

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNING BODY
MINUTES OF MEETING**

**TUESDAY 14 JANUARY 2020 at 2.30 pm
BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT,
2 RENSHAW STREET, LIVERPOOL, L1 2SA**

PRESENT:

VOTING MEMBERS:

Dr Fiona Lemmens	Chair
Jan Ledward	Chief Officer
Mark Bakewell	Chief Finance & Contracting Officer
Helen Dearden	Lay Member for Governance/Non-Clinical Vice Chair
Peter Kirkbride	Secondary Care Clinician
Cathy Maddaford	Non-Executive Nurse/Lay Member
Carol Rogers	Lay Member for Public & Patient Involvement
Gerry Gray	Lay Member for Financial Management
Dr Shamim Rose	GP Director
Dr Maurice Smith	GP Director
Dr Janet Bliss	GP/Clinical Vice Chair
Sally Houghton	Lay Member for Audit
Dr Fiona Ogden-Forde	GP Director
Dr David O'Hagan	GP Director
Jane Lunt	Director of Quality, Outcomes & Improvement/Chief Nurse

NON-VOTING MEMBERS:

Dr Rob Barnett	Secretary of Local Medical Committee
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IN ATTENDANCE:

Carole Hill	Director of Strategy, Communications & Integration
Samson James	Director of Planning, Performance & Delivery
Stephen Hendry	Head of Corporate Services & Governance
Dave Horsfield	Head of Transformation & Programmes
Joanne Twist	Director of Organisational and People Development
Sarah Thwaites	Chief Executive, Health Watch, Liverpool
Barry Kushner	Cabinet Member for Children's Services

Melissa Campbell
Steve Peddie

Consultant, Public Health
Assistant Director of Strategic Integration,
Liverpool City Council

APOLOGIES:

Dr Monica Khuraijam
Dr Paula Finnerty
Dr Stephen Sutcliffe
Ian Davies
Martin Farran

GP Director
GP Director
GP Director
Chief Operating Officer
Director of Adult Services & Health,
Liverpool City Council

Public attendees: 7

PART 1: INTRODUCTIONS & APOLOGIES

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

The Chair acknowledged the work of LCCG's Executive Officer Manager and her team for the production of the meeting documents, given the challenges owing to not having a full complement of staff in the team.

1.1 DECLARATIONS OF INTEREST

The Chair thanked those present who had been in touch prior to the meeting with declarations of interest. The Chair asked if anyone present had any declarations in relation to agenda items, apart from herself, Dr Smith and Dr Rose in relation to the LCCG constitution.

No other declarations were made.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING HELD ON 12 NOVEMBER 2019

The minutes were approved as an accurate record of the meeting, subject to the following amendment:

1.1 Change to Mileage Rates for Non Agenda for Change Roles in the CCG.

M Bakewell stated that the minute should have read that whilst some LCCG governing members were conflicted, a decision was required to be reached and was therefore managed accordingly.

1.3 MATTERS ARISING

No matters were raised.

Action points:

- 1 Early Intervention and Psychosis Service
The Director of Performance, Planning & Delivery provided a verbal update and explained that, by the end of January 2020, the service plan on recruiting to an additional 15 full-time equivalent staff, the majority of these being frontline service staff. This additional staffing will increase the staffing complement to 45, thus reducing the caseload to 19, although this is still above the national average.

The Director of Performance, Planning & Delivery agreed to circulate a detailed table to the Governing Body following the meeting.

- 2 Governing Body Assurance Strategy – Engagement Strategy
Director of Strategy, Communications & Integration informed the meeting that the Engagement Strategy would go forward to the Governing Body meeting in March 2020.
- 3 Governing Body Assurance Framework
Lay Member for Audit confirmed that the new template was trialled and contained all the required information.
- 4 Feedback from Formal Committees Re: HR Committee reporting template. Action completed.
- 5 Questions from the Public – Mr Dropkin to send link to Royal College of Emergency Medicine statement of staffing of UTCs to the Chair. Action completed.

The Chair confirmed that Mr Dropkin's issue will be taken into considered by the team undertaking the urgent care review.

PART 2: HIGHLIGHT REPORTS

2.1 Chief Officer's Report – Report No: GB 01-20

The Chief Officer presented the report to the Governing Body.

The Chief Officer highlighted:

- 4.1 Planning guidance – this document has not been received to date. A Governing Body Development session had been scheduled for Friday 17 January 2020 as it had been anticipated the document would have been received by that date to inform members what the developments would be for 2020/21.
- 4.2 Liverpool Women’s NHS Foundation Trust – conversations continue with regards to the Trust’s current issues. Further information is provided in the Chief Nurse’s report (Item 2.2).
- 4.3 Organisational change – LCCG needs to think about the long-term plan, and is currently working with the system to come up with a short-term, medium-term and long term solutions. Further information will be available once they are fully worked up. The organisational change in respect of filling the new Staffing structure is virtually complete.
- 4.4 New Year’s Honours – congratulations to:
- Dr Joe Rafferty CBE for being recognised in the New Year’s Honours list for his contribution to Mental Health Services, the Zero Suicide campaign.
 - Ann Marr OBE, Chief Executive of St Helens and Knowsley teaching Hospitals Trust, for being recognised for her services to the NHS.

The Chief Officer invited questions in relation to her report.

- 4.1 A GP Director commented that it was good to see physical activity has come up through the ranks in the City. The request was made for an acknowledgement of thanks to be minuted in respect of Ron Odunaiya, Director of Community Services, who has been instrumental in driving that agenda forward.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Nurse’s Report – Report No: GB 02-20

The Chief Officer presented the report to the Governing Body.

The Director of Quality, Outcomes & Improvement/Chief Nurse presented the report to the Governing Body.

The Director of Quality, Outcomes & Improvement/Chief Nurse highlighted:

4.1.2 Liverpool Clinical Laboratories (LCL)/Pathology Learning Event

With respect to LCL another incident has occurred, which has been recorded on the Strategic Executive Information System (StEIS). The issue is the delay in test investigations being received in the lab and the process following that. This investigation is ongoing as it takes approximately 60 days for the Laboratories to compile and submit their report. Alongside that processes which led to the incident, are rectified. LCCG has been very clear about what is required. A meeting has been scheduled for the end of January for all stakeholders to come together so there is a clear understanding of what is required. LCCG's Digital Team colleagues have been, and continue to, work closely with the Trust. The incidents that have occurred seem to be owing to technical issues.

4.1.5 Liverpool Women's NHS Hospital Foundation Trust

At the last Governing Body meeting, the Chief Officer highlighted a Single Item Quality Surveillance Group (SIQSG) had been established. One of the outcomes was an action plan would be put in place to support the Trust. The longer-term solution still needs to be identified and agreed, as highlighted by the Chief Officer. The Quality Oversight Committee's role is to ensure delivery of the agreed actions and to identify if further escalation is required. The Group will meet on a monthly basis, led by NHS England and NHS Improvement (NHSE/I), and chaired by Regional Chief Nurse, Jackie Bird. The Director of Quality, Outcomes & Improvement/Chief Nurse is the CCG representative.

4.2.1 The Liverpool Local Area Special Educational Needs and Disability (SEND) Inspection 2019

The SEND Inspection took place almost 12 months ago. Work continues to address the issues identified in the recommendations. Progress has been made since the inspection, such as:

- Autistic Spectrum Disorder – the diagnostic pathway waiting time has improved, the starting position which was 60 weeks, is now reduced to 49 weeks.
- Attention Deficit Hyperactivity Disorder (ADHD) – diagnostic waiting time has reduced from 75 weeks to 67 weeks. Improvements are underway to reduce the waiting time further, with an LCCG target of 30 weeks from December 2020.
- The current risk for health is around the number of 14-25 year olds with a Learning Disability (LD) having an annual health check. LCCG's target is 72% but currently only achieving half of that. Work is ongoing with Primary Care colleagues to improve performance. LCCG is being held to account both internally and within the wider partnership, with a multi-agency Performance Improvement Group that has challenged this performance. A progress update will be available in February 2020.

4.2.4 Merging Contract Review Meetings (CRMs) and Clinical Quality & Performance Groups (CPQGs)

The Director of Quality, Outcomes & Improvement/Chief Nurse highlighted progress with the merging of the Quality and Contracts meeting. Internal changes have been made to the committee structure, which will come in line with the way LCCG is changing its approach with all of our Providers. Performance, Quality and Finance will form one Performance Committee from Spring 2020. The Director of Quality, Outcomes & Improvement/Chief Nurse acknowledged the co-operation from colleagues within LCCG for enabling this approach to happen.

4.2.5 Liverpool Safeguarding Children Partnership

There have been two serious case reviews. The Critical Incident Group and Scrutiny Audit and Review Group are in the process of implementing an action plan in light of the recommendations of both case reviews. The Partnership will oversee implementation of recommendations.

4.2.6 Merseyside Safeguarding Adults Board (MSAB)

The Safeguarding Board is undertaking a Peer Review. The Board has been clear that it would review the work of MSAB, to ensure the Board is as effective as it possibly can be. The next review will take place week commencing 20 January

2020. Recommendations agreed by the Safeguarding Board will come back to the Governing Body as soon as the information is available.

The Director of Quality, Outcomes & Improvement/Chief Nurse invited questions in relation to her report.

Question:

4.1.2 Liverpool Clinical Laboratories (LCL)/Pathology Learning Event

The Secondary Care Clinician referred to the number of incidents over a period of time, and highlighted that up until recently this was a joint venture between two Trusts. As the Trusts will become one Trust, would it be worthwhile for LCCG highlighting this to the Board of the new Trust to ensure it does not fall off the radar?

The Director of Quality, Outcomes & Improvement/Chief Nurse advised that:

At the recent Clinical, Quality and Performance meeting, LCCG was assured by the senior representatives of the Trust that LCL is subject to all governance, clinical risks, policies and procedures, as other clinical areas. It is easier for LCCG to understand this approach and liaise more effectively with the Board. Medical Director and Chief Nurse were both present at the meeting.

Question:

4.1.5 Liverpool Women's NHS Hospital Foundation Trust

It was acknowledged that meetings are taking place, led by NHSE/I. It was suggested that it would be helpful for the Governing Body to have feedback on a regular basis so that they do not lose sight of the issues.

The Director of Quality, Outcomes & Improvement/Chief Nurse advised that:

One meeting has taken place to date, which set the scene about the function of that group. The next meeting will be reported through LCCG's internal governance.

Question:

4.2.1 The Liverpool Local Area Special Educational Needs and Disability (SEND) Inspection 2019

Non-Executive Nurse Lay Member stated that targets have been set for 30 weeks by December 2020. The question was asked how this target benchmarked with other waiting times across Cheshire and Merseyside.

Clarification was given that the 30 week target was in accordance with NICE guidelines, which set out a waiting time of 12 weeks from referral to assessment, and 18 weeks from assessment to treatment. This target brings LCCG in line with national guidance. The trajectory for LCCG to reach that target is linked to appropriate staff being in place, as the challenge is staffing. The target for waiting times is a challenge nationally, as there are very few places that are exemplary given this is a challenge faced by all CCGs and providers.

Question:

The Chair stated that 30-weeks seemed to be a lengthy wait and asked if there was a particular reason why ADHD patients would be given a lower level of priority?

Whilst 30-weeks have been applied nationally, it is a long time to wait. However, the more children that get into the pathway earlier, at the right place at the right time, the quicker the pathway will be for everyone.

The Chair noted that it was encouraging that LCCG is working with the Local Authority on this matter.

Question:

GP/Clinical Vice Chair asked if the waiting time includes the assessment period and treatment period.

The Director of Quality, Outcomes & Improvement/Chief Nurse informed the meeting that whilst she did not currently have the information to respond to that question, she will pursue this matter and provide the Governing Body with the appropriate response.

The NHS Liverpool CCG Governing Body:

➤ **Noted the Chief Nurse's Report.**

2.3 Public Health Update - Report no: GB 03-20

Consultant for Public Health presented an update to the Governing Body.

Everyone had received a copy of the report in advance of the meeting.

The Consultant for Public Health highlighted the following:

- **Performance Monitoring of Prevention Outcomes**
The Data Hub is currently in the process of stimulating outcomes with colleagues from LCCG. It is anticipated for a draft paper to be available for the next Governing Body meeting in March 2020.
- **Update on the progress against the 90-90-90 HIV targets**
Liverpool is part of the Fast Track Cities Programme. Liverpool has exceeded the set target of 90% of all three years and, as a consequence of that progress, Liverpool is on target to achieve 95%. Early indications for people receiving antiviral therapies show that whilst the data for vaccination for over 65s is similar to last year, uptake for those under 65 is poor. Liverpool is now working on achieving its next target of 95% (target two and three have already achieved to this level). More work is required to improve the identification of HIV patients.
- **Seasonal influenza**
There have been high levels of flu within the community. Flu-like illnesses have increased by 24% from week 48 to week 49, while the impact of flu on hospitals was at moderate levels. Flu illnesses have reduced post-Christmas flu vaccinations. The first line of prevention in Liverpool needs greater elevation across all ages and, in particular, some vulnerable groups. There have been some vaccine supply issues, particularly for the children's vaccine. Immunisation uptake in two and three year olds is low, but school flu immunisation programme has progressed well with minimal disruption.
- **Norovirus**
The Community Infection Prevention Control have been working with a number of schools and care homes in Liverpool where there have been outbreaks of diarrhoea and vomiting. This

support seems to have reduced the knock-on effects. It has been a particularly busy time for the team.

- **Insight and Social Marketing**
Public Health have made a concerted effort to support the 'clear the air' agenda by promoting messages across the City, and are looking to implement digital advertising to stop smoking, which starts in February 2020.
- **Health and Planning**
Public Health are currently involved in a number of planning initiatives with the focus on health and well-being, in particular to promote clear air and create family-friendly community areas in Cavern Quarter and Baltic Triangle.
- **Finance**
The Public Health grant has reduced significantly since 2013 by 24%. The total grant for Public Health is currently £43.641 million, with £3.328 million savings required for next year. Public Health has gone through the process with the Council and areas have been identified where savings could be made. There will be a small in year settlement as part of the one year spending, but the exact figure will not be known until February 2020.

Public Health Consultant informed the meeting that no final decisions have been made at this point. Consultation process will inform the decision-making.

The NHS Liverpool CCG Governing Body:

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

The Public Health Consultant invited questions around her report.

Question:

Secondary Care Clinician asked how Public Health make the assumption on the number of HIV patients?

The Public health Consultant stated that she was unable to answer the question at this point as to how the figures were produced, but

would go back and find out exactly how this formula was done and will report back to the Governing Body.

Question:

The Chair asked if consultation was currently live with regards to the Public Health grant?

Public Health Consultant informed the meeting that all details of the consultation are available on the Council's website.

The Chair stated that many of those present at the meeting would have a view on the Public Health grant issue.

Question:

Cabinet Member for Children's Services stated that some of the grant issues are in relation to the contract holders from Public Health, and asked how they can reconfigure their services?

Public Health Consultant informed the meeting that the Public Health budget has been in deficit for the last four to five years, and they have managed that deficit by using all the reserves that were in Public Health. Those reserves have now gone.

Part 3: Performance

3.1 Finance update November 2019 - Month 8 2019/20

Report no: GB 04-20

Chief Finance & Contracting Officer presented the Financial performance update for month 8 of the 2019/20 financial year.

The main aspects of the CCG's financial reporting requirements are included on the executive summary on big page 63 including financial performance as at 30th November with the CCG continuing to report an overall balanced position with regards to both its year to date and forecast outturn expenditure in line with control total requirements

However, as per reporting position in previous months the overall picture only remains balanced as a number of in-year operational programme expenditure pressures namely high cost drugs and devices, continuing healthcare / health packages of care and prescribing are currently being offset by the available 0.5%

contingency and other underspends on other earmarked reserves as described within this report.

Indicators of financial performance are shown on big page 64, with all performance indicators now again rated as 'Green' following continued improvement of the 'Better Performance Practice Code' performance.

Further detailed information is included on pages 65-75 with regards to available resources, explanation of variances from planned levels of expenditure, available reserves and Cash Releasing Efficiency Savings (CRES) as described on page 71

Further information regarding financial risks and the statement of financial position are included on pages 72 and 73 respectively.

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

The NHS Liverpool CCG Governing Body:

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

The Chief Finance & Contracting Officer invited questions around his report.

Question:

Non-Executive Nurse/Lay Member stated that with regards to the dip in the better payment practice code performance earlier in the year, were there any lessons to be learned so that there will not be a knock-on effect next year?

The Chief Finance & Contracting Officer said there had been a number of system issues as reported previously that had contributed to the performance position. One of the features of the national system (automatic workflow reminders) had failed for a couple of weeks which was the most significant aspect and cause of the drop in performance.

The finance team has subsequently undertaken a review to understand what could have been done differently and has led to change of practice internally including a check of the number of invoices within the system on a regular basis. In terms of further assurance LCCG's financial systems and processes have received

a number of positive audit reports and will continue to be reviewed for good practice

3.2 CCG Corporate Performance Report - January 2020 Report no: GB 05-20

The Director of Planning, Performance & Delivery presented the report, which detailed areas of performance on target, those not on target with positive trend, and those not on target with flat or negative trend.

The Director of Planning, Performance & Delivery highlighted that in November 2019 there was a slight deterioration in Referral to Treatment (RTT) performance to 85.7% from 86.3%, which was below LCCG's trajectory position set by agreement with NHS England of 90%. This was also having an impact on LCCG's waiting list position. The target is for March 2020 so there is time for change, although the waiting list figures are not reducing as quickly as anticipated. The specialities affected were Dermatology and Gastroenterology in particular in relation to staffing and beds.

More work can be done looking at refreshing the data and patient tracking treatment lists. Meetings are in place to look at data on a weekly basis. There is also the practicality of managing the waiting list, which is managed by the Deputy Chief Operating Officer. GP referrals have reduced, but there is an increase in other referrals. All other referrals account for, around 45% of all referrals, which is an increase against 30% a few months ago. From LCCG's perspective, GP referrals have been maintained which is positive in moving forward. Two >52 week breaches were reported in November. There is a zero-tolerance target on >52 week waits. The reason for these breaches is a combination of administrative error and complexity of treatment for patients.

There has been one administrative error where clock-stop was applied – patients were removed in error.

With regards to A&E performance, this peaked between July and August to 91%. There has been a decrease in activity since September owing to flu and diarrhoea & vomiting which has affected inpatients and had a knock-on impact on capacity with ward closures. A&E Boards are managing the action plans around demand, flow and discharge. NWAS had deflected patients from

A&E. There was high utilisation in extended access in November and December, which resulted in transferring patients to the right place.

There is evidence of a decrease in long-stay patients (21 days) on a monthly basis for patients in that category. From a discharge perspective there is ongoing work with LCCG and the Discharge Teams.

Systems/diagnostics – Liverpool Heart & Chest Hospital now have scanners in place and online as from 4 November 2019. A business case for weekend working has been developed. This has enabled patients being seen and diagnosed, thus enabling the backlog to be dealt with more efficiently. Once the back log has cleared, Liverpool Heart & Chest Hospital has discussed the use of these scanners as a system, resource for neighbouring providers.

Improvement has been seen in cancer patients receiving treatment between September and October. Cancer 62-day performance still remains challenged and is still significantly away from the 85% standard.

From a performance perspective one positive aspect is the improvement in IAPT recovery route. The focus will be on waiting lists. From a data quality perspective the waiting list is being reviewed.

The Secondary Care Clinician stated that Cancer waiting times are not acceptable in the long term, which is doing a disservice to our patients.

The Secretary of Local Medical Committee highlighted that the majority of issues he hears from colleagues are in relation to IAPT in terms of getting patients into appropriate therapy as the feeling is that most people are being forced into group therapy. Clinicians are not actually seeing an improvement that is being administered in relation to IAPT.

The Director of Planning, Performance & Delivery informed the meeting that the data has shown that one to one therapy is still available as a choice for patients, and patients are still choosing this form of therapy.

Conversations are ongoing about the long-term future, however we continue in the current situation ensuring they are doing what they possible can do, working in order to mitigate issues, and if things are not in place LCCG will continue to get assurance and not reassurance.

The Chief Officer informed the meeting that LCCG has to look at what it is like to work in this area in order to attract and retain staff.

Question:

The Non-Executive Nurse/Lay Member highlighted the Health Care interventions for CDiff and Ecoli and stated there had been a marked improvement in November. The question was asked if there was another Single Item Quality Surveillance Group meeting, would any improvement be seen?

Director of Quality, Outcomes & Improvement/Chief Nurse informed the meeting that at this point in time she could not say whether any improvement could be seen. The single item Quality Performance and Surveillance Group last year, for Cheshire and Mersey, were working together to try and make improvements. The work has not quite gained traction with all team members across Cheshire and Mersey. It is still early days as it is one of the biggest challenges LCCG has.

Question:

The Non-Executive Nurse/Lay Member referred to CYP eating disorders waiting times, and stated that six young people were being referred to be seen in one week but only one young person had actually been seen. The question was asked if there was any particular reason why that has occurred.

The Director of Planning, Performance & Delivery informed the meeting that one aspect would be the lack of engagement with the service, particularly vulnerable children of families in difficult circumstances. The services are aware of this issue, and lack of such engagement is part of the plan in going forward.

Question:

The Cabinet Member for Children's Services requested that any abbreviations within papers are provided with full titles so that all present understand what they refer to.

The question was asked, as to the response from NHS England, for example, issues around staffing, capacity, pipeline and the impact it has had on the figures presented?

The Chief Officer informed the meeting that Health Education England provides the pipeline around trained staff. Locally, we have to attract staff and support them, particularly given the pressures they work under. It is really difficult to encourage people to take up careers within the NHS when there is a significant amount of publicity about the pressures within the system. It is about LCCG working closely with our providers to support them and to talk to the local population about access opportunities in the NHS and highlight that whilst careers within the NHS are challenging, they are incredibly rewarding.

Question:

The Lay Member for Governance/Non-Clinical Vice Chair referred to the scanners at Liverpool Heart & Chest Hospital. The question was asked what can LCCG put in place to make sure there is not a significant backlog in treatment.

The Director of Planning, Performance & Delivery informed the meeting that LCCG has been monitoring the Hospital's project, and there has been no evidence to show any sign of deterioration in the system.

Question:

Lay Member for Audit referred to the QSOC minutes (page 613 of the meeting pack) in relation to the C Difficile workshop which had been held in September 2019. The question was asked if the response provided was an acceptable response.

Director of Quality, Outcomes & Improvement/Chief Nurse informed the meeting that the minutes did not clearly define the point made at the QSOC meeting.

Director of Quality, Outcomes & Improvement/Chief Nurse explained that last year nationally, a number of the targets and

codes changed around HCAs. There was a lot of confusion about how to implement the new guidance. It was necessary to reflect on this matter, and discuss the guidance and make sense of it. The result of that discussion was that colleagues agreed to be pragmatic. It took three to four months to implement it. There is a need to be vigilant in how information is expressed in minutes of meetings.

Question:

The Chief Executive, Health Watch, Liverpool, stated that there should be some feedback about A&E coming soon as Healthwatch had been into EDs recently speaking to patients. In terms of A&E it was clear how the service operates from day to day. Comments about staff have been very positive and patients have not criticised the service. We should be very grateful for the comments received about staff but it does not take away the improvement of quality of care.

The Chair informed the meeting that it would be useful for LCCG to hear that feedback.

The Chair informed the meeting that she had enjoyed reading the Performance report, which was well written, and is looking forward to the updates.

The Chair thanked the Director of Planning, Performance & Delivery and his Team for the work undertaken in producing the report.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators for the period October 2019 to November 2019 and of the recovery actions taken to improve performance and quality.**
- **Determines if the levels of assurances given are adequate in terms of mitigating actions, particularly where risks to the CCG's strategic objectives are highlighted.**

Part 4: Strategy and Commissioning

4.1 One Liverpool Strategy - Report no: GB 06-20

The Director of Strategy, Communications & Integration presented the report and highlighted that this was the health and care

strategy for the whole City, from 2019-2024. The system will come together to address the health needs, particularly around health inequalities. The strategy is also the City's response to the NHS Long-Term Plan. The strategy has been developed through system leadership and collaboration, and is focused on improving population health within the City. The forthcoming Business Plan will be informed by the One Liverpool Strategy. In terms of Governance, the strategy had been approved by all Trust Boards and the Health & Wellbeing Board.

The Chair thanked the Director of Strategy, Communications & Integration for her leadership in the One Liverpool Strategy, and commented that it is very much appreciated.

A GP Director commented that the outcome ambitions in the strategy are challenging and further detail on the outcome trajectories would be helpful.

The Director of Strategy, Communications & Integration informed the meeting that system leaders wanted to set ambitious outcome improvements to reflect the need for the City to make a positive step change in population health. The goals were challenging but more work would be done to build up how these outcomes could be achieved. The outcome ambitions also encompass the wider City Plan. In terms of delivery, Liverpool Provider Alliance will be the predominant delivery vehicle.

The Chief Officer informed the meeting that the One Liverpool Strategy signals a significant shift in the way the CCG and the system will work together. This process will be a learning exercise, to be evaluated over the period of the strategy. The Outcomes would be constantly reviewed and considered as we move forward and make progress.

The Chief Executive, for Health Watch Liverpool, commented that it would be pleasing to see the engagement strategy go forward to the Governing Body at the next meeting in March 2020.

The Cabinet Member for Children's Services commented there are key things in the development of the strategy that are different to past approaches. The challenges have to be shared as a City and all parties need to be accountable for City-wide outcomes.

DRAFT

Actions/agreed:

- **CCG Business Plan to go to the Governing Body in March 2020.**
- **Engagement strategy to go forward to the Governing Body in March 2020.**

The NHS Liverpool CCG Governing Body:

- **Approved the One Liverpool Strategy.**
- **Noted the commitment of all health and care partners to collaborate to achieve better population health for Liverpool.**

4.2 North Mersey CCG Merger - Report no GB 07-20

The Chief Officer set out the case for change to be considered. The options set out in the report had been considered by the Board and GP members.

The other CCGs considering a North Mersey merger – Southport & Formby, South Sefton and Knowsley CCGs – would be making their own decisions on the proposal. LCCG will come back to the Governing Body in March 2020 with an update on the output from engagement and the next steps in order to make a decision. There is a significant amount of work required to make an application to NHS England for the merger if supported in March.

Lay Member for Financial Management stated that he was very supportive of the proposal and asked for clarification on resources.

The Chief Officer informed the meeting that the CCGs had been able to secure dedicated management capacity to co-ordinate the process. This would be supplemented by capacity and expertise across the CCGs in a number of workstreams.

The Lay Member for Governance/Non-Clinical Vice Chair commented that she really appreciated the paper and thanked the Management Team for this level of detail.

A GP Director stated that they totally supported the paper, and asked the following:

- How do we ensure that our members are heard, particularly those who are less engaged?

The Chair informed the meeting that a significant amount of engagement had been undertaken with members over the last 12 months. There had also been discussions with the Local Medical Committee and Primary Care Networks.

The Chair stated that it would be helpful for GP colleagues on the Governing Body to support communication to reach less engaged Practices.

The Secretary of Local Medical Committee asked what the plan would be if not all CCGs agree to the merger. In this scenario, the plan would be reviewed.

The Secretary of the Local Medical Committee asked:

- How would a new CCG ensure they would not become remote from primary care within Liverpool?
- What would be the impact on funding for primary care, as there is a differential across CCGs?

Chief Officer informed the meeting that:

A key principle for the development of a new CCG would be to ensure localism with a place-based model, which would be articulated in the new CCG's constitution. The proposed constitution would be subject to membership engagement and support.

A member of the public asked to raise a question at this juncture of the meeting. The Chair allowed the question:

Question – member of the public

A member of the public referred to 'statutory requirements' on page 176 of the paper with regards to '*Does this require public engagement or has public engagement been carried out? No*'. The member of the public referred to the NHS England merger guidance, schedule 3, and said that according to the regulations the CCG should engage with the public on the merger proposal.

The Chief Officer informed the meeting that the CCG would follow NHS England guidance, and this paper signalled the commencement of an engagement exercise.

The Chair thanked the member of the public for his contribution to the meeting.

Question:

The Cabinet Member for Children's Services stated that he understood the context for the merger proposal, and asked the following questions:

1. Would relationships be maintained with the Local Authorities in the three areas?
2. How does that articulate into local needs?

The Chief Officer responded to the above as follows:

1. In terms of oversight of services, LCCG is working with colleagues in Liverpool City Council to develop joint commissioning and to ensure that a place-based model is agreed.

The Chief Executive, for Health Watch Liverpool, commented that it will be difficult to get a consensus by March 2020. One of the challenges would be that the public generally do not know what the CCG is or its function.

Question:

A GP Director commented that change is inevitable, however:

1. Is it the right time to merge, particularly in light of the priority to be given to the One Liverpool strategy? The CCG has just completed a significant reorganisation – is it fair to the staff and the members to have another major change at this time?

The Chair commented that consideration had been given to the question 'why now'?

The Chief Officer stated that the expectation from NHS England is for CCGs to become larger to cover over a bigger footprint and to reduce running costs by 20%. The proposed merger is driven first by the opportunity to commission for population health to reduce inequities that currently exist, and it reflects the wider system changes outlined in the NHS Long Term Plan for the development of integrated care systems.

The Cabinet Member for Children's Services left the meeting at this juncture (4.30 pm).

The NHS Liverpool CCG Governing Body:

- **Supported the case for change.**
- **Supported the preferred option for a single CCG commissioner serving the North Mersey population.**
- **Endorsed commencement of stakeholder engagement to inform a final proposal to the Governing Body in March 2020.**

4.3 Values and Behaviours Framework - Report no GB 08-20

The Director of Organisational and People Development presented the report and highlighted that the proposed framework has been shared with staff through floor meeting events and Staff Engagement Group. The Staff Engagement Group met on Monday 13 January 2020 to approve the final version of the Framework.

The Director of Organisational and People Development informed the meeting that staff have been fully engaged via four 'Value and Behaviours' Workshops. The outcome of the workshops has been the development of a Staff Values and Behaviours Framework and Workplace Charter. Staff have taken ownership of creating a set of core values which describe how staff will work together to achieve LCCG's shared purposes set out in the 'One Liverpool Strategy' – the four values are; Compassionate, Inclusive, Progressive, Together.

Question:

A GP Director referred to the description of compassion, and asked:

- What does it mean?
- How do we recognise it?
- How is it shared through the organisation?

The Director of Organisational and People Development informed the meeting that LCCG will build in evaluation through the new appraisal process and the Staff Survey can also provide an indication along with other key workforce KPIs. Giving staff permission to hold each other to account was a key part of the sessions and supported by the development of the workplace charter.

Lay Member for Public & Patient Involvement highlighted that she had joined one of the sessions and stated that the level of engagement was open and robust, and it gives credibility to the process.

The NHS Liverpool CCG Governing Body:

- **Noted the learning from previous staff survey.**
- **Endorsed the next steps.**
- **Noted the progress to date on the development of the Values and Behaviours Framework.**

The Chair thanked the Director of Organisational and People Development for all her hard work.

4.4 Turning Tides - Report on NHS LCCG's
Community Investment Programme - Report no GB 09-20

The Director of Strategy, Communications & Integration introduced this item and handed over to the Social Value Lead to present the report.

The Social Value Lead explained that this programme, to support community social value programmes, started in 2016 with the aim to reduce inequalities and increase wellbeing, and upgrade prevention and early intervention. The evaluation of the programme would inform elements of the delivery of One Liverpool.

GP/Clinical Vice Chair commented that it was a very good report. The challenge is for not just LCCG but the wider system to learn from this work

The Chair commented that the report described richness, and thanked the Social Value Lead for her work.

The NHS Liverpool CCG Governing Body:

- **Endorsed the recommendations of the report, which will inform implementation of the One Liverpool Strategy.**

The Social Value Lead left the meeting at this juncture (4.45 pm).

Part 5: Governance

Everyone had received a copy of the report in advance of the meeting.

5.1

a Governing Body Assurance Framework

Report no GB 10-20

The Head of Corporate Services & Governance presented the report.

The Head of Corporate Services & Governance informed the meeting that as LCCG approaches the last quarter of the financial year, there are still some gaps in control/principal risks which could impact on the delivery of the strategic objectives. It was recognised that the significant organisational development work undertaken by the Director of Organisation and People Development is highly beneficial in terms of 'positive' evidence for the Governing Body Assurance Framework. The Head of Corporate Services & Governance will work with the Director of Organisation and People Development on this aspect of the Framework.

The Head of Corporate Services & Governance stated that although work is in progress to close the majority of GBAF risks, it may be necessary to roll forward the risks to the new financial year.

The Chair referred to page 277 and highlighted that the 'Definition of Primary Care Networks' roles in delivery and priorities for 2019/20' will be including at the Governing Body Development session in February 2020.

Question:

The Chair noted the current status is delayed for 'Review and update of the CCG Quality Strategy for ratification by the Governing Body' and asked if a timeline had been set for when this will be available?

The Chief Officer informed the meeting that Quality had been incorporated into the One Liverpool strategy and so there was no need for something separate.

The NHS 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 describes the effectiveness of the internal systems of control in place to mitigate against risk.**
- **Is 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.**

**b Corporate Risk Register Update
Report no GB 11-20**

The Head of Corporate Services & Governance presented the report.

The Head of Corporate Services & Governance highlighted the proposal for Governing Body's approval to be given to:

- **Remove Risk CO80 - Failure to agree an EU Exit Deal resulting in an impact on health services, from the 2019/20 Corporate Risk Register.**

Members of the Governing Body expressed mixed views on the removal of Risk CO80. A decision was made, where all members of the Governing Body agreed for Risk CO80 to be removed from the Governing Body Risk Register but included on the Corporate Services and Governance Risk Register for monitoring purposes.

- **Add Risk CO81 - Standalone status of Liverpool Women's Hospital Foundation Trust creates challenges in terms of delivering high quality, safe services due to environmental issues and lack of certain clinical facilities.**

Actions/agreed:

- **Risk CO80 to be removed from the Governing Body Risk Register but included on the Corporate Services and Governance Risk Register for monitoring purposes.**

- **The Governing Body agreed to add Risk CO81 to the Risk Register and for progress to be reviewed in due course.**

The Governing Body acknowledged the ongoing work as a CCG and as a system to mitigate that risk.

The NHS Liverpool CCG Governing Body:

- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation.**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**
- **Agreed the addition of Risk Ref CO81 to the Corporate Risk Register.**
- **Agreed to removal of Risk Ref CO80 from the Governing Body Risk Register, but to be transferred to the Corporate Risk Register.**

c CCG Issues Log (January 2020 update)
Report no GB: 12-20

The Head of Corporate Services & Governance presented the report, and informed the meeting there had been minimal movement since the last report, and from a service delivery perspective all measures are in place.

The Head of Corporate Services & Governance highlighted: Cancer performance – when this was first entered on to the CCG Issues Log it was one out of nine failing national priorities, it is now six out of nine failing national priorities. The Head of Corporate Services & Governance and the Director of Planning, Performance & Delivery have agreed to meet to discuss this issue.

The NHS Liverpool CCG Governing Body:

- **Noted the entries in the CCG Issues Log as at 3 January 2019.**
- **Satisfied itself that control measures and action plans provide sufficient internal assurances of recovery or risk of further escalation.**

- **Agreed that the 'priority' score of each issue accurately reflects the level of criticality in relation to recovery.**

d Proposed changes to LCCGs Constitution
Report no GB 13-20

The Head of Corporate Services & Governance presented the report. and expressed his thanks to everyone who has been involved in the engagement process.

The Chair informed the meeting that the proposed changes had been subject to thorough and significant engagement with LCCG's membership, and that no objections from member practices had been received by the 9th January 2020 deadline given.

The Head of Corporate Services & Governance highlighted that LCCG is now at the final stage of the process and the next step would be to formally apply to NHS England and Improvement for a variation to the CCG's Constitution, adding that the application process takes an average eight weeks to conclude once submitted.

The Head of Corporate Services & Governance invited questions around the report.

Question:

Lay Member for Financial Management stated that the new constitution shows the Governing Body members will be appointed for three years. If it were three years, this would affect some of the current members of the Governing Body, particularly in light of the proposed CCG merger.

The Chair informed the meeting that the new constitution would not apply to the merged CCG.

Actions/agreed:

- **The Chair to look at the Terms of Office.**

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report.**
- **Approved onward (formal) application to NHS England and Improvement for a variation to the Constitution.**

- e Risk Management & Assurance Strategy
Report no GB 14-20

The Head of Corporate Services & Governance presented the report and highlighted:

This report had been discussed with the Audit Risk & Scrutiny Committee. The previous strategy expired in October 2019 and it was essential that LCCG has a live strategy document in place. The current document will be a place-holder until the new Committee structure is in place. The majority of changes reflect the new Management structure.

A GP Director stated that he agreed with the safeguarding function, but would ask for consideration to be given for removal of it being a zero-tolerance reputation risk.

Actions/agreed:

- **The Governing Body agreed for the bullet point to be removed and for the recommendation to go forward to the Audit, Scrutiny & Risk Committee to ask what the appropriate appetite is.**

5.2 Feedback from Formal Committees

➤ Audit Risk & Scrutiny Committee

- 10/12/2019: Chair of Committee reported issues –

10/12/2019: Chair of Committee reported issues -

- Microsoft Licence - not included in the Committee's Risk Register.
- Feedback of the Finance Procurement & Contracting Committee highlighted that a recommendation had been made for the risk to be escalated from the Finance Procurement & Contracting Committee Risk Register to the Corporate Risk Register. However, the risk was not included in the most current version of the Corporate Risk Register and there was no audit trail to clarify why this had not been enacted. The lay member for audit reminded members that the apparent lack of an audit trail in regards to the decision raised a similar issue to one highlighted in a recent internal audit report. The Chair of the Committee stated that it should be made very clear, for audit purposes, as to why that recommendation has not been put in place.

Head of Transformation & Programmes informed the meeting that the rationale for that risk had changed considerably since the item went forward to the Finance, Procurement & Contracting Committee and its potential impact had become less 'severe'. As such, the risk had been downgraded and was no longer considered a 'corporate' risk. The Head of Transformation & Programmes stated that he would, for audit purposes, ensure that this was also captured in the minutes of the next Finance, Procurement & Contracting Committee meeting.

Head of Corporate Services & Governance stated that all committees should ensure that any decisions on risk escalation or de-escalation are fed back to the Corporate Services and Governance Team, who will in turn ensure an appropriate audit trail is in place and that interested parties are made aware of the decision. It was agreed that this would address a gap in the risk management process and should be discussed at the next Audit Risk & Scrutiny Committee.

Actions/agreed:

- **Discussion at next Audit Risk & Scrutiny Committee to be held on decisions on risk escalation or de-escalation.**
- **HR Committee**
 - 26/11/2019: Chair of Committee reported that compliance with mandatory training has worked well. However, there have been issues with the logging-on process to access the mandatory training.

The Chair of the Governing Body acknowledged the work of the Deputy Head of Corporate Services & Governance, Sallyanne Hunter, in recognition of the back-up system.

6 Questions from the public

- 6.1 Questions had been received in advance of the meeting and responses prepared:

Questions to NHS Liverpool CCG Governing Body
Tuesday 14 January 2020

Question 1:

Which external organisations have advised Liverpool CCG regarding the One Liverpool Plan, and which current and previous contracts has LCCG entered into for consultancy advice regarding any aspect of the One Liverpool Plan?

In 2019 partners across the Liverpool health and care system undertook a system capability programme to support the development of system leadership and collaboration to inform the One Liverpool strategy. This leadership programme was facilitated by PWC, the funding for which came from NHS England as part of a national programme. The Liverpool health and care system was not required to contribute to the cost.

The One Liverpool Strategy was co-designed by all health and care partners in the city, with leadership from the Liverpool Integrated Care Partnership Group and collaboration by strategic leads from all organisations. The development process was facilitated by NHS Liverpool CCG and the document was also authored by the CCG, on behalf of partners.

Question 2:

Does Liverpool CCG intend to use the Health Systems Support Framework to support the One Liverpool Plan?

The NHS England Health Systems Support (HSS) Framework provides access by health and care systems to support services from third party suppliers. There are no plans currently to procure external services to support the delivery of the One Liverpool Strategy. We will harness the talent, experience and capacity from our own workforce, working together, to deliver the strategy.

Question 3:

Which aspects of the One Liverpool Plan will be subject to public consultation, and what is the timescale for each of these public consultations:

If any proposals emerge from the One Liverpool strategy that require major service change, they may be subject to formal public consultation, to be agreed by commissioners and through engagement with the local authority Overview and Scrutiny Committee.

One Liverpool ambitions and outcome goals will be achieved predominantly by organisations working together to our shared vision for a healthier, happier and fairer Liverpool for all.

The CCG will present a draft engagement strategy at the March meeting of the CCG Governing Body, setting out whole-system plans for ongoing engagement and opportunities for involvement in shaping our plans and priorities.

The plan will set out how we propose to engage at individual, neighbourhood and city level, supported by shared infrastructure and approaches. The plan will focus on delivery in 2020/21, although engagement will be continuous over the 5-year period of the strategy.

We will take an asset based approach to identify what really matters to people, how we can support people to pursue health and wellbeing and to understand how and why they engage with services.

Conversations will be connected to our Integrated Care Teams within neighbourhoods, to understand and respond to needs and local priorities and to enable co-design of services.

We will also link in with the 'City Conversation', led by Liverpool City Council, which will identify and respond to what matters most to people across wider public services.

6.2 CCG Merger document

The question was asked in relation to page 144 of the document as to why Liverpool Women's NHS Foundation Trust had not been mentioned.

Chief Officer acknowledged that this omission had been an error. The document will be amended to reflect the inclusion of Liverpool Women's NHS Foundation Trust.

6.3 Public Health Grant

The comment was made that without resources, it would be a massive obstacle to overcome the reduction in poverty and inequality.

The increase in the CCG budget is only 3.3% per year, therefore it is not actually an increase when looking at historical growth within the NHS budget.

Chief Officer informed the meeting that it is currently out to consultation.

6.4 Question 3 – submitted written question from the public

The member of the public thanked the Chair for the written response to the questions submitted prior to the meeting. The member of public asked for clarification with regards to question 3 [*Which aspects of the One Liverpool Plan will be subject to public consultation, and what is the timescale for each of these public consultations?*] as he felt the answer was not clear in that '*they may be subject to formal public consultation, to be agreed by commissioners and through engagement with the local authority Overview and Scrutiny Committee*'.

Chief Officer stated that in terms of delivering on One Liverpool, there is nothing currently in One Liverpool that LCCG is going to consult on immediately, however where Service changes are required we will fully comply with our statutory obligations.

The member of the public asked if there was anything else that LCCG did not intend to consult on?

Chief Officer stated that there were proposals being worked - eg. Stroke services, but the business case is not yet worked up.

The member of the public stated that major service change requires public consultation.

The Chair thanked the members of the public present for their contributions to the meeting.

7 Date and time of next meeting

Tuesday 10 March 2020, 2.30 pm Boardroom, Liverpool CCG

The meeting closed at 5.10 pm.