NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY
Minutes of meeting held on TUESDAY 12TH SEPTEMBER 2017
2.30pm
BOARDROOM LIVERPOOL CCG, 3RD FLOOR THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Simon Bowers	Chair
Dr Fiona Lemmens	Clinical Vice Chair
Jane Lunt	Head of Quality/Chief Nurse
Dr Nadim Fazlani	GP
Dr Fiona Ogden-Forde	GP
Dr Shamim Rose	GP
Dr Stephen Sutcliffe	GP (up until item 5.1)
Dave Antrobus	Lay Member – Patient Engagement/Acting Deputy Chair
Sally Houghton	Lay Member for Audit/Financial Management
David Gilburt	Interim Lay Member
Dr Monica Khuraijam	GP
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

Tina Atkins	Practice Manager Member
Dr Rob Barnett	LMC Secretary (up until item 5.1)
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council (up until item 5.1)

IN ATTENDANCE:

Ian Davies	Chief Operating Officer

Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director (up until item 5.1)
Cheryl Mould	Primary Care Programme Director
Mark Bakewell	Deputy Chief Finance Officer
Sarah Thwaites	Chief Executive, Healthwatch (representing Lynn Collins)
Rachael Gosling	Consultant in Public Health Medicine (representing Sandra Davies)
Susan Rogers	Assistant Director Adult Services Strategic Integration Adult Social Care and Health (representing Dyanne Aspinall)
Peter Johnstone	Primary Care Development Manager (up until item 5.1)
Teresa Clarke	Programme Lead – Adult Mental Health (up until item 5.1)
Stephen Hendry	Senior Operations & Governance Manager
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Dr Maurice Smith	GP
Dr Jamie Hampson	GP Matchworks Locality
Dr Paula Finnerty	GP – North Locality Chair
Lynn Collins	Chair of Healthwatch
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council
Sandra Davies	Director of Public Health

Public: 30

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table. He reminded the public who were present that questions would only be taken at the end of the meeting verbally as well as responses given to any written questions submitted in advance. Mr Sam Semoff asked for an update on what had been happening with senior personnel at the CCG and the Chair noted that he would be addressing this immediately on the agenda as part of the Chair's update.

1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 11th July 2017 were confirmed as an accurate record of the discussions which had taken place.

1.3 MATTERS ARISING from previous meeting not already on the agenda:

1.3.1 Action Points One: it was confirmed that the amendments had been made as requested to the minutes from the June 2017 meeting.

1.3.2 Action Point Two: it was noted that the Chief Operating Officer was working with the contracts team to explore the balance between outpatient and diagnostic capacity.

1.3.3 Action Points Three & Four: the Risk Register contained more information around Looked After Children Nursing staff gaps and was on the agenda along with information about capacity/recruitment in the Quality Team.

1.3.4 Action Points Five & Six: it was noted that the establishing of a Joint Committee was on-going.

PART 2: UPDATES

The Chair took the opportunity to update the Governing Body on events following the resignations of the Accountable Officer and Chief Finance Officer and thanked the Governing Body GPs and the CCG Senior Management Team for their hard work and resilience in maintaining business as usual. The CCG was now under NHS England Directions so the appointment process of a new Accountable Officer and Chief Finance Officer needed to be approved by NHS England. A process was in place to appoint an interim Accountable Officer for a period of nine months however no information could be released yet but NHS England had a supplied a list of suitable candidates. It was hoped also that information about the Chief Finance Officer role would be available shortly.

2.1 Feedback from Committees – GB 54-17

Given the length of the agenda the Chair asked for reporting from the committees to be by exception only.

- Remuneration Committee – 18th July and 8th August 2017 – the Interim Lay Member/Remuneration Committee Chair fed back to the Governing Body:

  - ✓ Terms of Reference were amended (included later on the agenda in the item around the Constitution and revised terms of reference for all committees).

  - ✓ Action Plan agreed with NHS England following their audit of remuneration of the Governing Body at the CCG addressing all the concerns raised. An independent remuneration review was to be commissioned via the Midlands and Lancashire Commissioning Support Unit, six organisations had been approached of which two had submitted bids. The output of this review would come to a future public Governing Body meeting.

- Finance Procurement & Contracting Committee 25th July & 22nd August 2017:

  ✓ As per template.

- Healthy Liverpool Programme Board – 26th July 2017:

  ✓ As per template.

- Audit Risk & Scrutiny Committee – 28th July 2017:

  ✓ As per template.

- Quality Safety & Outcomes Committee 1st August and 5th September 2017:

  ✓ As per template.

- Primary Care Commissioning Committee 29th August 2017:

  ✓ As per template.

The NHS Liverpool CCG Governing Body:

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

2.2 Senior Management Team Update

The Chief Operating Officer updated the Governing Body:

- He acknowledged the work of the Senior Management Team and all staff in the CCG together with the Chair and Clinical Vice Chair in order to maintain normal business under extremely difficult circumstances.

- The HR and OD Lead in the CCG had now gone on maternity leave and senior HR support would be provided by Gillian Roberts and Adam Burgess-Evans (Head of People Services) from the Midlands and Lancashire Commissioning Support Unit.

- The Winter Plan 2017/18 had been submitted to the A&E Delivery Board which took a whole system approach across North Mersey. This would go to NHS England for their consideration and feedback.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from the Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG – 10th July 2017 – GB 55-17

The Assistant Director Adult Services Strategic Integration Adult Social Care and Health updated the Governing Body:

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- ✓ There was a subsequent single agenda item meeting to receive the Better Care Fund and recommend for approval to the Health & Wellbeing Board Extraordinary meeting on 7th September 2017 which had met and approved the Better Care Fund. The Better Care Fund had been submitted to NHS England on 8th September 2017. The Liverpool City Council Cabinet Member for Health & Adult Social Care added that this equated to funding of £90m over the next three years to alleviate the acute strain citywide, delayed transfers of care and help with winter pressures.

The NHS Liverpool CCG Governing Body:

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

2.4 Public Health Update - Verbal

The Consultant in Public Health Medicine updated the Governing Body:

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- ✓ Liverpool "Know Your Numbers" Campaign launched in conjunction with Liverpool CCG – to encourage people to get their blood pressure checked.

- ✓ Healthy Weight – Liverpool City Council had agreed to support this.

The Governing Body Members commented as follows:

- The Liverpool City Council Cabinet Member for Health & Adult Social Care referred to health inequalities and deprivation with Liverpool being one of the worst in the country.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Feedback from the Health & Wellbeing Board 20th July 2017 - Verbal

There was no specific feedback given.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update July 2017 – Month 4 2017/18 – Report No: GB 56-17

The Deputy Chief Finance Officer presented a verbal update of the CCG's financial performance for July 2017 (Month 4) to the Governing Body.

He highlighted:

- The financial position for month 4 had been discussed at the Finance Procurement & Contracting Committee at the end of August 2017.

- The CCG was on track to delivery NHS England Business Rules as at the end of the financial year i.e. 2% surplus equating to £16.m and an additional 0.5% added to reserves.

- The financial performance indicators were Green except for the in year surplus position (£715k off target as at month 4). £1m of mitigation was required to delivery this

- Cash Releasing Efficiency Savings ('CRES') were required to deliver forecast outturn of £26m against the £23m demonstrated which left an unidentified CRES amount of £1.55m.

- The CCG was achieving its cash and Better Payment Practice Code targets.

The Governing Body Members commented as follows:

- The Practice Nurse Governing Body Member asked about the Spire contract over-performance. She also asked about Wirral Podiatry. The Deputy Chief Finance Officer

confirmed that this was due to patient choice being exercised around wait list times, patient choice could not be influenced but we could ensure that all referrals were appropriate.

- The Clinical Vice Chair asked what "other estimated reserves" were. The Deputy Chief Finance Officer responded that these indicated contingency at the start of the year and digital investment/EPR which was in the reserves should it be needed.

- The Interim Lay Member/Chair of Remuneration Committee was concerned about the £715k gap as at month 4 and how this was to be monitored/controlled. The Deputy Chief Finance Officer noted that this was discussed in depth at the Finance Procurement & Contracting Committee, this was still quite an early stage and too early to detect trends, we would have a clearer picture by September 2017.

- With regards to over-performance at Spire it was noted that they had shorter waiting lists so patients were choosing to have their treatment there. The Healthwatch representative noted that they were now engaging with Spire due to the amount of NHS work being carried out.

The NHS Liverpool CCG Governing Body:

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

- **Noted the stated assumptions regarding proposed recovery solutions to deliver the required business rules based on current forecast outturn assumptions.**

3.2 CCG Corporate Performance Report August 2017 – Report No GB 57-17

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 August 2017.

He highlighted:

- Diagnostic waits – this had been a rising tide for the last six months – Liverpool was an outlier amongst its Right Care peers.

- Referral to Treatment – focus was on the deterioration of performance to double the mandated period of time. The CCG was working closely with Specialist Commissioning re the jointly commissioned Allergy Service. Post-Operative Cataract follow up at community ophthalmologists was on track for early November.

- Cancer Waiting Times – overall all targets were Green. Improvement was required in the area of two week waits from urgent GP referral, receipt of Treatments with 62 days of screening and 62 day wait from upgrade of priority.

- Ambulance Response Times /A&E (Chief Operating Officer) – the Secretary of State had announced radical changes to the National Ambulance Response Programme with national response targets applying to every single 999 patient. The focus was on getting the response right first time. Category One calls required a seven minute mean response time (98% in 15 minutes), Category Two calls required an 18 minutes response time (90% in 40 minutes), Category Three calls 90% to be responded to in 120 minutes and Category Four calls 90% to be responded to in 180 minutes. Hopefully this would then have an impact on GP urgent calls being dealt with more quickly as resources were released.

- A&E Waiting Times (Chief Operating Officer) – four hour wait times had not improved as much as we would have liked them to. There had been a significant shift in ambulance turnaround delays at the Royal Liverpool Hospital and it had moved from being an outlier to some of the best practice in the North West. However the position at Aintree was very different and performance was volatile and we were trying to understand the tipping points including looking at winter resilience and close working with Walk-In Centre colleagues.

- MRSA – there had been one case in July assigned to Liverpool CCG and the Post Infection Review had identified no lapses in care.

- C Difficile – we were below plan for this month but above plan for the year to date.

- Care Quality Commission – four practice inspection reports received all including Princes Park Health Centre had an overall rating of "Good".

The Governing Body commented as follows:

- The Primary Care Programme Director noted the excellent work of turning around the Princes Park Health Centre to achieve an overall Care Quality Commission rating of "Good".

- The Clinical Vice Chair referred to diagnostics six week waits and complete in-sourcing tendering. The Primary Care Programme Director noted that she had received an email from the Royal Liverpool Hospital and was meeting to discuss their project plan. The Clinical Vice Chair referred to diagnostics at Liverpool Women's Hospital and noted that Primary Care was working with the trust to potentially increase the cases seen in Primary Care. The Clinical Lead involved in Liverpool Women's Hospital commented that a new policy was being worked on for

the improvement of cases seen in Primary Care rather than being referred on.

- The Clinical Vice Chair referred to Referral to Treatment targets and discussions around de-commissioning certain service lines. It was agreed that the Primary Care Programme Manager would pick this up and bring back.

- The question was asked about why Aintree Hospital had not achieved the two week breast cancer referral target and the Senior Operations and Governance Manager agreed to pick this up.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators for the period and the recovery actions taken to improve performance;**
- **Determined if the levels of assurances given are adequate in terms of mitigating actions, particularly where risks to CCG strategic objectives are highlighted.**
- **Noted that the Senior Operations & Governance Manager was to look into why Aintree Hospital had not achieved the two week breast cancer referral target.**

PART 4: STRATEGY & COMMISSIONING

4.1 Sponsorship Policy – Report No: GB 58-17

The Chief Operating Officer introduced a paper on the current CCG Sponsorship Policy which had been revised and updated to now include specific provision for pharmaceutical industry sponsorship and activities.

The Primary Care Development Manager continued noting that the process needed robust governance in place and this had workforce implications. The Primary Care Programme Group

would review the initial proposal and make recommendations to the Primary Care Commissioning Committee for ultimate approval and if considered to be high risk also to Finance Procurement & Contracting Committee and the Governing Body. Any projects would be overseen by the Medicines Management Team and it was up to practices and individual GPs if they wanted to do this or not.

In response to a query about Long Term Conditions the Primary Care Development Manager noted that there were plans in place for nutritional supplements/fortified foods so these were not included. The Medicines Management Team were working closely with the Long Term Conditions Team.

The Local Medical Committee Secretary felt that this was a sensible approach. Another Governing Body GP had mixed feelings but felt that it would do lot of good. Practices already had agreements in place to work with pharmaceutical companies but the process needed to be standardised in order to maintain control.

The Clinical Vice Chair felt that it was very primary care focussed and that there were similar projects in Secondary Care. The Primary Care Development Manager noted that a programme budgeting paper was being worked on at the moment but it was at a very early stage, however it had been taken to the Financial Resilience and Oversight Group the week before.

The Primary Care Development Manager noted that the CCG already had a rebate policy, previously approved by the Governing Body, to take advantage of any price rebates which might apply to drugs which GPs were already prescribing. This was about getting the best value for money for the drugs which we already used and therefore GPs might not be always of aware of it.

The Local Medical Committee Secretary felt that with regards to transparency this needed to be looked at further by the Medicines Management Optimisation Sub-Committee, the

Primary Care Development Manager noted that this information was on the CCG website already.

The NHS Liverpool CCG Governing Body:

- **Approved the revised and updated CCG Sponsorship Policy.**

4.2 Update on Adult Mental Health Work Programme – Delivery of the Five Year Forward View for Mental Health – Report No: GB 59-17

The Programme Lead for Adult Mental Health presented a paper to the Governing Body which gave an update on the Adult Mental Health work programme and progress against delivery of the Five Year Forward View for Mental Health. She highlighted:

- The Increasing Access to Psychological Therapies ('IAPT') had been challenging for a number of years but progress had been made over the last twelve months working with Talk Liverpool (Mersey Care). Internal waiting lists had previously been hidden in the service. The National Support Team had carried out a great deal of work however performance now needed to be maintained re improved access and recovery. The Five Year Forward View set access targets at 25% and were struggling to achieve 15% so the challenge was significant. It had taken two years to see improvements in the IAPT performance and we would continue to work with them and review performance over the next 12 months, should there be no significant improvement we needed to reconsider and go back to the Finance Procurement & Contracting Committee.

- We had a rolling programme of training for Primary Care staff around mental health and psychological conditions. There were better outcomes for the CCG if a patient was

referred in to the system early before problems became severe.

- Psychosis/Schizophrenia – there were new access standards and an increase in the age limit for people accessing the service from 35 to 65 years of age. The CCG had provided additional investment of £500k into Mersey Care to develop services and were asking for access of 67% against the target of 53%.

- Crisis Care/liaison with A&E was important to ensure the correct follow up for mental health patients.

- Increased baseline spend on mental health to deliver the Mental Health Investment Standard with 1.6% growth required (CCG committed to 3.4%).

- Dementia Diagnosis rate target – the CCG was currently out-performing at 71.3% against the national target of 66.7% (set at 70% locally).

- Target for 30% of the population on GP registers with severe mental illness to have physical health checks (rising to 60% in 2018/19 – Liverpool already had a target of 41% of 2017/18 and current performance was 45.82%.

- North Mersey footprint already had a sound basis or collaborative working particularly in relation to Mersey Care.

The Governing Body commented as follows:

- The Lay Member for Patient Engagement/Acting Deputy Chair noted that the Quality Safety & Outcomes Committee had discussed the challenge of Adult ADHD. The Programme Lead for Adult Mental Health agreed that this was a growing problem and one without an immediate solution in light of constrained resources.

- The Secondary Care Clinician commented on lack of mental health knowledge for hospital staff dealing with physical health problems and the need to support these priorities and “up our game”.

- A GP Member asked about the rate of self-referrals to IAPT as he had received conflicting advice about patients being able to self-refer. The Programme Lead for Adult Mental Health confirmed that patients could self-refer and self-referrals were increasing. The Healthwatch representative noted that she would feed back in due course from the Talk Liverpool/Mersey Care Listening Events to the Mental Health Team.

- The Practice Nurse Member asked about the increase in the age limit for early intervention in psychosis (first episode) treatment from 35 to 65 and asked what happened for patients over 65. It was noted that this increase was based on NICE evidence. It was noted that some Mersey Care activity needed more work to ensure services were centred around patients.

The NHS Liverpool CCG Governing Body:

- **Noted the content of this report.**

4.3 Armed Forces Covenant – 6 Month Update – Report No: GB 60-17

It was noted that this paper had been prepared by the Primary Care Support Manager and was an update to the one submitted tin April 2017. The Covenant’s twin underlying principles were that:

- 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.

In signing the Covenant the CCG pledged itself 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

The NHS Liverpool CCG Governing Body:

- **Noted the content of this report**
- **Acknowledged the on-going work of the CCG, in particular with local partners, to support the Armed Forces Veterans population needs**
- **Further developed and maintains an understanding of the Veteran population health needs, and the work needed to support this**

PART 5: GOVERNANCE

5.1 NHS Liverpool Clinical Commissioning Group Directions 2017 – Report No GB 61-17

The Chief Operating Officer presented a paper to the Governing Body on the NHS Liverpool CCG Group Directions for 2017 imposed on it by NHS England.

In June 2017 the Governing Body received a report into the initial findings of a review by NHS England into decision making with regards to Governing Body remuneration. Following subsequent publication of the review by NHS England, the Commissioning Board under Section 14Z21 of the NHS Act 2006 had now published the attached legal Directions requiring the CCG to take specific actions in response to the reviews findings, which had been previously accepted by the CCG. Following its receipt of the initial findings of the Deloitte Remuneration Review commissioned by NHS England on 13th June 2017, the Governing Body approved a series of proposed actions which resolved to address key areas of governance and strengthen the CCG's current systems of internal control. These actions had since been subsumed into the wider 'Implementation Plan' required to meet the NHS England Directions.

The actions required under the Directions would be initially led by the CCG Chief Operating Officer, reporting to the Remuneration Committee which would be accountable for overseeing implementation of the requirements and reporting back to the full Governing Body on a regular basis. The latter remaining ultimately accountable for compliance with the Directions. The Directions were expected to remain in place for twelve months and the following were highlighted:

- Liverpool CCG was to increase its lay membership from two to four members – actually Liverpool CCG already had three Lay Members.

- An independent Remuneration Review was to be carried out – this was to be completed within three months and be brought to the October 2017 private business section of the Governing Body in the first instance before going to the public Governing Body meeting in November 2017.

- Review of the Organisational Development Plan – this was the plan for the Governing Body not all staff. There had already been Conflicts of Interest training last month for the Governing Body members which would be repeated. There was also to be Governing Body governance training and clear progress was being made.

The NHS Liverpool CCG Governing Body:

- **Noted the publication of the Directions by NHSE and the legal requirement for compliance under the NHS Act 2016.**

5.2 Emergency Preparedness Resilience & Response Assurance 2017-18 – Report No GB 62-17

The Chief Operating Officer presented a paper to the Governing Body to present an assurance statement regarding compliance with the National Emergency Preparedness Resilience & Response ('EPRR').

The role of the CCG was to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements – this is achieved through the adoption and application of the standard national NHS Contract.

- Support NHS England in discharging its EPRR functions and duties locally – this is achieved by the provision of a 24/7 senior management on-call rota, shared with Southport & Formby and South Sefton CCGs.

- Be represented on the LHRP (at both the Strategic and Practitioner Level Groups). Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability – this is achieved through the CCG's nominated 'Executive Lead for EPRR' membership of the Merseyside LHRP and full participation in the business and operations of the LHRP.

- Fulfil the responsibilities as a Category two responder under the CCA including maintaining business continuity plans for their own organisation – this is achieved through the development and maintenance of an incident plan and separate business continuity management plan.

- Seek assurance provider organisations are delivering their contractual obligation – this is achieved through an annual process of audit and review carried out with support from the Midlands and Lancashire Commissioning Support Unit EPRR team.

The CCG had carried out a self-assessment against national EPRR core standards. There were only two standards where the CCG was not fully compliant: number 50 on-going arrangements made for an exercise programme, however this was timing only as and exercise was taking place in October 2017 and DD3 identification of an active Non Executive/Governing Body representation for EPRR and this

would be included in the Lay Member recruitment which was to be undertaken.

The Governing Body members commented:

- The Interim Lay Member/Remuneration Committee Chair commented on the issues around IT and protection of our systems from cyber-attack. The Chief Operating Officer responded that this was in the Corporate Risk Register and there was an extremely comprehensive plan in place.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report; and**
- **Assured itself of the substantial compliance with the National Core EPRR Standards.**
- **Approved the submission of the self-assessment declaration to NHS England.**

5.3 Corporate Risk Register Update – September 2017 – Report No GB 63-17

The Senior Operations & Governance Manager presented the Corporate Risk Register to the Governing Body for discussion by exception only.

- New risks added C068 (restoring public/partner confidence in the CCG) and C069 (delay in appointment of Accountable Officer and Chief Finance Officer).

- The cyber-attack risk remained static – there had been a local debrief but we were waiting for a national debrief.

- It was noted that the Risk Register was scrutinised in detail at the Audit Risk & Scrutiny Committee.

The NHS Liverpool CCG Governing Body:

- **Noted the new risks (CO68 and CO69) 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.**

5.4 Scheme of Delegation – Operational Limits Update 2017/18 – Report No GB 64-17

The Deputy Chief Finance Officer presented a paper to the Governing Body on updates to the operational components of the CCG's scheme of delegation. The current scheme had been reviewed by the Finance Team the Senior Management Team Leads/budget holders to discuss issues, gaps and reflect current operational circumstances, including:

- Signatory Levels in line with Contract Payments Levels
- Amended Non-Healthcare approval limits for Governing Body & Joint Approval levels for Chief Officer & Chief Finance Officer
- Amended Healthcare & Non-Healthcare limits in line with operational requirements

There were three levels of operational limits: Governing Body, Chief Officer and Chief Finance Officer and these needed to comply with the budgets approved at the start of the year. The revised Scheme of Delegation had been discuss at Audit Risk & Scrutiny Committee at the end of July 2017 and amendments made. When the document was approved at the Governing Body meeting the ledgers would be altered accordingly.

The Governing Body commented as follows:

- The Interim Lay Member/Remuneration Committee Chair referred the approval level of £12.5m for the Chief Finance Officer and noted that this was a formal payment of a pre-agreed budget.

- The Lay Member for Patient Engagement referred to the reference to Visa/Payment cards – the Deputy Chief Finance Officer confirmed that we had no intention of having one of these for the CCG.

- The Clinical Vice Chair asked if this document was the same for all CCGs. The Deputy Chief Finance Officer said that the level of detail would differ but the values proportionally would be the same. The document was in a standard format. In response to a query about litigation claims he noted that the CCG was a member of the NHS Litigation Authority and would be made aware of any litigation claims.

The NHS Liverpool CCG Governing Body:

- **Approved the updates made to the Scheme of Reservation and Delegation.**
- **Noted and endorsed the next steps to be progressed.**

5.5 Constitution/Revised Terms of Reference – Report No GB 65-17

The Chief Operating Officer presented the revisions to the CCG Constitution and Governing Body Committees Terms of Reference to the Governing Body for approval. The changes were to reflect changes in NHS England advice and guidance and to comply with the NHS Liverpool CCG Group Directions 2017 and had given us the opportunity to review the dates of all the committee Terms of Reference and standardise the documentation and the amended Terms of Reference had been reviewed by the committee Chairs and Hill Dickinson Solicitors.

The Constitution had been revised last in March 2017 and then NHS England had looked at the work around having Joint Committees in place and the NHS England Directions had been considered along with dealing with any ambiguities in the documents. He highlighted some of the changes:

- There would be a Clinical and a non Clinical Vice Chair.

- 4th Lay Member to be recruited, also the areas of responsibility for the Lay Members had been clarified.

The Practice Nurse Member commented that since the GP members for each Locality had been set the Localities had changed in size and there was an argument for having equal representation from each Locality. The Chair stated that the Electoral Constituencies had not changed and consultation with member practices would be required before the next set of election which were due May 2017. It was agreed that a report would be brought back to the Governing Body around the split of practices/governing body representatives.

The Interim Lay Member/Remuneration Committee Chair asked if there was any clear mandate around the Clinical and Non Clinical Vice Chairs and who would chair the meeting in the absence of the Chair. It was felt that this should be checked with the Lawyers although the Chair had no problem with the Non Clinical Vice Chair being the Deputy Chair.

It was noted that the Terms of Reference for the Governing Body stated that it met on the first Thursday of each month and in fact it was the second Tuesday.

The Chair noted that the changes which had come about from the NHS England Directions and new guidance did not require member consultation, however the changes around the two Vice Chairs did require this approach. The Local Medical Committee Secretary stated that he was happy simply to keep the members informed.

The NHS Liverpool CCG Governing Body:

- **Approved the revisions to the Constitution and Committee Terms of Reference**
- **Approved the disestablishment of the Approvals Committee**
- **Approved the revision to the Constitution to provide for the introduction of two Vice Chairs (Clinical and Non-Clinical)**
- **Recommended to NHSE that the Constitution was formally amended.**

5.6 Conflicts of Interest Revised Policy– Report No GB 66-17

The Senior Operations & Governance Manager presented a paper to the Governing Body on the CCG's revised Conflicts of Interest Policy 2017 following receipt of NHS England Guidance in order to align the CCG with the rest of the NHS. The changes were minor:

- Gifts of low value from suppliers (£6) could be accepted and gifts of under £50 (previously £25) from non-suppliers. Gifts over £50 needed to be declared.

- Declarations of Interest needed to be made by all staff although now those of decision makers would be published.

- There was clarification that the Lay Member for Governance would have responsibility for Conflicts of Interest.

The Chief Operating Officer noted that all practices needed to a make a declarations given that as members of the CCG under the terms of the Constitution they had the power to remove the Governing Body and therefore any conflict/self-interest they might have needed to be known. He also made reference to the item 14.2 Sponsored Events and noted that the CCG Sponsorship Policy took precedence.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report;**
- **Approved the 2017 Conflicts of Interest Policy as a corporate policy for dissemination and publication.**

5.7 Standards of Business Conduct – revised policy– Report No GB 67-17

The Senior Operations & Governance Manager presented a paper to the Governing Body to provide an overview of the CCG's revised Standards of Business Conduct Policy 2017 which had been updated in the light of new statutory guidance.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report;**
- **Approved the 2017 Standards of Business Conduct Policy as a corporate policy for dissemination and publication.**

6. QUESTION FROM THE PUBLIC

6.1 Mr Sam Semoff had submitted a question in advance of the meeting to which a written response had been provided:

"The phrase "procedures of limited clinical value" did not appear in any of the material in the current "Review of local health policies" being conducted by Liverpool CCG. I would to ask the following:

1) What are the criteria for designating "procedures of limited clinical value" for Liverpool CCG?

NHS Liverpool Clinical Commissioning Group (CCG) is working together with Halton, Knowsley, Southport and Formby, South Sefton, St Helens and Warrington CCGs on a project called 'Reviewing local health policies' to agree a number of clinical procedures based on certain criteria.

The review aims to ensure that patients receive the appropriate healthcare in the right place at the right time, that treatments with no or very little evidence of effectiveness are not used, and procedures are carried out for maximum clinical or functional benefit, not for

cosmetic of psychological reasons. Instead, clinicians will explore other, more suitable treatments for patients with these types of needs.

The review will help ensure services are up to date with the latest national guidelines, methods and technology, whilst also offering value for money. Where possible, another aim is to try and standardise the policies and treatments available across the seven CCG areas.

LCCG, currently has over 100 policies that contain criteria for accessing ‘procedures of lower clinical priority’ (PLCP).

These are procedures which national experts have suggested have only limited or temporary benefit and which are not felt to be necessary to maintain good physical health. This means they need to be considered on a case by case basis and meet outlined criteria before they can be provided on the NHS.

A review is being carried out, as part of a routine assessment of policies, to ensure that PLCP treatments and procedures are still the most clinically appropriate for patients, as well as in line with the latest national guidance and technologies.

The previous terminology ‘procedures of limited clinical value” used in 2014 has been replaced in current materials with “Review of local health policies” as this was felt by all partners involved, to be a better reflection of the aims of the project and more relatable to the general public.

2) Will the results of the “Review of local health policies” influence the designation of “procedures of limited clinical value” for Liverpool CCG?

No. The purpose of the review is about ensuring the current policies are in line with best practice, national clinical standards and any new emerging policy. The review is not about designating any new procedures as PLCP.

3) If the answer to the above question is "yes", how will this influence be manifested?

N/a"

6.2 Lesley Mahmoud from "Save Liverpool Women's Hospital" asked when the report from the Clinical Senate on the consultation of around women's and neonatal services would be available for the public. The Clinical Vice Chair responded that the Clinical Senate report would be published on 25th September 2017. The financial report was not yet in the public domain as it was still going through the NHS England assurance processes. The consultation would be discussed at the local Overview & Scrutiny Committees and at the Liverpool, Knowsley, South Sefton and Southport & Ormskirk CCGs' Committees in Common. Ms Mahmoud wanting to know if the public consultation would be taking place as hoped in November 2017. The Clinical Vice Chair responded that this timescale would be challenging but she was optimistic, however given the need to go to all the Overview & Scrutiny Committees and then back to the Committees in Common this would be difficult.

6.3 A Member of the public thanked the Healthwatch representatives who attended the Governing Body for taking the role of Healthwatch to a higher level. He also asked who was now Chairing the Remuneration Committee. The Chair responded that the Interim Lay Member was the Chair of the Remuneration Committee and recruitment was to be carried out for the additional Lay Members required. The members of the Remuneration Committee had remained the same.

6.4 A Member of the public raised her concerns over recent public health information on the high levels of type 2 diabetes in children and highlighted the need for periodic health checks for children and more awareness around the high levels of sugar in soft drinks. The Consultant in Public Health Medicine responded that Public Health were working to get Liverpool City Council to sign up to the

Health Weight programme. A whole system approach was required across the city. With regards to periodic health checks it was more about working across the board with schools and increasing the availability of healthy and affordable food rather than singling out children. Children's height and weight were measured in schools and if appropriate they were referred to the Healthy Families service.

7. DATE AND TIME OF NEXT MEETING

Tuesday 10th October 2017 Boardroom, Liverpool CCG, 3rd Floor The Department.