

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 8TH MAY 2018 2.30pm
BOARDROOM LIVERPOOL CCG, 3RD FLOOR THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Simon Bowers	Chair
Jan Ledward	Chief Officer
Dr Fiona Lemmens	Clinical Vice Chair
Helen Dearden	Lay Member for Governance/Non 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
Dr Monica Khuraijam	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Gerry Gray	Lay Member for Financial Management
Ken Perry	Lay Member for Patient & Public Involvement

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Sandra Davies	Director of Public Health
Tina Atkins	Practice Manager Member
Dr Paula Finnerty	GP – North Locality Chair
Dr Jamie Hampson	GP – Matchworks Locality Representative

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
Sarah Thwaites	Healthwatch (representing Lynn Collins)
Barry Kushner	Liverpool City Council Cabinet Member for Children's Services
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Dr Janet Bliss <i>Paul Brant</i>	GP <i>Cabinet Member for Health & Adult Social Care, Liverpool City Council</i>
Kerry Lloyd Derek Rothwell	Deputy Chief Nurse Head of Contracting, Procurement & Business Intelligence
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council
Lynn Collins	Chair of Healthwatch

Public: 15

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table. He commented on the length of the agenda and paper pack and promised that, if he was re-elected as a GP Director and therefore still Chair of the Governing Body in the upcoming GP Director elections he would be able to fulfil the promise, that the papers would be shorter at the next meeting.

The Chair also took the opportunity to express the sadness of Liverpool CCG on the recent passing of a much loved and respected

colleague Sharon Elliott, part of the Primary Care Team, after a long illness and offered condolences to her family.

The next scheduled Governing Body meeting was 10th July 2018, however there would be an Extraordinary meeting held at 10am on 25th May 2018 to formally approve and sign off the Annual Report and Audited Accounts for the year 2017/18.

1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda papers for discussion.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 13th March 2018 were confirmed as an accurate record of the discussions which had taken place subject the correction of minor typographical error in section 7.1 to insert the word “Chair” to the sentence read “The Chair explained”.

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

1.3.1 The Lay Member for Audit asked if the Cheshire & Merseyside Health & Social Care Partnership transformation funding with a voluntary contribution from each CCG of 0.25% of its allocation had now been changed to a mandatory top-sliced contribution. The Chief Officer confirmed that it had been changed to a mandatory contribution top-sliced from the CCG’s allocation.

1.3.2 Action Point One – the Chief Nurse updated the Governing Body on the action following the implementation of changes to the local safeguarding arrangements in light of the Children and social Care Act coming to the Governing Body. Terms of Reference had been agreed, the new procedures would need to be signed off by each Local Authority and CCG so probably would not be available until the September 2018 Governing Body meeting.

- 1.3.3 Action Point Two – it was noted that the Terms of Reference for the North Mersey Joint Committee of CCGs were on the agenda for approval.
- 1.3.4 Action Point Three – it was noted that the Governing Body Development Session in May 2018 would consider how to triangulate information from providers to assure the CCG that they understood the quality of care being delivered and considered the assurance required in light of the Kirkup report into Liverpool Community Health.
- 1.3.5 Action Point Four – the Chief Operating Officer advised that the North West Ambulance Service Recovery Plan had been agreed the previous week and would be incorporated into the Performance Report for the next meeting.
- 1.3.6 Action Point Five – the Primary Care Programme Director updated the Governing Body that she was meeting with the Royal Liverpool Hospital to discuss diagnostic waiting times and would raise the issue of delays with ECGs. She would keep the Local Medical Committee Secretary informed.
- 1.3.7 Action Point Six – the Healthy Liverpool Programme Director - Community Services & Digital Care advised the Governing Body that the subject of him liaising with Healthwatch had been widened to include student access to services and Mental Health in addition to Eating Disorders.
- 1.3.8 Action Points Seven and Eight – it was noted that the Operational Plan for 2018/19 was on the agenda.
- 1.3.9 Action Point Nine – the Chief Officer informed that she had raised the issue of GP representation at the Provider Alliance at the Cheshire & Mersey Partnership meeting.
- 1.3.10 Action Point Ten – the proposed changes to the Ambulance Response Programme structure were included on the agenda.

- 1.3.11 Action Point Eleven – the Primary Care Programme Director updated the Governing Body regarding the evaluation of the GP Extended Access Pilot. This was contained in item 4.1 Winter Review 2017/18 and would be used to inform the re-commissioning of a service from October this year.
- 1.3.12 Action Point Twelve – it was noted that the changes requested to the Retirement Policy had been made.
- 1.3.13 Action Point Thirteen – it was noted that the Policy on Policy Approval was an ongoing issue and would be brought to the Governing Body in September 2018.

PART 2: UPDATES

2.1 Feedback from Committees – Report No: GB 24-18

The Chair asked for reporting from the committees to be by exception only where there were issues for the particular attention of the Governing Body as full information was contained in the paper.

- Primary Care Commissioning Committee – 20th March and 17th April 2018:
 - ✓ As per template.
- Finance Procurement & Contracting Committee – 27th March and 24th April 2018:
 - ✓ As per template.
- Quality Safety & Outcomes Committee – 3rd April and 1st May 2018:
 - ✓ As per template.
- Committee(s) in Common – 13th April 2018:
 - ✓ As per template.
- Remuneration Committee – 17th April 2018:
 - ✓ As per template.
- Audit Risk & Scrutiny Committee – 20th April 2018:

✓ As per template.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from Liverpool Safeguarding Children Board ('LSCB') 24th January 2018 (Extraordinary) and 7th March 2018, Merseyside Safeguarding Adults Board ('MSAB') 23rd March 2018 - Report No: GB 25-18

The Chief Nurse had nothing else to add other than what was on the reporting template.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool Safeguarding Children Board ('LSCB') 24th January 2018 (Extraordinary) and 7th March 2018, Merseyside Safeguarding Adults Board ('MSAB') 23rd March 2018**

2.3 Chief Officer's Report - Report No: GB 26-18

The Chief Officer updated the Governing Body:

- The Chief Officer informed the Governing Body that her post had now been officially endorsed by NHS England.
- We needed to reflect on the challenges we had faced this winter, March was usually a period when activity eased off but this had not been the case this year. She took the opportunity to acknowledge the hard work of all our staff in the CCG and local NHS.
- Staff Survey – this had been a challenging year but the responses to the survey had been extremely positive.
- The next Governing Body Development Session would look at the lessons learnt from the Kirkup Review of Liverpool

Community Health and how lessons learned could be applied to monitoring the performance of our key providers.

- Staff Awayday – some good feedback had been received from staff, another session would be held in September 2018.
- Cheshire & Mersey Partnership Transformation Fund – originally this had been proposed as voluntary contribution from CCGs but given the challenging financial position of some CCGs in the Cheshire & Mersey region NHS England had decided that this would be top-sliced from CCGs' allocations. There was a bidding process to access funding. The CCG was concerned to ensure that Liverpool received its fair share of the funding. The Cheshire & Mersey Partnership had been invited to attend the Governing Body Development Session.

The Governing Body commented:

- There was concern raised about the Cheshire & Mersey Partnership which was not a statutory body and therefore had no formal governance role, having control over the funding for CCGs.
- A GP Member commented that the GP Provider Organisations/Federations were at different stages of development across Cheshire and Merseyside. The Cheshire & Mersey Partnership had stated it was keen to develop Federations. He asked if there were opportunities for both GP Federations and Collaboratives. He also asked what the nature of our bid had been. The Chief Officer responded that the bid submitted by the CCG was a commissioning one for Neighbourhood and Locality development for support for the GP Federation to encourage their ability to engage effectively in these. The Chair added that details had not yet been received from NHS England for bids from collaboratives of practices from their development funding. The Chief Officer advised that there were two separate "pots" of money, the first one to support GP

Federations and a scoping exercise had been carried out, and another one to support GP Practice Networks which would be become available. The Chief Officer added that the bid the CCG had submitted was a system bid from the Cheshire and Mersey Partnership of which the GP Federation/GP Provider Organisation was a part.

The NHS Liverpool CCG Governing Body:

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

2.4 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ Public Health Liverpool was working closely with Public Health England and NHS England in respect of the recent breast screening issues.
- ✓ Minimum Unit Price for Alcohol had been introduced as law in Scotland, a close eye would be kept on this to see what impact it could have if introduced in the North West.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Feedback from Health & Wellbeing Board 15th March 2018 - Verbal

There was nothing specific to feed back to the Governing Body. The Chair welcomed Councillor Barry Kushner to the meeting, Liverpool City Council Cabinet Member for Children's Services. The One Liverpool Plan was an "all age" plan and therefore Councillor Kushner would be in attendance at the Governing Body meetings.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update 2017/18 and 2018/19 Financial year – Report No: GB 27-18

The Acting Chief Finance Officer presented a Finance Update for the 2017/18 & 2018/19 Financial Year) to the Governing Body.

He highlighted:

- The purpose of this report was to provide the Governing Body with an update on the CCG's draft financial performance for the 2017-18 financial year and also inform of updates to the financial planning assumptions as previously agreed by the Governing Body for the 2018/19 financial year with regards to relevant resource allocations and expenditure assumptions
- Table One provided the draft CCG year-end position for the 2017/18 financial year including the combination of planned in-year surplus, and national 'headroom' requirements.
- The combination of these issues as at 31 March 2018 resulted in an:
 - in-year surplus of £4.073m and
 - cumulative surplus of £20.453m.
- The CCG had therefore delivered its 2017/18 financial plan and with the release of the 0.5% national headroom reserve, reflected 'full' delivery of NHS England finance business rules for the year. This was recognised by NHS England in a recent end of year review and should result in a 'Good' rating regarding its finances.
- Further information on resource and expenditure movements, Cash Releasing Efficiency Services ('CRES') delivery and balance sheet indicators

for cash and better payment practice code were included in the paper.

- The CCG's year-end accounts were currently being audited and were expected to be recommended for approval by the governing body in line with NHS England timetable by the end of May.
- NHS England required an updated and 'final' plan submission on the 30th April 2018 in respect of the 18/19 financial year, reflecting 2017/18 year end outturn position and also implications of the 18/19 contract alignment exercise recently undertaken between commissioners and providers.
- Subsequently a number of adjustments had been made to the original plan assumptions approved by the governing body in March.
- These were detailed in the paper with regards to resource and expenditure assumptions covering non-recurrent resources, additional growth allocations, Health and Care Partnership contributions, and the resulting impact of the contract alignment exercise.
- This resulted in a revised cash releasing efficiency savings plan of £8.8m (circa 1%) for the 2018/19 financial year with planned savings schemes which were currently being developed further in line with CCG CRES policy

The Governing Body commented as follows:

- A GP member referred to table 5 describing Month 12 CRES outturn of the report and the figure for Adult Mental health of a full year shortfall of £1k when the target and reported savings were the same and so the shortfall should be zero. The Acting Chief Finance Officer responded that this was a rounding issue.
- The Lay Member for Patient & Public Involvement asked why the CCG needed to have a surplus of £4m, also if the

CCG had done what was required of it in line with NHS England Business Rules then why was the Governing Body being asked to approve it? The Acting Chief Finance Officer responded that the Business Rules were set out by NHS England at the start of the financial year with a surplus of 0.5% requested from all CCGs to be offset against financial deficits in other CCGs in the regional. With regards to the question about the Governing Body approving this process, the paper was presented to ensure that the governing body members have a clear understanding of financial position and transparency with regards to audit trail of reporting information.

- A GP Member voiced concern of the use of the word “surplus” which was misleading as it referred to money that the CCG had been mandated to put aside and was necessarily being allowed to spend. The Acting Chief Finance Officer responded that he agreed about the presentation of this, but the official view from NHS England was that this was still Liverpool CCG’s ‘resource’ and there is still an expectation that the CCG will be able to draw this down in the medium /longer term for investment in the place.

The NHS Liverpool CCG Governing Body:

- **Noted the reported financial outturn position for the 17/18 financial year, resulting in an in-year surplus of £4.073m (and cumulative surplus of £20.453m) as at 31 March 2018 (subject to External Audit review and Governing Body sign off of the annual financial accounts in May 2018).**
- **Approved the 18/19 financial planning assumptions and expenditure values in order to deliver NHS England Business Rules**

3.2 CCG Corporate Performance Report – Report No: GB 28-18

The Senior Operations & Governance Manager presented the CCG Corporate Performance Report and highlighted:

- There was an error in the report re Emergency Admissions for Asthma (0-19yrs), Table should read:

Last 3 reporting periods (Liverpool)		
2014/15	2015/16	2016/17
304	302	351.5

- Exception report – this drew attention to all indicators which were ‘Red’ and showing downward (bad) or ‘flat’ trend.
- It was highlighted that Referral to Treatment (‘RTT’) 52 weeks performance was heavily influenced by the Liverpool Women’s Hospital, where a recent audit of overdue follow-ups by the Trust led to a discovery of a small cohort of patients who had waited in excess of 52 weeks for treatment. The Trust had conducted a robust Root Cause Analysis (the results of which would be shared with the CCG on completion) and a number of patients within this cohort had since been treated or removed from the RTT pathway. Liverpool Women’s Hospital were currently on plan with their RTT recovery position of 87% against planned position of 86% with no areas of concern for planned care. There remained some challenges in cancer 62 day.
- Diagnostics - latest endoscopy position was that the backlog was approximately 1,475 of which there are 600 breaches. A paper was going to the Executive of the Royal Liverpool Hospital that week requesting significant investment to continue insourcing activity until December to reduce the DMO1 diagnostics backlog but also for surveillance of patients where their planned recall date had slipped. All surveillance patients had been risk

stratified and those deemed as high risk had already had appointments booked for review.

- Going forward – the Performance report was ‘iterative’ in its development. The Governing Body had a key role to play in terms of how the report was shaped and what information was required. It would not be as bulky for future reports as ‘outcomes’ were only reported quarterly and we needed to consider what was reported and how it all linked back to the One Liverpool Plan and Operational Plan and statutory performance requirements.
- In summary – there were a lot of ‘red’ flags across the NHS Constitutional measures and the local/national ‘outcomes’ measures, but also a lot of positives e.g. good performance against cancer waiting times, Improving Access to Psychological Therapies (‘IAPT’) 6 week and 18 week waiting times and dementia diagnosis rates.

The Governing Body commented as follows:

- The Local Medical Committee Secretary referred to the targets from NHS England for e-referrals and Royal Liverpool Hospital target switch of date for non electronic referrals for May 2018. Given that the current level of e-referrals for Liverpool was 57% this was likely to cause chaos in June 2018. He also expressed his dissatisfaction with the IAPT performance as there were still a large number of problems to be resolved. The Chair shared the concerns raised over e-referrals and the lack of clarity over mitigation. The Primary Care Programme Director noted that the Primary Care Team were working closely with providers on the Directory of Services, any problems would be taken back to NHS England.
- A GP Member requested clarity on the upward and downward trends and when they were a positive trend and a negative trend. It was clarified for the Governing that the colour coding Green indicated a positive trend and the colour coding Red a negative area.

- The Chief Officer felt that the performance on a page was very helpful.
- The Lay Member for Patient and Public Involvement observed that the report was a work in progress and performance was linked into the One Liverpool Plan.
- The Clinical Vice Chair referred to the Serious Incident at Liverpool Women's Hospital. The Chief Nurse informed the Governing Body that the Root Cause Analysis had been completed promptly, the Trust recognised the magnitude of the situation and had brought in external expert advice to support and task colleagues, there would be changes to the Referral to Treatment process and new mechanisms to look at the quality of the reporting.
- The Clinical Vice Chair referred to the Diagnostic performance and noted that a paper had gone to the Royal Liverpool Hospital Board. She asked if the CCG had a "Plan B". The Healthy Liverpool Programme Director - Community Services & Digital Care responded that the latest position showed a temporary issue re outsourcing. The "Plan B" was the new investment planned of £250k but it needed to be clearly ring-fenced for diagnostics and endoscopy.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators for the period and the recovery actions taken to improve performance;**
- **Questioned whether the levels of assurances given are adequate in terms of mitigating actions, particularly where risks to CCG strategic objectives are highlighted.**

PART 4: STRATEGY & COMMISSIONING

4.1 Winter Review 2017/18 – Report No: GB 29-18

The Chief Operating Officer presented the Winter Review 2017/18 to the Governing Body which was for noting.

A GP Member referred to the Winter pilot enhanced GP access scheme and felt that the report was misleading. The Chair explained that the changes proposed to service in the light of the pilot results would be taken into consideration when procuring future services.

The NHS Liverpool CCG Governing Body:

- **Noted the review of winter 2017/18 and the lessons learned for future planning and commissioning.**

4.2 2018/2019 Operational Plan – Report No: GB 30-18

The Healthy Liverpool Integrated Programme Director presented a paper to the Governing Body which set out the detailed operational plan for 2018/19 . The Operational Plan outlined what the CCG intended to carry out towards achievement of the One Liverpool Plan for better outcomes, better services and maximising the value of our resources. To deliver the One Liverpool Plan an Operational Plan would be produced each year. This year the process had been more joined up engaging with providers along the way, including a prioritisation process. The Plan reflected national policy and guidance. The One Liverpool Plan reflected local health needs, the Plan was evidenced based with measurable key performance indicators.

A Financial investment of £3.1m had been allocated for the year to support delivery of the One Liverpool Plan. A number of strategic service improvement priorities were included e.g: Mental Health, Learning Disabilities and Cancer. There were other pathway reviews included e.g. Children and Adolescents Mental Health Services ('CAMHS'), Urgent Care and Continuing

Healthcare ('CHC'). A new approach of "Save to Invest" and a robust process established or identifying needs, prioritisation and benefit realisation. This was the first year of a three year plan and was not yet perfect. The next stage was to move to the 2019/20 planning and using this as a solid base for the performance management framework which would provide assurance in respect of the deliverability of schemes/plans.

The Chief Officer commented that it was not perfected yet but represented a new way of working, it identified clear leadership around what had been agreed across the system for savings and investment to give a balanced opinion. We should be able to be clear around cost and service improvement opportunities in the future once the systems and process were in place.

In response to a query from the Lay Member for Financial Management around the level of detail for a small element if the overall budget the Healthy Liverpool Integrated Programme Director reminded the Governing Body that the plan was for an £800m budget not the £3.1m.

A Governing Body GP asked about the rag rated approach, it was explained by the Healthy Liverpool Integrated Programme Director that for areas rag-rated green we were confident that the programme would achieve something by the end of the year. If red the scheme lacked detail and required further work.

A GP Governing Body member wondering how workforce planning could be funded through savings, also the Cancer pathway was intrinsically linked to diagnostic availability. The Chief Officer responded that workforce planning was about new models of care and making sure everything was in place to deliver them. Some capacity had been identified and costed within existing plans such as sharing resource, an example could be diagnostic equipment.

The Lay Member for Patient & Public Involvement asked how our reporting would change, what would be our expectation for governance and asked about the involvement of the public up until now and going forward. The Healthy Liverpool Integrated Programme Director responded the Plan would be reviewed

quarterly, our level of ambitions for some schemes needed more work which was ongoing , but would set out the level of our ambition. This was a new way of working for the system. With regard to patient and public involvement, the public had been engaged in schemes but in a very specific manner, the CCG was working with Liverpool City Council to outline more systematic engagement and public involvement.

The Liverpool City Council Cabinet Member for Children's Services noted the Children's element of the Plan and the need to manage increasing demand with no specific funding identified. Money for service improvement in Children's Services was small. The Chief Nurse referred to the Children's element of the Plan (in the context of families) which was still in the development stage, it would take a little while for the new Director Children's Services at Liverpool City Council to settle in and over the coming months we should see more granular plans come through. Children's commissioning was fragmented. She advised that we needed to act as one commissioner which would take time but was improving.

The Acting Chief Finance Officer reflected that the CCG had previously identified that around £55m of its overall expenditure was attributed to services for children's which was not necessarily highlighted separately in the report. The Plan for 2019/20 was to continue the development of a joined up approach around the best use of resources across the health and social care economy.

The Secondary Care Clinician highlighted the need to focus more on the social determinants of health. The Healthwatch representative noted how pleased she was to see the prioritisation of Mental Health.

The Clinical Director, Living Well, noted the need to maintain and build on what had been proven to work such as prevention of Smoking, Alcohol and increasing Physical Activity.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of this report;**

- **Approved the 2018/19 Operational Plan.**

4.3 Continuing Healthcare Policies: Person Health Budgets ('PHBs') and Dispute Resolution Policy – Report No: GB 31-18

The Head of Quality/Chief Nurse presented a paper to the Governing Body which advised on the relevance of the two policies mentioned above which had been developed to enable the CCG to effectively discharge its responsibilities as commissioner for Continuing Healthcare ('CHC'). She noted:

- The Personal Health Budget Policy was a significant one for the NHS and was part of the NHS providing personalised care for the individual.
- The Dispute Resolution Policy was required as we would not always be in agreement with Liverpool City Council and needed a clear policy for these occasions.

The NHS Liverpool CCG Governing Body:

- **Approved the Personal Health Budgets Policy and the Dispute Resolution Policy.**

4.4 Continuing Healthcare Retrospective Reviews Update – Report No: GB 32-18

The Head of Quality/Chief Nurse presented a paper to the Governing Body to add further context to the report presented at the March 2018 Governing Body which outlined the outcome of a benchmarking exercise relating to Continuing Healthcare (CHC) retrospective review status of other CCGs.

The outcome of the benchmarking exercise had been that ten CCGs had not accepted to review claims relating to periods post April 2012, 90 CCGs had accepted claims relating to periods post April 2012 and two CCGs had said the information was not available.

This benchmarking exercise was as a result of a request from the Governing Body (Part B) meeting on 9th January 2018. At the public Governing Body meeting March 2018 the Governing Body had approved Option 2 which stated that Liverpool CCG would advise claimants that it would not be reviewing claims outside of the mandated time period, unless national policy changed to this effect. The mandated time period went up to 31st March 2012 with a deadline for claims to be made by 31st March 2013. The reason for the decision had been the risk to the financial position to the CCG assuming a conversion rate of 30% from assessment to being deemed eligible for funding.

Since then NHS England had asked the CCG to review the decision, the CCG had sought legal advice. In the light of this the Governing Body was being asked to reconsider the decision to pursue option 2 (not to undertake retrospective reviews) and agree option 1 to commence with the review of claims at current total cost to assess the outstanding reviews by the Commissioning Support Unit of £60k to £100k.

The Governing Body commented as follows:

- The Lay Member for Financial Management noted that we lived in a litigious world and that this should be the decision of the CCG not NHS England, although acknowledging that we were still under NHS England's Directions. He felt that this was a grey area and that the paper did not mention the probability of our decision being subject to a successful legal challenge. For this reason he recommended remaining with option 2. This view was shared by a GP Member.
- The Chief Officer responded that she would review the CCGs that had taken the same decision to understand the basis upon which they had arrived at this position, once this was established she would write to Graham Urwin, Director of Commissioning Operations at NHS England North to explain the strength of feeling of the Liverpool CCG Governing Body.

- The Clinical Vice Chair noted that she would like to receive more analysis of the risks on both sides of the argument.
- The Lay Member for Governance agreed with the Lay Member for Financial Management and the Clinical Vice Chair and asked how robust the legal advice given had been. The Chief Operating Officer responded that the legal advice stated there was a high probability of the CCG being taken to Judicial Review over its decision not to assess previously unassessed periods post 1st April 2012 and that we did not have a defensible position. The Local Medical Committee Secretary queried the percentages behind “high probability” to which the Chief Operating Officer responded that it had been made clear from the legal advice that the CCG’s position was not defensible.
- The Lay Member for Audit commented that some CCGs had said that there was NHS England funding available. The Acting Chief Finance Officer responded that this referred to previously unassessed periods of care prior to 2012.

It was agreed that the legal advice would be circulated to the Governing Body members and that as mentioned earlier in the discussions the Chief Officer would write to the Director of Commissioning Operations at NHS England North, as well as contacting the other ten CCGs who had declined to review period of care post 1st April 2012 for their advice.

The Clinical Vice Chair asked for this matter to be placed on the Corporate Risk Register.

The NHS Liverpool CCG Governing Body:

- **Declined to review the decision made at the March 2018 meeting to agree to enact option 2 until the actions mentioned above had been concluded.**

4.5 Liverpool Better Care Fund Arrangements – Section 75 Partnership Schedule – Report No: GB 33-18

Healthy Liverpool Programme Director - Community Services & Digital Care presented a paper to the Governing Body to detail the Better Care Fund Arrangements and associated Section 75 Partnership Schedule for approval by Liverpool CCG and Liverpool City Council. He reminded the Governing Body that NHS England had mandated the transfer of funds as a mechanism for joint health and social care provision. We were now thirteen months into the previously agreed Better Care Fund set up with the Local Authority for a two year period.

Approval of local plans was subject to meeting four national conditions:

- That a Better Care Fund ('BCF') Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent Local Authorities and CCGs;
- A demonstration of how the area would maintain in real terms the level of spending on social care services from the CCG minimum contribution to fund in line with inflation;
- That a specified proportion of the area's allocation was invested in NHS- commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care (Learning Disability).

Liverpool CCG already had a very positive relationship with its Local Authority and had been the first to have a Section 75 Agreement in place. The CCG ensured that the Schedules of the Agreement reflected the programmes in place.

The total value of the Better Care Fund was £97m of which the CCG contribution was £45m. £23.2m was directly invested from the CCG in Liverpool City Council Services such as the Intermediate Care Hubs in Granby and Sedgemoor. We were looking at a £0.5m saving in year on that payment.

The NHS Liverpool CCG Governing Body:

- **Reviewed and approves the Section 75 Partnership Schedule between NHS Liverpool Clinical Commissioning Group and Liverpool City Council**
- **Noted the requirement and plan for approval by Liverpool Health and Wellbeing Board in June 2018**
- **Noted the opportunity for improved value of the Better Care Fund through integration and development of strategic commissioning approaches.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register Update May 2018– Report No: GB 34-18

The Chief Operating Officer presented the Corporate Risk Register to the Governing Body and highlighted:

- The first part was closedown of 2017/18 with four risks recommended for removal:
 - C019 Better Care Fund as agreement had now been reached with Liverpool City Council.
 - C060 Frailty Service and Emergency Response Team delays as this was now part of wider work.
 - C064 around the smooth transition of Liverpool Community Health Services to Mersey Care as this had now happened.
 - C051b Variable Quality of Care Home Provision – now managed through routine systems and was the Liverpool City Council responsibility.

- The second part was the risks for 2018/19:

- The had been some format changes, there was a control column in place to provide assurance on the management actions which then fed into a current risk score.
- 20 risks were rolled over and two new risks added (C075 Better Care Fund strategic risk around the alignment of schedules and the implementation of the recommendations and C076 learning from the Kirkup Report).

The Governing Body commented as follows:

- There was a query raised about the number of red risks which were static. The Lay Member for Audit informed the Governing Body that she reviewed the Risk Register on a monthly basis in detail.
- The Clinical Vice Chair referred to the quality of Care Home provision and noted that although this was the responsibility of Liverpool City Council we still had services in common. The Governing Body GP member who was the Clinical Lead for Older People's Services noted that the monthly Quality Assurance Group looked at individual Care Homes in far greater detail, our interest was the impact on the overall Urgent Care System. The Chief Nurse noted that working had been strengthened between Commissioning Support Unit colleagues involved with Care Homes and that they attended the monthly Quality Assurance Group meetings at Liverpool City Council so we could have influence, however this did not absolve the Local Authority from its responsibility.
- It was noted that the Liverpool Community Health transition risk which had been removed was different to the current risk for Mersey Care and embedding the learning from the Kirkup Report. The Chief Nurse commented that a key indicator of quality within an organisation was staff morale. The Lay Member for Audit commented that the Mersey Care risk was included in C063 quality of community services.

- In response to a comment from the Local Medical Committee Secretary about how the aim should be to have a target risk of zero the Lay Member for Audit reminded the Governing Body that the organisation did have a risk appetite.

The NHS Liverpool CCG Governing Body:

- **Noted the risks (CO19, CO60, CO64 and CO51b) that have been recommended for removal from the 2017/18 Corporate Risk Register;**
- **Noted the new risks (CO75 and CO76) that have been added to the redesigned 2018/19 Corporate Risk Register;**
- **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 MP Enquiries, FOIs, Subject Access Requests And Complaints Annual Report 2017/18 – Report No: GB 35-18

The Chief Operating Officer presented the above report for noting by the Governing Body and highlighted the following:

- There had been a reduction in MP Enquiries from 74 the previous year to 53, however the complexity of the enquiries had increased. Of the 53, 20 were about individual patients' treatment.
- The number of Freedom of Information ('FOI') requests had fallen but as above the complexity of the requests

had increased and were more challenging and time consuming to respond to.

The NHS Liverpool CCG Governing Body:

- **Acknowledged the CCG's internal and multi-agency work to ensure compliance with Freedom of Information Act, Data Protection Act, Health and Social Care Act and NHS Complaints Regulations.**

5.3 Emergency Preparedness Resilience & Response ('EPRR') Annual Report– Report No: GB 36-18

The Chief Operating Officer presented an overview to the Governing Body with regards to the EPRR activities undertaken by the CCG during 2017/18. He highlighted the scale of the challenge in the city due to number of high profile events held which required a Joint Action Group ('JAG'), a Safety Advisory Group ('SAG') and an Event Safety Advisory Group ('ESAG') which was very different to other CCGs. The CCG was fully compliant against national standards and have moved from limited assurance to full assurance.

The NHS Liverpool CCG Governing Body:

- **Acknowledged the CCG's internal and multi-agency work to ensure compliance with The Civil Contingencies Act and NHS England requirements.**

5.4 Establishing a North Mersey Joint Committee of Clinical Commissioning Groups – Report No: GB 37-18

Healthy Liverpool Integrated Programme Director updated the Governing Body in progress towards approving the Terms of Reference for the North Mersey Joint Committee of CCGs. This had been discussed at the Governing Body/Membership meetings of the constituent CCGs in January 2018. The main concerns raised had been:

- Delegation of CCG responsibilities to a committee whose decision was binding for all CCGs involved.
- Voting arrangements, quorum and delegation.

It had been agreed that the Committees In Common in April 2018 would discuss these issues, review the Terms of Reference and develop a proposed workplan and for each CCG to consider them again in May 2018.

The Committee(s) in Common had updated the Terms of Reference:

- Decisions taken by the Joint Committee would be binding.
- The decisions delegated to the Joint Committee would be set out in the Work Programme, members of the joint committee were to represent the North Mersey area population and not their individual organisations and this would be reflected in the Terms of Reference.
- The Work Programme currently only contained two items: decisions around the final business case re Trauma and Orthopaedic proposals and decisions around the proposal re the review of Women's and Neonatal Services and Liverpool Women's Hospital.
- Items could only be added to the Work Programme when approved by the constituent CCGs for inclusion.

The Local Medical Committee Secretary asked for clarification around the numbers of members of the committee and asked about the possibility of one CCG being outvoted by the others. The Chief Officer reminded the Governing Body that the members were not representing their own CCGs/organisation but were representing the population of North Mersey as a whole. The Chair added that each CCG would have three members and for a decision to be made it would need to have ten out of the twelve members voting to take a decision. It

would be in the interest of each CCG to ensure that they had full representation at each meeting.

The Lay Member for Patient & Public Involvement referred to the rotation of the administrative support for the Joint Committee Chairing and noted the need for consistency in the Chair role. The Chief Officer responded that the Joint Committee could elect a Chair from its membership, with regards to the administrative function it was unduly onerous on any one CCG to support this function on a continuous basis. The support for the Joint Committee needed to be formalised.

The Lay Member for Audit was concerned about any one CCG “delaying” delivery of what had been agreed under the Joint Committee mandate. However it was felt that the risk to Liverpool CCG patients of not having a Joint Committee was greater than this.

Another GP Member raised the issue of representatives from another CCG not understanding the issues affecting Liverpool CCG and being able to derail the 10/12 voting requirement by simply not turning up to the meeting. The Chair responded that this had already been considered by the Committee(s) In Common, it was only by going forward with the Joint Committee could we determine if this was going to be an issue or not and suggested strengthening the Terms of Reference in this respect if the issue arose.

The Lay Member for Financial Management referred to section 7.1 of the Terms of Reference noting the reference was to named deputies, not deputy.

It was noted that the three members from each CCG were non-defined Governing Body members and therefore could be clinical or non clinical or Lay.

As there was not a consensus in the room a vote from the voting members present was taken. The result was twelve in favour of approved the Terms of Reference and the establishment of a North Mersey Joint Committee and one against.

The NHS Liverpool CCG Governing Body:

- **Supported the establishment of a North Mersey Joint Committee;**
- **Approved the Terms of Reference for the Joint Committee;**
- **Approved the proposed work programme for the Joint Committee.**

5.5 2017/18 Audit, Risk and Scrutiny Committee Annual Report – Report No: GB 38-18

The Lay Member for Audit presented the Audit Risk and Scrutiny Annual Report 2017/18 to the Governing Body for noting.

The Audit, Risk and Scrutiny Committee critically reviewed the Clinical Commissioning Group's financial reporting, risk and internal control procedures and ensured an appropriate relationship with both internal and external auditors was maintained. The Committee was established in accordance with Liverpool Clinical Commissioning Group's Constitution and held responsibilities relevant to the scheme of delegation as outlined in the terms of reference. During 2017/18 the committee's terms of reference were revised to reflect the updated constitution.

The change to the Terms of Reference meant that the Audit Risk & Scrutiny Committee no longer had delegated authority from the Governing Body to sign off the Annual Report and Accounts, therefore there would be an Extraordinary meeting of the Governing Body on the morning of 25th May 2018 for the Governing Body to receive the Annual Report and Audited Accounts for the year to March 2018, as recommended to them for approval by the Audit Risk and Scrutiny Committee, for formal approval.

The Chair reminded the Voting Members of the Governing Body that they had been asked well in advance to prioritise this meeting which needed to be quorate.

The NHS Liverpool CCG Governing Body:

- **Noted the Annual, Risk and Scrutiny Committee Annual Report 2017/18.**

6. ANY OTHER BUSINESS

There were no items for discussion.

7. QUESTIONS FROM THE PUBLIC

7.1 Marie Harrison, the Secretary of Merseyside Pensioners Association asked two questions:

- a. She had spoken to a GP at the Smithdown Road Festival when gathering signatures for the “Save Liverpool Women’s Hospital” Campaign who told her that Liverpool Women’s Hospital was “dangerous”. She asked why this was so when the hospital was performing well. She felt that the CCG should examine why the GP in question had said this.
- b. She asked about the North Mersey Joint Committee of CCGs which would be discussing the review of Women’s and neonatal services and proposed co-location with Adult Services and asked if there would be a public consultation.

The Governing Body responded to the questions:

- a. The Chair responded that there were 92 practices in the city and each GP had a personal opinion which Liverpool CCG was not able comment on. When the Consultation took place all stakeholders in the city would be able to participate and have their say.

Liverpool Women's Hospital was not a dangerous place and all patients received the correct care, however something may have prompted the GP in question to say what they said.

- b. The Clinical Vice Chair confirmed that there would be a public consultation, the delays had been due to NHS England's assurance processes before we could progress to the next stage. Until that was settled we could not give a specific date for when the Consultation would commence. The Healthy Liverpool Integrated Programme Director added that the additional assurance was required due to the level of capital investment the project required. It would be on the agenda for the Joint Committee as per the Terms of Reference and Work Programme already discussed. The Pre-Consultation Business Case in January 2016 identified four options of which one was the preferred option. The Clinical Vice Chair added the Joint Committee would be held in public.

7.2 Lesley Mahmood from "Save Liverpool Women's Hospital" asked two questions:

- a. Re the North Mersey Joint Committee - would the North Mersey Joint Committee meeting be held in public, when would it discuss the consultation on women's and neonatal services, did Liverpool City Council need to be involved, would the four options or just the preferred option be discussed?
- b. Was the One Liverpool Plan an Integrated Care System as required by NHS England?

The Governing Body responded:

- a. The Clinical Vice Chair confirmed that the North Mersey Joint Committee was held in public. The consultation proposals would need to go to a Joint Overview and Scrutiny Committee involving the

relevant Local Authorities and yes the consultation plan would be made available. She would engage with Lesley Mahmood at the time about how best to engage with them.

Julie Lyon-Taylor from Merseyside Pensioners Association asked at this point if the level of noise and pollution around the proposed new site had been taken into consideration. The Clinical Vice Chair confirmed that this should be investigated and she would ensure that it was. The Chair added that he had asked Public Health for their advice.

- b. The Chief Officer responded that we wanted more joined up services for patients and also to have voluntary sector organisations such as housing around the table. This was already starting to have an impact. The Chair added that we were not following any set template and had in fact in the past been criticised for a lack of collaboration with other organisations. All decisions being taken were clinically led and rather than having disputes over funding the system was working together which was the best way of getting the best for the people of Liverpool from our expenditure. The Chief Officer confirmed that this was not an Integrated Care Organisation.

8. DATE AND TIME OF NEXT MEETING

Tuesday 10th July 2018, 2.30pm, Boardroom, Liverpool CCG, 3rd Floor The Department.