NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 9TH MAY 2017 2.30pm BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Fiona Ogden-Forde	GP
Tom Jackson	Chief Finance Officer
Dave Antrobus	Lay Member – Patient Engagement
Sally Houghton	Lay Member for Audit & Financial Management
Dr Monica Khuraijam	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Jane Lunt	Head of Quality/Chief Nurse
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Fiona Lemmens	GP
Dr Rosie Kaur	GP
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

Dr Jamie Hampson	GP Matchworks Locality
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Sandra Davies	Director of Public Health
Tina Atkins	Practice Manager Member

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
Stephen Hendry	Senior Operations & Governance Manager
Dyanne Aspinall	Interim 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	Deputy Chief Finance Officer
Lynn Collins	Chair of Healthwatch
Paula Jones	Committee Secretary/Minutes

OBSERVING :

APOLOGIES:

Dr Paula Finnerty	GP – North Locality Chair
Dr Rob Barnett	LMC Secretary
Cheryl Mould	Primary Care Programme Director

Public: 11

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 interest the reference to the REST (Rehabilitation, Education, Support and Treatment) Centre in the Public Health Update as he was a trustee of the Whitechapel Centre which ran it.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 11th April 2017 were agreed as an accurate record of the discussions that had taken place subject to the following amendment:

- The Clinical Lead for Physical Activity referred to item 2.5 Feedback from Health & Wellbeing Board, second bullet page 8 noting that the reference to the three Local Authorities working together and the feedback on Physical Activity were two separate items.

- The Head of Quality/Chief Nurse referred to item 2.2 Feedback from the Liverpool Safeguarding Children Board 29th March 2017 noting the reference to the Liverpool Suicide View to be amended to read "… undertaken due to the number of deaths from suicide in young people, this was fully consistent with the national picture …".

- The Lay Member for Audit & Financial Management noted that her post was to commence formally on 9th May 2017 not 1st June 2017.

1.3 MATTERS ARISING from 11th April 2017 not already on the agenda:

1.3.1 Action Point One – it was noted that the Better Care Fund Addendum to the Operational Plan 2017/18 was in hand and would come to the Governing Body when available.

1.3.2 Action Point Two – it was noted that the monitoring of the Armed Forces Covenant was to be brought to the August 2017 meeting.

1.3.3 Action Point Three – it was noted by the Director of Public Health that the Workplan for Healthcare Public Health support for Liverpool Clinical Commissioning Group would come to the Governing Body for the June 2017 meeting.

1.3.4 Action Point Four – the Chair of Healthwatch noted that she would be pulling together any relevant patient feedback from the A&E listening event after her meeting with the Healthwatch Manager involved.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 32-17:

- Primary Care Commissioning Committee 18th April 2017 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

  - ✓ Transforming Primary Care (General Practice Forward View) – work was continuing over the coming two months on improvement in key areas of the plan around digital and non clinical development and a non-clinical organisation development plan to be produced for 2017/18. An e-consultation pilot was running for April/May which would be followed by a planned rollout to other practices.

  - ✓ Discretionary payments for Locum cover – from November 2016 the process was the responsibility of the CCG rather than NHS England. In order to comply with the GP Specification requirements it was necessary to include non GP (i.e. nurse practitioners, clinical pharmacists etc) as being able to be remunerated for locum service provision.

- ✓ Local Quality Improvement Schemes 2017/18 (GP Specification) was designed to facilitate the improvement and delivery of high quality services – for this year it would be monitored on a quarterly basis.

  The Primary Care Clinical Lead highlighted the excellent results achieved in Primary Care and noted the reduction in A&E attendances and ACS admissions. There was also good work being carried out in outpatient referrals with workshops held for dermatology and gynaecology referrals with referrals reduced and more practices being in the top quartile compared with the previous year. This was all extremely positive.

  The Chief Officer noted that emergency admissions had increased nationally. In Vanguard areas, the increase was not as great, however, in Liverpool CCG, admissions had actually decreased.

- Healthy Liverpool Programme Board 19th April 2017 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ There was a presentation on routine primary care demand management and the question was asked about whether this sat under Healthy Liverpool Programme transformation progress or should be a separate work stream. Since then this matter had been resolved and it did not come under Healthy Liverpool.

  - ✓ Mersey Internal Audit Agency audit of the Healthy Liverpool Programme had provided limited assurance and the ensuing action plan would come back to the Healthy Liverpool Programme Board in May 2017.

- Finance Procurement & Contracting Committee 25th April 2017 – the Chief Finance Officer fed back to the Governing Body:

- ✓ Year-end position – no new risks revealed.

- ✓ Outstanding void spaces charges from NHS Property Services (separate to Local Improvement Finance Trust). The CCG had given notice to NHS Property Services in July 2015 and the matter was still not resolved and arbitration was an option. The Finance Procurement & Contracting Committee supported the decision not to pay for empty spaces.

- ✓ Local Quality Improvement Scheme – this was not approval of the scheme itself which had been done at Primary Care Commissioning Committee but was the approval of the procurement route. The Finance Procurement & Contracting Committee approved for the scheme to continue to be commissioned from general practice.

- Audit Risk & Scrutiny Committee 25th April 2017 – the Chief Finance Officer fed back to the Governing Body:

  - ✓ The draft annual report and draft annual accounts were received. The accounts were now to be audited.

  - ✓ Internal Audit Progress Report and Audit Plan for 17/18 financial year was agreed and the fees set.

  - ✓ Anti-Fraud Annual Report & Workplan for 17/18 financial year – no fraud reported for Liverpool CCG which was a great compliment to the robust anti-fraud communication and training.

- Quality Safety & Outcomes Committee 2nd May 2017 – Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:

  - ✓ Contract Performance Oversight – of the 92 practices 84 had been inspected by the Care Quality Commission, five were still to be rated and three were yet to be inspected. Two practices had been rated “Outstanding”, 73 were rated as “Good”,

three “Required Improvement” and one had been rated “Inadequate” and these had been turned around by re-inspection. The Quality & Safety Assurance Group gave clear governance in terms of reporting mechanisms.

- ✓ One to One Midwifery Quality Review – the organisation was commissioned by NHS Wirral CCG and Liverpool CCG had become an associate of the Wirral contract. The CCG would ensure quality improvement was sustained via monthly routine surveillance.

- ✓ Serious Incidents Quarterly report/end of year report was received. Liverpool CCG was the responsible commissioner for all Serious Incidents for a large number of trusts in the area of which one third were attributable to our patients. This put a huge pressure on staffing resources in the CCG.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Knowsley, Liverpool, Sefton, Wirral Combined Safeguarding Adults Board 24th April 2017 - Report No GB 33-17

The Chief Nurse/Head of Quality updated the Governing Body on the Knowsley, Liverpool, Sefton, Wirral Combined Safeguarding Adults Board 24th April 2017:

- This was the inaugural meeting of the combined Safeguarding Adults’ Boards.

- There was a presentation from Merseyside Fire & Rescue regarding an incident in October 2016 which had resulted in a death and raised the issue of the tension between the right of individuals with capacity to take decisions and the potential increase in risk to themselves. A Mersey wide all agency policy regarding self-neglect and hoarding was to be developed and

Regulation 28 ruling from the Coroner was to be shared.

- Data and intelligence within the Performance Report highlighted the variation in quality of Care Homes across Merseyside.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Knowsley, Liverpool, Sefton, Wirral Combined Safeguarding Adults Board 24th April 2017.**

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- Liverpool Community Health – Alder Hey were taking over the management contract in the interim with the Chair and Chief Executive of Alder Hey taking on the Chair and Chief Executive roles in Liverpool Community Health with executive support from Alder Hey. Liverpool City Council and Liverpool CCG were keen to maintain the spirit of the originally proposed partnership in the interim model. No decision on the final destination of services could be taken until after the General Election.

- Proposed CCG merger: a very positive response had been received from Liverpool City Council to the CCG's approach for a merger. Sefton Borough Council had requested a meeting with their Overview & Scrutiny Committee to discuss further. NHS England had asked the CCG what the benefits of a merger over a Joint Committee/Joint Management Team were. Also the future timescale for legislative decisions was now unsure given the fact that the General Election had been brought forward from 2020 to 2017.

- The Fit For Me Campaign had been nominated as a finalist for prestigious marketing industry Drum Marketing awards in the category of Cause Related Marketing Strategy of the Year

The NHS Liverpool CCG Governing Body:

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

2.4 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

.

- ✓ "Making Every Contact Count" event working with Health Education England.
- ✓ Launch of Safe and Well visits by the Fire & Rescue Service had gone live and linked in with screening programmes.
- ✓ Sugar Campaign – following on from the Sugar Cubes campaign – the launch was now delayed until after the General Election.
- ✓ Citywide workshops on Cardiovascular disease and the cardiovascular prevention strategy.
- ✓ 22nd May 2017 was to be the launch of the digital "My Drinks Check" as part of the Alcohol Strategy which rather than talking about units of alcohol would equate alcohol intake to calories consumed.
- ✓ REST (Rehabilitation, Education, Support and Treatment) Centre had acquired non-recurrent funding for an additional year. The Lay Member for Patient Engagement declared an interest in this item as he was a Trustee of the Whitechapel Centre which ran the REST Centre.
- ✓ The Public Health "Sugar Cubes" Campaign had been nominated in the same category of the Drum Marketing Awards as the "Fit For Me" campaign.
- ✓ The Pharmacy Needs Assessment was now live on the Liverpool City Council website and the public were asked to provide their feedback by the closing date of 31st May 2017. The Pharmacy Needs Assessment would then go to the Health & Wellbeing Board.

The Healthy Liverpool Programme Director for Community Services and Digital Care commented how the involvement of the Fire & Rescue Service was very positive and how good it was to see health services benefitting from the input of other agencies.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update March 2017 – Month 12 – Report No GB 34-17

The Chief Finance Officer presented the summary of the CCG's financial performance for March 2017 (Month 12) to the Governing Body.

He highlighted:

- The CCG had delivered against its required financial duties for 2016/17 including the Better Payments Practice Code.

- The draft annual report had been submitted to NHS England 21st April 2017 and the draft audited accounts sent on 26th April 2017. They had been reviewed at the Finance Procurement & Contracting Committee and Audit Risk & Scrutiny Committee in April 2017. Delegated responsibility had been given to the Audit Risk & Scrutiny Committee from the Governing Body for approval and submission to NHS England of the final accounts by the deadline of midday on 31st May 2017.

The following comments were made:

- The Lay Member for Audit/Financial Management asked if there were finances set aside for areas of disputed invoices as discussed at the Finance Procurement & Contracting Committee. The Chief Finance Officer responded that accruals had been

made for a number of areas of potential dispute so this issue was accounted for.

- The Chief Officer asked how many other CCGs had met all their headline duties. The Chief Finance Officer responded that across Cheshire & Mersey there were a number of CCGs spending more than their income.

- The Lay Member for Governance/Deputy Chair congratulated the Finance Department and the Deputy Chief Finance Officer for the excellent achievement

The NHS Liverpool CCG Governing Body:

- **Noted the provisional year-end financial position for the CCG.**
- **Noted the next steps with regards to year end accounts timetable, regarding submission and audit review.**

3.2 CCG Corporate Performance Report May 2017 – Report No GB 34-17

The Senior Operations & Governance Manager presented the Corporate Performance Report to the Governing Body on the areas of the CCG's performance in terms of its delivery of key NHS Constitutional measures, quality standards/performance and financial targets for February 2017 and March 2017.

He highlighted:

- Referral to Treatment 52 Weeks – there had been four breaches in the year, none in this month and all four patients had now been treated.

- Diagnostic Waits – the end of year target had been failed but had been Green during the year. Data was awaited from the Royal Liverpool Hospital re Endoscopy demand, the CCG was looking at the pathway which would be followed up at the Clinical Quality & Performance Group meeting for joined up approach.

- Referral to Treatment 18 Weeks – the target had just been missed at year end at just under 92%. The Royal had undertaken a comprehensive demand and capacity modelling exercise and a report would come to the next Governing Body meeting in the Performance Report.

- Cancer Waiting Times – there had been a remarkable turnaround in performance over the year with all targets now Green except for the percentage of patients receiving first definitive treatment for cancer within 62 days which had been narrowly missed.

- Ambulance Response Times – the position was unchanged since the last update – the services was challenged but this was the same across the country.

- A&E Waits – 2016/17 had been challenging for all trusts in the health economy. 2017/18 would have the same commitment to the four hour wait delivery. As part of the Emergency Care Improvement Programme there was an action plan in place to support delivery of sustainable improvement in performance.

- Dementia Diagnosis – there was good performance in diagnosis and early intervention in psychosis.

- Mixed Sex Accommodation – one breach in month with an in year total of 11 – these were all due to the requirement for patient safety.

- MRSA - the year-end total was 11 cases which was in line with the previous year. An action plan had been produced by Alder Hey re infection prevention and control.

- C Difficile – figures were similar to the previous years, heavily influenced by the Royal Liverpool Hospital not appealing as many cases as Aintree Hospital.

The Director of Public Health continued in relation to prevention:

- It was disappointing to see so many amber and red performances indicators but not unexpected.

- Maternal smoking at delivery was still red but improving. It was important to get women referred in the various support services and the wider area of debt management.

- Breast feeding initiation was red with a downward trend.

- School readiness was red but with an upward trend, the childhood obesity levels were an area of concern.

- Performance was red for HIV late diagnosis. HIV point of care testing and home sampling service for at risk groups were being commissioned.

- Smoking Prevalence – it was vital to continue to refer people into the Smoking Cessation service. Smoking prevalence was above the national average.

- Rate of alcohol related admissions continued to decrease.

The Head of Quality/Chief Nurse continued:

- Children and Young People Mental Health services transformation was performing well.

- An area for improvement was the rate of still births/deaths within 28 days of delivery – work was being carried out with Liverpool Women's Hospital to understand more and have greater assurance with a range of approaches internally (governance/audit, Still Birth Task Force, follow up on small babies and management of reduced foetal movement).

- Numbers for children's A&E access per 1,000 of population were high; this was linked to the Liverpool patients' approach to Alder Hey.

- Emergency admissions for Asthma per 100,000 aged 0-19 years was Red but with an upward trend – a

successful pilot had been carried out and a plan developed for service transformation.

The Clinical Lead for Long Term Conditions continued:

- Performance was Green for the number of people feeling supported in the management of their Long Term Conditions.

- Performance was Green for hypertension with a downward trend. It was felt that there were high levels of undiagnosed hypertension patients in the city and nine practices had been identified and agreed to work more intensively with the CCG and partner organisations in this area.

- Performance was improving for reduced cardiology admissions to hospital (heart failure and chest pain) due to work done through the cardiology re-design and Chest Pain Pathway. Ambulatory heart failure was included at Aintree and now the Royal needed to be involved which the Acting As One Contract facilitated.

- There had been a reduction in diabetes admissions.

- Ambulatory Care Sensitive unplanned admissions were Red but improving.

- Cardiovascular Disease Mortality – this was Red but was coming down though was still higher than the national average.

- Cardiac rehabilitation and Diabetes Education – performance was disappointing but the redesign work on-going should show improvement.

- Participation of practices in National Diabetes Audit – this was disappointing but with the inclusion in the GP contract for next year there should be some improvement seen.

The Clinical Lead for Cancer continued:

- Cancer screening targets required improvement. There were high emergency presentations for cancer which was very closely tied in with improving early diagnosis.

The Healthy Liverpool Programme Director for Community Services and Digital Care continued re joint commissioning:

- Performance was Green for emergency admissions deflection and intermediate care indicators/Dementia diagnosis/care homes emergency admissions/Continuing Healthcare.

- Improvement was required on Delayed Transfers of Care, reablement, social care quality of life, care homes permanent admissions to residential care, emergency admissions due to falls, quality of life for carers and end of life care. End of Life Care should see some improvement given that the Academic Palliative Care Unit was fully operational at the Royal Liverpool Hospital.

The Chair continued regarding Mental Health performance indicators:

- Performance was Good around dementia diagnosis and Early Intervention in Psychosis.

- Performance was Green for physical healthchecks for mental health patients but the area where improvement was now required was for healthchecks for patients with Learning Disabilities.

- Improving Access to Psychological Therapies – some improvement had been made but there was still some way to go.

The Senior Operations & Governance Manager continued:

- Two practices had been re-inspected by the Care Quality Commission and all concerns had been addressed.

The NHS Liverpool CCG Governing Body:

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

PART 4: STRATEGY & COMMISSIONING

4.1 Collaborative CCG Policy Development Project to Review the Procedures of Lower Clinical Priority ('PLCP') and Develop and Updated Policy – Report No GB 36-17

The Planned Care GP Clinical Lead presented a paper to the Governing Body to update on the progress to review the Cheshire and Merseyside commissioning policy and to seek approval on a number of recommendations. There were seven CCGs signed up to the review with the Midlands and Lancashire Commissioning Support Unit (Halton, Knowsley, Liverpool, St Helens, South Sefton, Southport and Formby and Warrington). A working group with commissioning leads from each CCG had been established in September 2016 and 130 policies had been assigned to a phased review (37 in Suite 1 and 2 to date, the remaining policies to be reviewed in Suites 3-6).

She noted that each policy had been shared with the Individual Funding Request Panel and then circulated to a 'virtual clinician Forum' made up of GP and Secondary Care colleagues. A draft proposal was then circulated containing the current and proposed policies.

The NHS Liverpool CCG Governing Body:

- **Ratified the policies in Suite 1 and in suite 2 which were RAG rated green and did not require engagement for inclusion in provider contracts:**

Policy name
Surgery for Treatment of Asymptomatic Incisional and Ventral Hernias and Surgical correction of Diastasis of the Recti
Surgery for Asymptomatic Gallstones
Dilatation and Curettage
Policy for Private Mental Health Care- Non-NHS Commissioned Services: including Psychotherapy, adult eating disorders, general in-patient care, post-traumatic stress, adolescent mental health
Policy for Hyaluronic Acid and Derivatives Injections for Peripheral joint pain
Hip Replacement Surgery
Knee Replacement Surgery
Surgical Removal of Ganglions
Adenoidectomy
Policy for Tonsillectomy for recurrent Tonsillitis (excluding peri-tonsillar abscess) Adults and Children
Hysterectomy for Heavy Menstrual Bleeding
Varicose Veins Treatments

Policy name
Cosmetic Surgery - Mastopexy - Breast Lift
Cosmetic Surgery - Surgical Correction of Nipple Inversion
Cosmetic Surgery - Surgical Treatment for Pigeon Chest
Cosmetic Surgery - Labiaplasty, Vaginoplasty and Hymenorrhaphy

Policy name
Cosmetic Surgery - Liposuction

- **Approved a period of public engagement and consultation for policies RAG rated red from suite 1 and policies RAG rated red from Suite 2**

Policy name
Policy for Surgical Treatments for Minor Skin Lesions
Rhinoplasty
Surgical removal of Lipoma
Haemorrhoidectomy - Rectal Surgery & Removal of Haemorrhoidal Skin Tags
Policy for Hair Removal Treatments including Depilation, Laser Treatment or Electrolysis – for Hirsutism
Surgical Revision of Scars
Cataracts Policy

Policy name
Cosmetic Surgery - Reduction Mammoplasty
Cosmetic Surgery - Breast Enlargement
Cosmetic Surgery - Removal or Replacement of Silicone Implants
Cosmetic Surgery - Male Breast Reduction Surgery for Gynaecomastia
Cosmetic Surgery - Laser Tattoo Removal
Cosmetic Surgery - Apronectomy or Abdominoplasty
Cosmetic Surgery - Other Skin Excisions, Body Contouring Surgery
Cosmetic Surgery - Treatments to Correct Hair Loss for Alopecia

Policy name
Cosmetic Surgery - Hair Transplantation
Cosmetic Surgery - Treatments to Correct Male Pattern Baldness
Cosmetic Surgery - Rhytidectomy - Face or Brow Lift
Circumcision
Pinnaplasty

- **Agreed a 'virtual sign off' of the back pain policies to allow public engagement to occur with suite 1 and 2 policies.**

4.2 North Mersey Local Delivery System Plan – Report No GB 37-17

The Healthy Liverpool Integrated Programme Director presented a paper to the Governing Body to update on progress in implementing the North Mersey Local Delivery System Plan.

The NHS Five Year Forward View (5YFV), published in October 2014, set out the key opportunities and challenges facing the NHS and the need to take a longer term approach to planning to ensure the NHS remains clinically and financially sustainable. The Forward View highlighted three key areas:

- Better health - improving health and wellbeing;
- Better care – improving quality and the experience of care; and
- Better value -maximising efficiency and financial sustainability.

The North Mersey Local Delivery System was one of three in the Cheshire & Mersey Sustainability and Transformation Plan (now called the Five Year Forward View). The eight cross-cutting clinical programmes to improve care were: neuroscience, cardiovascular disease, learning disabilities, urgent care, cancer, mental health, women and children and primary care. Some of these were also Vanguards i.e. neuroscience and women and children. These were to be

implemented predominantly through the three local delivery systems to reflect the particular needs of the populations and the health system of each area. The North Mersey Local Delivery System had the Healthy Liverpool Programme as its cornerstone so we had a head start.

The North Mersey Local Delivery System identified the five priorities of:

1. Demand Management
2. Hospital Service Reconfiguration
3. Population Health
4. Digital Innovation
5. Acting as One System

Demand Management:

The right care needed be in the right place and this was dependent on having strong community services and a shift of focus from a hospital to community model focussed on prevention.

Community Care/Hospital Service Reconfiguration:

North Mersey was not a Vanguard but emergency admissions were down 1.2% which was better than Vanguard areas' performance and was bucking the national trend. There was still challenge around bed days.

Hospital re-configuration was a direct transplant of the Healthy Liverpool Programme hospital plan. This covered the merger of the work on a single service system wide delivery including orthopaedics which should have public consultation in Summer 2017; and the review of Women's and Neonatal Services which had commenced in Spring 2016 with four options for the future of services published in a pre-consultation business case in January 2017. Work was on-going to identify the way forward on funding and capital arrangements.

Population Health:

The Five Year Forward View stated that the sustainability of the NHS depended on prevention and public health.

Digital Innovation:

North Mersey was a leader in digital care and innovation. The Royal Liverpool and Broadgreen Hospitals and Alder Hey Hospital had been recognised nationally as Global Digital Exemplars with £10m of investment each. Mersey Care was also to be awarded ~£5m of investment.

Acting as One:

This gave us the opportunity to support whole system collaboration and share risk. An Accountable Care System (different to Accountable Care Organisation) could align the system to be jointly accountable for shared and ambitious outcomes.

The Chief Finance Officer noted that a template had been completed on all areas of the Sustainability and Transformation Plan and that a shortfall of £400m had been identified for the North Mersey Local Delivery System, with a £995m shortfall across Cheshire & Mersey. This would be the position if no actions were taken to address demand and give best use of resources. However, the broad assumption was that at the end of Year one of the Five Year Forward View the aggregate position for North Mersey should be a £26m surplus which bucked the trend.

The Lay Member for Patient Engagement referred to the "Plan on a Page" in Appendix 1 of the paper and asked about the community care trusts in other parts of North Mersey. It was noted that South Sefton CCG were taking a similar approach as Liverpool CCG with neighbourhood working. The Liverpool City Council Cabinet Member commented that with regard to joint working the Local Authorities of Liverpool, Sefton & Knowsley had signed up to a tri-partite agreement to collaborate on specific areas of adult social care.

The NHS Liverpool CCG Governing Body:

- **Noted the response of the North Mersey Delivery System in delivering whole-system plans for better health, better care and better value**

- **Noted proposals to align transformation capacity to meet the needs of the North Mersey system over the next four years;**
- **Noted the proposals for North Mersey governance arrangements, to support whole-system collaboration and decision-making.**

4.3 Healthy Lung Programme External Evaluation (2016/17) – Report No GB 38-17

The Cancer Clinical Lead gave a presentation to the Governing Body on the key achievements of the Healthy Lung Programme in 2016/17 as per external evaluation reports from Research Works Limited and Queen Mary University London. She highlighted:

- In 2016/17 the Healthy Lung Programme was piloted in four areas of the city with higher incidences and mortality of lung cancer (Picton, Speke, Everton and Norris Green).

- Lung cancer was responsible for nearly one third of all deaths from cancer in Liverpool.

- More than half of all lung cancer deaths occurred in people aged under 75.

- One in three people who developed lung cancer would survive for one year or longer after their diagnosis.

- One in ten people would survive for five years or more after their diagnosis.

- Survival for lung cancer was the second lowest out of 20 common cancers in England and Wales.

- Higher incidence of lung cancer in areas of deprivation; and higher mortality from lung cancer in areas of deprivation.

- Evaluation had been carried out via Phase One Breathe Freely Events (independently assessed by Research Works Limited) and Phase Two Lung Nurse

Clinics targeted at high risk patients who were brought in for healthchecks with a Lung Nurse (independent report prepared for University of Liverpool, Queen Mary University London, University College London and University of Leeds).

- Phase One Breathe Freely Events – 73% of participants were aged 50 and above, one in five had an abnormal spirometry result. The events had been positively received by patients. Outcomes were:

  - ✓ Comparison of pre and post engagement data, showed a significant increase in awareness of the importance of a healthy lifestyle for lung health - 49% were 'very aware' before their engagement, rising to 89% 'very aware' after.
  - ✓ 86% stated that the event would encourage them to attend a Lung Health Clinic if they were invited
  - ✓ 81% strongly agreed that the event raised propensity to go to the doctor if signs of a lung condition are noticed.
  - ✓ 91% would also be encouraged to seek advice as a result of knowing more about signs and symptoms.
  - ✓ The community-based nature of the event was an important factor for participants. Typically they felt comfortable and believed this enhanced a sense of community. Many felt the session was reassuring and the engagement provided a positive incentive to consider a healthy lifestyle.
  - ✓ Overall, the evaluation recommends the consideration of this intervention model for future behaviour change programmes with high risk audiences from the wards targeted

- Phase Two Lung Nurse Clinics Outcomes:
  - ✓ LHLP 1576 lung health check consultations (up to Jan 2017)
  - ✓ 800 males, 776 females;
  - ✓ Median age 65, range 53-71;
  - ✓ 1477 (94%) ever smokers;
  - ✓ 377 (24%) had existing COPD diagnosis
  - ✓ Median 5-year lung cancer risk 4% (range 0.2-45.6%).

- ✓ Only 10% required repeat scans (Published CT trials ~ 25% repeats).
- ✓ 82% in most deprived IMD (Socioeconomic) quintile
- ✓ Those with higher risk score, older age, history of respiratory disease, asbestos exposure, longer duration of smoking, history of other malignancy and lower BMI were more likely to require further investigation.

- In Conclusion the pilot had been extremely successful and a full evaluation would be carried out later in the year.

The Governing Body commented as follows:

- The Secondary Care Clinician felt that this was an excellent result and noted that it would be good to triangulate against mental health data re smoking and lung cancer. The importance of capturing early stage COPD was stressed.

- The Director of Public Health noted that the next phase of the Pilot would not have Breathe Freely Events and asked if that would diminish finding the hard to reach population. The Clinical Lead responded that they were trying to find a way to bring the Breathe Freely events in as part of the wider preventative strategy.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the external evaluation reports.**
- **Noted that these are preliminary reports, and final reports are due later in 2017 once all outcomes have been assessed**

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 39-17

The Senior Operations and Governance Manager presented the changes to the Corporate Risk Register for May 2017 to the Governing Body. He highlighted:

- Risks C024a and CO24b around delivery of services from Liverpool Community Health were recommended for removal and were being replaced by two new risks CO63 (Delivery of quality of community services meeting commissioning requirements) and CO64 (Smooth transition of services currently provided by Liverpool Community Health to provider organisations).

There was a discussion around risk CO41a Primary Care Support Services that have been contracted to Capita which was a static red risk. This risk was recommended for removal in the paper as the issue was being managed through the Primary Care Commissioning Committee as part of their normal business. The Lay Member for Patient Engagement/Primary Care Commissioning Committee Chair referred to a meeting held with NHS England, Capita and clinicians from the Primary Care Commissioning Committee. Although there appeared to be a better understanding of the issues the CCG remained unconvinced until changes were seen.

A GP member stressed the need not to be complacent about red risks. The Chair noted that there had already been extensive discussions at the Governing Body around both the issues of Liverpool Community Health and Primary Care Support Services. He also noted that CO35 (Delivery of four hour A&E wait targets at Aintree) had also been discussed extensively elsewhere. The Chief Officer noted that all the residual risks were in fact discussed in the covering paper to the Risk Register. The A&E Clinical Lead referred to the work of the A&E Delivery Board and expected there to something more substantial on the Aintree A&E performance in the next Risk Register. The Chief Operating Officer added that NHS England, NHS Improvement and the National Emergency Care Improvement Programme Team were involved in the A&E Delivery Board. The Five Year Forward View maintained commitment to the four hour wait A&E target – achievement of this would require a multi-agency approach involving the Emergency Care Improvement Programme, A&E and ambulance turnaround.

The Chief Officer thanked the team involved for the follow up on Governing Body requests and the production of a report

which had been easier to read and therefore ensure we were taking appropriate actions.

The NHS Liverpool CCG Governing Body:

- **Noted the risks (CO24a and CO24b) recommended for removal from the Corporate Risk Register;**
- **Noted the new risks (CO63 and CO64) that have been added to the Corporate Risk Register;**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Equality and Diversity Liverpool CCG Annual Report including EDS2 and Equality Objective Plan 2017-2020 – Report no GB 40-17

The Senior Governance Manager South Sefton CCG (Merseyside Equality and Inclusion Service) presented a paper to the Governing Body presenting the Equality and Diversity Liverpool CCG Annual Report. This included the EDS2 and Equality Objective Plan 2017-2020 for approval which had been significantly updated as a direct result of the Equality Delivery Systems 2 ('EDS2') Assessment 2016. This had already been discussed at the Quality Safety & Outcomes Committee and HR Committee of Liverpool CCG.

The Governing Body commented as follows:

- The Lay Member for Governance/Deputy Chair noted now pleased she was to see that the CCG was continuing to make progress but noted that there was no room for complacency.

- The Lay Member for Patient Engagement referred to Appendix 3 which gave the key NHS provider EDS2 grades and asked if this was self-assessment. The Senior Governance Manager South Sefton CCG

(Merseyside Equality and Inclusion Service) responded that no guidance had been given on how to grade ourselves and all CCGs were going through a robust process working with a number of providers.

The NHS Liverpool CCG Governing Body:

- **Noted the Equality and Diversity Annual Report (Appendix A)**
- **Noted LCCGs approach to Equality Delivery Systems 2 assessment (Appendix A section two)**
- **Approved the 3 year Equality Objectives Plan in light of the EDS2 assessment (Appendix A, section three- Appendix two, Annual report)**
- **Noted the NHS England EDS summary Report (Appendix B)**
- **Noted the workforce Equality Plan (which has approved by the Human Resource Committee in January 2017).**

5.3 MP Enquiries, Freedom of Information Requests and Complaints Annual Report 2016/17 – Report no GB 41-17

The Chief Operating Officer presented the Annual Report on MP Enquiries, Freedom of Information Request and Complaints Annual Report 2016/17. He highlighted:

- There had been a significant increase in the number of MP Enquiries compared to the previous year, 74 for 2016 /17 compared with 34 from 2015/16. The rate of Parliamentary Hub enquiries had increase to 23 in the year. There were no discernible patterns, although Liverpool Community Health and mental health featured highly.

- Subject Access Requests – these were all around Continuing Healthcare.

- Freedom of Information Requests – these had risen from 292 in the previous year to 362 but also the number of questions in each request had risen dramatically from 1,610 to 2,404 and it took a

significant amount of time to deal with them which in terms of the workforce time cost totalled at least £25k.

- Freedom of Information Request response time breaches were listed by month but there were reasons for the breaches which were set out in the paper, usually around extensions requested for complexity of information to be gathered.

- Themes from Freedom of Information Requests – mostly these were around commissioning policy/contracts/service specifications/pathways/procurement followed by investment/finance/expenditure queries and primary care/GP numbers.

- Complaints received by the CCG – there were 65 in year of which 46 had been investigated with 13 still under investigation. The paper contained a breakdown by trust with comparison to the previous year.

- Lessons Learned:

    - UC24/NHS111 had changed the process for an expected death across the North West in response to feedback from staff and families. UC24 had also changed their risk reporting system.
    - Continuing Healthcare – the process was not clear enough to access specialist equipment and the CCG would now work to change this.
    - Royal Liverpool Hospital – delayed diagnosis of an infection had been highlighted by a complaint. The trust had taken on board and shared learning with had resulted in a new protocol.

- Parliamentary and Health Service Ombudsman Referrals – there had been four from patients: two were Continuing Healthcare Previous Unassessed Periods of Care which had not been upheld. Of the two further Continuing Healthcare cases one was on-going and the second was a joint case with the Local Authority and the final report and findings were awaited.

In conclusion the Chief Operating Officer thanked all the team involved in dealing with Freedom of Information Requests and Parliamentary Requests for all their hard work in managing such a high volume of requests in the appropriate timescales.

The NHS Liverpool CCG Governing Body:

- **Acknowledged the CCG's internal and multi-agency work to ensure compliance with Freedom of Information Act, Data Protection Act, Health and Social Care Act and NHS Complaints Regulations.**

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:

"Liverpool Clinical Commissioning Group's Review of Services Provided by Liverpool Women's NHS Foundation Trust Pre-Consultation Business Case contains an Equality Impact Assessment of three and half pages.

Does the CCG plan to carry out a more detailed Equality Impact Assessment at a future date?"

CCG Response

The assessment contained within the pre-consultation business case is a pre-equality impact assessment. During the pre-equality assessment the purpose is to use our existing insight and local data, alongside conducing desk top research, to identify potential impacts and possible discriminations. This allows us to identify who we needed to engage with during the pre-consultation engagement to test our thinking and has provided a wealth of information which we considered in the options development. The pre equality impact assessment essentially enables us to test our thinking and also identify any new potential impacts or discriminations we had not considered.

The pre-equality impact assessment is a live document, which we will continue to add to. It will be used to inform the consultation, to ensure we are actively consulting the right people.

Following the consultation all of the information will be reviewed and considered.
It is only at this stage that we would produce, and be able to provide, a full and final equality impact assessment.

Mr Semoff asked a further question at the meeting asking for clarity on whether the CCG was being set up as an Accountable Care Organisation or was in an Accountable Care System. The Chief Officer confirmed that the CCG was not an Accountable Care Organisation but that the reference was to being in an Accountable Care System re the North Mersey footprint collaborative working which was very different.

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

"Regarding June 2016 "decision" to decommission the NHS homeopathy service which has been available in Liverpool since the inception of the NHS. I have requested full details of why options for consideration by the Board were not shared with users prior to consultation contrary to 'real involvement' D of H guidance. In the minutes of the January Board meeting on 10th January 2017 (paragraph
6.2) the CCG sets out its response as follows:

CCG Response: the CCG maintains that the decision made at the June 2016 meeting of the Governing Body was made properly and legally. The development and requirement for a pre-consultation business case is proportionate to the scale of any service change and was not required in the case of homeopathy."

I regard this response as unsubstantiated and inadequate. All attempts to get this information from the CCG have been ignored. Please furnish me with a full

explanation as to why 'real involvement' has been disregarded by the CCG."

CCG response

"The CCG maintains that the decision made in June 2016 to cease funding homeopathy services was made properly and legally and has nothing further to add to the extensive correspondence that has taken place over the last twelve months on this matter."

Mr Cook was dissatisfied with the response given and felt that the Department of Health Guidance on consultation involvement had not been adhered to. The Chief Operating Officer re-iterated that there was nothing further to add to response to previous questions responded to directly between himself and Mr Cook.

6.3 A Member of the Public noted how impressed she had been with the presentation on the Healthy Lung Pilot and evaluation. She expressed concern about the way GPs were dismissive of and condescending towards people who presented at surgeries concerned about symptoms and were not taken seriously. The Chair agreed that we should not be complacent and that this was an important point and the uptake on cancer screening needed to be improved.

6.4 A Member of the Public asked for an update on the proposal for routine eye surgery aftercare to be carried out at local opticians rather than at St Paul's Eye Hospital. The Chief Operating Officer responded that the proposal had been paused. A change to services would not be undertaken without a formal engagement process being undertaken.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 13th June 2017 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA