

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 9TH JANUARY 2018

2.30pm

BOARDROOM LIVERPOOL CCG, 3RD FLOOR THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

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

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Dr Paula Finnerty	GP – North Locality Chair
Dr Jamie Hampson	GP – Matchworks Locality Representative
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Sandra Davies	Director of Public Health

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
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Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Stephen Hendry	Senior Operations & Governance Manager
Carole Hill	Healthy Liverpool Integrated Programme Director
Cheryl Mould	Primary Care Programme Director
Kerry Lloyd	Deputy Chief Nurse
Sarah Thwaites	Healthwatch (representing Lynn Collins)
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Tina Atkins	Practice Manager Member
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Lynn Collins	Chair of Healthwatch
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council

Public: 9

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table. He welcomed the newly appointed Lay Member for Financial Management Gerry Gray to the meeting and noted that the newly appointed Lay Members for Patient/Public Engagement and Governance would not be attending meetings until the end of the month.

1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 12th December 2017 were confirmed as an accurate record of the discussions which had taken place subject to the following amendments:

- Matters arising item 1.3.1 – – the Acting Chief Finance Officer clarified that the reference to clarify what surplus had been brought forward from the previous years and the current year was incorrect and should read “The Acting Chief Finance Officer reminded the Governing Body that the Lay Member had requested further clarity around the underlying position, the methodology for this was currently developed (as there were numerous ways of presenting this and will be brought to the Governing Body as part of revised financial reporting arrangements in the new financial year” which was different to the brought forward position.

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

- 1.3.1 The Chief Operating Officer referred to the page 8 of the minutes Finance Update October 2017 Month 7 2017/18 and the reference to £350m of funding available for CCGs. He updated that in North Mersey this equated to £2.8m across the trusts, there was a further £3.6m for a number of schemes across North Mersey, £6.5m for the Royal Liverpool Hospital, Alder Hey, Aintree and Southport which was higher than expected) which would help with winter pressures.
- 1.3.2 Action Point One – it was noted the changes made to the previous meeting’s minutes requested by the Acting Chief Finance Officer had been made.

- 1.3.3 Action Point Two – it was noted that a future Finance Report in 2018 would contain information on the underlying financial position.
- 1.3.4 Action Point Three – it was noted that the action for the Board Development Strategy to come to the Governing Body was for the March 2018 meeting.
- 1.3.5 Action Point Four – the Acting Chief Finance Officer tabled a document which provided the Governing Body with the requested additional information on the remedial actions which might require the Chief Officer and Chief Finance Officer to act under the authority from the Governing Body to support delivery of NHS Business Rules. He emphasised that these mitigations would not have an impact on patient care and the decision making process would remain proportionate to the relative size of saving available with 2017/18. Examples were given as:
- Cessation of all non-essential expenditure:
 - Hospitality
 - Conferences
 - Staff Training
 - Overhead Costs (IT/Office Equipment)
 - Pursuing contract challenges with ‘low’ likelihood of success.
 - Deferral of remaining 2017/18 planned expenditure to be reviewed as part of the following financial year plans.
- 1.3.6 Action Point Five – the Interim Chief Officer updated the Governing Body that she had not yet written to the Chief Executive at the Royal Liverpool Hospital about the CCG’s concerns around diagnostics and referral to treatment times due to the current A&E pressures. She and the Chair were meeting with the Chief Executive later in the week, the diagnostic issues would be discussed and the letter would follow.
- 1.3.7 Action Point Six - the Planned Care Clinical Lead updated the Governing Body that she had not been able to check if

shortage of radiologists impacted on MRI scan demand and would update at the Governing Body meeting in March 2018.

- 1.3.8 Action Point Seven – it was noted that the Performance Report in January was a verbal update, A Diagnostics update was later on the agenda, the formal report for the Governing Body in March 2018 would contain more information on the Referral to Treatment recovery plan.
- 1.3.9 Action Point Eight – it was noted that the Governing Body Assurance Framework was being presented at the March 2018 Governing Body meeting.
- 1.3.10 Action Point Nine – it was noted that the Interim Director of Adult Services & Health, Liverpool City Council had sent apologies to the meeting. It was noted that the Care Quality Commission whole system review was taking place in February, the outcome of the process would come to the March 2018 Governing Body.
- 1.3.11 Action Point Ten – it was noted that Mr William Shortall had been sent a list of NHS Suppliers on behalf of the Chair.

PART 2: UPDATES

2.1 Feedback from Committees – Report No: GB 01-18

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

- Committees in Common – 17th November 2017:
 - ✓ As per template.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Update - Report No: GB 02-18

The Interim Chief Officer updated the Governing Body:

- Lay Member Recruitment: the Interim Chief Officer welcomed the new Lay Member for Financial Management to the meeting.
- Financial Position: this remained challenging.
- Walk-In-Centres: a decision had been taken to reduce the opening hours for Walk-In Centres due to serious concerns around staffing. The Interim Chief Officer and the Chief Nurse had met with Mersey Care who had taken over the Management Contract for Liverpool Community Health's services in November 2017 and who would be the provider from 1st April 2018 onwards. The opening hours had been reduced temporarily and would be kept under review.
- Better Care Fund: this had now been formally approved by NHS England.

The Governing Body commented as follows:

- A GP Member referred to the change in Walk-In Centre hours and wondered if there were other areas of concern in the provision of community services. The Interim Chief Officer responded that if there were concerns we would be aware of them and the Due Diligence process which was being undertaken would flag areas of concern. The issue around Walk-In centre hours was the only issue which had required immediate attention. The Long Term Conditions Clinical Lead added that staffing issues were picked up at the Clinical Quality & Performance Group. The Clinical Vice Chair informed the Governing Body that Mersey Care were fully engaged and working closely with the CCG.

The Healthwatch representative wanted to ensure that the public would be engaged in any future changes to Walk-In Centres. The Chair confirmed that future discussions on the commissioning of urgent care in the city would involve Healthwatch, also the Lay Member for

Public and Patient Engagement would soon be in place on the Governing Body.

The Interim Chief Officer referred to the new Operational Plan from March 2018 onwards which would set out our aspirations on the Urgent Care Offer and stressed the importance of engagement with everyone. Some aspect of the plan were already set for us but we also needed to look at local need.

The Chief Operating Officer referred to Urgent Care Treatment Centres for which there might be a need for formal public consultation in early May 2018 around the future model for the city. The national timescale for implementing the national specification was April 2019. In response to a query from the Liverpool City Council Cabinet Member he confirmed that there was continuous review of staffing issues/workforce gaps and the need to invest in suitably qualified permanent staff rather than use agency staff. Urgent Care Treatment Centres would be implemented by March 2019.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from Liverpool Safeguarding Children's Board 13th December 2017 and the Knowsley, Liverpool, Sefton and Wirral Safeguarding Adults Board 15th December 2017 – Report No: GB 03-18

The Chief Nurse updated the Governing Body:

- ✓ Liverpool Safeguarding Children's Board 13th December 2017:
 - Needed to implement the changes to the Local Safeguarding arrangements in light of the Children and Social Care Act by April 2019 – Police, Local Authority and the CCG were the three key partners. Over the next 15 months the arrangements would be put in place.

- The Independent Chair of the Safeguarding Children Board was bringing all parties together to plan how this would be approached and the output from these meetings would come to the Governing Body for approval.
- ✓ Liverpool, Knowsley, Sefton and Wirral Safeguarding Adults Board 15th December 2017:
 - New arrangements had been put in place from April 2017 across all four boroughs.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool Safeguarding Children Board and the Knowsley, Liverpool, Sefton & Wirral Safeguarding Adults Board**

2.4 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ Launched “Kick & Quit Ciggies” in January 2018.
- ✓ Fit for Me Campaign had launched “10 minutes more” on 8th January 2018.
- ✓ “Stop Before the Op” resources had been delivered to GP Surgeries.
- ✓ Later on in January there would be an Alcohol Summit jointly run by the Local Authority and the CCG involving the Alcohol Strategy Group partners. The impact of cheap alcohol would be considered in the absence of a “no minimum unit” price. A new interactive drinking self-assessment process would be launched.
- ✓ ‘Flu’ cases were increasing. ‘Flu’ vaccine uptake in Liverpool was in line with the national position but uptake nationally was down. The Chair asked if there had been Public Health involvement in the local media articles around ‘flu’ and the Director of Public Health confirmed that

there had not. The Interim Chief Officer asked what could be done to get more accurate information disseminated, the Chair responded that Radio Merseyside had wanted to do something on the breakfast show and he had directed them to the Director of Public Health.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update November 2017 – Month 8 2017/18 – Report No: GB 04-18

The Acting Chief Finance Officer presented an update of the CCG's financial performance for November 2017 (Month 8) to the Governing Body.

He highlighted:

- In line with previous months, Month 8 (November) reporting forecasted that subject to mitigation of a number of financial risks, the CCG remained on track to deliver NHS England Business Rules at the end of the financial year, for clarity this was the equivalent of a 2% cumulative surplus equivalent to £16.4m with a small in year surplus position of £86k planned. An additional 0.5% was also held in reserve as per national direction in line with Business Rules.
- A summary of the financial performance indicators were included reflecting the combination of business & planning guidance rules and effectiveness indicators with the majority self-assessed as 'Green'
- The CCG continued to experience performance pressures, the year to date performance against planned levels showed a deficit of £1.19m (compared to £1.552m as at month 7) and as such was rated as 'amber', these pressures were a result of operational issues as

highlighted in the paper, further mitigations were required to the value of £1.114m (compared to £1.5m at month 7) in order to achieve the forecast outturn position.

- Key variances in respect of both year to date and forecast outturn positions compared to planned values were highlighted including further analysis of month on month movements and a run-rate analysis of in year performance position. Detailed information was included within the appendix.
- The 3 main drivers for performance pressures consisted of non-acting as one contract performance at St Helen's and Knowsley and Spire, Continuing Healthcare and funding for packages of care costs and Prescribing, including the 'No Cheaper Stock Available' pressure.
- Information with regards to the CCG's Cash Releasing Efficiency Savings requirements as per the agreed financial plan assumptions were highlighted. £26.2m of planned savings were assumed for the financial year, the current assessment indicated a forecast saving of £21.9m at the end of year resulting in a variance of £4.2m (£4.4m at month 7) which was included within the overall position as stated above which was a deterioration from the previous but had been taken into account within the overall position.
- Further information regarding potential risks was discussed. Regarding the CCG's Statement of Financial Position this was included in respect of positive performance regards month end cash position and better payment practice code performance, both being above respective required target levels.

The Governing Body commented as follows:

- A Governing Body GP Member asked how assured the CCG could be that activity from the North Mersey acute trusts where there might be longer wait time would not then shift to none Acting As One Contract providers such

as Spire. It was noted that this was always a risk but would be offset by not all procedures being offered by other providers.

- A Governing Body GP Member referred to prescribing budgets/expenditure and the need to eliminate waste in prescribed medications. The Prescribing Clinical Lead responded that Direct Pharmacy Ordering and “Not for Dispensing” re out of hours requests would help and represented a substantial change. The Polipharmacy Key Performance Indicator would help along with the Medicines Management Team redesign and pharmacists being based in surgeries.
- A Governing Body GP referred to the Cash Releasing Efficiencies Savings (‘CRES’) line around external funding and grants. The Acting Chief Finance Officer responded that at the beginning of the year two potential sources of funding had been identified around potential additional funding from other CCG’s given the leading role Liverpool CCG staff were taking in the STP workstreams on behalf of North Mersey and other potential sources of income generation for activities the CCG was already performing (for example digital and research). However due to both the time it would take to develop these proposals and potential payback period and in light of other CCG priorities they were not actively pursued. The Health Liverpool Programme Director for Community & Digital Services added that the CRES savings around ‘social grants’ may need further explanation as the shortfall being shown in the CRES line was due to the residual payments that had been required to be made within the financial year compared to planned levels but significant savings against original planned levels had been achieved.

The NHS Liverpool CCG Governing Body:

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

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

3.2 CCG Corporate Performance Report – Verbal

The Senior Operations & Governance Manager noted that the written report was not available due to the data not being received in January due to the constraints of the holiday period. He provided a verbal update on diagnostics at the Royal Liverpool Hospital:

- As at 2nd January 2018 the overall backlog for Diagnostics was reported as 2,017 patients, 287 less (approx. 12%) than last reported at the beginning of December 2017. As could be expected, activity over the last few weeks had fallen with only 81 patients added to the list compared to the average of 254 (in-sourcing ceased during the Christmas period) which had impacted on the figures, although the Trust was confident that activity would pick up in the next few weeks and would reflect positively in the figures. The maximum operational waiting list size to achieve the diagnostic 1% target had been calculated as 700 patients.
- As at 2nd Jan 2018, Colonoscopy (752) and Gastroscopy (598) continued to see the highest % of breaches.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 4: STRATEGY & COMMISSIONING

4.1 Criteria Based Clinical Treatment Policy – Report No: GB 05-18

The Planned Care Clinical Lead/GP Governing Body Member presented a paper informing the Governing Body of the revised

Cheshire and Merseyside Procedures of Lower Clinical Priority and Fertility Policy 2014/15 which had been through a process to review and update the procedures and treatments within the policy. The review had been undertaken on behalf of the seven CCGs within Cheshire and Merseyside by the Midlands and Lancashire Commissioning Support Unit ('MLCSU') resulting in 42 reviewed and updated policies. The policies in the report were broken into two suites. Suite One described policies reviewed between September 2016 and January 2017 with Suite Two policies reviewed between January and April 2017. Suite One policies marked as red went to engagement due to the changes being made, Suite Two policies marked in green had very little or no change to them.

Two areas moved from red to green due to feedback from the engagement process (1. Increasing the age criteria on the Breast related policies from 18-21 and 2. Removal of the children and psychological impact line from the introduction of the policies around surgery to alter appearance, improve scars, excise body hair or other body lesions). The Governing Body was being asked to approve the 42 policies reviewed (out of a total to be reviewed of 100) to be incorporated into provider contracts starting 1st April 2018.

The Governing Body commented as follows:

- The Lay member for Financial Management asked about the timescales for the other Cheshire & Merseyside CCGs approving the policies. The Planned Care Lead noted that this timetable could be seen on page 20 of Appendix A, the policies had already been to the South Sefton and Southport & Formby CCGs in December 2017 and were going to the Liverpool, St Helens, Halton, Knowsley and Warrington CCGs in January 2018.
- The change of name was noted from Procedures of Lower Clinical Priority to Criteria Based Clinical Treatment, i.e. anything for which there was a check or a gateway and was therefore not just a change of name.

- The North Locality Chair referred to cataract procedures which opticians might be referring into and need to extend the guidance to them which the Planned Care Lead agreed with. She also mentioned the national issue about the struggle to source psychological assessments.
- A Governing Body GP Member referred to the criteria around non-medical circumcision and asked where it was anticipated that patients would source this for religious reasons as the change to the policy was that this would not be offered for social, cultural or religious reasons. The Planned Care Clinical Lead stated that there had been extensive engagement in Liverpool and this change brought Liverpool in line with other CCGs whereas previously it had been an outlier. The GP member who asked the question advised caution on the cross-section of the population engaged with. In response to a query from the Chair on what safeguarding mitigations would be in place the Planned Care Lead agreed to check. The Interim Chief Officer requested that the CCG check the legal responsibility on the CCG, as there was no health benefit for non-medical circumcision the decision was being taken on religious grounds. Another Governing Body GP Member asked for learning to be taken from the other CCGs in respect of circumcision.

The Chair summarised that the Governing Body was happy to approve the policies contained in the report with the exception of number 19 Policy for male circumcision for medical reasons only which would need to be brought back to the Governing Body in March 2018.

It was noted that the remaining 58 policies would be reviewed and brought to the Governing Body in due course.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the Collaborative Policy Development Project Report**
- **Agreed to the ratification of reviewed policies with the exception of number 19 Policy for male circumcision**

for medical reasons only which would need to be brought back to the Governing Body in March 2018.

- **Noted that all reviewed policies would be formally notified to provider organisations in February 2018.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register– Report No: GB 06-18

The Senior Operations and Governance Manager presented the Corporate Risk Register to the Governing Body and highlighted:

- New risks C071 Delays in Waiting Times for Adult ADHD Services, C072 Achievement of Elective Care Referral to Treatment Standard at the Royal Liverpool Hospital and C073 Delivery of Commissioned Diagnostic Services to Patients by the Royal Liverpool Hospital had been added.
- Risks Recommended for removal were C051a Effective Provision of Nursing Home Beds to Residents of Liverpool and C067 Ensure the IM&T Infrastructure that supported the Work of the CCG was Secure and Protected. This had been influenced by a national debrief, a great deal of work was still ongoing in the background.
- High Risk:
 - C029 Failure of the Royal Liverpool Hospital to meet the 4 Hour A&E Department Target – the target was 95% performance was 89.23% as at December 2017.
 - C035 Failure of Aintree Hospital to meet the 4 Hour A&E Department Target – the target was 95% performance was 84.9% as at December 2017 but it was necessary to bear in mind that other trusts were diverting to Aintree.
 - C018 Delivery of the Transformational Programme Ambition to Achieve a Single Integrated Acute Trust

for the City – the likelihood of the risk had increased.

- C068 Inability to restore public and partner confidence in the CCG and its Governing Body leading to further reputational damage and external scrutiny – the three Lay Member post had been recruited to which strengthened the Governing Body structure.
- C070 Inability to comply with NHS England directions within timescales leading to risk of further direct intervention by NHS England and potential further significant restrictions on autonomy of CCG – NHS England had confirmed that with the appointment of a permanent Chief Officer their Directions would be removed.

The Governing Body commented as follows:

- The Chair referred to the risk around having an single acute trust C018 and asked for the title to be changed to name Royal Liverpool Hospital and Aintree Hospital Trusts. With regard to risk around threat of cyber-attack C067 recommended for removal he commented that assurance would still be provided via the Governing Body Assurance Framework.
- The Matchworks Locality Representative/Clinical Lead for Prescribing referred to Risk C071 Delays in Waiting Times for Adult ADHD Services and noted that there was now prescribing guidance on the Area Pharmacy Committee website although the Chair commented that this was an area outside of a GP's main field of knowledge.
- The North Locality Lead referred to the risk around the merger of the two adult acute trusts C018 and the risk of NHS Improvement reconsidering. The Interim Chief Officer responded that NHS Improvement had not formally considered the business case. Aintree and the

Royal had been asked to carry out additional work before it would be formally considered by NHS Improvement.

- The Local Medical Committee Secretary referred to C071 and the Shared Care Agreement with general practice in respect of prescribing appropriate medication to support timely discharge from specialist ADHD services which was being worked towards and was not sure what was meant by that. He felt it was not shared care but a mechanism to give some people an element of comfort.
- The Cabinet Member for Health & Adult Social Care, Liverpool City Council referred to C051 Effective Provision of Nursing Home Beds to the Residents of Liverpool and stated that he understood why this was recommended for removal as this was a clear local authority responsibility, however the support of the CCG was crucial to continued improvement and management of issues within the sector. The Programme Director for Community and Digital Care responded that the removal of the risk was purely down to responsibility for nursing homes provision but that the issues affecting capacity were still seen as a critical component of whole system work on discharge flow and would remain visible to the Governing Body via the Governing Body Assurance Framework. The Healthwatch representative highlighted that nursing home issues remained a key concern for patients and carers and welcomed the continued commitment to joint working between the CCG and City Council.

The NHS Liverpool CCG Governing Body:

- **Noted the new risks (C071, C072 and C073) that have been added to the Corporate Risk Register;**
- **Noted the risks (C051a and C067) that have been recommended for removal from the Corporate Risk Register;**
- **Satisfied itself that current control measures and the progress of action plans provided**

reasonable/significant internal assurances of mitigation, and;

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

5.2 Governing Body Revised Terms of Reference – Report No: GB 07-18

The Chief Operating Officer presented revised Governing Body Terms of Reference to the Governing Body for approval. He explained that since the decision had been taken for the Governing Body to begin to meet in 2018 on a bi-monthly basis the Terms of Reference needed to be amended to reflect that.

A Governing Body GP Member referred to the reference to Part 2 Private business and the Chair deciding who could remain and who should leave and that this should be amended now that part 2 was held before the main meeting. The Chief Operating Officer agreed to review this.

The Lay Member for Financial Management suggested that item 4.1 Deputy Chairs of Governing Body last paragraph should be amended to read that in the unlikely event that the Chair, the Non Clinical Vice Chair and Clinical Vice Chair were conflicted then the Lay Member for Patient and Public Engagement or the Lay Member for Financial Management would take the Chair i.e. any other Lay Member.

It was noted that that section 6 on quorum might need to be amended in the light of how to be quorate when conflicted members were excluded, however the Chief Operating Officer stated that NHS England and made a special allowance for this when it had arisen over recommendations from the Remuneration Committee and had been very clear that section 6 should remain unchanged.

It was suggested that UK Corporate Governance Code could be added to section 8 Policy and Best Practice provided it did not conflict with NHS standards.

The NHS Liverpool CCG Governing Body:

- **Approved the minor changes contained in the Governing Body Terms of Reference around frequency of meetings being bi-monthly with a minimum of one meeting per year.**
- **Noted the additional changes suggested at the meeting to be considered.**

5.3 Establishing a North Mersey Joint Committee of Clinical Commissioning Groups – Report No: GB 08-18

The Healthy Liverpool Integrated Programme Director presented a paper to the Governing Body on the establishment of a North Mersey Joint Committee across Knowsley, Liverpool, South Sefton and Southport and Formby CCGs to enable joined-up, effective decision-making for programmes of service redesign and transformation across a defined range of services which were commissioned collectively. The Five Year Forward View called for CCGs to establish decision making mechanisms for more joined up approaches where the footprint was larger than one single CCG.

The existing Committees in Common which had been set up in 2014 did not have delegated authority to make decisions. A paper was presented to the Governing Body in July 2017 proposing the establishment of the Joint Committee with draft Terms of Reference, this had now been reinvigorated through the Committees in Common. A Programme of Work for the Joint Committee would be approved in advance by the constituent CCGs for the year and the Joint Committee would have delegated authority from the constituent Governing Bodies to take decisions that would be binding on constituent CCGs. Each member organisation would nominate three Governing Body members to sit on the Committee and the decisions would be reached by consensus although voting could be carried out if required. There might be minor amendments to the Terms of Reference regarding quoracy and membership but the Governing Body was being asked to agree in principle to the

establishment as per the Terms of Reference circulated with the paper. The Terms of Reference were being sent to all constituent CCG Governing Bodies in January/February 2018 for approval with the work programme and final Terms of Reference being presented to the March 2018 Governing Body for approval with a view to the Joint Committee being up and running by April 2018.

The Lay Member for Financial Management commented on section 6.5 of the Terms of Reference where it stated that the decisions made by the Joint Committee would be binding on its member CCGs and commented that CCGs were statutory accountable bodies so would remain accountable but were relinquishing responsibility. The Interim Chief Officer responded that the law had changed to allow the formation of a Joint Committee so certain decisions could be delegated to the Joint Committee. The Chair added that the Liverpool CCG member on the Joint Committee would be considering the impact on the whole footprint not just the Liverpool area.

Members also expressed concern about the scope of the workplan which needed to be set very precisely and the risk of one CCG vetoing a decision which impacted severely on another and how the voting arrangements should be constituted and should there be some form of proportionality.

The Chief Officer commented that the draft Terms of Reference allowed for Local Authorities to be non voting member, however some Local Authorities did not want to be part of the Joint Committee. A response was still awaited from the Chief Officer of West Lancashire CCG on their desire to be a voting member of the Committee. The Chair added that this gave us an opportunity to manage providers across the patch around their patient flow.

The Governing Body felt that it required more time to consider the Joint Committee arrangements in the light of the observations above and it was agreed that this should be discussed further at the February 2018 Governing Body Development Sessions and be brought back to the March 2018 Governing Body meeting for approval along with the draft

Programme of Work. The Interim Chief Officer commented that the concerns raised at the Governing Body could be fed back to the Committees in Common meeting to see if there were any similarities in the comments from the other CCGs at their Governing Body meetings.

The NHS Liverpool CCG Governing Body:

- **Supported the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs in principle but asked for the concerns raised to be incorporated into a discussion at the February 2018 Governing Body Development sessions;**
- **Noted the draft Terms of Reference and next steps to establish the Joint Committee and asked for these to be brought back to the Governing Body in March 2018 for approval along with the Programme of Work for the Joint Committee.**

6. ANY OTHER BUSINESS

There were no items for discussion.

7. QUESTIONS FROM THE PUBLIC

7.1 A Member of the Public asked about the timescale for the Liverpool Women's Consultation given that the Joint Overview & Scrutiny Committee going ahead in February 2018. The Clinical Vice Chair responded that NHS England had asked for the Consultation to be held back until after the election "purdah" so the earliest date would be June 2018 but this was not confirmed. :

7.2 A Member of the Public asked if the CCG approved of doctors buying into multiple practices. The Chair responded that there was no legislation stopping individuals being involved in multiple organisations. The guidance in place was to ensure that the highest standards were applied and maintained. The Primary

Care Programme Director added that there was robust monitoring of the quality of general practice in place and they were also assessed by the Care Quality Commission. Another Member of the public referred to the SSP practices and the Chair noted that this showed that if contractors were not delivering the required quality of service for patients the CCG would take action. The Healthwatch representative was pleased to note the positive feedback from patients at the former SSP practices on improvements. Also feedback to Healthwatch on shortcomings in general practice provision showed no clear pattern between single-handed practices and groups. Feedback from patients was also backed up by feedback from the Care Quality Commission.

- 7.3** A Member of the public referred to the Finance Report and asked what was meant by cessation of non-essential spend should that be required. The Acting Chief Finance reassured her that this was non clinical, internal spending around such items as training, travel, IT equipment etc, having nothing to do with provision of clinical services.
- 7.4** A Member of the Public informed the Governing Body that health service providers needed to get the basics right and as an example circulated an extract of a report written about his mother (now deceased) from the District Nursing Team where the handwriting was completely illegible. The Chair confirmed that although this was patient identifiable information, as it referred to the individual deceased mother and he was next of kin, it was shared with his permission. He then agreed with the gentleman that this was a shortcoming which needed to be addressed. He noted that transfer of handwritten records made at the patient's home to a digital record which the community service provider would do would start to address the issue.
- 7.5** The same Member of the Public asked about the decision taken for the Governing Body to meet on a bi-monthly basis which he had understood from what was said at the

December 2017 to be on a trial basis and yet dates had been set for the whole of 2018. The Chair responded that this would be kept under review during 2018 and if it was not working in terms of length of agenda and discussions then it would be reviewed. The Governing Body was exploring other options for how best to engage with the public now that the public meetings were bi-monthly and confirmed to the Member of the Public that the Joint Committee when established would be held in public.

8. DATE AND TIME OF NEXT MEETING

Tuesday 13th March 2018, Boardroom, Liverpool CCG, 3rd Floor The Department.