NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Agenda

Date: Wednesday, 26 March 2014 at 1.00pm to 4.00pm

Venue: The Family Life Centre, Ash Street, Southport PR8 6JH

13.00	Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.
13.15	Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Niall Leonard	Chair and GP	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Robert Caudwell	Clinical Vice-Chair and GP	(RC)
Dr Graeme Allan	GP	(GA)
Dr Martin Evans	GP	(ME)
Dr Liam Grant	GP	(LG)
Dr Hilal Mulla	GP	(HM)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	(PM)

Also in attendance

Jan Leonard	Joint Head of CCG Development	(JL)
Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	Deputy Head of Quality and Safety	(BP)
Gaynor Hales	Director of Nursing, NHS England (Merseyside)	(GH)
Tracy Jeffes	Head of Delivery and Integration	(TJ)

No	Item	Lead	Report	Receive/ Approve	Time
General business					
GB14/31	Apologies for Absence	Chair		R	5 mins
GB14/32	Declarations of Interest regarding agenda items	All		R	
GB14/33	Register of Interests	-	✓	R	
GB14/34	Hospitality Register	-	✓	R	
GB14/35	Minutes of Previous Meeting	Chair	✓	R	5 mins
GB14/36	Action Points from Previous Meeting	Chair	✓	R	
GB14/37	Business Update	Chair		R	5 mins
GB14/38	Chief Officer Report	FLC	✓	R	5 mins
Reports received by way of assurance (taken as read)					
GB14/39	Corporate Performance Report	MC	✓	R	10 mins
GB14/40	Quality Performance Report	DF	✓	R	10 mins
GB14/41	Financial Performance Report	MMcD	✓	R	10 mins
GB14/42	Prescribing Performance Report	BP	✓	R	5 mins
GB14/43	The CCG 5 Year Strategic Plan and 2 year Operational Plan – Briefing on Progress – Update	KMcC	✓	R	10 mins
GB14/44	Strategic Financial Plan 2014/15 - 2018/19	MMcD	✓	V	10 mins
GB14/45	Contracts for 2014/15	MMcD	✓	R	10 mins
GB14/46	Commissioning Intentions 2014/15	JL	✓	R	10 mins
GB14/47	Clinical Directors Role	TJ	✓	R	10 mins
GB14/48	Key issues reports from Committees of Governing Body:- Finance and Resource Committee Quality Committee North Locality group	 MMcD MMcD	 ✓ ✓	 R R	 5 mins 5 mins
GB14/49	NHS Constitution Statement of Assurance	DF	✓	R	5 mins
Formal approval by Governing Body required					
GB14/50	2014/15 Opening Financial Budgets	MMcD	✓	A	10 mins
Minutes of Committees to be formally received (taken as read)					
GB14/51	Quality Committee	-		R	5 mins
GB14/52	Finance & Resource Committee	-		R	
GB14/53	Merseyside CCG Network	-		R	
GB14/54	Health and Wellbeing Board	-		R	
GB14/55	Medicines Management Operational Group	-		R	
GB14/56	Health and Wellbeing Board Programme Group	-		R	

No	Item	Lead	Report	Receive/ Approve	Time
GB14/57	Locality Meetings - (i) Ainsdale & Birkdale Locality (ii) Formby Locality (iii) Central Locality (iv) North Locality	-	✓	R	
Closing business					
GB14/58	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting.*				5 mins
GB14/59	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public *Wednesday, 28 May 2014 at 1.00pm at the Family Life Centre*				-
Estimated meeting time					170 mins

Motion to Exclude the Public:

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business of be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).

Register of Interests

26th March 2014

NHS
Southport and Formby
Clinical Commissioning Group

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Niall Leonard	17.05.13	Chair, Governing Body Member	Partner, Roe Lane Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Director, Exacta Medico-Legal Ltd	Family	None	No action required	
			Assessor, Sector 12(2) Mental Health Act, Merseycare NHS Trust and Lancashire Care NHS Foundation Trust	Personal	None	No action required	
Rob Caudwell	13.05.13	Governing Body Member	Partner, Marshside Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Director, Caudwell Medical Services Ltd	Personal	None	No action required	
			Director, Allbright Domestic Services	Family	None	No action required	
Liam Grant	16.05.13	Governing Body Member	GP Principal & Partner, Dr Reddington & Partners, Formby	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None	No action required	
			GP Associate, Liverpool Community Health Services, Out of Hours Service	Personal	Decision making re commissioning of Out of Hours Service	Exclusion from decision making around the Out of Hours service	
Martin Evans	08.05.13	Governing Body Member	GP Principal, Grange Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Member, Sefton LMC	Personal	None		

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Graeme Allan	20.05.13	Governing Body Member	GP Partner, St Marks Medical Centre	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Hilal Mulla	20.05.13	Governing Body Member	GP Partner, Corner Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Karen Leverett	01.05.13	Governing Body Member	Practice Manager, The Village Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None	No action required	
			Employed by Southport & Ormskirk Hospitals NHS Trust	Family	Decision making re commissioning of services at Southport & Ormskirk	Exclusion from decision making process around S&O.	
Roy Boardman	01.05.13	Governing Body Member	Business Manager, St Marks Medical Centre and Trinity Practice	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Helen Nichols	14.01.2014	Vice-Chair, Governing Body Lay Member	Governor & Vice-Chair, St Luke's Church of England Primary School, Formby	Personal	None	No action required	
			Professor, Chemistry Dept, University of Liverpool	Family	None	No action required	
			Shadow Governor of Southport and Ormskirk Hospitals NHS Trust	Personal	Personal	No action required	
Roger Pontefract	01.05.13	Governing Body Lay Member	Owner, Roger Pontefract & Associates	Personal	None	No action required	
			Chair, Sefton Partnership for Older Citizens	Personal	None	No action required	
			Trustee, Formby Pool Trust	Personal	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
			Trustee, Formby Land Trust	Personal	None	No action required	
Jeff Simmonds	06.05.13	Governing Body Member	Nil return Employed by Liverpool Community Healthcare Trust	Family	None Decision making re Liverpool Community Healthcare Trust	No action required Exclusion from decision making around Liverpool Community Healthcare Trust	
Fiona Clark	03.05.12	Chief Officer, Governing Body Member	Dual role as CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
Martin McDowell	02.05.13	Chief Finance Officer, Governing Body Member	Dual role as CFO and Deputy CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
			Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Debbie Fagan	13.05.13	Chief Nurse, Governing Body Member	Dual role as CN between Southport & Formby CCG and South Sefton CCG	Personal	None	No action required	
Kevin Thorne	02.07.13	Employee	Nil return	None	None	No action required	
Susanne Lynch	15.07.13	Employee	Employed to run patient clinics at Churchtown Medical Centre Husband employed as superintendant pharmacist for pharmacy owned by Churchtown Medical Centre Brother in law (Mark Harrison-North) trustee for Dovehaven Care homes	Personal Family Family	Decision directly affecting Churchtown Medical Centre Decision directly affecting Churchtown Medical Centre Decision directly affecting Care Homes	None required, employee does not work in a capacity which can affect decision making in this area None required, employee does not work in a capacity which can affect decision making in this area None required, employee does not work in a capacity which can affect decision making in this area	
Malcolm Cunningham	24.06.13	Employee, Committee Member	Practicing Optometrist - Yates & Suddell Optometrists	Family	None	No action required, practising outside of CCG area.	
Sara Boyce	10.07.13	Employee	Nil return	None	None	No action required	
Billie Dodd	15.07.13	Employee, Committee or Sub-Committee Member	Nil return	None	None	No action required	
Chloe Rachelle	09.07.13	Employee	Nil return	None	None	No action required	
Cathy Loughlin	21.06.13	Employee	Nil return	None	None	No action required	
Karen Lloyd	21.06.13	Employee	Nil return	None	None	No action required	
Becky Williams	21.06.13	Employee	Nil return	Personal	None	No action required	
Sandra Craggs	24.06.13	Employee	Nil return	None	None	No action required	
Ruth Menzies	24.06.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Stephen Astles	24.06.13	Employee	Wife is a ward manager at Broadgreen Hospital	None	None	No action required	
Terry Stapley	24.06.13	Employee	Nil return	None	None	No action required	
Brendan Prescott	25.06.13	Employee, Committee or Sub-Committee Member	Wife is an employee of University Hospitals Aintree NHS Foundation Trust	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Tina Ewart	21.06.13	Employee	Julian Richard Donagh Tuson, Consultant Interventional Radiologist, at Aintree Hospital NHS	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Philippa Rose	27.06.13	Employee	Nil return	None	None	No action required	
Gillian Beardwood	27.06.13	Employee	Nil return	None	None	No action required	
Alison Lucy Johnston	01.07.13	Employee	Nil return	None	None	No action required	
Clare Shelley	01.07.13	Employee	Husband employed by neighbouring NHS Organisation CQQ CSU	Family	Decision making regarding CSU SLA.	Exclusion from decision making process around CSU SLA.	
Janet Fay	29.06.13	Employee	Nil return	None	None	No action required	
Jenny Kristiansen	02.07.13	Employee	Nil return	None	None	No action required	
Christine Barnes	25.06.13	Employee	Work as a pharmacist in Boots Store 1152, 31-39 Chapel Street, Southport. 2 days a week	Personal	None	No action required	
Thomas Roberts	08.07.13	Employee	Nil return	None	None	No action required	
Angela Parkinson	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Michael Scully	15.07.13	Employee	Nil return	None	None	No action required	
Alain Anderson	15.07.13	Employee	Nil return	None	None	No action required	
Jane Ayres	15.07.13	Employee	Nil return	None	None	No action required	
Jennie Birch	15.07.13	Employee	Nil return	None	None	No action required	
Lyn Cooke	15.07.13	Employee	Nil return	None	None	No action required	
Sue Crump	15.07.13	Employee	Nil return	None	None	No action required	
Tracey Cubbin	15.07.13	Employee	Nil return	None	None	No action required	
Emma Dagnall	15.07.13	Employee	Nil return	None	None	No action required	
Fiona Doherty	15.07.13	Employee	Nil return	None	None	No action required	
Laura Doolan	15.07.13	Employee	Nil return	None	None	No action required	
Sheila Dumbell	25.07.13	Employee	Nil return	None	None	No action required	
Adam Gamston	15.07.13	Employee	Nil return	None	None	No action required	
Paul Halsall	15.07.13	Employee	Nil return	None	None	No action required	
James Hester	15.07.13	Employee	Nil return	None	None	No action required	
Terry Hill	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Jeffes	15.07.13	Employee	Nil return	None	None	No action required	
Zita Johnson	15.07.13	Employee	Nil return	None	None	No action required	
Jennifer Johnston	15.07.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Nicole Cowan	15.07.13	Employee	Nil return	None	None	No action required	
Gary Killen	23.07.13	Employee	Nil return	None	None	No action required	
Jan Leonard	15.07.13	Employee	Nil return	None	None	No action required	
Suzanne Lynch	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Moira McGuinness	15.07.13	Employee	Nil return	None	None	No action required	
Geraldine O'Carroll	15.07.13	Employee	Nil return	None	None	No action required	
Colette Page	15.07.13	Employee	Nil return	None	None	No action required	
Indira Patel	15.07.13	Employee	Nil return	None	None	No action required	
Sejal Patel	25.07.13	Employee	Nil return	None	None	No action required	
Sean Reck	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Reed	15.07.13	Employee	Nil return	None	None	No action required	
Helen Roberts	15.07.13	Employee	Nil return	None	None	No action required	
Shaun Roche	15.07.13	Employee	Nil return	None	None	No action required	
Diane Sander	15.07.13	Employee	Nil return	None	None	No action required	
Jane Tosi	15.07.13	Employee	Nil return	None	None	No action required	
Jane Uglow	03.07.13	Employee	Nil return	None	None	No action required	
Jenny White	15.07.13	Employee	Nil return	None	None	No action required	
Melanie Wright	15.07.13	Employee	Nil return	None	None	No action required	
Christopher Brennan	15.07.13	Employee	Nil return	None	None	No action required	
Caroline Gunson	15.07.13	Employee	Nil return	None	None	No action required	
Dr Christine Randall	20.11.2013	Member and Practice Representative	GP Cumberland House Surgery Director Exacata Medico Legal GPwSI in Dermataology and Clinical Lead Vrigin Care who provide community dermatology service	Personal Husband Dr N J Leonard also Director Personal	Husband is Chair of S&F CCG Personal If discussions took place about comissioning of dermatology services where Virgin Care may bid	No action required at this time No action required at this time No action required at this time	
Dr Bal Duper	01.01.2014	Employee, Committee or Sub-Committee Member	Full time GP in Manc hester	Personal	Personal	No action required at this time	

Hospitality Register
March 2014

Southport and Formby Clinical Commissioning Group

Recipient:	Nature of Gift / Hospitality:	Date Received	Approximate Value	Donated by:
-	-	-	-	-

No hospitality received.

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Minutes

Wednesday, 29 January 2014 at 1.00pm to 4.00pm
The Family Life Centre, Ash Street, Southport PR8 6JH

The Governing Body

Present

Dr Niall Leonard	Chair and GP	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Graeme Allan	GP	(GA)
Dr Martin Evans	GP	(ME)
Dr Liam Grant	GP	(LG)
Dr Hilal Mulla	GP	(HM)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)

In attendance

Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	Deputy Head of Quality and Safety	(BP)
Hannah Chellaswamy	Deputy Director of Public Health, Sefton Council	(HC)

Apologies

Dr Robert Caudwell	Clinical Vice-Chair and GP	(RC)
Gaynor Hales	Director of Nursing, NHS England (Merseyside)	(GH)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	(PM)

Minutes

Melanie Wright

Hannah Chellaswamy, Deputy Director of Public Health for Sefton Council, presented the Director of Public Health's Annual Report.

Sam Jones, Slimming World

Dr Leonard acknowledged the physical and mental difficulties associated with obesity and introduced Ms Jones to Hannah Chellaswamy who leads on commissioning public health services in the Local Authority. Dr Leonard agreed to consider how the CCG could work in partnership with Slimming World and other providers further and revert to Ms Jones.

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Governing Body Member	Designation	Jan 2013	Mar 2013	May 2013	July 2013	Sept 2013	Nov 2013	Jan 2014				
Dr Niall Leonard	Chair, and GP	✓	✓	✓	✓	✓	✓	✓				
Helen Nichols	Vice Chair & Lay Member, Financial Management & Audit	✓	✓	✓	A	✓	✓	✓				
Dr Robert Caudwell	Clinical Vice-Chair and GP	✓	✓	✓	✓	✓	L	A				
Dr Martin Evans	GP	✓	✓	A	✓	✓	✓	✓				
Dr Liam Grant	GP	✓	A	✓	A	✓	L	✓				
Dr Hilal Mulla	GP	✓	A	✓	✓	✓	✓	✓				
Dr Graeme Allan	GP	L	L	A	A	A	A	A				
Roy Boardman	Practice Manager	✓	✓	✓	✓	✓	✓	✓				
Karen Leverett	Practice Manager	✓	A	✓	✓	✓	✓	✓				
Roger Pontefract	Lay Member, Engagement and Patient Experience	✓	A	✓	✓	✓	✓	✓				
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	✓	✓	A	✓				
Fiona Clark	Chief Officer	✓	✓	✓	✓	✓	A	✓				
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓				
Debbie Fagan	Chief Nurse	A	✓	✓	✓	✓	✓	✓				
Peter Morgan	Strategic Director, Sefton MBC	N/A			✓	✓	A	A				
Hannah Chellaswamy	Deputy Director of Public Health, Sefton MBC					A	✓	✓				
Maureen Kelly	Healthwatch Sefton					A	A	A				

No	Item	Action
GB14/01	**Apologies for Absence** were received. Dr Leonard acknowledged the hard work undertaking by departing member of the Governing Body, Karen Leverett.	
GB14/02	**Declarations of Interest** regarding agenda items Declarations of interest were received relating to those with joint posts with NHS South Sefton CCG, namely Martin McDowell and Debbie Fagan.	
GB14/03	**Register of Interests** The following amendments were noted: - Include Mrs Leonard under Dr Leonard's declarations. - Helen Nichols' recent update has not been included and will be actioned. - Update 'nil return" to say "no declared interest.	CL
GB14/04	**Hospitality Register** No declarations have been made.	
GB14/05	**Minutes of Previous Meeting** Action taken by the Governing Body The Minutes were agreed as an accurate reflection of the previous meeting.	
GB14/06	**Action Points from Previous Meeting** All actions were closed down, save for the following notes. *13/157 Commencement of Election Process* MMcD has spoken to the Local Medial Committee (LMC); there is no conflict of interest by virtue of the fact that GPs upon working in a locality are automatically eligible to join the LMC and the CCG. However, this would need to be declared on the Register of Interests and such conflicted noted in the event of decision-making on any relevant matter.	
GB14/07	**Business Update** Election papers will be going out on Friday, with a two-week turnaround. The election will be held during the last two weeks of February and the next meeting of the Governing Body will be held with a new membership. Dr Leonard suggested that even if current members are not re-elected, there is opportunity to continue work on behalf of the CCG as a clinical lead to ensure increasing clinical engagement. The CCG are working with the Local Authority and across primary care to address inequalities in life expectancy across the borough, together with linking in with initiatives being considered in neighbouring boroughs. It is anticipated that a draft strategic plan will be in place early April 2014. There are challenges for the CCG around the Better Care Fund and transfer of funds to the Local Authority and subsequent integration of some services. A small amount of money will transfer in 2014/15, leading to the creation of a fund value of £24m across Sefton Council's footprint in the financial year 2015/16.	

No	Item	Action
	Dr Leonard referenced Southport and Ormskirk Hospitals NHS Trust's recent award of £4m of funding to support the winter period and noted that performance at the Trust had improved as a consequence. Dr Leonard also acknowledged the work undertaken by Dr Paddy McDonald in relation to frail elderly, which was demonstrating success. Dr Leonard thanked Billie Dodd and the team for their work in this area. There has been a Care Quality Commission Inspection at Liverpool Community Health Services NHS Trust, which will be discussed later in the meeting. Action taken by the Governing Body The Governing Body received this report by way of assurance.	
GB14/08	**Chief Officer Report** External scrutiny of the CCG/CSUs' processes undertaken by MIAA has received 'significant' assurance. *Liverpool Community Health NHS Trust CQC Unannounced Visit* – the outcome was made public yesterday and is now available on the Care Quality Commission (CQC) website. Ms Nichols asked to what extent Southport and Formby patients accessed LCH services. Ms Clark advised that a proportionate number of Southport and Formby patients will receive services from LCH, following the disaggregation of services from Sefton PCT some years ago. Ms Clark suggested that the CCG's Quality Committee scrutinise the outcomes of this report on behalf of the Governing Body. Miss Fagan advised that the surveillance level for LCH is now 'enhanced' following the publication of the CQC report. Ms Nichols also asked about the developments in the Home Oxygen Service to which Mr Prescott advised that the current piece of work is around the administration of the service, not the service itself. Action taken by the Governing Body The Governing Body received this report by way of assurance.	
GB14/09	**Corporate Performance Report** Mr Cunningham drew the meeting's attention to key issues within the report. *Cancer* - the Cancer Network are considering cancer performance across the region. *Referral to Treatment Time* – S&O are below target; this is a planned breach and the backlog has decreased significantly. Trauma and Orthopaedics and Oral Surgery have particularly high referrals waits. However, the CCG does not commission Oral Surgery; this falls within the remit of NHS England as Specialised Commissioners and this has been escalated appropriately. *Transient Ischemic Attack* – this breach is due to small numbers and diagnostic issues during the weekend for the Trust. The CCG is working with the Trust to investigate this further. *North West Ambulance Services* – the ambulance service are on target as the target is considered across the North West, although local times are an issue, this has been identified to Blackpool CCG, as lead commissioner for this service. Action taken by the Governing Body The Governing Body received this report by way of assurance.	

No	Item	Action
GB14/10	**Quality Performance Report** *Mortality rates (Aintree):* the Trust is now experiencing a positive downward trend in relation to mortality rates, based on unvalidated local data. Ms Chellaswamy offered to circulate a report on mortality at Aintree in relation to Standardised Hospital Mortality Indicators. *Rapid Access Chest Pain Clinic*- a contract query has been issued to S&O. *A&E Friends and Family Test* – S&O have been invited to the CCG's Engagement and Patient Experience Group to discuss the issues. *Healthcare Acquired Infections* – a meeting has been convened in partnership with S&O to consider rates of C-Difficile across the Sefton Health economy. Action taken by the Governing Body The Governing Body received this report by way of assurance.	HC
GB14/11	**Financial Performance Report** The CCG remains on target to deliver its financial targets for 2013/14. The greatest area of risk is costs associated with Continuing Healthcare. The costs have risen significantly compared to 2012/13. This continues to be investigated by both the CCG and CSU. No significant balances will be inherited from NHS England at the end of the financial year. NHS England will be accountable for any PCT-related legacy issues. NHS Property Services have inherited NHS estates and have made an assessment of the assets. They have to undertake a final piece of work in relation to charging to ensure funding is in the right place and Mr McDowell confirmed this has been built into the financial plan. Action taken by the Governing Body The Governing Body received this report by way of assurance.	
GB14/12	**Prescribing Performance Report** The Southport and Formby CCG position for month 7 (October 2013) is a forecast underspend of £ 96,592 or -0.49 % on a budget of £19,587,637. Demand for items has increased, as has the cost of prescribing. A revised position will be available for the next report based on the revised allocations. Dr Mulla provided an update in relation to the Medicines Management Strategy, together with initiatives such as identifying areas of wastage. Action taken by the Governing Body The Governing Body received this report by way of assurance.	
GB14/13	**Everyone Counts – Planning For Patients 2014/15-2018/19** The meeting noted that this report presents an overview of national policy, whereas the local process will be considered in detail under the next agenda item. The CCG will work closely with NHS England in relation to the Direct Commissioning Plan and Specialised Commissioning Plan. The CCG will work closely with the Local Authority across Sefton in relation to the Better Care Fund and also with West Lancashire CCG to link up strategic plans. A workshop in relation to the Better Care Fund was held last week, which was well-attended by local stakeholders.	

No	Item	Action
	The collaboration required for sign-off of the CCG's strategic plan with the Health and Wellbeing Board and NHS England was noted. Action taken by the Governing Body The Governing Body received this report by way of assurance.	
GB14/14	**The CCG 5 Year Strategic Plan and 2 year Operational Plan – Briefing on Progress** Mr McCluskey provided some context and advised as to the 'must dos' incumbent upon the CCG which are around meeting the needs of the public, ensuring engagement and that the CCG are making a difference. A planning framework has established the needs of the population by linking with Public Health, reviewing the Joint Strategic Needs Assessment and considering the "Right Care" methodology in relation to the CCG's performance. There is clarity of the CCG's three strategic priorities – frail elderly, unplanned care and primary care. A number of plans sit beneath each of these priorities, for example, respiratory, end of life, cancer or mental health, acknowledging that there are sensitivities around each area, where they do not fit within one of the three strategic priorities. The Care Closer to Home Programme will support delivery of these priorities. The final date for completion of the Strategic Plan is 20 June and a number of events are planned in advance of this date, to engage with stakeholders. Mr McCluskey will be attending future meetings of the Governing Body to provide updates as to progress. An engagement event will be held at the Family Life Centre on 6 February at 2.00pm and members of the public are invited to come along and contribute. Ms Nichols acknowledged the difficulties of the strategic planning and queried whether there was any work under way to consider addressing the larger areas of spend. Mr McCluskey responded that the current programme budgeting process will consider future transformation or re-commissioning. There is a continual evaluations of areas of spend and whether the appropriate outcomes were being produced Ms Clark also described the work on integration with the Local Authority to align the CCG's strategies with the Local Authority and ever closely ways of working together. The Strategic Plan will be brought back annually to the Governing Body and continually refreshed. Action taken by the Governing Body The Governing Body: (1) receive this briefing by way of assurance of the arrangements to comply with the national required submission; (2) supported the orientation of the Better Care Fund to enable an enhancement of the Care Closer to Home programme;	

No	Item	Action
	(3) noted that a process of engagement is in train with Sefton Council, providers, the public and Voluntary Community and Faith Sector; (4) recognised the prospective need for regular progress briefings on the developing plans, plus oversight on the essence of these plans in relation to finance, activity and outcomes and their alignment with the three CCG strategic priorities and vision for unplanned and community care; (5) approved delegated authority to the Chair and Chief Officer to approve the draft Better Care Fund Plan before its submission date of 14 February 2014.	
GB14/15	**Strategic Financial Plan 2014/15 - 2018/19** Since the time of writing this report, the allocation per head has reduced to £1,247. The implication is that the CCG has now moved further away from the Government's target in terms of funding in the region of 5.5% to 6.5%. The pace of change will be important, but currently there is no guidance beyond year three as to how this target will be achieved. Costs will increase next year as the CCG is required to commence funding for additional services. The CCG also has to contribute £6m to the Better Care Fund in 2015/16. The final Strategic Financial Plan will be delivered to the Governing Body in March 2014 and some examination of the detail will take place at the development session in February. Action taken by the Governing Body The Governing Body received this report by way of assurance in relation to the strategic planning process.	
GB14/16	**Contracts for 2014/15** Negotiations have commenced with key providers for the contracting period 2014/15. Updates to the tariff system have been minimal for the next financial year, which will present some continuity on spend. Negotiations have also commenced in relation to CQUIN. Agreement in principle in relation to CQUIN and contracting is to be achieved by 28 February. Action taken by the Governing Body The Governing Body received this verbal update by way of assurance.	
GB14/17	**Care Quality Commission Inspection Process and Partnership Working Between the CCG and Healthcare Regulators Since April 2013** This report provides the Governing Body with an overview of the most recent CQC inspections and Miss Fagan summarised activity and outcomes regarding the CCG'S main providers, acknowledging the collaborative work with regulators, neighbouring CCGs and NHS England since April 2013. Action taken by the Governing Body The Governing Body received this report by way of assurance.	
GB14/18	**Key issues reports from Committees of Governing Body** Ms Clark asked the Governing Body to consider the use of key issues reports instead of minutes of committees.	

No	Item	Action
	Action taken by the Governing Body	
	The Governing Body were happy for key issues to be presented, in place of formal minutes and then received these key issues reports by way of assurance.	
GB14/19	**Assurance Framework - Update** Ms Nichols advised that the Assurance Framework requires updating and should be brought back to the next meeting in March. It was noted that the risk at 2.2 around the CCG exceeding trajectories for HCAI has unfortunately now materialised. The risk on corporate objective six and changeover of the new Governing Body and the Chair stepping down presents a significant risk to the organisation in terms of handover and mitigation however it is Dr Leonard's intention to support the incoming chair. Ms Nichols felt that the CCG's relationship with NHS England in relation to primary care and the Register of Interests should both be included as potential risks on the register. Action taken by the Governing Body The Governing Body received this report by way of assurance.	TJ TJ
GB14/20	**Corporate Risk Register - Update** Ms Nichols felt that the control measures on numbers 9, 12 and 23 required updating. This is to be rectified for the next meeting of the Governing Body. Action taken by the Governing Body The Governing Body received this report by way of assurance.	TJ
GB14/21	The Audit Committee minutes were received.	
GB14/22	The Quality Committee minutes were received.	
GB14/23	The Finance & Resource Committee minutes were received.	
GB14/24	Merseyside CCG Network The safeguarding service hosted by Halton CCG is being reviewed across the Network. The minutes were received.	
GB14/25	The Health and Wellbeing Board minutes were received.	
GB14/26	The Medicines Management Operational Group minutes were received.	
GB14/27	The Health and Wellbeing Board Programme Group minutes were received.	
GB14/28	The Locality Meetings minutes were received.	
GB14/29	**Any Other Business** There was no other business.	
GB14/30	**Date, Time and Venue of Next Meeting of the Governing Body to be held in Public** Wednesday, 26 March 2014 at 1.00pm at the Family Life Centre	

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/38	**Author of the Paper:**
Report date: 10 March 2014	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report by way of assurance.	Receive [x] Approve [ ] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework *(x those that apply)*	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
March 2014

1. Annual Report

Production of the CCG's first Annual Report, which will include the organisation's annual accounts, is underway. The contents of this important document will reflect the CCG's progress and achievements during its first year, as viewed through the eyes of the Governing Body and in line with the statutory reporting requirements set out by NHS England. A draft will be submitted to auditors at the end of April, with a final audited version submitted to the Department of Health and NHS England in early June, when the document will be made available to the public.

2. Governing Body Elections

2.1 The elections for the new Southport and Formby CCG Governing Body have currently identified 5 out of the 6 GP members, namely;

Dr Niall Leonard, Dr Rob Caudwell, Dr Koti Scholtz, Dr Martin Evans and Dr Hilal Mulla, the final GP place has gone to a further round and will be announced at the CCG Governing Body meeting. The two Practice Manager positions are now to be filled by Mrs Collette Riley and Mr Paul Ashby with the Nurse place currently receiving no candidates. Debbie Fagan remains in the other nurse role. The wider membership will need to consider this vacancy further as per the CCG Constitution.

2.2 Work will now be undertaken to provide all new Governing Body members with a formal induction and bespoke development package and also the identification of the key roles within the CCG.

3. Cheshire & Mersey Commissioning Support Unit Update

3.1 The CCG has recently received a range of service reviews and revised pricing models from Cheshire and Merseyside Commissioning Support Unit (CMCSU) CCG leads for the relevant service line are currently reviewing these with a view to informing re- negotiations of the Service Level Agreement.

3.2 Initial estimates highlight that the total costs have increased, however it is anticipated that this will be reduced through negotiations and efficiencies gained through the merger of CMCSU and Greater Manchester CSU.

3.3 Our current SLA is in place until October 2014 so prices are fixed at current levels for the first six months of the year. The CCG has confirmed its intention to bring the finance and communication service lines in house from July 2014 and directly manage the SLA with Informatics Merseyside for CCG IM&T services.

4. Community Children's Nursing Team pilot

The Programme Board is currently Chaired by Dr Rob Caudwell and this pilot is being support for a further 12 months. Southport & Ormskirk Hospitals NHS Trust have been invited to attend the CCG Quality Committee to deliver a presentation regarding the positive outcomes achieved. The

Trust have had an article accepted for publication in a national journal and will be presenting at a national conference regarding the achievements of the Children's Community Nursing Team.

5. Child & Adolescent Mental Health (CAMHS)

5.1. The Integrated Commissioning Team have been leading on the development of the CAMHS Tier 3 service specification and the development of the children and young people's emotional health and wellbeing plan as part of the Sefton Mental Health Strategy. Performance management of both of these developments is via the Emotional Health and Wellbeing Group which reports to the Early Life Forum of the Health and Wellbeing Board.

5.2. The draft service specification is near to finalising and the initial draft plan will be shared with the Wider Determinants Forum Mental Health Task Group. The Corporate Parenting Board have requested a briefing at their next scheduled meeting.

6. Corporate Parenting Board

6.1. The Chief Nurse has accepted the invitation to be a member of the Corporate Parenting Board to represent the CCG along with representation from the Designated Professionals for Looked After Children. At the meeting in February 2014 concerns were escalated by the Designated Nurse for Looked After Children regarding possible waiting times for Sefton children to have their initial medicals – this service is provided by Alder Hey Hospital NHS Foundation Trust (AHCH).

6.2. The Chief Nurse has been liaising with AHCH, the Designated Nurse for Looked After Children and the Designated Nurse for Safeguarding Children. As of March 2014, it has been confirmed that currently there are 3 children from Sefton awaiting such initial medicals and although this situation appears to now be able to be de-escalated the CCG will continue to work with the providers and Local Authority regarding contingency plans.

7. Early Life Forum

The Early Life Forum (sub-group of the Health & Wellbeing Board) has now met on 2 occasions with a third meeting planned for April 2014. In March 2014, the Forum received a presentation from NHSE(M) Direct Commissioning Team regarding the commissioning of the Health Visiting Service and the plans in place for the transition of this responsibility to the Local Authority in October 2015 and the current plans to commission for the delivery of the national operating model within Sefton.

8. Quality Surveillance of Local Providers of Children & Maternity Service Providers

Both the Quality Committee and the Governing Body have received recent updates by way of assurance regarding quality surveillance processes that are in place relating to Southport & Ormskirk Hospitals NHS Trust, Liverpool Community Health NHS Trust, Liverpool Women's Hospital NHS Foundation Trust and AHCH. This has included the current surveillance processes that are in place with each provider, surveillance level as determined at the Merseyside Quality Surveillance Group and the recent outcomes of Care Quality Commission visits.

9. Safeguarding Children

There are no further updates from the LSCB at this time as both the LSCB and Health Sub-Group are not scheduled to meet until after the deadline for submission of papers. The Governing Body are asked to note that the initial draft report from the Peer Review Inspection Team that was commissioned by the CCG has been received. This is currently being considered and will be reported to the Governing Body in due course.

10. Aintree University Hospitals Quality Strategy

10.1 The draft Aintree University Hospital NHS Foundation Trust Quality Strategy 2014 - 17 has been circulated. The Aintree vision is to provide world class services for all patients. Aiming for excellence the strategy describes how Aintree intend to achieve the aspirations they have for patient care over the next three years by getting it right for every patient, every time.

10.2 Comments have been returned by Dr Gina Halstead & Debbie Fagan.

11. NHS 111

11.1 The Department of Health have received the proposed North west clinical Governance model favourably and approved it use. Four sub-regional Quality Assurance Committees for the Northwest will service clinical governance, with an intention to meet quarterly.

11.2 Clinical and Business Support personal on behalf of each CCG will be requested to participate in the operation of the Group.

12. Designating Commissioner Requested Services

12.1. Commissioner Requested Services (CRS) are services which the commissioners wish to protect in the event of financial failure by the provider. They apply to FTs, Independent Sector and voluntary third sector providers. They do **not** apply to NHS Trusts for which there is a separate regime.

12.2. Commissioners have until 31.3.16 to complete the process of designating services as CRS. The default position for 2014.15 is:

- FTs: all services will be considered as CRS, until such point as the commissioner may determine otherwise
- Other providers: IS/ Third Sector : Not designated as CRS unless specified.

12.3. Commissioners need to designate Commissioner Requested Services to comply with the new regulatory regime. To ease the transition to the new regime, all foundation trusts' mandatory services were automatically designated Commissioner Requested Services on 1 April 2013. Commissioners then have three years to review those services and confirm or reject their designation.

12.4. Commissioners need to identify any services that they commission which would have to remain in the locality should a provider fail because:

a) either there is no alternative provider close enough; or
b) removing them would increase health inequalities; or
c) removing them would make dependent services unviable.

12.5. Commissioners only need to identify Location Specific Services when a provider is in special administration. Formally, it is the Special Administrator who defines which of the failed provider's services should be Location Specific Services, but they do this in consultation with commissioners.

12.6. Following the automatic classification of mandatory services as Commissioner Requested Services (CRS), Monitor has strongly recommended that commissioners review as soon as possible whether this is the correct set of services that would need to be protected in the event of provider failure. When this initial review has been completed, commissioners are then likely to need to reassess periodically which services are designated as CRS, to ensure that the designation remains appropriate in light of any changes in the local health economy.

12.7. Once a service is designated as a Commissioner Requested Service, providers will be required under Monitor's licence to continue to deliver that service and to refrain from making significant changes to it without the agreement of commissioners.

13. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
March 2014

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/39	**Author of the Paper:** Debbie Fagan debbie.fagan@southseftonccg.nhs.uk Malcolm Cunningham malcolm.cunningham@southseftonccg.nhs.uk
Report date: March 2014	
Title: Corporate Performance Report	
Summary/Key Issues: This paper presents the Governing Body with the Performance Dashboard, Quality Report, Family and Friends Inpatient Summary, Friends and Family A&E Summary, Liverpool Community Health Quality Compliance Report for Month 10, Liverpool Community Health KPI Report.	
Recommendation The Governing Body is asked receive this report by way of assurance.	Receive [x] Approve [ ] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	YES			Quality Report has previously been submitted to Quality Committee

Links to National Outcomes Framework *(x those that apply)*	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Executive Summary

This report sets out the performance of the CCG's main acute providers and progress against the National Outcomes Framework at month 10 of the financial year

2. Introduction and Background

CCGs have a statutory duty to improve health outcomes and ensure that the NHS Constitution pledges are being delivered.

This report sets out the CCG's performance against the National Outcomes Framework and the NHS Constitution. It also shows provider performance for the CCG's 3 main providers, Aintree University Hospitals NHS Foundation Trust, Southport and Ormskirk Hospitals NHS Trust and The Walton Centre NHS Foundation Trust.

3. Key Issues

Health Care Acquired Infections (HCAI) – Cdifficile

Southport and Formby CCG reported a year to date figure of 33 cases of Cdifficile infections against a tolerance of 32 at January 2014, above the tolerance level. There were 5 cases reported in January 2014 apportioned to non-acute trust (community) at Aintree University Hospitals NHS Foundation Trust and 1 acute trust case.

Aintree University Hospitals NHS Foundation Trust has reported 71 cases of Cdifficile year to date, 1 of these was a Southport and Formby CCG patient and this was in June 2013.

At the Clinical Quality and Performance Group (CQPG) on 15th January 2014, it was reported that the Trust was 31 days to date, free of Cdifficile cases. Seven appeals have been considered by the appeals panel and 2 cases were upheld at the November panel. The Trust are proposing to submit a further 10 cases for appeal. The Infection Protection and Control Team (IPC) has been strengthened with the recruitment of a senior band 6 nurse. All divisions have been allocated an IPC team member to drive up quality and awareness and the recruitment of a Research Pharmacist has been agreed.

As previously reported, an existing action plan is being implemented and further actions include:

- the implementation of a 24/7 IPC intensive support team;
- enforcement of the isolation policy with escalation to the Chief Operating Officer or Executive Director on-call;
- the opening of a cohort ward;
- implementation of an enhanced and focused cleaning programme;
- refreshed communications and engagement plan (The bug stops here);
- increased number of senior nurse workarounds and inspections;
- focus on the pathway of the clinically at risk patients within the Trust;
- clarification of all the IPC procedures;
- clarity about holding to account within a zero tolerance culture; and
- focus of the Listening into Action engagement approach on Cdifficile infection high risk areas.

Local data indicates there have been 4 cases in February 2014 which will bring the year to date total to 75.

The Walton Centre NHS Foundation Trust has reported 10 cases to date, 5 above the year to date tolerance of 5.

Southport and Ormskirk Hospitals NHS Trust has reported 23 cases year to date, 10 above the year to date plan of 13.

Health Care Acquired Infections (HCAI) – MRSA

Southport and Formby CCG reported zero cases of MRSA at January 2014.

Aintree University Hospitals NHS Foundation Trust and The Walton Centre NHS Foundation Trust have both reported 1 case of MRSA year to date; this is above the zero tolerance. There have been no new cases since May 2013.This was being reported through the Infection Prevention Committee to the CCG. Root Cause Analysis (RCA) has been completed.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative)
NB: This indicator will not be updated this month due to the CMCSU Business Intelligence team are carrying out some data quality and methodology validation checks – this will be resolved by next month.

As at December 2013 (cumulative) Southport & Formby CCG has not achieved the target achieving 754.49 for December 2013 with a planned target of 651.38. Looking at the emergency admissions figures this equates to 126 extra admissions compared to the same period last year.

Emergency Admissions Composite Indicator(Cumulative)
NB: This indicator will not be updated this month due to the CMCSU Business Intelligence team are carrying out some data quality and methodology validation checks – this will be resolved by next month.

As at December 2013 (Cumulative) Southport & Formby CCG were over plan, (actual 1606.36, plan 1581).

Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)
NB: This indicator will not be updated this month due to the CMCSU Business Intelligence team are carrying out some data quality and methodology validation checks – this will be resolved by next month.

As at December 2013 (Cumulative) Southport & Formby CCG were over plan, (actual 844.50, plan 842.87). Looking at the emergency admissions figures this equates to 2 extra admissions compared to the same period last year.

% high risk of stroke who experience a Transient Ischaemic Attack (TIA) are assessed and treated within 24 hours

Southport and Formby CCG recorded 57.14% (4 out of 7 patients) for this measure at January 2014, which failed to hit the target of 60%. These patients being at the main provider Southport and Ormskirk Hospital NHS Trust. There are on-going risks to performance as a result of patient choice and the lack of clinics and access to carotid scans at weekends.

% who had a stroke & spend at least 90% of their time on a stroke unit

Southport and Formby CCG recorded 94.12% for this measure at January 2014, achieving the target.

Aintree University Hospitals NHS Foundation Trust presented with 54.35% at December 2013 against the 80% target. Out of a total of 46 patients treated, 25 patients spent at least 90% of their time on a stroke unit. (Due to technical difficulties there was no data submitted for Aintree for January 2014). A number of keys actions have been put in place to address this issue:

- An external review of their Stroke services has been undertaken and the report and recommendations submitted to the Clinical Business Unit management team. The outcome of the report is to be discussed with clinical teams and actions agreed.
- Consultant of the week rota commenced in January 2014. The new rota releases stroke physicians from other commitments and allows for more rapid assessment and transfer of stroke patients.
- Stroke physician on-call every weekday and on site from 9am to 8pm to further facilitate timely assessment and transfer of stroke patients.
- Revised stroke team alert and bleep system now operational. The team comprises Consultant, Specialist Registrar or Senior House Officer and a House Officer who will assess patients and if necessary clerk them on transfer to the Stroke Unit. This will enable more timely transfer to the Unit.
- Daily consultant ward rounds commenced to facilitate timely discharge of patients.
- Multidisciplinary Team processes reduced from 4 to 2 to free up therapy and nursing time and improve discharges.
- Introduction of weekly breach meeting with Accident and Emergency Department and Medical Assessment Unit colleagues to discuss in a timely manner patients who breach the 4 hour target.
- Trials of electronic data capture system (Capture Stroke) on-going. Feedback to date has been positive and the Cheshire and Mersey Strategic Clinical Network has now agreed to provide funding for the installation of the system across the Cheshire and Mersey patch. Work with Information Governance is on-going to address internal complications.
- Access to Venmore community intermediate care beds with early supported discharge has been agreed and will positively impact the length of stay on the Unit.
- Beds ring-fenced for thrombolysis reduced from two to one to improve access to the Stroke Unit for all admissions.
- Permanent Ward Nurse Manager for Stroke Unit commenced in post on 6th January 2014.

Rate of Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Males and Females)

For males, Southport and Formby CCG achieved a rate of 2870.30. In 2012 this was slightly above over the planned tolerance of 2778.45. For females, Southport and Formby CCG achieved 2160.50 in 2012 which was again, above the planned tolerance of 2091.36. An update will be given as soon as possible as to what measures can be updated and when.

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%

Southport and Formby CCG achieved 88.60% cumulatively to December 2013, which failed to hit the target of 93% target. Southport & Formby CCG failed the target year to date and also did not achieve for the month of December 2013 reaching 82.7%. In December 2013, 4 patients were not seen within 14 days out of a total of 55 patients. The 4 breaches were at Southport and Ormskirk Hospitals NHS Trust and were waiting for between 17 and 27 days. The reasons for the delays were patients unable to attend and patient choice.

For the maximum 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, Southport and Ormskirk Hospitals NHS Trust did not achieve the December 2013 cumulative target for breast symptomatic referrals with 89.6% year to date against the 93%

target. In December 2013 there were 6 breaches out of a total of 86 patients, 80 were seen within 14 days. The 6 breaches were between 17 and 28 days. The breach reasons were patient cancellation and patient unable to attend.

Maximum two month wait from urgent GP referral to first definitive treatment for cancer – 85%

Southport and Formby CCG achieved 82.13%, cumulatively to December 2013 which failed to achieve the target of 85%. Southport and Formby CCG achieved the monthly and target with 93.94%. In December 2013, there were 2 breaches out of a total of 33 patients. The reasons include delays due to late referrals between trusts and delays due to complex diagnostic pathways in admitted care.

Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%

Southport and Ormskirk Hospitals NHS Trust did not achieve the target for this indicator year to date (82.82%) or for the month of December (66.7%) due to previous months breaches. For December 2013 there were 0.5 patient breaches, the tertiary referral was sent to St Helens and Knowsley Teaching Hospitals NHS Trust after the patient had already breached, the 'first seen' Trust was Southport and Ormskirk Hospitals NHS Trust, the 'first treatment' Trust was St Helens and Knowsley Teaching Hospitals NHS Trust, days waited 96, and 'tumour type' was breast. Year to date there have only been 11 patients with two patient breaches.

Mixed Sex Accommodation (MSA)

The Mixed Sex Accommodation (MSA) breach rate is the number of breaches of mixed-sex sleeping accommodation per 1,000 finished consultant episodes. Southport and Formby CCG reported 6.90% against a 0% target.

Southport and Ormskirk Hospitals NHS Trust had 28 breaches of MSA in January 2014. The breaches occurred at a time of escalation and increased bed pressures. All breaches were reviewed using root cause analysis. The breaches all occurred in Critical Care. Seven patients were declared medically fit for discharge to a ward over the month of January 2014 but their discharge was delayed for over 24 hours. These patients shared a bay with critical care patients so they also breached. This took the total number of breaches up to 28. As part of the Escalation Review Process a discussion will take place to determine how the patients from Critical Care are prioritised for wards and a process will be put into place.

Admitted patients to start treatment within a maximum of 18 weeks from referral (RTT)

Southport and Formby CCG failed to reach the 90% target for admitted patients in January 2014, for the fourth consecutive month, achieving 88.07% against the 90% target. 94 out of 788 patients were seen in excess of 18 weeks.

Southport and Ormskirk Hospitals NHS Trust did not achieve the adjusted admitted target in December 2013, reaching 84.12%. This equates to 77 patients out of 485 not being seen within the 18 weeks. 47 patients were seen within 18-25 weeks, 28 patients were seen within 25-32 weeks and 2 patients were seen within 46-49 weeks.

Please note these figures are specifically for Southport & Formby CCG patients and do not reflect the trusts overall position.

At Southport and Ormskirk Hospitals NHS Trust, the RTT programme continued during January 2014 seeing increased activity and patient breaches. In total there were 1123 patients treated,

244 of which were from the backlog. This is a significantly higher volume of activity than is normally delivered. Overall the backlog has reduced significantly down to 172 representing 7.3% of the total list size. However, whilst backlogs have reduced in all specialties, there are still challenges at specialty level with Trauma and Orthopaedics and Oral Surgery maintaining a backlog, over 10% of total list size. Monitoring continues of additions to lists, ROTTs (removal for reasons other than treatment), waiting list and backlog size, the proportion of the waiting list and backlog with a TCI, activity, waiting list initiatives and IS provision on a weekly basis. The senior management team are updated on progress against plans within this timescale. To date, February 2014 has 214 breached patients on the TCI list with a predicted compliance of 78.5%. The Trust will be compliant in March 2014 in line with trajectories previously submitted to the TDA (trust development authority).

Local measure - 20% reduction in emergency admissions for asthma <19 years. Baseline = 101 - 20% reduction = 81 (Cumulative)

Southport and Formby CCG has not achieved the target and is 6 under plan, (the year to date plan is 65), however compared to the same period last year it is 13 less. The baseline being last year's actual figure.

Ambulance Clinical Quality

Southport and Formby CCG did not achieve the targets in all 3 Ambulance Clinical Quality indicators cumulatively at January 2014. For Category A (Red 1) 8 minute response time, performance was 69.13% and did not achieve the target of 75.00%. For Category A (Red 2) 8 minute response time, performance was 72.82% and did not achieve the target of 75.00%. For Category 19 transportation time, performance was at 92.12%, below the 95% target. The underachievement for the 3 indicators was due to low performance in previous months.

Please note: the CCG is measured on the North West Ambulance Service (NWAS) figures and NWAS are achieving all 3 indicators, (Category A Red 1, Red 2 and Category 19 Transportation time).

Friends and Family Test Score – Inpatients and Accident & Emergency (A&E)

The indicator comprises two elements: the test score and the % of respondents who would recommend the services to friends and family – for Inpatient Services and A&E. The national CQUIN requirement is for all providers to achieve a combined 15% response rate by April 2014, the test score is measured against the national average.

For Southport and Ormskirk Hospitals NHS Trust the overall combined (A&E and Inpatients) response rate was achieved in Q3 2013/14, 18.5% reported compared to a plan of 15% and 1.6% higher than the England average. However, for A&E alone the provider failed to achieve the 15% plan reaching 10.9% making no improvement compared to Q2 2013/14.

Published monthly data shows for January 2013/14, the overall combined (A&E and Inpatients) response rate was achieved with 18.4% reported compared to a plan of 15% and 3.8% higher than the England average.

Patient Safety Incidents

The provider performance dashboard (Appendix 2) shows the number of patient safety incidents reported. Commentary on patient safety incidents is as follows:

Aintree University Hospitals NHS Foundation Trust reported two SI's in January 2014. Year to date, for all patients, there have been 25 SI's.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Communicable Disease and Infection Issue		1									1
Delayed Diagnosis		1		1		2	1				5
Cdifficile and HAI									1		1
Drug Incident (general)				1					1		2
Failure to act upon test result						1				1	2
RSA Bacteraemia			1								1
Other						1					1
Outpatient Appointment Delay				1	1						2
Pressure Ulcer Grade 3	1		1				1			1	4
Pressure Ulcer Grade 4				1							1
Slips/Trips/Falls			1			2		1			4
Unexpected Death (general)								1			1
Grand Total	**1**	**2**	**3**	**4**	**1**	**6**	**2**	**2**	**2**	**2**	**25**

Southport and Ormskirk Hospital NHS Trust reported 1 serious untoward incident in January 2014, 11 serious untoward incidents reported year to date.

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	YTD
Adverse media coverage of public concern about the organisation or the wider NHS				1		1					2
Failure to act upon test results							1				1
Confidential information leak				1				1			2
Communicable Disease and Infection Issue								1			1
Delayed diagnosis										1	1
Safeguarding vulnerable								1			1

child											
Surgical error				2							2
Maternity services – Intrapartum death									1		1
Grand Total	**0**	**0**	**0**	**4**	**0**	**1**	**1**	**3**	**1**	**1**	**11**

Details of actions taken and reports received as a result of the serious untoward incidents are discussed at the SI/Complaints Monthly Management Groups.

4. Recommendations

The Governing Body are asked to receive the report by way of assurance.

Appendices

Appendix 1 CCG Corporate Performance Dashboard – Southport and Formby CCG
Appendix 2 CCG Corporate Performance Dashboard – Provider Level.

Malcolm Cunningham
March 2014

CCG CORPORATE PERFORMANCE DASHBOARD - Southport & Formby CCG

Baseline as at 04/03/2014 12:40:35

		Current Period			
Performance Indicators	**Data Period**	**Target**	**Actual**	**RAG**	**Fore cast**
NHS Outcomes Framework					
Treating and caring for people in a safe environment and protecting them from avoidable harm					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	13/14 - January	32	33		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	13/14 - January	0	0		
Enhancing quality of life for people with long term conditions					
Patient experience of primary care i) GP Services	Jan-Mar 13 and Jul-Sept 13		88.83		
Patient experience of primary care ii) GP Out of Hours services	Jan-Mar 13 and Jul-Sept 13		66.27		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	13/14 - December	651.38	754.49		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	13/14 - December	446.95	352.40		
Emergency Admissions Composite Indicator(Cumulative)	13/14 - December	1,581.81	1,606.36		
Helping people to recover from episodes of ill health or following injury					
Patient reported outcomes measures for elective procedures: Groin hernia	2011/12	7.60%	8.50%		
Patient reported outcomes measures for elective procedures: Hip replacement	2011/12	36.80%	42.30%		
Patient reported outcomes measures for elective procedures: Knee replacement	2011/12	29.50%	31.20%		
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	13/14 - December		14.02		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	13/14 - December	64.46	25.79		
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	13/14 - December	842.87	844.50		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	13/14 - January	80.00%	94.12%		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	13/14 - January	60.00%	57.14%		
Mental health					
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative)	13/14 - January	95%	98.57%		
Preventing people from dying prematurely					
Under 75 mortality rate from cancer	2012		131.16		
Under 75 mortality rate from cardiovascular disease	2012		67.21		
Under 75 mortality rate from liver disease	2012		14.40		
Under 75 mortality rate from respiratory disease	2012		24.59		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males)	2012	2,778.45	2,870.30		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,091.36	2,160.50		
NHS Constitution					
Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	13/14 - December	93%	88.60%		

Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	13/14 - December	93%	93.55%		
Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	13/14 - December	96%	98.68%		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	13/14 - December	94%	97.93%		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	13/14 - December	94%	97.22%		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	13/14 - December	98%	99.07%		
Cancer waits – 62 days					
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	13/14 - December	85%	82.13%		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative)	13/14 - December	90%	100.00%		
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative)	13/14 - December		80.65%		
Mixed Sex Accommodation Breaches					
Mixed Sex Accomodation (MSA) Breaches per 1000 FCE	13/14 - January	0.00	6.90		
Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	13/14 - January	0	0		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	13/14 - January	0	0		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways.	13/14 - January	0	0		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	13/14 - January	90%	88.07%		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	13/14 - January	95%	97.50%		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	13/14 - January	92%	96.73%		
A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	13/14 - January	95%	96.56%		
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test	13/14 - January	1.00	0.54		
Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	13/14 - January	75.00	69.13		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	13/14 - January	75.00	72.82		
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	13/14 - January	95.00	92.21		
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	13/14 - January	75.00	75.93		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	13/14 - January	75.00	77.78		
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	13/14 - January	95.00	95.67		

Everyone Counts - NHS Outcome Measures					
Local Measures					
20% reduction in emergency admissions for asthma <19 years. Baseline = 101 - 20% reduction = 81 (Cumulative)	13/14 - January	65	71		

CORPORATE PERFORMANCE DASHBOARD - PROVIDER LEVEL

Baseline as at 10/03/2014 12:45:55

Performance Indicators		Aintree University Hospitals NHS Foundation Trust	Southport & Ormskirk Hospital NHS Trust	The Walton Centre NHS Foundation Trust
A&E waits				
A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	13/14 - January	95.22%	96.20%	
Ambulance				
Ambulance				
Ambulance handover delays of over 1 hour	13/14 - January	29.00	9.00	
Ambulance handover delays of over 30 minutes	13/14 - January	119.00	49.00	
Crew clear delays of over 1 hour	13/14 - January	1.00	0.00	
Crew clear delays of over 30 minutes	13/14 - January	17.00	27.00	
Cancer waits – 2 week wait				
Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	13/14 - December	94.26%	89.62%	100.00%
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	13/14 - December	97.57%	93.79%	100.00%
Cancer waits – 31 days				
Cancer waits – 31 days				
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	13/14 - December	100.00%	100.00%	100.00%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	13/14 - December	98.70%	96.10%	100.00%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	13/14 - December	100.00%	100.00%	100.00%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	13/14 - December	98.89%	98.72%	100.00%
Cancer waits – 62 days				
Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set Local Target of 85% for all providers (Cumulative)	13/14 - December	92.58%	88.14%	100.00%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative)	13/14 - December	85.96%	81.82%	100.00%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	13/14 - December	88.03%	86.40%	100.00%

Diagnostic test waiting times				
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test	13/14 - December	0.59%	0.35%	0.32%
Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation Breaches				
Mixed Sex Accomodation (MSA) Breaches per 1000 FCE	13/14 - January	0.00	4.60	0.00
Referral To Treatment waiting times for non-urgent consultant-led treatment				
Referral To Treatment waiting times for non-urgent consultant-led treatment				
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	13/14 - December	94.70%	74.20%	93.59%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	13/14 - December	97.85%	96.13%	98.27%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	13/14 - December	96.98%	95.71%	96.92%
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	13/14 - December	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	13/14 - December	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways.	13/14 - December	0.00	0.00	1.00
Supporting Measures				
Quality (Safety, Effectiveness & Patient Experience)				
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	13/14 - January	54.35%	90.00%	
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	13/14 - January	100.00%	61.54%	
Treating and caring for people in a safe environment and protecting them from avoidable harm				
Treating and caring for people in a safe environment and protecting them from avoidable harm				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	13/14 - January	71.00	23.00	10.00
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	13/14 - January	1.00	0.00	1.00
Patient safety incidents reported	13/14 - January	2.00	1.00	
Friends & Family Test				
Ensuring people have a positive experience of care				
Friends and Family Test Score - Inpatients + A&E	13/14 - January	64	47	93
Friends and Family Test Score Inpatients + A&E (% of respondents)	13/14 - January	29.70%	18.40%	23.00%

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/40	**Author of the Paper:** Brendan Prescott Deputy Chief Nurse / Head of Quality & Safety brendan.prescott@southportandformbyccg.nhs.uk Tel: 0151 247 7093 Debbie Fagan Chief Nurse & Quality Officer Debbie.fagan@southportandformbyccg.nhs.uk Tel: 0151 247 7007
Report date: March 2014	

Title: Quality Performance Report

Summary/Key Issues

This report provides the Governing Body with an overview position of provider performance in relation to quality and safety since the last meeting of the Governing Body in January 2014. The key issues are identified by exception. The Governing Body are asked to note:

- Recent Mixed Sex Accommodation Breaches that have occurred at Southport & Ormskirk Hospitals NHS Trust (28 breaches in January 2014; 28 breaches in February 2014 – objective is zero tolerance);
- Breach of the full year C-Difficile objective at Southport & Ormskirk Hospitals NHS Trust (reported cases now stand at 23 against a full year objective of 19);
- MRSA reported at Aintree University Hospital NHS Foundation Trust;
- 5 Serious Incidents reported from Southport & Ormskirk Hospitals NHS Trust in January & February 2014 and 1 Serious Incident reported in January 2014 at MerseyCare NHS Trust for CCG patients;
- 30 Serious Incidents reported from Liverpool Community NHS Trust regarding Grade 3 & 4 pressure ulcers (change in provider reporting processes);
- MerseyCare new issue regarding underperformance in relation to length of stay (53.6 days against a plan of 40 days).

Performance has been discussed at the Quality Committee meeting in March 2014 in order to provide assurance to the Governing Body.

Recommendation

The Governing Body is asked to receive this report by way of assurance.

	X
Receive	*x*
Approve	
Ratify	

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Southport and Formby
Clinical Commissioning Group

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement		X		
Clinical Engagement	X			Quality Committee and Provider Contract Meetings
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	X			Via the Quality Committee
Presented to other Committees	X			Quality Committee

Links to National Outcomes Framework *(x those that apply)*	
X	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Executive Summary

This report provides the Governing Body with an overview position of provider performance in relation to quality and safety since the last meeting of the Governing Body in January 2014. Performance has been discussed at the Quality Committee meeting in March 2014 in order to provide assurance to the Governing Body. Cancer and A&E performance is addressed within the separate Performance Report presented to the Governing Body.

2. Report Focus

2.1 For the purposes of this report, the detail contained within is concentrated on the main CCG commissioned providers as follows:

- Southport & Ormskirk Hospitals NHS Trust (S&O);
- Liverpool Community Health Services NHS Trust (LCH);
- MerseyCare NHS Trust;
- Aintree University Hospital NHS Foundation Trust (AUH).

2.2 The key issues are identified by exception and presented in accordance with the domains of the National Outcomes Framework.

3. Key Issues – Domain 4: Ensuring people have a positive experience of care

Mixed Sex Accommodation Breaches

3.1 Mixed Sex Accommodation Breaches have occurred at S&O. Twenty eight breaches occurred in January 2014 and 28 breaches in February 2014 (objective is zero tolerance). All occurred in Critical Care during times of escalation and reported bed pressures within the Trust. The CCG have requested assurances regarding processes being put in place to prevent recurrence at the time of notification and during a recent contract meeting. In addition, the CCG were in attendance at the Trust Quality & Safety Committee (sub-committee of the Trust Board) at which this was discussed.

Friends & Family Test

3.2 Challenges exist around performance at S&O in relation to A&E. As previously reported to the Governing Body, S&O were visited by NHS England (North of England) team and this had a positive outcome with the Trust being invited to showcase some of their work at a celebratory event. The Trust was invited to the CCG Engagement and Patient Experience Group (EPEG) where they delivered a presentation. EPEG reported their assurance to the Quality Committee and have invited the Trust to return at a future date to give further updates in relation to 3 specific identified areas. The CCG Programme Manager for Quality & Safety continues to meet regularly with the Trust team regarding progress with the Friends & Family Test.

4. Key Issues – Domain 5: Treating and caring for people in a safe environment and protecting from harm

Healthcare Associated Infections (HCAI)

4.1 S&O have breached their full year C-Difficile (C-Diff) objective with reported cases now standing at 23 against a full year objective of 19. The CCG has received assurances regarding remedial action planning within the Trust both at the Quality Contract Meetings and through attendance at the Trust Quality & Safety Committee (Sub-Committee of the Trust Board). The CCG updated HCAI action plan was submitted to NHSE (Merseyside) as part of the evidence for the CCGs recent assurance meeting which was held on 11 March 2014. The CCG action plan will be further updates and presented to the Quality Committee in April 2014.

4.2 The HCAI C-Diff work stream in place at AUH appears to be having a positive impact with the Trust performance showing signs of improvement. However, the provider has still breached their full year C-Diff objective as previously reported to the Quality Committee and Governing Body. AUH have reported a recent case of MRSA but this did not relate to patient from the CCG. The CCG Programme Manager for Quality & Safety attended the Post Infection Review Meeting held at AUH.

Serious Incident Reporting

4.3 Five Serious Incidents have been reported from S&O in January & February 2014 and 1 Serious Incident reported in January 2014 at Mersey Care NHS Trust for CCG patients. These will be performance managed via the existing CCG processes.

4.4 Thirty Serious Incidents have been reported from LCH regarding Grade 3 and 4 pressure ulcers which the Trust has stated is due to a change in provider reporting processes. The CCG is awaiting confirmation from Liverpool CCG regarding how many of these incidents relate to our resident population. The CCGs in Sefton are working closely with Liverpool CCG regarding these serious incidents and have requested that the provider undertake an aggregated review. These will be performance managed via the existing CCG processes and was an agenda item for discussion at the recent Quality Review Meeting held with the Trust chaired by NHSE (Merseyside).

5. Additional Quality Information – MerseyCare Length of Stay

Recent contract reporting has highlighted a new issue in Mersey Care regarding underperformance in relation to length of stay (53.6 days against a plan of 40 days). Discussions have taken place with the provider and relevant action plans have been requested.

6. Recommendations

The Governing Body is asked to receive this report by way of assurance.

Appendices

Southport and Formby CCG “Provider Performance Reports”.

Brendan Prescott
Debbie Fagan
March 2014

Cheshire and Merseyside Commissioning Support Unit

Southport and Ormskirk Hospital
March 2014 Key Concerns Update

Domain 4: Ensuring People have a positive experience of care
Mixed Sex Accommodation
28 breaches reported in January 2014 all effecting Southport and Formby CCG patients, 28 breaches reported year to date. As stated within 2013/14 NHS Standard Contract the provider will be financially penalised for every patient affected in relation to an unjustified sleeping accommodation breach per day. **Provider Comments:** The breaches occurred at a time of escalation and increased bed pressures. All breaches were reviewed using root cause analysis. The breaches all occurred in Critical Care. Seven Patients were declared medically fit for discharge to a ward over the month of January but their discharge was delayed for over 24 hours. These patients shared a bay with critical care patients so they also breach. This took the total breach number up to 28. As part of the Escalation Review Process a discussion will take place to determine how the patients from Critical care are prioritised for wards and a process will be put into place.
Dementia (13/14 CQUIN Scheme)
In December 2013 the provider failed to achieve all three measures. **Provider Comments:** Trust has been advised to develop action plans, to be shared once available.
Domain 5: Treating & Caring for People in a Safe Environment and Protecting from Harm
Hospital Acquired Infections
2 cdiff cases reported in January 2014 compared to a monthly threshold of 1.58, the trust stands at 23 cases year to date compared to a yearend plan of 19 cases. **Provider Comments:** Two cases reported on different wards. Treatment in line with Policies. Task team cleaning not as effective because of increased number of infection cleans. Monthly cleaning data being collected and disseminated.

NHS
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Southport and Ormskirk Hospital

Reds - Possibly areas for discussion

Key and Rag Ratings can be found at the end of the dashboard

Domain 1: Preventing People from Dying Prematurely		Reporting Period	Benchmark	Previous Period	Latest Data	Movement	YTD	Trend
Cancer Waiting Times		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
1	Patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Jan-14	93%	96%	96%	No Change	94%	
2	Patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Jan-14	93%	93%	97%	Improvement	90%	
3	Patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Jan-14	96%	100%	97%	Decline	99%	
4	Patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	Jan-14	94%	100%	100%	No Change	96%	
5	Patients waiting no more than 31 days of subsequent treatment where that treatment is an anti-cancer drug regimen	Jan-14	98%	100%	100%	No Change	100%	
6	Patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Jan-14	85%	98%	85%	Decline	86%	
7	Patients waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	Jan-14	90%	100%	100%	No Change	88%	
8	Patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade the priority of a patient (all cancers)	Jan-14	85%	83%	100%	Improvement	87%	
Mortality		**Annual**	**Plan**	**Apr 12-Mar 13**	**Jul 12 - Jun 13**	**Change**	**2013/14**	**Over time**
9	Hospital Standardised Mortality Ratio (HSMR)	Dec 12-Nov 13	100	99.5	100.6	Decline	100.6	
10	Summary Hospital-Level Mortality Indicator (SHMI)	Jul 12 - Jun 13	100	1.05	1.06	Decline	1.1	
11	(SHMI) Deaths occurring in hospital	Jul 12 - Jun 13		68.7%	69.4%		69.4%	
12	(SHMI) Deaths occurring out of hospital	Jul 12 - Jun 13		31.3%	30.6%		30.6%	

Domain 2: Quality of Life (Long Term Conditions)								
Stroke		**Monthly**	**Plan**	**Q2 13/14**	**Q3 13/14**	**Change**	**2013/14**	**Over time**
13	Stroke/TIA - Stroke 90% Stay on ASU	Q3 13/14	80%	87%	83%	No Change	85%	
14	Stroke/TIA - TIA - High Risk Treated within 24Hrs	Q3 13/14	60%	43%	71%	No Change	53%	

Domain 3: Helping People to Recover from Episodes of Ill Health or from Injury								
A&E Quality Measures		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
15	**Overall achievement of A&E Quality Indicators**	Jan-14	Achieved	Achieve	Achieve	No Change	Achieve	
16	Patient Impact - Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)	Jan-14	5%	3%	3%	No Change	5%	
17	Patient Impact - Left department without being seen rate	Jan-14	5%	1%	1%	No Change	2%	
18	Timeliness - Time to initial assessment - 95th centile	Jan-14	15	6	4	Improvement	5	
19	Timeliness - Total time spent in A&E department - 95th centile	Jan-14	240	237	239	No Change	265	
20	Timeliness - Time to treatment in department - median	Jan-14	60	39	37	Improvement	46	
Rapid Access Chest Pain Clinic		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
21	A maximum two-week wait for Rapid Access Chest Pain Clinic (RACPC)	Jan-14	100%	100%	100%	No Change	100%	
Smoking		**Quarterly**	**Plan**	**Q2 13/14**	**Q3 13/14**	**Change**	**2013/14**	**Over time**
22	Smoking Status recorded for all inpatients (exclude critical care)	Q3 13/14	90%	54%	71%	No Change	63%	N/A
23	All Smokers to be offered Smoking intervention Advice	Q3 13/14	90%	57%	54%	No Change	55%	N/A
Patient Reported Outcome Measures		**Annual**	**Eng Average**	**Apr 11 - Mar 12**	**Apr 12 - Mar 13**	**Change**	**2013/14**	**Over time**
24	Groin Hernia - Average increase in health gain	Apr 12 - Mar 13	0.086	0.073	0.061	No Change	0.061	
25	Hip Replacement - Average increase in health gain	Apr 12 - Mar 13	0.439	0.348	0.378	No Change	0.378	
26	Knee Replacement - Average increase in health gain	Apr 12 - Mar 13	0.321	0.297	0.308	No Change	0.308	
27	Varicose Vein - Average increase in health gain	Apr 12 - Mar 13	0.094	*	*	No Change	*	

Domain 4: Ensuring People have a positive experience of care								
Referral to Treatment		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
28	18 Weeks - Admitted - % Compliance - Trust	Jan-14	90%	74%	78%	Improvement	85%	
29	18 Weeks - Non Admitted - % Compliance - Trust	Jan-14	95%	96%	97%	Improvement	97%	
30	18 Weeks - On-going - % <18 Weeks - Trust	Jan-14	92%	96%	97%	Improvement	95%	
31	Zero tolerance RTT Waits over 52 weeks	Jan-14	0	0	0	No Change	0	
A&E Department Measures		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
32	Percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an a&e department	Jan-14	95%	98%	96%	Decline	96%	
33	Trolley waits in A&E	Jan-14	0	0	0	No Change	0	
34	Handover <15 Minutes. Time taken from HAS notification to clinical handover (Assumed ACUTE responsibility)	Jan-14	15 Mins	00:13:49	00:11:44	Improvement	00:17:29	
35	Patients waiting between 30-60 Minutes for Handover	Jan-14	0	65	40	Improvement	68	
36	Patients waiting between 60+ Minutes for Handover	Jan-14	0	16	9	Improvement	28	
37	Compliance with Recording Patient Handover between Ambulance and A&E	Jan-14	95%	90%	92%	Improvement	73%	
Mixed Sex Accommodation Breaches		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
38	Sleeping accommodation Breach (MSA)	Jan-14	0	0	28	Decline	0	
Diagnostics		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
39	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Jan-14	99%	99.6%	99.6%	No Change	99.5%	
Cancelled Operations		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
40	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for nonclinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	Jan-14	0	0	0	No Change	3	
41	No urgent operation should be cancelled for a second time	Jan-14	0	0	0	No Change	1	
Choose and Book		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
42	Provider failure to ensure that "sufficient appointment slots" are made available on the Choose & Book system	Dec-13	7%	8%	6.0%	Improvement	9%	
Maternity		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
43	% women who have seen a midwife by 12 weeks and 6 days of pregnancy	Dec-13	90%	93%	90%	Decline	86%	
VTE		**Monthly**	**Plan**	**Q2 13/14**	**Q3 13/14**	**Change**	**2013/14**	**Over time**
44	Percentage of patients risk assessed for venous thromboembolism who receive appropriate prophylaxis (Local Audits)	Q3 13/14	90%	100%	100%	Improvement	98%	
Complaints		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
45	Complaints received at CMCSU (Business Solutions)	Jan-14	0	0	0	No Change	2	
46	Complaints received at provider	Jan-14	0	33	38	Decline	323	

NHS
Cheshire and Merseyside

Southport and Ormskirk Hospital

National Dementia		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
47	National Dementia CQUIN - Screening for Dementia (Find)	Dec-13	90%	8%	4%	Decline	13%	
47	National Dementia CQUIN - Risk Assessed (Assess and Investigate)	Dec-13	90%	40%	50%	Improvement	34%	
48	National Dementia CQUIN - Patients Referred	Dec-13	90%	100%	83%	Decline	86%	
National Friends&Family		**Quarterly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
49	National Friends and Family - Phased Expansion (Inpatient,A&E and Maternity)	Jan-14	Compliance	Compliance update				
50	National Friends and Family - Increased Response Rate	Jan-14	15%	15%	18%	Improvement	19%	
51	National Friends and Family - Test Score	Jan-14	>2013/14	46	46	No Change	53	
Advancing Quality		**Monthly**	**Plan**	**Aug-13**	**Sep-13**			
52	Advancing Quality Acute myocardial infarction	Sep-13	95.0%	85.7%	100.0%	No Change	93.3%	
53	Advancing Quality Heart Failure	Sep-13	71.0%	54.6%	80.0%	No Change	75.0%	
54	Advancing Quality Hip and Knee	Sep-13	82.0%	76.1%	70.0%	No Change	76.9%	
55	Advancing Quality Pneumonia	Sep-13	65.4%	70.8%	87.5%	No Change	74.4%	
56	Advancing Quality Stroke	Sep-13	53.6%	52.2%	45.5%	No Change	40.2%	
Patient Experience		**Annual**	**England Average**	**Previous Year**	**Latest Year**	**Change**	**2013/14**	**Over time**
57	Patient experience of hospital care	2012	76.5%	75.9%	74.0%	No Change	74.0%	
58	Patient experience of outpatient services	2011	79.2%	77.0%	79.0%	No Change	79.0%	N/A
59	Patient experience of A&E services	2012	75.4%	75.0%	77.9%	No Change	77.9%	N/A

Domain 5: Treating & Caring for People in a Safe Environment and Protecting from Harm								
Infection Control		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
60	Clostridium Difficile - Trust	Jan-14	1.58	2	2	Decline	23	
61	Incidence of MRSA - Trust	Jan-14	0	0	0	No Change	0	
62	MRSA Screening - Trust	Jan-14	No Plan	85%	84%	No Change	83%	
63	MSSA	Jan-14	No Plan	1	0	Improvement	7	
Hygiene Compliance		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
64	Hand Hygiene Compliance - Trust	Jan-14	No plan	95%	98%	Improvement	96%	
Incident Reporting		**Monthly**	**Plan**	**Jan-14**	**Feb-14**	**Change**	**2013/14**	**Over time**
65	Never Events - Trust	Feb-14	0	0	0	No Change	2	
66	Steis Reportable Incidents - Trust	Feb-14	0	1	3	Decline	13	
CQC		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
67	CQC Intelligence Tool - Band 1 = Highest Risk Band 6 = Lowest Risk	Oct-13	6	N/A	4	No Change	4	N/A
68	Compliance against 5 essential standards (✓ = Compliant, × = Not Compliant actions requiring improvement, × = Not Compliant and Enforcement Action Taken)	Dec-13	✓	×	×	No Change	×	Aug 13 Inspection
CAS		**Monthly**	**Plan**	**Feb-14**	**Mar-14**	**Change**	**2013/14**	**Over time**
69	All CAS alerts outstanding after deadline date	Mar-14	0	2	2	No Change		
Sickness Absence		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
70	Sickness Absence Rates All Staff - provider data	Jan-14	3.90%	4.00%	4.15%	Improvement	3.9%	
70	Sickness Absence Rates All Staff - data taken from HSC information centre	Q3 13/14	3.40%	3.68%	3.58%	Improvement	3.8%	
Coronary Heart Disease		**Quarterly**	**Plan**	**Q2 13/14**	**Q3 13/14**	**Change**	**2013/14**	**Over time**
71	Percentage of CHD patients with a primary diagnosis of AMI prescribed ACE Inhibitors on discharge	Q3 13/14	95%	100%	100%	No Change	100%	
72	Percentage of CHD patients with a primary diagnosis of AMI prescribed Clopidogrel on discharge	Q3 13/14	95%	100%	100%	No Change	100%	
VTE		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
73	National CQUIN - VTE Risk Assessments	Dec-13	95%	96.8%	96.0%	No Change	99.2%	
73	Hospital acquired VTE Cases	Jan-14	4 p/m	4	3	Improvement	45	
Pressure Ulcers		**Monthly**	**Plan**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
	Incidence of newly-acquired category 2, 3 and 4 pressure ulcers	Jan-14	28	2	4	Decline	21	
National Patient Incident Reporting		**Bi Annual**	**Median Average**	**Oct 11 - Mar 12**	**Apr 12 - Sep 12**	**Change**	**2013/14**	**Over time**
74	National Patient Safety Incident Reporting Per 100 admissions	Apr 12 - Sep 12	6.7	6.2	6.9	TBA	6.9	
75	Safety incidents resulting in severe harm or death	Apr 12 - Sep 12	0.8%	0.2%	0.8%	No Change	0.8%	
Staff Survey		**Annual**	**Eng Average**	**2011**	**2012**	**Change**	**2013/14**	**Over time**
76	National Staff Survey	2012	3.69	3.57	3.63	No Change	3.63	
PLACE Survey		**Annual**	**Eng Average**		**2013**	**Change**	**2013/14**	**Over time**
77	PLACE Survey - Average score of all four areas	2013	90%	N/A	87.1%	No Change	87.1%	N/A
NHS Safety Thermometer		**Monthly**	**Eng Average**	**Dec-13**	**Jan-14**	**Change**	**2013/14**	**Over time**
78	Submission compliance	Jan-14	Compliance			No Change		
79	Total patients surveyed		N/A	882	918	Improvement	882	
80	Patients receiving harm free care		93.5%	96.0%	95.4%	No Change	96.1%	
82	Total pressure ulcers (all categories)		4.6%	3.2%	2.4%	Improvement	2.9%	
84	Total falls (causing harm)			0.0%	0.1%	No Change	0.1%	
86	Patients with a catheter and being treated for a UTI		0.9%	0.2%	0.5%	Decline	0.4%	
88	Number of patients with a new VTE		0.4%	0.6%	1.7%	Decline	0.6%	

Reporting Period	Period in which the latest data relates to
Benchmark	This will either be threshold/plan, England Average (Eng Average)
Previous Period	Depending on the reporting frequency, this will either be previous month, quarter and year
Latest Data	This is the latest data available to Cheshire and Merseyside CSU
Movement	Change in latest reporting period performance compared to previous reporting period performance
Rag Rating of Movement Column	
No Change	No change in latest performance compared to previous reporting period
Improvement	Improvement in latest months performance compared to previous reporting period
Decline	Drop in latest reporting period performance compared to previous reporting period
Rag Rating of Latest data Column and Year to date Column	
	Equal to or above agreed performance threshold
	Below agreed performance threshold or drop in performance or below England average (Varies across measures)
	Drop in latest reporting period performance compared to previous reporting period

Mersey Care NHS Trust
NHS Standard Contract
Quality Requirements
Month 10 2013/14

Exception Report

Key:	
The following items have been included next to each measure to identify if the issue being reported is a on-going issue or a new issue.	
On-going Issue	On-going issues from previous month.
New Issue	New issue reported in month.

Key Performance Section

1. Serious Untoward Incidents – On-going Issue

The provider reported 8 incidents in January 2014 effecting Liverpool CCG, South Sefton CCG and Southport and Formby CCG patients. The trust has reported 62 incidents year to date.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	YTD
NHS Liverpool CCG											
Accident Whilst in Hospital							1				1
Admission of under 18s to adult mental health ward										1	1
Allegation Against HC Professional								1			1
Assault by Outpatient (in receipt)					1	1					2
Attempted Suicide by Inpatient (in receipt)								1			1
Confidential Information Leak					1						1
Other					1						1
Safeguarding Vulnerable Adult			2							1	3
Safeguarding Vulnerable Child					1						1
Serious Incident by Inpatient (in receipt)						1					1
Serious Incident by Outpatient (in receipt)						1					1
Serious Incident by Outpatient (not in receipt)			1								1
Slips/Trips/Falls					1						1
Suicide by Outpatient (in receipt)		2					1			1	4
Suspected suicide							2	1	1		4
Unexpected Death of inpatient										1	1
Unexpected Death of Community Patient (in receipt)				1			1	2		1	5
NHS South Sefton CCG											
Attempted Suicide by Inpatient (in receipt)							1				1
Suspected suicide										1	1
Unexpected Death of Community Patient (in receipt)										1	1
NHS Southport and Formby CCG											
Homicide by Outpatient (not in receipt)										1	1
CCG field left blank on STEIS											
Abscond		1									1
Admission of under 18s to adult mental health ward	1			1			1				3
Attempted Suicide by Outpatient (in receipt)	1										1
Confidential Information Leak	1	1									2
Homicide by Outpatient (not in receipt)		1	1								2
Mental Health Act - Class B incident						1					1
Safeguarding Vulnerable Adult		1									1
Suicide		1									1
Suspected suicide	1	2	5	3							11
Unexpected Death of Inpatient (in receipt)	1										1
Merseyside											
Admission of under 18s to adult mental health ward									1		1
Confidential Information Leak									2		2
Unexpected Death of Community Patient (in receipt)									1		1
Grand Total	**5**	**9**	**9**	**5**	**5**	**4**	**7**	**5**	**5**	**8**	**62**

All incident investigations and action plans will be discussed in detail at SUI/Complaints Monthly Management Group.

2. Flu Vaccinations

An uptake rate for seasonal flu vaccine amongst prioritised front line Health Care Workers – Overall for 2013/14 the trust achieved 42.7% compared to a plan of 70%.

Provider Comments: Vaccinators have been around the trust vaccinating their own working area as well as occupational health staff running clinics additional clinics. These clinics have ran at night in order to capture night workers at secure units, and total over 45 in number. Despite the large resource and opportunity for vaccination staff are reluctant to partake.

3. **Out Patient DNA rates – On-going Issue**
   18.2% (936/5151) of patients DNA'd an outpatient appointment in Jan 14, slight reduction in performance compared to previous month. CCG level data provides a breakdown of CCG patients reporting higher rates of DNAs compared to 15% plan
   - Southport and Formby CCG – 15.9% 244 patients DNA'd

   Provider Comments: The DNA rate across the trust remains at a static level. The Liverpool Access team has been relocated to Broadoak. The Access team screen referrals and occasionally see patients before an appointment with CMHTs. Appointment reminder letters are sent to all patients and a text messaging system is being rolled out across the patch. This is currently in place at Windsor House.

   North Liverpool teams are now supported by the Patient Assessment Centre (PAC) which is based at Aintree Hospital. This has been set up to screen referrals and send reminder letters to patients, and has already made an impact. The service is being rolled out to Sefton and Kirkby teams in phases.

4. **Psychotherapy – On-going Issue**
   91.3% of assessments took place within 6 weeks of referral; of the 23 patients referred 21 patients received an assessment within 6 weeks.

   48%of patients referred to psychotherapy service received treatment within 18 weeks compared to a plan of 95%. 360 patients waited over 18 weeks for treatment in Jan 14.
   - Southport and Formby CCG – 1 patient waited more than 18 weeks

   Provider Comments: The demand for psychotherapy interventions is greater than the team can meet with current resources. A business case has been submitted to Liverpool CCG, and if successful, will address the short fall and enable the 18 week to treatment target to be met. Commissioners are aware of the pressures on the service, and Liverpool CCG will be reviewing counselling and psychological therapies during 2014/15

   The same pressures apply to other CCGs and are likely to continue unless additional resources can be put into the service.

5. **Length of Stay – New Issue**
   The average spell duration for non-same day mental health discharges in January 2014 was 53.6 days compared to a plan of 40 days.

   CMCSU BI Comments: Awaiting submission of provider comments relating to underperformance.

Quarterly Measures

All measures reported as red/amber at Quarter 3 13/14 can be found within Month 9 Quality and Performance report.

Mersey Care NHS Trust - Catchment

Ref	Area	Indicator	Plan	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Trend
KPI_01	Incidents Reported	Total Serious Untoward Incidents Reported	0	5	9	9	5	5	4	7	5	5	8			
		SUIs reported as never events	0	0	0	0	0	0	0	0	0	0	0			
KPI_04	CAS Alerts	Central Alerting System - Alerts on-going passed deadline date	0	0	0	0	0	0	0	0	0	0	0			
CB_B17	MSA	Sleeping accommodation Breach	0	0	0	0	0	0	0	0	0	0	0			
KPI_02	Infections	MRSA Cases reported		0	0	0	0	0	0	0	0	0	0			
		Cdiff Cases reported		0	0	0	0	0	0	0	0	0	0			
CB_B19	Care Programme Approach (CPA)	The percentage of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	95%	98.1%	97.6%	98.6%	95.2%	99.2%	95.9%	96.6%	100.0%	95.8%	99.0%			
KPI_05	Flu Campaign	A uptake rate for seasonal flu vaccine amongst prioritised front line Health Care Workers.	70%								34.1%	40.7%	42.7%			
KPI_10	Crisis Resolution Team	The number of separate episodes of home treatment provided by crisis resolution teams	2134	226	457	693	928	1132	1350	1573	808	1960	2198			
KPI_11	Assertive Outreach team	Total caseload	414	433	434	461	488	496	528	557	781	576	588			
KPI_14	Outpatient DNAs	Out Patient DNA rates (excluding addiction services). Percentage of outpatient appointments where the patient DNA a first appointment	15%	16.8%	17.9%	18.1%	18.0%	18.4%	18.1%	17.8%	17.7%	17.8%	18.2%			
KPI_15		Out Patient DNA rates (excluding addiction services). Percentage of outpatient appointments where the patient DNA a follow up appointment	15%	9.8%	10.5%	10.4%	10.6%	10.7%	10.7%	10.6%	10.8%	10.9%	11.0%			
KPI_16	Psychotherapy	Psychotherapy. Assessments taking place within 6 weeks of referral.	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.3%			
KPI_17		Psychotherapy. Treatment commencing within 18 weeks of referrals.	95%	40.63%	34.69%	44.07%	43.86%	42.86%	55.00%	42.19%	40.91%	46.43%	48.57%			
KPI_18	Eating Disorder Service	Eating Disorder Service. Assessments taking place within 6 weeks of referral.	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
KPI_19		Eating Disorder Service. Treatment commencing within 18 weeks of referrals.	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
KPI_21	Optimum Occupancy Levels	Occupancy rate (Including Patients on Leave) - LD	85%	95.2%	97.5%	98.8%	97.7%	97.5%	97.0%	95.4%	95.6%	95.3%	Awaiting data			
KPI_22	Occupancy Rate	Occupancy rate - AMH	85%	94.6%	92.8%	92.9%	93.3%	96.9%	92.3%	92.5%	92.9%	91.5%				
KPI_23		Occupancy rate - Older Peoples	85%	86.4%	85.4%	84.8%	86.2%	86.4%	86.5%	86.5%	87.1%	86.9%				
KPI_24		Occupancy rate- Addictions	85%	79.8%	81.8%	84.0%	91.7%	92.1%	83.3%	83.4%	84.2%	82.8%				
KPI_25		Occupancy rate (Including Patients on Leave) - Brain Injuries	85%	90.8%	92.6%	95.9%	91.7%	90.6%	91.7%	91.7%	92.6%	92.8%				
KPI_26	CPA	CPA Follow up 2 days for higher risk groups	95%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.1%	99.1%	99.2%	98.5%			
KPI_27		Care plans. Electronic recording of number of patients on CPA who have been offered a copy of their care plan	95%	97.9%	97.3%	97.4%	96.8%	98.0%	97.5%	98.2%	97.9%	97.4%	97.6%			
KPI_39	Length of Stay	Average spell duration for non-same day Mental Health discharges for each commissioner, PICU Servicce (Days)	40	86.5	37.8	27	26.25	6	1.36	0	22	23.5	53.63			
KPI_40		Average spell duration for non-same day Mental Health discharges for each commissioner, Rehab (Months)	48	6	0	0	565	30.42	0	52.27	15.52	22.26	43.05			
KPI_41	Admissions	Inpatient admissions per 10,000 population - Adult acute	23.3	19.70	20.91	19.93	19.91	20.53	20.93	21.29	21.29	21.43	Awaiting data			
KPI_42		Inpatient admissions per 10,000 population - Older peoples services	25.9	42.73	35.17	41.90	42.70	42.57	43.43	42.89	41.79	40.70				
KPI_44		The ratio of admissions gate kept by crisis resolution teams as a proportion of all admissions (using CQC access to crisis resolution home treatment methodology)	95%	97.9%	96.9%	96.3%	98.3%	98.4%	99.0%	97.7%	98.1%	98.4%	98.4%			

Mersey Care NHS Trust - Catchment

Ref	Area	Indicator	Plan	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Trend
Quarterly Indicators						Q113/14			Q213/14			Q313/14			Q413/14	Trend
KPI_06	Smoking Indicator	Smoking Status recorded for all service users	90% Q3 13/14			12.3%			18.4%			28.0%				
KPI_07		All Smokers to be offered Smoking intervention Advice	90% Q3 13/14			74.1%			77.0%			83.6%				
KPI_08		All Smokers to be offered referral to a Stop Smoking Specialist Service	90% Q3 13/14			8.1%			14.2%			21.6%				
KPI_09	Every Contact Counts	All appropriate service users to be offered brief intervention advice as per the 'Every Contact Counts' trasining recevied by frontline staff	90% Q3 13/14						34.3%			37.3%				
KPI_20	Delayed Transfers of care	The number of delayed transfers of care;	7.5%			4.9%			2.5%			6.2%				
KPI_28	CPA	Adults on Care Programme Approach receive a review within 12 months.	95%			95.1%			95.8%			98.5%				
KPI_29		CPA Community caseload by ssociate (Working agre adult mental health only)	75%			77.2%			75.3%			75.3%				
KPI_30		Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation	60%			66.9%			70.6%			50.0%				
KPI_31		Proportion of adults on Care Programme Approach receiving secondary mental health services in employment	TBM			3.2%			81.0%			50.9%				
KPI_32	Non CPA	Statement of Care - The Trust is to demonstrate 70% of Older People not on CPA have a statement of care. Excludes Addictions, Brain Injuries and LD	70%			84.7%			84.9%			85.3%				
KPI_33	Data Completeness identifi	Of the MHMDS that applies to the following fields for all records in each reporting period: Date of birth, Patient's current gender, Patient's marital status, Postcode of patient's normal residence, Organisation code of patient's registered General Medical Practice and Organisation code of commissioner	97%			95.2%			98.8%			98.9%				
KPI_34	Physical Assault	Recorded incidents of physical assault on inpatients	TBM			5%			5%			5%				
KPI_36	Brain Injuries	Assessments taking place within 4 weeks of referral	85%			100.0%			100.0%			96.3%				
KPI_37	Dementia	Dementia diagnosis - Number of patients in organic PbR Clusters	TBM			2879			2903			2751				
KPI_38		Memory Service - Individuals attending memory service	TBM			682			1175			1463				
KPI_45	PbR Reporting	Cluster caseloads (% clustered) in scope by cluster by CCG	Q1-50% Q2-75% Q3-85% Q4-90%			92.7%			93.2%			94.4%				
KPI_46		Adherence to cluster reviews periods in scope by cluster by CCG	Q1-25% Q2-50% Q3-75% Q4-80%			67.6%			72.8%			75.3%				
KPI_47	Communication - CQUIN 2012/13 (Inpatients)	Estimated Date of Discharge Discussed.	Q1-50% Q2-70% Q3-80% Q4-95%			88.6%			95.2%			87.6%				
KPI_48		Patients to be offered a copy of discharge notification on day of discharge.	Q1-50% Q2-70% Q3-80% Q4-95%			89.5%			70.5%			80.1%				
KPI_49		Appropriate Supply of Medication on Discharge.	Q1-50% Q2-70% Q3-80% Q4-95%			93.1%			97.5%			100.0%				

Mersey Care - Southport and Formby CCG

Ref	Area	Indicator	Plan	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Trend
CB_B19	Care Programme Approach (CPA)	The percentage of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	95%	95.7%	97.4%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
KPI_10	Crisis Resolution Team	The number of separate episodes of home treatment provided by crisis resolution teams	2134	47	91	120	153	183	206	231	257	275	305			
KPI_11	Assertive Outreach team	Total caseload	414	47	51	72	72	73	77	74	72	73	70			
KPI_14	Outpatient DNAs	Out Patient DNA rates (excluding addiction services). Percentage of outpatient appointments where the patient DNA a first appointment	15%	17.3%	17.9%	16.1%	15.5%	16.5%	16.7%	15.9%	16.3%	16.1%	15.9%			
KPI_15		Out Patient DNA rates (excluding addiction services). Percentage of outpatient appointments where the patient DNA a follow up appointment	15%	10.9%	11.9%	11.3%	11.0%	10.2%	10.2%	10.2%	10.0%	9.7%	9.7%			
KPI_16	Psychotherapy	Psychotherapy. Assessments taking place within 6 weeks of referral.	95%	100.0%	100.0%	0 Patients	0 Patients	0 Patients	0 Patients	100.0%	100.0%	100.0%	100.0%			
KPI_17		Psychotherapy. Treatment commencing within 18 weeks of referrals.	95%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	33.33%	0 patients	100.00%	66.67%			
KPI_18	Eating Disorder Service	Eating Disorder Service. Assessments taking place within 6 weeks of referral.	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
KPI_19		Eating Disorder Service. Treatment commencing within 18 weeks of referrals.	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
KPI_26	CPA	CPA Follow up 2 days for higher risk groups	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
KPI_27		Care plans. Electronic recording of number of patients on CPA who have been offered a copy of their care plan	95%	99.1%	98.6%	97.4%	97.0%	98.9%	97.7%	98.6%	96.4%	96.4%	96.1%			
KPI_39	Length of Stay	Average spell duration for non-same day Mental Health discharges for each commissioner, PICU Servicce (Days)	40	0	0	0	0	0	10	0	0	0	0			
KPI_40		Average spell duration for non-same day Mental Health discharges for each commissioner, Rehab (Months)	48	0	0	0	0	0	0	0	0	0	0			
KPI_44	Admissions	The ratio of admissions gate kept by crisis resolution teams as a proportion of all admissions (using CQC access to crisis resolution home treatment methodology)	95%	81.8%	83.3%	94.7%	100.0%	93.9%	100.0%	84.6%	97.0%	95.6%	92.3%			
Quarterly Measures						**Q1 13/14**			**Q2 13/14**			**Q3 13/14**			**Q4 13/14**	
KPI_06	Smoking Indicator	Smoking Status recorded for all service users	90%			13.2%			15.4%			23.5%				
KPI_07		All Smokers to be offered Smoking intervention Advice	90%			78.7%			82.2%			83.4%				
KPI_08		All Smokers to be offered referral to a Stop Smoking Specialist Service	90%			12.7%			17.2%			23.8%				
KPI_09	Every Contact Counts	All appropriate service users to be offered brief intervention advice as per the 'Every Contact Counts' trasining recevied by frontline staff	90% Q3 13/14						29.3%			28.5%				
KPI_20	Delayed Transfers of care	The number of delayed transfers of care;	7.5%			3.2%			3.3%			9.4%				
KPI_28	CPA	Adults on Care Programme Approach receive a review within 12 months.	95%			93.4%			94.2%			99.6%				
KPI_29		CPA Community caseload by ssociate (Working agre adult mental health only)	75%			59.5%			59.8%			66.5%				
KPI_32	Non CPA	Statement of Care - The Trust is to demonstrate 70% of Older People not on CPA have a statement of care. Excludes Addictions, Brain Injuries and LD	70%			93.5%			94.4%			96.3%				
KPI_34	Physical Assault	Recorded incidents of physical assault on inpatients							5%							
KPI_36	Brain Injuries	Assessments taking place within 4 weeks of referral	85%			0 Patients			0 Patients			0 Patients				
KPI_37	Dementia	Dementia diagnosis - Number of patients in organic PbR Clusters	TBM			573			728			719				
KPI_38		Memory Service - Individuals attending memory service	TBM			461			806			964				
KPI_45	PbR Reporting	Cluster caseloads (% clustered) in scope by cluster by CCG	Q1-50% Q2-75% Q3-85% Q4-90%			96.3%			96.7%			96.7%				
KPI_46		Adherence to cluster reviews periods in scope by cluster by CCG	Q1-25% Q2-50% Q3-75% Q4-80%			77.9%			79.1%			86.2%				
KPI_47	Communication - CQUIN 2012/13 (Inpatients)	Estimated Date of Discharge Discussed.	Q1-50% Q2-70% Q3-80% Q4-95%			84.2%			96.3%			94.7%				

Liverpool Community Health
NHS South Sefton CCG
NHS Standard Contract Report
Month 10 2013/14

Exception Report

Key:	
The following items have been included next to each measure to identify if the issue being reported is a on-going issue or a new issue.	
On-going Issue	On-going issues from previous month.
New Issue	New issue reported in month.

Key Performance Section

1. **KPI_01 Serious Untoward Incidents**
   Liverpool CCG to provide an update on Liverpool Community Health SUIs reported in Month 11.

2. **Discharge Summaries – On-going Issue**
   Discharge Summaries to be received by the patients GP within 24 hours for all patients admitted and discharged from a community provider setting – 90% reported in January 2014 compared to a plan of 95%, drop in performance compared to previous month.

   Patients to have MDT review within 4 working days of admission into community provider settings – 86.2% reported in January 2014 compared to a plan of 95%, drop in performance compared to previous month.

   Provider Comments: Targeted work continues including reviewing audit collection process including agreement and documentation of exception criteria. Launch of new documentation pack to be launched which is expected to ensure improved compliance with these KPIs

3. **Falls**
   Percentage Falls Care Plans in place for at risk fallers – 80% of patients at risk of falls had a care plan in place compared to a plan of 98%, a further drop in performance compared to previous month.

   Provider Comments: Reviewing audit collection process including agreement and documentation of exception criteria. Launch of new documentation pack to be launched which is expected to ensure improved compliance with these KPIs, working with staff to ensure screenings are completed.

   During January 2014, 100% of patients were screened with FRAT however there were 4 patients who did not have a care plan in situ. These cases have been reviewed by service manager to ensure lessons are learned.

4. **Delayed Discharges**
   The number of bed days lost due to patients whose discharge or transfer from community hospital is delayed, as a percentage of the total bed days available – 7.6% reported in January 2014 compared to a plan of 5%, slight improvement in performance compared to previous month.

   Provider Comments: Following full review of process, delays have improved and service expect to achieve monthly target. Daily MDT board rounds in place and those patients delayed through choice are escalated to Divisional Performance Meeting.

5. **DNAs and Cancelled Appointments**
   The percentage of appointments that were 'did not attends' (DNAs) in all specialties contacts in a contracted month, in a clinic setting - 7% reported in January 2013 compared to a plan of <5%, slight improvement in performance compared to previous month.

   See comments included below.

6. **Cancelled appointments**
   The percentage of cancellations by provider services of all specialties contacts in a contracted month, in a clinic setting – 2.4% reported in January 2014 compared to a plan of <2%, similar performance compared to previous month.

   Provider Comments: DNA/Cancellation steering group has been set up, policy has been developed and is currently out for consultation. Specific action plans have been developed for areas with high DNA rates

including the use of text messaging appointment reminders and opt in processes. Also, working with Trainee Public Health Consultant and Analyst to identify areas and characteristics of specific populations with high DNA rates.

7. **Home Equipment - Priority 1**
   74.8% of priority 1 referrals received home equipment within 2 working days in January 2014, slight drop in performance compared to previous month.

   Provider Comments: Significant and sustained increase in demand continues to impact on performance.

Liverpool Community Health - South Sefton CCG Contract

Ref	Area	Indicator	Plan	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Trend
Intermediate care - Ward 35	Infection Control	MRSA total cases reported in month *Bed based services only	0	0	0	0	0	0	0	0	0	0	0			
		Cdiff total cases reported in month *Bed based services only	0	0	0	0	0	0	0	0	0	0	0			
		MRSA Screening for all relevant admissions into intermediate care	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%			
		Assessment of patients on admission to intermediate care bed for C diff risk	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
		Isolation of intermediate care patients with known or suspected C Diff within 4 hours	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	Discharge Summaries	Discharge Summaries to be received by the patients GP within 24 hours for all patients admitted and discharged from a community provider setting.	95%	100.0%	100.0%	100.0%	75.7%	84.6%	58.3%	66.7%	63.0%	95.7%	90.0%			
		Patients to have MDT review within 4 working days of admission into community provider settings	90%	100.0%	100.0%	100.0%	67.8%	76.9%	36.4%	68.2%	85.2%	91.3%	86.2%			
		Patients to receive a copy of their Discharge Summary on day of discharge from a community provider setting.	95%	100.0%	100.0%	100.0%	27.0%	92.3%	100.0%	100.0%	85.2%	95.5%	100.0%			
	Falls and Keeping Norished	Percentage FRAT assessements completed	98%	100.0%	100.0%	100.0%	88.5%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%			
		Percentage Falls Care Plans in place for at risk fallers	98%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	95.2%	95.2%	94.4%	80.0%			
		Percentage MUST assessements completed	95%	100.0%	100.0%	100.0%	80.8%	100.0%	100.0%	100.0%	93.1%	100.0%	100.0%			
		Percentage care plans in place for patients with MUST >=2	98%	66.7%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	33.3%	100.0%			
KPI_28	TB Nurses	Appropriate patients with TB receive assessment and a care/treatment plan within 2 working days from point of referral	95%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	98.9%	100.0%			
TCS_20	Delayed Transfers of Care	The number of bed days lost due to patients whose discharge or transfer from community hospital is delayed, as a percentage of the total bed days available	5%	10%	13.70%	8.40%	6.3%	3.5%	11.60%	5.3%	1.3%	8.8%	7.6%			
TCS_33	Rate of cancelled appointments	The percentage of cancellations by provider services of all specialties contacts in a contracted month, in a clinic setting.	2%	1.71%	4.49%	1.88%	2.50%	2.10%	2.30%	1.50%	2.2%	2.7%	2.4%			
TCS_34	Rate of 'did not attends'	The percentage of appointments that were 'did not attends' (DNAs) in all specialties contacts in a contracted month, in a clinic setting.	5%	6.90%	7.51%	7.62%	6.93%	7.40%	7.06%	7.37%	7.70%	7.96%	7.0%			
TCS_35a	Home Equipment - Priority 1	The percentage of completed priority 1 referrals for home equipment within 2 working days.	85%	76.3%	88.25%	98.87%	91.36%	80.90%	81.64%	70.0%	77.3%	74.8%				
TCS_35b	Home Equipment - Priority 2	The percentage of completed priority 2 referrals for home equipment within 7 working days.	85%	91.4%	100.0%	97.7%	92.7%	96.1%	96.1%	90.2%	90.2%	95.8%				

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/41	**Author of the Paper:**
Report date: 11 March 2014	James Bradley Head of Strategic Financial Planning James.bradley@southportandformbyccg.nhs.uk Tel 0151 247 7070

Title: Financial Performance Report

Summary/Key Issues:

This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group. It outlines a summary of the changes to the financial allocation of the CCG, the financial position of the CCG as at month 11, and an evaluation of risks.

Recommendation

The Governing Body is asked to receive the finance update.

	x
receive	x
Approve	
Ratify	

Links to Corporate Objectives	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered		X		
Locality Engagement		X		
Presented to other Committees	x			

Links to National Outcomes Framework	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Executive Summary

1.1 This report outlines a summary of the changes to the financial allocation of the CCG, and focuses on the financial performance of the CCG at month 11. At the end of February, the CCG is £3.177m over-spent (Month 10 £1.084m), prior to the application of reserves.

1.2 The CCG has sufficient reserves in place to achieve the planned £1.700m surplus at the end of the year. There are a number of risks that require monitoring and managing. These are outlined in section 5 of this report.

2. Introduction and Background

2.1 This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group.

2.2 It also details the changes to the financial allocation of the CCG. The paper provides information in relation to the financial position of the CCG as at month 11 and an evaluation of the financial risks facing the CCG.

3. Resource Allocation

3.1 **Resource allocation**

The Resource allocation has reduced by £0.162m to £171.880m in Month 11 as a result of the following transfers to NHS England:-

- Southport & Ormskirk Trust - a reduction of £0.106m relating to the GA Dental contract where the CCG incorrectly retained this budget in the baseline
- Royal Liverpool University Hospital (RLUH) - £0.086m reduction in relation to specialised services provided by RLUH
- Additional funding of £0.030 to all CCGs to support the Personal Health Budget rollout and for general planning support.

4. Our Position to Date

4.1 Month 11 Financial Position

Please refer to Table A below which shows a summary position for the CCG; a more detailed analysis can be found in Appendix 1.

Table A: Financial Performance: Summary report to 28 February 2014

Budget Area	Annual and Year to Date				End of Year	
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Expenditure Out turn	FOT Variance
	£000	£000	£000	£000	£000	£000
NHS Commissioned Services	117,949	107,597	108,769	1,172	119,361	1,412
Corporate & Support Services	5,428	5,077	4,729	(349)	5,057	(371)
Primary Care	1,486	1,374	1,809	435	2,092	606
Medicines Management (including Prescribing)	22,241	20,387	20,525	138	22,478	237
Independent Sector	3,190	2,924	3,123	199	3,476	286
Commissioning - Non NHS	15,211	13,937	15,518	1,581	17,083	1,872
Sub Total prior to Reserves	**165,506**	**151,296**	**154,473**	**3,177**	**169,548**	**4,042**
Total Reserves	4,675	3,177	0	(3,177)	633	(4,042)
Grand Total Expenditure	**170,180**	**154,473**	**154,473**	**0**	**170,180**	**0**
RRL Analysis	**(171,880)**	**(156,031)**	**(156,031)**	**0**	**(171,880)**	**0**
(Surplus)/Deficit	**(1,700)**	**(1,558)**	**(1,558)**	**0**	**(1,700)**	**0**

Please note, figures that appear in brackets represent income allocations and underspends.

Overview

The year to date financial position before the application of reserves is an overspend of £3.177m (Month 10 £1.084m), an increase of £2.093m.

This year to date increase is reflected in the overall forecast outturn overspend position which has increased by £2.131m to a forecast outturn overspend of £4.042m before reserves (Month 10 £1.911m).

The key issues contributing to the position within operational budgets are described below and it should be noted that, with the planned application of reserves, the CCG remains on target to deliver the required surplus for the financial year.

NHS Commissioned Services

Whilst the financial reporting period relates to the end of February, the CCG has based its reported position on information received from Acute Trusts covering activity to the end of January.

This budget is showing a year to date position of £1.172m overspend (Month 10 £0.681m overspend). The increase of £0.491m has arisen due to the following factors:-

- The costs of Any Qualified Provider (AQP) services have increased by £0.201m in month 11. This increase in costs is in relation to Southport and Ormskirk Hospital for AQP podiatry, MSK and audiology.

- The underspend at Southport and Ormskirk Trust has decreased from £0.184m under plan at month 10 to £0.044m at month 11, reflected in additional year to date costs of £0.140m for the CCG. This increase is due to increased activity levels within day cases £0.71m (haematology and general medicine) & non elective £0.80m activity (general medicine).

- The year to date over spend at Royal Liverpool and Broadgreen University NHS Trust (RLBUH) has increased by £0.177m. This is mainly due to increased costs for high cost drugs and the allocation transfer of £0.086m to Specialised Commissioning noted in section 3.1.

As a result of increased activity in recent months, a balanced position is now being forecast for Southport and Ormskirk Hospital, whereas previously performance had been below plan.

These increases are reflected in an increase in the FOT overspend position with the forecast variance overspend increasing by £0.551m compared to Month 10.

Corporate and Support Services

The CCG is currently operating within its running cost target which is included within this budget. The year to date underspend is £0.349m with a forecasted year end position of £0.371m underspend.

Primary Care

The Primary Care budget is showing an overspend position of £0.435m year to date and £0.606m forecast outturn position. The budget was previously in balance and the change reflects the 2013/14 costs of drugs administered in GP practices (eg. flu vaccines).

The Primary Care budget includes £50k for each locality. It is anticipated that the locality budgets will be spent in full by the end of the financial year.

Medicines Management (Including Prescribing)

The Medicines Management budget consists of High Cost Drugs, Oxygen and Prescribing. The overall position is £0.138m overspend in the year to date and £0.237m forecast outturn overspend.

The major component of the Medicines Management budget is Prescribing. This area is showing a year-to-date overspend of £0.216m and an overspend of £0.236m forecast outturn. This represents an increase of £0.300m from Month 10 and is due to a change in the forecast by the Prescription Pricing Authority, used by CCG to forecast expenditure in this area. This forecast does tend to fluctuate from month to month, and due to the size of the budget, a small variation in the forecast can have a significant financial impact. This is recognised within the risks to be managed in balancing the overall financial position.

The GP prescribing budget will be amended in month 12 to take account of changes in year that are not factored into the current budget. These include additional costs of dementia drugs prescribed under a shared care protocol, underspends in community nursing prescribing, and amendments in the overall budget as a result of the partial use of the fair shares formula.

Independent Sector

The Independent Sector is overspent by £0.199m, year to date. This has increased since month 10 (£0.088m overspent). In the first half of the year there were underspends with Independent Sector providers, but this has been reversed in quarters 3 and 4. The over spend is due to increases in activity in January at both Spire and Renacres Hospital, primarily within Trauma & Orthopaedic surgery. The forecast assumes that the growth in activity seen in January will continue.

Commissioning Non-NHS

Commissioning from Non NHS organisations is overspent by £1.581m at Month 11 (Month 10 £0.966m).

The overspend relates mainly to Continuing Healthcare and Mental Health budgets. Through the year this has been reported as a financial risk area due to incomplete package information available from CSU, which manages the administration of the care packages for the CCG. The reported position has consistently indicated a significant increase in costs from the prior year. However, the explanation for this movement cannot be confirmed until the underlying package data is completely validated by CSU and robust activity information provided to the CCG.

As we approach the end of the financial year the provision for potential package costs has been increased to ensure that the CCG's financial risk in this area is fully covered. As a consequence there has been an increase of £0.433m from the forecast outturn position reported at Month10.

4.2 Treasury and Legacy issues

As reported previously, NHS England's latest guidance is that PCT and SHA Legacy balances will be managed centrally by NHS England.

Given this revised direction, the balances formally transferable to the CCG will be significantly reduced and now consists of a small amount of IT and medical equipment, reported under Non-Current Assets.

The CCG's current forecast assumes that there will be no impact on the CCG's 2013/14 financial position in relation to the treatment of legacy provisions.

5. Evaluation of Risks and Opportunities

The majority of the risks and uncertainties reported in earlier months have now been clarified.

As outlined in section 4.1, there remains continued uncertainty in the accuracy of the reporting for Continuing Healthcare costs. The forecast has been increased in Month 11 to ensure that the CCG is adequately covered for this uncertainty.

The CCG has sufficient reserves in place to manage its risks, and remains on course to achieve its planned surplus.

6. Recommendations

The Governing Body is asked to receive the finance update, particularly that:

- The CCG remains on target to deliver its financial targets for 2013/14
- The greatest area of risk is costs associated with Continuing Healthcare. The costs have risen significantly compared to 2012/13.

Appendices

- Appendix 1 – Finance position to Month 11

Appendix 1

01V NHS Southport and Formby Clinical Commissioning Group Month 11 Financial Position							
Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance	End of Year Expenditure Outturn	End of Year FOT Variance
		£000	£000	£000	£000	£000	£000
COMMISSIONING - NON NHS							
603501	Mental Health Contracts	628	576	535	(41)	583	(45)
603506	Child and Adolescent Mental Health	979	898	879	(19)	956	(23)
603511	Dementia	93	85	85	0	93	0
603516	Improving Access to Psychological Therapies	0	(0)	0	0	0	0
603521	Learning Difficulties	1,777	1,629	1,620	(9)	1,767	(10)
603531	Mental Health Services – Adults	0	(0)	0	0	0	0
603541	Mental Health Services - Collaborative Commissioning	0	(0)	0	0	0	0
603596	Collaborative Commissioning	409	375	375	0	409	0
603661	Out of Hours	532	443	448	5	540	8
603682	Continuing Care	4,227	3,875	5,648	1,773	6,181	1,954
603684	CHC Adult Joint Funded	0	0	0	0	0	0
603691	Funded Nursing Care	3,331	3,053	2,841	(213)	3,234	(97)
603711	Community Services	942	901	822	(80)	855	(87)
603721	Hospices	853	782	853	71	930	77
603726	Intermediate Care	460	422	495	73	533	73
603731	Long Term Conditions	0	(0)	0	0	0	
603796	Reablement	979	898	917	20	1,001	22
Sub-Total		**15,211**	**13,937**	**15,518**	**1,581**	**17,083**	**1,872**
CORPORATE & SUPPORT SERVICES							
605251	Administration and Business Support (Running Cost)	81	74	90	16	98	17
605271	CEO/Board Office (Running Cost)	408	374	431	58	471	63
605276	Chairs and Non Execs (Running Cost)	89	81	126	45	138	49
605296	Commissioning (Running Cost)	1,380	1,265	1,183	(82)	1,292	(88)
605316	Corporate costs	25	23	20	(3)	25	0
605346	Estates & Facilities	42	39	0	(39)	0	(42)
605351	Finance (Running Cost)	897	822	482	(340)	528	(369)
605391	Medicines Management (Running Cost)	58	53	52	(1)	57	(1)
	Sub-Total Running Costs	**2,980**	**2,731**	**2,385**	**(346)**	**2,609**	**(371)**
603646	Commissioning Schemes (Programme Cost)	689	632	625	(7)	685	(4)
603656	Medicines Management (Programme Cost)	342	313	317	4	346	4
603776	Non Recurrent Programmes (NPfIT)	1,225	1,225	1,225	0	1,225	
603676	Primary Care IT	192	176	176	0	192	0
605371	IM & T	0	0	(0)	(0)	0	
	Sub-Total Programme Costs	**2,448**	**2,346**	**2,343**	**(3)**	**2,448**	**0**
Sub-Total		**5,428**	**5,077**	**4,729**	**(349)**	**5,057**	**(371)**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
603571	Acute Commissioning	77,586	71,164	72,088	924	78,642	1,056
603576	Acute Childrens Services	1,981	1,795	1,764	(31)	1,948	(34)
603586	Ambulance Services	4,596	4,213	4,222	9	4,606	9
603616	NCAs/OATs	1,007	923	1,113	191	1,302	295
603631	Winter Pressures	4,042	3,159	3,159	0	4,042	0
603756	Commissioning - Non Acute	28,729	26,335	26,414	78	28,813	84
603786	Patient Transport	8	8	8	1	9	1
Sub-Total		**117,949**	**107,597**	**108,769**	**1,172**	**119,361**	**1,412**
INDEPENDENT SECTOR							
603591	Independent Sector	3,190	2,924	3,123	199	3,476	286
Sub-Total		**3,190**	**2,924**	**3,123**	**199**	**3,476**	**286**
PRIMARY CARE							
603651	Local Enhanced Services and GP Framework	987	904	1,342	438	1,593	606
603791	Programme Projects	500	469	467	(2)	500	0
Sub-Total		**1,486**	**1,374**	**1,809**	**435**	**2,092**	**606**
PRESCRIBING							
603606	High Cost Drugs	1,440	1,320	1,269	(52)	1,470	30
603666	Oxygen	202	185	159	(27)	173	(29)
603671	Prescribing	20,598	18,882	19,098	216	20,834	236
Sub-Total		**22,241**	**20,387**	**20,525**	**138**	**22,478**	**237**
Sub- Total Operating Budgets pre Reserves		**165,506**	**151,296**	**154,473**	**3,177**	**169,548**	**4,042**
RESERVES							
603761	Commissioning Reserve (Previously General Reserve)	4,675	3,177	0	(3,177)	633	(4,042)
Sub-Total		**4,675**	**3,177**	**0**	**(3,177)**	**633**	**(4,042)**
Grand Total I & E		**170,180**	**154,473**	**154,473**	**0**	**170,180**	**0**
	RRL Allocation	(171,880)	(156,031)	(156,031)	0	(171,880)	0
	(SURPLUS)/DEFICIT	(1,700)	(1,558)	(1,558)	0	(1,700)	0

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/42	**Author of the Paper:** Brendan Prescott CCG lead Medicines Management brendan.prescott@southseftonccg.nhs.uk Tel: 0151 247 7093
Report date: 17 March 2014	

Title: Prescribing Update

Summary/Key Issues:

This paper presents the Governing Body with an update on prescribing spend for December 2013 (month 9).

Recommendation

The Governing Body is asked to receive the contents of this report by way of assurance.

	x
Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework *(x those that apply)*	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Executive Summary

The Southport and Formby CCG position for month 9 (December 2013) is a forecast overspend of £173,071 or 0.88% on a budget of £19,587,637.

2. Introduction and Background

This is a regular monthly update on the management of the Southport and Formby prescribing budget.

3. Key Issues

The number of items prescribed has increased by 3.62% for 2013/14 to month 9 against the same period for 2012/13.

The cost of prescribing has increased by 1.76%for 2013/14 to month 9 against the same period for 2012/13.

4. Content

Scriptswitch has been installed in 18 practices. The profile continues to be built to optimise quality, cost savings and safety.

The Department of Health Finance and NHS directorate have revised the forecast profile in month 8 which has contributed to the change in FOT.

5. Recommendations

The Governing Body is asked to receive the prescribing update by way of assurance.

Brendan Prescott
17 March 2014

6. Appendices

Southport and Formby CCG forecast at out turn Month 9

PBC INFO			SECTION 3: FINANCIAL INFO - Total Prescribing Budget vs Forecast Out-turn			
CCG / Locality / Code	Prescriber Name		Prescribing Budget Total	Forecast Out-turn (PPD)	Variance	% Variance
NHS Southport and Formby CCG			**£19,587,637**	**£19,760,707**	**£173,071**	**0.88%**
S&F - Central Southport			**£5,393,248**	**£5,478,877**	**£85,629**	**1.59%**
N84005	Cumberland House Surgery		£1,281,063	£1,327,233	£46,170	3.60%
N84013	Curzon Road Medical Practice		£528,570	£545,715	£17,145	3.24%
N84021	St Marks Medical Centre		£2,407,527	£2,397,474	-£10,053	-0.42%
N84617	Kew Surgery		£493,875	£501,373	£7,498	1.52%
Y02610	Trinity Practice		£682,213	£707,082	£24,869	3.65%
S&F - Formby			**£4,048,537**	**£4,045,896**	**-£2,641**	**-0.07%**
N84006	Chapel Lane Surgery		£1,218,623	£1,241,585	£22,962	1.88%
N84018	The Village Surgery Formby		£1,578,204	£1,570,426	-£7,778	-0.49%
N84036	Freshfield Surgery		£578,990	£554,864	-£24,126	-4.17%
N84618	The Hollies		£672,720	£679,020	£6,300	0.94%
S&F - North Southport			**£5,057,919**	**£5,082,724**	**£24,806**	**0.49%**
N84008	Norwood Surgery		£1,304,643	£1,301,047	-£3,596	-0.28%
N84017	Churchtown Medical Centre		£2,039,144	£2,047,747	£8,603	0.42%
N84032	Sussex Road Surgery		£327,646	£326,714	-£932	-0.28%
N84611	Roe Lane Surgery		£416,003	£407,540	-£8,463	-2.03%
N84613	The Corner Surgery (dr Mulla)		£571,845	£576,518	£4,673	0.82%
N84614	The Marshside Surgery (dr Wainwright)		£398,638	£423,158	£24,520	6.15%
S&F - South Southport			**£5,087,933**	**£5,153,211**	**£65,278**	**1.28%**
N84012	Ainsdale Medical Centre		£1,970,388	£2,012,683	£42,295	2.15%
N84014	Ainsdale Village Surgery		£550,292	£570,255	£19,963	3.63%
N84024	Grange Surgery		£1,717,194	£1,725,422	£8,228	0.48%
N84037	Lincoln House Surgery		£413,528	£383,415	-£30,113	-7.28%
N84625	The Family Surgery		£436,531	£461,436	£24,905	5.71%

Brendan Prescott
March 2014

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/43	**Author of the Paper:** Karl McCluskey Head of Strategic Planning and Performance Karl.Mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7006
Report date: March 2014	

Title: The CCG 5 Year Strategic Plan and 2 Year Operational Plan – Briefing on Progress

Summary/Key Issues:

This paper outlines the continued progress on the development of the two year operational plan and five year strategic plan that has been made since last up-dating the Governing Body in January.

The key outcome ambitions are described and set out for agreement to enable final submission of the two year operational plan on 4th April 2014. The CCG has identified some challenges in relation to the outcome ambitions and their application at CCG level. This has been raised locally, regionally and nationally. The CCG continues to work with Public Health England and NHS England to resolve these.

Following The Governing Body development session in February, the first draft plan on a page is outlined for approval. This will require further refinement between now and June 2014.

The draft Better Care Fund has been developed jointly with Sefton Council and it continues to remain aligned to the CCG Strategic Plan.

Recommendation:

The Governing Body is requested to receive this report by way of assurance.

Receive	X
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
X	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	X			Engagement schedule contained within the paper. Further detail schedule in place with providers, Voluntary Community and Faith Sector and Healthwatch.
Clinical Engagement	X			Strategic and operational plans are being developed in conjunction with clinical leads and members, through the Wider Constituent Group.
Equality Impact Assessment	X			To ensure comprehensive attention equality, the CCG plan is being shared with the Sefton Equalities Partnership at their engagement event on the 6th March 2014.
Legal Advice Sought		X		
Resource Implications Considered	X			The operational and strategic plan relates to contacted and commissioned services, as such resource implications are being considered as part of this process.
Locality Engagement	X			Plans being developed with locality leads with the support of clinical leads. Regular briefing in place for locality meetings.
Presented to other Committees		X		Following consideration at this governing body, proposed to share this briefing with each locality, EPEG, Voluntary Community and Faith Sector, Healthwatch and providers.

Links to National Outcomes Framework *(x those that apply)*	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Introduction

1.1 This paper builds on the progress report that was considered by the Governing Body in January 2014. It further describes the progress made in developing the five year Strategic Plan for the CCG. Specifically it outlines the detail contained within the two year operational plan that was submitted, in draft to NHS England on 14th February 2014. It confirms the final version and outcome ambitions that will be submitted on 4th April 2014, in the context of the two year operational plan.

1.2 In addition, an overview of first draft of the five year strategic plan is set out, in line with the requirements. This draft has been built following input from the Governing Body at its development session in February 2014. This draft will require further iteration and development with the Governing Body and other stakeholders, between now and June 2014, in time for final submission to NHS England on 20th June 2014.

2. Background – Incorporating the National Agenda into the CCG 5 year Strategic Plan and 2 year operation plan

2.1 The detailed background underpinning the two year operational planning and five year strategic plan for the CCG was set out in the February paper considered by the Governing Body.

2.2 Following submission of the draft two year strategic plan to NHS England, further guidance has been issued to assist CCGs in their planning efforts. This guidance has been tested with NHS England at an area team level and indeed, continues to be reviewed formally with the area team on a fortnightly basis through established planning sessions.

2.3 Nationally, the planning process has been challenged on a number of levels, not least in ensuring alignment and completion of returns from providers. This continues to be a challenge nationally.

2.4 In addition, a number of the nationally prescribed outcome ambitions measure have been found to be problematic in their application at CCG level. In other instances the availability of trend data over a significant period of time has been hindered, with some data only being available at CCG level for one year, given recent NHS reorganisation.

2.5 The CCG continues to plan and conform to all the national planning requirements and is working closely with its CCG partners and stakeholders accordingly.

3. The CCG Planning Framework

3.1 The CCG Planning Framework, described in the February paper received by the Governing Body has now been well established across the CCG, with engagement events held with practices, wider group members and the public. This framework is set out in the diagram below for reference.

Diagram 1.0 The CCG Planning Framework

3.2 Nationally, additional planning tools have become available to support CCGs. In particular, the CCG has referred to the "Anytown Model" to support its work. This model has provided a range of researched case studies, identifying a range of potential High Impact Interventions and Early Adopter Interventions that could help the CCG in its planning approach.

The High Impact Interventions are listed as follows and being tested against each relevant planning programme to explore any potential application.

High Impact Interventions

1. Early diagnosis
2. Reducing variability within primary care by optimising medicines use
3. Self-management: patient-carer communities
4. Telehealth / telecare
5. Case management and coordinated care
6. Mental Health – Rapid Assessment Interface and Discharge (RAID)
7. Dementia Pathway
8. Palliative care.

Early Adopter Interventions

1. Cancer screening programmes
2. GP tele-consultation
3. Medicines Optimisation
   a. Norfolk b. PINCER
4. Safe and appropriate use of medicines
5. Acute visiting service
6. Reducing urgent care demand
7. 24-hour asthma services for children and young people
8. Service user network

9. Reducing elective Caesarean sections
10. Acute stroke services
11. Integration of health and social care for older people
12. Electronic Palliative Care Coordination Systems (EPaCCS)

4. Unit of Planning

4.1 The Unit of Planning remains consistent with the Borough of Sefton. Connectivity and sensitivity remain in relation to West Lancashire CCG in the North of the Borough and Liverpool CCG in the South.

4.2 The 2 year operational and five year strategic plan for the CCG remain complementary to the plans of the neighbouring CCGs.

5. CCG Strategic Plan

5.1 In line with the national planning timetable, the CCG has been required to develop its first draft of its five year strategic plan for submission to NHSE on 4th April 2004.

The plan is required to be summary in format and include the following elements;

1) A long term strategic vision.
2) An assessment of the current state and current opportunities facing the system.
3) A clear set of objectives, that include the locally set outcome ambition metrics.
4) A series of interventions that when implemented, move the health system from the current position to achieving the objectives and implementing the vision.

5.2 It should be noted that in the case of 4 above, these metrics are set nationally and that there is no flexibility for the CCG to choose alternative metrics as part of the national return. As such these metrics form part of the two year operational plan as well as the five year strategic plan.

5.3 "Plan on a page" relates to the Sefton Borough and includes both CCG's, so the figures contained therein related to the combined ambitions for both Sefton CCG and Southport & Formby CCG, see Appendix 1.

6. The Major CCG Mechanisms for Delivery

6.1 Against the planning footprint of the borough, both Sefton CCGs have identified the major delivery mechanisms to support realisation of the Strategic Plan. These are the Virtual Ward for South Sefton CCG and Care Closer to Home for Southport and Formby CCG. Both of these modelled approaches have enhanced community support at their heart to enable patients with Long Term Conditions to be optimally supported from a health and social care perspective, in a non-acute environment.

6.2 It is now important that the CCG reviews the governance and performance arrangements for these respective schemes to ensure that they have the necessary clinical and managerial support and that it is appropriately linked underpinned by the necessary Governance arrangements, linking them to the respective Governing Body.

7. Two Year Operational Plan

7.1 The two year operation plan for the CCG, centres around the development of targets or goals for the six ambition outcomes prescribed by NHSE. As the CCG has analysed and considered its level of ambition, in relation to these outcomes, a number of specific issues have arisen. These issues are reflected in the summary below and indeed reflected to NHSE both locally and nationally. The CCG remains committed to developing a robust two year and five year plan and continues to work with NHSE to this end.

Outcome Ambition 1 – Partial Years of Life Lost

7.2 Each CCG is required to test and review the opportunity for improving the numbers of years of life lost for its population. An initial approach to this has been developed using the NHS Ambitions Atlas to enable the CCG to compare performance against peer CCGs. This approach suggested that Sefton CCG was currently third in terms of performance in its peer group and that an ambition to achieve the best in its peer group across five years would equate to a 19.7% improvement over five years.

7.3 The CCG has tested this data further, reviewing it with Public Health Colleagues in Sefton Council and with NHSE, both at regional and national levels. Current advice is that while this indicator is helpful, it requires a significant population number in order to eliminate significant annual variables. Application of this outcome at a CCG population level is difficult, especially where CCGs are not co-terminus with previous PCT organisations. For illustrative purposes the trend for the CCG is set out below.

	Value				**% change**			
SFCCG	2009	2010	2011	2012	09-10	10-11	11-12	09-12
	2052	2566	2283	2498	20%	-12%	9%	18%

7.4 While the CCG has described a level of ambition for this outcome, it remains heavily qualified and is subject to further collaborative work with Public Health England. Advice suggests that this ambition will be refined nationally after 4th April 2014 submission. It should be noted that this CCG along with Blackpool CCG are the only CCG's that have raised this issue nationally with PHE and indeed our attention on this has been viewed very positively and considered as real evidence of our engagement on this work.

Outcome Ambition 2 – To Reduce Unplanned Hospital Admission

7.5 The CCG has defined a high level of ambition, to reduce the amount of unplanned hospital admissions and activity by 15% across five years. The trajectory for this is set out in the table below.

	2013/14 (based on month 8 forecast)	2014/ 15	2015/16	2016/17	2017/18	2018/19
South Sefton	-10.5% (-1,865 admissions from 12/13 baseline)	0%	-1.0%	-1.0%	-1.5%	-2.0%
Southport & Formby	-5.8% (-862 admissions from 12/13 baseline)	0.00%	-2.00%	-4.00%	-2.50%	-2.00%

7.6 This requires the CCG to sustain the current evident level of performance in 2013/14 and repeat this in 2014/15. This is deemed to remain challenging, particularly in view of the mild winter experienced this year.

Ambition Outcome 3 – Improving experience of in-patient care

7.7 As part of the Quality Agenda, the annual in-patient survey lends data on the patient experience within our local providers. This is the data source for this ambition. An improvement in performance is considered achievable and desirable, given the emphasis that the CCG places on quality of care and patient experience. The CCG is striving for a 10% improvement as part of its ambition plan.

Ambition Outcome 4 – To improve Patient Experience of Out of Hours Services

7.8 The data informing this ambition is derived from the National GP patient survey. Only one years data is available at CCG level, enabling the robust construction of a CCG level of ambition difficult. An improved performance to realise 5th in peer group equates to an improved position of 2.8% by 2018/19 from current baseline of 6.2%.

Ambition Outcome 5 – Improve the Health Related Quality of Life for people with one or more long term conditions.

7.9 The data underpinning this ambition is also derived from the GP patient survey and as such presents limited trend analysis for planning purposes.

7.10 The CCG has set an improvement in this ambition by 9%. This remains ambitious, given the pressures within primary care, but also is sensitive to the level of historical performance available.

Ambition Outcome 6 – Improve Emergency Ambition Performance

7.11 This ambition is a composite of several other indicators and thus has a degree of complexity to its construct. The key elements include:-

- Ambulatory Care
- Avoidable Admissions
- Asthma, Diabetes and Epilepsy for u19 years
- Lower Respiratory Tract Infections in Children.

7.12 The source data for the above is providers and it should be noted that this has been the subject of changes in coding and coding quality in recent years. This has led to some very fluctuating trends from year to year. Despite this, the CCG has demonstrated some significant improvement, largely assist by the range of Diabetes and Childhood initiatives relating to respiratory. The CCG is aiming to improve this performance by 20% over the duration of its plan.

8. Better Care Fund

8.1 Following on from the briefing provided at the last Governing Body in February, South Sefton CCG and Southport & Formby CCG have worked with Sefton Council to enable the draft Better Care Fund to be submitted on 14th February.

Our Vision for Sefton, as described in our Health and Wellbeing Strategy, is:-

"Together we are Sefton – a great place to be!
We will work as one Sefton for the benefit of local people, businesses and visitors"

8.2 Our Health and Wellbeing Strategic Objectives are:

- ensure all children have a positive start in life
- support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- support older people and those with long term conditions and disabilities to remain independent and in their own homes
- promote positive mental health and wellbeing
- seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- build capacity and resilience to empower and strengthen communities.

8.3 **Over the next 5 years,** we will aim to deliver transformed services for the people of Sefton focusing on moving care from hospital to community based resources and supporting people in their own homes. Where care and other support is needed, we will look to make it available *in the right place, at the right time, at the right quality, whilst being cost effective.*

8.4 **In seeking to deliver our 5 year ambition we will focus on:**

- early Intervention and Prevention
- health promotion
- self-care, self-help, self-management, with the longer term aim of reducing reliance on public sector services
- encouraging self-determination and responsibility
- information, advice, signposting and where necessary, redirection to appropriate services
- developing integrated approaches across professional and organisational boundaries e.g. primary and secondary care clinicians working together in the community, assessment, meeting care needs, single gateway, seamless front door
- facilitating a significant shift in culture and behaviours, across professions and organisations, but also in individuals in our community
- Innovation and whole system change.

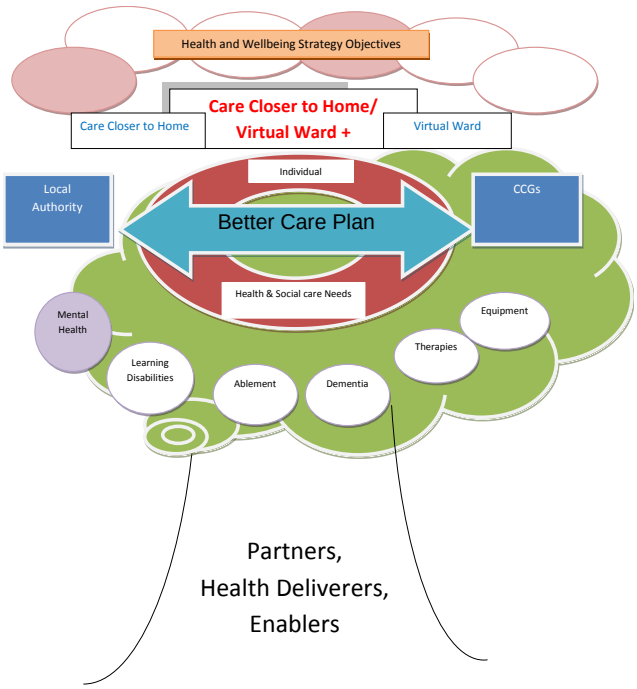
8.5 To achieve this we have committed to the following principles:

- everything we do is to improve outcomes and the experiences of people
- we will engage with the people who use our services as partners, establishing a new and equal relationship with our professional staff in co-designing and continually improving services
- we will provide person centred care that considers an individual's physical and mental health and well-being needs
- we will provide care and services focused around the individual - there is no wrong front door - promoting early intervention and prevention, encouraging people to self-help where possible
- we will ensure the location of services is in, or as close as possible to, people's own homes, with hospital and residential care targeted at those who require that level of care
- we will ensure our workforce is fully engaged and contributes to the development of this vision and the services that are part of it

- we will maximise the opportunities to make an even greater difference to people's lives through working with other sectors e.g. housing, voluntary sector.

8.6 In addition to the above, the BCF has attempted to describe the significant changes to services and patterns of services that are likely to be evident over the next 5-10 years, most notably:-

- an increase in the number of people living independently and receiving care at home when needed.
- families, charities, volunteers and neighbours will increasingly be the providers of services playing a pivotal role in the prevention agenda and promoting dementia friendly communities.
- decreases in unnecessary admission and readmissions to hospital.
- social care focused on enabling people to live independently, rather than on assessing and meeting need: with staff focusing on assessing what people can do for themselves and only meet the needs of the most vulnerable.
- increased use of appropriate home technology, tele-health and telecare
- participation of people in applied research studies, particularly in primary care and related to the acceptability of technology.
- appropriate use of joint Health and Social Care packages.
- young people transitioning seamlessly from Children to Adult Services provision.
- carers supported to continue in their unpaid caring roles.
- a reduction in social isolation.
- effective and appropriate mental health provision.
- end of Life / Palliative Services, where people are treated with dignity and respect.
- enhanced, targeted and focused reablement across community, intermediate and hospital based care.
- 7 day services, where appropriate
- integrated access for all referrals using NHS number as the primary identifier.
- people, partners, providers, the two CCGs and Council working in an integrated way, to reduce the longer term reliance on public sector services.
- people and their families taking primary responsibility for looking after themselves early in order to remain fit and healthy whilst planning how they will personally financially contribute towards any care that may be required.



8.7 Our joint vision, as highlighted in the above figure, has been developed from patient and public participation using a “Fruits” and “Roots” model to deliver better integrated care and improve outcomes.

8.8 The aims are to:-

- **improve the health and wellbeing** of people in our community, with a focus on tackling inequality.
- co-ordinate care around individuals targeted to their specific needs with the ambition of **working towards a single assessment framework** to assess and meet the needs of individuals in their homes and communities, with seamless delivery of health and social care. This means ensuring there is a good quality care plan in place for all those at risk, backed by co-ordinated provision commissioned to deliver on the required support and outcomes envisaged in each and every plan.
- **improve the quality and experience of care**, with the right services available in the right place at the right time and use these experiences to evaluate and improve services.
- **maximise independence** by providing appropriate support at home to those who need it and in the community, and empower all people to self-care and self-manage their own health and wellbeing.
- provide **proactive and common case management**, which avoids unnecessary admissions and readmissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health and self-manage their long term conditions.
- facilitate integrated care through **Primary Care** across the Borough. Our ambition is that community, social care services, specialist mental and physical health services will be organised to work effectively through our model of integrated care, enabling Primary Care to ensure their patients are getting the very best person-centred care.
- collaborate with our **providers** to develop new models of service delivery, driven by clinical and professional staff on the ground.
- adopt national and international best practice and embrace innovation and ideas.

8.9 The key thrust of the joint work with Sefton Council on the Better Care Fund is targeting efficiency in relation to:-

- admissions avoidance
- reduced length of stay
- reduction in delayed discharges.

8.10 The BCF remains aligned with the CCG Strategic Plan and aims to support a reduction in unplanned admissions to hospital by 15%, underpinned with a pooled budget from existing monies of £24m across the borough from 2015/16.

9. Conclusions

9.1 The CCG has progressed the development of its 2year operational plan from its draft submission on 14th February.

9.2 The Board development session in February has enabled refinement and further input into shaping the level of ambition outcomes described in both the 2year and 5year CCG Plan.

9.3 The CCG has been pro-active in testing and validating the outcomes ambitions with significant input from Public Health.

9.4 The CCG has highlight a number of challenges that need to be considered nationally in the use and application of the defined ambitions by NHSE.

9.5 The CCG continues to work with NHSE on developing the CCG Strategic Plan and conforming to the National Requirements.

9.6 The Planning Framework continues to be cemented within the CCG and augmented by the application of the "Anytown" tool to assist in applying a range of identified High Impact Interventions and Early Adopter Interventions to current Plans.

9.7 The CCG has described a combined vision for the future of Health and Health Services it commissions, underpinned by a set of values which are consistent with its partner CCG within the planning footprint.

9.8 The strategic vision and values are in keeping with those set out in the joint Health and Wellbeing Strategy, developed with Sefton Council.

9.9 Care Closer to Home and the Virtual Ward remain central to the delivery of the strategic plan.

9.10 The CCG is reviewing the support for both Care Closer to Home and the Virtual Ward, as well as the underpinning governance arrangements to ensure complete alignments and connectivity with the Strategic Plan.

9.11 The outcome ambitions and their respective targets have been constructed with careful analysis and input from relevant stakeholders.

9.12 The Potential Year of Life indicator and ambition remains to be confirmed by the CCG and the submission scheduled for 4th April will highlight this qualification.

9.13 The CCG will continue to work with Public Health England to develop the Potential Year of Life indicator and ambition with the knowledge and support of NHSE.

9.14 Most significantly the CCG remains committed to a reduction in unplanned activity of 15% over the five years of its strategic plan.

9.15 The Outcome Ambitions which relate to the GP patient survey remain vulnerable to prospective changes, given the limited trend data available.

9.16 The Better Care Fund draft submission was jointly made between Sefton Council and South Sefton CCG and Southport & Formby CCG on 14th February 2014.

9.17 The Better Care Fund remains intrinsically aligned to the CCG Strategic Plan.

10. Recommendations

The Governing Body is asked to receive this report by way of assurance and:-

10.1 to note the detail contained in this paper and in particular the continued progress that the CCG has made in developing it two year operational plan and five year strategic plan.

10.2 to support and agree the outcome ambitions described, enabling them to be finalised as part of the submission on 4th April 2014.

10.3 to support the first draft of the “Plan on a Page” in line with NHSE requirements, enabling draft submission on 4th April 2014.

10.4 to lend support for further development of the “Plan on a Page” and underlying detail between now and June 2014.

10.5 to receive assurance that the Better Care Fund development has progressed jointly between the CCG and Sefton Council in line with national Requirements.

10.6 to be assured that the Better Care Fund is aligned to the CCG Strategic Plan and that it has the common ambition to reduce unplanned care by 15%.

Karl McCluskey
March 2014

1

The Sefton Health economy is a system comprised of partners from South Sefton CCG and Southport & Formby CCG who have come together with key stakeholders, notably Sefton Council to agree, refine and implement the following vision.

To create a sustainable health community based on health needs, with partners, focused on delivering high quality care services to all((in the community and Hospital Setting) to improve the health and well-being of our population

2

System Objective One

To significantly reduce hospital avoidable deaths by 13%

System Objective Two

To reduce unplanned hospitalisation by 15%

System Objective Three

To improve in-patient experience by 10%

System Objective Four

To improve patient experience of out of hours care by 30%

System Objective Five To improve the health related QOL for people with one or more LTC by 8.5%

System Objective Six To Improve emergency admission performance by 20%

4

Delivered through intervention Care Closer to Home & Virtual Ward

These two programmes focus on delivering enhanced primary and community care with improved access and management of individuals needs with Long Term Conditions.

Delivered through intervention Quality

The Quality programme focuses on delivering high quality care and experience, ensuring no harm is done to patients and addressing areas of any concern promptly and effectively.

Delivered through intervention Primary Care Quality Strategy

Description of the improvement intervention required

Delivered through intervention Virtual Ward & Care Closer to Home, plus Childrens Strategic Programme

These programmes focus on avoidance of hospital admissions for individuals with Ambulatory Care, Long Term Conditions, plus asthma, diabetes and epilepsy for u19's.

5

Overseen through the following governance arrangements

- Shared system leadership with Clinical and Managerial Programme Leads.
- Direct performance and accountability to Governing Body.
- Integrated approach with BCF and Sefton Council through H&WB

3

Measured using the following success criteria

- All organisations within the health economy report a financial balance in18/19
- Delivery of the system objectives
- No provider under enhanced regulatory scrutiny due to performance concerns
- With the expected change in resource profile

6

System values and principles

- Maintain a local focus, working in partnership.
- We will be transparent, open and honest.
- We will be approachable and listen to our public.
- We will enable action and prioritise effort to optimum effect.
- We will act with integrity, act fairly and with respect.
- We will be accountable for what we do.

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/45	**Author of the Paper:** David Bacon Interim Deputy Director of Finance David.Bacon@southseftonccg.nhs.uk Tel: 0151 247 7039
Report date: 17th March 2014	
Title: Contracts for 2014/15	

Summary/Key Issues:

This paper provides Governing Body members with an update on progress with regard to the negotiation of 2014/15 contracts with the CCGs main providers.

At the time of drafting this report, negotiations are still ongoing and the position reflected in this report will be updated verbally in the meeting.

Recommendation

The Governing Body is asked to receive this update by way of assurance.

	x
Recieve	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
X	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	X			

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought		X		
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees		X		

Links to National Outcomes Framework *(x those that apply)*	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Introduction and Background

This paper provides Governing Body members with an update on the progress that is being made in the negotiation of 2014/15 contracts with the CCGs main providers.

The CCG is the lead commissioner, acting on behalf of all CCGs across the Health Community for the contract with the Southport and Ormskirk NHS Trust. Progress with this and its other main providers (Aintree University Hospitals NHS FT, Mersey Care NHS Trust and Liverpool Community Health NHS Trust) is set out in Section 2 below:

Section 3 below sets out details of changes in the commissioning approach with other providers that have an impact on the CCGs contractual position.

2. Main Providers Summary Contract Position

	Aintree University Hospitals NHS FT	Southport and Ormskirk Hospitals NHS Trust	Mersey Care NHS Trust	Liverpool Community Health NHS Trust
Activity and Finance	Initial Trust funding request £4.81m (£208.2m across all CCGs) Revised final technical offer sent by CCG on 13/3/14. £4.75m (£199.9m across all CCGs) Main Gap caused by Trust request for additional funding for • CDU, • Ward Staff investments • Acute Frailty Unit • Therapy Charging Areas which CCGs believe are either already funded through the application of the tariffs or where the amount requested is excessive. Negotiations ongoing around resolving the perceived financial gap Meeting of three main CCG Chairs,	Trust requested full funding for service changes related to winter pressures. The CCGs (Southport & Formby CCG, West Lancs CCG and South Sefton CCG), have collectively agreed to fund £1.6m of the £2.5m requested (Total funding offer £142.5m across all CCGs). Negotiations ongoing around resolving the recognised financial gap CCGs are working collaboratively to assess the risk levels across the health economy and how the financial contributions and residual risks are matched at	Trust funding request £12.42m (£30.4m across all CCGs) which included full re-investment of tariff deflator. CCG offer of £12.23m, (£29.9m across all CCGs) which includes investment related to implementing recommendations from the Francis Report. Trust has accepted CCG offer.	Trust Funding request £3.04m (£22.8m across all CCGs) Revised Financial Offer of £2.89m made by CCG on 14/3/14 (£21.6m across all CCGs) following a delayed (three weeks) response from provider to original offer Most of the outstanding issues on the technical offer are agreed in principle as appropriate to fund but agreement on the financial value not yet reached. Trust has accepted CCG Offer

	AO's and CFO's Wednesday 5/3/14 agreed overall approach. Further commissioner discussion took place at the Aintree Collaborative Commissioning forum on 6/3/14.	a CCG level CCG Chief Financial Officer and Accountable Officers met with Trust Chief Operating Officer and Director of Finance on 13th March to review progress.		
Performance and Quality	Some Minor issues with the Quality Schedule to be resolved	Some Minor issues with the Quality Schedule to be resolved	Some Minor issues with the Quality Schedule to be resolved	Agreed in principle
CQUIN	National elements agreed Some minor issues to be resolved for the local element	National elements agreed Local elements to be based on Alternative Quality Contract (AQC). Agreement process being led by West Lancashire CCG	Agreed	Agreed in principle

3. Changes in Commissioning Approach

For 2014/15 there are some proposed changes in the commissioning approach with other providers that have an impact on the CCGs contractual position. These include:

Maternity Pathway

- 2014/15 sees the adoption of the maternity pathway across providers and the contract negotiations have had to ensure a consistent approach across providers (including Liverpool Women's NHS Foundation Trust and Southport and Ormskirk Hospitals NHS Trust) so that all elements of the pathway are commissioned on a consistent activity basis.

Alder Hey Children's NHS Foundation Trust

- A number of service lines that were previously funded on a block basis have now moved to a cost per case basis as a mandatory tariff has been introduced for 2014/15. The impact of this plus the introduction of Paediatric Best Practice Tariffs is an additional cost of circa £0.1m in 2014/15.

Liverpool Women's NHS Foundation Trust

- CNST Premiums payable by the Trust do not appear to be adequately reflected in the national tariff. The CCGs and the Trust are in discussion with the NHS Litigation Authority.
- Birthrate plus maternity staffing levels have been proposed by the Trust as a basis for funding. The lead CCG is leading the negotiations on this aspect.

Cheshire/Merseyside Rehabilitation Network: Spoke Units

- A continuation of the rehabilitation beds at both Broadgreen and St Helens Hospitals has been included in the CCGs contract with providers for 2014/15. The CCG is working with other CCGs in Merseyside to adopt an equitable funding arrangement on a non-recurrent basis. It is envisaged that responsibility for commissioning these beds will move to Cheshire Warrington and Wirral Area Team of NHS England in 2015/16 as part of the specialised commissioning portfolio.

4. Conclusions

Mature discussions are ongoing across the wider health economy in respect of Southport and Ormskirk Hospitals NHS Trust in terms of consolidating non recurrent schemes

Good progress has been made with agreement reached in respect of Mersey Care NHS Trust and Liverpool Community Health NHS Trust.

Joint negotiations are taking place with CCGs regarding Aintree University Hospitals NHS Foundation Trust

At this stage it is not envisaged that the CCG will enter into any formal arbitration processes.

5. Recommendations

The Governing Body are asked to receive this report by way of assurance and note the progress that has been made in the negotiation and agreement of 2014/15 Provider Contracts

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/46	**Author of the Paper:**
Report date: 6th March 2014	Jan Leonard Head of CCG Development jan.leonard@southportandformbyccg.nhs.uk Tel: 01704 387034

Title: Commissioning Intentions 2014/15

Summary/Key Issues:

This paper presents the Governing Body with the CCGs Commissioning Intentions for 2014/15. The purpose of commissioning intentions is to signal to providers and the public areas that we intend to focus on during the coming twelve months to improve the health and services for our local population. The commissioning intentions deliver against the CCGs priority areas of Frail Elderly, Unplanned Care and Primary Care, which in turn contribute to the delivery of the five year strategic plan.

Recommendation

The Governing Body is asked to receive this report by way of assurance.

	x
Receive	*x*
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	x			Via EPEG and Big Chats

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	X			
Presented to other Committees				

Links to National Outcomes Framework *(x those that apply)*	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
South Sefton
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Introduction and Background

1.1 The purpose of commissioning intentions is to signal to providers and the public areas that we intend to focus on during the coming twelve months to improve the health and services for our local population. The commissioning intentions deliver against the CCGs priority areas of Frail Elderly, Unplanned Care and Primary Care, which in turn contribute to the delivery of the five year strategic plan.

1.2 Southport and Formby CCGs Commissioning Intentions have been developed using a 'Right Care' approach. This method examines the CCGs benchmarked performance and identifies any indicators where the CCG is an outlier. Other documents used include the Joint Strategic Needs Assessment , the Health and Wellbeing Strategy, The NHS Outcomes Framework and Everyone Counts .

Benchmark data was taken to the Wider Constituent meeting in October 2013 for further discussion, and subsequently the final list of commissioning intentions was compiled.

A number of the Commissioning Intentions have been included in the Service Development and Improvement Plans of our main providers, to ensure a commitment to delivery during the next twelve months. The list of intentions has also be presented to the Engagement and Patient Experience Group and highlighted during the Big Chat events in December 2013.

2. List of Commissioning Intentions for 2014/15

2.1 Enhancing Primary Care

We believe that Primary Care is vital to improving health for our population. In 2013/14 we wrote a Primary Care Quality Strategy and during 2014/15 we aim to deliver against the outcomes for year one, within the strategy. In order to ensure that quality and provision are commissioned effectively we will work closely with the Direct Commissioners in NHS England who commission Primary Medical Care Services.

2.2 Locality Development

Along with good quality primary care we believe that developing our four localities (Formby, North Southport, Birkdale & Ainsdale and Central Southport) is key to improving the health of the population. As well ensuring that community services align to the locality footprint we will ensure that clinical leads within the localities are supported to understand and influence commissioning for their locality.

2.3 **Cardio Vascular Disease Strategy**

We are planning a phased Implementation of the Department of Health CVD Strategy. In 2014/15 this will involve review of current service provision; identify gaps in quality or areas for improvement. The review will include all rehabilitation services with a view to developing a 'one stop shop' for all rehabilitation / education programmes (eg cardiac, respiratory, diabetes).

2.4 **Care Closer to Home**

This scheme is vital to ensuring good quality, effective community service provision. We will continue to implement Care Closer to Home to ensure that outcomes are delivered, working towards the five year plan of a 15% reduction in non elective admissions through the above schemes. We will evaluate the services funded via non recurrent winter monies and examine the requirements for the future. We will review intermediate care services along with colleagues in the Local Authority.

2.5 **Community Nursing**

We will complete a review of our requirements for a district nursing night service and re-specify the service with a view to transferring it to a local provider. We will examine the gaps in the current service provision for lymphoedema (and Healthy Legs) and specify our requirements. We aim to understand the impact on other services eg treatment rooms and review along with the wider community nursing service.

2.6 **Gastroscopy**

Southport and Formby CCG remain outliers for the number for scopes performed. We plan to review and benchmark access and numbers of scopes being performed by providers along with the current pathways in p lace in Primary Care. We will explore the potential for open access flexi sigmoidoscopy services locally and the impact this would have on existing activity.

2.7 **Childrens Services**

We plan to evaluate the pilot of Children's Community Nursing Team and specify our future requirements. We will work with the Southport Partnership around obesity, asthma and alcohol in school children. We plan to review children's unplanned care in particular focusing on epilepsy, alcohol and asthma. CAMHs and Youth Offending, develop a mental health and emotional wellbeing strategy.

2.8 **Section 136 Mental Health Act**

Work with the multiagency Section 136 group with the potential to pilot a section 136 vehicle.

2.9 **Paediatric Audiology**

Re-commission a community based Paediatric Audiology service as a result of the current provider serving notice to cease the service.

3.0 **Formby GP Care Home Pilot**

Evaluate the current scheme in year to inform future commissioning plans.

3.1 **Hospital Alcohol Team**.

Evaluate the current service in year to inform future commissioning plans.

3.2 **Commissioning Policy**

Adopt the revised Commissioning Policy (which incorporates fertility and Procedures of Lower Clinical Priority policies) subject to approval at the relevant committees.

3.3 **Shared care arrangements**

Strengthen shared care arrangements via the Standard NHS Contract. In particular, Denosumab, reduce outpatient activity associated with attendances for prescribing as activity transfers to primary care under a shared care arrangement.

3.4 **Dementia**

We plan to work with partners to review the current dementia service specification. Facilitate support for patients, families and carers through coordination of agencies and improve dementia end of life care through advance care planning.

3.5 **Community Ophthalmology**

Continue to work with providers to develop the Community Ophthalmology schemes, in order to deliver a 10% reduction in outpatient attendances in 2014/15.

3.6 **Community Phlebotomy**

Review community phlebotomy provision and contractual options for 2015/16.

Conclusions

We have kept our commissioning intentions to a list which we feel is achievable, whilst delivering the improvements we feel necessary to improve the health and outcomes for our population.

Following submission to the Governing Body we will produce a public facing document outlining the Commissioning Intentions which can be shared with partners and providers and be made available via the CCG website.

Recommendations

The Governing Body is asked to receive the contents of this report.

Jan Leonard
March 2014

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/47	**Author of the Paper:**
Report date: March 2014	Tracy Jeffes Head of Delivery and Integration tracy.jeffes@southportandformbyccg.nhs.uk Tel: 0151 247 2049

Title: Clinical Director Roles

Summary/Key Issues:

This paper outlines an approach for strengthening clinical leadership through the development of Clinical Director roles within the CCG. This approach was previously signalled in the Organisational Development strategy approved in November 2013.

Recommendation

The Governing Body is asked to receive the paper by way of assurance and discuss the content in order to shape its further development.

	x
Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement				
Clinical Engagement	X			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees				

Links to National Outcomes Framework *(x those that apply)*	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to the Governing Body
March 2014

1. Executive Summary

The further development of clinical leadership is one of the CCG's six strategic objectives and is a key theme within the Organisational Development Plan. This paper outlines an approach for strengthening clinical leadership through the development of Clinical Director roles. It is proposed that these roles will commence in April 2014 and Governing Body members are asked to further shape their development.

2. Introduction and Background

Southport and Formby CCG has reaped the benefit of strong clinical leadership over recent years, successfully moving the organisation from its shadow form, through authorisation and into a first year of operation as a statutory body. Governing Body members, Locality Leads and Clinical Leads have all contributed to driving this development, ensuring a strong clinical voice at all levels of the organisation and most critically in developing relationships and bringing about change in conjunction with partner organisations and the wider membership. It is the clinical leadership within our organisation that brings the "added value" that previous commissioning organisations did not benefit from.

It is therefore imperative that the CCG continues to strengthen, sustain, broaden and focus the contribution of its clinical leaders. The development of Clinical Director roles is one element of its approach to clinical leadership. The development of clinical leadership at locality level is another key priority and plans are being developed to support this in parallel. It should also be noted that the same clarity of role and opportunity for development for other leaders on the Governing Body (e.g. Practice Manager, Lay, and Secondary Care Doctor) is also equally important and will also be addressed simultaneously.

3. Proposal for the Development of Clinical Director Roles

In addition to their responsibilities as a member on the Governing Body[i], clinical members also currently undertake a range of additional duties related to specific work programmes, specific contract negotiations, serving on committees or leading areas of development. The aim of this proposal is to formalise these duties into a number of Clinical Director posts in order to provide clarity of role for the individual, the organisation and external colleagues. At present four job descriptions have been developed which outline the full responsibilities of the Clinical Director roles along with the desired attributes, competencies and skills. These four roles are:-

1. Clinical Director for Quality
2. Clinical Director for Unplanned Care
3. Clinical Director for Planned Care
4. Clinical Director for Strategy and Planning

It is however envisaged that there may be a need for two or three Clinical Directors for Planned Care, to enable a focus on various aspects of acute, community and mental health commissioning. There is also a possible requirement for a Clinical Director role to support the integration and delivery agenda (connecting into the work of Health and Wellbeing Board, integration with Sefton Council and supporting the monitoring of the Commissioning Support Unit Service Level Agreement).

Each role is for two sessions a week (a session being 4 hours 10 minutes) as agreed by the Remuneration Committee in January 2014.

It is envisaged that each Clinical Director (in addition to the duties of all Governing Body members) will:

- work closely with the lead manager(s) to drive forward and deliver on key aspects of an agreed work programme for their area, in the context of the 2 and 5 year strategy
- agree a set of related personal objectives through the Personal Development Review (PDR) process
- regularly report on progress to the Governing Body and other groups as appropriate
- identify any relevant development needs related to the role and undertake training as appropriate.

It is also important that that Clinical Directors are able to remain in tune with member practices, truly engage with patients and communities, and actively reflect the Nolan Principles of Public Life in their leadership role, as they work with others to commission high quality services and improve health and wellbeing.

There are also opportunities for non-Governing Body Clinical Leads to undertake aspects of the Clinical Director roles in order to strengthen and broaden clinical leadership and enable succession planning across the CCG.

4. Conclusions and Next Steps

The Governing Body is therefore asked to discuss the proposal to develop Clinical Director roles and in particular consider if the correct roles have been identified and how to best appoint clinical members to the roles. It is possible that some members may see this as an opportunity to take on a new portfolio, whilst others may wish to continue working in an area where they already have experience and knowledge. Consideration also needs to be given to non-governing body clinical leaders who may also be able to support elements of the roles.

In addition to this proposal, the Governing Body is also asked to note and support the parallel development of locality leadership roles (and the localities themselves) and a similar process to ensure clarity of roles and development for all other Governing Body members.

5. Recommendations

The Governing Body is asked to receive this report by way of assurance.

Tracy Jeffes
March 2014

[i] All Governing Body members have the responsibility to ensure that the CCG exercises its functions effectively, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members.

Key Issues
Finance and Resource Committee

NHS
Southport and Formby
Clinical Commissioning Group

Meeting Date 22nd January 2014, 19th February 2014

Chair Mrs Helen Nichols

Key Issues	Risks Identified	Mitigating Actions
1. Incomplete GP referral data	• Impact on performance management	• FLC will progress with CMCSU
2. Contract performance review	• Underperformance in some CQUINs	• CQUIN payments will be withheld as appropriate.
3. NHS England propose initiating a central adjustment to CCG budgets to accommodate CHC payments going forward.	• Impact on budget	• MMcD to approach Katherine Sheerin in her role as a member of NHS Clinical Commissioning Groups Board to record the objection of the CCG to this approach.

Information update to the Governing Body
1. Better Care Fund – Initial payment - potential for this to funded centrally, discussions with Sefton MBC are ongoing.
2. CMCSU Performance Review – a number of business process reviews are outstanding and being prioritised. Indication has been given that finance, IM& T and Senior Comms may be brought in house.
3. Merseyside and Cheshire Commissioning support unit will merge with Greater Manchester CSU from 1st April 2014
4. Summary of main requirements of Annual Report – report to Finance and Resource Committee in March detailing recommended approach which has been proposed and will be implemented by the Senior Management Team/Senior Leadership Team (Governing Body Members/CCG Officers)

Key Issues
North Locality Group

Southport and Formby Clinical Commissioning Group

Meeting Date 13th February 2014

Chair Dr Kati Scholtz

Key Issues	Risks Identified	Mitigating Actions
1. Devolvement of locality development monies to individual practices as Group were unable to agree on a locality level scheme	• Slippage held at practice level if proposed schemes do not deliver as intended	• Review progress at May meeting and agree action to address any slippage
2. On-going mis-reporting of blood potassium levels at Southport and Ormskirk Hospitals	• Patients contacted and admitted unnecessarily especially out of hours	• Reported via Jan Leonard to contracts meetings

Recommendations to the Governing Body
The Governing Body is asked to receive the issues raised**.**

Key Issues
Quality Committee

NHS
Southport and Formby
Clinical Commissioning Group

Meeting Date	**Wednesday 19 February 2014**
Chair	**Helen Nichols**

Key Issues	Risks Identified	Mitigating Actions
1. Safeguarding	• Lack of verifiable assurance from all providers across Merseyside.	• Verbal reassurance from Safeguarding Hosted Service. • Quality committee have asked that this risk is reflected on the CCG risk register. • The Safeguarding Service has sent full feedback to the Providers and have informed the Directors of Nursing of the lack of assurance being currently provided.
2. Safeguarding Children Management Reviews	• Quality of safeguarding in health provision across the borough. • Poor communication was a feature of both cases both between multi-agency partners and across the health economy	• CCG remain active partners within the LSCB structure • CCG consider, and strengthen where necessary, the arrangements currently in place that enable us to influence the planning, quality and commissioning intentions relating to other key children's services, such as Health Visiting and School Nursing • CCG [in conjunction with NHSE(M) consider a review of communication across the Partnership arrangements to ensure that

		Primary Care are informed of and contribute to safeguarding process within the Borough.
3. Francis Action Plans	• Lack of pace in updating and addressing actions • A need to move away from process driven actions towards more outcome focussed actions	• Updated Francis Action Plans addressing the highlighted risks to be presented at April's Quality Committee meeting
4. Alder Hey Children's Hospital Risk Summit	• CQC highlighted that there were a number of issues in relation to the safety and quality of practice in the Theatre department	• NHSE are supporting the trust with regards theatre safety and additional support that may be needed • Alder Hey Children's Hospital has developed an action plan that is being reviewed by NHSE

Recommendations to the Governing Body
1. **The Governing Body is asked to receive this key issues log as an assurance that the CCG Quality Committee has oversight and assurance that the population the CCG serves is receiving safe, harm free and quality care in provider organisations, and where issues have been raised the Quality Committee has put in place appropriate mitigating actions.**

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
March 2014

Agenda Item: 14/49	**Author of the Paper:** Debbie Fairclough – Head of Client Operations (CSU)
Report date: 18th March 2014	

Title: NHS Constitution – Statement of Assurance

Summary/Key Issues:
The NHS Constitution came into force in 2009. It sets out what everyone can expect of the NHS and what is expected of them. It specifically sets out the rights and responsibilities of patients, the public and staff as well as pledges that the NHS is committed to achieve.

There is a legal requirement for all NHS organisations to comply with the Constitution and the framework below has been developed to capture how the CCG is complying with each element.

A public consultation in order to strengthen the constitution was held during December 2013 – January 2013. A number of technical changes have also been made to ensure it reflects changes introduced since its launch in January 2009, this includes make clear that the Constitution extends to Local Authorities.

Purpose:
The purpose of this report is to provide assurances to the Governing Body that the CCG is compliant with all rights and pledges.

Recommendation

The Governing Body is asked to ***receive*** and ***note*** the current assessment of compliance.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.

	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought	X			Relevant qualified individuals have provided input to the report.
Resource Implications Considered			X	
Locality Engagement				
Presented to other Committees	X			EPEG

Links to National Outcomes Framework *(x those that apply)*	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

Appendix 1

Access to Health Services	Assurance Statement	Sources of evidence	Compliance Fully: GREEN Partially: AMBER None: RED
RIGHTS: The right to:			
• **Receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.**	*The CCG commissions health services that are free at the point of contact. The details of those services are contained with Contract Schedules and Service Level Agreements with providers of community, secondary, tertiary and voluntary sector services.*	• NHS Provider Contracts • NHS Service Level Agreements • Locally Enhanced Services (LES) agreements	
• **Access NHS services. You will not be refused access on unreasonable grounds**	*The CCG commissions services from community and acute providers to ensure that patients are able to access services. Providers are required to have in place policies and procedures to ensure compliance with their Public Sector Equality Duties. Providers are monitored on their compliance with PSED as part of the contracting monitoring process.*	• Contract Schedules • Performance Reports • Contract Monitoring Reports • Minutes of Meetings	
• **Expect your NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary.**	*The CCG works with the Local Authority to undertake Joint Strategic Needs Assessments which is used to support the development of the Health and Wellbeing Strategy as well as used to inform the development of the Strategic Plan. The Strategic Plan sets out the commissioning priorities of the CCG that are based on the needs of the population.* *EPEG enables the CCG to identify specific barriers that could impact community accessing specific services* *The CCGs is committed to E&D and have developed a Equality Objective plan, E&D Strategy and are embedding improved equality processes for 2014/15 enabling commissioners to consider the needs of their communities across protected groups (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion, Sex, Sexual Orientation)*	• JSNA • Health and Wellbeing Meeting Agendas Health and Wellbeing Board Meeting Minutes • Strategic Plan • Equality Objective Plan • Equality and Diversity Strategy • Governing Body Minutes • Quality Committee Minues	

• **In certain circumstances, to go to other European Economic Area countries for treatment which would be available to you through your NHS commissioner**	*The CCG commissions comprehensive services, closely monitors waiting time performance via the Quality and Performance Review Groups meeting with providers and provides assurances on this to the Quality Committee.* *In the event that a patient opts to seek treatment abroad the CCG would make arrangements to review the appropriateness of the treatment and consequential funding.* *CCG is working with local Black Minority and Ethnic Community Development team to myth bust around issues such as health tourism.*	• NHS Contracts • Minutes of Contact and Quality Performance Meeting • Choice Arrangements	Gap: CCG needs to ensure that the public can access information on how to claim reimbursement. This is being addressed and will be in place by 31st March 2014.
• **Not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, religion or belief, gender, reassignment, pregnancy and maternity or marital or civil partnership status**	*The CCG has in place Equality and Diversity Policy/ strategy and an Equality Objective Plan in line with statutory requirements these have been approved by the Governing Body.* *The Objective plan addresses key actions across key CCG functions including Commissioning, quality, patient experience, monitoring provider performance, and HR* *The CCG has measured its own performance via Equality Delivery Systems and will undertake its EDS2 assessments from January to March 2015* *EPEG committee and internal Governance group receive E&D updates and reports on progress against delivery of the Objectives Plan* *E&D Training is part of the Statutory and Mandatory Training Programme and all staff are required to undertake E learning E&D training* *Governing Body has undertaken high level E&D training on meeting their requirements as decision makers*	• Equality and Diversity Policy • Equality Objective Plan • HR Policies and Procedures • Minutes of EPEG meetings • E&D Training Records	
• **Access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook**	*The CCG commissions comprehensive services, closely monitors waiting time performance via the Quality and Performance Review Groups meeting with providers and provides assurances on this to the Quality Committee.* *The CCG offers "Choice" to patients*	• NHS Provider Contracts • Corporate Performance Reports • Governing Body reports • Governing Body Minutes • Quality Committee Agendas	

to the NHS Constitution		• Contract and Quality Performance Group Minutes	
PLEDGES: The CCG also commits: • **To provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution;**	*The CCG commissions comprehensive services, closely monitors waiting time performance via the Quality and Performance Review Groups meeting with providers and provides assurances on this to the Quality Committee.*	• NHS Provider Contracts • Corporate Performance Reports • Governing Body reports • Governing Body Minutes	
• **To make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered.**	*The CCG holds "Big Chat" and "mini chat" events and has an Engagement Strategy to ensure that the views of the public inform commissioning decisions. The CCG also works closely with Healthwatch and CVS networks to develop patient and public understanding and is also supporting member practices to develop their Patient Participation groups to support this activity.* *The CCG holds meetings in public 6 times a year and the agenda and papers are published on the CCG website.* *The CCG has approved a Constitution that sets out the governance and decision making processes of the CCG.*	• Big Chat Agendas • Big Chat Event Reports • Minutes of Open Public Meetings • CCG Constitution	
• **To make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them**	*CCG is undertaking a integration programme underpinned by 2 year and 5 year plan setting out key priorities including how services within primary secondary care, social care services and community voluntary sector can work to develop seamless services and pathways* *Providers have in place "patient pathways" that detail the handover and transition process* *The E&D work programme, engagement process and quality contract schedules identify issues gaps and barriers in respect pathways enabling the CCG to agree actions to resolve any issues.*	• Notes of Operational Management Group meetings • Strategic Plan • Patient Pathways	
Quality of Care and Environment			
RIGHTS: • **To be treated with a professional standard of care, by appropriately**	*Providers have in place recruitment processes that ensure staff are employed with current professional registration.*	• Staff appraisal processes in providers	

qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.	*CCG commissions services from providers that are registered with the CQC* *The CCG works with providers to ensure that changes to workforce does not negatively impact on patients.*	• CQC Registration details	
• **Expect NHS organisations to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, clinical effectiveness and experiences of services**	The CCG Chief Nurse and GP Quality Lead meets with providers to discuss quality matters as part of the Quality and Performance Review Group process. The CCG Quality Committee receives and Early Warning Dashboard that signals any areas of concern about the quality and safety of services The CCG is a member of the North West Quality Surveillance Group	• Quality Committee Minutes • Quality Dashboards • CQPG Minutes • NW Quality Surveillance Group Agenda • NW Quality Surveillance Group Minutes	
PLEDGES: The CCG also commits: • **To ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice**	*The CCG Chief Nurse and GP quality lead meets with providers to discuss quality matters as part of the Quality and Performance Review Group process. The CCG Quality Committee receives and Early Warning Dashboard that signals any areas of concern about the quality and safety of services* *E&D work identifies access issues which often equate to issues around patient safety*	• Quality Committee Minutes • Quality Dashboards • CQPG Minutes • NW Quality Surveillance Group Agenda • NW Quality Surveillance Group Minutes	
• **To identify and share best practice in quality of care and treatments**	*The Quality Committee discusses best practice in quality of care and treatments.*	• Chief Nurse Network Meetings • Quality Committee Minutes	
• **If you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set in the Handbook of the NHS Constitution**	*The CCG monitors compliance with Mixed Sex Accommodation (MSA) targets and works with providers and NHS England to identify risk of occurrence and to agree remedial actions if a breaches do occur.*	• Corporate Performance Reports • MSA Action Plans • Quality Committee Minutes	
Nationally Approved Drugs and Treatments			
RIGHTS: The right to: • **Drugs and treatments that have been**	*The CCG commissions Medicines Management support and advice from the CSU. The CCG is a member of the*	• APC Minutes • MMOG Minutes	

recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	*Area Prescribing Committee where such guidance is discussed, recommendation made and CCG approval.*	• SSMOOG Minutes • JMOG Minutes	
• **Expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.**	*The CCG has in place systems and process to review applications for Individual Funding Requests for those cases that are considered to be "exceptional". The panel membership includes clinicians to ensure proper assessment of clinical need.* *All decisions to fund are not to fund are communicated to patients and their clinicians with a clear rationale to support the decision.*	• IFR Policy • Commissioning Policy Review document • IFR Panel Notes	
• **Receive the vaccinations that the Joint Committee on** • **Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme**	*The Vaccinations administered under the National programme is commissioned by the Public Health Team of NHS England*	**NOT APPLICABLE TO CCGs**	
PLEDGES: The CCG also commits to: • **Provide screening programmes as recommended by the UK National Screening Committee**	*NHS England and the Local Authority are responsible for the implementation of screening programmes and the CCG works closely with these organisations*	**NOT APPLICABLE TO CCGs**	
Respect Consent and Confidentiality			
RIGHTS: The right to: • **Be treated with dignity and respect, in accordance with your human rights.**	*CQC and other external regulators require Providers to have in place appropriate policies and procedures.* *The CCG requires providers to have such arrangements in place and these are monitored through the contracting processes.*	• Equality and Human Rights Policies • Consent Policies • Same Sex Accommodation Policies • Patient Information Leaflets • Mental Capacity Act Policy (including Best Interests) • Care of the Dying Policies • Safeguarding Policies and Procedures • Training programmes for staff on	

		Mental Capacity Act, Consent, Safeguarding etc	
• **Accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests**	*CQC and other external regulators require Providers to have in place appropriate policies and procedures.* *The CCG requires providers to have such arrangements in place and these are monitored through the contracting processes.*	• Equality and Human Rights Policies • Consent Policies • Same Sex Accommodation Policies • Patient Information Leaflets • Mental Capacity Act Policy (including Best Interests) • Care of the Dying Policies • Safeguarding Policies and Procedures • Training programmes for staff on Mental Capacity Act, Consent, Safeguarding etc	
• **Given information about the test and treatment options available to you, what they involve and their risks and benefits.**	*CQC and other external regulators require Providers to have in place appropriate policies and procedures.* *The CCG requires providers to have such arrangements in place and these are monitored through the contracting processes.*	• Patient Information Leaflets in a number of formats • Access to translation services	
• **For privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.**	*The CCG have in place a range of Information Governance Policies that were approved by the Quality Committee.*	• Patient Information Leaflets on how their personal data is processed (Fair Processing Notice) • Evidence to achieve a minimum of Level 2 compliance with IG Toolkit. This compliance is audited on an annual basis • Caldicott Guardian • Senior Information Risk Owner (SIRO) • Information Governance or Data Protection Policy • Information Security Policy • Subject Access Request Policy • Procedures to adhere to the Confidentiality: NHS Code of	

		Practice • Procedures to adhere to the Information Security Management NHS Code of Practice • Procedures to adhere to the NHS Records Management • Quality Committee minutes • IG Toolkit Compliance Results	
• **Of access to your own health records. These will always be used to manage your treatment in your best interest**	*The CCG has a policy in place that provides information on the process to follow when requesting records. These arrangements have been approved by the Quality Committee.*	• Subject Access Request Policy and procedures • Quality Committee minutes	
• **To be informed how your information is used**	*The CCG has in place a leaflet that describes these arrangements for*	• Patient Information Leaflets on how their personal data is processed (Fair Processing Notice)	
• **To request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis**	*The CCG has appropriate arrangements in place*	• Patient Information Leaflets on how their personal data is processed (Fair Processing Notice) • Confidentiality: NHS Code of Practice • Information Security Management NHS Code of Practice • NHS Records Management	
PLEDGES: The NHS also commits to: • **Share with you any correspondence sent between clinicians about your care**	*The CCG monitors compliance with this through the contract monitoring processes.*	• Contract meeting minutes	
Informed Choice			
RIGHTS: The right to:			

• **Choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.**	**NOT APPLICABLE TO CCG** NHS England is responsible for the commissioning and performance management of GP contracts. The CCG works with the Merseyside Area Team to support the development and improvement of quality in primary care.		
• **Express a preference for using a particular doctor within your GP practice and for the practice to try to comply.**			
• **Make choices about the services commissioned by NHS bodies and the right to information to support these choices. The options available to you will develop over time and will be dependent on your individual needs.**	*The CCG has arrangements in place to ensure that patients have "Choice".*	• Choice Policy • NHS Choices Website • Having communications and information in a range of accessible formats	
PLEDGES: The CCG also commits to: • **Inform you about the healthcare services available to you, locally and nationally;**	*The CCG has arrangements in place to ensure that the public are advised about the services available to you.*	• Strategic Plan • Publication of Contracts • Annual Plans • Annual Report • Engagement Events • Prospectus	
• **Offer you easily accessible, reliable and relevant information in a form that you can understand and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available.**	The communications plan includes actions to ensure decision making is communicated and understood.	• Provider Personalised Care Plans	
Involvement in your Healthcare			
RIGHTS: The right to:	*Providers have in place End of Life policies that are developed in conjunction with commissioners*	• End of Life Policies	

• **Be involved in discussions and decisions about your healthcare, including your end of life care and to be given information to enable you to do this**	*Use of translation and interpretation services are monitored through 2104/15 quality contract schedule under compliance with Equality Act 2010 requirements*	• Interpretation Service SLA • Contract Schedule	
• **Be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those Services.**	*The CCG has arrangements in place to ensure that patients and the public are able to contribute to the development of plans.*	• Open Board Meetings • Big Chat Events • Mini Chat Events • Engagement Strategies • Engagement and Patient Experience Group • HealthWatch • CVS Networks • Patient Surveys • Minutes of meetings • EPEG Meetings	
PLEDGES: The CCG also commits to: • **Provide you with the information and support that you need to influence and scrutinise the planning and delivery of NHS Services**	*The CCG has arrangements in place to ensure that patients and the public are able to contribute to the development of plans.*	• Open Board Meetings • Big Chat Events • Mini Chat Events • Engagement Strategies • Engagement and Patient Experience Group • HealthWatch • CVS Networks • Patient Surveys • Minutes of meetings • EPEG Meetings • Overview and Scrutiny meeting notes • Consultation reports • Survey Reports	
• **Work in partnership with you, your family, carers and representative to involve you in discussions about planning your care and to offer you a**	*Providers have appropriate arrangements in place as part of pathway approach.*		

written record of what is agreed if you want one			
• **To encourage and welcome feedback on your health and care experiences and use this to improve services**	*The CCG has appropriate arrangements in place to ensure that patient views inform service improvements.*	• EPEG Terms of Reference • Quality Committee ToR • Complaints Policy • Being Open Policy • Family and Friends Performance Monitoring • Complaints Reports • PALS Reports	
Complaints and Redress			
RIGHTS: The right to: • **Discuss the manner in which the complaint is handled and to know the period within which the investigation is likely to be completed and the response sent** • **Have any complaint that you make about NHS services acknowledged within three working days and to have it properly investigated** • **Be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of any conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.** • • **Take your complaint to the Independent Parliamentary and Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.**	*The CCG complies with relevant legislation, guidance and policy and has arrangements in place to manage complaints, concerns and serious incidents.* *The CCG procures support from the Cheshire and Merseyside Commissioning Support Unit for the management of Claims.*	• Complaints Policy • Being Open Policy • PALS • Complaints Support commissioned from the CSU • Membership with NHS Litigation Authority • Incident Reporting Policy • Serious Incident Policy • Quality Committee Review of complaints • EPEG review of complaints • Corporate Governance Group • Quality and Performance Review Group • Complaints Action Plans • Public Sector Equality Duty • Duty to consult and engage • CSU SLA • SI Investigation Reports • STEIS reporting • STEIS review group notes • Incident Action Plan	

• **Make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.** • **Compensation where you have been harmed by negligent treatment.** **PLEDGES: The CCG also commits to:** • **Ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely your future treatment** • **Ensure that when mistakes happen or if you are harmed while receiving health care, you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learnt to help avoid a similar incident occurring again.** • **Ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services**			

Pledges to staff

1. To have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives	Assurance Statement	Sources of Assurance	Compliance– fully GREEN compliant/partially AMBER compliant/not compliant RED
RIGHTS: The right to: • Fair treatment regarding leave, rights and flexible working and other statutory leave requests relating to work and family, including caring for adults with whom you live. • Request 'reasonable' time off for emergencies (paid and unpaid) and other statutory leave (subject to exceptions) • Expect reasonable steps are taken by the employer to ensure protection from less favourable treatment by fellow employees, patients & others (e.g. bullying or harassment)	*The CCG has in place a range of HR and Workforce Policies and procedures.* *The Governing Body has approved an Equality and Diversity Policy*	• Carers Leave Policy • Maternity Leave Policy • Special Leave Policy	
2. To have a fair pay and contract framework			
RIGHTS: The right to: • Pay; consistent with the National Minimum Wage or alternative contractual agreement. • Fair treatment regarding pay.	The CCG has appropriate arrangements in place to ensure compliance with these requirements.	• Agenda for Change Pay Framework • VSM Pay Framework • Employment Contracts	
3. To be involved and represented in the work			

place			
RIGHTS: The right to: • Be accompanied by either a Trade Union official or a work colleague at disciplinary or grievance hearings in line with legislation, your employer's policies or your contractual rights.	*These rights are detailed in relevant policies and procedures.*	• Disciplinary Policy • Grievance Policy • Conduct and Capability Policy	
• Consultation and representation either through the Trade Union or other staff representatives (for example where there is no Trade Union in place) in line with legislation and any collective agreements that may be in force**.**	*Staff are able to access support from Staffside representative and are able to join trade unions.*		
4. To have healthy and safe working conditions and an environment free from harassment, bullying or violence			
RIGHTS: The right to: • Work within a healthy & safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff, to work your contractual hours, take annual leave and to take regular breaks from work.	*These rights are detailed in relevant policies and procedures.*	• Health and Safety Policy • Local Security Management Specialist • Incident Reporting procedures • Lone Worker Policy • Risk Management Strategy	
5. To be treated fairly, equally and free from discrimination			
RIGHTS: The right to: • A working environment	The CCG policies and procedures have been developed in accordance with Equality Legislation.	• Equality and Diversity Policy	

(including practices on recruitment and promotion) free from unlawful discrimination on the basis of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity, or marital or civil partnership status.			
6. To take a complaint about their employer to a Tribunal (in certain circumstances)			
RIGHTS: The right to: • Appeal against wrongful dismissal. • Pursue a claim in the employment tribunal, if you meet required criteria, if internal processes fail to overturn a dismissal	*The CCG has appropriate arrangements in place to ensure staff are able to take a complaint about their employer to a Tribunal.*	• Disciplinary Policy • Grievance Policy • Conduct and Capability Policy	
7. Can raise any concern with their employer whether it is about safety, malpractice or other risk, in the public interest			
RIGHTS: The right to: • Protection from detriment in employment and the right not to be unfairly dismissed for 'whistleblowing' or reporting wrongdoing in the workplace.	*The CCG has in place arrangements to ensure that staff can raise concerns with their employer about safety, malpractice or other risk in the public interest.*	• Incident Reporting • Whistleblowing Policy	
8. To have employment protection (NHS employees only)			
RIGHTS: The right to: • Employment protection in terms of continuity of service for redundancy purposes if moving	The CCG has in place arrangements in place to protect employment in appropriate circumstances.	• Managing Organisational Change Policy • TUPE Arrangements	

between NHS Employers.			
9. To join the NHS Pension Scheme (NHS employees and some other groups e.g. GPs)			
RIGHTS: The right to: • Your ability to join the NHS Pension Scheme.	*All CCG Employers have the right to join the pension scheme and are advised of this when joining the CCG.*	• NHS Pension Scheme Leaflets • Communications Bulletins • Induction Pack • Offer letters of employment	
PLEDGES			
The CCG commits to : • Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability • Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. • Provide support and opportunities for staff to maintain their health, well-being and safety • Engage staff in decisions that affect them and the services	*The CCG has appropriate arrangements in place to ensure that staff are able to benefit from a positive working environment in which the can work flexibility within the needs of the business and can acquire skills to further their development.*	• Personal Development Reviews • Training and development opportunities • Job Descriptions • Personal Development Reviews • Flexible Working arrangements • Health and Safety Policy • Occupational Health Service • SMT meeting notes of discussions • SLT meeting notes of discussions • Wider Management Team meetings • Staff Engagement Events • SMT • SLT • Wider Management Team meetings • Staff Engagement Events • Grievance Policy • Whistleblowing Policy	

they provide, individually, through representative organisations and through local partnership working arrangements • All staff will be empowered to put forward ways to deliver better and safer services for patients and their families • To have a process in place to raise an internal grievance • Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998			

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY 2014

Agenda Item: 14/50	**Author of the Paper:** Martin McDowell Chief Finance Officer Martin.mcdowell@southportandformbyccg.nhs.uk Tel: 01704 387010
Report date: March 2014	

Title: 2014/15 Opening Financial Budgets

Summary/Key Issues:

This paper presents the Governing Body with the opening 2014/15 Budget for Southport and Formby CCG and advises upon outstanding issues and risks.

Recommendation

	X
Receive	X
Approve	X
Ratify	

The Governing Body is asked to receive the following notes by way of assurance:

- that the proposed budgets deliver the key metrics required by NHS England in terms of 1% surplus;
- that this is reliant upon the delivery of £5.9m worth of QIPP schemes, for which schemes have been identified and delivery reflected in opening budgets;
- that the CCG has provided a Contingency reserve of 0.5% of resource allocations in accordance with the national guideline;
- that the CCG planned expenditure is within its running cost target;
- that the CCG has identified Investment schemes using 2.5% of non-recurrent expenditure, in line with NHS England 2014/15 planning guidance.
- that an update to this opening budget position will be presented to the Governing Body meeting in May, following confirmation of key issues which remain outstanding.
- The Governing Body is also asked to approve the opening revenue budget for the financial year 2014/15.

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees	x			

Links to National Outcomes Framework *(x those that apply)*	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
March 2014

1. Summary

1.1 This paper provides details of the CCG's 2014/15 proposed opening budgets for consideration and approval.

1.2 At the time of preparing this report, there remain uncertainties in some areas and it is proposed that an update report will be presented to the Governing Body meeting in May 2014.

1.3 The budgets have been prepared in conjunction with budget holders and reflect all available planning guidance and metrics requirements.

1.4 The budgets reflect national guidelines and local arrangements and are based on 2013/14 Forecast Outturn as the start point for operational budgets.

1.5 A summary of the proposed 2014/15 Budget is presented below.

Table 1 - Summary 2014/15 Opening Budgets

Budget Area	**£2014/15 £m**		
	Rec	**Non Rec**	**Total**
Available Resources	**168.5**	**1.7**	**170.2**
Operational budgets			
NHS Commissioned Services	107.6	4.8	112.4
Corporate & Support Services	5.4	0.1	5.5
Independent Sector	3.2	0.1	3.3
Medicines Management	22.5	0.0	22.5
Primary Care	0.9	0.3	1.2
Non NHS Commissioning	17.1	0.0	17.1
Sub total Operational budgets	**156.8**	**5.3**	**162.1**
Reserves			
QIPP requirement	(5.9)		(5.9)
QIPP planned schemes	5.9		5.9
2.5% Non Recurrent schemes		2.6	2.6
Investments	0.9		0.9
Other Committed Plans	1.3		1.3
Mandate Reserve	0.7		0.7
Contingency	0.8		0.8
Sub total Reserves	**3.8**	**2.6**	**6.3**
Total Anticipated Spend	**160.5**	**7.9**	**168.4**
Forecast Surplus/ (Deficit)	**8.0**	**(6.2)**	**1.8**
Expressed as %			**1%**

2. National Context

2.1 Guidance

The Department of Health (DH) issued its planning guidance for CCG's under the cover of *Everybody Counts:Planning for Patients 2014/15 – 2018/19.* This publication sets out the DH's expectations for health service priorities for the forthcoming year and confirms a number of "business rules" for financial planning purposes.

The CCG's budget setting approach has taken these priorities and business rules into account when establishing the proposed 2014/15 budgets.

2.2 Resource Allocations

The CCG's resource allocation for 2014/15 has been set at £170.22m in total and comprises the following elements:-

a) Baseline allocation £162.14m. This follows the DH exercise to review allocations compared to "fair shares" targets and formulate a mechanism for moving towards target allocations. A detailed paper on this issue was presented to the Board in January 2014.

b) Growth - all CCG's in England received levels of growth that supported the move to "fair shares". Southport & Formby CCG received growth of 2.14%.which equates to an uplift of £3.47m.

c) The CCG's allocation for 2014/15 also includes the return of the 2013/14 planned surplus of £1.69m as a non-recurrent allocation.

d) The CCG running cost allowance was set at £2.92m based on £24.73 per head for a population of 117,953. This compares to a running cost allocation of £2.98m in 2012/13.

2.3 Business Rules & Metrics

The key business rules prescribed by "Everyone Counts…" and which are met within the proposed 2014/15 budgets are:-

- To produce a surplus of 1% of resource allocation
- To set aside 2.5% of the Recurrent Programme allocation to fund non recurrent schemes. These schemes are listed in section 4.2.
- To set aside a Contingency reserve of at least 0.5% of the total Programme allocation, on a non-recurrent basis.
- To recognise that the allocation includes funding to cover the cost of mandated items.

2.4 Quality, Innovation, Productivity and Prevention (QIPP)

The DH's Quality, Innovation, Productivity and Prevention (QIPP) programme will enter the final year of a five year programme in 2014/15, with its aim to deliver £20 billion worth of savings and efficiencies in this period. Section 4.1 provides further detail regarding CCG plans in this area.

2.5 Inflation & efficiency targets

Monitor, in its role as Tariff Regulator, has set an annual level of planned efficiency within its publication of tariffs for providers. The target has been set at 4% for 2014/15 (2013/14 4%). Monitor also takes expected levels of inflation into account when setting the tariff as described in the table below. The CCG financial plans have been constructed on the basis of this information, resulting in a 1.2% reduction in NHS Acute contracts and a 1.5% in NHS non Acute contracts.

Table 2 – 2014/15 net price adjustment (mandatory PbR tariff)

	Acute NHS	Non Acute NHS
Pay & Price inflation	2.8%	2.5%
Total national efficiency requirement	-4.0%	-4.0%
Net reduction (prices in scope of mandatory tariff)	-1.2%	-1.5%

2.6 Commissioning for Quality and Innovation schemes (CQUIN)

The DH has maintained the amount available for Trusts to earn via CQUIN at 2.5%. This scheme is available for all services commissioned under standard NHS Contracts and whilst the guidance describes the funding as non-recurrent, CCG plans account for this funding on a recurrent basis. It is likely that the scheme will continue into the long-term future with the nature of the schemes changing on an annual basis. A proportion of the CQUIN funding (0.5%) is retained to fund national schemes where appropriate to providers whilst the balance of 2.0% is available to fund agreed local priorities. The local elements of the CQUIN relate to the Alternative Quality Contract (AQC), and this part of the contract is led by West Lancashire CCG.

3 2014/15 Opening Expenditure Budgets

3.1 The opening budgets for the CCG have been constructed using the most accurate and appropriate data currently available to the CCG, for each cost area. This includes 2013/14 budgets, projected out-turn figures from the 2013/14 financial year, 2014/15 activity forecasts and agreed contract values.

3.2 The opening contract figures reflect the efficiency and inflation assumptions outlined in table 2, Section 2. Work is continuing to understand the impact on individual providers, which may differ from the average national assessment.

3.3 The opening budgets will be subject to verification once the final outcome of 2013/14 has been assessed and final 2014/15 contracts have been agreed, with further work and analysis still being undertaken by the CCG finance team. The outcome of this review will be shared with the Governing Body in its May meeting. In particular, further clarification is required of contracts with NHS providers, CHC outturn costs, running costs and the outcome of negotiations with the CSU regarding the provision of services.

3.4 Table 3 below shows the opening budgets for each expenditure area compared to the Forecast Outturn (FOT) 2013/14 position as at Month 10. A more detailed analysis is provided at Appendix 1.The key factors for any variances are described below.

Table 3 – Comparison of Opening 2014/15 Budgets to 2013/14 Forecast Outturn (FOT)

Operating Budgets	FOT 2013/14 £m	BUDGET 2014/15 £m	INCREASE/ (DECREASE) £m
NHS Commissioned Services	118.4	112.5	(5.9)
Corporate & Support Services	4.9	5.5	0.6
Independent Sector	3.3	3.3	0.0
Medicines Management	22.2	22.5	0.3
Primary Care	1.5	1.2	(0.2)
Non NHS Commissioning	16.2	17.1	0.9
Total Operating budgets	**166.5**	**162.1**	**(4.4)**

3.5 The opening budget for NHS Commissioned services is £5.9m lower than 2013/14 forecast outturn. The main factors behind this reduction are:-

- Non Recurrent winter pressures funding of £4.0m included in 2013/14 forecast outturn, not included in 2014/15 opening budgets.
- Within Acute Commissioning there is a reduction of £0.9 million relating to the net efficiency gain required from providers, described in Table 2.
- Within Non Acute Commissioning there is a reduction of £0.3m due to the net efficiency requirement. In addition, the Non Acute budget is reduced by £0.5m relating to the full year effect of the service (and budget) transferring from Liverpool Community Health to a non NHS provider during 2013/14.

3.6 Corporate & Support Services – this budget includes Running Costs which have been set in line with the Running Cost Allocation of £2.9m. The overall budget is higher than 2013/14 forecast outturn mainly due to the high level of vacancies during 2013/14.

3.7 Medicines Management. This budget has been based on forecast outturn. The increase compared to forecast outturn of £0.3m relates to the net 1% drug inflation/prescribing efficiency applied to this cost area.

3.8 Non NHS Commissioning – this budget is predominantly based on forecast outturn. This area includes individual packages of care for Mental Health, Funding Nursing Care and Continuing Health Care. During 2013/14 Continuing Health Care has seen a significant increase in spend compared to 2012/13 and this has been reflected in opening 2014/15 budgets.

The key factors behind the £0.9m increase compared to FOT are £0.5m inflation uplift on costs relating to packages of care, the £0.6m increase relating to the full year impact of the Out of Hours Service transfer (noted above) and a reduction of £0.3m arising from the transfer of £0.3m children's care packages to Specialist Commissioning funding in 2014/15.

Reablement and Intermediate Care are also included within this budget area. These services are largely based on service level agreements which will be replaced by formal NHS standard contracts for 2014/15, but for which funding will remain at 2013/14 budget levels.

3.9 The Primary Care opening budget is £0.2m less than 2013/14 forecast outturn. This reduction is due to non-recurrent investments in 2013/2014 not continuing into 2014/2015.

4 2014/15 Opening Reserves

4.1 QIPP Plans

The CCG inherited a share of NHS Sefton's QIPP target and for 2014/15 this figure is set at £5.873m. The CCG's planned schemes to deliver the QIPP requirement are listed in Table 4 below.

Table 4 - QIPP Schemes

QIPP SCHEMES 2014/15	£m
Tariff saving	4.6
Prescribing	0.8
Other identified schemes	0.5
Total QIPP requirement	**5.9**

4.2 2.5% Non Recurrent Reserve

As mentioned in section 2.3, CCG's are expected to spend at least 2.5% of their recurrent commissioning baselines on non-recurrent schemes. This equates to £4.140m for the CCG and the schemes are listed in Table 5.

Table 5 - Use of 2.5% Non Recurrent Reserve

NON-RECURRENT INVESTMENT PLAN 2014/15	Total £m	Operational budgets £m	Non Recurrent Reserve £m
Winter Pressures	0.9		0.9
Mersey Rehab Project	0.6	0.6	
CHC Restitution	0.6		0.6
Transforming Primary Care	0.3		0.3
CVS	0.3		0.3
Other schemes		0.9	0.5
Total non recurrent schemes	**4.1**	**1.5**	**2.6**

4.3 Other Investment Plans

Pending the outcome of contract negotiations, the CCG is hopeful of retaining additional reserves to support investment in transformational schemes. The Governing Body will be updated regarding progress at the next formal meeting.

4.4 Contingency Reserve

The contingency reserve has been set at £0.8m which is the required 0.5% of Programme allocations of £167.3m per NHS England guidelines.

5 Key Financial Risks and Pressures

5.1 At the time of writing this paper, the CCG had not reached agreement with all providers in respect of agreeing 2014/15 contracts. Therefore commissioning budgets remain indicative at this stage, based on the latest contract offers made, and subject to changes arising from final agreements with providers. Any further pressures that arise will be funded via commissioning reserves held in the opening plan.

5.2 The CCG plans have been prepared using 2013/14 financial year out-turn position so any growth in demand will need to be funded using CCG contingency reserves.

5.3 The plans assume that the CCG will recoup 1.2% (Acute) or 1.5% (non Acute) from all NHS Contracts under the planned tariff adjustment. There are a number of separate factors within the construct of the tariff that may mean that this sum is unable to be recouped in full. These all add to the potential risks facing the CCG and more work is required before final agreements can be reached.

5.4 The commissioning of individual packages of care within Mental Health and Continuing Health Care (CHC) has been identified as a major risk area for the CCG through 2013/14. There remain concerns regarding the process and quality of the underlying data and this area will undergo further review before revised budgets are submitted.

5.5 Prescribing - It should be noted that aspects of prescribing remain volatile and this area could present risks to budgets in 2014/15 and will require continued support from community pharmacist teams and practices to deliver a balanced position.

5.6 Continuing Healthcare (CHC) restitution payments – further clarification is being sought regarding the process for managing the risk of prior claims and this will be reflected in the revised budgets presented in May.

5.7 The NHS is likely to require funding to support transformation of its services, to include initiatives such as 7-day working. At this stage, the additional costs of these schemes are unknown, and it is possible that CCG reserves may not be adequate to cover the costs involved.

6 Conclusions & Recommendations

6.1 The Governing Body is asked to receive the following notes by way of assurance:

- that the proposed budgets deliver the key metrics required by NHS England in terms of 1% surplus;
- that this is reliant upon the delivery of £5.9m worth of QIPP schemes, for which schemes have been identified and delivery reflected in opening budgets;
- that the CCG has provided a Contingency reserve of 0.5% of resource allocations in accordance with the national guideline;.
- that the CCG planned expenditure is within its running cost target;.
- that the CCG has identified Investment schemes using 2.5% of non-recurrent expenditure, in line with NHS England 2014/15 planning guidance;

- that an update to this opening budget position will be presented to the Governing Body meeting in May, following confirmation of key issues which remain outstanding.

6.2 The Governing Body is asked to approve the opening revenue budget for the financial year 2014/15.

7. Appendices

Appendix 1 Analysis by Cost Centre - Opening 2014/15 Budget compared to Forecast outturn.

NHS
Southport and Formby
Clinical Commissioning Group

GOVERNING BODY MEETING
March 2014

Agenda Item: 14/50	**Author of the Paper:** Martin McDowell, Chief Financial Officer

Title: 2014/15 CCG Opening Budgets

Summary of the Paper/Key Issues:

This paper presents the Governing Body with the opening 2014/15 Budget for Southport & Formby CCG and advises upon outstanding issues and risks.

Action/Decision Required:

The Governing Body is asked to:

- note that the proposed budgets deliver the key metrics required by NHS England in terms of 1% surplus.
- note that this is reliant upon the delivery of £5.9m worth of QIPP schemes, for which schemes have been identified, and delivery reflected in opening budgets.
- note that the CCG has provided a Contingency reserve of 0.5% of resource allocations in accordance with the national guideline.
- note that the CCG planned expenditure is within its running cost target.
- note that the CCG has identified Investment schemes using 2.5% of non-recurrent expenditure, in line with NHS England 2014/15 planning guidance.
- note that an update to this opening budget position will be presented to the Governing Body meeting in May, following confirmation of key issues which remain outstanding.
- approve the opening revenue budget for the financial year 2014/15.

Date of Report:

17 March 2014

Links to Corporate Objectives	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.

x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered		X		
Locality Engagement		X		
Presented to other Committees	x			

Links to National Outcomes Framework	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
March 2014

1. Summary

1.1 This paper provides details of the CCG's 2014/15 proposed opening budgets for consideration and approval.

1.2 At the time of preparing this report, there remain uncertainties in some areas and it is proposed that an update report will be presented to the Governing Body meeting in May 2014.

1.3 The budgets have been prepared in conjunction with budget holders and reflect all available planning guidance and metrics requirements.

1.4 The budgets reflect national guidelines and local arrangements and are based on 2013/14 Forecast Outturn as the start point for operational budgets.

1.5 A summary of the proposed 2014/15 Budget is presented below.

Table 1 - Summary 2014/15 Opening Budgets

Budget Area	**£2014/15 £m**		
	Rec	**Non Rec**	**Total**
Available Resources	**168.5**	**1.7**	**170.2**
Operational budgets			
NHS Commissioned Services	107.6	4.8	112.4
Corporate & Support Services	5.4	0.1	5.5
Independent Sector	3.2	0.1	3.3
Medicines Management	22.5	0.0	22.5
Primary Care	0.9	0.3	1.2
Non NHS Commissioning	17.1	0.0	17.1
Sub total Operational budgets	**156.8**	**5.3**	**162.1**
Reserves			
QIPP requirement	(5.9)		(5.9)
QIPP planned schemes	5.9		5.9
2.5% Non Recurrent schemes		2.6	2.6
Investments	0.9		0.9
Other Committed Plans	1.3		1.3
Mandate Reserve	0.7		0.7
Contingency	0.8		0.8
Sub total Reserves	**3.8**	**2.6**	**6.3**
Total Anticipated Spend	**160.5**	**7.9**	**168.4**
Forecast Surplus/ (Deficit)	**8.0**	**(6.2)**	**1.8**
Expressed as %			**1%**

2. National Context

2.1 Guidance

The Department of Health (DH) issued its planning guidance for CCG's under the cover of *Everybody Counts:Planning for Patients 2014/15 – 2018/19.* This publication sets out the DH's expectations for health service priorities for the forthcoming year and confirms a number of "business rules" for financial planning purposes.

The CCG's budget setting approach has taken these priorities and business rules into account when establishing the proposed 2014/15 budgets.

2.2 Resource Allocations

The CCG's resource allocation for 2014/15 has been set at £170.22m in total and comprises the following elements:-

a) Baseline allocation £162.14m. This follows the DH exercise to review allocations compared to "fair shares" targets and formulate a mechanism for moving towards target allocations. A detailed paper on this issue was presented to the Board in January 2014.

b) Growth - all CCG's in England received levels of growth that supported the move to "fair shares". Southport & Formby CCG received growth of 2.14%.which equates to an uplift of £3.47m.

c) The CCG's allocation for 2014/15 also includes the return of the 2013/14 planned surplus of £1.69m as a non-recurrent allocation.

d) The CCG running cost allowance was set at £2.92m based on £24.73 per head for a population of 117,953. This compares to a running cost allocation of £2.98m in 2012/13.

2.3 Business Rules & Metrics

The key business rules prescribed by "Everyone Counts…" and which are met within the proposed 2014/15 budgets are:-

- To produce a surplus of 1% of resource allocation
- To set aside 2.5% of the Recurrent Programme allocation to fund non recurrent schemes. These schemes are listed in section 5.2.
- To set aside a Contingency reserve of at least 0.5% of the total Programme allocation, on a non-recurrent basis.
- To recognise that the allocation includes funding to cover the cost of mandated items.

2.4 Quality, Innovation, Productivity and Prevention (QIPP)

The DH's Quality, Innovation, Productivity and Prevention (QIPP) programme will enter the final year of a five year programme in 2014/15, with its aim to deliver £20 billion worth of savings and efficiencies in this period. Section 5.1 provides further detail regarding CCG plans in this area.

2.5 **Inflation & efficiency targets**

Monitor, in its role as Tariff Regulator, has set an annual level of planned efficiency within its publication of tariffs for providers. The target has been set at 4% for 2014/15 (2013/14 4%). Monitor also takes expected levels of inflation into account when setting the tariff as described in the table below. The CCG financial plans have been constructed on the basis of this information, resulting in a 1.2% reduction in NHS Acute contracts and a 1.5% in NHS non Acute contracts.

Table 2 – 2014/15 net price adjustment (mandatory PbR tariff)

	Acute NHS	Non Acute NHS
Pay & Price inflation	2.8%	2.5%
Total national efficiency requirement	-4.0%	-4.0%
Net reduction (prices in scope of mandatory tariff)	-1.2%	-1.5%

2.6 **Commissioning for Quality and Innovation schemes (CQUIN)**

The DH has maintained the amount available for Trusts to earn via CQUIN at 2.5%. This scheme is available for all services commissioned under standard NHS Contracts and whilst the guidance describes the funding as non-recurrent, CCG plans account for this funding on a recurrent basis. It is likely that the scheme will continue into the long-term future with the nature of the schemes changing on an annual basis. A proportion of the CQUIN funding (0.5%) is retained to fund national schemes where appropriate to providers whilst the balance of 2.0% is available to fund agreed local priorities. The local elements of the CQUIN relate to the Alternative Quality Contract (AQC), and this part of the contract is led by West Lancashire CCG.

3 2014/15 Opening Expenditure Budgets

4.1 The opening budgets for the CCG have been constructed using the most accurate and appropriate data currently available to the CCG, for each cost area. This includes 2013/14 budgets, projected out-turn figures from the 2013/14 financial year, 2014/15 activity forecasts and agreed contract values.

4.2 The opening contract figures reflect the efficiency and inflation assumptions outlined in table 2, Section 2. Work is continuing to understand the impact on individual providers, which may differ from the average national assessment.

4.3 The opening budgets will be subject to verification once the final outcome of 2013/14 has been assessed and final 2014/15 contracts have been agreed, with further work and analysis still being undertaken by the CCG finance team. The outcome of this review will be shared with the Governing Body in its May meeting. In particular, further clarification is required of contracts with NHS providers, CHC outturn costs, running costs and the outcome of negotiations with the CSU regarding the provision of services.

4.4 Table 3 below shows the opening budgets for each expenditure area compared to the Forecast Outturn (FOT) 2013/14 position as at Month 10. A more detailed analysis is provided at Appendix 1.The key factors for any variances are described below.

Table 3 – Comparison of Opening 2014/15 Budgets to 2013/14 Forecast Outturn (FOT)

Operating Budgets	FOT 2013/14 £m	BUDGET 2014/15 £m	INCREASE/ (DECREASE) £m
NHS Commissioned Services	118.4	112.5	(5.9)
Corporate & Support Services	4.9	5.5	0.6
Independent Sector	3.3	3.3	0.0
Medicines Management	22.2	22.5	0.3
Primary Care	1.5	1.2	(0.2)
Non NHS Commissioning	16.2	17.1	0.9
Total Operating budgets	**166.5**	**162.1**	**(4.4)**

4.5 The opening budget for NHS Commissioned services is £5.9m lower than 2013/14 forecast outturn. The main factors behind this reduction are:-

- Non Recurrent winter pressures funding of £4.0m included in 2013/14 forecast outturn, not included in 2014/15 opening budgets.
- Within Acute Commissioning there is a reduction of £0.9 million relating to the net efficiency gain required from providers, described in Table 2.
- Within Non Acute Commissioning there is a reduction of £0.3m due to the net efficiency requirement. In addition, the Non Acute budget is reduced by £0.5m relating to the full year effect of the service (and budget) transferring from Liverpool Community Health to a non NHS provider during 2013/14.

4.6 Corporate & Support Services – this budget includes Running Costs which have been set in line with the Running Cost Allocation of £2.2m. The overall budget is higher than 2013/14 forecast outturn mainly due to the high level of vacancies during 2013/14.

4.7 Medicines Management. This budget has been based on forecast outturn. The increase compared to forecast outturn of £0.3m relates to the net 1% drug inflation/prescribing efficiency applied to this cost area.

4.8 Non NHS Commissioning – this budget is predominantly based on forecast outturn. This area includes individual packages of care for Mental Health, Funding Nursing Care and Continuing Health Care. During 2013/14 Continuing Health Care has seen a significant increase in spend compared to 2012/13 and this has been reflected in opening 2014/15 budgets.

The key factors behind the £0.9m increase compared to FOT are £0.5m inflation uplift on costs relating to packages of care, the £0.6m increase relating to the full year impact of the Out of Hours Service transfer (noted above) and a reduction of £0.3m arising from the transfer of £0.3m children's care packages to Specialist Commissioning funding in 2014/15.

Reablement and Intermediate Care are also included within this budget area. These services are largely based on service level agreements which will be replaced by formal

NHS standard contracts for 2014/15, but for which funding will remain at 2013/14 budget levels.

4.9 The Primary Care opening budget is £0.2m less than 2013/14 forecast outturn. This relates to non-recurrent budgets for adoption assessment and FAST transport in 2013/14 and the termination of the Rapid Response scheme during 2013/14.

5 2014/15 Opening Reserves

5.1 QIPP Plans

5.1.1 The CCG inherited a share of NHS Sefton's QIPP target and for 2014/15 this figure is set at £5.873m. The CCG's planned schemes to deliver the QIPP requirement are listed in Table 4 below.

Table 4 - QIPP Schemes

QIPP SCHEMES 2014/15	£m
Tariff saving	4.6
Prescribing	0.8
Other identified schemes	0.5
Total QIPP requirement	**5.9**

5.2 2.5% Non Recurrent Reserve

5.2.1 As mentioned in section 2.3, CCG's are expected to spend at least 2.5% of their recurrent commissioning baselines on non-recurrent schemes. This equates to £4.140m for the CCG and the schemes are listed in Table 5.

Table 5 - Use of 2.5% Non Recurrent Reserve

NON-RECURRENT INVESTMENT PLAN 2014/15	Total £m	Operational budgets £m	Non Recurrent Reserve £m
Winter Pressures	0.9		0.9
Mersey Rehab Project	0.6	0.6	
CHC Restitution	0.6		0.6
Transforming Primary Care	0.3		0.3
CVS	0.3		0.3
Other schemes		0.9	0.5
Total non recurrent schemes	**4.1**	**1.5**	**2.6**

5.3 Other Investment Plans

5.3.1 Pending the outcome of contract negotiations, the CCG is hopeful of retaining additional reserves to support investment in transformational schemes. The Governing Body will be updated regarding progress at the next formal meeting.

5.4 Contingency Reserve

5.4.1 The contingency reserve has been set at £0.8m which is the required 0.5% of Programme allocations of £167.3m per NHS England guidelines. The CCG has opted to make this reserve recurrent, as opposed to the guidance which asks for it to be set aside non-recurrently, as this is likely to be more reflective of spending patterns that emerge through the year.

6 Key Financial Risks and Pressures

6.1 At the time of writing this paper, the CCG had not reached agreement with all providers in respect of agreeing 2014/15 contracts. Therefore commissioning budgets remain indicative at this stage, based on the latest contract offers made, and subject to changes arising from final agreements with providers. Any further pressures that arise will be funded via commissioning reserves held in the opening plan.

6.2 The CCG plans have been prepared using 2013/14 financial year out-turn position so any growth in demand will need to be funded using CCG contingency reserves.

6.3 The plans assume that the CCG will recoup 1.2% (Acute) or 1.5% (non Acute) from all NHS Contracts under the planned tariff adjustment. There are a number of separate factors within the construct of the tariff that may mean that this sum is unable to be recouped in full. These all add to the potential risks facing the CCG and more work is required before final agreements can be reached.

6.4 The commissioning of individual packages of care within Mental Health and Continuing Health Care (CHC) has been identified as a major risk area for the CCG through 2013/14. There remain concerns regarding the process and quality of the underlying data and this area will undergo further review before revised budgets are submitted.

6.5 Prescribing - It should be noted that aspects of prescribing remain volatile and this area could present risks to budgets in 2014/15 and will require continued support from community pharmacist teams and practices to deliver a balanced position.

6.6 Continuing Healthcare (CHC) restitution payments – further clarification is being sought regarding the process for managing the risk of prior claims and this will be reflected in the revised budgets presented in May.

6.7 The NHS is likely to require funding to support transformation of its services, to include initiatives such as 7-day working. At this stage, the additional costs of these schemes are unknown, and it is possible that CCG reserves may not be adequate to cover the costs involved.

7 Conclusions & Recommendations

7.1 The proposed opening budgets for 2014/15 meet all national guidelines, reflect the 2014/15 allocation to the CCG and deliver the required surplus of 1% of Allocation.

7.2 The CCG remains on target to operate within its running cost target and further details will be provided to the May Governing Body.

7.3 The Governing body is requested to note that there are a number of areas where budgets require further work including NHS Contracts and CHC Packages of Care. In addition Running Costs and CSU service costs in particular await final review and are likely to be refined before revised budgets are submitted in May.

7.4 The Governing Body are requested to approve the opening budgets for 2014/15 as presented in this report and note that an update to this opening budget position will be presented to the Governing Body meeting in May.

8. Appendices

Appendix 1 Analysis by Cost Centre - Opening 2014/15 Budget compared to Forecast outturn.

Appendix 1

Southport & Formby CCG

Comparison of 2014/15 Opening Budget to 2013/14 Forecast Outturn (Month 10)

Cost centre Number	Cost Centre Description	Forecast Outturn 2013/14	Annual Budget 2014/15	Increase (Decrease)
		£000	£000	£000
603501	Mental Health Contracts	584	810	225
603506	Child and Adolescent Mental Health	954	527	(428)
603511	Dementia	93	93	0
603516	Improving Access to Psychological Therapies	0	0	0
603521	Learning Difficulties	1,715	1,394	(321)
603531	Mental Health Services – Adults	0	0	0
603541	Mental Health Services - Collaborative Commissioning	0	0	0
603596	Collaborative Commissioning	409	409	0
603661	Out of Hours	540	1,078	538
603682	Continuing Care	5,872	6,650	778
603691	Funded Nursing Care	3,311	3,442	131
603711	Community Services	388	369	(19)
603721	Hospices	859	927	69
603726	Intermediate Care	533	460	(73)
603796	Reablement	934	979	44
Sub-Total		**16,193**	**17,139**	**945**
CORPORATE & SUPPORT SERVICES				
605251	Administration and Business Support (Running Cost)	92	100	8
605271	CEO/Board Office (Running Cost)	383	409	26
605276	Chairs and Non Execs (Running Cost)	138	113	(25)
605296	Commissioning (Running Cost)	1,275	1,361	86
605316	Corporate costs	25	25	0
605346	Estates & Facilities	0	42	42
605351	Finance (Running Cost)	533	579	46
605391	Medicines Management (Running Cost)	59	51	(8)
605426	Quality	0	132	132
	Contingency		105	105
	Sub-Total Running Costs	**2,505**	**2,917**	**412**
603646	Commissioning Schemes (Programme Cost)	667	670	3
603656	Medicines Management (Programme Cost)	345	493	148
603776	Non Recurrent Programmes (NPfIT)	1,225	1,225	(0)
603676	Primary Care IT	192	192	0
	Sub-Total Programme Costs	**2,429**	**2,580**	**151**
Sub-Total		**4,934**	**5,497**	**563**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS				
603571	Acute Commissioning	77,500	75,919	(1,581)
603576	Acute Childrens Services	2,054	2,069	15
603586	Ambulance Services	4,604	4,580	(25)
603616	NCAs/OATs	1,318	992	(326)
603631	Winter Pressures	4,042	0	(4,042)
603756	Commissioning - Non Acute	28,887	28,905	18
603786	Patient Transport	8	8	(0)
Sub-Total		**118,412**	**112,472**	**(5,940)**
INDEPENDENT SECTOR				
603591	Independent Sector	3,324	3,329	5
Sub-Total		**3,324**	**3,329**	**5**
PRIMARY CARE				
603651	Local Enhanced Services and GP Framework	1,011	892	(119)
603791	Programme Projects	471	341	(130)
Sub-Total		**1,481**	**1,232**	**(249)**
PRESCRIBING				
603606	High Cost Drugs	1,413	1,484	70
603666	Oxygen	170	198	28
603671	Prescribing	20,603	20,775	171
Sub-Total		**22,187**	**22,457**	**270**
Sub- Total Operating Budgets pre Reserves		**166,532**	**162,126**	**(4,406)**
RESERVES				
603761	Commissioning Reserve (Previously General Reserve)	3,810	6,346	2,536
Sub-Total		**3,810**	**6,346**	**2,536**
Grand Total I & E		**170,342**	**168,472**	**(1,870)**
	RRL Allocation		170,222	
	(SURPLUS)/DEFICIT		1,750	

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee
Minutes

Date: 19 February 2014, 3.00pm to 5.00 pm

Venue: Family Life Centre, Ash Street, Southport

Attended

Helen Nicholls	Chair and Lay Member	HN
Dr Rob Caudwell	GP Governing Body Member	RC
Debbie Fagan	Chief Nurse	DF
Angie Parkinson	Locality Lead Primary Care	AP
Billie Dodd	Joint Head of CCG Development	BD
Martin McDowell	Chief Finance Officer	MMcD
Malcolm Cunningham	Head of Primary Care and Corporate Performance	MC

Also in attendance

James Hester	Programme Manager Clinical Quality & Safety	JH
Tracy Jeffes	Head of Corporate Delivery	TJ
Ann Dunne	Safeguarding Lead	AD
Sue Gunson	Safeguarding	SG

No	Item	
Q14/12	**Apologies for Absence** Apologies for absence were noted from Fiona Clark, Dr Doug Callow, Dr Kati Scholz, Karen Leverett and Billie Dodd.	
Q14/13	**Declarations of Interest regarding agenda items** CCG officers with joint posts declared potential conflicts of interest.	
Q14/14	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record.	
Q14/15	**Matters arising/action tracker** Items on the action tracker were closed as appropriate.	
Q14/15	**Chief Nurse Report** DF referred the committee to the Chief Nurse report circulated in advance of the meeting.	
Q14/16	**Safeguarding Reports** **a. LSCB Child F & M Systems Learning Review Report** **b. Safeguarding report** AD presented both of the above reports and noted lack of verifiable assurance from providers. The Committee registered their continued concern and disappointment and noted the verbal reassurance from the Safeguarding Hosted Service. The committee agreed to reflect their concern via the CCG risk register.	

No	Item	
	The Safeguarding Hosted Service reported an improvement in relation to their available resource which should result in an improvement in the timeliness of reporting, however, content and assurance remains dependent upon provider compliance. **The committee noted the reports and agreed to register their concerns on the CCG risk Register**.	
Q14/17	**AHCH risk summit update** DF advised the committee that the CCG had received a number of iterations of this report and the minutes enclosed with the papers which have since been recalled. NHSE have assured the Chief Nurse that a revised action plan will be submitted and this will be circulated with the minutes. **The Quality Committee noted the AHCH risk summit update**	
Q14/18	**Francis action plans** JH presented the Francis action plan update. The Committee noted that LCH have drafted a comprehensive action plan which will be summarised and included in the CCG action plan along with the "Hard News", report from Southport and Ormskirk hospital which brings together a number of external recommendations. JH will revise the report to become more outcome focussed whilst retaining the audit trail for outstanding actions. The Chair expressed disappointment at the pace with which some actions are being addressed and updated. **The Quality Committee noted the Francis Action Plan update.**	JH
Q14/19	**Corporate risk register** **Assurance framework** The Quality committee reviewed the Corporate risk register and Board Assurance Framework. The Chair noted the improvement in quality of content since the previous report. DF agreed to amend the risk relating to safeguarding to include all relevant providers. **The Quality Committee noted the content of the Corporate Risk Register and Board Assurance Framework.**	DF
Q14/20	**Operational governance support group report** JH presented the Operational Governance Support Group report and noted the actions taken and the policies to be approved. **The Quality Committee approved the Polices and Terms of reference as requested by the Operational Governance Support Group**	
Q14/21	**EPEG Risk and issue report** JH presented the EPEG Risk and Issue Report and noted that this was from the January meeting as due to time constraints it was not possible to produce the February log in time for distribution with the committee papers. **The Quality Committee agreed that a verbal report from the most recent meeting drawing attention to any key issues would be acceptable in conjunction with a written risk and issue report from the previous meeting.**	
Q14/22	**Any Other Business** MRSA – reported case at Aintree UH NHS FT. LCH Quality Review meeting updated. Mixed sex accommodation breaches at Southport and Ormskirk Hospital Looked After Children Medicals – HHCH – action in place to resolve backlog.	
Q14/23	**Date, Time and Venue of Next Meeting** **Wednesday 19 March 3pm** **Family Life Centre Southport**	

NHS
Southport and Formby
Clinical Commissioning Group

Finance & Resource Committee
Minutes

Date: Wednesday 20 November 2013 11.00am – 12.30pm

Venue: Family Life Centre, Ash Street, Southport.

Attended

Helen Nichols(Chair)	Lay Member	HN
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Roger Pontefract	Lay Member	RP
Roy Boardman	Practice Manager Governing Body Member	RB
Colette Riley	Practice Manager Governing Body Member	CR
Martin McDowell	Chief Finance Officer	MMD
Jan Leonard	Head of CCG Development	JL
Tracy Jeffes	Head of CCG Corporate Delivery	TJ
Malcolm Cunningham	Head of CCG Performance & Health Outcomes	MC

Also in attendance

Fiona Doherty	Transformational Change Manager	FD
James Bradley	Head of Strategic Financial Planning	JB
Ken Jones	Chief Accountant	KJ
Becky Williams	Chief Analyst	BW
Karl McCluskey	Head of Strategic Planning and Assurance	KMC

No	Item	Action
FR13/109	**Apologies for absence** Apologies for absence were received from: Fiona Clark- Chief Officer Malcolm Cunningham - Head of Primary Care and Corporate Performance Debbie Fagan – Chief Nurse Brendan Prescott – Deputy Head of Quality and Safety/CCG lead for Medicines Management	
FR13/110	**Declarations of interest regarding agenda items** Martin McDowell, Tracey Jeffes, Malcolm Cunningham, Fiona Doherty, James Bradley, Ken Jones and Becky Williams all declared dual roles in both Southport and Formby and South Sefton CCGs**.**	

No	Item	Action
FR13/111	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record pending the removal for Fiona Doherty from the list of attendees and the addition of the statement “declared dual roles at both Southport and Formby and South Sefton CCGs” to the declarations of interest.	
FR13/112	**Action points from the previous meeting** All appropriate actions were closed on the action tracker.	
FR13/113	**Month 7 Finance Report** MMD presented this report which gave the committee an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group. It outlined a summary of the changes to the financial allocation of the CCG, the financial position of the CCG as at month 7, and an evaluation of risks. At the end of October, the CCG was £1.119m over-spent prior to the application of reserves. The CCG is on target to achieve the planned £1.569m surplus at the end of the year. However, there are risks to achieving this and actions are required to deliver this position. The committee discussed the report and noted that MMD advised the committee of one high cost patient for which an accounting adjustment may be made. ME commented that provision for winter funding should be addressed as early as July. KMC responded that a level of funding could be anticipated at an earlier point in the year with the caveat that should funding not be forthcoming then this could be addressed. KMC will address this action. **The F & R Committee is noted the finance update, particularly that** • **The CCG remains on target to deliver its financial targets for 2013/14** • **The greatest area of risk is costs associated with Continuing Healthcare. The costs have risen significantly compared to 2012/13. A joint investigation involving CCG and CSU staff will provide further information for Month 8’s financial position.** • **All members of the CCG are asked to support the review of data validation and work closely together to assess referrals into secondary care, noting that the CCG no longer holds a fixed-price agreement for elective services in the secondary care market.**	**JB** **KMC**

No	Item	Action
FR13/114	**Strategic Financial Plan** MMD and JB presented this report. MMD noted that this is a technical document at this point which will become more focused on service issues when represented in January 2014 following the publication of CCG allocations. This plan will be further strengthened by the work of KMC. MMD noted that the key risks to note at this point are the issues surrounding the Integrated Transformation Fund and the extent of the proposed "top-slice" to the CCG budgets in 14/15 and 15/16. This report will be brought back to committee in January and thereafter submitted on a quarterly basis. **The Finance and Resource Committee noted the Strategic Financial Plan**	
FR13/115	**CCG Contracting Strategy Update** JB provided this verbal update. The CSU hosted a contracting workshop attended by a number of CCG leads and KMC has produced timelines which will form part of the next contracting report. The Committee noted that there is an issue of non compliance surrounding NICE Guidelines and a contract query has been raised in relation to this. **The Finance and Resource Committee noted the CCG Contracting Strategy Update.**	
FR13/116	**QIPP Update** MMD updated the committee that at a recent meeting of the QIPP Think Tank a review of the QIPP opportunities was undertaken. These will be rag rated, risk assessed and presented to the Governing Body for consideration. Current commissioned services will also be analysed to ensure efficiency targets are being achieved. Quick wins will be targeted. MC will provide a regular QIPP update at each meeting. **The Finance and Resource Committee noted the QIPP Update**	
FR13/117	**KPI Exception Reports** FD updated the committee the team is currently working on a KPI dashboard that will be presented to committee in January 2014. **The Finance and Resource Committee noted the KPI Exception Reports**	**FD**
FR13/118	**IFR Update Report** MMD presented the current IFR report and noted that he continues to discuss the allocation of some requests to Specialised Commissioning. MMD will update the committee at the next meeting. **The Finance and Resource Committee noted the IFR Update Report**	**MMD**
FR13/119	**Benchmarking and VFM reports** FD presented this report of adverse indicators which will be used to inform future QIPP schemes. This report is presented to Board and will be used to inform commissioning intentions. RP requested clarification that for every issue there is an action plan with a named lead. TJ confirmed that this is a piece of work being undertaken by KMC. **The Finance and Resource Committee noted the benchmarking and VFM Reports**	

No	Item	Action
FR13/120	**Integrated Transformation Fund** MMD presented this verbal update and noted that the Finance Team continue to work with the Council to discuss the funding arrangements. Further details will be brought back to the committee in January 2014 **The Finance and Resource Committee noted the update regarding the Integrated Transformation Fund**	**MMD**
FR13/121	**Quality Premium Dashboard** BW presented this high level overview of the Quality Premium Dashboard. The committee noted the weighting attached to each area and the possible funding achievable. Some data will be unavailable until the next financial year which will impact on reporting in the final accounts. KJ/BW will discuss outside of this meeting and confirm arrangements with auditors. KMC requested clarification if this revenue is reflected in the current financial position. MMD confirmed that neither income nor planned expenditure streams have been included in either the current year plans or the strategic financial plan. **The Finance and Resource Committee noted the Quality Premium Dashboard**	**KJ/BW**
FR13/122	**Any other business** There were no items of other business	
FR13/133	**Date and Time of next meeting** **11.00am – 12.30pm** **Wednesday 22nd January 2014** **Family Life Centre Southport**	

Attendance Tracker

Finance and Resource Committee

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Helen Nichols (Chair) Lay Member	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Martin Evans, GP Board Member	Apols	Apols	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla, GP Board Member	✓	✓	Apols	✓	✓	✓	Apol	Apol	✓
Roger Pontefract , Lay Member	✓	✓	Apols	✓	Apol	✓	✓	Apol	✓
Roy Boardman, Practice Manager	✓	Apols	Apols	Apols	✓	✓	✓	✓	✓
Colette Riley Practice Manager	✓	✓	✓	✓	Apol	✓	✓	✓	✓
Fiona Clark, Chief Officer	Apols	✓	Apols	Apols	Apol	✓	Apol	Apol	Apol
Martin McDowell, Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debbie Fagan – Chief Nurse	✓	Apols	✓	✓	✓	✓	✓	✓	Apol
Brendan Prescott – Head of Medicines Management	Apols	✓	✓	✓	Apol	✓	✓	✓	Apol
Billie Dodd, Head of CCG Development (as required)	Apols	Apols	Apols	✓	Apol	Apols	Apol	Apol	Apol
Tracy Jeffes, Head of CCG Delivery	Apols	Apols	✓	✓	Apol	✓	✓	✓	✓
Malcolm Cunningham, Head of CCG Performance & Outcomes	Apols	Apols	Apols	✓	Apol	Apols	✓	✓	Apol
Jan Leonard - Head of CCG Development	Apols	Apols	✓	✓	✓	✓	✓	✓	✓
Jane Uglow – Locality Manager (as required)	Apols	Apols	Apols	Apols	✓	✓	✓	Apol	Apol
Moira McGuiness – Locality Manager (as required)	Apols	Apols	Apols	Apols	Apol	Apol	Apol	Apol	Apol

NHS
Southport and Formby
Clinical Commissioning Group

Finance & Resource Committee
Minutes

Date: Wednesday 22nd January 2014 11.00am – 12.30pm

Venue: Family Life Centre, Ash Street, Southport.

Attended		
Helen Nichols(Chair)	Lay Member (Vice Chair)	HN
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Roger Pontefract	Lay Member	RP
Roy Boardman	Practice Manager	RB
Colette Riley	Practice Manager	CR
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Jan Leonard	Head of CCG Development	JL
Malcolm Cunningham	Head of CCG Primary care and Corporate Performance	MC
Debbie Fagan	Chief Nurse	DF
Also in attendance		
David Bacon	Interim Deputy Chief Finance Officer	DB
James Bradley	Head of Strategic Financial Planning	JB
Sharon Forrester	Locality Manager	SF
Ken Jones	Chief Accountant	KJ
Brendan Prescott	Deputy Head of Quality and CCG Lead for Medicines Management	BP

No	Item	Lead
FR14/01	**Apologies for absence** Apologies for absence were received from: Roy Boardman Practice Manager Karl McClusky Fiona Doherty Becky Williams Tracy Jeffes	
FR14/02	**Declarations of interest regarding agenda items** Declarations of interest as joint point post holders at both CCGs were made by; Fiona Clark, Chief Officer, Martin McDowell Chief Finance Officer, Debbie Fagan, Head of Quality and Chief Nurse, Malcolm Cunningham Head of CCG Primary Care and Corporate Performance, David Bacon Interim Deputy Chief Finance Officer, James Bradley Head of Strategic Financial Planning, and Ken Jones Chief Accountant.	
FR14/03	**Minutes of the previous meeting** The minutes of the previous meeting were signed as a true and accurate record pending the removal of Malcolm Cunningham from the list of attendees.	

No	Item	Lead
FR14/04	**Action points from the previous meeting** The action points of the previous meeting were closed as appropriate with the exception of: Business Intelligence issues – FLC will address this issue with CSU. MC will continue to progress issues surrounding improvement of portal access Action plan from Southport and Ormskirk Hospital – FLC will raise this as issue with Chief Executive of Southport and Ormskirk hospital.	**FLC** **MC** **FLC**
FR14/05	**Month 8/9 Finance Report** JB introduced the finance report for Month 9 and reported that overall the CCG position is still on target to meet the planned surplus. The CCG is now receiving more effective intelligence regarding CHC payments which is assisting the planning process. Prescribing continues to be under spent. Independent sector has now caught up and is slightly overspent. The message that the CCG does not have block contracts is being acknowledged . Over performance at Southport has reduced which is positive news. HN indicated that she was keen to understand the events/actions that have resulted in such a modest under spend. MC will analyse data and report back. HN requested clarification that the CCG is reviewing what LCH delivers as opposed to what ICO deliver. FLC noted that there is an intention to bring this in to discussions going forward. **The committee noted the Month 9 Finance update.**	**MC**
FR14/06	**Strategic Financial Plan Update** JB presented this update and noted that the plan had been drafted taking into consideration the four main areas; resource allocations, better care fund, steps in planning process and assumptions in financial plans. JB further noted that the initial allocation that the CCG had anticipated providing towards the Better Care Fund was now likely to be provided centrally. FLC noted that in terms of volatility this is a particularly difficult time of year. A final strategic financial plan will be provided to the Governing Body in March 2014. **The Committee noted the Strategic Financial Plan update.**	**MMcD**

No	Item	Lead
FR14/07	**Q2 Contract Performance Review** MMcD introduced this report and noted that presentation of the Q2 Contract Performance Review should have been made in November 2013. This will be rectified going forward and the committee was assured that the Q3 Contract Performance review would be presented in February 2014. RP requested confirmation the CCG is implementing the penalties, allowable within contract, where performance has fallen below the agree level. JL commented that penalties have not been applied at this point as some underperformance was outside of the remit of the provider. Non achievement of CQUIN targets would, however, see the withholding of CQUIN payments as these are within the remit of the provider. Going forward contract terms and conditions will be drafted appropriately. Discussion took place regarding breaches in target resulting from patient choice. The Committee noted that this is being reviewed by the Cancer Network and that there is a section within contract that allows local negotiation. **The Finance and Resource Committee noted the contents of the Q2 Contract Performance Report.**	**JB**
FR14/08	**QIPP Update** MC presented the QIPP update and advised the committee that the CCG was on track to meet the QIPP targets. He noted that the report could potentially have been more detailed, describing the journey that has led to the achieved saving and improvements. Future reports will focus on the Right Care journey and the relentless pursuit of value that will be adopted by the CCG. **The Finance and Resource Committee noted the QIPP update.**	
FR14/09	**KPI Exception reports (PMO Dashboard)** MC presented this report and referred the committee to his report circulated in advance. The committee noted that a number of schemes had been approved in year and that performance data was being collected. **The Finance and Resource Committee noted the KPI Exception Report.**	
FR14/10	**IFR Update Report** MMcD and JL presented this update and noted that it was for information only. The CCG continues to investigate the protocols applied to reach the reported decisions. JL will report back progress on finding to the next meeting. **The Finance and Resource Committee noted the IFR Report.**	**JL**
FR14/11	**Benchmarking and VFM reports** MC presented this report – and referred the committee to the funded care analysis on page 66/136. MMcD gave detailed explanation of how the report was likely to have been compiled and noted that further benchmarking reports would be brought to the committee as appropriate. The committee requested assurance that there is consistency of judgement across the areas of reporting. MMcD will seek assurance from NHS Somerset as to assumptions made when compiling the report. **The Finance and Resource Committee note the Benchmarking and VFM report.**	**MMcD**

No	Item	Lead
FR14/12	**Better Care Fund** MMcD noted that a stakeholder event was being held today that intends to bring together providers to discuss implementation of the fund across Sefton. MMcD highlighted that area which need strengthening include, how IT is used as an enabling force, and issues regarding integration of MH Services. Discussions are ongoing with the Council as to what areas of funding will be transferred as part of the Better Care Fund strategy. MMcD will continue to update the committee at each meeting. **The Finance and Resource Committee noted the better care Fund update**.	
FR14/13	**Quality Premium Dashboard** MC presented this report and referred the committee to the report circulated in advance. The committee noted that a number of indicators were expected to become green, however at the time of reporting these had not filtered through to the report. MMcD outlined that his expectation was that funding, as a result of achieving these targets will be recorded in the next financial year. **The Finance and Resource Committee noted the Quality Premium Dashboard report.**	
FR14/14	**Prescribing Performance Report** BP presented this report, and noted that item growth continues, but at a reduced rate. In relation to the top therapeutic investment areas, less money has been spent than in same quarter last year. This is part of medicines optimisation plan. The committee noted that there were no significant drugs coming of patent this year. Pregablin will come off patent in the next financial year and this will have an effect. This information is made available at practice level and discussions for further improvements within practice are ongoing. **The Finance and Resource Committee noted the Prescribing Performance Report.**	
FR14/15	**Balance Scorecard** MC presented this report and the committee noted that this document will now be referred to as the Delivery Dashboard. **The Finance and Resource Committee noted the contents of the Delivery Dashboard**.	
FR14/16	**Q2 Capital Plan update** MMcD noted that this update was being presented as a consequence of the original work plan. The CCG has bid for funding to support IMT roll out, however the process by which the CCG would access capital funds is still to clarified. Discussions regarding strategic capital planning continue. MMcD will update the committee as appropriate. **The Finance and Resource Committee noted the Q2 Capital Plan verbal update.**	

No	Item	Lead
FR14/17	**CMCSU Performance Review** MMcD presented this report on behalf of TJ. The committee noted that a lead analyst had been appointed and that initial feedback was positive. The committee were advised that a number of business process reviews for key areas remain outstanding at the time of reporting and therefore negotiation of a new contract will not begin until July 2014. The CCG has indicated that they may provide finance, IM&T and senior comms services in house going forward. This is below threshold set by NHS England for requiring a business case. **The Finance and Resource Committee noted the CMCSU performance report.**	
FR14/18	**Review of framework for commissioning decision making** MC presented this report and noted that a review had taken place of the framework for commissioning decision making. Two gateways are proposed going forward, to ensure proposals are prioritised in line with the strategic financial plan. Provision has been made for opening winter pressures. The approval of APC nice approved drugs will be dealt with separately, post APC. Discussion took place regarding cases that have been approved in principle within the strategic plan and if they need to be submitted to committee for final sign off. The committee agreed to consider the options and agree a process at the next meeting. The committee discussed the review of continuing significant investments in the main contracts. An example of this is to be brought back to the next meeting. SF requested clarification regarding the possibility of clawing back unspent investment to support other areas of strategic planning. MMcD, JL, MC will review value for money from existing pathways. **The Finance and Resource Committee noted the content and actions arising from the review of framework for commissioning decision making.**	**MMcD/HN** **MC** **MMcD/JL/MC**
FR14/19	**Annual work schedule** The committee reviewed the content of the work schedule. The dates will be confirmed and the work schedule will be approved prior to the beginning of the next financial year.	

No	Item	Lead
FR14/20	**Case for change** **a. End of Life Facilitator** JL presented this case for change. The committee noted that this has previously been run as a pilot and therefore the application should be for two years funding and not three. It was noted by the committee that this case has links with Better Care Funding and the investment should, therefore, be non recurrent. HN commented, and committee members agreed, the case for change was not of the required standard. However, based on other sources of evidence the committee felt that it could support this business case. MC confirmed that he agreed that the evidence was not robust. MMcD noted that the team would reflect on this feedback and convene a meeting to discuss sourcing of evidence and presentation going forward. **The Finance and Resource Committee approved the Case for Change funding for the End of Life Facilitator on a non recurrent basis for two years.** **b. Cardiac Care** SF presented this case for change and referred to Committee to the report circulated in advance of the meeting. HN noted that this case was based on addressing budget allocations between Southport and Formby and South Sefton CCG. SF confirmed this to be the case. **The Finance and Resource Committee approve the Case for Change funding for Cardiac Care.** **c. Ocriplasmin** BP presented this case for change. The committee noted that whilst this guideline would be adopted the costs incurred need to be reflected in the budget line of high cost drugs and administered by Ophthalmology providers. **The Finance and Resource Committee approve the Case for Change funding for Ocriplasmin** **d. Fluocinolone Acetonide (NICE TA 301)** **BP will present this case at the February meeting.**	**MMcD** **BP**
FR14/21	**Commissioning Policy Review** JL presented this verbal update and noted that the 90 day consultation had begun in relation to the commissioning policy review. CSU are not financially modelling all changes due to workload and time constraints, but focussing upon key areas which are likely to have a financial impact. JL will present recommendations to both Finance and Resource Committee in March 2014. **The Finance and Resource Committee noted the Commission Policy review update.**	
FR14/22	**AOB** There were no items of AOB	

No	Item	Lead
FR14/23	**Date and time of next meeting.** Date: Wednesday 19th February 2014 11.00am – 1.00pm Venue: Family Life Centre, Ash Street, Southport.	

Attendance Tracker

Finance and Resource Committee

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013	January 2014
Helen Nichols (Chair) Lay Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Martin Evans, GP Board Member	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla, GP Board Member	✓	✓	Apols	✓	✓	✓	Apol	Apol	✓	✓
Roger Pontefract , Lay Member	✓	✓	Apols	✓	Apol	✓	✓	Apol	✓	✓
Roy Boardman, Practice Manager	✓	Apols	Apols	Apols	✓	✓	✓	✓	✓	APol
Colette Riley Practice Manager	✓	✓	✓	✓	Apol	✓	✓	✓	✓	✓
Fiona Clark, Chief Officer	Apols	✓	Apols	Apols	Apol	✓	Apol	Apol	Apol	✓
Martin McDowell, Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debbie Fagan – Chief Nurse	✓	Apols	✓	✓	✓	✓	✓	✓	Apol	Apol
Brendan Prescott – Head of Medicines Management	Apols	✓	✓	✓	Apol	✓	✓	✓	Apol	✓
Billie Dodd, Head of CCG Development (as required)	Apols	Apols	Apols	✓	Apol	Apols	Apol	Apol	Apol	Apol
Tracy Jeffes, Head of CCG Delivery	Apols	Apols	✓	✓	Apol	✓	✓	✓	✓	Apol
Malcolm Cunningham, Head of CCG Performance & Outcomes	Apols	Apols	Apols	✓	Apol	Apols	✓	✓	Apol	✓
Jan Leonard - Head of CCG Development	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Jane Uglow – Locality Manager (as required)	Apols	Apols	Apols	Apols	✓	✓	✓	Apol	Apol	Apol
Moira McGuiness – Locality Manager (as required)	Apols	Apols	Apols	Apols	Apol	Apol	Apol	Apol	Apol	Apol

NHS Southport and Formby Clinical Commissioning Group
NHS South Sefton Clinical Commissioning Group
NHS Liverpool Clinical Commissioning Group
NHS Knowsley Clinical Commissioning Group

Merseyside CCG Network

NHS West Lancashire Clinical Commissioning Group
NHS Halton Clinical Commissioning Group
NHS St Helens Clinical Commissioning Group

Wednesday, 5 February 2014, 13.00 to 16.00
Boardroom 1, Regatta

Minutes

Present	
Niall Leonard	Chair, S&FCCG
Katherine Sheerin	CO, LCCG
Tom Jackson	CFO, LCCG
Ian Davies	Head of Perf, LCCG
Simon Banks	CO, HCCG
Martin McDowell	CFO, S&FCCG/SS CCG
John Wicks	Interim CO, WCCG
Julie Abbott	Deputy CFO, obo Dr Cox StHCCG/HCCG/KCCGs

Apologies	
Dr Cliff Richards	(standing) Chair, HCCG
Fiona Clark	S&FCCG/SSCCG
Paul Brickwood	CFO, KCCG
Dr Steve Cox	CO, StHCCG
Andy Pryce	Chair, KCCG
Dianne Johnson	CO, KCCG
Mike Maguire	CO, WLCCG
Ray Guy	LCCG
Clive Shaw	Chair, SSCCG
Nadim Fazlani	Chair, LCCG
John Caine	Chair, WLCCG
Paul Kingan	CFO, WLCCG
Sarah Johnson	CFO, StHCCG

In attendance	
Jackie Robinson	CMCSU
Jan Snoddon	Halton CCG
Johanna Reilly	NHSE (M)

Clatterbridge Cancer Centre
Andrew Cannell, CEO
Dr Nicky Thorpe, Associate Medical Director
Fiona Jones, Project Director

Minutes	
Melanie Wright	SSCCG/S&FCCG

No	Item	Action
14/13.	**Welcome and Introductions** were made.	
14/14.	**Clatterbridge Cancer Centre** Andrew Cannell extended an invitation to CCGs to visit and ensure the CCGs understand the developments under way at the Clatterbridge Centre and at the Royal, to move the inpatient bed base from the Wirral with wraparound outpatient services, with close collaboration with the Royal and the clinical reasons for so doing.	

No	Item	Action
	Key points of his discussion included: • contractual sign-off of NHS contracts is due 28 February; • a public consultation for completion by early Autumn to produce a comprehensive business case; • the hope to start on site in 2016; • clinical services commencing in 2018; • satellite services then operating on the Wirral site and at Aintree; • the importance of having a thriving research and development department; • the public engagement exercise already being under way; • a joint Overview and Scrutiny Committee being sought across Sefton, Liverpool and the Wirral; • the importance of the CCGs engaging with the business planning process for the local context. In relation to whether there had been any modelling on the impact upon secondary care partners, conversations are ongoing between the surgical teams and are cognisant of likely future requirements for specialised commissioning services to reduce services. It is proposed to use the Cancer Networks to progress this further. Mr Cannell acknowledged that more work is required on modelling and the intention to remain vigilant of possible consequences, either intended or unintended, together with the service interdependencies. The majority of services will be at the Royal site so patients will no longer be required to attend the Clatterbridge site, although the Aintree site will be retained. There is no current intention to alter the current configuration of service operation in District General Hospitals. In relation to future configuration of services generally, it would be helpful if Clatterbridge could be brought into the conversation with secondary care providers. The requirements for Clatterbridge to replace equipment every ten years, together with desire to have the best equipment, remains challenging, particularly in an environment where demand is increasing but this remains a key focus. Should an increase in capacity be required, it would take Clatterbridge circa 18 months to operationalise. There are negotiations under way considering the availability of expansion space at the Royal site. Mr Wicks referred to a recent attendance at the OSC in Warrington at which the level of public engagement undertaken in relation to this project was commended.	
14/15.	**Strategic Planning** Draft submissions to be reviewed at the Co-Commissioning Collaborative next week. Ms Reilly referenced a document she has today circulated, which is an NHSE(M) Planning Framework for Assurance which contains considerations for the NHSE(M) team. Mrs Reilly agreed to provide Mr Wicks with a copy. Ms Reilly clarified that although a narrative is not required for the 2 year plan, some idea of 'story' will be required. Ms Sheerin advised that the CCGs' Governing Bodies will need to engage in this process and a meaningful narrative is unlikely to be available in the short term until this process has taken place. Ms Reilly as not able to confirm at the	MW

No	Item	Action
	current time whether the narrative will be required for the April submission. Primary care will be considered within the CCGs' units of planning. Direct Commissioning - national commissioning intentions for direct commissioning will be need to be considered within the units of planning. Final strategic plan submission date is 20 June. The submission on 14 February was felt to be slightly less formal than the April submission date and will enable NHSE(M) to identify where any areas of support are required in preparation for the April submission. It was agreed to jointly commission a review of organisational plans following the initial submissions and identify opportunities for services that could be commissioned across Merseyside. The capacity of CSU to undertake this piece of work was discussed. This can be discussed next week at the Co-Commissioning Collaborative next week. Ms Reilly expressed the importance of the collaborative nature of this work. Outcome ambitions to be shared at a future Co-Commissioning Collaborative session in March or April. It was acknowledged that matters could be overtaken by providers' financial positions. There was a discussion around the ability and feasibility of signing contracts by 28 February. Ms Reilly agreed to progress an invitation to a consultant for a further Co-Commissioning Collaborative meeting to progress joint working.	MW MW/FLC JR
14/16.	**Safeguarding Hosted Service - Update** Mrs Snoddon made two additions to the report in that Michelle Creed from NHSE has been involved in the review and in relation to the vulnerable adults service, there are two nurses, not one. An increase in activity in the service has been noticed, particularly in relation to adults, together with an increase in expectations of the service. The service has absorbed support to Specialised Commissioning and Direct Commissioning for NHS England, for which no financial contribution is made. Model 4 contained within the report is recommended as the best option. A review of the designated doctor is under way and a review of the cost associated with this role is also recommended. Model 4 was agreed, albeit without the investment and a request for a review of the designated doctor function. Mrs Snoddon referenced a conversation with NHSE around likely future assurance, which was likely to include declarations of liberty standards and following the recent status review, there are concerns across the patch generally. Ms Sheerin highlighted the need for comprehensive reporting to Chief Nurses in each CCG. Ms Snoddon advised that the staff are aware and, indeed, took part in the review and there is a meeting with them on Friday to communicate the decision of the Network to the team.	JS
14/17.	**Apologies for absence** were noted.	
14/18.	**Minutes from the previous meeting** The minutes were agreed as an accurate record.	

No	Item	Action
14/19.	**Actions from the previous meeting** All actions were closed down save for the following 13/5 (November meeting) AQuA – Liverpool CCG have not signed up to AQuA. Mr McDowell offered to establish who was signed up to the service in the North West. 13/10 (November meeting) Library and Knowledge Services to Support the Work of North West CCGs – Ms Clark to investigate the service being offered. *Carried forward.* *EPRR* – Mr Davies referenced the apparent NHSE desire to move category 1 responder status to CCGs, which was not mandated at the current time.	MMcD FLC
14/20.	**General Practice Workforce** Mr Banks suggested using the Health and Social Care Information Centre website – NHS Staff 2012 General Practice as a baseline for this exercise. It was agreed that each CCG undertake a baseline exercise in time for the next meeting. [Superseded by email circulated by Dr Leonard of 5 February 2014.] A standardised approach is required and a conversation with the membership about their intentions. Dr Leonard agreed to draft a letter to practices and circulate to each CCG for onward transmission to membership practices. [Superseded by email circulated by Dr Leonard of 5 February 2014.] Mr Banks agreed to share the presentation he made to Halton practices.	SB
14/21.	**Ensuring Continuity of Health Services: Designating Commissioner Requested Services and Location Specific Services** CMCSU are seeking a common approach. There was a conversation around what should constitute a requested service. It was agreed that all CCGs would seek clarity from contractual leads and this issue would be discussed at the next meeting in March.	All
14/22.	**Any Other Business** *The Royal CQC Report* – the initial feedback is positive. There are some areas for consideration and an action plan must be produced by 5 March. The CQC will then report to Monitor, who will then make a decision as to whether the FT application can proceed. *LCH CQC Report* - LCH attended at SS CCG's meeting of the Governing Body to discuss. They did acknowledge the areas for concern but were disappointed with some of the findings.	
14/23.	**Date of Next Meeting** Wednesday, 5 March 2014, Boardroom, Merton House, Bootle	

** Dates for the Diary 2014**

MEETING	DATE	TIME	VENUE
Merseyside CCG Network	5 March	12.00 to 13.00 13.00 to 16.00	Informal pre-meeting Meeting, Boardroom, 3rd Floor, Merton House, Bootle L20 3DL
Merseyside CCG Network	2 April	12.00 to 13.00 13.00 to 16.00	Informal pre-meeting Meeting, Regatta

MEETING	DATE	TIME	VENUE
Merseyside CCG Network	7 May	12.00 to 13.00 13.00 to 16.00	Informal pre-meeting Meeting, Regatta
Merseyside CCG Network	4 June	12.00 to 13.00 13.00 to 16.00	Informal pre-meeting Meeting, Regatta Place
		Please note change in start times	Please note change of venue to St Helens Chamber
Merseyside CCG Network	2 July	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	6 August	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	3 September	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	1 October	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	5 November	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Rooms A&B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY
Merseyside CCG Network	3 December	1.00pm-1.30pm 1.30-4.30pm	Informal pre-meet inc Lunch Meeting, Conference Room B, St Helens Chamber, Salisbury Street, off Chalon Way, St Helens WA10 1FY

THIS SET OF MINUTES IS NOT SUBJECT TO "CALL-IN"

HEALTH AND WELLBEING BOARD

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 19TH FEBRUARY, 2014

PRESENT: Councillor Moncur (in the Chair)
Dr. Janet Atherton, Fiona Clark, Robina Critchley, Councillor Cummins, Councillor John Joseph Kelly, Maureen Kelly, Dr. Niall Leonard and Dr.Clive Shaw

48. APOLOGIES FOR ABSENCE

Apologies for absence were received from Colin Pettigrew and Phil Wadeson.

49. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 30 October 2013 be confirmed as a correct record.

50. DECLARATIONS OF INTEREST

No declarations of pecuniary interest were made.

51. SEFTON STRATEGY FOR OLDER CITIZENS 2014-2016

The Board considered the draft "Sefton Strategy for Older Citizens 2014-16" (the Strategy) which had been prepared by the Sefton Partnership for Older Citizens (SPOC).

Kevin Thorne, Integrated Commissioning Manager and Roger Pontefract, Chair of SPOC presented the report which indicated that the draft Strategy was considered in detail by the 3 Older Peoples Forums in Sefton during September and October; and was circulated widely for comments to Council Officers, the E-Consult Panel and the Sefton Clinical Commissioning Groups' 'Big Chat" circulation list.

The draft Strategy, attached as an appendix to the report, had a vision of creating a place where older people could live, work and enjoy life as valued members of the community; and detailed the following eight objectives:-

- objective 1 – to advocate that the voice of older citizens is reflected in the planning and delivery of services
- objective 2 – to reduce the level of loneliness and social isolation experienced by older people in sefton
- objective 3 – to encourage the provision of health and wellbeing services for older people which are effective and of high quality

- objective 4 – to help older people to achieve financial security
- objective 5 – to work with local agencies to provide services which are of high quality, joined-up, and age-proofed
- objective 6 – to help older people to feel safe and secure within their communities
- objective 7 – to challenge providers to treat vulnerable older citizens with dignity and respect in all care settings
- objective 8 – to promote and respond to the impact that the new care Bill will have on older citizens in Sefton

The Strategy concluded that SPOC wanted Sefton to be a place where old age was enjoyed rather than endured; stated that a positive outlook and strong support networks were vital if later life was to be enjoyed to the full; and that the Strategy demonstrated how this could be achieved.

The Board also watched a video produced by SPOC on the Strategy.

RESOLVED: That

(1) the "Sefton Strategy for Older Citizens 2014-16" be approved; and

(2) the Sefton Partnership for Older Citizens be requested to prepare an Action Plan to monitor its implications; and to present regular progress reports to the Programme Group of the Health and Wellbeing Board.

52. OLDER PEOPLE'S PILOT - CHURCH WARD

The Board considered the report of the Area Co-ordinator Central Sefton updating on the progress of the Church Ward Older People Pilot (the Pilot).

Councillor Cummins and Alex Spencer, Area Co-ordinator presented the report which indicated that in November 2012, the Cabinet Member - Older People and Health approached officers from the Council in order to develop a pilot which focused on reducing loneliness and social isolation for older people (residents aged 60 and over) living in Church ward; and that in order to support this pilot a meeting was convened with partners working across Church ward at which three discreet work areas were identified, namely:-

(1) the identification of older people living in Church ward who may either experience loneliness/social isolation, or who may be vulnerable to experiencing loneliness/social isolation;

(2) the development of an online directory of services, which could signpost or refer identified older people to services which they may not know are available; and

(3) a mapping exercise of community assets to determine what partner assets and "soft" assets e.g. cafes, social clubs, are available in Church ward.

The report also identified the progress to date on the three workstreams by an established Steering Group; and that the Steering Group would continue to work with the Campaign to End Loneliness to determine examples of national best practice that could be applied locally.

RESOLVED: That

(1) the update on the progress of the Church Ward Older People Pilot be noted; and

(2) further reports on the progress of the Pilot be submitted to future meetings of the Board.

53. UPDATE ON THE WINTERBOURNE REVIEW

The Board considered the report of the Director of Older People that updated on progress with the stocktake undertaken as part of the national Winterbourne View Improvement Programme (WVIP).

The report indicated that the Council had submitted evidence and information as required to WVIP and had used this as an opportunity to understand changes to responsibilities and develop new partnerships following the organisational changes introduced under the Health and Social Care Act 2012; that WVIP had analysed the stocktake return; and Appendix 1b to the report set out the comments taken from Sefton's narrative and summarised to form an outline of key strengths and potential areas for development.

RESOLVED: That

(1) the Winterbourne View Joint Improvement Programme stocktake of progress as detailed in the report and Appendix 1b be noted; and

(2) a further progress report be submitted to the Board in three months on the most pertinent points actioned.

54. LIFESTYLE AND MENTAL WELLBEING SURVEY

The Board considered the report of the Director of Public Health that advised of the findings of two surveys examining different aspects of health and wellbeing in Sefton in 2012.

The report indicated that the first survey, the Merseyside Lifestyle Survey, was jointly commissioned with NHS Halton and St Helens, NHS Knowsley, and Liverpool Primary Care Trust to explore key health behaviours and attitudes across Merseyside and within specific population groups; whilst the second survey, the Mental Wellbeing Survey, was commissioned

across the North West in response to a growing need to understand more about the mental wellbeing of people in the region.

The Appendix to the report provided the key results of the surveys relating to the following topics, general health, healthy weight, smoking, alcohol, mental wellbeing, place and money.

RESOLVED:

That it be noted that the two surveys referred to in the report provide a rich source of intelligence that can be used to inform the development of effective population based interventions to improve health and wellbeing and to reduce inequalities.

55. CLINICAL COMMISSIONING GROUPS DELIVERY DASHBOARD - QUARTER 2

The Board received a presentation from Fiona Clark, Chief Officer for the Southport and Formby and the South Sefton Clinical Commissioning Groups (CCGs) on Checkpoint Quarter 2 CCG Delivery Dashboard.

Ms. Clark detailed the five balance scorecard domains of:-

- Are local people getting good quality care?
- Are patient rights under the NHS constitution being promoted?
- Are health outcomes improving for local people?
- Are CCG's delivering services within their financial plans?
- Are conditions of CCG authorisation being addresses and removed (where relevant)?

together with the CCG assurance framework balance scorecard summary showing the red/amber/green domain status; and concluded by updating on the CCG Delivery Dashboard relating to:-

- Support plan from Q1 agreed and being implemented
- Checkpoint 3 with NHS England (Merseyside) Team – March 2014
- Further update to Health and Wellbeing Board – March 2014

Ms Clark advised that she would bring Q3 performance to the next meeting, to ensure the Board was kept appraised of performance.

RESOLVED:

That Fiona Clark be thanked for her informative presentation.

56. COMMISSIONING INTENTIONS AND FORWARD PLANNING - CLINICAL COMMISSIONING GROUPS

The Board received a presentation from Fiona Clark, Chief Officer for the Southport and Formby and the South Sefton Clinical Commissioning

Groups (CCG) on Commissioning Intentions and Forward Planning of the CCG's.

Ms. Clark detailed the strategic planning framework; the NHS Right Care model which had three basic steps: Where to Look; What to Change; and How to Change; the Strategic Plan that had three strategic priorities (frail elderly, unplanned care and primary care transformation) together with the two delivery mechanisms (Virtual Ward Plus and Care Closer to Home Plus and the Better Care Fund); and the programmes attached to the Strategic Plans relating to cardio vascular disease, respiratory, diabetes, cancer, mental health, children, end of life and urgent care (Virtual Ward /Care Closer to Home).

Ms. Clark concluded by detailing the commissioning intentions of the CCG's for 2014/15 as follows:-

South Sefton CCG

- Hospice at home service
- Community Opthalmology- stage 1
- Community Respiratory Service
- New pathway for G.P accepted patients in A&E

Southport and Formby CCG

- Cardiovascular Disease Strategy
- Lymphoedema/Healthy Legs Service
- Gastroscopy - Access
- Children – Community Nursing
- Section 136

Together with the numerous other schemes under consideration by both CCG's for the period 2014/15 to 2018/19.

RESOLVED:

That Fiona Clark be thanked for her informative presentation.

57. BETTER CARE FUND PLAN

The Board considered the report of the Deputy Chief Executive that provided background information on the Better Care Fund (BCF) (formerly the Integration Transformation Fund) and outlining the approach being taken in developing Sefton's Better Care Plan. The report also noted that the funding within the BCF was not new money. It was a transfer of money from the NHS to Local Authorities which was already committed to services including substantial Local Authority service provision. The funding was intended to be used to support adult social care services which also had a health benefit

The report indicated that BCF required Councils and Clinical Commissioning Groups (CCGs) to deliver five year local plans for integrating health and social care; that the first stage of the process was that a BCF template had to be submitted by 14 February 2014 to NHS England (North), which would then be assured by that organisation, with support from the Local Government Association, to assess whether Sefton's BCF was sufficiently robust to deliver the governments vision for the integration of health and social care; that whilst BCF did not come into full effect until 2015/16, the intention was for CCGs and local authorities to build momentum during 2014/15, using the £200 million (nationally) due to be transferred to local government from the NHS to support transformation; that plans for use of the pooled budgets must be agreed by CCGs and local authorities, and endorsed by the local Health and Wellbeing Board.

The report also detailed how payment of BCF funds would be linked to performance; and recommended that the following metric from the NHS Outcomes Framework be adopted as the local metric for the Sefton Better Care Plan: Proportion of people feeling supported to manage their (long term) condition.

The report concluded that preparations for the development of a Better Care Plan, as part of the Southport and Formby and South Sefton CCG's 5 year Strategic Plans were underway; that once feedback, both from the assurance process and from continued engagement on the first cut of the Better Care template and the CCG's draft 5 year strategic plans was received, a more detailed revised plan would be submitted to the Health and Wellbeing Board and Cabinet; and that the guidance on the BCF had been changed during the process of development, and that it was anticipated that it would continue to be firmed up over coming months as the assurance process validated whether the BCF templates were robust enough in terms of vision, ambition and schemes, to draw down funding.

Attached as an appendix to the report was the BCF planning template that identified the plan details, the vision and schemes, the national conditions and the risks and mitigating actions to be taken.

RESOLVED: That

(1) the first version of the Better Care Plan, as set out in the template attached to the report (and as agreed by the Chair of the Health and Wellbeing Board in consultation with the Cabinet Member - Older People and Health, the Chief Officer of the Southport and Formby and South Sefton CCGs and the respective Chairs of those Boards, and submitted to Government on the 14 February 2014) be approved, subject to confirmation by Cabinet on 27 February 2014; and

(2) it be noted that there is no new money attached to the Better Care Fund.

58. PROGRAMME GROUP MEETINGS - KEY DISCUSSIONS AND DECISIONS

The Board considered the report of the Head of Business Intelligence and Performance that provided a list of key discussions/issues from meetings of the Programme Group since its inaugural meeting on 9 December 2013.

The report reminded the Board that the Programme Group consisted of statutory members of the Board, the Chief Officer of the Clinical Commissioning Groups, the Deputy Chief Executive of the Council and the Chief Executive of Sefton Council for Voluntary Services, with the aim of ensuring the delivery of the Health and Wellbeing Strategy on behalf of the Board, managing the performance of the sub structure's Forums and Task Groups, and providing strategic oversight through reports and managing the Forward Plan and Accountability Framework; that the Programme Group had met on three occasions; and provided details on the following topics that had been considered:-

- Better Care Fund (formerly Integration Transformation Fund)
- Partnerships – Development and Relationships
- Policy Updates/Statutory Roles
- Provision of Mental Health and Wellbeing Services

RESOLVED:

That the range of issues discussed and actions taken by the Programme Group during its monthly meetings be noted.

59. ROBINA CRITCHLEY

The Chair advised that this would be the last meeting of the Board attended by Robina Critchley, Director of Older People as she was due to shortly retire from Sefton Council.

RESOLVED:

That the Health and Wellbeing Board places on record its best thanks and appreciation to Robina Critchley for her many years service to Sefton Council and for her efforts in establishing and serving on the Board; and wishes her a long, healthy and happy retirement.

Southport and Formby
Clinical Commissioning Group

Medicines Management Operational Group (MMOG) Minutes

Held on 6TH December 2013 11am-1pm
Library, 1st Floor, Fylde Road Medical Centre, Southport

Present	Hilal Mulla, (HM) (Chair)	Governing Body Member – Southport and Formby CCG
	Jane Ayres (JA)	Senior Practice Pharmacist – Southport and Formby CCG
	Malcolm Cunningham	Head of Primary Care and Corporate Performance – Southport and Formby CCG
	Dr Janice Eldridge (JE)	Prescribing Lead - Southport and Formby CCG
	Brendan Prescott (BP)	Medicines Management Lead - Southport and Formby CCG
	Helen Stubbs	C&MCSU, Link Representative
	Kay Walsh (KW)	Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport and Formby CCG
Minute Taker:	Ruth Menzies	Administrator, Southport and Formby CCG

No	Item	Action
13/161	**Apologies** Apologies were received from Susanne Lynch.	
13/162	**Minutes of meeting dated 25th October 2013** Discussions took place re ADHD shared cared care guidelines. BP to forward papers to JA to discuss at the next JMOG. The minutes were approved as an accurate record.	**BP**
13/163	**Matters arising from minutes** <u>Appliance contractors</u> (BP) Teresa Lewis is currently trying to organise the meeting. <u>MHRA alert re metoclopramide</u> (BP) It was confirmed very little advice was received. All patients are currently being reviewed at a practice level. Item concluded and to be removed	

No	Item	Action
	from agenda. Audit of DMARD prescribing excluding rheumatology (JA) Data currently being collated to establish how many patients will need to be reviewed. Discussions took place regarding age range which was not specified. CQUINs (BP) The CQUINS have previously been to this meeting and approved. Information has also been submitted to Quality Leads within the CCG. Item concluded and to be removed from agenda. Approval process for devices (BP) JA has yet to email BP. Previously the committee has queried whether or not the CSU should be reviewing such things. JA to send summary which NICE states not to prescribe to HS. Discussions took place as to where such devises should be reviewed. HS felt it is not a service that is commissioned by the CCG. HS suggested BP raising the matter at Monday's CCG Leads meeting. MC will also take to the Contract Management meeting. JA to speak to TR to get data on what is currently prescribed.	**JA** **JA** **BP** **MC** **JA**
13/164	**Practice Updates/feedback/Grey List/** MMOG visits progress It was confirmed that practices that are currently showing as red are being targeted for practice visits initially and several have already taken place. Targeted practices that are red and a few have already taken place – the Grange, Roe Lane and Cumberland House. JA has emailed HM/SL regarding possible to Curzon Road.	
13/165	**Shared Care issues** Denosumab (BP) James Bradley yet to speak to Jan Leonard/Steve Astles regarding prescribing coming from primary care. Unsure how this is progressing Degarelix (BP) Discussed at JMOG. Contacted Dr Baird at Aintree to seek further	

No	Item	Action
	clarification regarding monitoring of patients. Verbally he has confirmed they would keep patients that need monitoring, however, awaiting written confirmation. <u>Urology</u> (JE) JE confirmed she has been unable to locate a shared care document with the urologists at S&O and is currently using Aintree Shared Care. JE feels she could claim a level 2 payment but can't locate an agreed shared care protocol. Discussions took place in relation to what agreed shared care protocols are in place. Also need to obtain information in relation to which local consultants do not currently adhere to protocols It was felt there was potentially a lot of work that needs to be completed by April. Discussed looking at the shared care document at the next shared care meeting. JA to send copy of the Aintree contract to HS. In future we will only be able to put shared care documents in the contract that have been approved by PAN Mersey, and formally the LMC. JA to put a list together of agreed shared care documents for both North and South and take to January's JMOG.	
13/166	**PQS** It is hoped there will be a PQS scheme in place next year which will be based on the optimisation plan. Discussions are yet to take place with Finance. Any PQS put in place will also form part of the Contract. The team will start to look at in January and will be discussed at February's MMOG.	
13/167	**Budget Update** Month 6 data is showing a forecasted underspend of £287,592 which is an increase of £100,000 on month 5 data. All practices are less overspent than the previous month, which is the same in the South. It is felt there will be an increase next month with Category M prices	

No	Item	Action
	It was noted it was always going to be a challenging year as there is less money than the previous year. Most of the practices that are red are smaller practices which are harder to predict an accurate record for.	
13/168	**NS & WL Medicines Operational Forum (MOF) feedback** The above meeting no longer meets. Item to be removed from agenda.	
13/169	**Pan Mersey APC feedback** All feedback was included in November's JMOG. Nothing further to review.	
13/170	**Items from Pan Mersey subgroups** The new drugs sub group have approved the following:- Lixisenatide - green Lixisenatide with insulin – amber. The melatonin issue is currently being reviewed and it is hoped to have an amber statement. The statement will include under and over 18s. It was noted there is still a problem with the unlicenced product. JJ recently attended the Shared Care sub Group were Midodrine was discussed. It was noted there was a lot of prescribing in the North. KW confirmed there would be a lot coming from the Spinal Unit. JA to ask TR to look at prescribing data. At the meeting it was asked for the drug to be amber.	
13/171	**Finance & Resource committee** All feedback was included in November's JMOG. Nothing further to review.	
13/172	**Data from South Sefton Dressing Scheme** Discussions took place regarding the above scheme whereby nursing home patients dressings are ordered directly through the community pharmacy. Data was discussed at the meeting, however, it was agreed	

No	Item	Action
	this needs to be validated. JA to verify the savings. It was felt the service needs to be policed more and a more sophisticated software to be in place. Discussions took place regarding training that should be offered to nursing homes. MC suggested piloting the scheme in Formby for 3 months.	**JA**
13/173	**MMOG/JMOG dates** JA to amend the MMOG dates that were attached to the Agenda. JMOG dates were approved. It was noted the post for Lead GP for Medicines Management in the South has been offered to Dr Anna Ferguson from the Strand Medical Centre who has verbally accepted the post. The post does not form part of the the Governing Body.	
13/174	**Any Other Business** Discussions took place regarding the pilot of the gluten free products within Ainsdale. It was confirmed that have been a few issues at Ainsdale Medical Centre (AMC) and stopped offering the service, however, Ainsdale Village Surgery are happy with the project. It was agreed the service should be ran a little longer at AMC as it is a larger practice. A meeting will then be arranged with DS to confirm the outcome. HM – new guidance for clopidogrel NICE TA – *can you please confirm what information should be added here. I believe you had it down to a tea!!* It was confirmed the running cost of Care at the Chemist will be coming back to CCGs. NHS England have confirmed they do not have the capacity to run this service. Both Sefton CCGs have so far been running the service at an approximate cost of £800,000. MC to check we have not sent any money across. JA to email Nicola Baxter. DVT pathway – KW is currently keeping an eye on the situation which is sitting with the trust. The pathway covers times whereby GPs will not be affected however Go to Doc need to be aware as it will affect the out of	**MC** **JA**

No	Item	Action
	hours. KW to contact Go to Doc. BP – Palliative Care Medicines held within Community Pharmacies. BP confirmed a Case for Change will be going to January's F and R Committee. A revised list has been compiled which will be offered in pharmacies with longer opening hours. There will be no more than 3 pharmacies offering the service. Discussions took place regarding the rollout of EPS 2. It is hoped Norwood go live by the end of January. The Project Manager is to attend the JMOG to give reassurance regarding the rollout. At the end of January we are looking at rolling out a further 3 practices which would take effect from March. JE felt practices may be thinking not going to happen as talked about for so long but nothing had happened. It was noted iMerseyside not been very forthcoming with evidence of pilots. Scriptswitch – BP meeting with the Account Manager of Scriptswitch on Tuesday and it is hoped the software can be installed at practices prior to Christmas if they so wish.	**KW** **BP**
	Date, Time and Venue of Next JMOG – Tuesday 28th January Time TBC Fylde Road Medical Centre **Date, Time and Venue of Next MMOG-** Friday 14th February 10.30am Fylde Road Medical Centre	

Signed …….. Date ……
Chairman

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	NA	✓
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apols	✓	✓	✓	✓	Apols	✓	Apols	Apols	Apols	NA	✓
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	NA	✓
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	NA	Apols
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols	NA	✓
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NA	✓
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	NA	✓
In attendance												
Lucy Howarth, Community Dietician (Item 2 only)	✓										NA	
Helen Stubbs, Lead Pharmacist, NHS Sefton		✓	Apols			Apols		Apols	???	Apols	NA	✓

Southport and Formby
Clinical Commissioning Group

Medicines Management Operational Group (MMOG) Minutes

Held on 14TH February 2014 9.30 am - 11.00 am in the 3rd Floor Boardroom, Merton House

Present Jane Ayres (JA) (Chair) Malcolm Cunningham (MC) Dr Janice Eldridge (JE) Brendan Prescott (BP) Kay Walsh (KW) **Minute Taker:** Ruth Menzies	Senior Practice Pharmacist – Southport and Formby CCG Head of Primary Care and Corporate Performance Prescribing Lead - Southport and Formby CCG Head of Medicines Management Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport and Formby CCG

No	Item	Action
14/01	**Apologies** Apologies were received Susanne Lynch, James Bradley and Helen Stubbs. It was noted Helen Pearson had intended on being present in place of Helen Stubbs but is on leave and unable attend. ***Action : HS to ensure a member of the CSU to attend meeting if she is unavailable.***	**HS**
14/02	**Minutes of meeting dated 6th December 2013** The above minutes were approved as an accurate record. DVT Pathway - KW has been in contact with Matt Lynas who is going to look at the protocol. SOHT had started recruiting but as yet nothing is in place. It was noted the pathway currently only goes to 4pm. ***Action : KW to try and locate a current copy of the pathway and forward to JA for distribution via localities.***	**KW**

14/03	**Matters Arising from Minutes** <u>Appliance Contractors</u> (BP) Paul Halsall together with another pharmacist will attend the Bullens premises and see how they handle the telephone calls. <u>Approval Process for Devices</u> (BP) JA tabled details of S&F prescribing of the above and discussions took place regarding the contents. ***Action : JA to send the details to BP electronically. BP to look into the situation with CSU.***	**JA/BP**
	<u>South Sefton Dressings Scheme</u> (JA) JA has checked the data to ensure it is correct. All appears to show a reduction in spend apart from Bridge Road. Jennifer Johnston will be overseeing the service with Chris Brennan and Diane Sander doing the operational side of things. The invoices for the above scheme are currently generated manually but we are in the process of looking at them being processed via Webstar. It was noted GPs in South Sefton feel the service is running well. The committee agreed to operate this service in S&FCCG. It was felt this would work well as they already operate a formulary. Discussions took place regarding having a couple of training sessions for care homes. ***Action : BP will look into the finance of the situation. JA to take back to discuss further at a SPP meeting***.	**BP/JA**
	<u>Care at the Chemist (CATC) - Transfer of Money to NHS England</u> (MC) Discussions took place as to whether or not money was ever transferred to NHS England in relation to Care at the Chemist. It was felt no money was sent over in relation to CATC and we are still paying the invoices for Care at the Chemist. It is hoped the revised services will be up and running by 1st April 2014. *(HM arrived)*	

14/04	**Practice Updates/feedback/Grey List** (All) MMOG visits progress JA, BP and JE are to attend Trinity practice today. MC confirmed he would like to attend the Freshfield visit. JA is continuing to arrange the outstanding visits.	
14/05	**Shared Care issues** Denosumab (BP) BP confirmed an agreement had been reached in relation to the shared care in respect of the above. James Bradley is currently ensuring the money is being transferred out. Discussions took place how the shared care was to be implemented across the borough by 1st April, 2014. Concerns were raised regarding clarification that the LMC are happy with the clinical content and secondary care rollout into primary care. JA to check JMOG minutes for agreement of shared care document. The committee agreed to contact the Nurse Leads in relation to the rollout. Concerns were raised in relation to the uptake for GPs and how this can be publicised. Item to be removed from agenda if this can be confirmed. ***Action : BP to contact the Nurse Leads in relation to the rollout. KW to summarise the Nice Osteoporosis Guidance for GPs. JA to check JMOG minutes***	***BP/KW/JA***
	Degarelix (BP) A letter was attached from Dr Baird in relation to undertaking LFTs for patients under shared care. He confirmed he is happy to continue to monitor unstable patients. Discussions took place regarding meeting with Urology to take shared care forward. ***Action : BP to email Dr Baird to clarify the situation.***	***BP***
	Draft Rheumatology Shared Care (for comment from APC) (KW) Comments required for APC. It was noted the significant difference with the document is the Nurse Prescribers have been taken off. The LMC have raised concerns regarding a non-medical prescriber making recommendations to a prescriber. KW confirmed there will be lots of comments coming from SOHT. The feedback to the APC will be that the MMOG accept a NMP's signature stating they are signing on behalf of a named Consultant which will be clearly stated on the document.	

	Discussions took place regarding lack of feedback from the LMC. It was noted Bernie Hartley was now working for the LMC and JA will forward her contact details to KW. ***Action : JA to add feedback from the LMC on APC consultation documents onto the JMOG Agenda.*** <u>Meeting re Shared Care Progress</u> (JE) KW has met with SOHT and agreement has been reached that SOHT will be engaging with the process.	***JA***
14/06	**PQS** The draft PQS was tabled and discussed and agreed that we would want one next year, however, there would be less emphasis on cost savings. It was noted that the Medicines Management team had been asked for further suggestions.	
14/07	**Budget Update** The above was tabled and discussed. The formulary has been revised which has had a negative effect on December figures. Discussions took place as to how the contingency fund can be applied. BP will forward details of the formulary. Discussions took place as to whether or not practices will receive their PQS payments due to being over budget. It was noted as long as practices have evidence they have engaged with the process the appropriate payments will be made.	
14/08	**Pan Mersey APC feedback** The above was deferred due to lack of time.	
14/09	**Items from Pan Mersey subgroups (KW/SL)** <u>Circadin (melatonin) for Children Statement</u> <u>Rheumatology Shared Care Agreement (to be discussed under shared care)</u>	

	UTI section of the Antimicrobial Guidelines The above was deferred due to lack of time.	
14/10	**Finance & Resource Committee** The above was deferred due to lack of time.	
14/11	**Pigmanorm** KW gave details of conversations that had previously taken place between SL and Dr D Callow (DC) in respect of this unlicenced product and the matter was discussed. **Action : JA to speak to SL to get further details.**	
14/12	**Medicines Management Work in Practice** The above was deferred due to lack of time.	
14/13	**AOB** MC confirmed when the new contract for LES is drawn up all shared care will be incorporated.	
	Date, Time and Venue of Next MMOG – Fylde Road Medical Centre 14th March 10 am Corner Surgery. (KW and MC sent apologies) **Date, Time and Venue of Next JMOG -** Friday 25th April 12.30pm Merton House	

Signed ……..…….. Date ……
Chairman

Southport and Formby
Clinical Commissioning Group

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2104	February 2014	March 2014
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	NA	✓	NA	✓	
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apols	✓	✓	✓	✓	Apols	✓	Apols	Apols	Apols	NA	✓	NA	✓	
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	NA	✓	NA	✓	
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	NA		NA	Apols	
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols	NA	✓	NA	Apols	
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NA	✓	NA	✓	

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2104	February 2014	March 2014
Helen Stubbs, Senior Pharmacist NHS Sefton upto March 2013/Pharmacist, C&MCSU Link thereafter	NA	✓	Apols	Apols	Apols	Apols	Apols	Apols	Apols	Apols	NA	✓	NA	✓	
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	NA	✓	NA	✓	

Meeting Title: Health & Wellbeing Board - Programme Group			
Date:	11th February 2013	**Time:**	3.30 pm
Venue:	Merton House, Bootle	**Chair:**	Peter Morgan

Attendees:

Health & Wellbeing Board Members and Programme Group Members

(JA) Janet Atherton, Director of Public Health, Local Authority (LA)
(RC) Robina Critchley, Director of Older People, Local Authority (LA)
(FC) Fiona Clark, Chief Officer, Southport & Formby/South Sefton Clinical Commissioning Group (CCGs)

Other Programme Group Members

(PM) Peter Morgan, Deputy Chief Executive (LA)
(AW) Angela White, Chief Executie, Sefton CVS (CVS)

Also in Attendance

(ST) Sam Tunney, Head of Business Intelligence & Performance, Advisor (LA)
(TW) Tina Wilkins, Head of Vulnerable Adults (LA)
(TJ) Tracy Jeffes, Head of Delivery and Integration (CCGs),
(KM) Karl McCluskey, Head of Strategic Planning and Assurance (CCGs)
(MM) Martin McDowell, Chief Finance Officer (CCGs)

Apologies: (CP) Colin Pettigrew, Director of Children's Services, Local Authority (LA)

Key Updates from H&WB Forums:		**Forum**
1.	As contained in the report on the agenda. A key updates paper would be submitted to the next meeting.	All

Action Points:		**Who**	**By When**
1.	**Minutes** Points of Clarification **Minute 5** (AOB) AW made a point of clarification in relation to the reference to Bids and in so doing indicated that she felt there was a benefit in bringing ideas to the group, about where a joint bid could be made, for example a Big Lottery Bid. **Minute 4** (Mental Health Discussion) FC reported that it was Jan Leonard who was attending the specialist commissioning event and as the lead, would provide a link to spec comm. FC advised that a couple of names had been transposed, and that it was Jane Uglow and Debbie Fagan and not Debbie Uglow as indicated in the minutes. **Matters Arising** FC asked for an update on the commissioning of LJMU. SJT advised that she was working with EH and BW to establish if the vulnerability work could be progressed in house, and then as part of this, work out the role for LJMU or for the CLARC.		

Action Points:		Who	By When
	Mental Health – FC advised that a deep dive was needed and KM was working with GO to develop a bid to senior management for additional capacity/support. The CCGs would fund this but the person would work with TW and GO to progress the work on mental health. FC advised that currently they were paying the CSU for specialist support which was helping to inform what the CCGs needed.		
2.	**Better Care Fund** A discussion paper on the BCF was circulated with the agenda, which posed a series of questions/issues. PM stated that the plan was a good piece of collaborative work, and thanked those involved in bringing together a document which gave a broad direction of travel, with sufficient flexibility, to allow for the vision for integration to be more fully developed. The discussion document gave the dates of 3 workshops were planned to inform the development of the vision. A series of workshops was proposed, details of which were set out in the discussion paper. A workshop for elected members was planned, which a small number of council officers would be invited to participate. AW advised that she had been at a meeting with Andy Burnham the previous week and the discussion had been his vision for integration. FC indicated that she would need to get the wider membership up to speed as well. She was thinking around May so that it aligned with the development of the strategic plan which needed to be submitted by June. FC indicated that it would be good to do a joint paper to the Boards. FC advised that she had met with the community geriatrician and he had spoken to wider clinicians, and been quite inspirational. He had recently been at Harvard doing a Masters in Public Health. She anticipated him playing a key role in the integration. PM advised that there was a need to get some pace into the integration. FC indicated that she had sent an article to MC about Sunderland, where they had pooled the social care budget, with the health budget. MM asked at what stage providers would be involved in the discussions as there was a need to engage them in agreeing the impact. Aintree had advised during a recent discussion that if they got their productivity right they could move to top quartile. FC asked those present to think about the key messages for the Chief Executive of Aintree. It was agreed that a copy of the planning template be sent to the Acute Trusts and advised that this was the initial document to secure funding. Further, that a copy of the plan be sent to all those who had attended the workshop on 22nd January, together with a copy of the stakeholder evaluation	ALL ALL FC	22/2/14 11/2/14 12/2/14

Action Points:		Who	By When
	and a generic message on you said and we did.	SJT	14/2/14
	AW asked whether the protection of social care was focused on the most vulnerable, and clarification was given that the section had been rewritten since it had been shared with her.		
	A copy of the draft metrics was tabled. TW referred to the weekly sign off that used to happen with the two main Acute, when she was in the PCT and that more recently, only Aintree continued to do this. FC suggested that it would not be too difficult to reintroduce it.		
	With regards the metrics, it was agreed that RC, TW, KM, meet with BW and RR to agree the targets, denominators etc. prior to submission.	RC/TW/ KM/RR/ BW	12/2/14
	MM advised that the underpinning performance payments had been relaxed, and suggested that the template may well have changed. KM was asked to explain how the metrics sat with the metrics in the Strategic Plan, and he reported that there was one metric which was similar, but not the same. KM had been working that week on the metrics and was asked to share with the rest of the programme group. He was asked when it would be possible to know when the impact on providers would be known. He indicated that when the submission was made that week, and then during the assurance process, NHS England would check and would do an assessment of the impact collectively. This would be shared with providers by 5th March. MM explained that contracts would be issued for signing on 28th February. He had attended the Merseyside Collaborative, and FC indicated that there was a meeting of the Merseyside Co Collaborative the next day.	KM	12/2/14
	A copy of the spreadsheet on financials was tabled showing 3 options for displaying the potential spend. PM suggested that the broad headings needed to be generic as possible to allow maximum flexibility. It was agreed that option 2 on the spreadsheet should be used.	SJT	12/2/14
	PM reminded the Group that the discussion paper made reference to the funding available to support the BCF associated work which MC held on behalf of the region. It was suggested that a bid for resources ought to be made and various ideas for support were put forward. It was agreed that a proposal be put together based on large scale change support, but that it be flexible enough for the resource to be spent on provider engagement/reconfiguration; workforce; and ICT.	SJT/TJ	14/2/14

Action Points:		Who	By When
	The Group was asked to take a view in relation to the creation of an Integration Board, and changes being made to the sub structure of the Board, so that the Performance functions from the Performance and Resources Task Group would go to the Intelligence Group, and that the substantive Group would become an Integration and Resources Task Group. It was felt that there needed to be an Integration Board which would feed into the Health and Wellbeing Board, and potentially comprise the Chief Executive and Deputy Chief Executive of the Council and Chief Officer of the CCG as a minimum. With regards providers, it was felt that there ought to be a provider sub group of the integration board, and which could comprise, the Chief Executives of Aintree, Southport and Ormskirk, LCH, Merseycare and CVS. There would need to be links to the Southport and Ormskirk Partnership Board, but the role would be different as the Southport Board was more about designing their future as a Trust, whereas the Integration Board was substantially different. A map of what existed already was required. In terms of the Integration and Resources Task Group, it was suggested 1 or 2 reps from each of the forums ought to be on the Task Group. This task group could start to have a look at a model locality working. It was agreed that the officer workshop on 25th February, should look at the structural issues for an hour, and would spend two hours looking at integration in its broader sense. A provider engagement plan was needed to ensure that adequate provider engagement took place on the run up to the submission of the revised BCF plan and strategic plan. It was agreed a document of key dates be developed.	SJT TJ/KM SJT SJT TJ SJT/TJ	22/2/14 25/2/14 31/3/14 25/2/14 4/4/14 14/2/14
3.	**Annual Refresh of the Health and Wellbeing Strategy** PM referred to the report circulated with the agenda. SJT suggested that the refreshed strategy needed to align with the BCF Plan, the Strategic Plans of the CCGs the Councils Corporate Plan as developed, and would need to tie in the key strategies. She indicated that the aim was to have a high level strategic document which provided the outcomes framework, a set of underpinning high level metrics, with some high level actions. The underpinning actions would be those such as the Integration Plan, arising from the BCF, the Delivery Plan for the CCG Strategic Plans, for example. There was a need to develop communications around the refresh and to use existing opportunities to engage. It was agreed that the communications and engagement would be looked at by the Communications and Engagement Task Group.	SH/TJ	31/3/14

Action Points:		Who	By When
4.	**Systems Leadership** JA referred to the presentation which had been circulated with the agenda and advised that she and FC were offering to develop a proposal to tie into the national work that JA was undertaking and the Top Leaders Programme that FC was on. It was agreed that JA and FC develop a proposal on systems leadership and bring it back to a future meeting.	JA/FC	31/3/14
5.	**May Logan Centre** MM reported that on the reorganisation of health, £400K which underpinned the core contract with the May Logan Centre had been lost to NHS Property, and it was not the only one that had happened, whereby estate type funding had gone to the wrong host. The May Logan was a valuable community hub, and suggested collectively that this deficit would need to be made good. In 2013/14, NHS England and the CCGs had found the resource to cover the pressure, but a solution needed to be found longer term. MM asked AW to keep an eye on VCF organisations to establish if this had happened to any other organisations and to report back to him. AW raised a separate issues with regards to problems being experienced by her organisations and presumably other smaller organisations, who in order to connect to CSU systems to function, needed to pass the IGG toolkit. It was agreed that AW would liaise with TJ on this.	MM AW AW/TJ	31/3/14 31/3/14 25/2/14

Previous Actions / Issues Log (from minutes)		Status	Who & Deadline
1.	Risk Stratification/vulnerability matrix	O	SJT/TJ– 31/3/14
2.	Health Summit – Review: A copy of the evaluation to be circulated with the Plan to stakeholders	C	SJT – 11/2/14
3.	Acute Meeting – to be picked up under the provider engagement and consultation plan	C	TJ – 11/2/14
4.	Evaluation of virtual ward/earlier model	C/F	KMc/RC – 3/3/14
5.	Consultation and Engagement on BCF – referred to the Communications and Engagement Group	C/F	TJ/SH – 31/3/14
6.	Reablement Plan – RC to bring back to the Programme Group	C/F	RC/TW – 31/3/14
7.	Partnership Structures – each Forum to work out its partnership structures/relationships	C/F	3/3/14
8.	Policy Updates/Statutory Roles – each Statutory Post to be aware of the need to include issues on the agenda	C	Forum Leads/Stat Posts
9.	Revisit in the next Strategy iteration, the Strategic Priority of	O	SJT – 31/3/14

Previous Actions / Issues Log (from minutes)		Status	Who & Deadline
	Older People, to be changed to Adults – to be picked up in the next iteration of the strategy		
10.	Amendments to the Integrated Commissioning Plan (ICP) – meeting organised with Head of Commissioning and Deputy Director of Public Health to progress this work to come back to Programme Group in February.	O	SJT/P Moore/H Chellaswamy – 3/3/14
11.	VCF review – to ascertain if within the ICP.	C/F	PM – 3/3/14
12.	Integration Transformation Fund (ITF) – now Better Care Fund Task and Finish Group – progressing the Plan	O	SJT – 4/4/14

Information Points & Decisions	
1.	None

Key:

Previous Action Status Key: O = Ongoing, C/F = Carried Forward, C = Complete, NR = No Longer Required.

Information Points & Decision Key: I = Information, D = Decision

Officers referred to in the notes: Sue Holden (LA), Geraldine O'Carroll (GO)

NHS
Southport and Formby
Clinical Commissioning Group

South Locality Meeting Minutes

Date and Time Thursday, 20 February 2014, 12:30 – 13:30
Location Ainsdale Village Surgery

Attendees	
Dr Robert Russell(Chair)	Ainsdale Medical Centre
Paul Ashby	Practice Manager, Ainsdale Medical Centre
Jane Uglow	Locality Development Manager
Carol Roberts	Practice Manager, The Family Surgery
Dr Paul Smith	Ainsdale Village Surgery
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery
Rachel Ogden	Practice Nurse, Ainsdale Village Surgery
Dr Ian Kilshaw	The Grange Surgery
Nina Price	Practice Manager, Grange Surgery
Kay Walsh	Medicines Management
Dr K Naidoo	The Family Surgery
In attendance	
Dr Grant	F2 Doctor, Ainsdale Village Surgery
Apologies	
Dr Gladys Gana	Lincoln House Surgery
Janice Lloyd	Practice Manager, Lincoln House Surgery
Minutes	
Anne Lucy	Locality Development Support

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14					
Dr G Gana	Lincoln House Surgery	✓		✓	✓	A	A					
Dr I Kilshaw	The Grange Surgery	✓		✓	✓	✓	✓					
Dr K Naidoo	The Family Surgery	✓		✓	✓	A	✓					
Dr R Russell	Ainsdale Medical Centre	A		✓	✓	✓	✓					
Dr S Bennett	Ainsdale Medical Centre	✓										
Dr P Smith	Ainsdale Village Surgery	✓		✓	✓	✓	✓					

No	Item	Action
14/11	**Apologies / Minutes** Apologies were noted. The minutes were amended and agreed as an accurate record. Attendances were noted Attendees 20 February 2014.pdf	
14/12	**Matters Arising** **Budget –** covered in Medicines Management report **Any Other Business** a) Remote Access (KN) b) Practice representation at locality meetings (KN) c) Peer review in absence of GP (G Gana) d) QP for asthma in under 19 year olds (JU) e) Think Differently / Cope Differently (JU) f) Lifeline project (JU)	

14/13	**Chair's Update / Feedback from Wider Group** (Rob Russell)
	• **Primary Care Foundation –** the workshops that fed back general findings from the practice data gathered and analysed had received mixed reviews:-
	  • Not useful – no new information received
	  • Workshop provided food for thought, changes may be worth investigating
	  • Booking ahead (limited to 5 days) may be worth consideration
	  • Investigating options for making home visits early in the day. PS undertaking audit to see if this could affect admissions (making earlier admission possible).
	  IK questioned whether this change would make a difference when only one or two patients per fortnight were admitted following a home visit, and that two rounds of visits would mean extra travelling. Also it went against the current rationale of educating patients to phone early for a home visit.
	  • Not all practices had taken up the offer of a practice visit from the Primary Care Foundation to review their practice's data and possible options for change that might work for them
	  • PS noted that one practice (Roe Lane) offers a high number of phone consultations
	  • IK noted that it would be useful to go through the practice data (practice visit)
	  • RR noted that it may be beneficial to move away from one long surgery to 3 short surgeries
	
	• **Strategic Plan - Locality Engagement** (Jane Uglow)
	  • The next WCG has been brought forward to 12 March and the	

No	Item	Action
	event will be dedicated to developing clinical engagement in CCG strategic planning by assigning a pair of clinical leads to each locality (noting that for the South locality the leads will be Niall Leonard (CVD) and Liam Grant (Respiratory). The meeting would involve the locality discussing strategic planning for each specialty with the assigned clinical lead. Clinical leads will rotate around locality groups enabling each locality to have input to all areas. • It was suggested that Niall Leonard and Liam Grant be invited to the next locality meeting. • JU will circulate the briefing templates that clinical / CCG leads are drawing up before the WCG **Action: Invite Niall Leonard and Liam Grant to locality meeting on 27 March** **Action: Circulate briefing documents to locality members before WCG**	Rob Russell Jane Uglow
14/14	**QOF Peer Review (QP2 and QP5 – reviewing evidence gathered in QP1 (first outpatient appointment where patient referred by GP and discharged by consultant and no procedure carried out) and QP4 (emergency admissions))** **Lincoln House – QP2:** • Reviewed 8 outpatient referrals. All appropriate except one that could have been dealt with by the practice (patient reassurance) • Comments – some referrals were made to seek an opinion. Patient does not always cancel appointment that is no longer necessary (eg lesion dropped off) **Lincoln House – QP5:** • 10 admissions reviewed • Comments – all appropriate. Some patients may benefit from education re options other than A&E attendance as practice can always see a patient on the same day. A&E could educate patients that need not have attended A&E **Family Surgery – QP2:** • Reviewed 8 areas • Comments – All referrals justified. The registrar audited the entire group of 49. A high number were reported as mis-coded (some were coded as having no procedure yet procedure undertaken) **Family Surgery – QP5:** • Patients divided into groups (attending once; twice; or 3 times), and the first 10 out of 81 patients attending were reviewed • Comments – all were considered appropriate **Ainsdale Village Surgery – QP2:** • 6 patients reviewed • Comment – all referrals justified	

No	Item	Action
	Ainsdale Village Surgery – QP5: • 1 admissions reviewed • Comments – all were considered appropriate. Some patients had multiple admissions **Ainsdale Medical Centre – QP2:** • Reviewed 25 patients • Comment – most had procedure or investigation. All were justified. Some codding issues. One MSK referral for physiotherapy could have resulted in faster access through MCAS rather than Choose and Book **Ainsdale Medical Centre – QP5:** • Reviewed 2 admissions • Comments – none were preventable. One could have been avoided had a home oxygen been available **The Grange Surgery – QP2:** • Reviewed 20 referrals • Comment – two inappropriate **The Grange Surgery – QP5:** • Reviewed 4 patients • Comments – all but one were out of hours. Two were considered appropriate. There were no admissions that could have been prevented. None were seen in surgery Practices were advised to retain their data and findings on record.	
14/15	**Medicines Management** (Kay Walsh) KW presented an update: • An antiplatelet leaflet – was distributed to the group for information re unlicensed use • Budgets – for next year are still with Finance. MMOG need to know the top-line figure before it can be allocated to practices • Contingency fund – will be allocated to practices (based on evidence that practices have followed their prescribing plan) • Current overspend – is thought to be due primarily to payment for flu vaccines (payment not spread) • Practice MMOG visits – are being scheduled and will cover a range of topics including finance • Co-amoxiclav (reduction in prescribing) – GP's have received data to peer review, reports due by next meeting **Action: Undertake peer review and report back findings**	GPs
14/16	**Locality Development Update** **Good Neighbour Scheme** JU had met with GG and KN to discuss the scheme. A small steering group would be set up to develop the specification; volunteer members were welcomed and asked to contact JU	

No	Item	Action
	Housebound Scheme JU to meet with practice managers immediately after this meeting to clarify the definition and recording of "housebound" and gather broad requirements from the scheme	
14/17	**Any other business** **a) Remote Access (KN)** Would using 24 hour monitoring for hypertension signify compliance with the NHSE requirement to complete the template they had sent about remote access? NHSE could withdraw funds for non-completion **b) Practice representation at locality meetings (KN)** If guidelines for remuneration for attendance at locality meetings were the same as those for the WCG then single-handed practices would lose out on remuneration for attendance at locality meetings as they (unlike larger practices) could not nominate a deputy. Guidelines for remuneration for GP attendance at locality meetings are still in the process of clarification AL reminded the group to sign the attendance sheet at each meeting **c) Peer review in absence of GP (G Gana)** The group agreed that the review could be delivered by JU, comments could be made but the peer review for Lincoln House's findings would be undertaken at the next locality meeting with G Gana in attendance **d) QP for asthma in under 19 year olds** Becky Williams (CCG analyst for QP, Outcomes Framework etc) has asked practices to focus on this. Current variations in admissions may cause the target to be missed. Becky will try to identify patients and notify the practices **e) Think Differently / Cope Differently (JU)** JU reminded practices to refer to this service as not many referrals have been made. KN noted that the criteria for referral were vague; questioned the cost of the service and asked whether the service had been commissioned without input from GPs. PS noted that many patients with depression do not welcome group therapy. **Action: JU to obtain feedback and report back to the group** **f) Lifeline project (STARS)(JU)** This was formerly known as SATIN. A referral form had been sent to practice managers seeking comments on the form **g) Commercial Waste** Collection of commercial waste will no longer be funded. PA noted that this may be discussed at next week's Federation meeting.	JU
14/18	**Date and Venue for Next Meeting**: Thursday, 27 March 2014, 12.30 -1.30pm Ainsdale Village Surgery	

Southport and Formby Clinical Commissioning Group

Formby Locality Meeting Minutes

Date and Time Tuesday 4 March 2014, 12:30- 14:00
Location The Village Surgery

Attendees	
Doug Callow	(Chair), GP – Chapel Lane
Deborah Sumner	GP - The Hollies
Stewart Eden	Practice Manager – Chapel Lane
Moira McGuinness	Southport & Formby CCG Locality Lead
Sue Lowe	Practice Manager – The Village Surgery
Janice Eldridge	GP - The Hollies
Collette Riley	Practice Manager – The Hollies
Chris Bolton	GP – The Village Surgery
Yvonne Sturdy	PM – The Village Surgery
Jane Aryes	Medicines Management
In attendance	
Gill Blane	Sefton CVS
Apologies	
Minutes	
Anne Lucy	Locality Development Support

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 13	Feb 13	Mar 13				
Dr Doug Callow	Chapel Lane Surgery	A	✓	✓	✓	✓		✓				
Dr C Bolton	The Village Surgery	A	✓					✓				
Dr J Reddington	The Village Surgery	✓	A	✓								
Dr J Eldridge	The Hollies	A	✓	✓	L	✓		✓				
Dr D Sumner	The Hollies	✓	✓	✓	✓	✓		✓				
Dr T Brettel	Freshfield Surgery			A								
Dr S Johnson	The Village Surgery				✓							
Dr L Grant	The Village Surgery				L	✓						

No	Item	Action
14/06	**Apologies** None were received	
14/07	**Notes of the last meeting / Matters arising** The minutes of the last meeting were not discussed as the some of the group did not have chance to review prior to the meeting. They will be recirculated with the draft minutes from this meeting for review / comment **Action: Review / comment on minutes before agreeing at the next locality meeting**	**All**
14/08	**Think Differently Cope Differently Self Management Programme** Gil Blane attended the locality group to discuss a programme that is being rolled out in partnership with Southport and Formby CCG, Brighter Living Partnership and Sefton CVS and is designed to help people who have long-term health condition. Gil asked the group if the programme could be shared with all practice GPs and Health Care Professionals who can refer patients. It was advised that this is a programme that will last 1 year but if successful it can be rolled out further. Although the courses are being held in Southport it was advised that if Formby could get enough people referred onto the course that a venue could be arranged locally (within Formby). The group advised Gil that it may be beneficial for the CVS to attend The Formby Project to advise patients what their plans are. Attached are details on how to refer and the referral form. **Action – Think of how many patients within practice would benefit from this programme.**	20140306101952305.pdf **All GPs**
14/09	**Key Issues** MM advised that from March 2014, minutes of Committees and Localities will no longer be presented to the Governing Body. Instead, the lead for each meeting is required to submit a "Key Issues Report", templates for which are attached. These will need to be prepared and ready for the deadlines for submission for the board papers which, for March, will be Thursday, 13 March. The group agreed this would be a good idea and would help in bringing issues to the Governing Body. Issues that could be added to the Key Issues included: • Trimethoprim guidance • Issues with referrals being on a variety of different forms, some of which are paper referrals and some of which are via online methods. The trust should be asked to provide guidance on the best method of	Key issues Southport and Formby.doc Key issues both CCGs.doc

No	Item	Action
	how to refer to each service within that setting. JA advised that the Clinical Reference Group is carrying out a piece of work which should help with referring and using online methods. • Another issue which was brought up by CB was with patients being referred into a service for a surgical procedure and the surgeon either not being able to carry out the operation or having left the organisation which then led to the patient being re-referred via MSK. Both of the above issues are to be added to the key issues log.	
14/10	**19th March – away Day FLC** MMc reminded the group of the away day that has been set up for Formby practices to attend. It was advised that Primary Care Commissioning will facilitate the event and it would be beneficial if as many practice GPs could attend. **Expressions of Interest** MMc asked the group for any expressions of Interest from a GP and PM to carry out any potential work that comes from the away day, this will be for a 6 month period and will be funded for 1 session per week. MMc will re-send the information out to practices.	
14/11	**Addition Care Home session** Useful work in preparing care plans had been achieved. Some difficulties (speed of data transfer to IPad) and admin time to transfer written notes to system in practice) had been encountered. Another session per week and a extra acute ward round would be beneficial if funding could be obtained. **Action – Share the report to the group.** **Action – Doug Callow, David Mortimer, Moira McGuinness and Jane Ayres to meet and discuss the issues and how to iron out the issues.**	**MMc** **TS**
14/12	**Wider Group Meeting** **12 March – Strategic Planning** • **EOL** • **Diabetes** • **Cancer** • **Children** • **CVD** • **Respiratory** • **Mental Health** • **Urgent Care** The meeting being held on the 12th March 2014 was discussed with Doug Callow being the lead for Diabetes and Jackie Reddington being the lead for EOL within the CCG.	

No	Item	Action
14/13	**QPs** • **Freshfield Surgery** Freshfield Surgery did not attend the meeting so did not participate in the QP peer reviews. **Action – report back to the group on how many patients have moved from Freshfield to other Formby practices.** **Local Quality Premium Data (dehydration admissions, asthma under 19 yrs admissions, alcohol related admissions)** CR reported that the Local Quality Premiums are still ongoing and are due to finish at the end of March and advised the group to keep working on them til this time.	**MMC**
14/14	**Medicines Management** • **Antiplatelet statement** http://www.panmerseyapc.nhs.uk/guidelines/documents/G3.pdf - This statement from the APC summarises NICE guidance on antiplatelet therapy for prevention of occlusive vascular events, and also recommends use of clopidogrel for prevention of TIA which is not covered in NICE TA as it is an unlicensed indication. This use is recommended in Royal College of Physicians National Clinical Guideline for Stroke and endorsed by local specialists. No cost increase, potential cost saving if more patients treated with clopidogrel instead of dipyridamole in this situation. • The Safety subgroup are looking at the way **MHRA safety alerts/recalls** are handled, including the role of community pharmacists • **Patients travelling abroad** http://www.panmerseyapc.nhs.uk/guidelines/documents/G4.pdf - This statement from the APC recommends that prescribers should not supply treatment durations in excess of three months for patients who are going to live or travelling abroad or otherwise absent from the UK. • **Doxazosin m/r tablets** http://www.panmerseyapc.nhs.uk/recommendations/documents/PS42.pdf Doxazosin modified release tablets are now "BLACK" and shouldn't be prescribed – immediate release doxazosin is more cost-effective. This message is going on scriptswitch. • **Ferrous fumarate** - Ferrous fumarate to remain 1st choice oral iron, but switching of patients from other preparations no longer advocated as financial savings minimal	20140306101935378.pdf

No	Item	Action
	Budget update – February 2014. The practice prescribing forecast for Southport and Formby CCG for month 9 shows an over spend of £173,068 or 0.9 % on a budget of £19,587,637. For Formby locality the forecast spend is £4045,896 on a budget of £4048,537, an under spend of £2641 or -0.07% on budget. After discussion at MMOG and also with CCG Finance colleagues, we will be looking to adjust in year spend versus practice budgets based on a number of factors. 1. Shared care prescribing in year to reflect cost of prescribing as opposed to budgets transferred over from the provider 2. A readjustment of non-medical prescribing spend to reflect costs still being attributed to the practice throughout the year so far. This has started to reduce as ICO community teams change over to new community prescribing codes and stop using practice codes but is still significant. 3. Population shift across the CCG which has significantly affected some practices in Southport and Formby CCG. 4. Application of a contingency budget to the CCG practice prescribing budget. A contingency budget was created after capping allocations to practices to 2% of outturn and will now be applied in light of the CCG forecast overspend. This work will be ongoing until month 12 data is available. **Please keep up the good work with the quick wins and optimisation plan.** The Department of Health formula for forecasting practice prescribing spend has changed a number of times in 2013-14. There are no more expected changes but this has made a reliable report difficult this year. This is coupled with the first Southport and Formby CCG allocation as opposed to a Sefton allocation. Whilst taking this into account, the overall position remains relatively favourable compared to Pan Mersey prescribing activity and application of the above factors will go some way in improving the position at year end.	
14/15	**AOB** Data sharing letter that has been sent to practices Re. Sharing data with LCH, practices agreed they will not share this data until advised futher. Meeting Dates – CR to look at the years locality dates to see if any need to be rearranged.	
14/16	**Date of next meeting**	

No	Item	Action
	Thursday 03 April, 12:30-14:00 Formby Village Surgery	

NHS
Southport and Formby
Clinical Commissioning Group

Central Locality Meeting Minutes

Date and Time 25 February 13:00 – 14:00 (Lunch from 12:30)
Location Kew Surgery

Attendees
Dr Louise Campbell (Chair)
Roy Boardman
Dawn Bradley-Jones
Dr Ian Hughes
Dr Graeme Allen
Kate Wood
Dr Mark Bond
Sharon Forrester
Rachel Cummings
Dr Wendy Coulter
Anne Lucy
Becky Williams
Billie Dodd

In attendance

Minutes
Terry Stapley Administrator

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	April 14	May 14	June 14	July 14
Dr Mark Bond	Curzon Road Medical Practice	✓	✓	✓	A	✓	✓					
Dr Hedley	St Marks Medical Centre											
Dr H Obuchowicz	Kew Surgery	A	A	✓	✓	✓						
Dr Ian Hughes	Cumberland House	✓	A	✓	✓	✓	✓					
Dr Campbell	Trinity Practice	✓	✓	✓	✓	✓	✓					
Dr Stubbens	St Marks Medical Centre	✓	✓	✓	A	✓						
Dr Farrell	Curzon Road Medical Practice				✓							
Dr Allen	St Marks					✓	✓					
Dr W Coulter	Kew Surgery						✓					

No	Item	Action
14/	**Apologies / Minutes** Minutes from previous meeting were agreed.	
14/8	**Matters Arising** 14/7 **Death Notification data** – Moira McGuinness is taking this forward, the group agreed more information is need prior to the sharing of data. **CVS –** Work has started on the service spec, a meeting is taking place on 26th February with the CVS. Once the spec is created it will be shared with the group to check whether what is planned is being done. CVS will be creating a directory of services and are currently recruiting volunteers. **Action – Ask MMc about Death Notification Data**	SF
14/9	**Chair Update (LC)** LC advised the group of what was discussed during the GP Lead meeting, which included the CCGs 5 year strategy. This included a discussion about the 8 programs of works which locality GPs will be carrying out work on. In the Central Locality Dr Graham Allen will be leading on Cancer and Dr Louise Campbell will lead on Urgent Care / Frail Elderly.	
14/10	**Quality Premium Data Report** BW attended the meeting to provide the group with an update on the Quality Premium Data. BW advised that the report would be brought to the meeting on a monthly basis although she may not be able to attend all the meetings but feedback will be given to SF to feedback to the group. BW reported that NWAS are providing an action plan to improve meeting the target in this area. 62 day cancer wait is also below target, but there are plans to increase straight to test rather than a pathway. It was also discussed that Local QP measures should be looked at on a monthly basis, but only brought to the group if there are issues occurring. **Action – BW to respond to letter from Colette Riley Re. Local QPs.**	**BW**
14/11	**Medicine Management update** **Budget Data** December data attached with statement from Brendan Prescott. **Prescribing Quality Scheme - Peer review of co-amoxiclav prescribing** Peer Review of re-audit data & decision on payments under the Prescribing Quality Scheme. Target **70% used WITHIN** SEFTON ANTIMICROBIAL GUIDELINES by clinical audit. Trinity have attained the target with 83% prescribing within Guidelines; Cumberland 54%; Kew 50%, Curzon Road 42% & St Marks 40%. All practices had shown a reduction in items prescribed	01V_Southport&FormbyPrescribingFinanc 14 Feb Budget update Central Sand

No	Item	Action
	and an increase in prescribing within the Guidelines and there was a discussion on whether the points should be awarded. It was agreed by the GPs present that the points could be awarded. **Pan-Mersey APC statement on antiplatelets** Useful statement on antiplatelets, including the use of clopidogrel in TIA (unlicensed indication) http://www.panmerseyapc.nhs.uk/guidelines/documents/G3.pdf **Pan-Mersey APC Safety sub-group** Undertaking a mapping exercise to review how MHRA / Safety Alerts are handled including the role of Community Pharmacies **MMOG visits** Practices are reminded that the MMOG team will be contacting them to arrange a MMOG visit over the coming weeks when Medicines Management issues can be discussed. **Electronic Prescription Service – release 2** Norwood Surgery & Churchtown Medical Centre have now gone live with EPS-release 2. Discussions are on-going between iMerseyside, the CCG & Practices about the project roll-out in Formby & further information will follow. **Southport & Formby Sip feed project** Graham Foster is back at work and the searches are being completed in the practices. He will be contacting practices about setting up reviews shortly. This is a CCG-funded project and it will be beneficial to practices to engage with Graham and action any of his recommendations and reviews.	
14/12	**Strategic Planning: Urgent Care and Cancer** BD advised the group on Urgent Care and that it is everyone's responsibly. With the plan to reducing unplanned admissions by 15%. BD confirmed that a meeting (Wider Group) will take place on 12th March to discuss Strategic Planning / Primary Care Planning work. SMc and GA explained the Cancer planning with the Strategic Plan, SMc advised that there would be a detailed discussion on the 12th March to discuss further. Discussions were had over reducing unplanned care in Cancer patients, early detection and support (advise in what treatment the patient is having, recovery package and treatment summary). **Action - BD to invite Paddy McDonald to the Wider Group meeting on the 12/3 to discuss Frail Elderly further.**	BD
14/13	**AOB** The group were asked if anybody wanted to take over from Louise Campbell as chair of the group. This is to be discussed further at the next meeting. The group highlighted issues with the new Primary Care contract that has been circulated to the practices. The group asked if it had been	

No	Item	Action
	sent in error and it was asked if the deadline could be extended to allow feedback. BD to take this back to Malcolm Cunningham to extend the deadline.	
14/14	**Date and Venue for Next meeting;**	

NHS
Southport and Formby
Clinical Commissioning Group

North Locality Meeting Minutes

Date and Time Thursday, 13 March 2014, 13:00
Location Marshside / Corner Surgery

Attendees
Dr Kati Scholtz (KS, Chair)
Lydia Hale (LH)
Jude Storer (JS)
Sam Muir (SM)
Dr Hilal Mulla (HM)
Dr Les Szczesniak (LS)
Dr Rob Caudwell (RC)
Sarah McGrath(SMc)
Dr Niall Leonard (NL)
Jane Ayres (JA)
Dr Rory Kidd
Lyn Roberts (LR)
Dr Stephanie Woodcock
Karl McCluskey (KMc)
Linda Lawson - Alzheimer's Society
Justine Shenton - Alzheimer's Society
Apologies

Notes
Terry Stapley

NHS
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Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14				
Dr Kati Scholtz	Norwood Surgery	✓	✓	✓	✓	✓	✓	✓				
Dr Niall Leonard	Roe Lane	✓	✓	A	✓	✓	✓	✓				
Dr Hilal Mulla	The Corner Surgery	✓	✓	✓	✓	✓	✓	✓				
Dr Les Szczesniak	Sussex Road	✓	A	✓	✓	✓	✓	✓				
Dr Rob Caudwell	Marshside Practice	✓	✓	✓	✓	✓	✓	✓				
Dr Stephanie Woodcock	The Corner Surgery	✓	A	✓				✓				
Dr Mary McCormack	Churchtown Medical Centre	✓	A	✓	✓	✓						
Dr Ahmed Al-Dahiri	Norwood Surgery			✓			✓	✓				
Dr Simon Tobin	Norwood Surgery			✓								
Dr Myles Moriarty	The Corner Surgery					✓						
Dr David Unwin	Norwood Surgery					✓						
Dr Abul Zubairu	Norwood Surgery					✓						
Dr Rory Kidd	Churchtown Medical Centre						✓	✓				

No	Item	Action
14/15	**Apologies and Previous Minutes** Notes from the previous month were agreed as an accurate record.	
14/16	**Updates from last meeting** <u>Alivecor App</u> RC advised that the hardware/software had been delivered and he had used it on a few patients and it works well. The cost of the app is £160, the group agreed it was a good investment and will help with AF patients prior to being sent for a ECG. <u>QP5</u> The group agreed the summary sent out for QP5 was ok. <u>Collaborative Working lead role</u> Discussions to be had between Niall Leonard and Stephanie Woodcock to discuss what is involved.	
14/17	**New Service Specs and Local Quality Requirements** The new service specs which were sent out to practices prior to the last meeting were discussed and will now be delayed by 3 months, with the current LES carrying on for a further 3 months until the new scheme is in place in July. More meetings are to take place between these 3 months. The group advised that it will be discussed within the locality and fed back to the CCG. It was reported that some of the specs in the contract would be difficult for the smaller practices to carry out, with the knowledge of the amount of funding available beforehand as so that practices know how to spend their monies. The locality discussed the main driver for primary care over the next 5-10 years will be access (how do we see our patients? What is classed as a appointment?). Increased access can stop attendance in A+E which will reduce secondary care admissions thus funding which is currently going into secondary care can be moved into primary care which could work out to around £5 per patient, which will equate to £600k within the CCG. NL discussed a scheme which his practice are looking to invest in which triages patients prior to them speaking to a practice GP. The group were advised to email Lydia Hale if they are interested in meeting up with the company when they attend Roe Lane. NL also advised the group that strategic planning should be being discussed at a practice level. LH discussed the Saturday morning healthcare clinics which have been taking place at Roe Lane and that they had been very popular with patients.	
14/18	**Strategic Planning** Karl McCluskey attended the meeting to discuss the strategic planning the is going ahead within the CCG. This included the programmes of work: • What's happening with the programs? • Who's leading on particular areas? • Ongoing development that's occurring. Other discussions included resourcing and investing funding into primary and community care.	

	Practices reported in the wider group meeting that access to District Nurses needs to change and they need to fulfil practice needs. The GPs around the table discussed how engagement with local consultants will help in patient care and also with education.	
14/19	**Alzheimer's Society** Linda Lawson and Justin Shenton attending the meeting to advise how and what the Alzheimer's Society can do to help patients who are suffering from both Alzheimer's and Dementia. This included; • Dementia support service- based in Gordon House Southport, provide 1-1 community support from diagnosis. This includes various social groups and carer support. The schemes are funded by both CCGs and they can accept referrals from both the GP and self-referral. Information was handed out and can be printed and send out to patients who don't have this access. It includes advise on patients seeking advice prior to being diagnosed by their GP if they have any worries about their memory. The groups were advised that dementia week this year is in May, and the practices were asked to make a display in their reception to advise patients of the services that are available to them. All the information will be loaded onto the CCG communication and intranet. **Action - LH asked if the referral form could be sent to Sharon Johnston at IMERSEY to be loaded onto EMIS web.**	**SMc**
14/20	**Nominations for North Locality Chair** KS advised the group that she will be stepping down as locality chair as she is now on the CCG Board. The group were asked to send nominations to Sarah as to who will be the next chair of the North Locality group.	
14/21	**Practice Manager Update** Lydia Hale provided the update on behalf of AMW and advised the group of what was discussed at the practice managers meeting which included: • Standard contract • QOF • Sue Critchlows retirement. • Mandatory training. • Over 75s having to have a named GP.	
14/22	**Medicines Management update** **Awaiting write up from Jane.** Budget Month 9 Pan Mersey APC Co-Amoxoclav	
14/23	**Any other Business** None discussed.	

	Dates of Next Meetings (to be held on Thursdays at 1300 – 14:30 at Marshside / Corner Surgeries) 16th April 2014	