system as compared to the Aintree system and the need for more coherence in the Aintree system.
- The Local Medical Committee Secretary referred to substantial delays in GP urgent patient transfers. The Chief Operating Office responded that the North West Ambulance Service ('NWAS') were looking at different ways of utilising resource for patients not requiring paramedic support but there was no overnight solution and there was also a contract query for 2017/18 with NWAS. The issue of patient transfer ambulances applied to nursing homes as well. The Urgent Care Clinical Lead noted the need for education for GPs around resource use.
- The Local Medical Committee Secretary referred to the Improving Access to Psychological Therapies contract and the improvement starting to be seen but felt that this should have been moving more quickly. The Chair agreed with this and noted that the Intensive

Support Team had highlighted the lack of clinical leadership and managerial leadership, a lack of systems and processes and that he share the Local Medical Committee Secretary's concerns the three months required for changes had come and gone.

- The Healthwatch Chair referred to GP appointments and difficulties getting through on the telephone which had been reported to Healthwatch along with a reticence to discuss health information on the telephone with non-clinical staff. The Primary Care Programme Director asked the Healthwatch Chair to forward this information to her.

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 Finance Update October 2016 – Month 7 – Report no GB 94-16

The Chief Finance Officer presented a paper to the Governing Body summarising the CCG's financial performance for October 2016 (Month 7) regarding the impact of 'recovery actions' initiated as a result of increased risk to the delivery of the planned surplus position. He highlighted:

- The CCG had previously planned a cumulative surplus position in 2016/17 of £14.4m (1.7%) being an in year breakeven position and had signalled high risk of delivery of the additional Treasury directed non-recurrent headroom of £8.3m (1%).
- The Local Area Team of NHS England had then advised the CCG to prioritise the 1% non-recurrent in year reserve which would not leave the CCG's accounts. The underlying CCG Business Rule was the delivery of the 1% cumulative surplus. Thus the total

year end surplus to be delivered had increased from £14.4m (1.7%) to £16.4m (1% plus 1%).

- As at Month 7 the gap increased to £5.4m (on the £14.4m) and £7.4m based on £16.4m expected surplus (1% surplus plus 1% non-recurrent headroom).
- The Governing Body was asked to note:
 - the current financial position and risks associated with delivery of the forecast outturn position,
 - the stated assumptions regarding proposed recovery solutions and as such the remaining planning gap to delivery of planned surplus based on current forecast outturn assumptions of £7.4m
 - that an immediate cessation of all un-committed CCG expenditure had been approved until the end of December 2016 with a further financial review taking place at that point to address 'in year' and 2 year planning requirements (2017/18 and 2018/19)
 - that a dedicated financial recovery oversight group (FROG) had agreed a terms of reference and are meeting on a regular basis to aid the development of a recovery plan and to explore further potential mitigations.

The Governing Body commented as follows:

- The Chair noted that the above had already been discussed at length at different fora including the Governing Body Strategic Development Session and that members were very familiar with the situation.

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 Operational Plan 2017/18 – 2018/19 - Update – Verbal

The Chief Operating Officer gave a verbal update to the Governing Body on the Operational Plan 2017/18 to 2018/19.

- The draft submission needed to be sent to Cheshire & Merseyside by 19th December 2016 to meet the required national deadline of 23rd December 2016.
- The Full Operational Plan would come to the Governing Body in January or more likely February 2017 depending on the NHS England feedback received.
- The Operational Plan was built around the nine “must dos” and would reflect the latest CCG financial and contractual position.
- The Plan would need to align with the Local Delivery System for North Mersey. There were many common themes with the Healthy Liverpool Programme activities and demand management.
- The Plan needed to be submitted without the Better Care Fund Information as the guidance would not be received in time and would be accepted without it.
- A great deal of work had been carried out by the Business Intelligence and Finance Teams. The CCG plan needed to be aligned with provider plans.

The Chief Finance Officer noted that the CCG was currently drawing to the close of the contract negotiations as new guidance stated that contracts needed to be signed off by 23rd December 2016 for a two year period which would provide stability within the system. The offer on the table to providers was for the current year’s spend plus 1% for each of the following two years to deliver the “must dos”. Signing off on contracts by 23rd December 2016 would make good a number of areas of non-recurrent spend. The current year

spend plus 1% was a better deal for providers than in many other parts of the country, and represented an investment in NHS services for the city.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update.**

4.2 Transforming Care Update – Report no GB 95-16

The Head of Quality/Chief Nurse presented a paper to the Governing Body to update on the progress with the national programme Transforming Care for people with Learning Disabilities.

This was an NHS England led programme with Liverpool City Council and Liverpool CCG working closely together to re-design services to better meet a range of needs for people with learning disability displaying challenging behaviour. Since the investigation into abuse at Winterbourne View and other hospitals there had been a commitment to transform care and support for this cohort of people. These patients required varying levels of support. This was a three year programme to reduce bed numbers and repatriate out of area placements where appropriate.

The governance was via the Cheshire and Mersey Transforming Care Programme Board with three Local Delivery System Hub Boards, including one for North Mersey.

A 12 week consultation process around the closure of Calderstones Partnership NHS Foundation Trust commenced on 1st December 2016 following the acquisition of the Trust by Mersey Care. This was the only remaining standalone learning disability hospital trust in England and all beds would be re-provided over the next three years on a case by case basis, after which the site would close.

There were 22 patients based 'Out of Area' for Liverpool. Care and Treatment Reviews for all these people would enable an assessment on how best to discharge to a community setting or viable alternative. Liverpool CCG had recently secured clinical expertise from Mersey Care to support the link between commissioners and the Care and

Treatment Review process. Out of Area Treatments were more expensive and repatriation would release funds to strengthen local services.

The challenges were around capacity due to the Joint Senior Commissioning postholder being on sick leave until January/February 2017. There had also been a change in the Senior Responsible Officer who was now the Chief Officer of Knowsley CCG. The number of Out of Area Treatments was also a challenge as were the NHS England oversight and assurance demands and the National Learning Disability Mortality Review Programme.

The Director of Public Health noted that she had met with Mersey Care on the back of the Mazars report and the Care Quality Commission to discuss learning from all deaths.

In response to a query from a GP member, the Head of Quality/Chief Nurse noted that Liverpool had a high prevalence of Learning Disability and a needs assessment had been carried out by John Moores University to ensure that services did meet current demand. Remedial work was being carried using the Special Education Needs and Disabilities ('SEND') Strategy. As regards sustainability of services a preventative model was being worked on. If executed well, implementation of the Transforming Care Strategy would ensure that there were strong commissioned services in place to support people in the community and reduce the need for hospital admissions.

The Lay Member for Patient Engagement asked about repatriation back to the local area for Out of Area patients and it was confirmed that should patients wish to stay where they were this was possible.

The NHS Liverpool CCG Governing Body:

- **Noted the update**
- **Noted the CCG position in terms of the Transforming Care Strategy.**

PART 5: GOVERNANCE

5.1 Recruitment Policy and Procedure – Report no GB 96-16

The Chief Operating Officer presented the Recruitment Policy and Procedure to the Governing Body which had been recommended for approval by the HR Committee but needed to come to the Governing Body for final approval. The Policy was now shorter and more user friendly and had been written in the order of the recruitment process.

He referred to page 5 of the policy which reflected changes in the governance around the identification and authorisation of a vacancy which would all go through the Operational Management Group to be challenged in the context of the financial position.

The Chief Officer noted that there was a commitment from the CCG to have local people in local jobs and for the staff of the organisation to reflect the demographic of the city (including care leavers) and that this had been strengthened in the policy.

The NHS Liverpool CCG Governing Body:

- **Approved the attached Policy as recommended by the HR Committee on 15th November 2016.**

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been submitted by Mr Sam Semoff in advance of the meeting and a response prepared and distributed to the public on arrival as follows:

“Background

The Liverpool Health and Wellbeing Board, on 1st December 2016, decided unambiguously to reject the Cheshire & Merseyside STP. This followed the rejection of the plan by Cheshire West and Chester Health and Wellbeing Board on 16th November, Sefton Council on 17th November, and the Overview and Scrutiny Committee of Wirral Council on 28th November. Indeed there is overwhelming opposition and growing public rejection of the STP.

Thus in view of the above, I would wish to ask the following:

1) Will Liverpool CCG now immediately halt any further moves to implement the plan including contract negotiations, pending full disclosure including financial details, and a full public consultation, including patients, Councillors, NHS staff and their unions?

The Response was: No

2) If the answer to the above question is “no” can you please explain why?

The Response was:

The Cheshire & Merseyside STP represents a planning footprint which brings together locally focused proposals for changes across three local delivery systems.

The North Mersey Local Delivery System Plan represents proposals for change for Liverpool, Sefton and Knowsley. It builds upon and joins-up Healthy Liverpool with transformation plans from neighbouring commissioners within the North Mersey health and care system. Healthy Liverpool has a democratic mandate as the programme was established to deliver the 10 recommendations of the 2014 Mayoral health Commission. .

The plans for Liverpool in the STP are well known and have been subject to extensive engagement through the Healthy Liverpool programme over the last 3 years. The Healthy Liverpool: Prospectus for Change, published in November 2014, set out the case for change, the vision and high level priorities. The Healthy Liverpool Blueprint, published in November 2015, set out detailed plans to transform services in the city. These are the same plans that are detailed in the North Mersey LDS, alongside aligned proposals set out in Shaping Sefton and Knowsley’s strategic plan. The additions to the LDS are those that refer to opportunities for efficiencies in managerial and clinical support services through greater collaboration between the North Mersey health and social care partners.

With regard to contract negotiations, NHS regulators require all NHS contracts, which cover the years 2017/18 and 18/19, to be agreed by 23rd December 2016.

In terms of disclosure, NHS funding allocated for Liverpool is already known for the 5 years to 2020/21. Details are contained in the CCG board report from July 2016. The table below summarises these allocations.

Table2 - NHS Liverpool CCG – Total Allocations

Description	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000
Liverpool CCG – Programme allocation	769,747	782,247	794,673	807,697	833,664
Primary Care (Medical)	66,357	72,547	75,041	77,152	79,949
* Specialised Commissioning	152,390	158,845	165,100	171,573	179,271
Total place based allocation	988,494	1,013,639	1,034,814	1,056,422	1,092,884

Growth	2016-17	2017-18	2018-19	2019-20	2020-21
	%	%	%	%	%
CCG	2.43	1.62	1.59	1.64	3.22
Primary Care	6.34	9.33	3.44	2.81	3.63
* Specialised Commissioning	7.10	4.24	3.94	3.92	4.49

* Specialised Commissioning – Funds managed and service commissioned by NHS England

This summary demonstrates that the NHS will continue to receive small increases of year on year growth over the next 5 years. It is incorrect to assert that NHS budgets will be cut in the years ahead. The challenge for the NHS is that the projected rate of demand growth is set to exceed the rate of funding growth.

The £908 million financial gap for Cheshire and Merseyside set out in the STP is a projection based on the difference between funding growth and anticipated demand growth to 2020/2021. This financial gap will only become real if the NHS ‘does nothing’.

The North Mersey LDS sets out a range of schemes, taken from Healthy Liverpool and Shaping Sefton, that have been modelled to demonstrate their impact in terms of quality,

wellbeing and financial impact. These proposals for prevention, hospital and out of hospital care are designed to integrate services across health and social care providers and commissioners, to improve health outcomes and ensure people receive the right care in the right place first time. This question implies that NHS contracts for the next two years will involve cuts to funding for our hospital and community providers. **This is not the case.** Negotiations haven't concluded so it is not yet possible to provide full details. However, we can report that the system is working collaboratively to agree contracts that reflect the realities of the city's financial envelope in a fair and inclusive way, in order to provide stability for the next two years.

In terms of engagement and consultation, Healthy Liverpool has been extensively engaged on over the last three years. The most recent phase of engagement which is informing all components of the programme has just been published: http://www.liverpooltalkshealth.info/healthy-liverpool/news_feed/see-what-people-told-us-about-our-plans-for-healthy-liverpool

Proposals are currently being developed which will be discussed with North Mersey local authorities in the new year about any additional public engagement that may be required to supplement the extensive engagement that has already taken place regarding local transformation proposals. It is important to state that STPs are no more than planning footprints, they are not entities with any accountability. Specific proposals to substantially change any service will be subject to thorough and detailed engagement and consultation with those people potentially affected by any suggested change. We will only take forward proposals that are supported by strong clinical evidence and where we can demonstrate a positive impact in terms of quality, safety and sustainability. The process of proposal development, engagement and consultation remains the responsibility of local commissioners as the accountable NHS bodies for the populations they serve.

Mr Semoff urged the CCG to say "No" to the Sustainability & Transformation Plan but the Chief Officer responded by emphasising that the CCG was committed to putting more funds in to local NHS providers via the contracts about to be signed for the next two years at a 1% increase for each year.

The Chair added that the CCG needed to work within the NHS budget framework rules.

6.2 Dr Alex Scott-Samuel addressed the Governing Body expressing his opinion that there had not been sufficient engagement about the Healthy Liverpool Programme and local transformation plans. The new care models which formed part of the transformation process were lacking in clinical evidence for example, developing an Accountable Care organisation. The CCG should follow a CCG he named which had agreed to put the Sustainability & Transformation Plan on hold pending full staff and public consultation.

The Chief Officer responded that Liverpool CCG could only comment on the Cheshire & Mersey Plan and reiterated that Liverpool CCG was putting more money into NHS providers over the next couple of years.

6.3 Julia Lyon-Taylor from the Merseyside Pensioners Association noted that in a previous meeting the Chair had commented that the NHS was receiving its lowest ever funding since the 1950s and that the CCG should stand with the public to refuse the Sustainability & Transformation Plan and lead the way for other CCGs to do the same. She felt that there had been insufficient engagement with the public and that the Merseyside Pensioners Association in particular needed to be engaged with. She invited the Chair to join the March in London on 4th March 2017.

The Chair responded that the Sustainability & Transformation Plan was a planning process and therefore was merely a route to consider options. Any decisions to be made arising from the Plan would be subject to full public consultation and engagement. However, if no changes were made to services they would not be sufficient to meet demand. The CCG wanted to work with the public. The Chief Officer added that there would be a report on engagement undertaken in regard of Healthy Liverpool at the January 2017 Governing Body meeting.

6.4 A Member of the Public felt that everything was being done in secret and wanted confirmation that the public

would be fully involved in any consultation process. The Chair re-iterated that the process to draw up plans did not require consultation but consultation would be undertaken for any decisions to be taken. He added that whilst the CCG did not have the option of not signing up to the Sustainability and Transformation Plan it would always work in the public best interest.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 10th January 2017 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA