

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 12TH DECEMBER 2017

2.30pm

BOARDROOM LIVERPOOL CCG, 3RD FLOOR THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Simon Bowers	Chair
Jan Ledward	Interim Chief Officer
Dr Fiona Lemmens	Clinical Vice Chair
Jane Lunt	Head of Quality/Chief Nurse
Mark Bakewell	Acting Chief Finance Officer
Dr Fiona Ogden-Forde	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Dr Stephen Sutcliffe	GP
Sally Houghton	Lay Member for Audit/Financial Management
Dr Monica Khuraijam	GP
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Dr Paula Finnerty	GP – North Locality Chair
Dr Jamie Hampson	GP – Matchworks Locality Representative
Tina Atkins	Practice Manager Member
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
------------	-------------------------

Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Stephen Hendry	Senior Operations & Governance Manager
Carole Hill	Healthy Liverpool Integrated Programme Director
Cheryl Mould	Primary Care Programme Director
Lynn Collins	Chair of Healthwatch
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Sandra Davies	Director of Public Health
Susan Rogers	Assistant Director Adult Services Strategic Integration Adult Social Care and Health
Kerry Lloyd	Deputy Chief Nurse

Public: 7

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table.

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 14th November 2017 were confirmed as an accurate record of the discussions which had taken place subject to the following amendments:

- Item 3.1 Finance Update September 2017 Month 6 2017 page 10 – the Acting Chief Finance Officer asked for the reference about the Department of Health in discussions with the pharmaceutical industry to mitigate the impact of strategic pricing on the NHS and to explain No Cheaper Stock Options to be amended to state that he noted that this was a national issue affecting all CCG's and had been brought to NHS England's attention for discussion with the Department of Health.

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

1.3.1 Action Point One & Two – The Acting Chief Finance Officer reminded the Governing Body that the Lay Member had requested further clarity around the underlying position, this was being worked on and would be brought to the Governing Body early in 2018.

1.3.2 Action Point Three – it was noted that the Performance Report contained information on the ambulance response profile.

1.3.3 The 111 report was on the agenda.

PART 2: UPDATES

2.1 Feedback from Committees – Report No: GB 84-17

The Chair asked for reporting from the committees to be by exception only.

- Finance Procurement & Contracting Committee – 5th December 2017:

- ✓ As per template.
- Quality Safety & Outcomes Committee – 5th December 2017:
 - ✓ As per template.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Update - Report No: GB 85-17

The Interim Chief Officer updated the Governing Body:

- Lay Member recruitment – there had been an impressive shortlist drawn up for the finance, governance and patient and public engagement Lay Member posts and interviews were being held week commencing 4th and 11th December.
- Board Development – the Governing Body had spent time considering its priorities for the coming year, work would continue over the next few months with a view to bringing our strategy and plan to the March 2018 Governing Body meeting.
- Liverpool Integrated Care Partnership Board – this had been proposed by the Health & Wellbeing Board to discuss health and social care integration and had held its first meeting.
- Financial Position – the CCG was on track to achieve the required financial position in accordance with the NHS England Business Planning Rules. The CCG needed to update the Improvement & Assurance Framework and to take a view on our ambitions around the assurance framework and incorporate this into our plan to be delivered next year.

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 4th December 2017 – Report No: GB 86-17

- ✓ As per the template.

The NHS Liverpool CCG Governing Body:

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

2.4 Public Health Update - Verbal

The Director of Public Health had sent her apologies to the meeting but had provided an update by email which the Chair delivered to the Governing Body on her behalf:

- ✓ A Measles outbreak continued in Liverpool and other Cities had also seen outbreaks. A national briefing had gone out from Public Health England that week <https://www.gov.uk/government/news/measles-outbreaks-confirmed-in-leeds-liverpool-and-birmingham> . Locally the situation was being monitored and targeted vaccination was still taking place. Over a period of 10 days more than 500 children (and some adults) in low uptake areas had been immunised which was an impressive achievement across a wide partnership of organisations.
- ✓ The Chair commented on the excellent work of Public Health England and the local Public Health Team in building up public awareness and maximising opportunities to increase vaccination uptake.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update October 2017 – Month 7 2017/18 – Report No: GB 87-17

The Acting Chief Finance Officer presented an update of the CCG's financial performance for October 2017 (Month 7) to the Governing Body. This report had been discussed in detail at the Finance Procurement & Contracting Committee on 5th December 2017.

He highlighted:

- Month 7/October 2017 reporting forecasted that subject to mitigation of a number of financial risks, the CCG remained on track to deliver NHS England Business Rules at the end of the financial year, for clarity this was the equivalent of a 2% cumulative surplus equivalent to £16.4m with a small in year surplus position of £86k planned. An additional 0.5% was also held in reserve in line with Business Rules.
- A summary of the financial performance indicators were included reflecting the combination of business & planning guidance rules and effectiveness indicators with the majority self-assessed as 'Green'.
- The CCG continued to experience financial performance pressures in respect of its year to date performance against plan with a deficit of £1.5m and as such was rated as 'amber'. These pressures existed as a result of operational issues as highlighted in the paper, further mitigations were required to the value of £1.5m (compared to £1.22m at month 6) in order to achieve the forecast outturn position as set out in the paper.
- Detailed performance information was contained in the paper with regards to both the year to date and forecast outturn positions and provided further supporting information on the key drivers of the forecast outturn

position as summarised, particularly regarding potential options for the delivery of the £1.5m required mitigations.

- Key variances in respect of financial pressures and savings compared to planned values as per the CCG financial planning assumptions at the start of the financial year were highlighted.
- Page 16 of the report described the CCG's Cash Releasing Efficiency Savings ('CRES') requirements as per the agreed financial plan assumptions. £26.2m of planned savings were planned for the financial year the current forecast was for savings of £21.7m at the end of year resulting in a variance of £4.4m (£4.5m at month 6).
- Further information regarding potential risks was included on page 19, the CCG's Statement of Financial Position was included on page 21. In respect of positive performance regards month end cash position and better payment practice code performance, both being above respective required target levels.
- The appendix to the paper contained more detailed information on the financial position of the CCG.

The Governing Body commented as follows:

- The Local Medical Committee Secretary referred to prescribing information provided within the report and reflected that the 'No Cheaper Stock Option' issues was also causing an additional burden to practices in respect of workload.
- The Liverpool City Council Cabinet representative commented that the Local Authority wanted to do everything it could to ensure that the CCG did not suffer adversely in the allocations from central government and received a fair share of the £150m available for winter pressures and wondered how much of the additional £4bn for the NHS over two years would be distributed.

The Acting Chief Finance Officer responded that no formal notifications had yet been received. The Chief Operating Officer added that the £350m available for CCGs was via a bidding process and was split based on A&E plans, approved by the A&E Delivery Board. Bids had been submitted but the decision had not yet been announced by NHS England

- A GP Member voiced concern over the financial position particularly regarding the £2.1m of prescribing budget pressure which might materialise re “No Cheaper Stock Option” drugs.

The Acting Chief Finance Officer informed the Governing Body that the Month 8 position was currently being prepared and was showing indications of the required improvement in performance position. Work continued with Senior Management Team Leads and budget holders to confirm forecast outturn savings assumptions and the impact of planned mitigating actions.

- A GP Member asked about the 3rd recommendation in the paper that the Chief Officer and Chief Finance Officer receive authority from the Governing Body to implement additional remedial actions should they be required in order to support delivery of NHS England Business Rules.

The Acting Chief Finance Officer responded that as the CCG headed into the last quarter of the financial year, there might be a necessity to make some urgent decisions to support delivery of the required financial position. Due to the current arrangements for Governing Body meetings, there might not be sufficient time to wait for ‘full’ Governing Body approval and that this could result in any identified measures not being implemented in time in order to deliver the required financial impact.

He reminded the Governing Body that the CCG was not yet at the point of having to stop all discretionary spend (which had been the case in the previous year as part of the Financial Recovery Plan) but it was felt that should

urgent decisions need to be made that alongside the existing limits within the Scheme of Reservation and Delegation ('SORD') that the Chief Officer and Chief Finance Officer might need to make some urgent decisions, and then report back as appropriate to the Governing Body to ensure the audit trail was maintained, rather than waiting to present additional potential mitigations.

The Chief Officer added that from a governance perspective, any decisions taken would need to be proportionate to the size of financial impact, noting that any of these urgent decisions would not impact upon delivery of patient care and would be in areas of discretionary expenditure that the CCG can reasonably control.

The Lay Member for Audit requested additional information be provided on the potential examples that were being considered and the Acting Chief Finance Officer agreed to provide further information at the next Governing Body meeting.

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.**
- **Agreed the recommendation to delegate authority to the Chief Office and Chief Finance Officer to take mitigating action to ensure delivery of the business rules. Any decisions to be retrospectively reported to the Governing Body.**

3.2 CCG Corporate Performance Report December 2017 – Report No GB 88-17

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 December 2017. The data was at September/October 2017.

He highlighted:

- Diagnostics 6 week waits targets breached, predominantly at the Royal Liverpool Hospital with performance at 22.8% which was a decline from the previous month (report data was 2 months in arrears). The Royal was providing weekly updates as requested at the last Governing Body.
- Referral to Treatment – very slow improvement being seen, performance in this area was impacted by diagnostics. The Interim Chief Officer was to write to the Chief Executive of the Royal Liverpool Hospital explaining the concerns held by the Governing Body and asking for assurance.
- The Chief Operating Office continued to update on the North West Ambulance Service performance on response times. Functional changes in the new Ambulance Response Programme implemented from August 2017 had caused problems. We did not have CCG level data yet. The North West and sector data had been seen the previous week and there had been a meeting with the Executive of the North West Ambulance Trust and we should have CCG level data sometime in January 2018. GP Urgent transfers continued to be an area of concern. There was good news that the technical issues with BT were being dealt with and there was already an improvement in call pick up times. A guide for healthcare professional requesting ambulance transport had been made available to assist.

The Governing Body commented as follows:

- The Local Medical Committee Secretary asked if demand for MRI scans was linked to a shortage of radiologists and the Clinical Lead for Planned Care agreed to check this and come back with a response.
- The Primary Care Programme Director informed the Governing Body that she was meeting with NHS England, NHS Improvement and the Royal Liverpool Hospital to work on a recovery plan for Referral To Treatment performance and there would be more information available for the next Governing Body meeting.
- The Liverpool City Council Cabinet Member commented on the need to work collaboratively around triage options, for example the City Council had a transport fleet which could be used to reduce pressure on the North West Ambulance Trust.
- A GP Member referred to outpatient follow up attendances having increased but referrals from GPs had decreased. The Clinical Lead for Long Term Conditions noted the work ongoing around clinical workstreams and the need for a massive culture change in the way clinicians worked. The Planned Care Lead added that the change to ophthalmology follow up care being delivered by community opticians would reduce outpatient follow-up. The GP Member who had raised the issue of outpatient follow up suggested that the High Street opticians should be included in the advice and guidance available from Secondary Care.

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 that the levels of assurances given were adequate in terms of mitigating actions, particularly where risks to CCG strategic objectives were highlighted.**
- **Noted that the Chief Officer was to write to Chief Executive at the Royal Liverpool Hospital regarding concerns on Referral To Treatment/diagnostics asking for assurances.**

3.3 NHS 111 Progress Report – Report No GB 89-17

The Chief Operating Officer presented a report to the Governing Body on the delivery and performance of the NHS 111 service in the North West and the service developments underway.

He highlighted:

- North West Ambulance Service had been awarded a five year contract in 2015 to deliver the service, it was currently provided from call centres in Bolton, Carlisle and Liverpool.
- In the 12 months October 2016 to September 2017 the North West service triaged 1,414,002 calls of which 188,481 were across Merseyside and of these 81, 433 were in Liverpool. The system was underpinned by the Directory of Services which was a list of local commissioned facilities and priorities under which these services were made available to patients, these were maintained by Liverpool CCG and Liverpool CCG hosted the Directory of Services Team for Merseyside.
- A criticism levelled at 111 was that the service was very risk averse and directed too many people to an emergency service. However this was a myth as September 2017 data showed that of the 6,183 calls triaged in Liverpool 54.7% were advised to contact primary or community health services, a further 19.5%

were closed with “hear and treat” advice with only 14.8% requiring emergency ambulance and 8.2% advised to attend A&E. Anecdotally patients at A&E said they were advised to attend by 111 when this was not true, often in the misbelief that this would lead to them being seen more quickly.

- The expansion of the Clinical Assessment Service was planned (“consult and treat” rather than “hear and refer”) and we were seeing a healthy decline in the number of A&E referrals from 111. There had been a recent temporary increase at the Royal due to the influx of new students, something experienced annually at the start of the new academic year.
- The NHS Urgent Medicine Supply Advanced Service Pilot (‘NUMSAS’) had been introduced dealing with urgent repeat prescription requests. 48 pharmacies across Merseyside had signed up (18 in Liverpool).
- NHS 111 Online was to go live in January 2018. Direct Booking was also being progressed.

The Governing Body commented as follows:

- A GP Member still felt that 14.8% of calls being referred to emergency ambulance services still seemed very high. He wondered if the impact of the Clinical Assessment Service was due to seasonal fluctuations alone. The Chief Operating Officer responded that this was not the case and that the Clinical Assessment Service was staffed by clinicians. The Long Term Conditions Lead reminded the Governing Body that the NHS 111 was mandated by NHS England. It would be useful to be able to monitor A&E attendance where no treatment was given in order to have meaningful data on the appropriateness of the referrals to A&E. Also we needed to ensure patients did not use 111 month on month e.g. for repeat prescribing as a matter of course. The Chief Operating Officer responded that there was feedback from A&E and

healthcare services about whether or not NHS 111 under or over-triaged and this could be feedback to NHS 111.

- The Local Medical Committee Secretary referred to checks and balances from the emergency prescribing NUMSAS process and suggested that certain drugs for certain patients could be flagged as not for emergency supply. The Chief Operating Officer also advocated the use of “special patient notes” section of the system to alert NHS 111 so the patient would never even reach the NUMSAS route. The Prescribing Clinical Lead felt that the majority of urgent repeat prescribing requests came about due to lack of organisation of patients.

The NHS Liverpool CCG Governing Body:

- **Noted the progress of the North West NHS 111 service and the service developments underway.**

PART 4: STRATEGY & COMMISSIONING

4.1 Memorandum of Understanding between Liverpool CCG and the Voluntary, Community and Faith Sector in Liverpool – Report No: GB 90-17

The Healthy Liverpool Integrated Programme Director presented a paper to the Governing Body to set out a formal framework for working with the Voluntary, Community and Faith sector in the city which was intended to build trust and collaboration to support the development and delivery of services which met the needs of communities and individuals.

Liverpool had a robust and diverse Voluntary and Community sector with historically a good relationship with the CCG, although this had been challenged by the recent cuts in funding. The NHS Five Year Forward View set out a national vision and strategy for a new relationship with patients communities. The Voluntary/Community could help to engage hard to reach groups in the community. The actual Memorandum of Understanding was set out in the appendix to the paper. It had been developed by the CCG and the Voluntary Sector (co-

ordinated by Liverpool Community & Voluntary Sector ('LCVS').

The next steps were to identify a detailed work programme. The Memorandum had been positively received by the Health & Wellbeing Board, Local MPs and Liverpool Community Health.

The Chair added that we were trying to reset a fractured relationship and commented on the positive and understanding response of the Voluntary Sector in coming back to the table to discuss with us how to work together.

The question was asked about how to get other Voluntary Sector agencies not represented by LCVS involved and engaged. The Healthy Liverpool Integrated Programme Director responded that LCVS was a starting point, a suggestion was made about using the Neighbourhood collaboratives to take this forward.

The Secondary Care Clinician commented that the great challenge was to get metrics for success. The Healthy Liverpool Integrated Programme Director responded that it was early days, the Memorandum needed to be approved and then we could consider how to resource. The Liverpool City Council Member welcomed the Memorandum, some of the Better Care Fund monies were destined for charitable partners and collaboration was the way forward.

The NHS Liverpool CCG Governing Body:

- **Noted the purpose, scope and commitments contained in the Memorandum of Understanding (Appendix A)**
- **Approved the Memorandum of Understanding/Supports the proposed actions/next steps for collaboration.**

4.2 Prescribing Projects – Report No: GB 91-17

The Clinical Lead for Prescribing presented a paper to the Governing Body proposing that the Liverpool CCG Medicines Optimisation Sub-Committee ('MOC') implemented the following programmes of work which formed part of the Prescribing Cash Releasing and Efficiency Savings ('CRES') Scheme:

- utilising resources made available through commercial sponsorship for a blood glucose monitoring project
- utilising resources made available through commercial sponsorship for an oral nutritional support project
- funding a community pharmacy Not Dispensed service though the primary care prescribing budget.

Blood Glucose Monitoring:

The MOC was proposing to switch patients to a blood glucose monitoring system that used more cost effective test strips and needles.

There were currently 11 first line blood glucose monitoring systems on the Pan Mersey formulary. The Liverpool Diabetes Partnership chose a list of three first line monitors for routine use in patients with type 2 diabetes who did not need more complex monitoring and were not under the management of a specialist service. Of these, the Spirit Tee2 used the most cost effective test strips. The MOC proposed to support a switch programme to the Tee2 meter, accompanied by patient education to improve use of monitoring systems alongside healthy lifestyle information related to diabetes. This project would also include switching patients to a more cost effective brand of insulin needles if appropriate.

The MOC estimated annualised savings of £200,000 from this project. However, following project implementation the CCG would no longer gain from rebates attached to other test strips of up to £50,000 per year. The project proposal template and Primary Care Programme Group recommendations were included at appendix 1.

The Lay Member for Audit raised a concern about being too reliant on one supplier. The Prescribing Clinical Lead responded that there had been no concerns raised by other CCGs taking this approach and would only be advised for patients if appropriate. The Secondary Care Clinician asked about how outcomes would be measured and the Prescribing Lead referred to the Appendix 1 pro forma and the use of Quality Outcomes Framework scores for where meters were changed. The patient's GP maintained accountability and choice for the patient's treatment, changes were only made where appropriate and the patients involved were of low clinical risk.

Oral Nutritional Support:

The MOC was proposing to review patients who were prescribed oral nutritional support (known as sip feeds) to determine if continued prescribing was required and where appropriate switch patients to like for like more cost effective products. The project would be sponsored by Nualtra and conducted in GP practices by clinical pharmacists employed by Medicines Management Solutions Ltd (MMS). The project would include a clinical pharmacist review of patient records and would focus on three areas; appropriate prescribing; cost effectiveness; raising awareness of local guidelines including food first approaches and use of the Malnutrition Universal Screening Tool (MUST).

The project standard operating procedure ('SOP') had been developed in partnership with the Liverpool Community Health, Community Nutrition and Dietetics Team and included an agreed exclusion and special considerations criteria to ensure vulnerable and complex patients were not adversely affected.

Initially the project would be targeted at the 45 GP practices with the current highest spend on sip feeds, with potential to roll out to a further 30 practices. The MOC estimated annual savings of up to £450,000 from this project. The project proposal template and Primary Care Programme Group recommendations were included at **appendix 2**.

The Chair noted that the Local Medical Committee had a place at the Local Pharmaceutical Committee and that the Local Medical Committee Secretary had assured him that there were no issues to be raised with this.

The Clinical Lead for Prescribing added that a similar offer had recently been received from another ONS manufacturer. This had been considered but it was felt that there were no additional benefits and a lot of work had already been undertaken on the current project to allow it to commence in early 2018.

A GP Member asked if we had buy-in from Secondary Care, the Interim Chief Officer also highlighted that the local hospital trusts were tied into contracts with other suppliers for certain products and this needed to be sighted. The Prescribing Clinical Lead responded that through the project a process would be implemented to review discharged patients and we need to work closely with trusts to ensure appropriate prescribing on discharge. Work has commenced at the Royal Liverpool Hospital, which will inform conversations with other trusts such as Aintree Hospital. The Primary Care Programme Director added that the CCG was working closely with South Sefton CCG on prescribing projects.

Not Dispensed Service:

A number of CCGs had commissioned or were considering a Not Dispensed Service which involved the pharmacy checking with all patients whether items on a prescription were actually needed prior to dispensing. Any items not needed were not dispensed so drug costs and associated dispensing fees were not claimed. This would be funded from the Prescribing Budget and required approval as soon as possible to get up and running and be reviewed after six months.

The NHS Liverpool CCG Governing Body:

- **Approved the implementation of the three prescribing projects:**

- ✓ **blood glucose monitoring project**
- ✓ **oral nutritional support project**
- ✓ **community pharmacy Not Dispensed service.**

4.3 Haemato-Oncology Service Transfer Update – Report No: GB 92-17

Clatterbridge Cancer Centre NHS Foundation Trust ('CCC'), Royal Liverpool and Broadgreen University Hospitals NHS Trust ('RLBUHT') and NHS Liverpool CCG had been working in partnership through both the Healthy Liverpool and Transforming Cancer Care Programmes in relation to service improvements with regards to H-O and solid tumour oncology services across Merseyside and Cheshire.

It had previously been agreed by the CCG Governing Body, that upon approval of the full business case from the providers that H-O services would transfer from RLBUHT to CCC management and this would be supported by the development of CCC's new 'Liverpool' hospital next door to the new Royal Liverpool hospital site in order to improve services for cancer patients.

As part of the heads of terms agreement, Liverpool CCG agreed to fund a contribution to the overall costs of the service transfer to CCC - £3.5m total, (£1.7m in 2017/18 and £1.8m in 2018/19) upon completion of both the following conditions:

- a. a complete transfer of all services from the Royal Liverpool and Broadgreen University Hospitals Trust to the care of Clatterbridge Cancer Centre.
- b. upon commencement of stage 4 of the construction project with regular updates to be received by the CCG on progression of the project.

The regulatory approval of the business case had concluded some time ago that there were no material competition and market issues associated with the transfer of H-O services and that the planned changes could proceed.

The Acting Chief Finance Officer presented an update paper to the Governing Body with regards to the Haemato-Oncology (H-O) Service Transfer.

The CCG had requested a progress update from CCC in November 2017 and they have confirmed that both the complete transfer of all services and that stage 4 of the construction project has now commenced, with the build being on budget with the building handover planned for February 2020.

On this basis, it was therefore recommended that appropriate payment could be made for the 2017/18 financial year contribution in line with the heads of terms agreement.

Progress of construction project would continue to be monitored through contract meetings, with similar assessment requiring to be made during the 2018/19 financial year in respect of the CCG's contribution.

Both elements were already included within the CCG's planning assumptions for respective financial years.

The NHS Liverpool CCG Governing Body:

- **Noted the progress made in relation to the haemato-oncology service transfer between Royal Liverpool University Hospital and Clatterbridge Cancer Centre.**
- **Noted the payment in respect of 2017/18 financial year CCG 'contribution' in line with the heads of terms agreement in support of service transfer.**

PART 5: GOVERNANCE

5.1 Governing Body Assurance Framework Update (Quarter 2 2017/18) – Report No: GB 93-17

The Senior Operations and Governance Manager presented a paper to the Governing Body to update on the changes to the CCG's Governing Body Assurance Framework ('GBAF'). He

took the Governing Body through Strategic Objective 1 on the Framework which was “Maintain satisfactory assurance through quarterly and annual Improvement & Assessment Framework process with NHS England” with the risk description and likely impact being “System-wide or specific provider delivery/capacity issues in secondary and/or primary care prevent delivery of NHS Constitutional standards and mandated priorities, adversely affecting level of CCG Internal Assurance Framework assurance.” The GBAF process was different to the Corporate Risk Register which escalated risks up, in that it was a top down process, using the same scoring matrix and target risk score. It then set out control and mitigations and its aim was to provide assurance (different to re-assurance). There was a section for key gaps in control and assurance.

The Governing Body commented as follows:

- The Lay Member for Audit commented that she had discussed the Governing Body Assurance Framework at length with the Senior Operations and Governance Manager and noted that the Quarter 3 controls would be seen at the March 2018 Governing Body meeting. Individual Governing Body members were to feedback any weaknesses or shortfalls.
- A GP Member referred to Strategic Objective 4 around maximising value from our financial resources and focussing on interventions that would reduce variation/improve patient outcomes/improve quality and stressed the need to develop Right Care.
- The Interim Chief Officer highlighted the need to consider our strategic objectives for delivery of care to patients, these could be added to the GBAF in the future but what we had was a good starting point.

The NHS Liverpool CCG Governing Body:

- **Noted the Governing Body Assurance Framework presented (‘GBAF’);**

- **Satisfied itself that current control measures adequately mitigate the respective risk areas;**
- **Confirmed that evidence of mitigation plans and actions presented provide a limited/reasonable/significant assurance rating against the specific risk;**
- **Identified any further principal risks to delivery of the Strategic Objectives for inclusion within the GBAF.**

6. ANY OTHER BUSINESS

6.1 The Chair referred to the dates of the public Governing Body meeting for 2018 and noted the change to move from monthly to bi-monthly meetings starting January 2018. The Interim Chief Officer noted that a paper would come to a future Governing Body meeting on how to support public decision making.

6.2 The Interim Director of Adult Services & Health, Liverpool City Council informed the Governing Body that the Care Quality Commission were to carry out a review of the whole system to measure the experience of patients through the health and social care system. The visit would commence 19th February 2018 for a week and she would try to bring something more formal to the next meeting.

7. QUESTIONS FROM THE PUBLIC

7.1 A Member of the Public asked:

- a. Was it appropriate for Dr Nadim Fazlani (former Chair) to be attending the Finance Procurement & Contracting Committee in October 2017?
- b. With regard to outsourcing of contracts to private suppliers was a list of those suppliers available?
- c. With regard to amalgamation of CCGs would there be outsourcing to private suppliers and was amalgamation simply a way of burying bad news?

The Chair responded as follows:

- a. As at the 24th October 2017 Dr Nadim Fazlani was still a Governing Body member at the time that meeting took place. He remained the Mental Health Clinical Lead.
- b. With regard to outsourcing there was a public register of suppliers and he would ensure that this was supplied to the member of the public. Quality of care for patients was of paramount importance so should any supplier fail to deliver this they would be challenged to improve or be removed. He reminded the public that for the transaction of community services from Liverpool Community Health to new provider we had stipulated that this should be a local NHS provider, the shortlisted organisations were Alder Hey and Mersey Care and the contract had been awarded to Mersey Care. We were fully committed to an NHS delivered free at the point of care with NHS providers with a proven track record and the public were to continue to hold us to account in that respect.
- c. Re merger of CCGs, the Chair confirmed that this was not currently happening, a joint committee was being established between the four local CCGs for when decisions impacted on patient flow across more than one CCG area.

The questioner continued making specific reference to Integrated Solutions ('ISS') and that the CCG should not be imposing on any hospital trust that they use this company. The Chair responded that the CCG only had influence and hospital trusts were statutory bodies and made their own decisions.

- 7.2** A member of the Public asked if Liverpool City Council were working in collaboration with the CCG over the implementation of the Sustainability & Transformation Plan. The Chair responded that Liverpool City Council did not support the sustainability and Transformation Plan but were

working with the CCG to be aligned on integrated care. Liverpool CCG had to engage with the Sustainability & Transformation Plan/NHS England but its partnership with the Local Authority was on a borough footprint.

The member of the public suggested that given the length of the Governing Body meetings and the fact that questions from the public were at the end of the agenda that it might be advisable at some point for them to be live streamed. The Chair agreed to give some thought to this suggestion.

The member of the public enquired why the CCG had changed the supply of urology products and maintenance services to Bullens. The Prescribing Clinical Lead explained that the contract had been awarded to Bullens as a pilot, Bullens had demonstrated their expertise in the product and provided specialist clinical support, GPs did not have the same level of specialist knowledge. Feedback so far was extremely positive and this had been in place since September 2017. There had been consultation with product users before the decision had been taken and there was no cost to the CCG as Bullens already supplied the appliances paid for by NHS England. The Chair advised the lady to speak to him outside of the meeting and he would give her more details. The member of the public commented that she herself had not been consulted with.

8. DATE AND TIME OF NEXT MEETING

Tuesday 9th January 2018, Boardroom, Liverpool CCG, 3rd Floor The Department.