

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 10TH JANUARY 2017
2.30pm

BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

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

NON VOTING MEMBERS:

| | |
|-------------------|---|
| Dr Jamie Hampson | GP Matchworks Locality |
| Paul Brant | Cabinet Member for Health & Adult Social Care, Liverpool City Council |
| Dr Paula Finnerty | GP – North Locality Chair |
| Dr Tristan Elkin | GP – Liverpool Central Locality |
| Dr Sandra Davies | Director of Public Health |
| Tina Atkins | Practice Manager Member |

IN ATTENDANCE:

| | |
|------------|-------------------------|
| Ian Davies | Chief Operating Officer |
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| | |
|-----------------|--|
| Cheryl Mould | Primary Care Programme Director |
| Samih Kalakeche | Director of Adult Services & Health, Liverpool City Council |
| Tony Woods | Healthy Liverpool Programme Director - Community Services & Digital Care |
| Carole Hill | Healthy Liverpool Integrated Programme Director |
| Stephen Hendy | Senior Operations & Governance Manager |
| Lynn Collins | Chair of Healthwatch |
| Ray Guy | Retired Practice Manager |
| Dyanne Aspinall | Programme Director Integrated Commissioning – Health & Social Care |
| Derek Rothwell | Head of Contracting & Procurement |
| Kerry Lloyd | Deputy Chief Nurse |
| Paula Jones | Committee Secretary/Minutes |

APOLOGIES:

| | |
|----------------------|------------------------------|
| Dr Fiona Ogden-Forde | GP |
| Dr Rosie Kaur | GP |
| Dr Rob Barnett | LMC Secretary |
| Mark Bakewell | Deputy Chief Finance Officer |

Public: 6

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present and the Governing Body members/attendees present introduced themselves. The Chair emphasised that this was a private meeting held in public with the opportunity for questions at the end of the agenda. Questions could be submitted by the public in advance of the meeting for a response to be prepared. There was an opportunity at the end of the agenda for succinct questions from the floor which would be answered as far as was possible in the time available.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 13th December 2016 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- A typographical error on page 6 was to be corrected.

1.3 MATTERS ARISING from 13th December 2016 not already on the agenda:

1.3.1 Action Point One – it was noted that the Health & Wellbeing Board had not yet met so it was likely that the Liverpool Safeguarding Children's Board Annual Report would come to the February 2017 Governing Body meeting after the January 2017 Health & Wellbeing Board.

1.3.2 Action Point Two – the Chief Officer noted that the joint working between Liverpool, South Sefton and Southport & Formby CCGs would be picked up under her update in agenda item 2.2.

1.3.3 Action Point Three – the Chief Operating Officer updated the Governing Body that the Emergency Care Improvement Programme Report had not yet been received and would come to the Governing Body in due course.

1.3.4 Action Point - the Primary Care Programme Director noted that a meeting had been set up with the Chair of Healthwatch for Healthwatch to share patient feedback on difficulties for patients getting through to practices on the telephone.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 01-17:

- Audit Risk & Scrutiny Committee 16th December 2016 – the Lay Member for Governance/Deputy Chair/Committee Chair fed back to the Governing Body:
 - ✓ Better Care Fund – no guidance had been received for 2017/18 and more insight was required by the CCG into arrangements for 2016/17. Due to timescales the Operational Plan would need to be submitted without the Better Care Fund information. The Section 75 Agreement was to be refreshed and hopefully at this point we would be in receipt of the guidance.
 - ✓ Budgetary Control – the Audit Risk & Scrutiny Committee required constant assurance on this matter and noted that both internal and external audit were testing this. The reporting arrangements and Recovery Plan were being considered on a weekly basis by the Governing Body and Senior Management Team.
 - ✓ Corporate Risk Register – it was felt that this was out of date and did not accurately reflect risks. Tighter review and assurance was required as appropriate to be communicated to the Governing Bod and the Audit Risk & Scrutiny Committee.
- Primary Care Commissioning Committee 20th December 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Primary Care Support Services – a letter had been sent to the NHS England Audit Committee highlighting issues, a response was awaited. It was noted by the Practice Manager member that practices were very frustrated by continuing to need to report concerns and that patient safety was being affected.

- ✓ Primary Care Performance Report – 78 practices were delivering 80 appointments per 1,000 weighted population which was a positive indicator. Difficulties lay in the area of prescribing costs which was being monitored closely.
- Finance Procurement & Contracting Committee 20th December 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ The year-end financial position remained a cause for concern. The Financial Recovery Plan was closely monitored by the Financial Recovery Oversight Group ('FROG'). Confirmation had been received from NHS England that the non-recurrent 1% headroom set aside would not leave the CCG's account in 2016/17.
 - ✓ Children & Adolescents Mental Health Services ('CAMHS') – given the timing involved approval had been granted for a tender waiver to utilise additional waiting list funding received from NHS England. However, this would be closely monitored and payment would be made retrospectively.
- Healthy Liverpool Programme Board 21st December 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Good progress was being made in the programme areas. The community transformation programmes were starting to have a positive impact on hospital activity.
 - ✓ Digital Innovation Investment:
 - investment secured for the three trusts' Electronic Patient Records.
 - Telehealth Procurement completed.
 - Global Digital Exemplar investment in excess of £20m secured for three Liverpool providers.

- ✓ Presentation from Clatterbridge re the future delivery of cancer services – needed to ensure that the clinical model was aligned with the Healthy Liverpool vision and models of care.
- Quality Safety & Outcomes Committee 3rd January 2017 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Report received on Complaints, MP Enquiries and Patient Advice and Liaison Service (PALS). It was highlighted that patient experience and patient engagement were linked but quite different. Work was ongoing with partners in trusts to understand patient experience with a six monthly report coming to the Quality Safety & Outcomes Committee.
 - ✓ Quality Schedule – the Quality Team were to have a process of three face to face meetings with providers to discuss 1) Service Development Improvement Plans/Key Performance Indicators/local indicators 2) ensure compliance and 3) agree CQUINs and Key Performance Indicators.
 - ✓ Care Homes – Liverpool CCG and Liverpool City Council were working with the Care Homes sector to give support. It was vital to have a viable Care Homes Sector in Liverpool. An increasing number of Care Homes were being rated as “inadequate” by the Care Quality Commission. The Programme Director Integrated Commissioning – Health & Social Care reassured the Governing Body that improvement plans were in place.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Update

The Chief Officer updated the Governing Body:

- There was no Performance Report on the agenda due to the data not being available over the Christmas Holiday period, a full report would be coming to the February 2017 meeting.
- Current system pressures across the country – locally all parts of the health and social care system were pulling together and Liverpool was not a high cause for concern in the North Region. Additional investment in intermediate care had provided additional capacity.
- The draft Pre Consultation Business Case for the Women's and Neonatal Services Review had been published. The formal consultation process was to be delayed due to further work being required around capital finance, this gave the opportunity to feed in the work being carried out on neonatal services. However, it was important to share findings so far with the public and wider stakeholders.
- "Acting As One" Contracts had been signed with the acute trusts prior to Christmas which was excellent and provided stability for the next two years.
- 'Acting as One' – Liverpool, South Sefton and Southport & Formby CCG Governing Bodies had had a second combined meeting to discuss the five options for future joint working. These would need to be assessed at each individual CCG Governing Body and then taken back to a combined meeting to compare the outcomes. The next combined Governing Body meeting was set for the end of January and options had been shared with staff.
- Dr Tristan Elkin, the Central Locality Non-Voting member was stepping down from his role on the Governing Body and the Chief Officer took the opportunity to thank him for his hard work and contribution over the years. The Chief Officer noted that the Lay Member for

Governance/Deputy Chair had agreed to stay on for a second term as a member of the Governing Body.

The NHS Liverpool CCG Governing Body:

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

2.3 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ Drink awareness campaigns were ongoing – Liverpool John Moores University had carried out an analysis via actors pretending to be inebriated attempting to be served in Liverpool bars. The first time 26% were served however, the second time the process was carried out this was raised to 35%. This compared very well against the national figure of 84%.
- ✓ A Hypertension Joint Strategic Needs Assessment had been produced and published on the Liverpool City Council website.
- ✓ Two Stop Smoking campaigns were running back to back – focus was on providing men and women with the confidence to give up smoking. In the first week there had been 2,000 hits on the website and many calls to Stop Smoking Services.
- ✓ “Be Clear On” Campaign was launched the day before the Governing Body meeting, bowel cancer screening was part of this.
- ✓ Health Visitor ante-natal visits – for quarter two these had increased from 87 to 335.
- ✓ Workshops had been set up with national funding for Early Help and the assessment tool.
- ✓ Campaign was running for January through to 10th February with HIV testing kits being sent in the post to bi-sexual men.

The Primary Care Programme Director noted that the GP Specification from April 2017 had a focus on hypertension and bowel screening uptake targets.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update Month 8 (November) 2016/17 – Report No GB 02-17

The Chief Finance Officer presented the Month 8 (November 2016) 2016/17 Financial Year to the Governing Body to update on the financial position as at Month 8, on financial performance in respect of delivery of NHS England Business Planning Rules and to provide an assessment of the risk to delivery of the forecast surplus position.

He highlighted:

- Delivery of the £16.4m cumulative surplus (1% plus 1%) remained subject to risk.
- Year to date position as at Month 8 was over performance of £5m against budgeted expenditure.
- Forecast outturn position 2016/17 as at Month 8 showed delivery of the £8m surplus assuming the delivery of Phase 1 Financial Recovery Group savings of £6.5m and Phase 2 £7.4m (revised to £8.1m).
- As at Month 8, the Phase 1 savings plan of £6.5m had largely been delivered. The Phase 2 savings target of £7.4m was more challenging. Time was moving on and the Month 10 position should be known in February 2017 when the position could be forecast with more certainty.

The NHS Liverpool CCG Governing Body:

- **Noted the current financial position and risks associated with delivery of the forecast outturn position,**
- **Noted the stated assumptions regarding proposed recovery solutions to deliver the required business rules based on current forecast outturn assumptions of £8.1m (which was £7.4m at Month 7)**
- **Noted that an immediate cessation of all un-committed CCG expenditure had been approved until the end of December 2016 with a further financial review taking place at that point to address ‘in year’ and 2 year planning requirements (2017/18 and 2018/19)**
- **Noted that the initial high level requirements for 2017/19 and 2018/19 were set out in a further paper to the Governing Body GB 04-17**
- **Noted that the financial recovery oversight group (FROG) continued to meet on a weekly basis to support the monitoring of the initial solutions identified within the recovery plan.**

PART 4: STRATEGY & COMMISSIONING

4.1 Operational Plan 2017/18 – 2018/19 – Report No GB 03-17

The Chief Operating Officer presented the two year Operational Plan for the period 2017-2019 to the Governing Body for noting and approving. This had been written in response to the joint NHS England and NHS Improvement planning and contracting guidance. He highlighted:

- **Contracts with the acute trusts for a two year period had been signed off prior to Christmas.**
- **The two year Operational Plan would be reviewed after a 12 month period so would change.**
- **The nine “Must Dos” were mandated by NHS England and formed the basis of the plan:**

| | 2017/18 and 2018/19 'must dos' |
|---|---|
| 1 | STPs |
| 2 | Finance |
| 3 | Primary Care |
| 4 | Urgent and emergency care |
| 5 | Referral to treatment times and elective care |
| 6 | Cancer |
| 7 | Mental health |
| 8 | People with learning disabilities |
| 9 | Improving quality in organisations |

- Better Care Fund was not included as yet as the guidance had not yet been published – this would be included and brought back to the Governing Body in due course, hopefully around February/March 2017.
- The Primary Care Programme Director noted that the GP Specification was fundamental to the delivery of the General Practice Forward View which had been submitted and an action plan was in place to transform Primary Care over the next five years. This would be presented at the next Primary Care Commissioning Committee and included sustainability, having high quality services, better access and less variation. The development of a multi-disciplinary Primary Care Team was a key element in reducing the workload of GP practices with a better skill mix and the use of new technology to deliver the new model of working. This fitted very well with the Healthy Liverpool Community Model.
- Urgent & Emergency Care: the Hospitals Clinical Lead noted the work going on to address the four wait target which involved not only A&E but projects such as Home First etc.
- Referral to Treatment and elective care – it was noted that work was ongoing around referral management and service re-design with Primary and Social Care working in partnership.

- The Physical Activity Clinical Lead referred to Right Care and the reduction of unwarranted variation in the system and that he would bring this back to the Governing Body in February 2017.
- Cancer – joint working and collaboration with Public Health on the prevention agenda ensuring that NICE Guidelines were implemented for early diagnosis. 62 Day Pathway – performance was strong and affected by a small number of patients in specialist centres. Recovery and support packages were essential.
- Delivery of the Five Year Forward View for Mental Health – Improving Access to Psychological Therapies seemed to be making progress although it was too early to tell. For Children and Young People the new 32% target for Children and Young People with a diagnosable condition being able to access evidence based services by April 2021 would be very challenging, With regard to Early Intervention in Psychosis the targets remained challenging as the Business Case to roll out the service to over 35s as stipulated in the Guidance had not been approved yet. The Chair noted that A&E staff were not always fully trained in how to deal with people who were mentally ill.
- Learning Disabilities – part of ‘Transforming Care’ was to bring out of area placed patients back into area, also there was a need to improve primary care access for patients with Learning Disabilities. The Head of Quality/Chief Nurse noted that a report had been discussed at the previous Governing Body meeting in detail and areas highlighted such as the Change in Senior Responsible Officer and the fact that the Terms of Reference for the Transforming Care Board were being reviewed re membership to ensure it was fit to deliver.
- Improving Quality In Organisations – the CCG had a governance structure to support trusts and work was ongoing such as a review of deaths following the Mazars report re deaths of people with Learning

Disabilities, pressure ulcer work both community acquired and in hospital etc.

- Activity Planning – the paper set out the planning approach to activity growth:

| Grouped POD | 17-18 | 18-19 |
|----------------------------|--------------|--------------|
| First Outpatients | 3.12% | 3.05% |
| Follow-Up Outpatients | 2.21% | 2.17% |
| Electives / Day Case | 1.47% | 1.50% |
| Non-Electives (Acute & MH) | 1.94% | 1.94% |
| Non-Electives (Obstetric) | 0.00% | 0.00% |
| A&E | 1.17% | 1.26% |

Cardiology – the CCG aimed to implement a North Mersey-wide cardiology redesign with the aim of reducing avoidable/inappropriate emergency admissions.

It was confirmed that NHS England had now validated the plan and felt that it was realistic but should achieve the ‘Must Dos’. The Better Care Fund section was missing but it showed the direction of travel.

The Secondary Care Clinician commented on the need for training for acute trust clinicians on mental health issues in order to identify patients coming through A&E, and was pleased to see Mental Health transformation in the 9 “Must Dos”.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of this report and**
- **Approved the two year Operational Plan.**

4.2 Strategic Financial Planning Update 2017/18 and 2018/19 Financial Years – Report no GB 04-17

The Chief Finance Officer gave a presentation to the Governing Body on the Financial Strategy 2017/18 to 2018/19 with the aim of supporting the CCG to improve outcomes/reduce health inequalities, stabilising the system, creating an environment for change and supporting the Operational Plan and “Must Dos”. He noted:

- The CCG financial planning needed to deliver Business Rules (Surplus, Headroom, Contingency), maintain quality and value, provide certainty, ensure plans were deliverable and align with the CCG Strategic Objectives.
- Historic allocations – steady decline over the last ten years, Liverpool uplift had gone from being above national uplift and average uplift to well below average uplift and below national uplift.
- This year was the first of the Five Year NHS England planning process with green indicative allocations for 2019/20 and 2020/21 from £769m 2016/17 to £833m 2020/21. Primary Care was increasing from £66m to £79m and Specialised Commissioning from £152m to £17m. This was growth of 1.62% and 1.56% for the CCG from 2017/18 to 2018/19 and 3.22% in 2020/21 Primary Care would fare slightly better in 2020/21 at 3.6% growth.
- Headroom: pressures remained re growth in secondary care demand and prescribing costs. The 2016/17 position would be the starting point for the next two years. Main spending areas were acute trusts, Primary Care (including prescribing), mental health, community services and then continuing healthcare.
- Segmentation of budgets: Pot A (ringfenced for Business Rules, Acting as One), Pot B (demand driven i.e. prescribing) and Pot C (discretionary areas such as projects, grants/voluntary sector, Healthy Liverpool, digital agenda and Local Enhanced Services). An approach and methodology needed to be agreed based on an assessment of the previous year's spend.
- Acting as One: contracts for 2017/19 had now been signed The idea was to move away from the financial aspect to patient pathways and from Key Performance Indicators to risk sharing via clinical leadership. Six contracts with NHS providers had been signed and two were to be arranged soon (Clatterbridge Cancer Centre and Bridgwater). The CCGs involved were Liverpool,

South Sefton, Southport & Formby and Knowsley. The contracts value was £750m per year, £1.5bn over two years (1% growth for each year) for a commissioning population of 900,000. This gave financial stability for the next two years with shared ownership of plans.

- Timescales: CCG financial plan submitted 23rd December 2016 and contracts signed, Strategic Financial Plan direction for 2017/18 to be approved by the Governing Body January 2017, detailed budgets for 2017/18 and Strategic Financial Plan 2018/19 to be signed off at the February 2017 Governing Body, Local Delivery System and “Must Dos” plan to be signed off March 2017.

The North Locality Lead queried whether all providers would be treated in the same way, including GPs via the GP Specification and the area of sanctions.

The Diabetes Clinical Lead asked how this all affected the Diabetes contract. The Chief Finance Officer responded that significant changes in services required a set approach and triggers however it was important with areas such as diabetes to consider all aspects and not “throw the baby out with the bathwater”.

The NHS Liverpool CCG Governing Body:

- **Noted the resource limit and expenditure assumptions required in order to deliver Business Planning Rules in respect of surplus, headroom and contingency**
- **Noted the CCG expenditure assumptions in each of the respective programme areas**
- **Noted the required savings in each of the respective financial years**
- **Supported the development of detailed expenditure plans with budget holders during January 2017.**

4.3 Liverpool Community Health NHS Trust Transaction Progress Report – Report no GB 05-17

The Programme Director, Community & Digital Care, presented a paper to the Governing Body on progress with the transaction of the Liverpool Core and Non-Core Bundles to acquiring NHS Trusts, including key risks to the process and service delivery. He updated:

- Liverpool Community Health services had been split into the Liverpool Core Bundle, South Sefton Core Bundle and Specialist and Non-Core Bundles.
- NHS Improvement had led the competitive process for the Core Bundles, a process which began in January 2016 and was completed on 16th November 2016 with the decision made re the Core Bundles which were awarded to Bridgewater Community Foundation NHS Trust working in partnership with Liverpool City Council and the Liverpool General Practice Provider Organisation (Liverpool Core Bundle) and Mersey Care (South Sefton Core Bundle).
- The decision to accept this had been delegated to the Finance Procurement & Contracting Committee due to the conflict of interest for Governing Body members.
- In November 2016 the NHS Improvement Regional Support Group carried out an assessment and advised that due to the high risk of the Liverpool Core Bundle contract with Bridgewater being mobilised in time for a 1st April 2017 start date that the start date should be moved to 1st July 2017. The contract was awarded to Bridgewater with no fixed end date but for the first two years the value was year One £77m recurrent plus £4.6m non-recurrent and Year Two £77m recurrent plus £3.6m non-recurrent. From 2019/20 this contract would be reviewed as per the other NHS contracts.
- A delay until 1st July 2017 would have some risks but these would be mitigated. NHS Improvement were working with Bridgewater to manage the contract from 1st April to 30th June 2017, with the Chair and some Non-Executive Directors of Liverpool Community

Health remaining in place. It had been stipulated that additional costs would not be borne by the CCG.

- The South Sefton Core Bundle had been awarded to Mersey Care. This could be mobilised for a 1st April 2016 start date as given its smaller value did not have a business case prepared. The CCG would need to sign off Heads of Terms for the relevant assets transfer from Liverpool Community Health.
- New Transition Board was in place which would include Bridgewater and Mersey Care and also the CCG Chief Finance Officer, Chief Officer and the Programme Director, Community & Digital Care attended.
- Non-Core services were on track to mobilise from 1st April 2017.
- In response to a query from the Lay Member for Patient Engagement it was confirmed that the vast majority of Liverpool Community Health staff had received their notification of where they were being transferred to (TUPE), a small number were still awaiting notification but this would soon be completed. The Head of Quality/Chief Nurse added that the Clinical Quality & Oversight Group was a sub-group of the Transition Board and would ensure the safe transfer of services from the quality perspective along with the Clinical Quality & Performance Group and the Collaborative Commissioning Forum which the North Locality Chair was involved with.
- The Chief Operating Officer noted that the Liverpool CCG solicitors were also reviewing the documentation on the Heads of Terms and that they had significant experience in this area.

The NHS Liverpool CCG Governing Body:

- **Noted the decision by the Regional Support Group of NHS Improvement to defer the proposed transaction of the Liverpool Community Services Core Bundle to 1st July 2017**

- **Noted the rationale to support the decision, in order to manage the risk to delivery and improve the assurance process**
- **Noted the potential risks due to the deferred start date and mitigating actions**
- **Noted the continued progress with award of non-core community service bundles.**

At this point in the meeting the it was noted that the Chief Officer, the Director of Public Health, the Liverpool City Council Cabinet Member Adult Health & Social Care and the Director of Adult Services & Health, Liverpool City Council needed to leave the meeting to attend the Health Select Committee.

4.4 Healthy Liverpool Engagement Update– Report no GB 06-17

The Integrated Programme Director, Healthy Liverpool Programme presented a paper to the Governing Body to update on Healthy Liverpool engagements conducted to date and plans for further engagement in 2017. The Healthy Liverpool Programme had been established as a response to the Mayoral Health Commission in 2013 and the Prospectus for Change was brought out in November 2014 which started a process of engagement with a Listening Event held at St George's Hall in March 2015. In September 2015 the Strategic Business Case came to the Governing Body which led to the production of the Blueprint in November 2015. The Hospitals' Programme formed part of the pre consultation engagement to develop specific proposals around demand management and reconfiguration of services and the output reports compiled by Liverpool John Moores University were available on line. The engagement had extensive contribution from the Voluntary Community and Social Enterprise organisations.

The Lay Member for Patient Engagement commented that the involvement of Liverpool John Moores University report on engagement for 2016 and that working with the Voluntary Community and Social Enterprise sector had been a real bonus and had facilitated engagement with population groups which were traditionally hard to reach and engage with.

The NHS Liverpool CCG Governing Body:

- **Noted the update of previous and future engagement plans.**
- **Noted the engagement plans for Healthy Liverpool to be conducted in 2017.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register– Report no GB 07-17

The Senior Operations & Governance Manager presented a paper to the Governing Body to update on the changes to the Corporate Risk Register for December 2016/January 2017. He highlighted:

- **Extreme Risks:**
 - A&E Delivery Board was in place as an A&E performance control measure. Emergency Care Improvement Plan diagnostic report had been carried out, the draft report had been received and the final version would be published shortly at which point it would come to the Governing Body. The Action Plan would be a principal control re A&E system performance management.
 - Primary Care Support Services was still an extreme risk.
 - Early Intervention in Psychosis – negotiations had been on-going with the provider to consider alternative ways to address the target without additional investment as this was one of the 2017/19 “Must Dos”. This had now been incorporated into the Mersey Care 17/19 contract.
 - Transaction of Liverpool Community Health Services – this had already been discussed.
- **Static Risks:**
 - Ability of the North Mersey Local Delivery System Plan to collaborate and Act as One.

- Increased Risks: the risk of the CCG not delivering statutory financial duties had increased.

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, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Revision to CCG Constitution (January 2017) – Report no GB 08-17

The Lay Member for Governance/Deputy Chair thanked the Senior Operations & Governance Manager and his team for their hard work in amending the Liverpool CCG Constitution in preparation for a formal request to NHS England for a variation. The review process had begun during 2016 and in addition revised statutory guidance had been issue by NHS England in June 2016 in relation to the management conflicts of interest.

The changes were:

- creation of a statutory “Conflicts of Interest Guardian” role who would be the new third lay member of the Governing Body.
- Changes to the quorum requirements.
- Allowing for a third Term of Engagement on the Governing Body for GP members. It was noted in response to the Practice Manager member that it was GP members who were limited on the number of terms they could serve.
- Audit Risk & Scrutiny Committee to have delegated authority from the Governing Body to sign off the audited accounts.
- Other smaller changes made.

The Senior Operations & Governance Manager noted that member practices had been fully engaged with on the changes over the summer and had been emailed with the final proposed amended version of the Constitution before Christmas with a deadline to respond if they wished to challenge it – no challenge had been received. If the Governing Body approved the changes it would be submitted to NHS England on 11th January 2017

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report;**
- **Noted that the revisions have been formally shared with practice members and have been approved by the membership;**
- **Endorsed the revised CCG Constitution for formal submission to NHS England.**

6. QUESTIONS FROM THE PUBLIC

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

“I wish to ask the following:

1) Which contracts did Liverpool CCG sign with providers by the target date of 23 December 2016 in line with the rules laid down by NHS England?

2) What was the cash value of each contract?”

Response:

| Provider | 2017/18 | 2018/19 |
|---------------------------|--------------------|--------------------|
| | TOTAL £ | TOTAL £ |
| Royal Liverpool | 198,073,249 | 200,902,249 |
| Liverpool Women's | 42,582,690 | 44,278,996 |
| Alder Hey | 28,498,536 | 28,761,747 |
| Spire - Liverpool | 11,439,633 | 11,527,102 |
| Liverpool Heart and Chest | 6,491,705 | 6,317,493 |
| The Walton Centre | 2,314,038 | 2,340,174 |
| Mersey Care | £60,017,332 | £60,405,540 |

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

“An email has been received from Mr Cook the Chairman of the North West Friends of Homeopathy who continues to challenge the validity of the CCG decision in June 2016 to de-commission homeopathy services. Although Mr Cook is unable to attend the meeting of the Governing Body he raises two issues which are addressed as follows:

i) Item GB 06-17 Healthy Liverpool Engagement Update.

Mr Cook wishes to see the CCG remove from this paper the statements made on pages 179/180 that “..in the last year we have conducted engagements to support service change and improvement for homeopathy, dermatology, alcohol, military veterans, pain services and shared decision making.” as he regards them as a false statement.

CCG Response: these statements are a matter of fact and stand.

ii) Item GB 03-17 Operational Plan 2017 -19 Mr Cook referring to the

publication of the draft Pre Consultation Business Case for the Liverpool Women's Hospital, asserts that the failure to produce a similar pre consultation business case for homeopathy was significant and should result in the decision being withdrawn.

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

6.3 Julie Lyon-Taylor from the Merseyside Pensioners Association asked a question at the meeting about the role of community nursing in the plans the CCG had as experience was proving that District Nursing/community nursing support for patients was not there. She wanted

to be assured that the CCG were aware of the importance of nursing support for the health of the population which was not apparent in the documentation received with the Governing Body papers.

The Chair responded that the papers considered today were formal papers written in a particular language and acknowledged the point made and agreed that nurses were a vital part of the clinical workforce.

The Head of Quality/Chief Nurse endorsed this and added that the CCG had a clinical model that included not only nursing staff but Allied Health Professionals who were integrated into the community/neighbourhood teams.

A GP member added that all projects in the models of care focused on enhancing the role of nursing staff.

The Physical Activity Clinical Lead/GP Member referred to the vital role of technology which for many people was an asset in managing their long term conditions.

The Practice Nurse Member noted the Liverpool CCG specifically had a nurse currently working in general practice as a voting member in addition to the Chief Nurse, this had been a deliberate choice by Liverpool CCG and other CCGs did not take this approach. The Chair added that at Locality Level where operational matters were discussed there was nurse representation from the community teams, the Governing Body was looking at issues from the strategic viewpoint. He was sure that the Chairs of the Locality meetings would be pleased for members of the public to approach them to attend.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 14th February 2017 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA