NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH FEBRUARY 2017 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 Fiona Lemmens	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
Dr Rosie Kaur	GP

NON VOTING MEMBERS:

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

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Stephen Hendy	Senior Operations & Governance Manager

Sarah Thwaites	Healthwatch (representing Lynn Collins
Ray Guy	Retired Practice Manager
Dyanne Aspinall	Programme Director Integrated Commissioning – Health & Social Care
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Dr Monica Khuraijam	GP
Dr Fiona Ogden-Forde	GP
Dr Jamie Hampson	GP Matchworks Locality
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Sandra Davies	Director of Public Health
Tina Atkins	Practice Manager Member
Cheryl Mould	Primary Care Programme Director
Mark Bakewell	Deputy Chief Finance Officer
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Lynn Collins	Chair of Healthwatch
Derek Rothwell	Head of Contracting & Procurement
Kerry Lloyd	Deputy Chief Nurse

Public: 25

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

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 10th January 2017 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- A typographical error on page 5 was to be corrected to insert the word “made”.

1.3 MATTERS ARISING from 10th January 2017 not already on the agenda:

1.3.1 Action Point One – the minutes of the previous meeting had been updated accordingly.

1.3.2 Action Point Two – it was noted by the Head of Quality/Chief Nurse that Liverpool Safeguarding Adults Board Annual Report for 2015/16 would be presented to the March 2017 Governing Body along with the Annual Report for the Liverpool Safeguarding Children’s Board.

1.3.3 Action Point Four – Programme Director Integrated Commissioning – Health & Social Care updated the Governing Body that the addendum to the Operational Plan 2017/18 for the Better Care Fund was not yet available as no guidance had been received. This would be brought to the March 2017 meeting.

1.3.4 Action Point Six – it was noted that the Risk Register to be presented to the March 2017 Governing Body would contain reference to the Action Plan from the Emergency Care Improvement Programme Report.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 09-17:

- Finance Procurement & Contracting Committee 24th January 2017 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ Telehealth Technology Service Procurement – following a challenge to the process the Initial Invitation to Tender was to be repeated.

  - ✓ North West Adult Specialised and Complex Obesity Services (Bariatric) Procurement – there were challenges to the service due to bidders not being able to deliver services at national tariff with NHS England seeking to extend the current contract whilst identifying providers who would be able to do this. The Secondary Care Clinician commented on the need to not fragment the process when looking for alternative providers.

  - ✓ GP Out of Hours contract was due to expire in September 2018 so a paper was presented to extend the service by two years to September 2020 which would then align with the 111 contract.

  - ✓ Delivery of forecast outturn position – this was ongoing; monitored by the Financial Recovery Oversight Group and would be discussed in more detail later on the agenda.

- Human Resources Committee 24th January 2017 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:

  - ✓ The Workforce Race Equality Standard was approved and was now online. The CCG was fully compliant.

- ✓ Workforce Equality & Diversity Plan was approved and the CCG was fully compliant.

- ✓ Secondment Policy – a number of staff were on secondments governed by individual agreements so a standardised policy was considered and agreed. This was on the agenda for item 5.1 but it was approved now under the feedback from the HR Committee.

- Healthy Liverpool Programme Board 25th January 2017 the Chief Finance Officer fed back to the Governing Body:

  - ✓ The Five Year Healthy Liverpool Programme now only had 13 months left. A good presentation was received from the Community Care Teams on the impact of its work on the population with clear evidence to support the reduction in avoidable admissions resulting from this work.

  - ✓ Orthopaedic Reconfiguration – this was to be discussed later on the Governing Body agenda.

  - ✓ Physical Activity and Sport Programme – Liverpool was moving up the League Table and was now 4th out of eight core cities for participation in sport.

- Quality Safety & Outcomes Committee 7th February 2017 – the Head of Quality/Chief Nurse fed back to the Governing Body as the Lay Member for Patient Engagement, who was the Committee Chair, had been on leave for the meeting:

  - ✓ Liverpool Community Health Paediatric Speech & Language Therapy Service Improvement Work - additional resource had been invested to make improvements with the waiting list to be reduced to 18 weeks by the end of March 2017 which was on track to be delivered.

  - ✓ Two patient case studies were presented as part of the report on healthcare acquired infections which

brought the Post Infection Review process to life and highlighted the complexity of patient pathways and the need to work together across the whole system.

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:

- Liverpool Community Health Transaction Process – NHS Improvement had called a four-week pause in the transaction of the Liverpool Core Bundle to Bridgewater NHS Community Trust following the recent publication of the Care Quality Commission inspection report which rated the trust overall as "Requires Improvement". The CCG was formally raising the risks arising from this to Liverpool and its patients with NHS Improvement.

- The Clatterbridge Cancer Centre NHS Foundation Trust had been rated as "Outstanding" by the Care Quality Commission. This was the 3rd specialist trust in our area to be rated as "Outstanding".

- Joint Working across Liverpool, South Sefton and Southport & Formby CCGs – there would be a further joint Governing Body meeting of the three CCGs shortly to look at proposals to be brought back to the individual March 2017 Governing Body meetings.

The NHS Liverpool CCG Governing Body:

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

2.3 Public Health Update - Verbal

There was no update available as the Director of Public Health had sent her apologies for the meeting.

2.4 Update from Health & Wellbeing Board – 26th January 2017 - Verbal

The Healthy Liverpool Programme Director for Community Services and Digital fed back to the Governing Body on the recent Health & Wellbeing Board meeting:

- A presentation had been given by the Community and Digital Programmes and the successes of the workforce reconfiguration in the Neighbourhoods which would transform Health and Social Care. The Clinical Vice Chair updated the Governing Body on the Digital presentation noting the success of the Liverpool in telehealth and that the Royal and Alder Hey were designated as global digital exemplars, with substantial resources available to underpin this

- A presentation was received from NHS England on the Community Pharmacy Review. The Health and Wellbeing Board asked for more work on the implications of this for the City.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update December 2016 – Month 9 – Report No GB 10-17

The Chief Finance Officer presented the Month 9 (December 2016) 2016/17 Financial update to the Governing Body. This focused on financial performance in respect of delivery of NHS England Business Planning Rules and to provide an assessment of the risk to delivery of the forecast surplus position.

He highlighted:

- The position for year-end remained the same.
- The revised targeted cumulative surplus position was £16.4m (including £8m non recurrent 1% surplus).

- In year cost improvement programmes had been implemented as part of Phase One. An overspend remained in Secondary Care, prescribing and Continuing Healthcare.

The Lay Member for Patient Engagement referred to the overspend in Continuing Healthcare and whether solutions put in place this year would reduce the overspend for next year. The Chief Finance Officer responded that this largely depended on an approach to standard care and complex packages of care. The Lay Member for Patient Engagement referred to the underspend of £0.7m in Older People's mental health due to delayed start and reduced costs for the Care Home and Home First schemes. The Healthy Liverpool Programme Director for Community Services and Digital Care responded that this referred to £5 per head funding for over 75s being used in a different way.

The NHS Liverpool CCG Governing Body:

- **Noted the current financial position and risks associated with delivery of the forecast outturn position.**
- **Noted the proposed recovery solutions of £8.1m required to deliver the target surplus based on current forecast outturn assumptions (unchanged from Month 8).**
- **Noted that based on information available in early February, the CCG is unlikely to deliver the 1% + 1% (£16.4m) surplus for the 16-17 financial year and is being reported to NHS England as part of Month 10 Reporting arrangements.**

3.2 CCG Corporate Performance Report February 2017 – Report No GB 11-17

The Senior Operations & Governance Manager presented the Corporate Performance Report to the Governing Body to report the areas of the CCG's performance in terms of its delivery of key NHS Constitutional measures, quality standards/performance and financial targets for November 2016 and December 2016. The report was in two parts,

firstly constitutional requirements and secondly the integrated performance report including public health indicators.

He highlighted:

- Referral to Treatment 52 weeks – this target was still red. Although there were no reported incidents in December 2016 of patients waiting over 52 weeks, the CCG was still rated as 'Red' as the year total stood at four patients against the 'zero tolerance' mandated standard.

- Diagnostics – still red but with a downward trend and influenced by capacity issues at the Royal Liverpool Hospital. Liverpool CCG failed the standard in December 2016 with performance of 3.02% against the 1% target. This meant that the CCG was rated as 'Red' for diagnostics for the month. Performance was significantly affected by the Royal Liverpool Hospital's diagnostic performance, particularly in Endoscopy which was understood to be experiencing significant capacity issues within the service.

- Referral to Treatment Incomplete Pathway – this was red and the target was failed by both the Royal Liverpool Hospital and Aintree. Controls in place: the CCG continued to support and facilitate the relationship between the Royal Liverpool Hospital and Spire Liverpool.

- Cancer Wait targets were all Green – the good work of the Cancer Network was noted as being a contributory factor.

- Ambulance Response Times – the Target was red with a downward trajectory. The Chief Operating Officer commented that there was benchmarking of data being undertaken and that it was difficult to make national comparisons due to the existence of a national pilot. However, the CCG's performance was holding up well in the North of the country. A number of specific actions had been taken with the North West

Ambulance Service working with relevant healthcare professionals.

- A&E Waiting Times – this would be covered later on the agenda under the item on the Emergency Care Improvement Programme Report.

- Better Care for Mental Health – this was Green for dementia diagnosis and Early Intervention in Psychosis.

- Improved Access to Psychological Therapies – this would be covered later in the Performance Report.

- Mixed Sex Accommodation – there had been no breaches in month but status was still Red for the year to date.

- Healthcare Acquired Infections – the Chief Nurse/Head of Quality continued that this area remained a priority for the CCG and was working closely with the trusts on their systems. There was a Healthcare Acquired Strategy in place and Anti-microbial Strategy and the matter was discussed regularly at the Quality Safety & Outcomes Committee, bringing the patient perspective to life.

- CCG Quality Premium – performance remained Red.

- Integrated Performance Outcome Measures:

    - The Chief Nurse/Head of Quality updated on the Children's Programme noting good performance for breast feeding prevalence, children receiving face to face Health Visitor first visit within 14 days but with improvement required in the areas of stillbirth, MMR vaccination uptake in 5-year-old and maternal smoking at delivery. The Chief Nurse/Head of Quality and the Local Medical Committee Secretary had been asked to attend a Scrutiny Panel with Liverpool City Council, Public Health and Public Health England looking at immunisation with a report to be published. All these matters were on the agenda for Liverpool

Women's Hospital Clinical Quality & Performance Group who had requested a "Deep Dive" report.

- Long Term Conditions – the Clinical Lead noted that many indicators were Green which was good news, due to the various schemes in place at the Royal and Aintree and the GP Specification. There was still a lot of work to be done in the areas of respiratory and Cardio-vascular Disease and Liverpool remained an outlier. There had been a reduction in stroke admissions due to primary care checks being carried out to detect Atrial Fibrillation. However the percentage of patients being treated with a statin needed to improve. Performance in Diabetes 9 Care Process was disappointing at 64.4% although it was necessary to take into consideration the complexity of this being a composite indicator and therefore underperformance in one area outside of practices' control affected the whole indicator. The work of the Primary Care Team in supporting practices was noted as having a beneficial effect on performance in these areas.

- Mental Health – the Chair updated the Governing Body that performance was Green but the problems of the last few years in this area continued to provide a legacy of challenge. Care Programme approach follow up post discharge was Green but on a downward trajectory, percentage of patients living independently had seen a small decline but was still Green. With regard to Improved Access to Psychological Therapies the Intensive Support Team was due to visit again. The internal waiting list had reduced from 7,000 to 1,200 but the pressure lay in moving on from first treatment to second treatment so this was still a work in progress. The Chief Officer commented that decision around the contract needed to be taken soon as whether to commission with the same provider next year. The Chair observed that reduction in the waiting list might be happening due to a decrease in referrals due to the waiting list itself

which had been suggested by the Healthwatch representative.

- The Senior Operations and Governance Manager referred to the one-year cancer survival indicator where performance was amber which needed to be improved. The Primary Care Clinical Lead commented on the improvements in the various screening programmes and how in the long term this would bear fruit. She referred to the Healthy Lung Programme which was having a positive impact re lung cancer as well as detecting COPD.

- Healthy Ageing - Programme Director Integrated Commissioning – Health & Social Care noted that this was part of the Better Care Fund and performance was Green for 65 years old and over patients still being at home 91 days after discharge and for dementia diagnosis. Also emergency admissions from care homes were decreasing. Performance was also Green for the Quality Premium Local Indicator for emergency admissions due to falls in the over 65s. Delayed Transfer of Care had performance as Red with an upward trajectory but this should steady following joint working with emergency care colleagues and Liverpool was performing well in comparison with other Core Cities.

- The Senior Operations & Governance Manager reported on Prevention on behalf of the Director of Public Health:

    - Maternal Smoking at time of Delivery: Liverpool Women's Hospital had now installed C02 monitors. A new provider had been in place since July 2016 for Smoking Cessation.
    - The "Test & Go" Chlamydia service had helped to improve screening.
    - Alcohol Related Emergency Admissions for Liver Disease – reductions were now being seen, Liverpool had previously had the highest rates in England due to legacy issues and the risk of double counting.

- Patient Experience – the benefits of the e-referral system was being promoted.

o Care Quality Commission Inspections – two trusts had received Outstanding" ratings (the Walton Centre and Clatterbridge). The North West Ambulance Service had received a rating of "Requires Improvement" with a number of actions for the trust to implement. There was one re-inspection of a GP Practice which was rated as "Good" overall.

The Chief Officer observed that the Good performance in the area of Long Term Conditions Management and hospital admissions avoidance would have a positive impact in the longer term on acute hospital performance.

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.**

3.3 Emergency Care Improvement Programme ('ECIP') Whole System Enquiry Visit – Liverpool & South Sefton Health Economy – Report No GB 12-17

The Chief Operating Officer introduced a paper to the Governing Body which gave a review of the findings of the North Mersey Health economy national Emergency Care Improvement Team, review undertaken between October/November 2016. The Emergency Care Clinical Lead continued that the 95% A&E target was a reflection of patient flow throughout the whole system and the challenges for Liverpool were no different from the rest of the country, however, our system performance fares relatively well.

The Chief Operating Officer continued that there was a separate report for Southport and the two reports would be pulled together through the A&E Delivery Board. There were differences between Aintree and the Royal Liverpool Hospital

as Aintree A&E activity was on the increase and the Royal's performance was flat. The four priorities were:

1. Leadership – the A&E Delivery Board was bringing together all partners and holding them to account.
2. Assessment Prior to Admission – move towards a single system and make best use of resources to facilitate quicker ambulance turn round.
3. Doing Today's Work Today.
4. Discharge to Assess.

In conclusion the Chief Operating Officer noted that the report had not highlighted anything unexpected and that the A&E Delivery Board was meeting monthly to ensure recommendations are followed.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the ECIP review.**

PART 4: STRATEGY & COMMISSIONING

4.1 NHS RightCare Programme – Report No GB 13-17

The Clinical Lead for the Right Care Programme presented a report to the Governing Body to give an overview of the NHS RightCare Programme and requirements for CCGs now that Liverpool CCG was part of Wave Two. RightCare was a national programme committed to reducing unwarranted variation in outcomes ensuring that the right person had the right care, in the right place, at the right time, making best use of available resources. He highlighted:

- This was started in February 2016, Wave Two commenced October 2016.

- The submissions needed to be made by the end of February 2017 with business cases to be developed for July 2017, there would be quarterly reporting to 2020. This would involve working through the several cycles of the RightCare approach, focusing on multiple pathways. This was 40% completed for the opportunities highlighted by the end of 2017/18 and the

plan was to address 80% of the opportunities by 2018/19.

- Liverpool CCG was benchmarked against Salford CCG, Bristol CCG, Bright and Hove CCG, Hull CCG, Sheffield CCG, Sunderland CCG, Newcastle Gateshead CCG, South Tees CCG, Stoke on Trent CCG and South Manchester CCG.

- Table 1 on page six highlighted RightCare opportunities by disease area. Respiratory and Circulation disease offered the greatest opportunities in relation to spend, bed days saved and potential lives saved. The third area which would take Liverpool slightly over the 40% threshold was proposed as being Neurological.

The Urgent Care Clinical Lead commented that Secondary Care clinicians were unaware of the RightCare data so this was an opportunity for us to link in with Secondary Care colleagues to support the work.

The Chief Finance Officer was very supportive and noted that RightCare would be part of the NHS England assurance process. The Chief Officer agreed. The Long Term Conditions Clinical Lead added that Secondary Care clinicians were already aware of the challenges, however the fit for Liverpool with the other CCGs for benchmarking did not seem accurate given that Liverpool was probably one of the most deprived on the list.

The NHS Liverpool CCG Governing Body:

- **Committed to providing system leadership across the local health economy (LHE) to facilitate the NHS RightCare approach being embedded successfully.**
- **Approved the pathways that have been identified as the key priorities for the first cycle based on review of the Commissioning for Value packs in relation to the opportunity to improve quality and reduce the spending profile, which are:**
  - **Circulation Problems**
  - **Respiratory System Problems**

- Neurological System Problems.

- **Supported the development of effective business processes to help deliver effective and sustainable change, particularly in relation to decision making and prioritisation.**

4.2 Review of Orthopaedic Services – Report no GB 14-17

The Clinical Director for the Healthy Liverpool Hospital Services Programme presented a paper to the Governing Body to present the case for change for the reconfiguration of adult acute orthopaedic services in the city and to provide an overview of the process and timescales to develop proposals, engage, consult and to confirm the decision regarding the future provision of those services. The model for hospital services would see delivery of specialised and general services delivered from a network of centres, including the centralised campus site and neighbouring District General Hospitals, alongside the shift to more services being provided by hospitals in neighbourhoods across the city. This would bring health and academia together in one location, allowing maximum advantage of the city's research and development capabilities.

She highlighted:

- This was part of the broader configuration of hospital services.

- A single service would have single clinical leadership/governance, combine medical and senior nursing workforce, have standard operating procedures and clinical policies, have a single performance management framework, combine training/education/research, share a single patient record and have a single point of referral.

- This was not new, the Secondary Care clinicians had been asking for this for a long time.

- The proposals were for the development of a single elective orthopaedic centre with all orthopaedic trauma (including spinal trauma) to be transferred to the

Aintree site. Spinal orthopaedic services were being looked at as part of the Vanguard and came under Specialised Commissioning.

- There were two national pieces of work currently being undertaken: “Getting It Right First Time” and the National Standards for Orthopaedic Care which supported this process.

- The new model would see shorter waiting times and better patient outcomes.

- The financial case for change was that Orthopaedics was the third largest service and a reduction in duplication and length of stay would provide a significant financial benefit.

- A review would now be undertaken with providers to identify the optimal configuration. This review would involve:

  1. A robust options appraisal process reviewing need and evidence; considering a long list of possible options and evaluating them against a range of criteria, including (but not exclusively) clinical standards, clinical dependencies, health outcomes, patient experience, activity and finance, access, equalities impact, estates, workforce, deliverability and affordability.

  2. The options appraisal would inform the development of one or more options that were considered to deliver clinical and financial sustainability.

  3. A preferred option or options would inform the production of a pre-consultation business case, which would be required to meet the exacting requirements of the NHS England assurance process, with attention to the following:

     - Strong public and patient engagement
     - Consistency with current and prospective need for patient choice
     - Clear, clinical evidence base

- Support from commissioners

- A consultation process would then need to be undertaken, the governance would be via the Committees in Common and the Oversight Group between commissioners and providers.

The Governing Body commented as follows:

- The Chief Officer noted that the Case for Change had been taken to the Adult Health Select Committee in Liverpool who had raised good questions but understood the case for change. The Clinical Director for the Healthy Liverpool Hospital Services Programme noted that the Sefton Select Committee had seen all the papers, and Knowsley would receive them too.

The NHS Liverpool CCG Governing Body:

- **Noted and approved the clinical and financial case for reconfiguring orthopaedic services, provided by the city's two adult acute trusts;**
- **Noted the joint commitment of commissioners and providers to identify a proposed solution which improves the quality of services and ensures clinical and financial sustainability;**
- **Approved the process and timescales for proposal development, patient and public engagement and formal consultation, leading to a decision regarding the future delivery of orthopaedic services.**

4.3 Armed Forces Covenant – Report no GB 15-17

The Chief Operating Officer presented a paper to the Governing Body to provide an understanding of the Armed Forces Covenant on behalf of the NHS Liverpool CCG. The twin underlying principles of the covenant were:

- Members of the armed forces community should face no disadvantage compared to other citizens in the provision of public and commercial services;

- And that special consideration is appropriate in some cases, especially for those who have given the most such as the injured or the bereaved

By signing the Covenant the CCG pledged to:

1. Support our employees who chose to be members of the Reserve forces, including by accommodating their training and deployment where possible

2. Promoting the fact that we were an armed forces-friendly organisation

3. Seeking to support the employment of veterans young and old;

4. Striving to support the employment of Service spouses and partners

5. Endeavouring to offer a degree of flexibility in granting leave for Service spouses and partners before, during and after a partner's deployment

6. Aiming to actively participate in Armed Forces Day

And specific local commitments:

7. To continue to encourage General Practices to be proactive in identifying military veterans within their practice population, for both new registrations and existing patients

8. To continue to work with local veteran organisations and charities to raise awareness in the veteran community of the importance of identification within General Practice

9. To work with Local Government to ensure the Health and Well Being of current or veteran service personnel and their families is supported

10. To ensure services commissioned support the needs of those who serve, have served, or their immediate families

There had been some work carried out with Liverpool City Council colleagues with a Joint Strategic Needs Assessment having been undertaken for Veterans in 2015 which had led to a "Making It Happen" Group being established and the Health & Well Being Board was involved.

The Lay Member for Governance/Deputy Chair commented that not all Veterans required special conditions; however, the Chief Officer referred back to the Joint Strategic Needs Assessment from 2015 which highlighted a measure of unmet need. The Programme Director Integrated Commissioning – Health & Social Care noted that not all Veterans would want to be considered as victims.

It was agreed that monitoring information should come back to the Governing Body in six months' time on how the Covenant was being implemented

The NHS Liverpool CCG Governing Body:

- **Noted the contents of this report**
- **Approved the formal signing of the Armed Forces Covenant.**
- **Requested monitoring information to be brought back to the Governing Body in six months' time**

PART 5: GOVERNANCE

5.1 Secondment Policy – Report no GB 16-17

This had already been discussed under item 2.1 with the feedback from the HR Committee and had been approved.

The NHS Liverpool CCG Governing Body:

- **Approved the attached Policy as recommended by the HR Committee on 24th January 2017.**

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been submitted by a member of the public in advance of the meeting and the written response below had been distributed to all public present at the meeting and the Governing Body:

My question is are you promoting online patient facing services to your patients? If so how?

Response:

'NHS Liverpool CCG supports, and through its primary care membership and digital partners promotes online patient facing services. Through general practice, patients can access services through the EMIS Patient Online app and GP websites with access to these services directly, and through partner signposting across government and third sector organisations. At grass roots level, the CCG provides free internet hubs across the City with free training to access the internet and supports a volunteer 'champion' network to increase knowledge of online health services and provide the skills with the facilities necessary to access them.

The CCG also has significant plans to grow its online resources from leading work nationally on digital identity verification, the development of an online platform for health support apps to its 'Digital No Wrong Door' programme to simplify accessing information or resources and to introduce enhanced digital self-care to online services. As these services are deployed we will be using existing promotion methods and looking to develop new ways of doing this. In our longer terms plans for innovation, new online services such as Virtual and Augmented reality are being explored to assess where they can be used to support and transform healthcare when they become mainstream.'

6.2 A question had been submitted in advance of the meeting by Mr Sam Semoff but given the time constraints in getting a response from the Merseyside Critical Care Network a response was not yet ready. As

such, the response will be shared with Mr Semoff as soon as available.

The Question was as follows:

"The Review of Services provided by Liverpool Women's Hospital Pre-Consultation Business Case, recently published by Liverpool CCG, contained a letter from the Cheshire and Merseyside Critical Care Network, identified as Appendix 17 (p 357). The letter provides advice on the options under consideration for the future of the Women's Hospital.

Thus I would wish to ask the following:

1) Has Liverpool CCG in publishing the above letter examined the references cited?

2) Can Liverpool CCG provide the full citations for references one, two, three and four referred to in the above letter?

* If the specific document cited in a reference is available as a hard copy, can you provide details as to how it can be obtained?

* If the specific document cited in a reference is available through the internet, can you provide it as a file that can be downloaded or the website address that will enable access without any prior credentials?"

Mr Semoff also asked about a Freedom of Information Request which had been submitted and to which no reply had been received. The Chief Officer and the Healthy Liverpool Integrated Programme Director thought that a response had been sent and would follow this up.

6.3 Mr Alan Shaw asked the following:

a. Was the CCG to be placed in Special Measures?
b. Would there be one Merseyside Region CCG?
c. Would Spire continue to receive £2m per annum of investment from the CCG?

The Chief Officer/Chief Finance Officer responded:

a. The Chief Finance Officer responded that having been rated “good”, Liverpool CCG was one of the highest performing CCGs nationally but receiving lowest level of growth in allocations. The financial pressure on the CCG was extremely challenging.

b. The Chief Officer responded that as reported at previous meetings Liverpool, South Sefton and Southport and Formby CCGs were looking to work together in the future. There were currently no plans at present for this to be on a larger footprint than North Mersey. However, whilst no one knew what future government policies might be but what was certain was that we needed to work collaboratively with our neighbours across Merseyside and beyond.

c. The Chief Finance Officer advised these patients were offered Spire as a choice for surgery under Patient Choice. It was a private company and was monitored very closely for clinical standards. The Chief Officer referred to the Referral to Treatment targets and the struggle to meet them which had been alleviated for routine orthopaedics by the additional capacity commissioned from Spire.

   A member of public mentioned at this point that he had not been given options for referral by his GP and the Chief Officer agreed to pick this up with him outside of the meeting.

6.4 The Liverpool Community Health Unison representative addressed the Governing Body and highlighted the concerns raised by Liverpool Community Health staff on the transaction process to Bridgewater NHS Trust and the savings identified and asked why the CCG had approved the transaction of the contract to Bridgewater?

The Chief Officer responded that the process was led by NHS Improvement not Liverpool CCG and it was NHS Improvement who had identified the preferred provider. With regards to the funding package no money was being taken out of the contract for this year. With regards to the Care Quality Commission rating of “Required Improvement for Bridgewater, NHS

Improvement had been aware of this at the time of their decision. The Care Quality Commission looked at 40 different indicators of which 27 were “Good”, 12 “Required Improvement” and 1 was “Outstanding”. The inspections had been in May and June of 2016 and since then the Care Quality Commission had been working with the trust to improve in the areas which required it. NHS Improvement had identified Bridgewater as the preferred provider which had been supported by the CCG as it was a partnership between Bridgewater, Liverpool City Council, the GP Federation, the Royal, Aintree and Alder Hey and would bring community and social care together and better integrate these services with hospital services. The CCG was now working with Bridgewater and NHS Improvement to ensure that there were high quality community services for the people of Liverpool.

A member of the public expressed concern over the issues identified in the Care Quality Commission report and went on to present them on detail, amongst which were issues such as triage stopped in Walk-In Centres, a medicines management system which did not work, non-compliance with safety standards, children not being seen by a paediatrician during short staffing periods. Concerns were also expressed that the CCG was withdrawing funding for Community Services.

The Chief Officer responded that the report was now almost a year out of date and much had been done to deal with the issues raised. It was highlighted that the alternative to the NHS I led transaction process was a procurement process which would be open to competitive tender.

In relation to funding, the planned levels of funding for the Liverpool Core Services for 2017/18 and 2018/19 is the same level as 2016/17 at 77m.

In addition, non-recurrent funding is being made available to support the transition process to the new provider arrangements. This is planned at 4.6m in 2017/18 and reduces to 3.6m in 2018/19, reflecting planned efficiencies in back office areas achieved

through new partnership arrangements and the dissolution of Liverpool Community Health.

6.5 A member of the public who was the Secretary of the Merseyside Pensioners Association referred to service re-organisation and in particular the provision of cataract services being transferred to optometrists and the issues in where follow up was carried out and the difficulties this caused for elderly patients. The Chief Operating Officer responded that had been proposed for consideration in January 2017 for a small number of optometrists for the screening, referral to St Paul's for the surgery and follow up. Patients with more complex needs would need to have the assessment at hospital rather than at the optometrists.

6.6 The CCG was asked if it would be supporting and attending the Demonstration in Liverpool on 4th March 2017 to defend the NHS. The Chair responded that individual Governing Body members were free to support this as individuals in their personal capacity.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 14th March 2017 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA