

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**
Minutes of meeting held on TUESDAY 9TH JULY 2019 at 3.15PM
THORNTON ROOM FORESIGHT CENTRE, 1 BROWNLOW ST

PRESENT:

VOTING MEMBERS:

Dr Fiona Lemmens	Chair
Mark Bakewell	Chief Finance & Contracting Officer
Helen Dearden	Lay Member for Governance/Non Clinical Vice Chair
Gerry Gray	Lay Member for Financial Management
Peter Kirkbride	Secondary Care Clinician
Cathy Maddaford	Non Executive Nurse/Lay Member
Dr Shamim Rose	GP Director
Dr Maurice Smith	GP Director
Dr Janet Bliss	GP/Clinical Vice Chair
Sally Houghton	Lay Member for Audit
Dr Paula Finnerty	GP Director
Dr Ian Pawson	GP Director
Dr Stephen Sutcliffe	GP Director
Dr Fiona Ogden-Forde	GP Director
Dr Monica Khuraijam	GP Director
Jane Lunt	Director of Quality, Outcomes & Improvement/Chief Nurse

NON VOTING MEMBERS:

Sandra Davies	Director of Public Health
Dr Rob Barnett	Secretary of Local Medical Committee

IN ATTENDANCE

Carole Hill	Director of Strategy, Communications & Integration
Kerry Lloyd	Deputy Chief Nurse
Samson James	Director of Planning, Performance & Delivery
Stephen Hendry	Head of Corporate Services & Governance
Sarah Thwaites	Chief Executive Healthwatch Liverpool

Andy Kerr	Programme Delivery Manager, Mental Health (up to and including item 3.3)
Andrew Woods	Senior Governance Manager, South Sefton CCG (Merseyside Equality and Inclusion Service)
Paula Jones	Committee Secretary

Apologies

Jan Ledward	Chief Officer
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Martin Farran	Director of Adult Services & Health, Liverpool City Council
Ian Davies	Chief Operating Officer
Derek Rothwell	Head of Contracts, Performance & Business Intelligence

Public: 10

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. It was agreed to take item 3.3 Adult Attention Deficit Hyperactivity Disorder first in Part 3.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made relating to any items on the agenda, other than:

- Dr Shamim Rose would leave for the discussion for item 4.1 Special Educational Needs & Disability ('SEND') Written Statement of Action due her personal family connection with SEND services.
- The Chair Dr Fiona Lemmens declared an interest in any discussions held involving North West Ambulance Service ('NWAS') Paramedics arising from the Performance Report item 3.2 as her husband was an NWAS Paramedic. The nature of the

discussions around NWAS performance targets did not require her exclusion from the meeting.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING

The minutes of the meeting which took place on 24th May 2019 were agreed as an accurate record of the discussions which had taken place subject to the following amendments:

- Page 3 item 1.2 Minutes from the last meeting (i.e. 12th March 2019), the requested amendment to the March 2019 minutes 6.3 questions from the public should refer to Interserve being at risk of collapse.
- Page 12 item 4.2 Special Educational Needs & Disability Written Statement of Action – a typographical error in the third paragraph needed to be corrected (strong collaboration).
- Page 17 item 5.2 (a) Audit Risk & Scrutiny Committee Annual Report to the Governing Body – the Lay Member for Audit asked for it to be added that Grant Thornton the External Auditors had also presented the Audit Findings Report to the Audit Risk & Scrutiny Committee.
- Page 20 item 5.2 (b) Adoption of the Annual Report and Accounts – second bullet the reference was to less than £1k.

1.3 MATTERS ARISING FROM PREVIOUS MEETING NOT ALREADY ON THE AGENDA:

- 1.3.1** A GP Director referred to the issue of Contract Performance Notices and asked how effective they actually were. The Chair responded that this would be picked up in the discussion under item 3.2 CCG Corporate Performance Report July 2019.
- 1.3.2** Action Point One – it was noted that the Liverpool Community Health Look Back Exercise Learning Points had been discussed at the June 2019 Governing Body Development Session.
- 1.3.3** Action Point Two – it was noted that the piece of work on adverse patient experience was an action for the September 2019 Governing Body.

- 1.3.4** Action Point Three – it was noted that the Previously Unassessed Periods of Care Policy was an action to come back to the November 2019 Governing Body meeting.
- 1.3.5** Action Point Four – it was noted that a more formal paper on an end to end Continuing Healthcare Service was an action for the November 2019 meeting.
- 1.3.6** Action Point Five – it was noted that quarterly updates on the Operational Plan 2019/20 were going to be presented on a quarterly basis to the Governing Body with exceptional items at each meeting if required.
- 1.3.7** Action Point Six – it was noted that the Special Educational Needs & Disability Written Statement of Action Progress report was on the July 2019 agenda.
- 1.3.8** Action Point Seven –. It was noted that there had been a discussion on strategic risk at the June 2019 Governing Body Development Session.
- 1.3.9** Action Point Eight – it was noted that risk C056 on the Corporate Risk Register had been re-worded as requested.
- 1.3.10** Action Point Nine – it was noted that the June 2019 Committee(s) in Common meeting had been cancelled and a virtual solution to the Urgent Care Review move to next phase approval was being sought. An update would be brought back to the Governing Body at a later date.
- 1.3.11** Action Point Ten: it was noted there was a paper on the July 2019 agenda on Adult Attention Deficit Hyperactivity Disorder.
- 1.3.12** Action Point Eleven: it was noted that the six month audit of the Quality Impact Assessment Policy was an action for the November 2019 Governing Body.

PART 2: UPDATES

2.1 Chief Officer's Report – Report No: GB 35-19

In the absence of the Chief Officer the Chief Finance & Contracting Officer presented the report to the Governing Body.

He highlighted:

- System Capability Programme – bring partner organisations together as a system and joining up different parts under the One Liverpool Programme.
- Appointments had been made by the CCG to the posts of Deputy Director of Planning, Performance & Delivery, Head of Transformation & Programmes and Deputy Director of Strategy & Integration.
- The Urgent Care Review and Primary Care Connect Contract issues had already been mentioned in detail at the Annual General Meeting. The first phase of the Urgent Care Review had now concluded and was now proceeding to development of an options appraisal. Primary Care Connect – the CCG had responded effectively and had now procured alternative services for the populations affected, with ongoing monitoring of new arrangements.

The Governing Body commented as follows:

- The Local Medical Committee Secretary referred to the Urgent Care Review, noting that the NHS England deadline for implementation of Urgent Care Treatment Centres by Autumn 2020 was not that far away. The Director of Strategy, Communications & Integration responded that Phase One of the process had been engagement with patients and public asking for their own experiences and workshops and had been very successful in understanding the issues and challenges. The Provider Alliance had been updated on 5th July 2019 and the next steps were to develop a model of care with further engagement / involvement of wider stakeholders and given the work that had been undertaken the CCG had applied to NHS England for a derogation regarding 'Urgent Treatment

Centre's in order to continue with the current arrangements whilst the review continued.

- HD raised a concern about the continued pressure and challenge to the A&E system which had previously been attributed to winter pressures but which was continuing well beyond winter so did not bode well for the pressure the system would be under for winter 2019/20. The Director of Planning, Performance & Delivery responded that the CCG and Liverpool City Council had worked hard to put together bids to obtain winter additional funding but we would not know if the bids had been successful until September/October 2019. The A&E Delivery Board were aware of this issue and would be discussing the wider system requirements at its next meeting, following this the key actions would be decide upon how to move this forward.

The NHS Liverpool CCG Governing Body

- **Noted the Chief Officer's Report.**

2.2 Chief Nurse's Report – Report No: GB 36-19

The Director of Quality, Outcomes & Improvement/Chief Nurse presented the Chief Nurse's Report to the Governing Body. She highlighted:

- Royal Liverpool and Broadgreen University Hospitals – there were a number of issues emerging but these were known to the Governing Body and actions had been identified.
 - There was an internal review within the CCG of areas of poor performance, Contract Performance Notices had been issued against seven contractual standards, a follow up meeting held. There were two remedial action plans and three joint investigations between the Trust and the CCG.
 - The Quality Risk Profile template had been completed between the commissioning CCGs, Specialised Commissioning and NHS England/Improvement which was with the Trust for them to review.

- A follow up meeting would be held and consensus reached regarding risk and the appropriate level of surveillance.
 - The Clinical Quality & Performance Group had met on 7th June 2019 for which the Trust had submitted appropriate papers on time which demonstrated improvement.
 - There was good news from the recent Peer Review relating soft tissue sarcoma services where the trust was performing well.
 - Radio-pharmacy – the Trust was a supplier to a number of organisation across Cheshire & Merseyside, a review of standards in December 2018 by the Medicines & Healthcare Regulatory Agency ('MHRA') had resulted in the need to reduce supply by 50% whilst remedial work took place. The CCG was leading fortnightly meetings to resolve, no harm to patients had been reported and no standardised approach to waiting list reduction taken. The July 2019 Quality Safety & Outcomes Committee had felt that the Governing Body needed to be aware of this and for it to be highlighted specifically.
 - Aintree had been stepped down from Enhanced Surveillance to Routine Surveillance following completion of the remedial improvement work.
- The review process for child death was changing following a national review of safeguarding in 2017/18. A paper had been submitted to the Health & Wellbeing Board on the governance around the Child Death Overview Panel in Merseyside which was agreed but national guidance around the new process was still being developed. For this reason the decision had been taken to remain with the existing arrangements for the next eight to ten months until the guidance was clearer.
 - Safeguarding – Domestic Homicide Reviews and Serious Case Reviews were in progress, the purpose of these reviews was not to reinvestigate or apportion blame but to establish what went wrong and make improvements. The Royal College of General Practitioners had released an updated child safeguarding toolkit for which the CCG Named GP for Safeguarding had been integral to its development. Signs of Safety was being progressed by the Liverpool Safeguarding Children Partnership. It was noted that the next Governing Body meeting would have a focus on 0-25 Mental Health Review. The Cheshire & Mersey Children and Maternity

Partnership were developing a single maternity specification to support CCGs to commission in compliance with Better Births whose seven standards were: personalised care, continuity of carer, safer care, better post and perinatal mental health care, multi-professional working, working across boundaries and a better payment system.

- A new Quality Strategy was being developed by the CCG to develop working on a place based as well as North Mersey footprint to deliver services in a more integrated way. It had been agreed after being discussed at the Quality Safety & Outcomes Committee and would be developed further with the Governing Body and others.

The Governing Body commented as follows:

- The Secondary Care Clinician was concerned about the issues at the Royal Liverpool Hospital and felt that the Trust demonstrated a lack of planning and processes. The Royal was dealing with very difficult estates issues, leadership issue and were trying to merge by the Autumn of 2019 so it was highly likely that they might lose focus. The Director of Quality, Outcomes and Improvement/Chief Nurse agreed, the Deputy Chief nurse was leading on this work. The Deputy Chief Nurse added that that the Trust were dealing with some very complex issues and we were trying to get a standardised approach amongst the providers on how they viewed patient harm, this needed to reviewed urgently and the learning taken on board. There needed to be pragmatic decisions taken who received treatment and why. There was a Royal Liverpool Hospital Clinical Quality & Performance Group meeting later this month, when the remedial work was agreed on we would be in better position to assess. By September 2019 Radio-pharmacy would be fully staffed but there would be a backlog to deal with. Specialised Commissioning were part of the Group looking at this, they had been investigating alternative providers but the area was so bespoke that these would be very difficult to find, there was an option for one area of treatment to be delivered by a London company but we needed to ensure that patients were not disadvantaged. The Chief Executive of Healthwatch commented that it was too early to determine if there had been any harm to patients but patient experience was certainly damaged and patients needed to be informed.

- The Non-Executive Nurse referred to Continuing Healthcare and noted that this area generated a high number of complaints to the CCG. The Director of Quality, Outcomes & Improvement/Chief Nurse explained that the CCG had inherited a flawed model and was now trying to see how to improve it by bringing the different parts of the model together. The Commissioning Support Unit side performed better than the Mersey Care Community Services side (transferred from the former Liverpool Community Health) which would lead to improvement across the board. An outcome from bringing together of the different areas of the model should be a reduction in the number of complaints.
- The Director of Public Health asked if the Director of Quality, Outcomes & Improvement/Chief Nurse had said if there would be a focus on prevention within Better Births. The Director of Quality, Outcomes & Improvement/Chief Nurse responded that that this was the case, there was so much more maternity services could do and be held to account for.

The Liverpool CCG Governing Body:

- **Noted the contents of the report**

2.3 Public Health Update – Report No: GB 37-19

The Director of Public Health presented her report to the Governing Body and highlighted:

- Sexual Health Services – there had been an increase in gonorrhoea and the complexity of Sexually Transmitted Infections.
- Health & Social Care Select Committee review into Sexual Health had raised issues around reduced levels of prevention work. Secretary of State for Health confirmed that elements of commissioning currently with the Local Authority (some sexual health services and 0 to 19 services) would not come back to the NHS as suggested in the NHS Long term plan, but the local areas will be expected to have a co-commissioning model for sexual health.

- Smoking prevalence – nationally the prevalence figure had dropped, Liverpool had started from a higher point than the national figure and was now reduced to just above the national average. However, this did demonstrate the massive health inequalities associated with smoking.
- There would be a “Getting Serious About Suicide” conference in Liverpool in September 2019.
- A more detailed report on prevention Green Paper would come to the next Governing Body meeting if requested.

The Governing Body commented as follows:

- The Local Medical Committee Secretary voiced his concern about the issues around sexual health and despite the reassurances felt that this was of concern.
- A GP Director felt that prevention was referenced in the performance monitoring and the CCG needed to take a lead. The Director for Planning, Performance and Delivery responded that this was part of the 2020/21 planning looking at population need. It was noted that the GP Director and the director of Planning, Performance and Delivery would pick this up outside of the meeting and report back.
- The Deputy Chief Nurse noted the impact of alcohol misuse on the Royal Liverpool Hospital A&E Department should never be underestimated.

The Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Identified mechanisms for providing additional support where requested.**

PART 3: PERFORMANCE

3.1 Finance Update May 2019 – Month 2 19/20 – Report No: GB 38-19

The Chief Finance & Contracting Officer presented the CCG's financial performance for the month of May 2019 (Month 2)

The main points of the report were included on the executive summary on big page 62 with further information on the relevant sections on pages 63-74.

With regards to overall financial position and whilst recognising the relatively early stage of the financial year, the CCG was forecasting delivery of its required control total break even position against a total revenue resource limit of £939.7m.

Indicators of financial performance were shown on big page 63, with all indicators rated as 'Green', and subject to delivery the CCG would be fully compliant with NHS England Business Rules and measures as assessed by the Improvement and Assessment Framework (IAF).

Further detailed information was included on pages 64-69 with regards to available resources, explanation of early variances from planned levels of expenditure and available reserves including the 0.5% contingency to offset any in-year risks in line with business rules.

An important aspect in the achievement of the financial position would again be the delivery of Cash Releasing Efficiency Savings ('CRES') as described on big page 70. The CCG required £13.8m of savings to support delivery of its break even position and performance would be reported on a regular basis throughout the course of the financial year.

On this basis the Governing Body were asked to note the financial performance information relating to the 2019/20 financial year.

The Governing Body commented as follows:

- The Local Medical Committee Secretary referenced that although the Primary Care Networks had started operating from the 1st July 2019 he was concerned that there was not a realistic amount of funding provided to deliver on the national aspirations of network delivery

- The Lay Member for Audit referred to the forecast overspend on running costs and how this was assessed as 'green' on the performance indicator. The Chief Finance & Contracting Officer responded that the CCG had set an internal running cost budget that was lower by £800k (being 2/3 of the overall target) than the actual running cost allocation. This was in line with requirements to make savings of 20% by the end of the 2020/21 financial year, and therefore the forecast position was still lower than the actual national allocation and was rated as green. Further work is also being undertaken to update 19-20 budgets in respect of the impact of internal restructure and consultation exercise.
- One of the GP Directors supported the concerns of the LMC secretary with regards to the expectations being placed on Primary Care Networks and lack of additional funding / resources to deliver upon the requirements and that it was a huge risk to the system. The Chair agreed with some of the concerns raised and noted that further discussions regarding the Primary Care Networks would take place at future Governing Body Development Sessions.

The Liverpool CCG Governing Body:

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

3.2 CCG Corporate Performance Report July 2019 – Report No: GB 39-19

The Head of Corporate Services & Governance presented a paper to the Governing Body to report on the areas of its delivery of key NHS Constitutional measures, quality standards, performance and outcomes targets for a combined period of April to May 2019.

He highlighted by exception:

- The majority of Cancer Waiting Times indicators were still 'Green'.

- Performance was good around dementia diagnosis, Care Programme Approach and Improving Access to Psychological Therapies ('IAPT') access and recovery.
- Referral to Treatment ('RTT') 52 week waits – performance was still Red primarily due to the remaining breaches at Liverpool Women's Hospital. RTT 18 week performance was still below the standard and given the local improvement trajectories agreed between NHSE/NHSI for providers in 2019/20, it was unlikely that the CCG would meet the target by the year-end. This would be the 4th year in succession that the CCG will have failed the 18-week RTT standard.
- A Contract Performance Notice (CPN) had been issued to the Royal Liverpool Hospital for RTT and we were now in the process of engaging with the Trust regarding their improvement plan. Aintree Hospitals were performing above their locally set improvement trajectory.
- Diagnostics – a great deal had been done in the 1st quarter of the year to improve performance. Liverpool Heart & Chest Hospital's performance was a cause for concern as it had deteriorated significantly. The Trust's performance would be picked up outside of the meeting with the Director of Planning, Performance and Delivery.
- Mixed Sex Accommodation – there had been one breach in April but this was not a patient in Liverpool but a patient in Worcestershire.
- MRSA – there had been no reported cases in Liverpool, Aintree hospital had reported one case but this was not a Liverpool patient.
- C Difficile – there were 11 new cases against a plan of 10.
- E-Coli – there had been 38 cases assigned to Liverpool CCG against a plan of 33.
- Care Quality Commission – only one inspection report published since the last meeting, which related to Bousefield Surgery. The practice was rated as "Requires Improvement" overall.

The Governing Body commented as follows:

- A GP Director asked if the CCG was assessed on the constitutional targets or the national targets to which the response was that the CCG was in fact assessed on national targets, even if the target for a trust had been revised by NHS England/Improvement. The Director of Planning, Performance & Delivery noted that this was due to CCGs and providers having different regulators in the past and conversations were ongoing with NHS England on this matter.
- The Director of Planning, Performance and Delivery referred to the previously raised query about the effectiveness of Contract Performance Notice, noting that it provided an infrastructure and useful level of formality allowing for escalation. There was a sanction applicable for 52-week waits and the Contract Performance Notice raised awareness of this in the organisations.
- The Local Medical Committee Secretary referred to the poor response times for GP ambulance calls and expressed surprise that the indicators in the report were Green. He was concerned that in six months' time the Primary Care Networks would be taking on responsibility for paramedics, Primary Care Networks would be employing paramedics to work with Networks and expressed concern about where the additional paramedics would come from. The Director of Quality, Outcomes and Improvement/Chief Nurse responded that there was work ongoing across Cheshire & Mersey to review the assurance process with the North West Ambulance Service ('NWAS'). Blackpool CCG acted as the co-ordinating commissioner for NWAS (across approximately 30 CCGs) and she would speak to the Local Medical Committee Secretary on an individual basis when she had more information.
- A GP Director queried whether paramedics were mandated to take their breaks back at their base and if so, would this put further pressure on response times. It was noted that the Chair had an interest to declare in the discussions as her husband was an NWAS paramedic. However the nature of the discussions taking place did not require her exclusion from the meeting. It was agreed that Head of Corporate Services &

Governance would raise this with the Urgent Care Team and report back to the GP Director outside of the meeting.

- The Secondary Care Clinician referred to the challenges noted in the report around two-week breast systems wait target for which Aintree was only achieving 39.1%. It was noted that this was a constitutional target for symptomatic breast patients.
- A GP Director commented that Liverpool Women's Hospital had many performance issues and asked at what point were these issues triangulated with regards to outcomes. The Lay Member for Audit felt that the Risk Register should reflect the capital issues at Liverpool Women's Hospital and issues around sustainability of services. The Director of Planning, Performance & Delivery informed members that a "Deep Dive" into Liverpool Women's Hospital performance issues was already under consideration and would be reported to the Governing Body in due course.
- A GP Director raised a query about the definition of some of the percentages on page 26 of the report in fraction form and the Head of Corporate Services & Governance agreed to pick this up with him outside of the meeting.

The Liverpool CCG Governing Body

- **Noted the performance of the CCG in the delivery of key national performance indicators for the period highlighted and of the recovery actions taken to improve performance and quality;**
- **Determined if the levels of assurances given were adequate in terms of mitigating actions, particularly where risks to the CCG's strategic objectives were highlighted.**

3.3 Adult Attention Deficit Hyperactivity Disorder ('ADHD') – Report No: GB 40-19

The Director of Planning, Performance and Delivery presented a report to the Governing Body on planned improvements to the Adult ADHD pathway to reduce waiting times and provide a sustainable increase in capacity to meet future demand. The approach was to:

- Challenge the provider on the effectiveness and efficiency of the pathway and to implement robust pre-screening.
- Additional investment to increase capacity (£376k) to help manage the waiting list.

The increase in funding would take current service capacity from 121 patients per annum to 486 patients per annum. There was also a need to work more closely with primary care in developing shared care protocols so patients be managed outside of the service.

The Governing Body commented as follows:

- The Local Medical Committee Secretary was pleased to receive this update but felt that once people were aware of the service there would be even greater demands on it. He asked which patients were undergoing pre-screening and who was responsible for this. The Programme Delivery Manager (Mental Health) responded that the service provider would lead on this, patients would first go through a clinical triage and depending on the findings would need to link in with other community services.
- A GP Director noted that in the longer term it would be necessary to work up a primary care funded pathway.
- A GP Director asked about patients aged between 16 and 18 as Alder Hey was no longer providing services. The Programme Delivery Manager (Mental Health) responded that there had been investment in the previous year into the transition pathway from Alder Hey to adult services in a Primary Care setting in Liverpool.
- A GP Director asked if Key Performance Indicators would be coming back to the Governing Body on a regular basis. The Programme Delivery Manager (Mental Health) responded that there were a variety of Key Performance Indicators used and also the voluntary sector contracts would be increased.
- The Chair acknowledged how good it was to see the Adult ADHD paper at the Governing Body and the Governing Body should be kept informed.

The Liverpool CCG Governing Body

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

PART 4: STRATEGY AND COMMISSIONING

4.1 Special Educational Needs & Disability ('SEND') Written Statement of Action ('WSOA') – Progress Report – Report No: GB 41-19

At this point Dr Shamim Rose left the meeting due to her conflict of interest with close family members being in receipt of care packages.

The Director of Quality, Outcomes & Improvement/Chief Nurse presented a progress report to the Governing Body against the SEND Written Statement of Action published on 26th February 2019.

The Liverpool SEND area inspection took place from 7th to 18th January 2019. Liverpool received a Written Statement of Action (WSOA) contained in the Ofsted/Care Quality Commission ('CQC') report of the inspection dated 26.2.19. As a result, Liverpool City Council (lead agency) in partnership with Liverpool CCG (both agencies held statutory responsibilities regarding SEND were required to develop a joint improvement plan to be submitted to Ofsted/CQC by a deadline of 12th June. The overarching joint priorities for action were:

- The need for leaders to act with pace and consistency in making necessary improvements (as detailed in the inspection report at appendix 1)
- To improve and ensure quality and timeliness of Education Health and Care Plans in compliance with NICE guidelines and the SEND Code of Practice 2016.
- Develop and demonstrate joint commissioning arrangements.

Liverpool would be re-inspected by Ofsted and CQC in approximately 18 months against improvement on the three priorities for action listed above.

The draft Written Statement of Action Improvement plan had been submitted on 12th June 2019 and returned on 19th June 2019 for

further amendment and clarification, with the deadline for resubmission being 22nd July 2019. The Written Statement of Action had been accepted by the Health & Wellbeing Board last week. The SEND Partnership Board were governing the plan and would report on a 6 monthly basis to the Health & Wellbeing Board with reporting each Liverpool CCG Governing Body and to Liverpool City Council Education and Children's Services Select Committee on a quarterly basis.

The Governing Body commented as follows:

- The Non-Executive Nurse asked if patients and families had been involved. The Director of Quality, Outcomes & Improvement/Chief Nurse responded patients and families had been involved throughout the inspection process itself. There was representation from Liverpool Patient & Carer Forum ('LivPac') on the SEND Partnership Board, Liverpool CCG was re-working how it engaged with its Healthwatch colleagues and there had been an event at St George's Hall a few weeks ago, we were happy that there had been true co-production with the families of children and young people.
- The Non-Executive Nurse referred to the issues around Personal Health Budgets and asked if lessons had been learnt from Continuing Healthcare. The Director of Quality, Outcomes & Improvement/Chief Nurse responded that this was a risk area for the CCG, we had strengthened our approach to Personal Health Budgets and there was joint funding pot with the Local Authority. An update was scheduled for the September 2019 Governing Body meeting.

The Liverpool CCG Governing Body:

- **Noted progress to date**
- **Agreed future reporting schedule**
- **Raised any items for clarification**

PART 5: GOVERNANCE

5.1

(a) CCG New Model Constitution 2019 – Report No: GB 42-19

The Head of Corporate Services and Governance brought to the attention of the Governing Body draft proposals for a revision to the Liverpool CCG Constitution to meet NHS England requirements and the future needs of the CCG. He highlighted that the CCG Chair had not been involved in the drafting of the Constitution. The following changes were being proposed to the current CCG Constitution, primarily to align with the new NHS England model constitution (2018):

- The new model constitution provided the option for the CCG to describe its committee structure outside of the main constitution document (with the exception of our statutory committees of Audit, Remuneration and Primary Care Commissioning). This essentially meant that CCGs would not be required to enter into the formal NHS England approval process should it choose to set up (or stand down) committees based on organisational need. Where this approach was adopted, a 'Governance Handbook' (or equivalent) needed to be maintained and published on the CCG's website to ensure accountability and transparency;
- The CCG's Scheme of Reservation and Delegation ('SoRD') was no longer required to be part of the constitution, enabling updates to be made to the SoRD without having to seek NHS England approval as part of the formal variation request process. Again, if this option was to be adopted, the SoRD would be included in the CCG's 'Governance Handbook' (which would be regularly maintained and published on the CCG's website);
- An option for the Membership to allow the Governing Body and/or Accountable Officer to make 'non material' changes or amendments to the constitution (i.e. changes which are not substantially different to the original version) without member approval being required. Such an arrangement needed, however to be agreed by the members;

- Appointment of CCG Chair – it was proposed that whilst the appointment of the CCG chair should continue to be drawn from the existing Governing Body members and subject to the same election process as described in the current Constitution, the appointment would essentially create a ‘vacancy’ on the Governing Body for a GP Representative from the Chair’s locality. This would mean increasing overall GP representation on the Governing Body from nine to ten.
- Chair’s term of office – current arrangements in the CCG Constitution stated that the Chair’s term of office would run concurrently with their term of office as a GP Member. It was proposed for the revision that the Chair’s term of office commenced from the date of their appointment as opposed to their GP Member term of office. This proposal would be facilitated by the creation of a vacancy for a GP Representative once the chair was appointed and would increase the GP representation on the Governing Body from nine to ten members.

The Governing Body commented as follows:

- A GP Director asked about taking the proposed changes to the Membership. The Chair responded that although it had been discussed at the last Members’ meeting, two joint Liverpool CCG membership/Local Medical Committee meetings were taking place over the following days and it was the intention to bring the proposals to these meetings to begin the conversation (about revisions to the CCG constitution).
- The Registered Nurse/Nurse Lay Member referred to Appendix 3 Standing Orders sections 2.2.5 (Registered Nurse) and 2.2.6 (Registered Executive Nurse) which were the wrong way round. It was agreed that this would be corrected in any further iterations of the constitution.
- The Local Medical Committee Secretary stated that whilst he had no issues with the majority of the proposed changes in principle, there were a number of areas of concern and required further discussion and consideration. These areas included proposals to allow the CCG to extend the term of office for its future chairs beyond the current maximum nine years (eligible for three terms of three years). The LMC Secretary theorised that under this proposal a CCG Chair’s term of office could

potentially run for decades, which would in turn result in the Governing Body membership being refreshed less frequently. The LMC Secretary also felt it would undermine the agreed democratic process for electing members; particularly if a member's original term of office was effectively 'reset' once elected to the position of CCG chair.

- The Lay Member for Governance felt that this was a good starting point but also had a number of queries and concerns about the document.
- The Chair noted that the next steps were for the document to be discussed with the Membership and then for a working group to be set up.

The Liverpool CCG Governing Body:

- **Noted the contents of the report;**
- **Agreed to adopt the NHS England 'new model constitution';**
- **Agreed to the changes proposed to the CCG's Constitution and Standing Orders to meet the future needs of the group;**
- **Agreed to progressing to the consultation phase with the Membership.**
- **Agreed for a working group to be set up.**

(b) Governing Body Assurance Framework - Report No: GB 42a-19

- The Head of Corporate Services & Governance presented the CCG's Governing Body Assurance Framework ('GBAF') for 2019/20 which highlighted the key mitigations against risks to the delivery of the CCG's Strategic Objectives for the financial year 2019/20. The Governing Body were asked to: agree that the 2019/20 framework continued to align appropriate risks, key controls and assurances alongside each strategic objective; be satisfied that the document described the effectiveness of the internal systems of control in place to mitigate against risk; be confident that the current controls, evidence of mitigation plans and actions taken provided assurances against the specific risk and identify any further gaps in control/principal risks which would impact on the delivery of the strategic objectives.

The Lay Member for Audit noted that the Audit Risk & Scrutiny Committee had suggested that each risk be allocated to a specific committee for management.

A GP Director noted that Primary Care Networks should be referenced as a strategic risk for the CCG. The Chair agreed and recommended that the detail of the PCN risks should be taken up outside of the meeting.

The Liverpool CCG Governing Body:

- **Agreed that the 2019/20 framework continues to align appropriate risks, key controls and assurances alongside each strategic objective;**
- **Satisfied itself that the document described the effectiveness of the internal systems of control in place to mitigate against risk;**
- **was confident that the current controls, evidence of mitigation plans and actions taken provide assurances against the specific risk;**
- **Identified any further gaps in control/ principal risks which will impact on the delivery of the strategic objectives.**

(c) Corporate Risk Register Update (July 2019) - Report No: GB 42b-19

The Head of Corporate Services & Governance presented the Corporate Risk Register to the Governing Body. He highlighted:

- One extreme red risk around system capacity – the A&E Delivery Board Sub Group had agreed its annual work plan for 2019/20 with the aim of progressing improvement. He was continuing to work with the Director of Planning, Performance & Delivery to see how to report this risk on the Risk Register.

The Governing Body commented as follows:

- The Lay Member for Audit referred to risk C077 and the reputational risk to LCCG in terms of Continuing Healthcare 'Previously Unassessed Periods of Care' (PUPoC). The Lay Member felt that the narrative provided amounted to 'reassurance' and not assurance, and commented on the lack

of specific details in terms of the number of cases still to be cleared, the timescales involved and the potential financial impact. The Lay Member also reiterated the request to include the sustainability of services at Liverpool Women's Hospital on the Corporate Risk Register.

- The Local Medical Committee Secretary referred to the national issue of consultant pension and tax payments which was resulting in them declining to take on additional work and the ensuing effect on patient care. It was noted that this was low risk and would be dealt with through the performance conversations.

The Liverpool CCG Governing Body:

- **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.**

(d) Issues Log (July 2019 Update) - Report No: GB 42c-19

The Head of Corporate Services & Governance presented a brief overview of the Issues Log but emphasised that there had been little change since the previous update and therefore had nothing to add that wasn't already in the covering paper.

The Liverpool CCG Governing Body:

- **Noted the entries in the CCG Issues Log as at 1st July 2019;**
- **Satisfied itself that control measures and action plans provided sufficient internal assurances of recovery or risk of further escalation, and;**
- **Agreed that the 'priority' score of each issue accurately reflects the level of criticality in relation to recovery.**

5.2 Equality and Diversity LCCG Annual Report including Equality Delivery Systems 2 and Equality Objective Plan – Report No: GB 43-19

The Senior Governance Manager, South Sefton CCG (Merseyside Equality and Inclusion Service) presented the Liverpool CCG Equality and Diversity Annual Report 2017/18 including the Equality Delivery Systems 2 and Equality Objective Plan to the Governing Body.

The Equality & Diversity Report 2017/18 (Appendix A) set out how the CCG had been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) and would provide evidence for meeting the Equality Acts 2010 Specific Duties, to: publish Equality Information annually; set Equality Objectives and implement the Equality Delivery Systems 2 (EDS2) toolkit (Appendix C), which formed part of the NHS England assurance requirements for CCGs.

The report highlighted progress and completion against the Equality Objective Plan for 2017-2020 (Annual report section three, appendix two) the new revised Equality Objectives 2019 to 2023 (Appendix B) and outlined the CCG's approach to implementing the Equality Delivery Systems 2 (EDS2) toolkit in close collaboration with other Merseyside CCGs and all NHS Providers who operated within Merseyside, in line with the vision outlined in the Five Year Forward View and NHS Long term Plan.

Over the last five years the performance of CCGs against the toolkit had improved however this was not a realistic indicator due to health inequalities. Equality Collaboratives had been set up across Merseyside to produce the Equality Objectives Plan to which all our providers would be working.

The Governing Body commented as follows:

- The Director of Quality, Outcomes & Improvement referred to the Annual General Meeting held immediately prior to the Governing Body meeting where the point had been made that the Governing Body membership did not reflect the ethnicity of the population it served. Perhaps the Governing Body Development Sessions would be able to consider this. It was agreed that it should be discussed at the July 2019 Governing Body Development Session.

- The Local Medical Committee Secretary felt that the matter should have been higher up the agenda given its significance.
- The Healthwatch Chief Executive noted a reference in the report to St Helens when it should have referenced Liverpool. She noted that Healthwatch were involved across the trusts and would be pleased to be involved in this.
- The Lay Member for Audit felt that this was a good opportunity to ensure that the matter of equality and diversity was captured in the committee structure and committee terms of reference. It needed to be captured by the HR Committee but perhaps also the new Performance Committee which included aspects of quality.
- The Registered Nurse noted that the Royal Liverpool Hospital performed well re EDS2 and perhaps there was learning to be shared.

The Liverpool CCG Governing Body:

- **Noted** the Equality and Diversity Annual Report (Appendix A)
- **Noted** CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1)
- **Noted** the EDS 2 Summary report (Appendix C)
- **Noted** progress and completion of 2017 to 2020 Objectives Plan (Annual Report section 3 –and Appendix 2).
- **Noted** the Workforce Equality Plan (which was monitored and considered by the Human Resource Committee including CCG's work around the workforce Race Equality Standard (Annual Report section 5 and Appendix 4)
- **Approved** the refreshed Equality Objective Plan (Appendix B)

5.6 Feedback from Formal Committees – Report No: GB 44-19

Formal feedback via template had been received from the Governing Body on the following committees and additional comments were made by the Governing Body by exception:

- Primary Care Commissioning Committee – 21st May and 18th June 2019

- Finance Procurement & Contracting Committee - 28th May and 25th June 2019
- Quality Safety & Outcomes Committee – 4th June and 2nd July 2019
- HR Committee – 25th June 2019
- Audit Risk & Scrutiny Committee – 21st May and 2nd July 2019

There were no matters to be highlighted to the Governing Body other than those contained in the reporting templates.

The Liverpool CCG Governing Body:

- **Considered the report and recommendations from the committees.**

6. Questions from the public

The Chair noted a question had been received in advance of the meeting from Mr G Dropkin, a written response had been prepared and distributed to the public in attendance that day. As Mr Dropkin was not present at the meeting the Chair noted that the response would be sent to him. The Chair then invited questions from the floor on today's agenda:

- 6.1** Lesley Mahmood from Merseyside Pensioners Association/Keep Our NHS Public referred to the response to Mr Dropkin's question around Criteria Based Clinical Treatments:
- a. NICE Guidance had been fully given.
 - b. The purpose around the decision making process appeared to be more "rationing".
 - c. She referred to the decision by Warrington Hospital to charge for some treatments which had led to public outcry. She commented that trusts with private units were still offering treatments "banned" under the NHS therefore the Midlands and Lancashire Commissioning Support Unit's rationale was riddled with contradictions. She hoped that this would not be the end result in Liverpool.

The Chair responded that she agreed that this should not be the result for Liverpool. There had been an article in the Health Service Journal ('HSJ') regarding trusts offering restricted NHS procedures privately and that NHS England had contacted those concerned to say that this should not happen.

The Clinical Lead for Planned Care/GP Director agreed to come back to the questioner with more information.

6.2 .A gentleman referred to the Chief Nurse's report 4.2.6 item 2.2 on the agenda – it was clarified by the Director of Quality, Outcomes & Improvement/Chief Nurse that the reference was to the CCGs in the Cheshire and Mersey area not a Merseyside CCG.

7. DATE AND TIME OF NEXT MEETING

Tuesday 10th September 2019, 2.30pm Boardroom Liverpool CCG