

Governing Body Meeting in Public Agenda

Date: Wednesday 7 November 2018, 13:00 hrs to 15:30hrs
Venue: Family Life Centre, Southport, PR8 6JH

13:00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Governing Body members. If you wish, you may present your question in writing beforehand to the Chair.

13:15 hrs 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 Members

Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Emily Ball	GP Clinical Director	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Co-opted Members

Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK

Quorum: 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

“Joint Strategic Needs Assessment”

presented by Wayne Leatherbarrow, Performance and Intelligence Service Manager, Sefton MBC

“Sefton Public Health Annual Report”

Presented by Steve Gowland, Public Health Lead, Sefton MBC

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:45hrs
GB18/171	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB18/172	Declarations of Interest	Chair	Verbal	Receive	
GB18/173	Minutes of previous meeting: - 5 September 2018 - 3 October 2018	Chair	Report	Approve	
GB18/174	Action points from previous meeting: - 5 September 2018	Chair	Report	Approve	
GB18/175	Business Update	Chair	Verbal	Receive	
GB18/176	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					14:05hrs
GB18/177	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	40 mins
GB18/178	Integrated Performance Report	MMcD/DCF/ Karl McCluskey	Report	Receive	
Governance					14:45hrs
GB18/179	Safeguarding Adult Annual Report 2017/18	DCF/Karen Garside	Report	Receive	15 mins
GB18/180	Sefton Public Health Annual Report	Steve Gowland	Report <i>(to support presentation)</i>	Receive	
Service Improvement/Strategic Delivery					15:00hrs
GB18/181	Transforming Care for people with Learning Disabilities	Geraldine O'Carroll	Report	Receive	20 mins
GB18/182	Strategy for Primary Care (General Practice)	Jan Leonard	Report	Receive	
For Information					15:20hrs
GB18/183	Key Issues Reports: a) Finance & Resource Committee (F&R): June, July, August 2018 b) Quality Committee: July 2018 c) Audit Committee: July 2018 d) Joint Commissioning Committee PTI: October 2018 e) Locality: July – October 18	Chair	Report	Receive	5 mins
GB18/184	Approved Minutes: a) F&R Committee (F&R): June, July, August 2018 b) Joint Quality Committee: July 2018 c) Audit Committee: July 2018 d) Joint Commissioning Committee:	Chair	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
	August 2018 e) CIC Realigning Hospital Based Care: June 2018				
Closing Business					15:25hrs
GB18/185	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB18/186	Date of Next Meeting Wednesday 6 February 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH <u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows: 3 rd April 2019 5 th June 2019 4 th September 2019 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				
Estimated meeting close					15:30 hrs

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 to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

Governing Body Meeting in Public

DRAFT Minutes

Date: Wednesday 5 September 2018, 13:05 hrs to 15:40hrs
Venue: Family Life Centre, Southport, PR8 6JH

The Governing Body Members

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Emily Ball	GP Clinical Director	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Co-opted Member (or deputy) In Attendance

Dwayne Johnson	Director of Social Services & Health, Sefton MBC	DJ
Charlotte Smith	Consultant in Public Health	CS

In Attendance

Helen Case	Designated Nurse Children in Care	HC
Debbie Fairclough	QIPP Programme Lead	DFair
Tracy Jeffes	Director of Corporate Services	TJ
Becky Williams	Strategy and Outcomes Officer	BW

Apologies

Dr Kati Scholtz	Clinical Vice Chair & Clinical Director
Dr Doug Callow	GP Clinical Director
Maureen Kelly	Chair, Healthwatch (co-opted Member)
Colette Riley	Practice Manager

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 18	Sept 18
Dr Rob Caudwell	Chair & Clinical Director	✓	A	✓	✓	✓	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	A	✓	✓	✓	✓	✓	A
Matthew Ashton (or Deputy)	Director of Public Health, Sefton MBC (co-opted member)	A	A	A	✓	✓	✓	✓
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	A	✓	✓	A	✓
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓	✓	✓	A
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	✓	A	A	A	A	✓
Maureen Kelly	Chair, Health watch (co-opted Member)	✓	A	✓	A	A	✓	A
Susan Lowe	Practice Manager	A	✓	✓	✓	✓	A	
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓

Name	Governing Body Membership	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 18	Sept 18
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	A	✓	A	✓
Dr Tim Quinlan	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	A	✓	✓	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	✓	A	✓	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	✓	✓

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No	Item	Action
Questions from the public	<p>1. I have a specific query about engaging with the CCG. Numerous attempts over 18 months have failed to produce a reply.</p> <p>Please could you provide a named contact on the CCG Leadership Team.</p> <p>FLT and RC apologised on behalf of the CCG. FLT advised that information has already been given to the member of the public. FLT will ensure that there is clear contact information on the CCG website for future contacts.</p>	
GB18/139	<p>Apologies for Absence</p> <p>Apologies for the meeting were given on behalf of Dr Kati Scholtz, Dr Doug Callow, Maureen Kelly and Colette Riley.</p> <p>Apologies were also received from Helen Nichols who would be late.</p> <p>Charlotte Smith attended on behalf of Matthew Aston.</p>	
GB18/140	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Debbie Fagan, Martin McDowell and Dr Jeff Simmonds. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB18/141	<p>Minutes of Previous Meeting 4 July 2018</p> <p>The members approved the minutes of 4 July 2018 as an accurate record of the meeting.</p>	
GB18/142	<p>Action Points from Previous Meeting 4 July 2018</p> <p><u>GB18/111; Integrated Performance Report – Unplanned Care</u></p> <p>FLT confirmed that a new Chief Executive of Southport & Ormskirk NHS Trust, Silas Nicholls had been invited to attend the September governing body. However was unable to do so due to a clash with the Trust Board meeting. A further invitation had been extended to Mr Nicholls requesting he attends the CCG governing body session in October in order to provide an update on the improvements and performance relating to Stroke.</p> <p>FLT confirmed that the Roe Lane practice would have been written to as per the normal process.</p>	<p>Complete</p> <p>Complete</p>

No	Item	Action
GB18/143	<p>Business Update</p> <p>RC confirmed the resignation of Susan Lowe as Practice Manager member, with the position ceasing 31 August 2018. RC thanked SL for the work and support whilst a governing body member.</p> <p>RC referred to the update provided at the last meeting in relation to the additional GP funding available from NHSE which would enable more collaborative working across primary care. He noted that all practices had signed up to the scheme. RC confirmed that news had now been received that the bid had been successful and that work was now progressing to set up the first meeting to develop a future plan.</p> <p>There had been a successful pharmacy pilot bid with NHSE. This was a Medicines Management bid in order to alleviate some of the practice pressures.</p> <p>Resolution: The governing body received the update.</p>	
GB18/144	<p>Chief Officer Report</p> <p>The Governing Body received the Chief Officer report. QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities.</p> <p>FLT presented the report for general information with the exception of item 1 (Management of Allegations Policy and Procedures) which was covered at the end of the report.</p> <p>The members were reminded of the transfer of Bariatric services from NHS England specialist commissioning to the CCG. FLT highlighted the increased demand on the service which is exceeding the planned performance. Work is on-going to understand the activity, cost and performance issues arising.</p> <p>The CCG has received additional funded support from NHS England which has focused on the delivery of the Falls QIPP scheme. The CCG are working with Adult Social Care and Public Health, this provides a good opportunity for joined up working with partner organisations.</p> <p>The work is progressing on the transformation programme and supporting framework as identified in the report. Further discussion is planned for the PTII private section of the meeting.</p> <p>The members and the public were briefed on the 2017-18 Assurance Ratings. The CCG has again been graded as 'requires improvement' in the ratings. This is predominantly as a result of the CCGs financial position.</p> <p>The members and public were taken through the quality aspects of the report. Particular reference was made to the Barton Park Nursing Home closure. Strong partnership working had resulted in the smooth transition of residents and ensured the CCG discharged its duties to safeguard and protect the residents. Thanks were given to all those involved.</p> <p>Christiana Hartley Medical practice was congratulated on being identified in the top 10 surgeries in Merseyside from the recent GP survey 2018.</p> <p>Work is progressing to become fully delegated for general practice primary care following approval from the wider group.</p> <p>FLT referred to the Business Update provided by RC and the successful</p>	

No	Item	Action
	<p>NHSE primary care funding bid. The funding was non-recurrent money over a two year period which would assist with collaborative working and is focused on the Shaping Sefton strategy.</p> <p>FLT referred to item 1, the Management of Allegations Policy and Procedures. The policy is due for review in September and is currently out to consultation with HR and the Designated Officer. The consultation updates are expected to conclude early September with the policy then being submitted to the Joint Quality Committee for review and recommendation to the governing body. Given that the approval of safeguarding arrangements are matters reserved to the governing body, FLT requested delegated authority be given to the Joint Quality Committee to approve. This was to ensure no delay in approval, circulation and implementation of the policy and respective procedures.</p> <p>Resolution: The governing body received the report. Furthermore the governing body agreed delegated authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures as detailed in item 1 of the meeting report. The Joint Quality Committee to report progress to the governing body through the key issues reports. Any comments to be fed direct to DCF.</p>	
GB18/145	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the domains.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 4. The revised plan identifies £6.896m efficiency savings, with a year to date delivery at month 4 of £1.235m against a year to date plan of £1.795m. The impact of this going forward was showing that the CCG was not on target to deliver its required plan.</p> <p>The members discussed the RAG breakdown on page 27 of the meeting pack. It was recognised that the CCG needed to find additional savings if it was to achieve the identified annual plan. However the CCG needed to ensure it takes a cautious view so as to ensure no impact in relation to the quality and safety of services. It was considered that the CCG were almost at the point of all potential options having been examined and delivery of further savings would need more stringent actions.</p> <p>DJ updated the members on a recent council meeting, information from which was now in the public domain. The council were under unprecedented pressure in relation to its budget, with reserves down to a minimum. FLT is due to meet with the Local Authority Chief Executive to discuss further, including the potential impact that such might have on health.</p> <p>Resolution: The governing body received the report.</p>	
GB18/146	<p>Integrated Performance Report</p> <p>The governing body were presented with a report which provided summary information on the performance, quality and finance for Southport & Formby and highlighted the Executive Summary on pages 43 to 45.</p> <p>The members were taken through the report with the following areas highlighted;</p>	

No	Item	Action
	<p>Planned Care</p> <p>Reference was made to the dashboard targets detailed on pages 38 to 42 which the CCG were obliged to ensure were being maintained, as part of the NHS Constitution.</p> <p>The year to date GP referrals in month 3 of 2018/19 are 6% higher when compared to the same period in 2017/18. This was partly influenced by the transition from paper to computer system.</p> <p>It was agreed that some areas had seen improvement although the impact on improving 2-week waits needed clarification as to whether patients were still in the system; FLT offered to clarify with Silas Nicholls. It was questioned whether the figures provided were a true reflection, given that some referral processes still used other methods. It was clarified that the figure was in relation to those processes using the computerised method. DCF offered to raise through Joint Quality Committee in relation to District Nursing and RC, as Digital Lead, offered to make enquiries in relation to the imaging process.</p> <p>The CCG failed the under 1% target for Diagnostics in June recording 4.14%. Southport & Ormskirk also failed the less than 1% target recording 4% for June, an improvement on 5.1% for the prior month. Out of 2820 patients for June, 122 waited over 6 weeks, and of those 9 waited over 13 weeks. The majority of breaches were in non-obstetric ultrasound and cystoscopy and involved issues relating to patient choice, capacity and staffing leave.</p> <p>HN arrived at 1:30pm.</p> <p>RTT in relation to the 18week target was highlighted. The performance for both Southport & Formby CCG and Southport & Ormskirk NHS Hospital Trust was good, particularly for the Trust.</p> <p>A discussion was had in relation to MRI and clarification on whether Southport & Ormskirk were prioritising the urgent cases. It was understood that they were however, FLT offered to obtain assurance of this and how long it was taking for patients to be seen once in the system.</p> <p>Although still below trajectory, the uptake for personal health budgets had seen a slight improvement for some areas, as detailed on page 71 of the meeting report. The members and the public asked to note discussions with CSU colleagues on what could be done to look at good practice from areas showing good performance for PHBs (i.e. Warrington CCG) is on-going. Other opportunities were discussed including the potential for using GP training sessions and linking in to locality meetings. DCF briefed members on an End of Life patient who had a positive and successful experience of using PHB's. The patient had been able to obtain the care and support that was needed to support them in their own home as preferred.</p> <p>BW reported on a recent letter received from NHS England regarding concerns relating to the elective care position nationwide. There is a suggestion that the growth in elective care is exceeding planned activity. The letter refers to Q1 performance information and suggested actions. It was noted that the CCG had good processes in place to help manage this issue. FLT referred to the RTT performance data on page 58 to 60 of the meeting report. It was recognised that although the 52 week wait data was currently at nil, it was expected that anything falling within the 36 week target would tip into the 52 week. MMcD further added that the CCG were currently under expected plan for June however, the CCG was planning significant</p>	<p>FLT</p> <p>DCF RC</p> <p>FLT</p>

No	Item	Action
	<p>reduction on the list July.</p> <p>The governing body reinforced the need to continue to look at performance on a fortnightly basis, to continue with the deep dives on key areas like IAPT and Children's and continue to challenge.</p> <p>Unplanned Care</p> <p>Southport & Ormskirk NHS Hospital Trusts performance against the 4-hour target for June reached 90.91%. This is above the Trust's agreed STP plan of 85.1% for June. This is also an improvement on last month's performance.</p> <p>There are still some delays in accessing mental health beds. Following a meeting with NHS England and the Trust, it was agreed that the Trust would conduct a deep dive review of issues. This was completed and the CCG issued a contract performance notice requesting that an action plan was developed in response. It was agreed at the contract meeting that the Trust would forward their policies and plan for CCG review. Once the CCG is satisfied the performance notice will be closed.</p> <p>Southport & Ormskirk NHS Hospital Trust failed the stroke target in June recording 60% with 12 out of 20 patients spending 90% of their time on a stroke unit. The members noted the variable performance for this target and the attempts made by the Trust to improve this area. The biggest concern for the members was highlighted as the Trust having only one Stroke Consultant. Silas Nicholls, Chief Executive of the Trust, has been invited to the October Development Session to in order to provide an update on the service developments. FLT updated members on potential opportunities with Aintree University Hospital to provide weekend cover for Southport & Ormskirk. Further update was provided on the discussions held at the strategic network and the placement of stroke care in relation to the merger and the importance of joined up services.</p> <p>The CCG has reported a Mixed Sex Accommodation (MSA) rate of 1.0 which equates to a total of 4 breaches in June. All 4 breaches were at Southport & Ormskirk NHS Trust. The Trust also had MSA breaches in June, this has resulted in the Trust breaching the zero tolerance threshold. All breaches were on critical care, the majority being due to flow issues with acute beds within the hospital. Support has been provided in relation to planning and the flow team.</p> <p>Reference was made to the healthcare associated infections data provided on page 82 of the meeting pack, in particular the target set for CCGs in relation to E.coli. Clarification was requested on what is actually being recorded. Furthermore, given that it is multi-drug resistant, the target will always be red. It was considered that there might be a more appropriate target to record. TQ and BW review and advise the governing body.</p> <p>A discussion was had regarding the delayed transfers of care and the case in relation to community equipment/adaptations delay. DCF advised the governing body that she is working with the community team to understand what caused the delay in a particular case and will report back on findings.</p> <p>Mental Health</p> <p>A discussion was had in relation to the access and recovery targets for IAPT. HM, Mental Health Clinical Lead, updated on the work being done to make improvements. It was understood that the reduced GP referrals was likely as a result of the self referral system. FLT noted the outcome of the deep dive in this area and updated on the discussions with Sue Gough, HM counterpart (in</p>	<p>TQ and BW</p> <p>DCF</p>

No	Item	Action
	<p>South Sefton), on the further work being undertaken that the CCG will be able to utilise. It was noted that despite the work being done and the service being self-referral, it was still below target. Clarification was requested on the access to Psychiatry. TQ to discuss with HM and BW outside of the governing body meeting.</p> <p>Reference was made to the children and adolescent mental health service data in item 5.8 of the report. Concern was raised regarding the waiting time from referral to assessment, especially where referred to as “blank”. It was understood that this was in relation to those waiting between 8 to 34 weeks. The members were provided with an example of where an adolescent had been referred to the service as an urgent case in January 2018 and still hadn’t been seen in August 2018. The governing body reiterated their concern, especially in light of the growing problem. FLT informed the members that the work discussed in the Chief Officer report (8.1) linked to the service issue. A further discussion was had in relation to what can be done within the financial envelope available. It was agreed that a review would be carried out on the children’s mental health services, including looking at best delivery models.</p> <p>DJ, briefed on the role of the Emotional Health and Wellbeing Group, for which he is Chair and whose membership included a Head Teacher. A synopsis of early intervention providers had been compiled and shared with the schools for the schools, teachers and parents. DJ offered to share the same with the CCG.</p> <p>In relation to the neuro development pathways for children, the members were updated on the recent leadership team approval of additional funding for Alder Hey to support tier 3 CAMHS and enable the appointment of additional practitioners to help progress cases. This had been carried out with the support of Clinical QIPP and taken as a temporary measure whilst a full business case is developed and taken through the appropriate process.</p> <p>Quality</p> <p>It was noted that there was no additional updates given previous discussions.</p> <p>Finance</p> <p>The financial data provided an update on performance as a 31 July 2018, Month 4, with the full year forecast financial position being £1m surplus. It was noted that this position is reliant on QIPP plans to be fully achieved and recognised that significant risk exists in delivering the plans in full.</p> <p>The members were provided with an update as detailed on page 46 to 54 of the meeting report, with the following areas highlighted:</p> <p>MMcD reported on the most likely financial out turn position for the CCG, as assessed at 31 July 2018, is a deficit of £2.838m, assuming QIPP savings in the year total £3.566m.</p> <p>The CCGs financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England.</p> <p>The members were highlighted to the main financial pressures, the most significant being Continuing Health Care, partially offset by the underspend in Funded Nursing Care. Further pressures were highlighted in relation to the acute over performance in non-elective care as a result of improved coding which has increased the average unit costs per patient. MMcD is leading on this and a full report will be presented to the next Finance and Resource</p>	<p>TQ/HN/BW</p> <p>DJ</p>

No	Item	Action
	<p>Committee meeting and reported to the governing body through the key issues and approved minutes.</p> <p>The Acting as One agreement was proving to be a good decision having resulted in a reduced CCG cost pressure of £0.4m.</p> <p>A discussion was had on the work being done post March 2019 following conclusion of the Acting as One arrangements and the potential for alternative contract models. All options are being considered and worked up and are to be presented to the governing body in October.</p> <p>Resolution: The Governing Body is received the report and finance update and, as detailed on page 54 of the report, noted:</p> <ul style="list-style-type: none"> • The full year most likely financial position for the CCG is a deficit of £2.838m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus. • QIPP delivery at month 4 is £1.235m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP original target for 2018-19 is £5.210m. • The CCG has posted a balanced run rate for month 4 following losses in previous months. The CCG will need to deliver balance in the next two months to keep online with plan before delivering surplus positions in the last six months of the year. • The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support has been evident from member practices which have enabled the CCG to make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCG's resources. • In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years. 	
GB18/147	<p>Improvement and Assessment Framework 2017/18 Q4 Exception Report</p> <p>The paper provided an overview and summary of the Q4 performance including exception commentary regarding CCG indicators for which the CCG is either ranked as performing in the lowest 25% nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken to improve performance and expected date of improvement.</p> <p>The members were taken through the report with the following areas highlighted:</p> <p>There are 51 measures within the report, each of which has leads identified. A high proportion of the measures are reported through the Integrated Performance Report and Quality Committee</p> <p>Of the 51 indicators in Q4, 13 significantly improved and are as noted on page 115 of the meeting pack.</p> <p>In addition to the 51 measures, NHS England has added clinical priority areas. These include cancer and maternity and are as shown on page 123 of the meeting report. The members were asked to note the 'Good' rating for cancer and 'Requires Improvement' rating for maternity.</p>	

No	Item	Action
	<p>A number of areas have been identified for improvement and shared with staff. These areas were being worked into the organisations development plan.</p> <p>BW was thanked for her support and work during the sickness absence of KMcC who was due to commence a phased return to work.</p> <p>Resolution: The governing body received the report.</p>	
GB18/148	<p>Annual Audit Letter</p> <p>The Annual Audit Letter summarises the key findings from the external audit work for 2017/18. The Letter is a public document and will be displayed on the CCG website.</p> <p>The letter received from the external auditors concluded that the CCG’s financial statements presented a ‘true and fair view’ of the CCG’s financial position. The external auditors issued a qualified regulatory opinion as the CCG had exceeded its allocation. As a result of this the Auditors have referred the matter to the Secretary of State, as required by section 30 of the Local Audit and Accountability Act. MMcD confirmed that to date, the CCG had received no further response in relation to this action.</p> <p>Resolution: The governing body received the report.</p>	
GB18/149	<p>Establishing a Sefton Acute Sustainability Joint Committee</p> <p>The members were reminded that the purpose of the joint committee is to provide a forum to discuss and make decisions in respect of the provision of acute services for the specified populations.</p> <p>A recap was given of the prior governing body discussions regarding the establishment of the committee, including the clarification of the level of involvement requested by St. Helens CCG.</p> <p>A discussion was had regarding St Helens CCG and any potential impact on them as a result of any commissioning decisions. With this in mind the terms of reference membership for St Helens CCG has been updated to refer only to “specific services”, as detailed on page 143 and 145 of the meeting report.</p> <p>It was noted that further changes were needed in relation to the voting anomalies and GP to clinical membership. It was further noted that the membership of the Committee needed to be consistent.</p> <p>Reference was made to the additional appendices, the Governance and Decision-Making Framework for Acute Sustainability. The document shows the framework and links for the whole system change including the Joint Committee, public consultation and overview and scrutiny arrangements. The members were informed that there was a further updated framework since the circulation of the meeting pack, DFair agreed to circulate the most recent version.</p> <p>Resolution: The governing body:</p> <ul style="list-style-type: none"> • Accepted the need for an appropriate forum to make decisions in respect of the provision of acute services for the specified populations and supported the establishment of the Joint Committee to do this • Delegated to SLT, noting SLT membership included six governing body members (RC, HN, KS, FLT, MMcD and DCF), compilation of the work plan to SLT to provide assurance of actions and areas of work that will be 	DFair

No	Item	Action
	<p>presented back to the governing body</p> <ul style="list-style-type: none"> • Noted that Southport & Formby CCG were acting on behalf of South Sefton CCG in this arrangement • Recommended for approval to the Wider Constituent Group the Terms of Reference for the Joint Committee, subject to the voting anomalies and clinical membership to be updated. • Receive the Governance and Decision-Making Framework for Acute Sustainability 	
GB18/150	<p>Joint Quality Committee Terms of Reference</p> <p>The terms of reference have been reviewed, discussed and updated following discussions at the Joint Quality Committee.</p> <p>The members were asked to note the changes identified on page 204 of the report in relation to duties, membership and meeting arrangements. A further update was given on the governance advice sought in relation to the changes.</p> <p>It was noted that the terms of reference were also being updated to include the role of the committee in supporting the local transformation programmes.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/151	<p>Safeguarding Supervision Policy (V4)</p> <p>The governing body were updated regarding the prior process for ratifying the Safeguarding Supervision Policy prior to the transfer of the service, to CCG's via an 'in-house' arrangement.</p> <p>A short review date of August 2018 was applied in order to facilitate a prompt review and to ensure that the service remained fit for purpose following transfer. This review has resulted in minor updates primarily to reflect the change from "hosted" to "in-housed".</p> <p>Clarification was requested on how compliance with the policy can be evidenced, given that supervision is confidential. It was explained that this would be audited on an annual basis and reported through a compliance report. The difficulty of evidencing compliance given the confidential nature of the process was recognised. The importance of evidencing its effectiveness was also highlighted.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/152	<p>Safeguarding Children Annual Report 2017/18</p> <p>The report provides assurance that the CCG is fulfilling its statutory duty in relation to safeguarding children and young people within Sefton. The report takes into account both national and local issues that direct and influence local developments, activity and governance arrangements.</p> <p>It was noted that a significant period of the 2017/18 report was whilst hosted by Halton CCG prior to being brought in-house to the CCG in March 2018.</p> <p>FLT highlighted the prior business priorities from 2016/17 as identified on page 239 of the report and expressed thanks for the clear format used to update on progress and requested future updates, as identified on page 257, be presented in the same style.</p> <p>It was noted that the key issues on page 232, item 3, should refer to the</p>	

No	Item	Action
	<p>governing body and not the quality committee.</p> <p>Resolution: The governing body received the report.</p>	
GB18/153	<p>Children in Care Annual Report</p> <p>The report provides assurance that the CCG is fulfilling its statutory duty in relation to Sefton's Children in Care. The report takes in to account both national and local issues that direct and influence local developments, activity and governance arrangements.</p> <p>A significant period of the 2017/18 report related to the service being hosted by Halton CCG prior to being brought in-house to the CCG in March 2018.</p> <p>It was noted that page 260 of the meeting pack, item 3, should refer to the governing body and not the quality committee.</p> <p>The CCG has governance and accountability arrangements in place, including regular reporting via the Quality Committee and Governing Body.</p> <p>Reference was made to the data provided on page 268 of the report in relation to the number of children in care in Sefton and the increasing number. DJ confirmed that a high proportion of children placed in care in Sefton were from outside the area. A discussion was had regarding the difficulties experienced when health providers are not informed of children moving into their locality. It was recognised that this was a big issue in relation to looked after children. Reference was made to the requirement for children to be registered with a GP within 3 months of moving into a locality but this is sometimes delayed. Concern was raised regarding those being put at risk and responsibilities. DJ advised that there were clear guidelines on how the process should be managed, as per the Children's Act 1999. DJ offered to check the process with the team. In addition FLT suggested the GPs be given the contact number for Helen Case so that they have a point of contact. DCF will raise the issue at the Parenting Board in relation to the improvement work and system updates.</p> <p>DCF recapped on the Health Assessment performance issues previously highlighted and the Case for Change presentation presented at a prior governing body meeting. The governing body highlighted a clear risk and requirement for improvement and requested that this form part of the children's deep dive review action agreed under item 146. It was noted that the risk had been included on the CCG risk register and raised with local authority colleagues.</p> <p>The priorities for 2018/19 were as presented on page 282 of the report. The update was requested to follow the same format as presented and discussed in the prior item 152.</p> <p>Resolution: The governing body received the report.</p>	<p>DJ</p> <p>Helen Case</p> <p>DCF</p>
GB18/154	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee: None b) Quality Committee: May and June 2018 Improvements have been made to the serious incidents process, this has been recognised by the Quality Committee. c) Audit Committee: April and May 2018 d) Joint Commissioning Committee: June 2018 An update was given on the requirements for spirometry testing being a one month course and certification. 	

No	Item	Action
	<p>RESOLUTION: The governing body received the key issues reports</p>	
GB18/155	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee: None b) Joint Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee: June 2018 e) CIC Realigning Hospital Base Care: None</p> <p>RESOLUTION: The governing body received the approved minutes</p>	
GB18/156	<p>Any Other Business</p> <p>None.</p>	
GB18/157	<p>Date and Time of Next Meeting</p> <p>Wednesday 7th November 2018, 13:00hrs at the Family Life Centre, Southport, PR8 6JH.</p> <p><u>Future Meetings:</u> The governing body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <p>6th February 2019 3rd April 2019 5th June 2019 4th September 2019</p> <p>13:00hrs at the Family Life Centre, Southport, PR8 6JH.</p>	
Meeting concluded		15:40hrs
<p>Meeting concluded with a motion to exclude the public:</p> <p>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 to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

Governing Body Meeting DRAFT Minutes

Date: **Wednesday 3 October 2018**
Venue: **Lakeside Christian Centre, Southport PR9 0LA**

The Governing Body Members in Attendance

Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Dr Emily Ball	GP Clinical Director	GB
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Graham Allen	Clinical Lead: Unplanned Care and Cancer	GA
Tracy Jeffes	Director of Corporate Services	TJ
Jan Leonard	Director of Commissioning & Redesign	JL

Apologies

Gill Brown	Lay Member for Patient & Public Engagement
Dr Doug Callow	GP Clinical Director
Dr Rob Caudwell	Chair & Clinical Director

Quorum: 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

Item	Action
<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Dr Rob Caudwell, Gill Brown and Dr Doug Callow. The item was Chaired by the Deputy Chair, Helen Nichols, in the absence of Dr Rob Caudwell.</p> <p>HN confirmed the meeting as quorate.</p>	
<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Martin McDowell, Debbie Fagan and Dr Jeff Simmonds.</p>	
<p>Emergency Preparedness, Resilience and Response Assurance and Improvement Plan</p> <p>The CCG is required to provide NHSE with assurance in relation to its emergency preparedness resilience and response plans (EPRR). The members</p>	

Item	Action
<p>were informed that the item was being presented due to the requirement of the CCG to submit its response by 4 October 2018.</p> <p>The governing body reviewed the paper which presented the self-assessment of the CCG's performance against the EPRR core standards, progress against the 2017/18 improvement plan, an improvement plan for 2018/19 and a statement of compliance which demonstrates "Substantial Compliance."</p> <p>Following discussion the members noted the area for improvement in relation to on-call managers participating in tactical, multi-agency training, which will be implemented throughout 2018/19.</p> <p>Resolution: The governing body approved the:</p> <ul style="list-style-type: none"> i. Assessed level of compliance; and ii. EPRR improvement plan and work plan 	
<p>Any Other Business</p> <p>None</p>	

Governing Body Meeting in Public Action Points

Date: Wednesday 5 September 2018

	Item	Action
GB18/146	<p>Integrated Performance Report</p> <p>Planned Care</p> <p>It was agreed that some areas had seen improvement although the impact on improving 2-week waits needed clarification as to whether patients were still in the system; FLT offered to clarify with Silas Nicholls. It was questioned whether the figures provided were a true reflection, given that some referral processes still used other methods. It was clarified that the figure was in relation to those processes using the computerised method. DCF offered to raise through Joint Quality Committee in relation to District Nursing and RC, as Digital Lead, offered to make enquiries in relation to the imaging process.</p> <p>A discussion was had in relation to MRI and clarification on whether Southport & Ormskirk were prioritising the urgent cases. It was understood that they were however, FLT offered to obtain assurance of this and how long it was taking for patients to be seen once in the system.</p> <p>Reference was made to the healthcare associated infections data provided on page 82 of the meeting pack, in particular the target set for CCGs in relation to E.coli. Clarification was requested on what is actually being recorded. Furthermore, given that it is multi-drug resistant, the target will always be red. It was considered that there might be a more appropriate target to record. TQ and BW review and advise the governing body.</p> <p>A discussion was had regarding the delayed transfers of care and the case in relation to community equipment/adaptations delay. DCF advised the governing body that she is working with the community team to understand what caused the delay in a particular case and will report back on findings.</p> <p>Mental Health</p> <p>A discussion was had in relation to the access and recovery targets for IAPT. HM, Mental Health Clinical Lead, updated on the work being done to make improvements. It was understood that the reduced GP referrals was likely as a result of the self referral system. FLT noted the outcome of the deep dive in this area and updated on the discussions with Sue Gough, HM counterpart (in South Sefton), on the further work being undertaken that the CCG will be able to utilise. It was noted that despite the work being done and the service being self-referral, it was still below target. Clarification was requested on the access to Psychiatry. TQ to discuss with HM and BW outside of the governing body meeting.</p> <p>DJ, briefed on the role of the Emotional Health and Wellbeing Group, for which he is Chair and whose membership included a Head Teacher. A synopsis of early intervention providers had been compiled and shared with the schools for the schools, teachers and parents. DJ offered to share the same with the CCG.</p>	<p>FLT</p> <p>DCF RC</p> <p>FLT</p> <p>TQ and BW</p> <p>DCF</p> <p>TQ/HN/BW</p> <p>DJ</p>

	Item	Action
GB18/149	<p>Establishing a Sefton Acute Sustainability Joint Committee</p> <p>Reference was made to the additional appendices, the Governance and Decision-Making Framework for Acute Sustainability. The document shows the framework and links for the whole system change including the Joint Committee, public consultation and overview and scrutiny arrangements. The members were informed that there was a further updated framework since the circulation of the meeting pack, DFair agreed to circulate the most recent version.</p>	DFair
GB18/153	<p>Children in Care Annual Report</p> <p>Reference was made to the data provided on page 268 of the report in relation to the number of children in care in Sefton and the increasing number. DJ confirmed that a high proportion of children placed in care in Sefton were from outside the area. A discussion was had regarding the difficulties experienced when health providers are not informed of children moving into their locality. It was recognised that this was a big issue in relation to looked after children. Reference was made to the requirement for children to be registered with a GP within 3 months of moving into a locality but this is sometimes delayed. Concern was raised regarding those being put at risk and responsibilities. DJ advised that there were clear guidelines on how the process should be managed, as per the Children's Act 1999. DJ offered to check the process with the team. In addition FLT suggested the GPs be given the contact number for Helen Case so that they have a point of contact. DCF will raise the issue at the Parenting Board in relation to the improvement work and system updates.</p>	<p>DJ</p> <p>Helen Case</p> <p>DCF</p>

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/176	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: November 2018							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.							
Recommendation							
The Governing Body is asked to: <table style="float: right; margin-left: 20px;"> <tr><td>Receive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table> <ul style="list-style-type: none"> - To formally receive this report. - Delegate the management of Excess Treatment Costs to NHS Liverpool CCG 		Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
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 (<i>x those that apply</i>)	
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

Report to Governing Body November 2018

General

1. Excess Treatment Costs – delegation of function to NHS Liverpool CCG

CCGs have a responsibility via the Government's mandate to NHS England to meet the costs of excess treatment costs (ETCs) in relation to non-commercial research through normal commissioning arrangements. On 30th November 2017, NHS England and National Institute for Health Research (NIHR) published a joint statement that committed to 12 actions to support and apply research in the NHS. The first of those actions was to "Manage ETCs better" and to simplify NHS research processes. A consultation was launched and recommendations on improvements were identified.

To support a more streamlined approach, and to address the administrative burden associated with the management of ETCs it is proposed that that function is delegated to NHS Liverpool CCG as the lead CCG for this work within the North West Coast LCRN region. It will begin a 6-month trial period of the new ETC model on 1 October 2018 to implement the new arrangements for this 6 month period an in year revenue transfer of 2.6p per capita per CCG will be made from CCG programme allocations in month. Chief Financial Officers were advised of this on 14 August 2018.

NHSE Innovation, Research and Life Sciences have also drafted a commissioning policy for the management of ETCs. This is currently in draft format subject to final decisions on management of studies where ETCs relate to more than one NHS commissioner. The draft has been shared with the CCG and a final version will be available to the governing body once this becomes available.

The LCRN in each region will manage ETCs for CCG commissioned services within the parameters of the final policy. The lead CCG will be required under the delegation from each of the other CCGs in its area to enter into an agreement with the LCRN to require the management of ETCs in accordance with the policy. NHS Liverpool CCG will be responsible for decisions relating to ETCs that fall out with the policy.

The CRN will provide annual reports on studies with ETCs funded via this model. The reports will be by LCRN region outlining the nature of the studies and spend on ETCs.

RECOMMENDATION: The Governing Body is asked to delegate its responsibilities in respect of the management of ETCs to NHS Liverpool CCG.

2. Cyber security update

On Friday the 12th May 2017, a major global ransomware distribution campaign, targeting a geographically diverse selection of organisations (both public and private sector), was detected - impacting on NHS Trusts across North Mersey and nationally. This had a minimal impact on IM Partner Organisations due to processes and systems already in place and precautionary measures were only required to be implemented. However, the Cyber incident showed the impact that Cyber can have on the operation of NHS organisations and it was requested by the Partnership Board and the host Audit Committee to have visibility of Cyber plans.

After the Cyber-attack IMersey (IM) fast tracked a business case that was already in production to bolster Cyber security. This business case was produced collectively across IM Partner Organisations ensuring that any funding was shared meaning that excellent value for money was achieved. The majority of the cost was for purchasing additional security products but also provided additional resource to the security team and further expertise. The business case was approved by IM Partner Organisations, all the products were installed and additional resource added.

“Firepower” is an intrusion protection system that reviews any network traffic going through each organisations firewall providing perimeter protection. Intrusion protection is a recommended product from the 10 steps to Cyber Security which were set out by the government. This product is well and truly bedded into the network and is continually monitoring traffic passing across the health economy network.

Sophos Intercept X has also been installed across IM Partners’ Servers, PCs and Laptops. Intercept X is the last form of defence, if a staff member accidentally runs a file that does contain malicious code, Intercept X will block the code and quarantine the file.

The arrangements in place are now subject to audit in terms of compliance with the Government’s 10 steps to Cyber Security. Recent audits demonstrated that the cyber security arrangements are robust. IM will continue to test and evaluate all cyber security arrangements so the CCG can be assured that the information that it holds is secure and that systems are appropriately protected.

3. Update on the review of women’s and neonatal services

In September 2017, NHS Liverpool CCG published an update on the review that included the following highlights.

The review of women’s and neonatal services led by NHS Liverpool Clinical Commissioning Group (CCG), in partnership with Liverpool Women’s NHS Foundation Trust, and CCGs in Knowsley, South Sefton, and Southport & Formby, was driven by the need to maintain and improve quality of care for women and new born babies, and make sure that services are sustainable.

In January 2017 a draft Pre-Consultation Business Case (PCBC) set out four potential options for the future, including a preferred option: a new hospital for women’s and neonatal services on the new Royal Liverpool Hospital campus, which was seen to offer the greatest number of benefits for patient care.

In September 2017 an independent clinical report into the review was published, which confirmed the need for change. In their report, the Northern England Clinical Senate, a panel of midwives and doctors who work outside of the north west, emphasised the risks of delivering care for women and newborn babies on a stand-alone site away from other related services, as is currently the case at Liverpool Women’s. Among the issues it highlighted were the problems that the Trust faces recruiting anaesthetics specialists, due to its isolated position; and the fact that Liverpool Women’s Hospital does not have CT or MRI scanning facilities, a blood bank, or an adult intensive care unit.

The Clinical Senate report was requested by NHS England as part of their assurance process to make sure that proposals are fit for purpose and ready to be presented to the public; this process is currently ongoing, and will need to be completed before plans for public consultation can move forward.

Once approval from NHS England is received, a joint committee of north Mersey clinical commissioning groups would be asked to formally agree the form of a public consultation. Consultation plans would then be taken to the North Mersey Joint Overview & Scrutiny Committee, made up of councillors from Knowsley, Liverpool and Sefton, before the start of the consultation itself. The consultation would be an opportunity for people to share their views, and let us know if there is any other information that needs to be considered, including the submission of additional

evidence. This opportunity to hear from people and listen to their feedback is an extremely important stage, and no final decisions about the future will be made until after the consultation has taken place.

4. Emergency Preparedness Resilience and Response (EPRR)

The CCG has submitted its annual self-assessment against the national standards to NHS England as part of the national assurance framework. The CCG has assessed itself as fully compliant against 42 of the 43 core standards and partially compliant on a further standard, which provides an overall compliance level of substantial. The area for improvement highlighted is in relation to on-call managers participating in tactical, multi-agency training, which will be implemented throughout 2018-19. Due to the timescales for submission, the Governing Body approved the submission at its informal meeting at the start of October 2018.

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.

5. QIPP and Financial Recovery Update

The Financial Recovery Plan was signed off by NHS England in July. The Joint QIPP and Financial Recovery Committee (the "QIPP" committee) continue to have responsibility for overseeing delivery of the plan and for providing assurances to the governing body on the implementation of QIPP and other financial recovery schemes.

At month six it was apparent that the plan remained under pressure and risks to delivery, despite mitigations were still emerging. With a view to continuing to assure the governing body and its associated sub committees that the CCG is doing all it can to address this issue, the Senior Leadership Team agreed that additional strategic leadership resource should be secured, for a time limited period to test existing plans, re-evaluate our schemes to those that are available within the NHSE Menu of Opportunities, identify any further areas of opportunity, to support a review of any additional proposals and to support the development of the contracting process.

Cameron Ward has now joined the CCG on a temporary short term basis in the role of Recovery Director and will be supporting the Chief Finance Officer, QIPP Programme Lead and commissioning leads to mitigate any further risk of under delivery.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.

6. Planning for 2019 - 2024

A letter, dated 16th October, received from Simon Stevens, set out the arrangements for the forthcoming planning round. This has set out confirmation of a budget settlement for the next five years with an annual 3.4% growth over the same period. Detailed guidance on planning requirements are due to be published mid-December and will require an initial one year plan to be outlined by mid-January. Plans are to be integrated through each STP and high expectations are being set with regard to alignment between providers and commissioners. An outline planning timetable has been published running through to April 2019 with the aggregation of system plans.

In preparation, the CCG is initiating preparatory work to review 2018/19 performance to inform plans for 2019/20 and across the next five years. It will be important that the Governing Body maintains oversight on this work as we move through the planning timetable, to ensure appropriate

test, challenge and assurance. In an effort to support this, a paper will be developed for the next governing body to set a more detailed local timetable and outline of what will be required.

To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.

7. Mental Health Assurance Dashboard

On 10th October, Dr. Kieran Murphy, Medical Director Cheshire and Merseyside DCO (North Region) wrote to local CCGs describing the plans to streamline the assurance process in respect of mental health commissioning.

CCGs were advised that Strategic Clinical Network in collaboration with commissioning teams has developed a Mental Health Assurance Dashboard. The dashboard is a repository of all current MH 5YFV national standards and ambitions containing published performance data for all CCGs across Cheshire & Merseyside (C&M). It also contains those delivery areas where assurance is required by NHS England but does not yet have accurate MHSDS data reporting i.e. CYP Eating Disorders, Suicide Prevention, EIP Quality Outcomes etc.

The purpose of the dashboard is to reduce the frequency of and streamline information requests from NHS England to commissioners. It will be a live document with the expectation it is updated each month.

It is expected that the dashboard will require information to be collected once and contribute to a range of reporting formats and requirements.

8. Quality updates

Aintree University Hospital NHS Trust (AUH) Single Item Quality Surveillance Group

The AUH Single Item QSG (SIQSG) follow-up meeting took place on 1st October 2018. Although improvements had been seen the outcome was to maintain the current 'enhanced' level of surveillance with a further meeting to take place towards the end of November 2018 / beginning of December 2018.

AUH Never Events – AQuA facilitated Theatre Safety Event

The AUH AQuA facilitated Theatre Safety Event took place on 12th October 2018 with representatives from Southport and Formby CCG, South Sefton CCG and NHSE C&M in attendance. This formed part of the quality improvement work being undertaken as a result of the Never Events reported in 2017/18. The event was well attended internally within the Trust and the outputs will inform the Trust action plan.

CQC Review of Services for Looked After Children & Safeguarding

The CQC undertook a review of Services for Looked After Children and Safeguarding across Sefton from 23rd July 2018 – 27th July 2018. The report has now been received by the CCGs for factual accuracy checking. An inaugural meeting of the Task & Finish Group to place on 17th October 2018 which has been established to deliver the recommendations that will come from this report.

Serious Case Review Update

There will be a fourth Serious Case Review (SCR) undertaken within Sefton and this has been reported to the October 2018 meeting of the Local Safeguarding Children Board. The process has been commenced to commission and external author for the review.

SCR 2 and SCR 3 are both progressing along agreed timescales and SCR 2 is expected to be completed for December 2018 and SCR 3 for January 2019.

External Clinical Review – Continuing Health Care / Individual Patient Activity

An external clinical review for CHC and IPA has been commissioned by the CHC as part of the CCGs QIPP programme of work. Initial feedback is expected towards the beginning of November 2018.

SEND 0-15

A progress update report on the SEND Written Statement of Action has recently been received at the Health & Wellbeing Board. Further report is being presented to the CCG Joint Quality Committee at the end of October 2018. Successful recruitment has taken place for the new Designated Clinical Officer role and the start date for the new postholder is awaited. The CCGs have recently committed additional investment to support the diagnostic element of the Neuro Developmental Pathway and this has been communicated to Alder Hey Children's Hospital as the provider of this service.

To support primary care development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract

9. Extra support for GPs for winter

On 26th September NHS England announced it will provide £10 million to GPs to support delivery of additional extended hours, out of hours and unscheduled care sessions over winter.

The Winter Indemnity Scheme will be used to cover the costs of professional indemnity for the extra services provided by GPs, giving them the freedom to work extra sessions securely and without extra costs. This is just one of a programme of activities being undertaken by NHS England to support general practice meet demand over the winter months.

NHS England is working with the Department of Health and Social Care, the General Practice Committee of the BMA and other organisations in developing a state-backed indemnity scheme.

10. Delegated Commissioning – GP practice

The Director of Commissioning and Re-design is in continued liaison with NHS England in support of the CCG becoming fully delegated. The Wider Group members have now voted to support these proposals and will receive the delegation agreement for sign off at their meeting later this month.

The team met with NHS England on 2nd October to discuss the transition process and the support that will be available between now and 1st April 2019. There was also a discussion about the scope and scale of the functions that will be delegated and further consideration of the resource requirements that the CCG will need to have in place. There are no additional funds available from NHSE to fund primary care commissioning support posts and therefore the CCG will need to consider and agree what additional resource will be required.

The delegated commissioning checklist and supporting evidence is due to be submitted to NHS England on 1st November 2018 and will include information on the budgets that will be transferred to the CCG.

A new Primary Care Commissioning Committee will be established in the place of the current Joint Commissioning Committee arrangements and the Constitution will be updated to reflect all the changes to governance arrangements.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

11. Sefton transformation programme

Work continues with regard to designing the new pathways for the acute sustainability of Southport and Ormskirk NHS Hospitals Trust. There have been several regulator meetings to strengthen the service change proposal and Yorkshire and Humber Senate have conducted an assurance visit, the report of which is due in November. The Provider Alliance has considered the Out of Hospital Project Initiation Document summary. There is a need to ensure there is sufficient resource and pace to effectively mobilise the programme whilst ensure the CCG is able to sustain its “business as usual” priorities and responsibilities. This does present some on-going risks regarding leadership, capability and capacity of the system to carry out the programme and these continue to be reviewed.

To advance the integration of Health & Social Care through collaborative working with Sefton Metropolitan Council, supported by the Health & Wellbeing Board.

12. Locality working

Work continues in the Sefton ‘place’ on the out of hospital model of care at locality level involving SMBC colleagues. The integrated commissioning agenda continues its development through the Making it Happen strategy. Continued focus is being given to the Children’s’ agenda.

13. Recommendation

The Governing Body is asked to:

- To formally **receive** this report.
- To **delegate** responsibility for the management of Excess Treatment Costs to NHS Liverpool CCG

Fiona Taylor
Chief Officer
November 2018

MEETING OF THE GOVERNING BODY NOVEMBER 2018

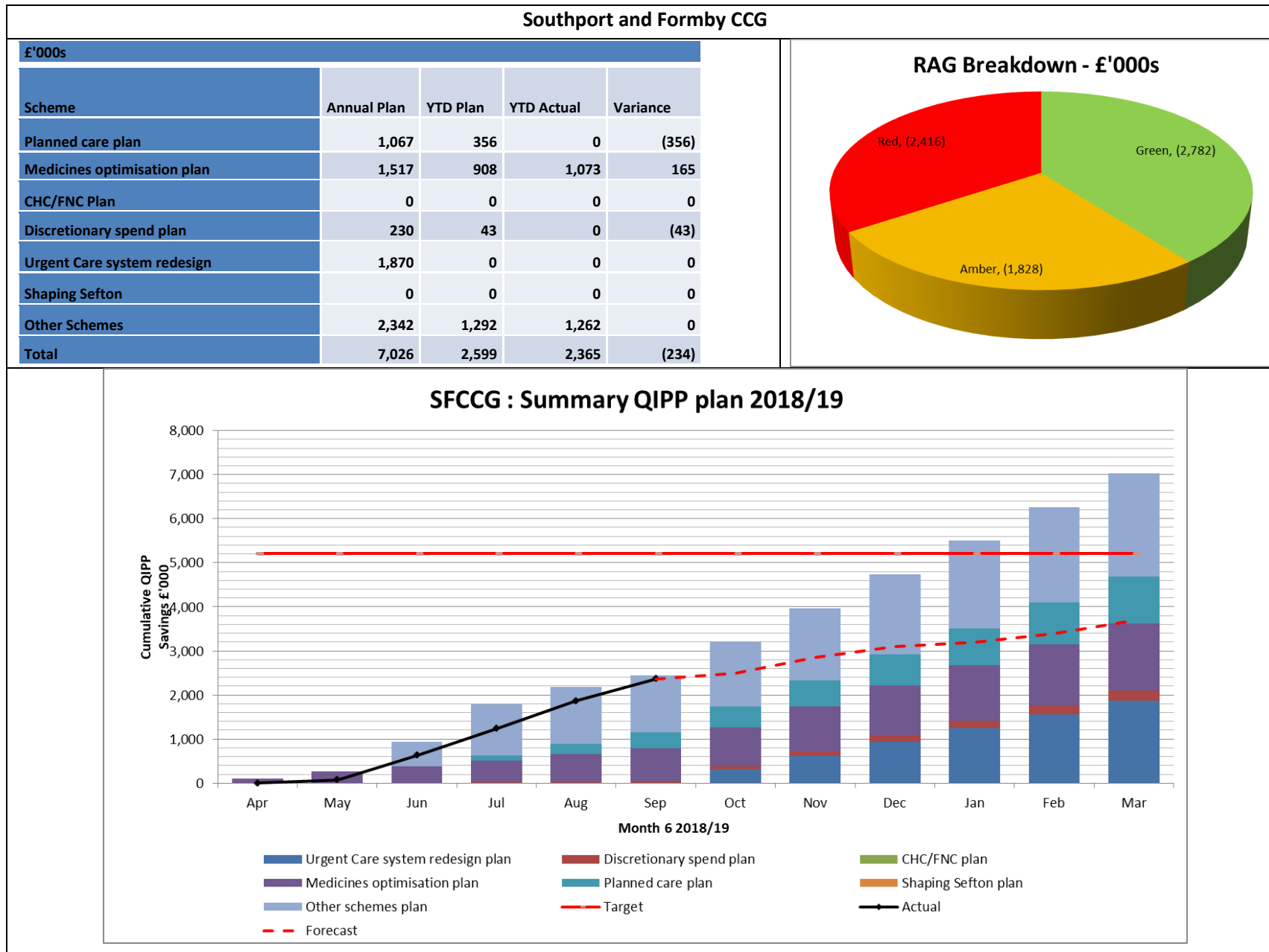
Agenda Item: 18/177	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454						
Report date: November 2018							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The QIPP performance dashboard provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the QIPP plan and receives updates across the following domains: planned care, medicines optimisation, CHC/FNC, discretionary spend, urgent care, Shaping Sefton and other schemes.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

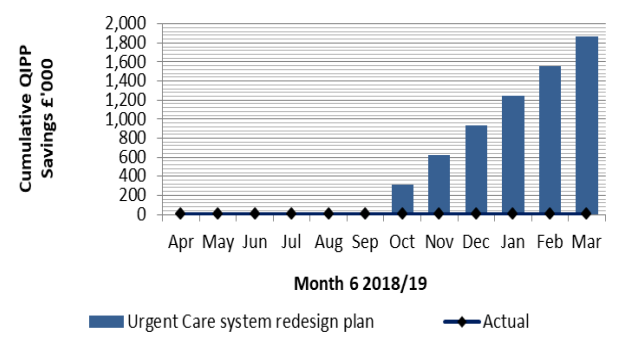
Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			

Links to National Outcomes Framework (<i>x those that apply</i>)	
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

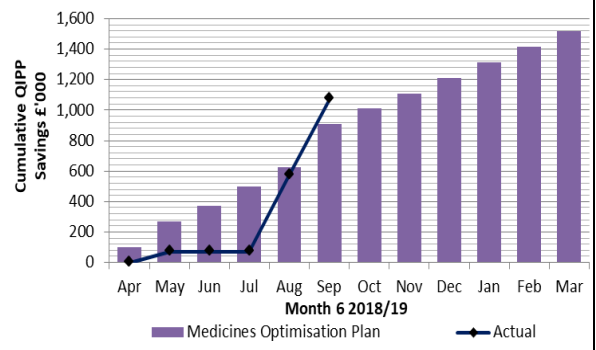
QIPP DASHBOARD – SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 6



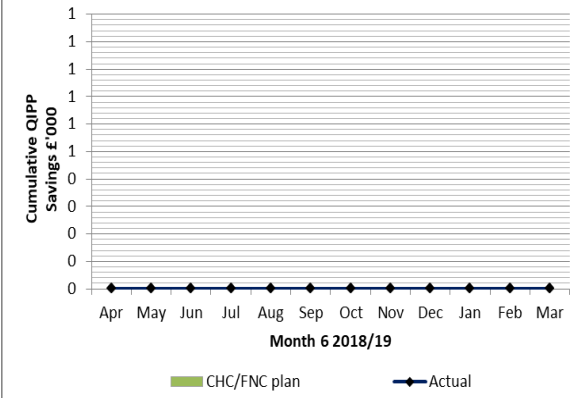
SFCCG : QIPP target - Urgent Care



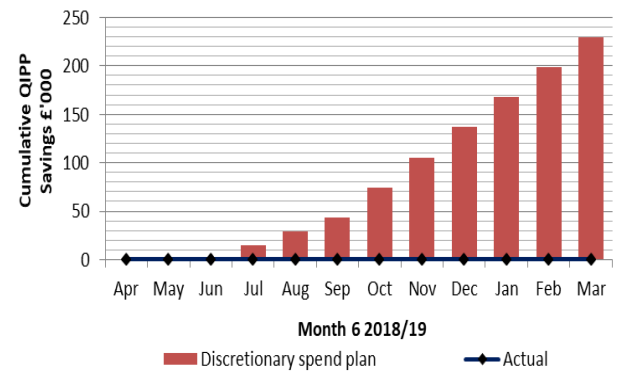
SFCCG : QIPP target - Medicines Optimisation



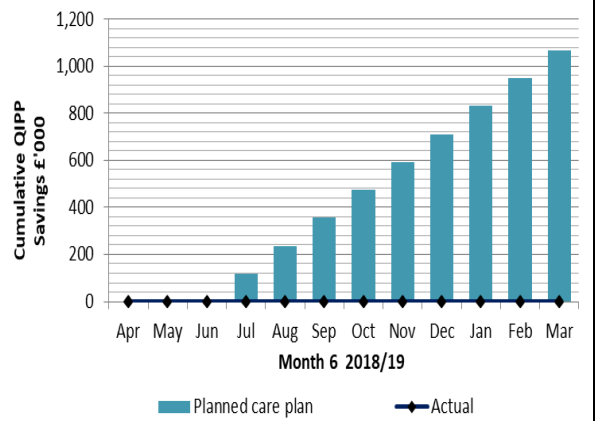
SFCCG : QIPP target - CHC/FNC



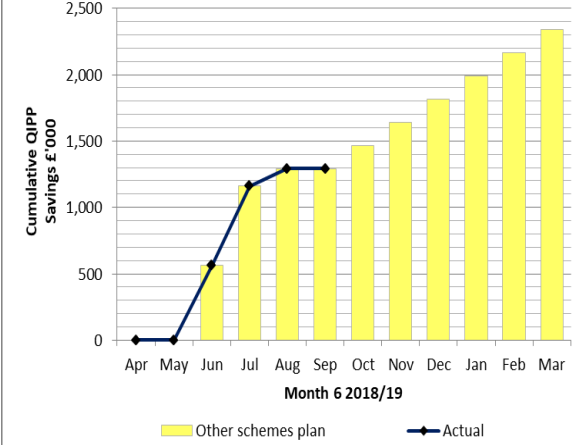
SFCCG : QIPP target - Discretionary spend



SFCCG : QIPP target - Planned Care



SFCCG : QIPP target - Other Schemes



MEETING OF THE GOVERNING BODY NOVEMBER 2018							
Agenda Item: 18/178	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 317 8468						
Report date: October 2018							
Title: Integrated Performance Report							
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 30px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
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 (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
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Southport & Formby Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level	2018-19													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	76%	75%	78%	80%										77.25%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Referral to Treatment (RTT) & Diagnostics																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R									
		Actual	5.139%	4.667%	4.14%	4.1%	4.2%									
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G									
		Actual	92.47%	93.41%	93.3%	93%	93.6%									
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%		
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R							R		
		Actual	0	1	0	1	1								2	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G								G	
		Actual	0	0	0	0	0								0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G									G	
		Actual	100%	83.33%	100%	100%	100%										96.88%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G									G	
		Actual	100%	92.31%	86.67%	93.33%	94.12%										93.51%
		Target	85%	85%	85%	85%	85%										85%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R														
		Actual	12.8														
		Target	67.45			77.09			86.72						96.36		

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R									R	
		Actual	85.54%	88.58%	90.68%	85.52%	88.88%										87.82%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R									R	
		Actual	3	3	4	3	5										18
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R									R	
		Actual	0.8	0.8	1.0	0.8	1.3										
		Target	0	0	0	0	0										0

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R									R	
		YTD	0	0	0	1	1										1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G									G	
		YTD	3	5	6	8	10										10
		Target	4	7	10	12	16	19	22	25	28	31	34	37	37	37	

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G										G
		Actual	100%										100%
		Target	95.00%				95.00%		95.00%		95.00%		95.00%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G										
		Actual	52.5%										
		Target	50.00%				50.00%		50.00%		50.00%		50.00%
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R										
		Actual	3.3%										
		Target	16.80%				16.80%		16.80%		16.80%		16.80%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 5 (note: time periods of data are different for each source).

Financial position

This report focuses on the financial performance for Southport and Formby CCG as at 30 September 2018.

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage.

As at 30 September, the full year forecast financial position is £1m surplus. This position requires QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 30 September 2018 is a deficit of £2.964m. This assumes that QIPP delivery during the year will be £3.696m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year, particularly in respect of amber rated schemes.

Planned Care

Year to date GP referrals in month 5 of 2018/19 are 5% higher when compared to the same period in 2017/18.

The latest information available for e-Referral utilisation is for July, where the CCG reported 80%, an improvement on May but still failing the 100% target.

The CCG failed the less than 1% target for Diagnostics in August recording 4.2%, a slight decline on last month's performance of 4.1%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.2%, an improvement on last month's performance of 4.2%.

The CCG had one patient waiting over 52 weeks in August. This is the same patient who breached in July, waiting for bariatric surgery at University Hospitals of North Midlands. The patient did not attend their first appointment. If another appointment is accepted the patient's RTT clock will start again. Southport & Ormskirk Trust also reported one patient waiting over 52 weeks in August. This was a general surgery patient (further details in section 3.3).

Southport & Ormskirk reported 7 cancelled operations in August. The Trust has reported that two cancellations were due to no ward beds available, two cases where trauma took priority, two cases where theatre time expired and one case was cancelled due to a lack of availability of a High Dependency Unit bed.

The CCG are failing 2 of the 9 cancer measures in month 5 year to date. They include 2 week breast symptoms (85.34%) and the 62 days urgent GP referral metric (78.38%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (50%) and 62 days urgent GP referral (80.44%).

Southport & Ormskirk continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 15.3% in July to 16.4%

in August. The percentage of patients that would recommend the inpatient service in the Trust has decreased from 94% in July to 90% in August and therefore remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains increased from 2% in July to 3% in August so is now reporting above the England average of 2%.

Performance at Month 5 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £655k/4.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £780k/5.2%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for August reached 88.85%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.5% for August and an improvement on last month's performance. However the year to date position is still failing at 87.9% due to a drop in performance in July 2018.

Work continues with NWS to address poor ARP (Ambulance Response Programme) performance with significant strides being made against the agreed Performance Improvement Plan where improvement needed to be demonstrated by the end of Quarter 2. A summary report will be produced and shared with CCG Governing Bodies once all September data has been submitted.

Southport & Ormskirk failed the stroke target in August recording 77.3%, with 17 out of 22 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in August with 8 reportable patients breaching the target. This is the tenth consecutive month where 0% has been reported.

The CCG has reported an MSA rate of 1.3, which equates to a total of 5 breaches in August. All 5 breaches there were at Southport & Ormskirk NHS Trust.

There were three new cases of Clostridium Difficile attributed to the CCG in August, bringing the year to date figure to 10 against a plan of 15. Year to date 3 cases were apportioned to an acute trust and 7 to the community. Southport & Ormskirk reported 2 new cases in August, bringing the total for the year to 6 against a plan of 15.

The CCG had no cases of MRSA in August. However a case was reported in July and therefore the CCG has breached the zero tolerance threshold for the year.

The Trusts A&E department has seen a decline in the percentage of people who would recommend the service from 93% in July to 79% in August, falling below the England average of 88%. The percentage not recommended has also declined from 5% to 13%, rising above the England Average of 7%.

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.7m/19.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £2.2m/16.6%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 184 Southport & Formby patients entering treatment in Month 5. This is a decrease from the previous month when 225 patients entered treatment. The access rate for month 5 was 0.96% and therefore failed to achieve the standard. The percentage of people moved to recovery

decreased with 47.7% compared to 46.2% in the previous month. This fails to meet the monthly target of 50% although the year to date performance is 50.1%.

Community Health Services

Lancashire Care Trust has undertaken a data validation exercise across all services and is now in the process of building reports to meet the CCG's requirements. Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. A proposal document has been collated by the Trust and shared with the CCG for review. A meeting has been arranged between the Trust and CCG to discuss further.

Better Care Fund

A quarter 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Financial Position

2.1 Summary

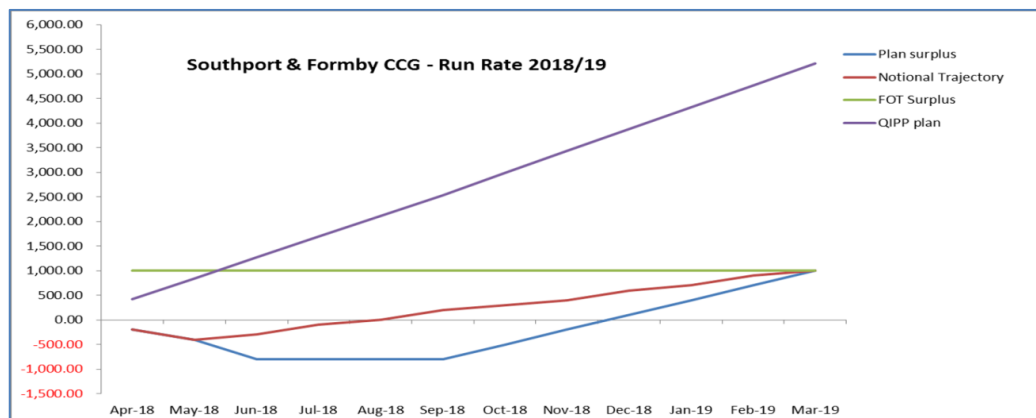
This report focuses on the financial performance for Southport and Formby CCG as at 30 September 2018.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,520	12,066	12,173	108	24,826	306
Corporate & Support Services: admin	2,622	1,273	1,168	(105)	2,477	(145)
Corporate & Support Services: programme	2,836	1,410	1,344	(67)	2,739	(97)
NHS Commissioned Services	123,707	60,546	60,884	338	125,126	1,419
Independent Sector	5,701	2,772	2,963	190	6,071	371
Primary Care	3,998	1,792	2,046	254	4,281	284
Prescribing	23,631	11,815	12,232	417	24,516	885
Total Operating budgets	187,013	91,675	92,811	1,135	190,037	3,024
Reserves	(1,280)	1,135	0	(1,135)	(4,304)	(3,024)
In Year Planned (Surplus)/Deficit	1,000	(800)	0	800	0	(1,000)
Grand Total (Surplus)/Deficit	186,734	92,010	92,811	800	185,733	(1,000)

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

Figure 2 – Run Rate 2018/19



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position
- Q2 reported a breakeven position
- Q3 & Q4 plan to return to surplus position through delivery of the QIPP plan

The CCG has achieved a balanced run-rate during month 6. It should be noted that this was supported by a re-phasing of reserves and QIPP which will not be a sustainable option for the remainder of the year.

As at 30 September, the full year forecast financial position is £1m surplus. This position requires QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 30 September 2018 is a deficit of £2.964m. This assumes that QIPP delivery during the year will be £3.696m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year, particularly in respect of amber rated schemes.

The cumulative deficit brought forward from previous years is £10.295m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in the past two years increases the challenge for the CCG to deliver further efficiencies in 2018-19.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads and the risks associated with delivery have been refreshed.

Cost pressures have emerged in the first six months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of individual high cost cases in 2018-19 and the financial impact of continuing to provide additional beds to support hospital discharge to enable better improved patient flow across the health economy. This equates to a full year cost pressure of £1.475m.
- Forecast over performance at Southport & Ormskirk Trust of £1.200m for PbR activity, although this reduced to £0.9m after relevant contract terms are applied.
- Cost pressures of £0.329m within the Local Quality Contract due to the 2017-18 and 2018-19 claims on the main elements of the scheme and quarterly claims being a higher cost than expected.
- Over performance of £0.280m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Costs pressures of £0.190m at St Helen and Knowsley Trust mainly due to increases in cost and activity notably plastics and urology.

The forecast cost pressures are partially offset by underspends in running cost, funded nursing care and the reserve budget due to the 0.5% contingency budget held.

Achievement of the agreed financial plan requires full commitment from CCG membership and CCG officers to ensure planned QIPP savings are achieved and to agree mitigation plans to address areas of risk.

The CCG's financial position has remains at a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership remains upon the delivery of QIPP plans and development of further mitigations where necessary.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

Figure 3 – Financial Dashboard

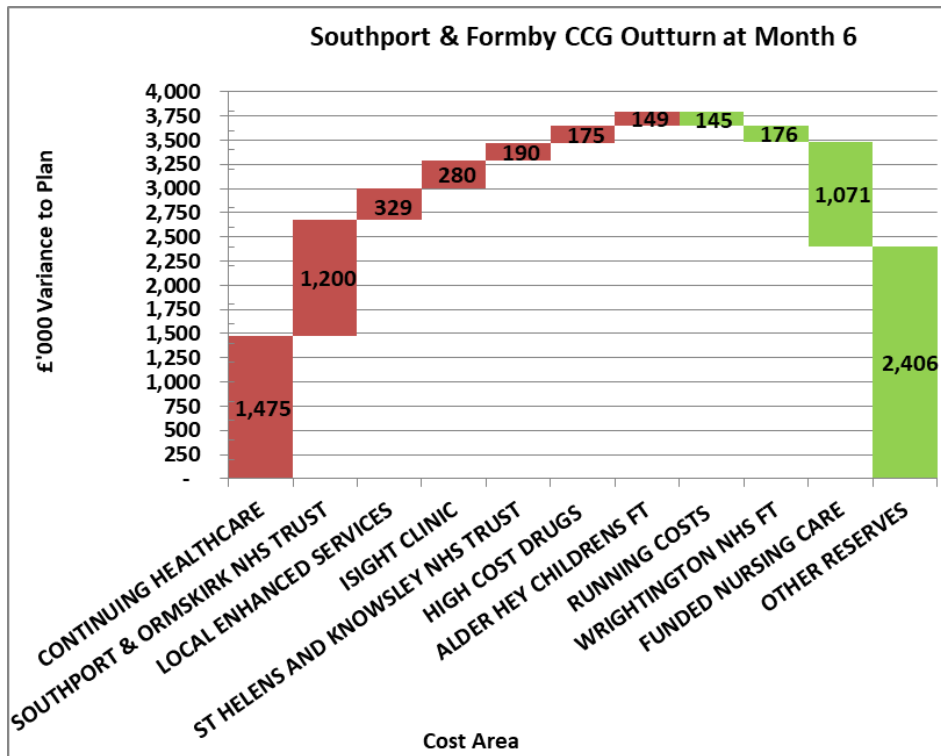
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.5% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.365m
4	Running Costs	CCG running costs < 2018/19 allocation	✓
5	BPPC	NHS - Value YTD > %	99.28%
		NHS - Volume YTD > 95%	95.36%
		o NHS -Value YTD > 95	98.07%
		Non NHS - Volume YTD > 95%	93.71%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 30 September 2018 for the financial year is a deficit of £2.964m.
- The QIPP target for 2018-19 is £5.210, delivery is £2.365m to date which is £0.234m below the planned delivery at month 6 (see appendix 3).
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.145m.
- All BPPC targets have been achieved expect for Non NHS by volume which is below the 95% target. Work is underway to improve the performance.

2.2 Financial Forecast

The main financial pressures included within the financial position are shown below in figure 4, which presents the CCGs outturn position for the year.

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year is **deficit of £2.964m**.
 - The main financial pressures relate to:
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
 - Costs pressures within the Local Quality Contract due to part one and quarterly claims being a higher cost than expected.
 - Cost pressures within iSight Clinic.
 - Costs pressures at St Helens & Knowsley Trust, mainly due to increases in cost and activity within plastics and urology.
 - The cost pressures are partially offset by underspends in running costs, funded nursing care and the reserve budget due to the 0.5% contingency held.

2.3 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.210)				(5.210)
QIPP Achieved	0.000		2.365		2.365
NCSO Adjustment	(1.100)			1.100	0.000
Primary care additional allocation	(0.500)				(0.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230				0.230
Community Services investment	0.697				0.697
Intermediate care	0.500		(0.130)		0.370
CEOV Allocation Adjustment	0.153				0.153
Other investments / Adjustments	0.325	0.865	(1.134)	(0.639)	(0.583)
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	0.865	0.500	0.461	(1.280)

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The opening plan included an assumption that anticipated NCSO pressures would be covered by a central arrangement. The CCG has transferred this reserve into operational budgets which has in turn led to an increased pressure on expenditure.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

2.4 Provider Expenditure Analysis – Acting as One

Figure 6 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.453
Alder Hey Children's Hospital NHS Foundation Trust	0.072
Liverpool Women's NHS Foundation Trust	(0.006)
Liverpool Heart & Chest NHS Foundation Trust	(0.083)
Royal Liverpool and Broadgreen NHS Trust	0.116
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.025)
Grand Total	0.527

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an over spend of £0.527m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PbR related contract had been in place.

Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk

	Best Case	Likely Case	Worst Case
	SFCCG £m	SFCCG £m	SFCCG £m
Opening Contract Value	64.074	64.074	64.074
Reported YTD (Under) Overspend at M5	2.652	2.652	2.652
Less : NEL Price increase	(0.919)	(0.600)	-
: CDU Activity	(0.330)	(0.202)	(0.100)
: AEC Follow ups	(0.645)	(0.645)	(0.645)
Revised YTD (Under) Overspend at M5	0.758	1.205	1.907
Extrapolated to M12	1.819	2.892	4.577
Less : Non-PbR Review	(0.244)	(0.200)	(0.200)
: Applicable Sanctions	(1.602)	(1.500)	(0.859)
: CQUIN	(0.421)	(0.264)	(0.264)
Revised Forecast (over) underspend	(0.448)	0.928	3.254
Forecast Contract Payment 2018/19	63.626	65.002	67.328

- The Month 5 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £2.652m against plan. The CCG have raised a challenge relating to a number of areas of expenditure included in the year to date position:

- Non-Elective price increase
- Counting of CDU activity
- AEC Follow up activity
- Application of contract sanctions and assumptions for the impact of in year CQUIN performance and review of the Non-PBR block will reduce the forecast expenditure further
- The CCG likely case financial position includes an assumption that the Southport Contract payment will be £65.002m which is in line with the financial plan. Any additional payment above this amount will increase the CCG's forecast deficit.

2.5 QIPP

Figure 8 – QIPP Plan and Forecast

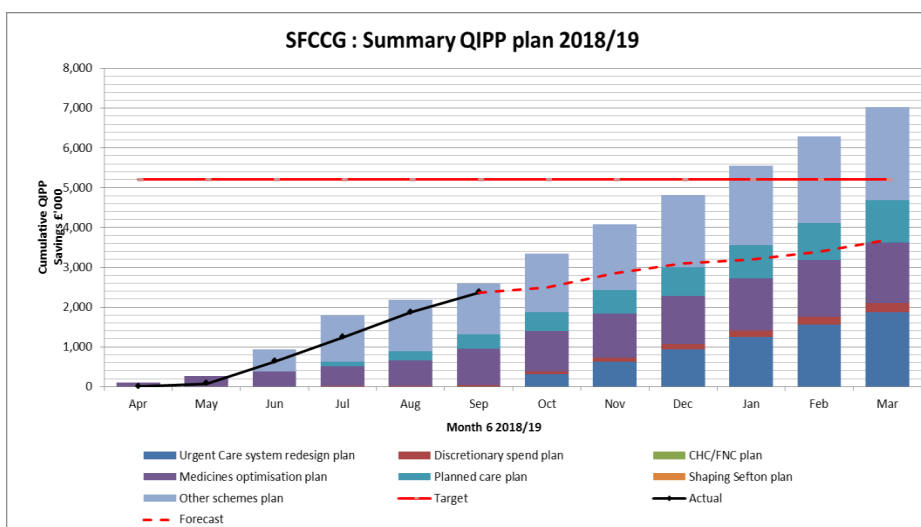


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	93	0	974	1,067
Medicines optimisation plan	1,517	0	1,517	1,017	0	500	1,517
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	130	100	230	130	0	100	230
Urgent Care system redesign plan	1,870	0	1,870	0	54	1,816	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	2,115	3,016	1,842	1,174	0	3,016
Total QIPP Plan	5,485	2,215	7,700	3,082	1,228	3,390	7,700
QIPP Delivered 2018/19				(2,365)		0	(2,365)

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £7.026m have been identified; however £4.618m of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved £2.365m QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.6 Risk

Figure 10 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves Budget	0.000	1.000	1.000
Reserve Budgets			
Management action plan			
QIPP Achieved	0.573	1.792	2.365
Remaining QIPP to be delivered	4.637	(1.792)	2.845
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of £5.210m and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

2.7 Risk Adjusted Position

Figure 11 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	5.210	3.696	3.696
I&E impact	(1.712)	(3.024)	(3.024)
Forecast Surplus / (Deficit)	(0.712)	(3.538)	(3.538)
Further Risk	(0.500)	(1.600)	(4.200)
Management Action Plan	2.212	2.174	2.174
Risk adjusted Surplus / (Deficit)	1.000	(2.964)	(5.564)

- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a deficit of £2.964m and assumes that QIPP delivery will be £3.696m in total with pressures identified in respect of CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.

- The worst case scenario is a deficit of £5.564m and assumes further pressures emerging in year. The main pressures in the worst case scenario relate to over performance for Non-Elective activity/costs at Southport and Ormskirk Hospital NHS Trust, increased volume and cost of CHC packages. Also included is an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

2.8 Statement of Financial Position

Figure 12 – Summary of working capital

Working Capital and Aged Debt	Quarter 1			Quarter 2			Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	M12 £'000
Non-Current Assets	0	0	0	0	0	31	0
Receivables	2,655	2,649	2,241	1,907	1,862	2,560	2,406
Cash	232	4,733	4,687	3,829	(394)	3,046	63
Payables & Provisions	(6,331)	(13,154)	(16,042)	(16,849)	(12,865)	(13,893)	(12,162)
Value of Debt > 180 days	1,774	1,721	1,669	1,743	1,781	1,729	672

- There has been an increase in Non-Current Assets in month 6 due to funding received from NHS England for Primary Care IT
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old at month 6 is £1.729m. £1.669m of this balance consists of two invoices outstanding with Southport & Ormskirk NHS Trust. The Trust has confirmed that these balances will be settled in November 2018.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £185.429m at Month 6. The actual cash utilised at Month 6 was £91.201m which represents 49.1% of the total allocation. The balance of MCD to be utilised over the rest of the year is £94.229m.

2.9 Recommendations

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

- The full year most likely financial position for the CCG is a deficit of £2.964m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 6 is £2.365m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.210m.
- The CCG has posted a balanced run rate for month 6 (and Quarter 2) following losses in earlier months. As the CCG enters the second half of the financial year, its plan to deliver a surplus position in each month will prove challenging to deliver.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

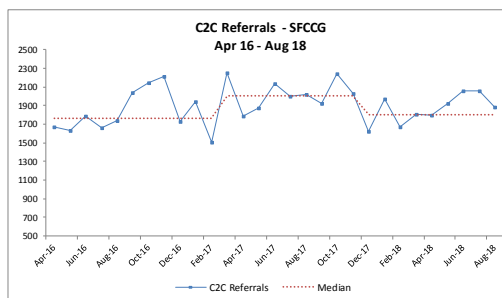
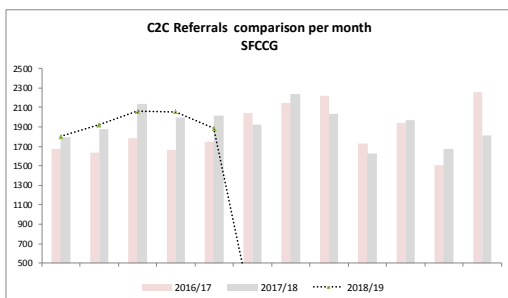
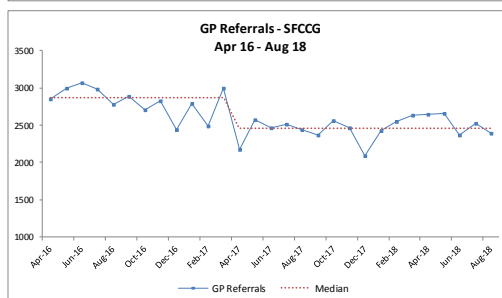
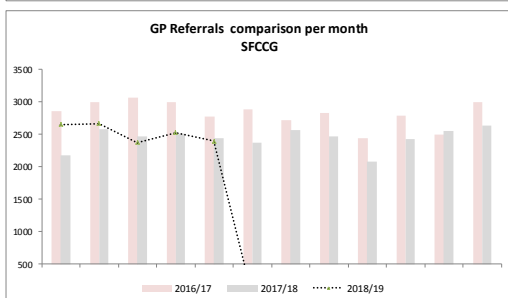
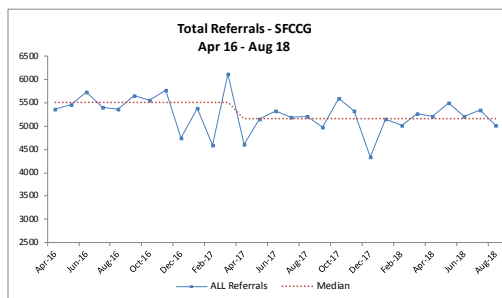
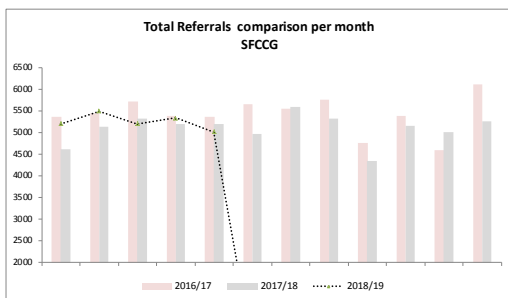
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

3. Planned Care

3.1 Referrals by Source

Figure 13 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
	Month											
April	2181	2650	469	22%	1791	1800	9	1%	4617	5204	587	13%
May	2573	2665	92	4%	1879	1922	43	2%	5145	5497	352	7%
June	2468	2373	-95	-4%	2135	2059	-76	-4%	5332	5206	-126	-2%
July	2513	2525	12	0%	2002	2055	53	3%	5196	5347	151	3%
August	2441	2393	-48	-2%	2018	1884	-134	-7%	5209	5025	-184	-4%
September	2367				1923				4973			
October	2562				2239				5602			
November	2464				2035				5326			
December	2085				1624				4348			
January	2426				1971				5159			
February	2549				1674				5019			
March	2631				1810				5268			
Monthly Average	2438	2521	83	3%	1925	1944	19	1%	5100	5256	156	3%
YTD Total Month 5	12176	12606	430	4%	9825	9720	-105	-1%	25499	26279	780	3%
Annual/FOT	29260	30254	994	3%	23101	23328	227	1%	61194	63070	1876	3%



Year to date referrals at month 5 are currently up 3% when comparing to the equivalent period in the previous year. At provider level, Aintree Hospital is currently seeing a 32% increase in referrals when compared to 2017/18 whereas Southport Hospital is reporting a -1% reduction. Aintree has seen increases reported across a number of specialties including Breast Surgery, ENT and Maxillo-Facial Surgery with demand linked predominantly to increased GP referrals.

Within individual specialties, General Surgery and Cardiology are reporting a notable increase in referrals during 2018/19 with both linked to referral increases to Southport Hospital.

GP referrals in 2018/19 to date are 4% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 1% lower when compared to 2017/18. This can be attributed to significant decreases within the Physiotherapy specialty at the main Acute Hospital Provider. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

Monthly trends have shown that total referrals have decreased in Aug-18 to the lowest monthly total of 2018/19 to date. GP and consultant-to-consultant referrals each decreased in Aug-18; however, the latter has now seen referrals above an average for four consecutive months. This is despite year to date consultant-to-consultant referrals being lower than that reported in the previous year.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 have been manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

Figure 14 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - July	80% by Q2 17/18 & 100% by Q2 18/19	80.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such was required to achieve 100% by April 2018.

The latest information available for this measure is for July, where the CCG reported 80%, an improvement on June but still failing the target.

3.2 Diagnostic Test Waiting Times

Figure 15 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times	Period	Target	Actual	Trend
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Aug	<1%	4.20%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Aug	<1%	3.20%	↓

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in August recording 4.2%. Out of 2,071 patients, 98 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (30), MRI (24) and CT (12).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.2%. Out of 2,820 patients, 97 patients waited over 6 weeks, and 7 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (62) and Cystoscopy (13).

How are the issues being addressed?

The Trust has stated that the Diagnostics Improvement Programme is focusing on Endoscopy and Non-Obstetric Ultrasound to address this. Phase 1 to the end of September focuses on establishing current state. Phase 2 (October to March inclusive) focuses on process improvements and developing a business plan. Phase 3 runs from April 2019 where larger scale improvements are identified.

When is performance expected to recover?

April 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

3.3 Referral to Treatment Performance

Figure 16- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Aug	0	1	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Aug	0	1	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Aug	92%	93.60%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - Aug	92%	95.50%	↑

Figure 17 – RTT Performance & Activity Trend

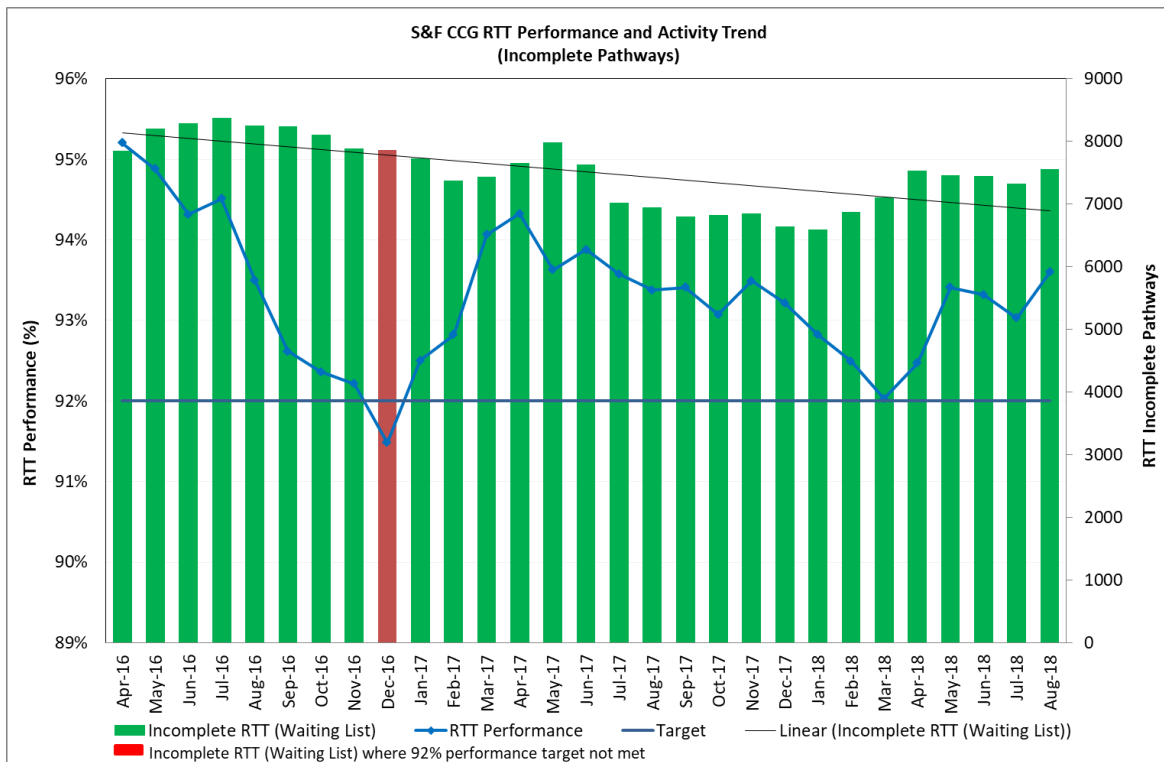


Figure 18 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7,650	7,988	7,628	7,020	6,945	6,799	6,826	6,853	6,648	6,589	6,873	7,100
2018/19	7,531	7,465	7,448	7,328	7,521							
Difference	-119	-523	-180	308	576							

Performance Overview/Issues

For 2018/19 CCGs have a new target to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted a plan of 0 to NHS England in January 2018 due to having no 52+ week waiters at that point, but following that had two; one in February and one March 2018. The CCG had one patient waiting over 52 weeks in August. This is the same patient who breached in July, waiting for bariatric surgery at University Hospitals of North Midlands. The patient did not attend (DNA) their first appointment. The provider has stated that if the patient resumes contact and another appointment is offered their RTT clock will start again. Following the closure of bariatric services in the North West, University Hospital of North Midlands agreed to take on the service however demand has far exceeded capacity. The issues regarding delays have been communicated with commissioners and CCGs across the North West region are affected by this issue. Through collaborative commissioning arrangements capacity is being sourced at alternative providers and the Trust continues to clinically review all long waiting patients and allocate appointment dates based on clinical need, followed by chronological waiting time.

Southport & Ormskirk Trust reported 1 patient waiting over 52 weeks on the incomplete pathway in August 2018. This patient first attended clinic on 12th September 2017. The patient was initially listed for the incorrect procedure, and when this was identified further tests were required for the correct one. At this point the patients' clock was incorrectly stopped. The patient received an appointment to attend clinic on 29th May 2018 with the results of their tests and was then relisted for the correct procedure; the clock then started from the beginning. The Trust received a complaint from the patient on 13th August 2018 as they were still awaiting a date for their procedure. This was followed by an investigation and action plans have been put in place. The patient now has a date for their procedure.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In August the CCG reported 7,521 incomplete pathways, 576 patients more than August 2017. This is the second time in 2018/19 the CCG has not achieved the target.

How are the issues being addressed?

In order to increase CCG assurance in respect of the safety of long waiting patients, CCGs have requested patient level commentary for all 36 week plus waiters across all providers.

The CCG is working collaboratively with other commissioners in Merseyside and Lancashire and MLCSU regarding alternative providers to ease capacity issues at UHNM and interim contracts close to being agreed. Weekly teleconferences are in place with commissioners, CSU and UHNM.

When is performance expected to recover?

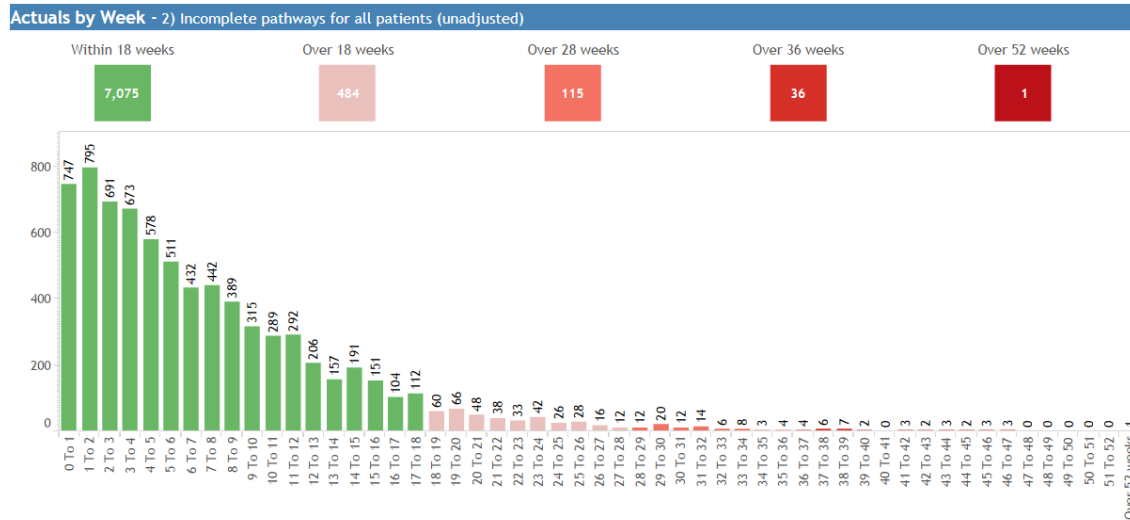
This will depend on the management process of the patient cohort at University Hospitals of North Midlands.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

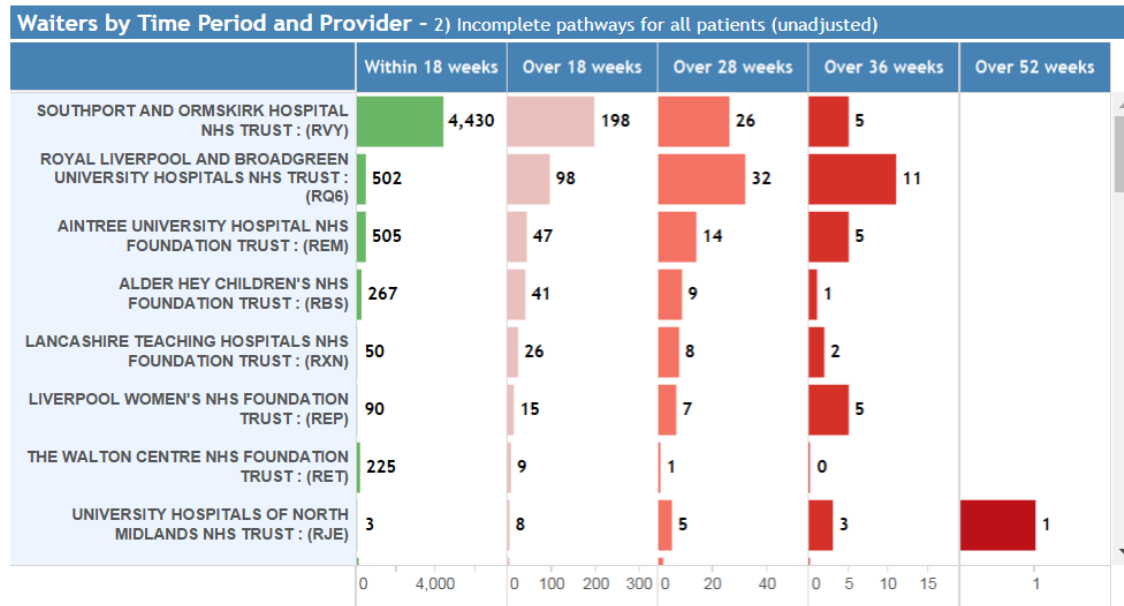
3.3.1 Incomplete Pathway Waiting Times

Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 20 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Speciality

Figure 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

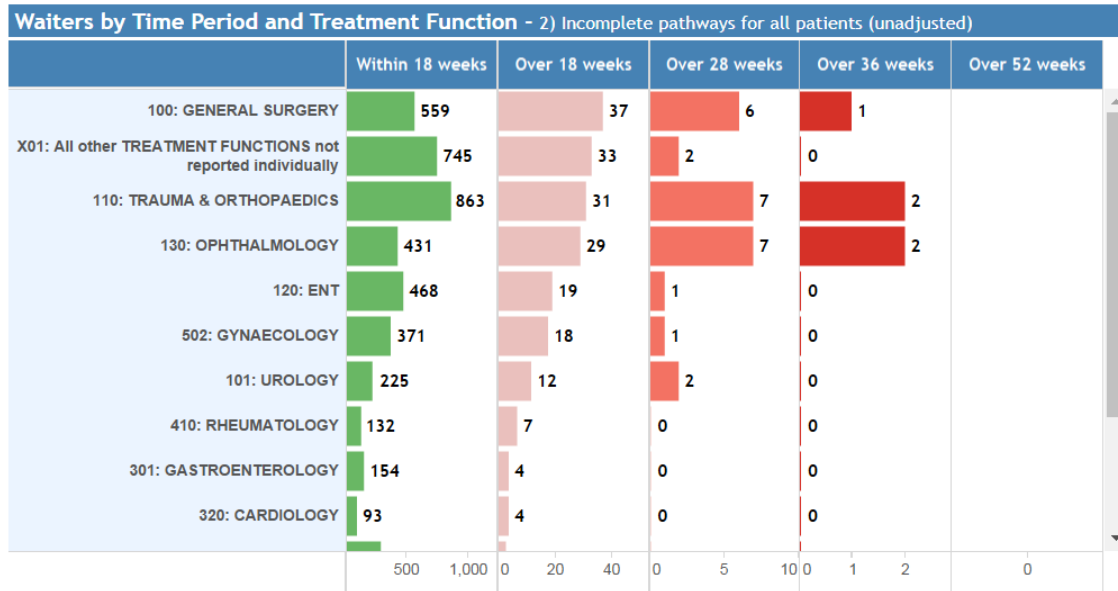
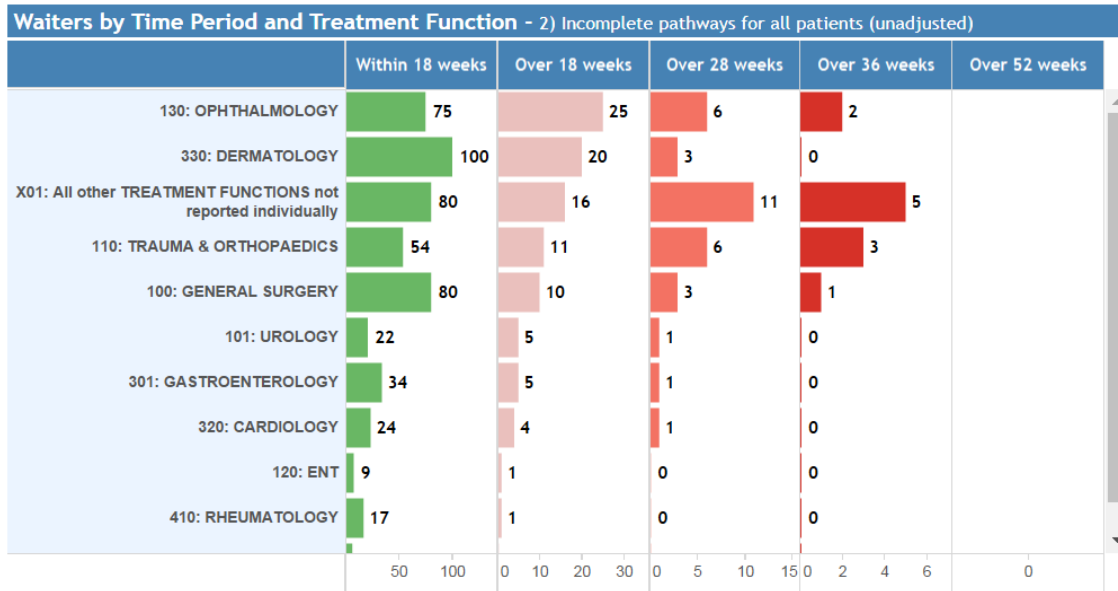


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 23 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait Band	Details
Southport & Formby	North Midlands	General Surgery	52+ weeks	This was a bariatrics patient who DNA'd 1st appointment. If another appointment is offered RTT will start again.
Southport & Formby	Aintree	Gastroenterology	38 weeks	Patient has a TCI date of 24/10/2018
Southport & Formby	Aintree	General Surgery	37 weeks	
Southport & Formby	Aintree	Thoracic Medicine	37 & 46 weeks	2 patients; 1 at 37 weeks with TCI date 08/10/2018, 1 at 46 weeks whose pathway was stopped.
Southport & Formby	Aintree	T&O	37 weeks	Patients pathway stopped
Southport & Formby	Alder Hey	Other	37 weeks	Patient treated 17/10/2018
Southport & Formby	Blackpool	General Surgery	41 weeks	Patient treated in September
Southport & Formby	Blackpool	Gynaecology	43 weeks	Patient treated in September
Southport & Formby	Lancashire Teaching	General Medicine	42 & 44 weeks	2 patients both with delays due to capacity in respiratory; 1 at 42 weeks and 1 at 44 weeks. Both have now been seen.
Southport & Formby	Liverpool Womens	Gynaecology	36 to 45 weeks	5 patients waiting for treatment.
Southport & Formby	North Midlands	General Surgery	46 weeks	2 patients waiting.
Southport & Formby	Royal Liverpool	Other	36 to 44 weeks	5 patients with delays due to long waiting list. 2 patients had TCI dates in October and 2 patients pathway stopped.
Southport & Formby	Royal Liverpool	Ophthalmology	38 & 39 weeks	2 patients with delays due to long waiting list. 1 pathway stopped and 1 TCI date 23/10/2018.
Southport & Formby	Royal Liverpool	General Surgery	38 weeks	1 patient with delays due to long waiting list. TCI date 09/10/2018
Southport & Formby	Royal Liverpool	T&O	42 to 45 weeks	3 patients; 1 pathway stopped & 1 TCI date 03/10/2018. Delays due to long waiting list.
Southport & Formby	Southport & Ormskirk	General Surgery	37 weeks	Delays due to patient cancellations and an emergency admission. Procedure has now been completed (18/09/2018).
Southport & Formby	Southport & Ormskirk	Ophthalmology	38 & 39 weeks	2 patients with delays due to non-contact by patient and cancellations. 1 patient TCI date 19/10/2018.
Southport & Formby	Southport & Ormskirk	T&O	36 weeks	2 patients with delays due to non-contact by patient. 1 patient TCI date 11/09/2018 and 1 treated 18/09/2018.
Southport & Formby	Wirral	ENT	37 weeks	
Southport & Formby	Wirral	General Surgery	45 weeks	

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Figure 24 – Southport & Ormskirk Cancelled Operations

Cancelled Operations	Period	Target	Actual	Trend
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	18/19 - Aug	0	7	↑ ↓

Southport & Ormskirk reported 7 cancelled operations in August. The Trust has reported that 2 were due to no ward beds available, 2 ran out of theatre time, 2 due to trauma taking priority and 1 no HDU bed available.

3.4.2 No urgent operation to be cancelled for a 2nd time

Figure 25 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - Southport & Ormskirk	18/19 - Aug	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 26 – Two Week Cancer Performance measures

Cancer waits – 2 week wait	Period	Target	Actual	Trend
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - Aug	93%	93.25%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	93%	94.54%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Aug	93%	85.34%	↓

Performance Overview/Issues

The CCG has failed the target of 93% in August for patients referred urgently with breast symptoms with performance of 81.08% and year to date with 85.34%. In August out of a total of 37 patients, 7 breached the target. All breaches were due to patient choice.

How are the issues being addressed?

There are actions relating to demand management including communications to GPs on management of symptomatic breast disease. Availability of Advice and Guidance from July 2018.

When is performance expected to recover?

January 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Billie Dodd

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 27 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Aug	96%	97.04%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	96%	97.87%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Aug	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Aug	94%	98.08%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Aug	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 28 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
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) (CCG)	18/19 - Aug	85% (local target)	93.51%	↔
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) (Southport & Ormskirk)	18/19 - Aug	85% (local target)	92.37%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Aug	90%	96.88%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Aug	85%	78.38%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	85%	80.44%	↔

Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in August with 67.74% and year to date with a performance of 78.38%. In August, 10 patients out of 31 breached. 4 of these delays did not have a listen reason. Other delays were due to inadequate elective capacity (2), patient choice (1), diagnosis delayed for medical reasons (1), complex diagnostic pathway (1) and health care provider initiated delay to diagnostic test or treatment planning (1).

Southport & Ormskirk continues to breach the 90% target for the NHS screening service pathway year to date due to April’s performance of 50%, with the equivalent of just 0.5 of a breach out of 1. The Trust has not treated any patients under this service since. The patient treated in April waited for 84 days for admission for surgery. Their delay was due to medical reasons (patient unfit for diagnostic episode).

The Trust failed the 85% target for urgent GP referrals in August recording 79.01% and year to date with 80.44%. In August, the Trust reported the equivalent of 8.5 breaches out of 40.5 patients. 5 of these breaches did not have a listen reason. Other delays were due to the health care provider initiating a delay to their diagnostic test or treatment planning (2), inadequate elective capacity (2), diagnosis delayed for medical reasons (1), patient choice (1) and complex diagnostic pathway (1).

How are the issues being addressed?

The Trust remedial action is to undertake a substantial piece of work to address the on-going concerns around 62 day performance. This involves the adoption of a 7 day rule for each stage of every suspected cancer pathway.

When is performance expected to recover?

The performance is not expected to recover this financial year but the actions above will impact on improved performance.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Billie Dodd

3.5.4 104+ Day Breaches








The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national backstop policy for managing long waiting cancer patients.

In August Southport & Ormskirk Trust reported three patients waiting longer than 104 days within the 62 day standard metric. One breach was a Urological patient, one upper gastrointestinal patient and one lower gastrointestinal patient. Reasons for delay were due to inadequate elective capacity (1) and other reason (2). The longest waiting patient was the lower gastrointestinal patient at 152 days, delay reason unknown.

3.6 Patient Experience of Planned Care

Figure 29 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.2%	16.4%		96%	90%		2%	3%	
Q1 - Antenatal Care	-	-		95%	*	—	2%	*	—
Q2 - Birth	20.8%	12.0%		97%	100%		1%	0%	—
Q3 - Postnatal Ward	-	-		95%	98%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	NA	—	1%	NA	—

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.
 If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 15.3% in July to 16.4% in August. The percentage of patients that would recommend the inpatient

service in the Trust has decreased from 94% in July to 90% in August and therefore remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains increased from 2% in July to 3% in August so is now reporting above the England average of 2%.

For maternity services, in relation to 'Birth' the response rate was just 12%, an improvement on last month, but remaining significantly below the England average of 20.8%. All other services are reporting above the England average benchmark.

Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £655k/4.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £780k/5.2%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 5 with a variance of £250k/56% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£124k/-29%).

Figure 30 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	7,395	8,612	1,217	16%	£1,609	£1,695	£86	5%	£-86	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,130	3,359	229	7%	£228	£229	£1	1%	£-1	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,020	670	-350	-34%	£424	£300	£-124	-29%	£124	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,107	848	-259	-23%	£257	£227	£-30	-12%	£30	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	6,654	7,012	358	5%	£1,238	£1,223	£-15	-1%	£15	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,059	1,070	11	1%	£319	£277	£-43	-13%	£43	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	20,364	21,571	1,207	6%	£4,076	£3,951	£-125	-3%	£125	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	168	165	-3	-2%	£35	£46	£11	32%	£0	£11	32%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	32	32	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	49	44	-5	-9%	£8	£8	£0	-5%	£0	£0	-5%
ISIGHT (SOUTHPORT)	2,382	2,964	582	24%	£360	£488	£128	35%	£0	£128	35%
LANCASHIRE TEACHING HOSPITAL	0	529	529	0%	£0	£95	£95	0%	£0	£95	-
RENACRES HOSPITAL	5,373	5,771	398	7%	£1,558	£1,465	£-93	-6%	£0	£-93	-6%
SALFORD ROYAL NHS FOUNDATION TRUST	0	92	92	0%	£0	£15	£15	0%	£0	£15	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	42,835	43,033	198	0%	£7,814	£8,102	£289	4%	£0	£289	4%
SPIRE LIVERPOOL HOSPITAL	169	148	-21	-12%	£45	£55	£10	22%	£0	£10	22%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,311	2,316	5	0%	£508	£502	£-6	-1%	£0	£-6	-1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	295	418	123	42%	£73	£82	£9	13%	£0	£9	13%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	149	149	0%	£0	£27	£27	0%	£0	£27	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	129	129	0%	£0	£40	£40	0%	£0	£40	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,257	1,921	664	53%	£450	£701	£250	56%	£0	£250	56%
ALL REMAINING PROVIDERS TOTAL	54,839	57,711	2,872	5%	£10,851	£11,631	£780	7%	£0	£780	7%
GRAND TOTAL	75,203	79,282	4,079	5%	£14,927	£15,582	£655	4.4%	£125	£780	5.2%

*PBR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 31 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	4,539	4,556	17	0%	£2,300	£2,317	£17	1%
Elective	560	560	0	0%	£1,347	£1,448	£101	8%
Elective Excess BedDays	87	139	52	60%	£21	£33	£12	58%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	293	549	256	87%	£51	£111	£60	118%
OPFASPCL - Outpatient first attendance single professional consultant led	4,883	4,728	-155	-3%	£841	£820	£-20	-2%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	677	1,369	692	102%	£58	£137	£79	136%
OPFUPSPCL - Outpatient follow up single professional consultant led	15,374	13,968	-1,406	-9%	£1,253	£1,162	£-92	-7%
Outpatient Procedure	12,071	12,652	581	5%	£1,556	£1,658	£102	7%
Unbundled Diagnostics	4,351	4,512	161	4%	£387	£417	£30	8%
Grand Total	42,835	43,033	198	0%	£7,814	£8,102	£289	4%

*PBR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Plans for 2018/19 have been rebased using the 2017/18 forecasted outturn position with some additional growth added to accommodate staffing increases in some aspects of planned care as well as national requirements for RTT performance. The plan rebasing exercise for 2018/19 was required to readjust activity and finance levels in line with continued reductions in demand and activity levels.

Planned care levels have increased and are now showing an over-performance against the planned values year to date at month 5. Over performance is focussed principally within three main points of delivery; Outpatient procedures, electives and multiple professional outpatient attendances.

Within outpatient procedures, over performance is evident within a number of specialties including Dermatology, Urology and Respiratory Medicine amongst others. Key over performing HRGs includes minor skin procedures within Dermatology, diagnostic flexible cystoscopy with Urology, and field exercise testing within Respiratory Medicine.

Increases within the multiple professional outpatients have been evident and the Trust is investigating the reasons for the increase. The specialties with the largest increase are Rheumatology, Gastroenterology and General Surgery although a number of other specialties are showing a similar trend. Initial feedback from queries sent to the Trust has discovered incorrect coding in numerous areas. The Trust is expected to feedback further regarding the incorrect coding and actions to rectify retrospectively.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 32 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	320	411	91	28%	£199	£290	£91	46%
Elective	177	141	-36	-20%	£405	£290	-£115	-28%
Elective Excess BedDays	45	78	33	74%	£11	£19	£8	73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	59	30	-29	-49%	£12	£7	-£5	-44%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	108	80	-28	-26%	£5	£4	-£1	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	1,172	1,432	260	22%	£203	£246	£43	21%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	67	46	-21	-31%	£6	£5	-£2	-25%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	166	362	196	117%	£4	£9	£5	117%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,058	3,201	143	5%	£253	£254	£1	0%
Outpatient Procedure	1,081	1,586	505	47%	£160	£225	£65	41%
Unbundled Diagnostics	748	885	137	18%	£52	£74	£21	41%
Wet AMD	395	360	-35	-9%	£299	£273	-£26	-9%
Grand Total	7,395	8,612	1,217	16%	£1,609	£1,695	£86	5%

Aintree performance is showing a £86k/5% variance against plan at month 5. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £91k/46% and £65k/41% respectively. The over performance within day cases is principally within

Gastroenterology and Breast Surgery. Each of these specialties has seen activity recorded against a number of HRGs with zero plans set. 'Unilateral Major Breast Procedures with CC Score 0-2' also accounts for the majority of over performance within the Breast Surgery specialty.

The over performance within outpatient procedures is primarily within Ophthalmology and mainly a result of increased activity for Retinal Procedures. However, 'Non-Invasive Ventilation Support Assessment' within Respiratory Medicine has also seen activity exceed planned levels in all months in 2018/19 to date.

Despite the indicative overspend at Aintree; there is no financial impact of this to the CCG due to the Acting as One block contract arrangement.

3.7.4 Renacres Hospital

Figure 33 – Planned Care – Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	593	625	32	5%	£595	£556	£40	-7%
Elective	120	91	-29	-24%	£515	£393	£122	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	1,055	1,047	-8	-1%	£178	£177	£2	-1%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,347	1,365	18	1%	£89	£91	£2	2%
Outpatient Procedure	1,114	1,052	-62	-6%	£126	£165	£39	31%
Unbundled Diagnostics	348	444	96	27%	£31	£37	£5	17%
Physio	797	661	-136	-17%	£23	£19	£4	-17%
Outpatient Pre-op	0	486	486	0%	£0	£29	£29	0%
Grand Total	5,373	5,771	398	7%	£1,558	£1,465	£93	-6%

Renacres performance is showing a -£93k/-6% variance against plan at month 5. Elective and Day case activity are the highest underperforming areas with variances of -£122k/-24% and -£40k/-7% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 34 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	9	14	5	59%	£1	£1	£1	59%
Daycase	72	101	29	41%	£95	£148	£53	55%
Elective	45	71	26	57%	£258	£411	£153	59%
Elective Excess BedDays	13	20	7	59%	£3	£5	£2	50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	43	12	40%	£2	£3	£1	24%
OPFASPCL - Outpatient first attendance single professional consultant led	160	270	110	69%	£22	£37	£15	72%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	45	91	46	102%	£3	£5	£2	86%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	62	175	113	184%	£1	£4	£3	184%
OPFUPSPCL - Outpatient follow up single professional consultant led	597	807	210	35%	£36	£48	£12	33%
Outpatient Procedure	109	174	65	60%	£15	£23	£8	57%
Unbundled Diagnostics	115	155	40	35%	£14	£15	£1	8%
Grand Total	1,257	1,921	664	53%	£450	£701	£250	56%

Wrightington, Wigan and Leigh performance is showing a £250k/56% variance against plan at month 5 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. Although relatively small amounts of procedures against this HRG have been recorded, the associated costs have contributed to the over performance at this Trust. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist. Further monitoring and analysis will be taking place including comparison of GP referred activity to WWL to the Choice Team reports which detail onward secondary referral from MCAS.

3.7.6 iSIGHT Southport

Figure 35 – Planned Care - iSIGHT Southport by POD

iSIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	448	617	169	38%	£208	£297	£89	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	100%	£0	£0	£0	100%
OPFASPCL - Outpatient first attendance single professional consultant led	349	551	202	58%	£50	£77	£27	54%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	35	0	-35	-100%	£2	£0	-£2	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,077	1,251	175	16%	£59	£69	£10	16%
Outpatient Procedure	473	543	70	15%	£40	£45	£5	11%
Grand Total	2,382	2,964	582	24%	£360	£488	£128	35%

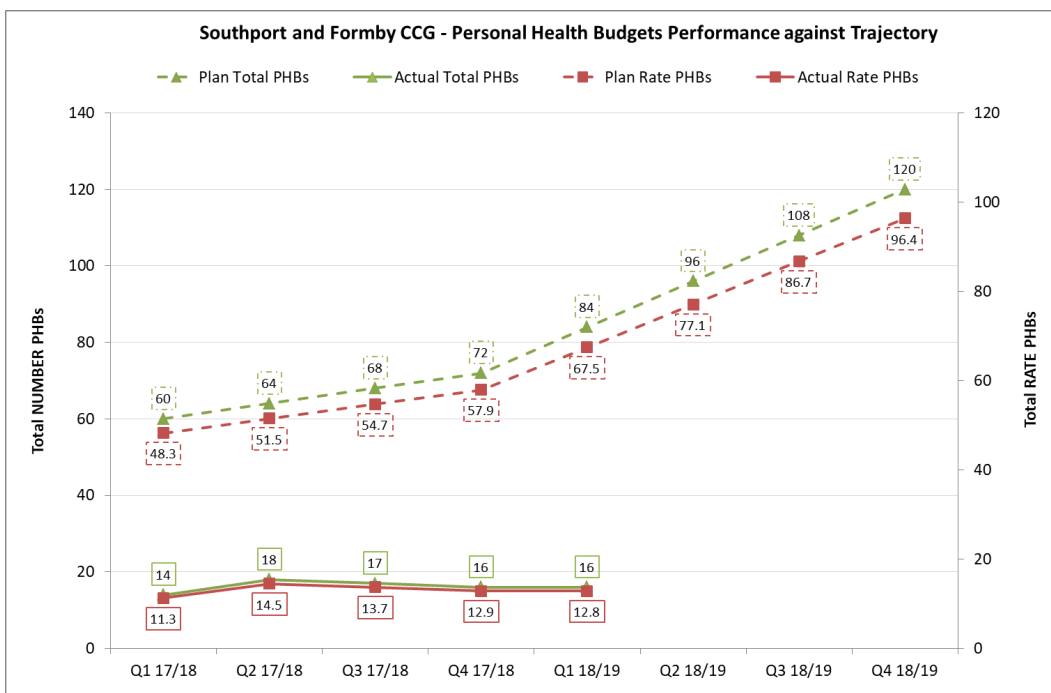
iSight performance is showing a £128k/35% variance against plan with over performance evident against a number of PODs. Day case activity is currently £89k/43% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

iSight have undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements. The new PAS system has now been installed and iSight are working towards submitting to the national SUS repository in the first quarter of 2018/19. Timescales and progress are to be monitored via the Contract Review meetings.

3.8 Personal Health Budgets

Figure 36 - Southport & Formby CCG – 2018/19 PHB Performance



Performance Overview/Issues

In quarter 1 2018/19 a total of 16 PHBs were reported against a plan of 84. This equates to a rate of 12.8 per 100,000 population compared to the plan of 67.5. This is under the trajectory set by NHS England.

How are the issues being addressed?

- Adults CHC: PHBs for adults receiving CHC will be a default position from April 2019. Community providers and MLCSU have been requested to provide actions to meet compliance at; CQPG, CCQRM and CHC steering group.
- Wheelchairs: A stakeholder event is scheduled to take place in September with support from Hull CCG, NHS England wheelchair PHB lead. Wheelchair PHBs have been placed as an agenda item at the Integrated Commissioning Group for engagement with Sefton MBC
- Children Complex Care: The CCG have been successful with their bid for mentorship from NHS England, with confirmation to be received of the mentor CCG.

- End of Life Fast Track: The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead as part of CCG QIPP programme.
- Mental Health S117: The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS England event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

When is performance expected to recover?

End of quarter 4 2018/19.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Debbie Fagan	Tracey Forshaw

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

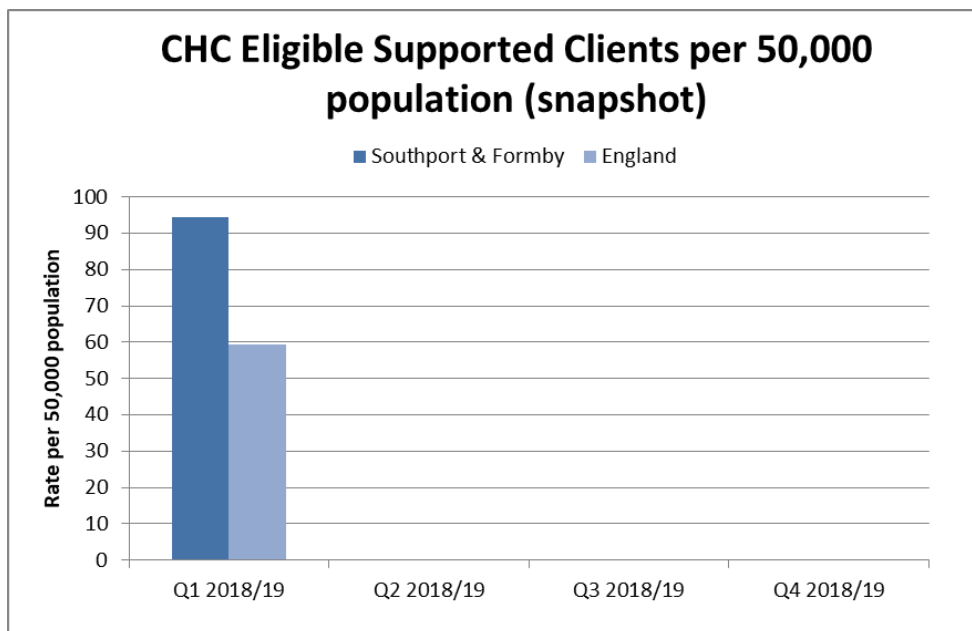


Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

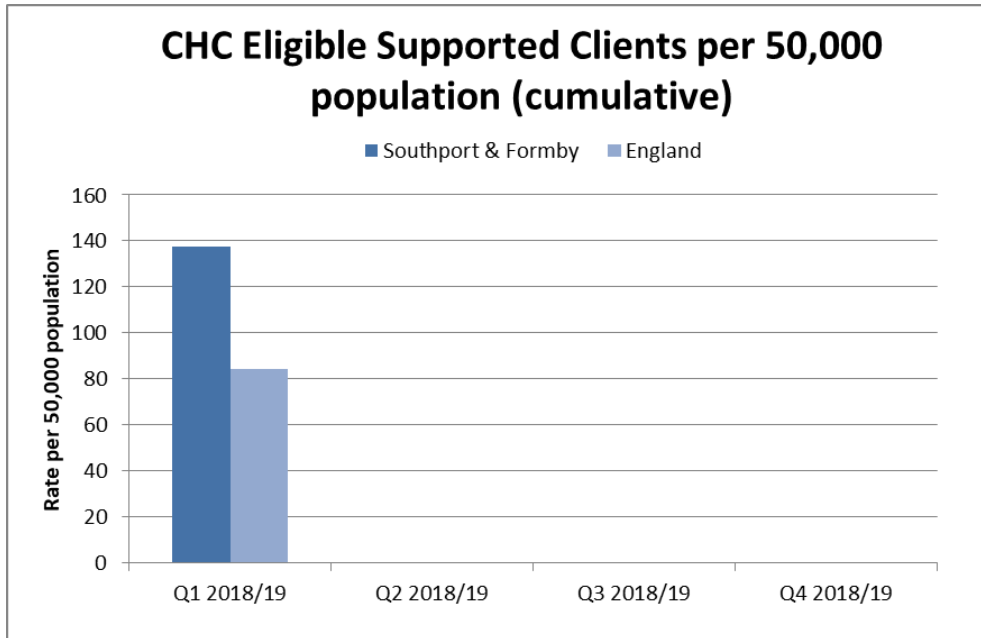


Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

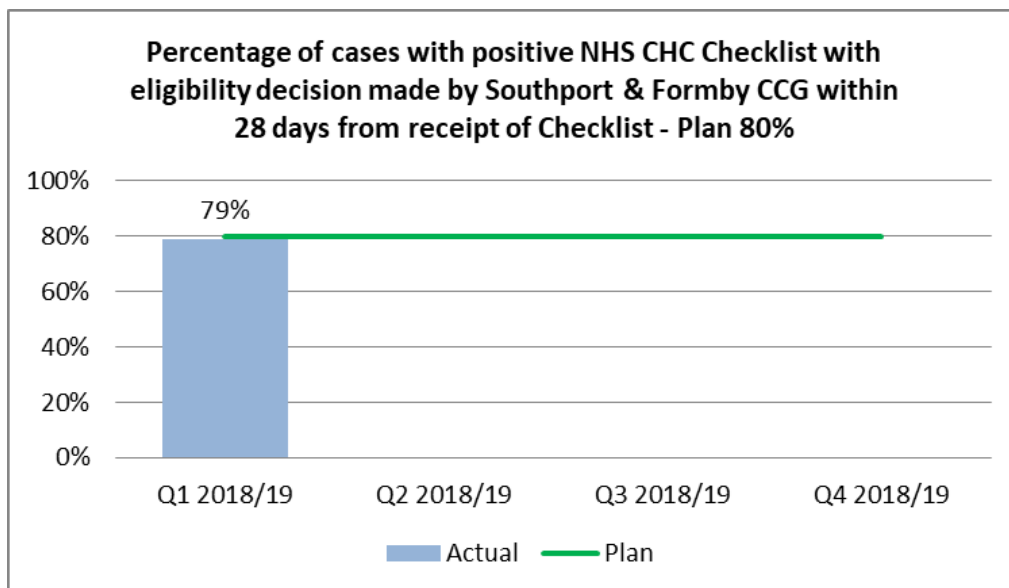
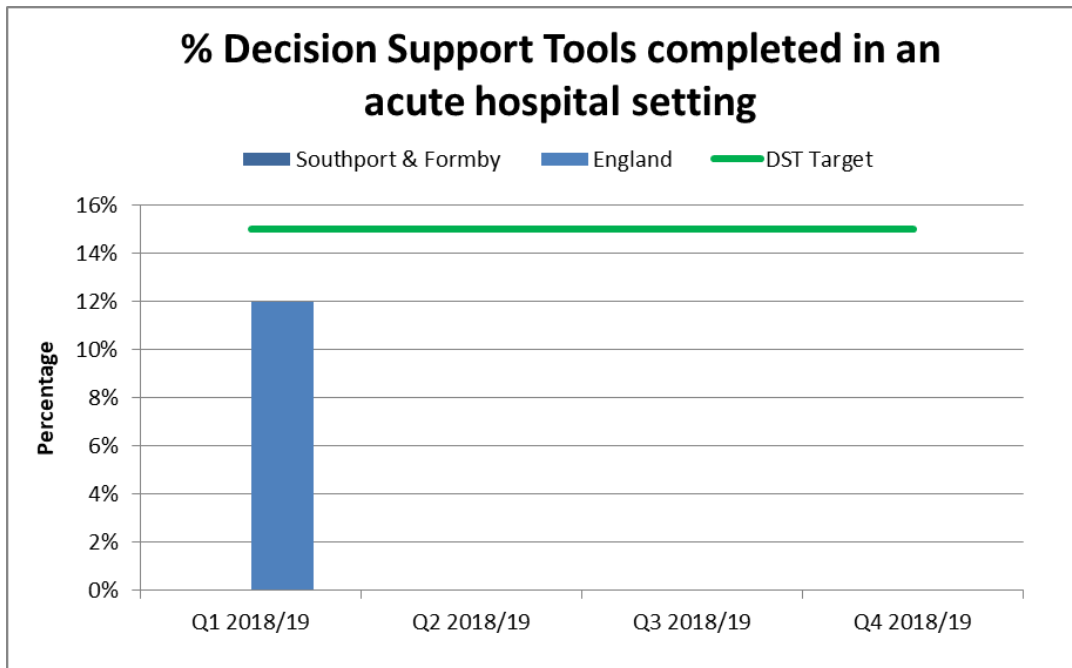


Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



Performance Overview/Issues

In quarter 1 the CCG reported just under the 80% target for the percentage of decisions within 28 days at 79%.

How are the issues being addressed?

The CCG has submitted a revised action plan to NHS England with a trajectory to achieve the 80% target for decisions to be made within 28 days. Operational meetings with CSU colleagues continue on a weekly basis. Capacity issues within the CSU CHC team have been identified as a result of patient assessments for 28 day bed placements. 1.8 WTE individual commissioning nurses commenced in September 2018 which will support capacity.

When is performance expected to recover?

Performance to achieve the 80% target is expected to be achieved by end of Quarter 3.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

3.10 Smoking at Time of Delivery (SATOD)

Figure 41 - Smoking at Time of Delivery (SATOD)

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	231	231	924
Number of women known to be smokers at the time of delivery	24	24	96
Number of women known not to be smokers at the time of delivery	207	207	828
Number of women whose smoking status was not known at the time of delivery	0	0	0
Data coverage %	100.0%	100.0%	100%
Percentage of maternities where mother smoked	10.4%	10.4%	10.40%

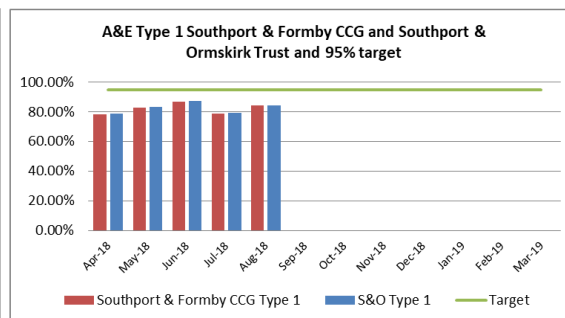
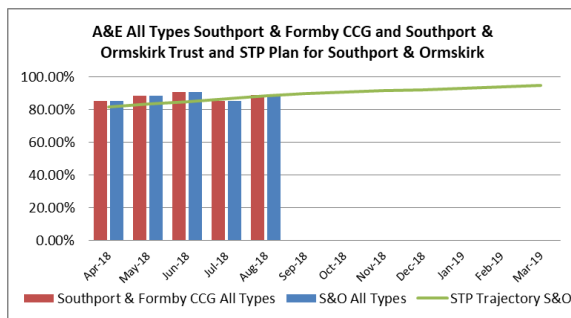
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 42 - A&E Performance

A&E waits	Period	Target	Actual	Trend
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Aug	95.00%	87.82%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Aug	95.00%	82.29%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Aug	STF Trajectory Target for Aug 88.5%	87.90%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Aug	95.00%	82.65%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
STP Trajectory S&O	81.70%	83.40%	85.1%	86.8%	88.5%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	87.90%



Performance Overview/Issues

Southport & Ormskirk’s performance against the 4-hour target for August reached 88.85%, which is above the Trust’s agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.5% for August and an improvement on last month’s performance. However the year to date position is still failing at 87.9% due to a drop in performance in July 2018.

How are the issues being addressed?

The Trust has reported a significant increase in attendances across the month compared to the same period in 2017 (10.5% - 499 additional patients; 415 of these were majors category). S&O have had external support from Ernst & Young and NHS Improvement’s Emergency Care Improvement Programme (ECIP) team in order to support Accident & Emergency Department (AED) and flow performance across the system. Inpatient flow remains a challenge and the impact that this has on timely release of ED cubicles, coupled with the on-going pressures on ED clinical assessment space. CDU continues to see over 30 patients a day, and the Discharge Lounge is available during the week to support earlier release of inpatient beds once discharges have been confirmed. The Surgical Assessment Unit was delayed in opening, however opened on 10/9/18 to enable streaming of appropriate surgical patients from ED. Exec agreement has been given for ACU to be ring fenced to prevent its use as an escalation area and a business case is being presented to HMB in September to increase Acute medicine staffing to expand and develop ambulatory care to support streaming of medical patients. ED estate works commence 12/9/18 to create a larger triage area, a dedicated ambulance area, 4 protected cubicle spaces for ambulance patients, and 2 additional consulting rooms including an enhanced care room.

The Trust has expressed confidence that their internal improvement plan will address the areas of underperformance and patient experience.

In addition the CCG has commissioned ICRAS beds to support step up, step down and discharge to assess as well as a STP funded Frailty scheme which has been substantively agreed within the CCG.

A consolidation and test of winter plans is in progress across the health economy.

When is performance expected to recover?

Performance is expected to improve by March 2019 in line with agreed A&E trajectory.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

Figure 43 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - Aug	0	6	↔

Southport & Ormskirk reported 0 12-hour breaches in August, therefore the year to date total remains at 6. So far this year 1 has been reported in April, 1 in June and 4 in July.

Following a meeting with NHS England and the Trust, it was agreed that the Trust would conduct a deep dive which was completed within agreed time frames. The CCG issued a contract performance notice asking that an action plan was developed in response. It was agreed at the contract meeting that the Trust would forward their policies and plan for CCG review.

4.2 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In August 2018 there was an average response time in Southport and Formby of 8 minutes 58 seconds against a target of 7 minutes for Category 1 incidents, the highest in Merseyside. For Category 2 incidents the average response time was 23 minutes against a target of 18 minutes, the lowest in Merseyside. Southport and Formby also failed the category 3 and 4 90th percentile call.

Figure 44 - Ambulance handover time performance

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	18/19 - Aug	0	164	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Aug	0	43	↓

Performance Overview/Issues

In August, Southport and Ormskirk reported 164 handovers taking between 30 and 60 minutes, a decrease on last month when 232 were reported. Handovers longer than 60 minutes also saw a decrease with 43 in July compared to 88 in the previous month. The Trust has breached these zero tolerance thresholds every month.

How are the issues being addressed?

The Trust has stated that August ambulance handover performance saw the best performance time for the last 12 months, although it remains significantly below the target. The 10% increase in attendances in August 18 compared to August 17 was predominantly in the major's category, although the number of patients arriving by ambulance did not have a dramatic change. The continued pressures on inpatient flow, coupled with surges in activity and restricted clinical assessment space, have heavily impacted on ambulance handover times. The Phase 3 estate works with a dedicated ambulance triage and 4 assessment cubicles will greatly support timely ambulance handovers, whilst ensuring that patients have privacy and dignity.

The Ambulance Response Programme is made up of a range of standards – some which are within the delivery of NWAS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWAS meeting has identified that significant strides are being made by NWAS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus now will be on how the

combined performance of NWS and Southport & Ormskirk Hospital supports the on-going requirements of the ARP Programme.

When is performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report will be produced once all September data has been submitted to be shared with CCG Governing Bodies.

Who is responsible for this indicator?

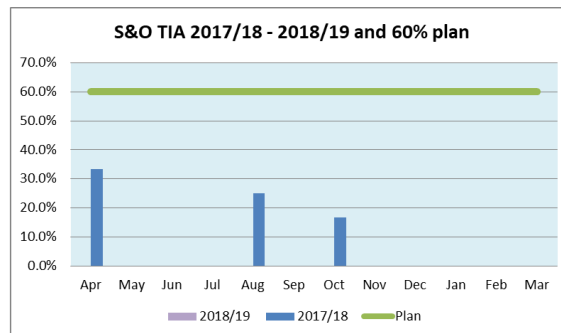
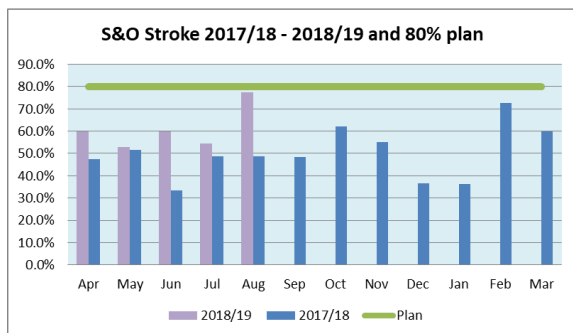
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Figure 45 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	18/19 - Aug	80%	77.30%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Aug	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk failed the stroke target in August recording 77.3%, with 17 out of 22 patients spending 90% of their time on a stroke unit. The Trust has stated that their stroke performance achieved an overall B rating, a positive result.

In relation to the TIAs 0% compliance was reported again in August with 8 reportable patients breaching the target. This is the tenth consecutive month where 0% has been reported. The Trust has stated it does not have capacity to run a 24 hour service. Following the loss of a consultant, a process review is underway.

How are the issues being addressed?

The Trust has stated that the protection of stroke beds and employment of specialist stroke nurses to provide 24/7 care has resulted in an improvement in performance. It is anticipated that this will maintain performance. Stroke breaches continue to be scrutinised.

The Trust has also reported that the volume of patients attending transient ischemic attack (TIA) clinics increasing, which is encouraging.

A business case has been through the QIPP committee to commission an Early Supported Discharge team.

When is performance expected to recover?

March 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	TBC	Geraldine O'Carroll

4.3.2 Mixed Sex Accommodation

Figure 46 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Aug	0.00	1.30	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Aug	0.00	1.60	↓

Performance Overview/Issues

The CCG has reported an MSA rate of 1.3, which equates to a total of 5 breaches in August. All 5 breaches there were at Southport & Ormskirk NHS Trust.

In August the Trust had 8 mixed sex accommodation breaches (a rate of 1.6) and have therefore breached the zero tolerance threshold. Of the 8 breaches, 5 were for Southport & Formby CCG, 2 for West Lancashire CCG and 1 for South Sefton CCG. This indicator continues to be a concern and a challenge, particularly a single side room within the Spinal Unit.

How are the issues being addressed?

The Trust has reported that the majority of breaches on Critical Care are as a result of patients awaiting transfer to acute beds within the hospital. Due to improvements in patient flow in August, any delayed discharges from Critical Care were moved to more appropriated beds in a timelier manner. Actions to address poor flow both internal and system-wide continue to be implemented.

When is performance expected to recover?

This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

4.3.3 Healthcare associated infections (HCAI)

Figure 47 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Aug	15	10	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Aug	15	6	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Aug	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Aug	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Aug	48	64	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Aug	No Plan	92	↑

Performance Overview/Issues

There were 3 new cases of Clostridium Difficile attributed to the CCG in August, bringing the year to date figure to 10 against a plan of 15. Year to date 3 cases were apportioned to an acute trust and 7 to the community. Southport & Ormskirk has reported 2 new cases in August, bringing the total for the year to 6 against a plan of 15.

Southport & Ormskirk Trust is complaint in August and year to date with no cases of MRSA being reported.

The CCG had no new cases of MRSA in August, however 1 was reported in July and therefore the CCG has breached the zero tolerance threshold for the year. The breach in July was a community acquired infection, identified by Southport & Ormskirk Trust.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In August, 13 new cases were reported (64 YTD), against a YTD target of 48. CCGs are leading on achieving the Quality Premium. South Sefton came in over plan for 2017/18 reporting 149 against the plan of 121. Southport & Ormskirk reported 28 cases in August (92 YTD). There are no targets for Trusts at present.

Enhanced surveillance of E. coli bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any E. coli Bacteraemias are reported monthly to Public Health England (PHE). Independent sector healthcare organisations providing regulated activities have also

undertaken surveillance of E. coli bacteraemia since June 2011. The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021.

Approximately three-quarters of E.coli BSIs occur before people are admitted to hospital. Reduction therefore requires a whole health economy approach.

How are the issues being addressed?

The E. coli bacteraemia rate at Southport & Ormskirk Hospital remains high and the Quality Committee were advised that this is multifactorial. Consultants within the Trust are leading on diagnostic work with infection control with a view to establishing an action plan.

When is performance expected to recover?

Quarter 1, 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

4.3.4 Mortality

Figure 48 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - July	100	121.30	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	117.73	↑

The 12 month rolling HSMR for March 2018 was 121.30 which is a marginal decline on February 2018 (120.90). The HSMR is provided nationally by 'Dr Foster' and applies to in-hospital mortality (excluding palliative care).

NHS Digital has recently published Trust-level SHMI data for October 2016 to September 2017. For this time period Southport & Ormskirk are reporting 117.73.

4.4 CCG Serious Incident Management

The Quality Team have now submitted the response to NHSE Cheshire & Merseyside in relation to the review of the CCGs Management of Serious Incidents. The action plan resulting from the review will continue to be presented and monitored at Joint Quality Committee. An external review with MIAA will take place in Q3.

There are 80 incidents open on StEIS where Southport and Formby CCG as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs reported (month 5)	SIs reported (YTD)	Never Events (YTD)	Closed (month 5)	SIs (YTD)	Closed (YTD)	SIs	Open SIs	Open SIs (>100days)
Southport & Ormskirk Hospital	8	33	1	8 (2 downgrades)	31 (8 downgrades)	54*	25		
Lancashire Care	0	6	0	1	1	8	6**		
Mersey Care (MH)	0	5	0	0	3	10	5		
Liverpool Women's	0	0	0	0	0	1	1		
Cheshire & Wirral Partnership	0	0	0	0	0	2	2		
North West Ambulance Service	1	0	0	0	1	1	1		
The Walton Centre	0	0	0	0	0	2	2		
Royal Liverpool University Hospital	1	2	0	0	0	2	0		
TOTAL	10	46	1	9	36	80	42		

*14 SIs have since been closed including 1 downgrade (as at the time of writing the report)

** An extension was granted for 5 x SIs as an aggregated Pressure Ulcer review was being carried – this has now been received and will be reviewed at SIRG in November 2018

Southport & Ormskirk Hospitals

Letters of escalation continue to be sent to the Director of Nursing at Southport and Ormskirk in relation to number of RCA's which have breached for Southport and Ormskirk. This has been discussed at July 2018 CCQRM with a formal paper to follow. This is also being discussed at S&O Improvement Board.

Trends and themes identified for Southport and Ormskirk hospital include Falls, IG breaches, failure to escalate, care of the deteriorating patient and pressure ulcers. The actions taken by the Trust are being discussed at CCQRM and at the Quarterly meeting with the Chief Nurse, Director of Nursing and the Medical Director.

Lancashire Care Community Trust

In relation to the pressure ulcers reported by Lancashire Care, the trust has now submitted the aggregated review which will be reviewed at Southport & Formby SIRG in November 2018. The outcome of the report will also be fed back to CCQRM.

4.5 Delayed Transfers of Care




The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition

patients are reviewed who are delayed over 7 days and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

4.6 Patient Experience of Unplanned Care

Figure 49 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.8%	2.4%		88%	79%		7%	13%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.4% in August, a slight decline since last month and remaining below the England average of 12.8%.

The Trusts A&E department has seen a decline in the percentage of people who would recommend the service from 93% in July to 79% in August, falling below the England average of 88%. The percentage not recommended has also declined from 5% to 13%, rising above the England Average of 7%.

FFT is a standing agenda item at the monthly CQPG meetings.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.7m/19.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £2.2m/16.6%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £2.1m/17% against plan at month 5. Aintree Hospital are also seeing an over performance of £337k/83%.

Figure 50 - Month 5 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	670	1,100	430	64%	£405	£742	£337	83%	-£337	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	366	380	14	4%	£156	£168	£12	8%	-£12	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	62	58	-4	-6%	£213	£267	£54	25%	-£54	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	121	108	-13	-11%	£174	£156	-£18	-10%	£18	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	693	528	-165	-24%	£360	£411	£52	14%	-£52	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	2	0	17%	£17	£20	£3	15%	-£3	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	1,914	2,176	262	14%	£1,325	£1,765	£440	33%	-£440	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	49	42	-7	-15%	£18	£30	£11	63%	£0	£11	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	14	14	0%	£0	£2	£2	0%	£0	£2	-
LANCASHIRE TEACHING HOSPITAL	0	100	100	0%	£0	£44	£44	0%	£0	£44	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	14	14	0%	£0	£9	£9	0%	£0	£9	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	24,115	25,373	1,258	5%	£12,151	£14,261	£2,110	17%	£0	£2,110	17%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	216	249	33	15%	£106	£127	£21	19%	£0	£21	19%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	31	21	-10	-32%	£35	£71	£36	104%	£0	£36	104%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	13	13	0%	£0	£7	£7	0%	£0	£7	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	35	35	0%	£0	£15	£15	0%	£0	£15	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	35	27	-8	-22%	£20	£32	£12	63%	£0	£12	63%
ALL REMAINING PROVIDERS TOTAL	24,446	25,888	1,442	6%	£12,330	£14,597	£2,267	18%	£4	£2,267	18%
GRAND TOTAL	26,360	28,064	1,704	6%	£13,655	£16,361	£2,707	19.8%	-£440	£2,267	16.6%

*PbR only

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 51 - Month 5 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	16,229	16,941	712	4%	£2,333	£2,404	£70	3%
NEL/NELSD - Non Elective/Non Elective IP Same Day	4,265	5,016	751	18%	£7,740	£9,834	£2,095	27%
NELNE - Non Elective Non-Emergency	510	521	11	2%	£1,137	£975	-£162	-14%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	51	35	-16	-31%	£15	£3	-£11	-78%
NELST - Non Elective Short Stay	450	815	365	81%	£316	£569	£253	80%
NELXBD - Non Elective Excess Bed Day	2,611	2,045	-566	-22%	£611	£476	-£135	-22%
Grand Total	24,115	25,373	1,258	5%	£12,151	£14,261	£2,110	17%

*PbR only

4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Plans for 2018/19 were rebased using the 2017/18 forecasted outturn position with some additional growth in line with national requirements.

Emergency admissions continue to show a much higher cost level when compared against the contract plan and previous trend. The reasons for the increased cost levels are being investigated

and queried with the Provider as unit cost levels have increased significantly from October 2017 onwards. Initial findings appear to show shifts within HRG groups to higher complexity scores, which results in higher costs.

Activity levels have increased to the highest levels seen when comparing 2017/18 admissions, this is due to the inclusion of the Clinical Decisions Unit (CDU) in the emergency admissions data. CDU activity is averaging approx. 370 short stay admissions a month. Clinical pathway agreement has not yet been finalised for CDU as well as Ambulatory Care Unit (ACU) and Surgical Assessment Unit (SAU) services within urgent care. As such activity will remain within non-elective admissions. Local agreement regarding costs for such pathways will progress once clinical agreement reached. MIAA have been asked to review the clinical pathways and associated data to present a cost structure. They have reported back their conclusions and recommendations which the CCGs involved are currently reviewing.

4.8 Aintree and University Hospital NHS Foundation Trust

Figure 52 - Month 5 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	394	648	254	64%	£54	£93	£40	74%
NEL - <i>Non Elective</i>	163	329	166	101%	£289	£568	£279	97%
NELNE - <i>Non Elective Non-Emergency</i>	9	9	0	-5%	£28	£31	£3	12%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	6	6	0%	£0	£1	£1	0%
NELST - <i>Non Elective Short Stay</i>	21	49	28	138%	£14	£33	£18	126%
NELXBD - <i>Non Elective Excess Bed Day</i>	83	59	-24	-29%	£20	£15	-£5	-24%
Grand Total	670	1,100	430	64%	£405	£742	£337	83%

4.9 Aintree University Hospital NHS Trust Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £337k/83% is mainly driven by a £279k/97% over performance in Non Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by ENT and Geriatric Medicine. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

Despite this indicative overspend; there is no financial impact of this to the CCG due to the Acting as One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 53 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	40	38	2	-2
1 Com Prob Low Sev	7	5	2	6
2 Prob Low Sev/Need	11	13	-2	7
3 Non Psychotic Mod	53	64	-11	-23
4 Non Psychotic Sev	171	212	-41	-41
5 Non Psychot V Sev	54	41	13	17
6 Non Psychotic Dis	24	22	2	0
7 Endur Non Psychot	132	131	1	-11
8 Non Psychot Chaot	76	70	6	-2
10 1st Ep Psychosis	77	75	2	11
11 Ongo Rec Psychos	197	210	-13	-11
12 Ongo/Rec Psych	238	246	-8	-3
13 Ong/Rec Psyc High	106	106	0	3
14 Psychotic Crisis	15	11	4	0
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	24	25	-1	2
18 Cog Impairment	141	159	-18	-65
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	434	482	-48	-144
20 Cognitive Impairment or Dementia Complicated (High Need)	353	370	-17	4
21 Cognitive Impairment or Dementia (High Physical or Engagement)	174	159	15	74
Cluster 97	103	98	111	5
Cluster 98	106	156		
Total	2,558	2,714	0	-170

Due to disruption caused by the implementation of the RiO system this report stands as at May and will be updated in future reports.

5.1.1 Key Mental Health Performance Indicators

Figure 54 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%
Rolling Quarter				100%	100%	100%

Figure 55 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients
Rolling Quarter				100%

It was agreed that this data would not be provided due to the implementation of RiO and will be updated in future reports.

Figure 56 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	66.7%	100.0%	80.0%	50.0%
Rolling Quarter				80%	80%	71%

5.2 Out of Area Placements (OAP's)

Figure 57 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	60
	Feb 18 to Apr 18	55
	Mar 18 to May 18	10
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0

5.2.1 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings, has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge)
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety

Concerns continue to be raised at locality level regarding the current access arrangements. As part of the CRHT redesign the Trust established a project steering group to meet monthly commencing from October 2018 which will involve commissioners. This will enable CCGs to shape the future operational requirements including access and the management of risk.

As part of the Trust's Transformation Programme it was highlighted that a number of service users open to community mental health teams (CMHTs) receive limited benefit from the provision of full CMHT services, being viewed as stable, or in recovery without on-going complex or acute needs. A proportion of these will have a diagnosis of a psychotic condition or bipolar illness. Meetings have taken place involving the Trust, CCG and the LMC to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal is to be discussed at the LMC meeting in September 2018. The LMC have sought more clarity and assurance around rapid re-access to secondary care if required. The revised pilot proposal is to be presented by Mersey Care in November 2018.

Psychotherapy waits

As this service is only a small part of the Trust's psychological services, it was felt that these indicators do not give a true reflection of waiting times or capacity/demand for psychology as a whole with the local division.

The psychotherapy service model is being changed over the next two years including the provision of psychotherapy staff in each CMHT with the aim of improving its offer to patients. This is aimed at addressing previously reported waiting times issues. The Trust is working to develop reporting in RiO which will enable full psychology waiting lists to be reported in order to provide a fuller picture and understand hidden waits. This work should be completed by January 2019. It has therefore been agreed to suspend KPI 142 for the time being; CCGs will work with the service lead to agree new KPIs and trajectories in order to work towards achieving 18 weeks RTT for psychological services across the local division, not just Psychotherapy.

Adult ADHD

The adult ADHD service continues to experience numbers of people on the waiting list with waits being reported as being 2 years in duration. The introduction of a shared care protocol released some clinical capacity to assess new patients however the volume of referrals continues to limit access to the adult ADHD service.

Alder Hey have recently written to commissioners serving notice on the ADHD service for those people aged 16-18 who are within their care and the Trust is looking to cease the service both for new referrals and those already in the service and the lack of transition is cited as having an

impact on waiting times for other patients, as the Trust is having to make clinical capacity available to support the continued management of this group of young people.

Currently there are 211 young adults on the North Mersey footprint aged over 16 who are continuing to be followed up in Paediatric services. Commissioners have requested further information on this cohort of patients so as to further understand the number and age profile by CCG and try and address this issue.

RiO

The Trust implemented its new RiO patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

Safeguarding

The contract performance notice remains in place in respect of training compliance. Bimonthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. Unfortunately Quarter 1 has seen a downward trajectory in training compliance rates for various reasons. The Trust has escalated this risk via internal safeguarding quality assurance meeting and through the divisional management structure. Actions have been agreed to get back on track and these have all been completed. Commissioners expect performance to be back in line with the trajectory in Q2 but they are awaiting the Q2 submission.

It is unlikely that the training target will be achieved until Q1 2019/20. The performance notice will remain open for a further 6 months to ensure sustainability.

Communications KPIs Q1

The Trust continues to report underperformance against its Communication KPIs with insufficient narrative being provided. Underperformance was again raised at the CQPG meeting in September and it was suggested that contract performance notice would have to be issued. The Trust agreed to provide an action plan with trajectories setting out when the KPIs will be achieved and this will be on the agenda for the next CQPG meeting. Commissioners have also requested an action plan as to when digital dictation will be rolled out.

5.3 Patient Experience of Mental Health Services

Figure 58 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.8%	3.3%		90%	87%		3%	3%	

Mersey Care is reporting below the England average of 90% for the percentage of patients who recommended the service with 87% in August. This is a significant decline on last month when 92% was reported.

5.4 Improving Access to Psychological Therapies

Figure 59 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218	221	195	225	184								1,043
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	1.08%	13.2%
	2018/19	1.14%	1.16%	1.02%	1.18%	0.96%								5.5%
Recovery % ACTUAL - 50% target	2017/18	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%	48.7%
	2018/19	51.9%	49.7%	55.2%	46.2%	47.7%								50.1%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%	99.4%	99.3%	97.6%	98.9%								99.1%
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%
	2018/19	100%	100.0%	100.0%	99.4%	100.0%								100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	162	140	161	89								719
National definition of those who have entered Below Caseness (KPI6b)	2017/18	7	8	6	9	8	6	3	8	12	8	8	7	90
	2018/19	11	5	4	3	1								24
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81	78	74	73	42								348
Referral opt in rate (%)	2017/18	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%	78.3%
	2018/19	89.3%	89.4%	90.9%	89.1%	80.7%								87.9%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 184 Southport & Formby patients entering treatment in Month 5. This is a 18.2% decrease from the previous month when 225 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is set for Quarter 2 at 4.2% which equates to 1.4% per month. The access rate for Month 5 was 0.96% and therefore failed to achieve the standard.

The percentage of people moved to recovery decreased with 47.7% compared to 46.2% in the previous month. This fails to meet the monthly target of 50% although the year to date performance is 50.1%.

How are the issues being addressed?

Recovery – The newly appointed clinical lead is reviewing all cases that did not reach recovery to identify any learning.

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity.

When is the performance expected to recover by?

The ambition is that the above actions will improve performance in line with the national target to achieve an annual access rate of 19% in the last quarter of 2018/19.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Gordon Jones

5.5 Dementia

Figure 60 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%
Target	66.7%	66.7%	66.7%	66.7%	66.7%

5.6 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Figure 61 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 (32% Target)

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	150	335	150		150		150		150	335
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	17.8%	8.0%		8.0%		8.0%		8.0%	17.8%

5.7 Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services

The performance in this category is calculated against completed pathways only.

Figure 62 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	18	2		5		3	
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2		5		3	
%	100.00%	81.82%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

In quarter 1, out of 22 routine referrals to children and young people’s eating disorder service, 18 were seen within 4 weeks recording 81.82% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

Figure 63 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1		2		2	
%	100.00%	50.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

In quarter 1, the CCG had 2 patients under the urgent referral category, 1 of which met the target bringing the total performance to 50% against the 100% target. The patient who breached waited between 1 and 4 weeks.

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy.

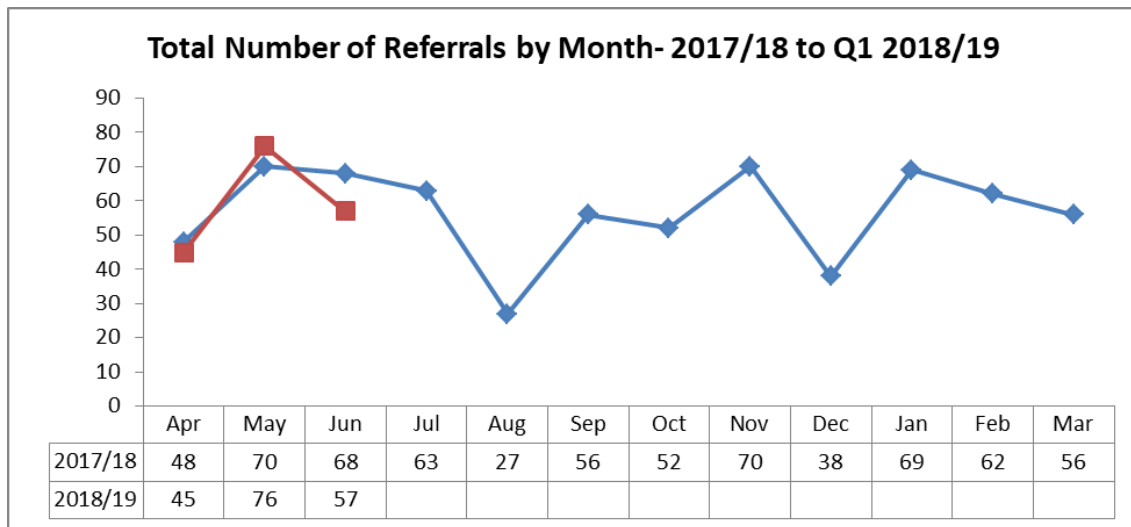
The demand on the service is increasing and this is exacerbated by the service having two people on maternity leave and another full time member of staff is on extended sickness absence.

Commissioners from Sefton and Liverpool have identified Eating Disorders as requiring investment as a part of the 2019/20 planning process and are awaiting feedback.

5.8 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The ‘Activity’ field within the tables therefore does not reflect the actual number of patients referred.

Figure 64 – CAMHS Referrals



Throughout quarter 1 2018/19 there were a total of 178 referrals made to CAMHS from Southport and Formby CCG patients. May saw a 68.9% increase in total referrals (76) compared to the previous month, although the level in June subsequently decreased to 57.

Figure 65 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	9	33.3%
2-4 Weeks	3	11.1%
4- 6 Weeks	1	3.7%
6-8 weeks	2	7.4%
(blank)	12	44.4%
Total	27	100%

Of those referrals during April to June 2018/19 that have been allocated and an assessment taken place, 33.3% (9) waited between 0 and 2 weeks for the assessment. 44.4% of the allocated referrals in the given time period had no date of assessment suggesting this has yet to take place. An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

Alder Hey has received some additional funding for staff for CAMHS services, and additional funding for neurodisability developmental pathways (ADHD, ASD). These should contribute to reducing CAMHS waiting times.

Figure 66 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	3	11.1%	33.3%
2-4 Weeks	1	3.7%	11.1%
4- 6 Weeks	3	11.1%	33.3%
6-8 weeks	1	3.7%	11.1%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	3.7%	11.1%
(blank)	18	66.7%	
Total	27	100%	100%

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

66.7% (18) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 18 referrals were discounted, that would mean 44.4% (4) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 12 weeks.

5.9 Learning Disability Health Checks

Figure 67 – Learning Disability Health Checks

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Actual	98	64	65.3%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 1 all 19 practices submitted data, but 2 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

6. Community Health

6.1 Lancashire Care Trust Community Services

Since taking over the service from Southport & Ormskirk in June 2017, Lancashire Care Trust has undertaken a data validation exercise across all services. This includes reviews of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. The Trust is now in the process of building reports to meet the CCG's requirements.

Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. A proposal document has been collated by the Trust and shared with the CCG for feedback. A meeting has been arranged between the Trust and CCG to discuss further.




6.1.2 Quality

The CCG Quality Team and Lancashire Care NHS Foundation Trust have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. The work programme is to be reviewed by the provider and updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile). A number of quality site visits have taken place and further assurance requested in terms of improving the quality of reporting provided and providing trajectories for any unmet indicators and or measures.

6.2 Patient Experience of Community Services

Figure 68 - Lancashire Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.1%	0.6%		96%	99%		2%	0%	

Lancashire Care is reporting a response rate of 0.6% in August against an England average of 4.1%, a decline in performance from 1.3% reported in July.

6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts expired on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

6.4 Percentage of children waiting less than 18 weeks for a wheelchair

Figure 69 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	10	1	10		10		10	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	10	1	10		10		10	
%	100.00%	100.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

7. Third Sector Contracts

Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant Third Sector Quarter 1 2018-19 Report has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex, increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1 the Society received 74 new referrals. For the first time more were received via the local health economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the Let's Talk Mental Health, plus outreach support.

Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physiotherapy & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback; and District Nurses 'huddles' to maintain and build on professional relationships. The Reablement/Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and

unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

Sefton Women's And Children's Aid (SWACA)

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during

the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission. Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 70 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	133,825	133,825	133,825	133,825	133,825	133,825
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements at this stage. A CCG working group have developed a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Corner Surgery was inspected on 19th July and received an overall 'Good' rating. All the results are listed below:

Figure 71 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	19 July 2018	Good	Requires Improvement	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

A quarter 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q1 BCF performance is as follows:

Figure 72 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	On track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 73 – BCF High Impact Change Model assessment

		Maturity Assessment				
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established	Mature
Chg 2	Systems to monitor patient flow	Established	Plans in place	Plans in place	Plans in place	Mature
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Plans in place	Plans in place	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Established	Established	Established	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 6	Trusted assessors	Established	Plans in place	Plans in place	Plans in place	Established
Chg 7	Focus on choice	Plans in place	Not yet established	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Established

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

11. NHS England Monthly Activity Monitoring

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 5 performance and narrative detailed in the table below.

Figure 74 – Southport & Formby CCG’s Month 5 Submission to NHS England

August 2018 Month 05	Month 05 Plan	Month 05 Actual	Month 05 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,320	2,414	4.1%	GP referrals decreased in month 5 in line with seasonal trends and were slightly below a monthly average. Local monitoring shows that GP referrals are also within 1% of the target YTD. 'Other' referrals remain high against the plan but is in line with 2017/18 levels. This is due to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway. Rebased plans attempted to factor in this change and, due to the seasonality of the plans set, 'Other' referrals are expected to come closer in line with target levels.
Other	1,949	2,157	10.7%	
Total (in month)	4,269	4,571	7.1%	
Variance against Plan YTD	22,702	23,666	4.2%	
Year on Year YTD Growth			3.6%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,435	3,646	6.1%	OPFA seasonal variation is showing an over performance for month 5 although activity decreased in month as expected and was slightly below a monthly average. Local monitoring has YTD variance against plan within the 2% threshold. OPFUP activity has a greater variance against plan YTD with increases against a number of specialties recorded in month 4 at the CCGs main hospital provider. OPFUP decreased in month 5 as expected but remained above plan. Seasonal trends show planned levels increasing in coming months and current activity levels would suggest a decreased variance between OPFUP actuals and plan.
Follow Up	7,614	7,524	-1.2%	
Total Outpatient attendances (in month)	11,049	11,170	1.1%	
Variance against Plan YTD	59,084	58,515	-1.0%	
Year on Year YTD Growth			1.3%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,316	1,427	8.4%	Variation has been identified at month 5 within both Day Case and Ordinary spells with activity fluctuating but not outside of the statistical norm (particularly within electives where the activity variance against plan in month is minimal). The YTD position continues to be affected by month 1 under performance within Day Case activity although under performance was also evident in other months for this point of delivery. The CCGs main provider continues to work to increase their Elective offering and activity is expected to come closer in line with plan in the coming months.
Elective Ordinary spells	219	226	3.2%	
Total Elective spells (in month)	1,535	1,653	7.7%	
Variance against Plan YTD	8,232	8,173	-0.7%	
Year on Year YTD Growth			-2.1%	
Urgent & Emergency Care				
Type 1	3,506	3,661	4.4%	Despite a decrease to the previous month, the CCGs A&E activity remains high in month 5, which aligns to trends identified in previous months. Performance at the main hospital provider has improved to approx. 88%. The CCG and main provider are working together to understand the increase in attendances and also the impact and pressures of other services, such as community based nursing, to see if these are also contributing to the increase.
Year on Year YTD			6.7%	
All types (in month)	3,911	4,373	11.8%	
Variance against Plan YTD	19,956	21,666	8.6%	
Year on Year YTD Growth			9.2%	
Total Non Elective spells (in month)	1,182	1,597	35.1%	The CCGs main provider has implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018. This activity previously hasn't been recorded in this manner and was not fully discussed with commissioners prior to the pathway's implementation. The CCG is querying the non-elective changes with the Trust and has to date conducted a clinical walk-through to establish of the details of the pathway. CDU activity is averaging 375 admissions a month since May-18. Excluding this newly included CDU activity the CCG would be below planned levels both YTD and in month.
Variance against Plan YTD			18.7%	
Year on Year YTD Growth			19.2%	

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/179	Author of the Paper: Helen Smith Head of Safeguarding – Liverpool CCG Helen.smith@liverpoolccg.nhs.uk
Report date: October 2018	
Title: Safeguarding Adults Annual Report (2017-18)	
Summary/Key Issues: The Safeguarding Adults Annual Report provides assurance that the Clinical Commissioning Group is fulfilling its statutory duty in relation to safeguarding adults at risk within Sefton. The report takes into account both national and local drivers that direct and influence local developments, activity, and governance arrangements.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
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 (<i>x those that apply</i>)	
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

Report to Governing Body November 2018

1. Executive Summary

The purpose of the Safeguarding Adults Annual Report is to assure the Governing Body and members of the public that the NHS Southport and Formby Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding adults at risk within Sefton.

There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Children.

The CCG annual report takes account of national changes and influences and local developments, activity and governance arrangements.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of adults at risk and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Care Act 2014.

This report summarises achievements and activity undertaken in 2017-18, highlights recommendations for 2018-19 and provides information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including the Merseyside Safeguarding Adult Board.

3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging safeguarding agenda which the CCG has supported throughout the 2017-18 reporting period.

This includes updates on:

- The National Context
- Local Context including Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2018/19

4. Recommendations

The Governing Body is asked to receive the Safeguarding Adults Annual Report

Natalie Hendry
Designated Safeguarding Adult Manager
23rd October 2018

Staying **local**
& **together**



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Safeguarding Adults Annual Report 2017/18

Helen Smith
(Head of Safeguarding NHS Liverpool CCG)
October 2018



Foreword by the Chief Nurse

NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding adults at risk within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that safeguarding adults at risk is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



Debbie Fagan

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Executive Summary

This is the annual Safeguarding Adults report to NHS South Sefton Clinical Commissioning Group Governing Body and NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Bodies that the NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (to be referred to as the CCGs throughout the remainder of the report) are fulfilling their statutory duties in relation to safeguarding adults at risk in the Borough of Sefton.

The CCGs Safeguarding Adults annual report takes account of national changes, influences and local developments, activity, governance arrangements and any challenges to business continuity. It should be read in conjunction with the CCGs Safeguarding Children Annual Report as much of the information is shared as a Children and Adults Safeguarding team. Information in relation to safeguarding issues that cross both the children and adults agenda such as harmful practices, policy reviews performance monitoring and training have been detailed within the Safeguarding Children Annual report.

The CCGs have in place governance and accountability arrangements including regular reporting via the CCGs Joint Quality Committee and to the Governing Bodies; there is direct access by the Designated Professionals to the Chief Officer.

The CCGs make a significant contribution to the work of the Merseyside Safeguarding Adults Board and its sub groups.

1 Purpose of the report

This report provides assurance that the CCGs have safely discharged their statutory responsibilities to safeguard the welfare of adults at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Care Act 2014. There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Children.

This report will summarise and will provide information about national and local changes and influences, governance arrangements, activity undertaken in 2017-18 and the challenges to business continuity.

The CCGs work in partnership with Sefton Local Authority, partner agencies and the recently established Merseyside Safeguarding Adults Board to safeguard adults at risk of abuse and harm.

2 National Context

2.1 Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DoLS)

Law Commission and Mental Capacity Amendment Bill

The Law Commission published its report and accompanying Draft Mental Capacity Amendment Bill on March 13th 2017 proposing reforms to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The final report recommended the urgent repeal of DoLS and proposed to introduce 'Liberty Protection Safeguards' covering a broader range of people. The final government response to the Law Commission's report was published on 14th March 2018 and broadly agreed with the Liberty Protection Safeguards (LPS) model.

At the time of writing this annual report, the government has introduced the Mental Capacity Amendment Bill 2018 to the House of Lords to be considered. The Bill differs from the draft which was included in the Law Commission's report and falls some way short of the scheme proposed by the Law Commission.

According to the Government the reforms will:

- Introduce a simpler process that involves families more and gives swifter access to assessments
- Be less burdensome on people, carers, families and local authorities
- Allow the NHS, rather than local authorities, to make decisions about their patients, allowing a more efficient and clearly accountable process
- Consider restrictions of people's liberties as part of their overall care package
- Get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment.

These amendments will have an impact on commissioned health providers but owing to other Government business will not be implemented until 2019.

The Government has also commissioned a review of the Mental Health Act. Proposals that relate to the interface between the Mental Health Act and Mental Capacity Act will be considered as part of that review.

2.2 Domestic Violence

Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017

On 27 April 2017, the Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017 received Royal Assent.

The Act makes provision in connection with the ratification by the UK of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention).

The Convention targets violence against women and domestic violence. It sets out minimum standards on prevention, protection, prosecution and services and states that countries ratifying the Convention must establish services such as hotlines, shelters, medical services, counselling and legal aid.

Any local implications from this will be taken forward by the Sefton Domestic Abuse Executive Group. The Safeguarding Service is a member of the Domestic Abuse Executive Group which takes the strategic oversight of Sefton's multi agency response to sexual and domestic abuse and provides strategic direction and input into the development of Sefton's Domestic and Sexual Abuse Strategy.

3. NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commissioned a Hosted Safeguarding Service. The hosting arrangements remained with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Throughout the reporting period the hosted safeguarding arrangements were reviewed and the CCGs declared their intention to take 'in house' and employ their own safeguarding provision. Following a consultation period and TUPE (Transfer of Undertakings- Protection of Employment regulations) processes, the service transferred on 1st March 2018.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCGs on the Merseyside Safeguarding Adults Board and is also a member of the CCGs Governing Body. In addition, the Deputy Chief Nurse represents the CCGs on Sefton Youth Offending Team Management Board and Sefton Safer Community Partnership Board.

The safeguarding team meet on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCGs oversight of activity.

Safeguarding reports were presented to the Joint Quality Committee on a quarterly basis to appraise the CCGs of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

The CCGs continue to work in partnership with statutory agencies and the third sector to support safe and effective delivery of services against the safeguarding.

4. Multi Agency Safeguarding Arrangements

The combined Merseyside Safeguarding Adults Board (MSAB) took effect from 1st April 2017 with the inaugural board taking place on Monday 24th April and has replaced all previous local arrangements. The new Board holds the responsibility for meeting the statutory requirements of SAB's as set out in the Care Act 2014 for all the four Local Authorities of Sefton, Knowsley, Liverpool and Wirral.

The MSAB is the key statutory body overseeing multiagency adult safeguarding arrangements across Sefton. The Business Plans for Sefton, Knowsley, Liverpool and Wirral were reviewed and potential areas for carry over to the new board identified.

The specific focus areas for Sefton were identified as:

- Review use of advocacy services and identify potential for both promoting accessibility and refining process to ensure optimal use for adults at risk
- Commission mapping exercise and reach final agreement for the appropriate format and content of service user questionnaire in order to capture the voice of the user. Explore the viability of support, both individually and collectively for people who are at risk of abuse or with experience of abuse
- Develop a bespoke programme to ensure all communities have a common understanding of dignity and respect and agree dignity standards across the partnership
- Develop the Safe Haven structure to include partner organisations and assess potential impact on services demonstrating coordinated working and increasing safety for individuals
- Undertake a safeguarding campaign, explore resource neutral opportunities across the partnership to raise the profile of adult safeguarding
- Review the training strategy to ensure it reflects the development needs of all and ensure training and development opportunities are freely accessible
- Develop a Communication and Engagement strategy

The Chief Nurse and Head of Safeguarding are members of the MSAB. The Chief Nurse also chairs the Performance Information sub group and the Safeguarding Service attends this and other subgroups of the MSAB.

Each CCG has a statutory duty to work in partnership with SABs in conducting Serious Adults Reviews (SAR) in accordance with the Care Act 2014. Prior to the development of the MSAB, each of the local authority areas had their own Serious Adult Review Groups (SARG). Under the MSAB arrangements, the SARGs have been maintained as subgroups. However part of the MSAB work plan is to establish one SARG and process across all the local authority member areas.

Sefton SARG is chaired by Merseyside police and the CCGs and the Safeguarding Service is a member of the group. Cases have been presented to the SARG for consideration for meeting the criteria. Where cases have not met the criteria for a SAR to be recommended, alternative processes for any potential learning have been identified.

5 Summary of Progress and areas of work supported in 2017/18

Due to a combination of extended sick leave, resignation and subsequent vacancy, there was no assigned Designated Nurse for Safeguarding Adults from July 2017 until the transfer of the service on 1st March 2018. Although temporary remedial cover arrangements were put in place to mitigate the gap in service this has impacted on taking forward the safeguarding adults agenda during this period.

Support arrangements remained in place for the CCGs from NHS Liverpool CCG until recruitment processes to the Designated Safeguarding Adult Manager and Designated Nurse Children in Care were completed. Whilst outside of this reporting timeframe, the Designated Safeguarding Adult Manager commenced in post on 1st July 2017.

5.1 MARAC (Multi Agency Risk Assessment Conference)

MARAC is a meeting where agencies talk about the risk of future harm to people experiencing domestic abuse and if necessary their children, and draw up an action plan to help manage that risk.

Whilst in post, the Designated Nurse for Safeguarding Adults had a specific lead for domestic abuse and met with Sefton Local Authority Domestic Abuse leads and Safeguarding leads to discuss the introduction of a model which would support the sharing of health information as part of the MARAC/ MAPPA process. Due to extended leave and her subsequent resignation, this work has not progressed as planned. The CCGs continue to support the Domestic Abuse agenda and the Sefton commissioned health providers are fully engaged with the MARAC process and attend as appropriate.

5.2 MAPPA (Multi-Agency Public Protection Arrangements)

MAPPA are a statutory set of arrangements required to manage the highest risk sexual and violent offenders coming out of prison / hospital and returning to live within the community.

These statutory arrangements are set down under the Criminal Justice Act 2003 with Police, Probation and Prisons known as the Responsible Authorities (RAs) and other Duty to Co-operate Agencies (DTC) - Health, Education, Children and Adult Services, Youth Offending Services (YOS) and Housing.

Locally these arrangements are governed by the MAPPA Strategic Management Board (SMB) which meets 4 times per year, and has strategic leads from the RAs and DTC agencies. There are national performance measures (in regards of timeliness and attendance at meetings) and also local quality audits i.e. quality of the risk management plans, consistency between MAPPA risk management plans and other multi-agency plans i.e. child protection, MARAC.

The Head of Safeguarding attended the Merseyside MAPPA SMB and acted as a single point of contact for the CCGs. No Sefton cases were referred during this reporting period. Within the hosted Safeguarding Service, the Designated Nurses for Adults facilitated the

sharing of health information for MAPPA by attending some MAPPA meetings as part of a pilot to determine what type of health information was required to support the MAPPA process. The pilot determined that attendance at all MAPPA meetings was not sustainable or appropriate and a permanent process still needs to be identified for Sefton.

5.3 Domestic Homicide Reviews

Under guidance issued by the Home Office, any incident of domestic violence or abuse which results in the death of the victim requires a DHR to be carried out by the local Community Safety Partnership

Within this reporting year, Sefton Safer Communities Partnership (SSCP) has published DHR 6, 'Nina and Jenny' (pseudonyms). This relates to a double homicide of a mother and adult daughter by the adult son / brother. This homicide took place in April 2015. There has been a significant time delay in publishing this report.

The Guidance states that a decision to hold a Domestic Homicide Review should be taken within one month of the homicide coming to the attention of the Community Safety Partnership and states that the review should be completed within a further six months. The completion date for the review was set as November 2015. This was later extended to January 2016 to allow time for the perpetrator's fitness to stand trial to be assessed and later to August 2016 to cater for his trial. The panel was keen to involve the family and friends in the review and acceded to the police's request not to approach people until the conclusion of the criminal trial. The Home Office was kept informed.

It is important to say that the early learning from the review, in respect of the need to improve liaison between prison mental health services and community mental health services when prisoners are released, was acted on immediately. Sefton CCGs commissioned health services contributed to the DHR process and have identified actions which are monitored by the Serious Adult Review Group which is a sub group of the MSAB.

The CCGs safeguarding service were members of the DHR panel and the Deputy Chief Nurse is a member of the SSCP which commissioned the DHR.

5.4 Commissioned Health Provider Support

The Safeguarding Service increased the monitoring and support to one of the Sefton CCGs commissioned health providers following a CQC inspection. Supervision sessions, business meetings and attendance at the provider internal Safeguarding meetings were increased to monitor progress against action plans. This support continued from NHS Liverpool CCG Safeguarding until the CCGs Designated Safeguarding Adult Manager was recruited to.

5.5 Care Homes

Whilst in post, the Designated Nurse for Safeguarding Adults worked with the CCGs Quality Team on the development of a care home dashboard with the support of the CCGs business intelligence team. It is anticipated this piece of work will progress via the Designated Safeguarding Adult Manager post. The Safeguarding Coordinator continued to support the Local Authority in undertaking safeguarding investigations by facilitating health information and input when required.

5.6 MCA/DoLS

Throughout the reporting year, the MCA/DoLS Coordinator has continued to work closely with Sefton Local Authority as a member of the DoLS Working group. The remit of this group has been to monitor progress against authorisations for DoLS and to identify barriers to progress. The CCGs MCA Coordinator chaired the Merseyside MCA / DoLS Forum which met on a bi monthly basis. This forum allows commissioned health providers to discuss implications from any new national guidance or judgements, share best practice, discuss case studies and peer supervision. The group has been well attended from health providers and CCG representatives across the local health economy and the Sefton CCGs commissioned health providers have been well represented at the meetings. Any learning and emerging issues from these meetings have been presented to the NHSE National MCA / DoLS group.

6. Conclusion

This annual report provides a summary of activity undertaken during 2017-18 to support the safeguarding adults agenda. It demonstrates the contribution to multi agency partnerships across the borough of Sefton and provides assurance to the Governing Bodies that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding adults at risk.

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/180	Author of the Paper: Steve Gowland Public Health Lead Sefton Council Tele: 0151 934 3070 E-mail: steve.gowland@sefton.gov.uk						
Report date: October 2018							
Title: Sefton Public Health Annual Report							
<p>Summary/Key Issues:</p> <p>The Director of Public Health (DPH) is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues.</p> <p>It is an important vehicle by which the DPH can identify key issues, celebrate success, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.</p>							
<p>Recommendation</p> <p>The Governing Body to receive the report in support of the presentation, and provide comment as appropriate.</p>	<table border="1"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Engaged with schools, community, voluntary and faith sector regarding the subject matter.
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought	x			Yes
Resource Implications Considered			x	
Locality Engagement	x			Engaged with schools pupils and community volunteers regarding the subject matter.
Presented to other Committees	x			To be presented at various meeting, Sefton Council, HealthWatch, SSCCG,

Links to National Outcomes Framework (<i>x those that apply</i>)	
	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 Governing Body November 2018

1. Executive Summary

- 1.1 This year's annual report, which been produced as a short film to explore the emotional wellbeing and mental health of children and young people and the services and resources which are available to support them. The film recognises the importance of building resilience, promoting good mental health and wellbeing, and enabling children and young people to live healthier, happier lives long into adulthood. The report can be found here www.sefton.gov.uk/PHAR
- 1.2 The Director of Public Health (DPH) is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues. It is an important vehicle by which the DPH can identify key issues, celebrate success, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.
- 1.3 Aims of the Report
- Contribute to improving the health and wellbeing of local populations.
 - Reduce health inequalities.
 - Promote action for better health, through measuring progress towards health targets.
 - Assist with the planning and monitoring of local programmes and services that impact on health over time.
 - Be relevant to the health of local populations with information analysed at the most appropriate population level.
 - Must be integral to planning across all sectors and needs to promote action.
 - Should include a clear set of recommendations that are targeted, realistic and achievable (SMART).

2. Introduction and Background

- 2.1 There is no single reason why children and young people experience problems with their mental health. Growing up in challenging home environments such as living in poor quality and overcrowded housing or living in a chaotic home environment can all have a negative impact on mental health and wellbeing. Some other risk factors include; having a disability, being a looked after child or a young carer, not being in education, employment or training, being exposed to domestic abuse or having a parent with mental health problems.
- 2.2 In Sefton, there are more people from most of these vulnerable groups, when compared to the national averages. We know that experiencing mental health

problems before the age of 14 can affect educational attainment, physical health and impact on social relationships; therefore, leading to poorer outcomes in later life. Investing in early intervention programmes to develop emotional resilience will enable children and young people to be able to cope better with difficult circumstances and do well in school and in life. This could help to reduce and prevent potential problems from developing to crisis point and lead to less use of health and social care services in the future.

3. Key Issues

- 3.1 We are working in partnership with others to create the right conditions and environments to promote and improve the mental health and wellbeing of children and young people. As featured in the film, leisure and cultural activities (which encourage children and young people to talk about their feelings and emotions in a safe place) are delivered by schools, Council and community based organisations such as Big Love Sista, Litherland Moss Primary School, Merseyside Youth Association SPACE, Well Young Person Team and Y-Kids. In addition to this community and voluntary groups such as sports and dance groups, Scouts and Girl Guiding groups also play an important role in supporting the mental health of children and young people.
- 3.2 However, to make a **real** difference, it needs to continue to be everybody's responsibility. If you are a local business, a service provider, policy maker, teacher, carer, friend or a family member; we all have a role to play to create a caring, supportive system that will make children and young people feel safe, happy and improve their lives.
- 3.3 The Council and partner agencies have established a steering group to drive forward improvement of the emotional health and wellbeing of children and young people in Sefton. The group has been tasked by the Sefton Health and Wellbeing Board with developing strategic approaches to transform systems and services to improve outcomes. It has been recognised as being innovative and effective by OFSTED because of the input from schools into the partnership.

4. Conclusions

- 4.1 Sefton Public Health has committed to the following actions over the next two years:

Develop a local programme to support the emotional health and wellbeing of children and young people (particularly those at highest risk) by:

1. Working with partners and interested stakeholders to extend and promote good mental wellbeing in schools and communities, making sure that activities to help children and young people to develop mental resilience skills are available and used to their full potential.
2. Taking a collaborative approach to deal with Adverse Childhood Experiences (ACEs) and reduce their impact on young people and their families/carers.

3. Further develop and widen the availability of suicide prevention training to specifically cover children and young people, making sure that it is available throughout Sefton.

5. Recommendations

Receive the annual report of the Director of Public Health and in support of the presentation, and provide comment as appropriate.

Steve Gowland
Public Health Lead
October 2018

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/181	Author of the Paper: Geraldine O'Carroll Senior Manager – Commissioning & Redesign Email: Geraldine.o'carroll@southseftonccg.nhs.uk Tel: 0151 317 8457
Report date: October 2018	

Title: Transforming Care for people with Learning Disabilities

Summary/Key Issues:

People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services

The purpose of this paper is to update the Governing Body on the Transforming Care Programme which is aimed at improving the lives of people with a learning disability and or Autism programme for the registered population of NHS Southport & Formby CCG who have a Learning Disability (LD) and/ or Autism, which includes updates on:

- Helping People Live in Homes not Hospitals
- Improving Community Infrastructure
- Improving people's health, quality of care and quality of life
- Learning Disabilities Mortality Review Programme (LeDeR),
- Children and Young People with a of children and young people with learning disabilities and or autism

These aims are to be achieved by collaborative working and this paper aims to update the Governing Body on the work being done by NHS Southport & Formby CCG to deliver the aims of Transforming Care Programme.

Recommendation		
The Governing Body is asked to receive the report.	Receive	<input checked="" type="checkbox"/>
	Approve	<input type="checkbox"/>
	Ratify	<input type="checkbox"/>

Links to Corporate Objectives (<i>x those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
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 (<i>x those that apply</i>)	
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

Report to Governing Body NOVEMBER 2018

1. Executive Summary

NHE England's Transforming Care Programme evolved following the final report of the review of Winterbourne View scandal published by the Government in December 2012.

In response NHS England developed national guidance in the form of '*Building the Right Support*' and 'The New Service Model', which were both published in October 2015. *Building the Right Support* is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The New Service Model underpins this plan, bringing together current good practice and principles of care provision; it is intended to support health and social care commissioners for learning disability and beyond. It is anticipated that together, these plans will drive system wide change and enable more people to live in the community, with the right support and close to home.

Locally, commissioners have been working with Cheshire and Merseyside partners to implement the new models of care focusing on:

- Reducing learning inpatient admissions
- Improving community support infrastructure to support people in the community including
- Improving access to mainstream physical health services through annual health checks
- Reducing health inequalities.

Co-production with patients, their families and carers is central to the Transforming Care Programme.

2. Introduction and Background

The Transforming Care Programme evolved following the final report of the review of Winterbourne View published by the Government in December 2012. The Transforming Care Programme (TCP) aims to improve health and care services for those with a learning disability (LD) so that more people can live in the community, with the right support, and close to home. The national plan, *Building the Right Support*, was published in October 2015, alongside publication of national service model which outlines what services need to be in place by March 2019 when the programme is due to finish.

A *Building the Right Support* included the development of Transforming Care Partnerships across England which are each made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities. NHS Southport & Formby CCG forms part of the Cheshire and Merseyside Transforming Care Partnership, which is subdivided into three local hubs; North Mersey, Mid-Mersey and Cheshire/Wirral. The two Sefton CCGs form

part of the North Mersey Hub, along with Liverpool CCG to jointly deliver the three programme outcomes in their areas:

1. reduced reliance on inpatient services (closing hospital services and strengthening support in the community)
2. improved quality of life for people in inpatient and community settings
3. improved quality of care for people in inpatient and community settings.

CCGs and councils in their Transforming Care Partnership areas must reduce the number of people with learning disabilities or autism in inpatient units and develop community based support.

3. Key Issues

Transforming Care (improving the lives of people with a Learning Disability and/ or Autism) focuses on improving the lives of people with Learning Disabilities (LD) and/or Autism. It includes those currently in an inpatient setting or who are at risk of admission, and the wider population who access either specialist or universal health services to meet their needs.

Helping People Live in Homes, not Hospitals

The focus of the TCP continues to ensure that access to mainstream mental health units is available and that alternatives to admission are in place.

Building the Right Support suggests the following as expected numbers by the end of the Transforming Care programme.

The planning assumptions within the National Service Model are that no area should need more inpatient capacity than is necessary at any one time to cater for:

- 10-15 inpatients CCG-commissioned beds (such as those in assessment and treatment units) per million population,
- 20-25 inpatients NHS England-commissioned beds (such as those in low medium- or high-secure units) per million population.

For NHS Southport and Formby CCG, based on an estimated registered population of 124,532, this equates to 2 CCG and 3 Specialised Commissioning inpatients (calculated at midpoint), making a total of 5 inpatient beds.

Mersey Care NHS FT is commissioned to provide inpatient learning disabilities at its 9 bedded Assessment Treatment Centre on the Rathbone Hospital site in Liverpool. NHS Southport & Formby CCG commission a total of 3 beds at this facility.

Currently 3 inpatients are in hospital as at 30th September 2018 all of whom are in beds commissioned by NHS England specialised commissioning.

Table 1: S&FCCG Inpatient Position

CCG and Spot Purchase	Adults Specialised Commissioning	CAMHS Specialised Commissioning	Total Inpatients	Inpatients with LOS > 4 years
0	2	1	3	2

Reducing inpatient activity

NHS Southport & Formby CCG bed activity within the Mersey Care FT contract has been under contract plan in recent years. Since April 1st 2018, there have been 2 admissions (1 CCG and 1 Specialised Commissioning) and 0 discharges.

At the time of writing there are plans in place to discharge 2 patients. All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care. NHS Southport & Formby CCG has had a CTR process in place since 2016 to ensure that CTRs are being undertaken by an independent panel of people. The use of CTR has been an effective tool in reducing inpatient activity and informing individual care planning.

Commissioners are working with Mersey Care NHS FT to ensure that its learning disability inpatient facility is aligned with the model service specification published by NHS England.

Community Infrastructure

Intensive Support Team (IST)

NHS England is required to save £1.7m from discharges from secure inpatient beds and funding has been made available to boost community infrastructure to facilitate patient discharge.

The North Mersey hub was successful in securing £0.250m of funding to develop Intensive Support. This will enable additional roles and capacity within the Community Learning Disability Team provided by Mersey Care NHS FT. The IST will provide the following function:

- Assessment, treatment and support for individuals who display challenging behaviour
- Provision of support, and person specific training for other agencies supporting those individuals
- Coordination of transitions from inpatient and other settings
- Crisis response

The IST function will support the wider system in admission avoidance and maintaining community placements. The team will be an adjunct to the specialist community learning disability team and will support in the stepping up/down of care as required and based upon clinical need. Commissioners have met with Mersey Care NHS FT to agree KPIs for the Intensive Support team function.

Positive Behavioural Support training

The North Mersey hub were successful in securing, £0.200m of funding to provide Positive Behavioural Support training across the North Mersey area, delivered by the British Institute of Learning Disabilities was approved in September 2018.

Positive Behavioural Support (PBS) is a person centred framework for providing long term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

PBS training will be provided across the following within North Mersey:

- 77 supported living providers
- 30 Special schools
- 6 Opportunity/respite providers
- Community Learning Disability Team and CAMHS

The overall aim of PBS is to improve the quality of a person's life and that of the people around them. This includes children, young people, and adults, as well as older people. PBS provides the right support for a person, their family and friends to help them lead a meaningful life and learn new skills without restrictions.

Housing Infrastructure

Regional Transforming Care NHS England staff have met with CCG and Sefton Council officers to discuss accessing capital monies which have been made available by NHS England. No formal proposals have been made to date. The LA are looking to develop a proposal to develop a capital fund bid.

Improving people's health, quality of care and quality of life

Annual Health Checks

The national target for 2018/19 is that 69% of people aged 14+ on general practice learning disability registers will receive a learning disability health check. This target was set by NHS England. In NHS Southport & Formby CCG uptake of Annual Health Checks for people registered on GP Practice Registers with a Learning Disability has increased in the last year, but there is still considerable progress to be made. In 2016/17 48% of people on GP registers received an annual health and 2017/18 data is expected to be published by NHS Digital in December 2018.

Table 2: S&FCCG Learning Disability Annual Health Checks 2016/17

Total number of LD patients registered at GP practice	Number of patients aged 14 + eligible for LD AHC	Number of patients aged 14 + who have refused an LD AHC	Number of patients aged 14 + who have DNA'd an LD AHC	Number of patients aged 14 + who have received an LD AHC	% Uptake of LD AHC
601	592	1	9	282	48%*

* Based on returns received from 13 GP practices and no returns received from 6 GP practices

NHS Southport and Formby CCG have consequently made a commitment to increase their uptake of annual health checks and is continuing to offer training and support to GPs. The CCG has also developed an SLA along with NHS England to agree for changes to payments for annual health checks. This will now be paid via the Federation of GPs to allow for more flexibility in offering annual health checks to patients when their own GP is not signed up to the DES. The following trajectory was submitted by NHS Southport and Formby CCG and was accepted by NHS England as being the total annual health checks to be carried out this year:

Table 3: S&FCCG Learning Disability Annual Health Check Trajectory 2018/19

Target of Annual Health Checks	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19
414	103	103	103	105	414

Learning Disabilities Mortality Review (LeDeR)

Recognising the health inequalities, poorer outcomes, higher rates of mortality, institutional discrimination and acceptance of death for people with learning disabilities the LeDeR programme became live in January 2017 across all CCGs in England. The purpose of the programme is to establish support for local areas to review the deaths of people with learning disabilities, identify learning from deaths, and take forward the learning into service improvement initiatives. Reviews are undertaken by a reviewer identified by Mersey Care NHS FT who is supported by Tracey Forshaw from the Quality team who is the identified NHS Southport & Formby CCG Local Area Contact who is a member of the NHS England C&M steering group, provides support and guidance to LeDeR reviewers, quality assures and signs off individual reviews and supports the dissemination of actions and learning across the CCGs and NHS England.

Since January 2017 NHS Southport & Formby CCG has been notified of 23 cases on the LeDeR system of which 3 cases have been completed and signed off, 5 cases have been allocated to a review and are in progress with 15 cases waiting to be allocated.

STOMP (Stop Overmedicating People with a Learning Disability or Autism)

STOMP is a national initiative to address the over-prescribing of medication for people with Learning Disabilities/ Autism.

The aims of STOMP are to:

- Encourage people to have regular check-ups about their medicines
- Make sure doctors and other health professionals involve people, families and support staff in decisions about medicines
- Inform everyone about non-drug therapies and practical ways of supporting people so they are less likely to need as much medicine, if any.

The TCP has commissioned an e-learning package for GP Practices which is due for roll out across Cheshire and Merseyside in October 2018.

Children & Young People

Guidance regarding Transforming Care for Children and Young People was published in March 2017. Commissioners are required to maintain a list of children and young people who are at risk of being admitted to hospital. Similar to adult with a with a learning disability and/or autism Care Education and Treatment Reviews (CETR) have been established so to ensure that the needs of children and young people with learning disabilities and or autism are understood so as to ensure they have the right services in place. NHS Southport & Formby CCG has had a CETR process in place since 2017 to ensure that CETR are being undertaken by an independent panel of people.

A Cheshire and Merseyside CETR support network has been established to share best practice and develop a Dynamic Support Database for the patient group who are at risk of admission to Tier 4 Specialist services, or at risk of accommodation due to their challenging behaviour/mental health condition. Liverpool CCG is leading on the development of the Dynamic Support Database.

Transforming Care is part of the SEND agenda. There is strong multi-agency working in supporting the development of the dynamic risk register, and the knowledge and undertaking of CETR. Strong links exist with Tier 4 specialist NHS commissioning, and 6 weekly multi-agency meetings are held to ensure good communication and planning for children with SEND, including those with a learning disability and or autism.

4. Conclusions

NHS Southport & Formby CCG within the Transforming Care Programme is making progress to ensure that people with a learning disability and/or autism are able to live in their own homes just as other citizens do.

Strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.

5. Recommendations

The Governing Body is asked to receive the report.

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
November 2018

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/182	Author of the Paper: Jan Leonard Director of Commissioning & Redesign Email: Jan.leonard@southportandformbyccg.nhs.uk Tel: 0151 317 8464
Report date: October 2018	
Title: Strategy for Primary Care (General Practice)	
Summary/Key Issues: The paper presents the Governing Body with a draft strategy for General Practice describing the issues being faced and plans to address these going forward.	
Recommendation The Governing Body is asked to receive the report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Links to National Outcomes Framework (<i>x those that apply</i>)	
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



Southport and Formby
Clinical Commissioning Group

Primary Care (General Practice) Development Strategy

NHS Southport and Formby CCG

September 2018

(Working draft)



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1.0 Introduction

General practice is often described as the cornerstone of the NHS with roughly a million people visiting their surgery every day. This strategy supports the vision for a safe, sustainable and high quality primary care service, provided in modern premises that are fit for purpose. Our ambition is to support patients to stay well for longer, connect people to sources of community support and ensure people receive joined-up, out of hospital care.

This requires a resilient primary care service at the core of local communities, playing a leading role not only in the provision and co-ordination of high quality medical care and treatment but also in supporting improved health and wellbeing.

The document that follows set out the national and local challenges we face, such as increased demand, a growing population with more complex needs, workforce pressures and constrained funding growth. We must, though, use the opportunities we have to play to our strengths and, wherever possible, meet these challenges with local solutions. These strengths are highlighted by the fact that, despite the very real pressures that exist, there continues to be overall high levels of patient satisfaction with the quality of primary care in Southport and Formby.

Patients being cared for in the primary care setting have increasingly complex needs that require more time and coordination to support. We also want to work increasingly proactively and in an integrated way with other providers, in order to care for people close to home and reduce patients' risk of admission to hospital.

Workload is increasing for practice staff. Many clinical staff spend substantial time completing administrative tasks, which could be undertaken by non-clinical staff working in new ways, by improved processes or sharing functions across practices. This workload burden also impacts on morale, recruitment and retention.

2.0 National and Local Context

The NHS Five Year Forward View released in October 2014 outlines objectives around focussing on preventative care, empowering patients and puts forwards a number of new innovative models of care which encourage integration and a patient centred approach to delivery of care across a geographic population.

Prior to this the White Paper, 'Our Health, Our Care, Our Say: a new direction for community services', started the process of reconfiguring community based services towards a more integrated model of working and has expanded to include a vision to transfer some hospital based care from the acute sector out into communities. This formed part of our Shaping Sefton transformation programme. The vision for this transformation programme was:

"We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing."

In April 2016, the national General Practice Forward View was published the aim of this being to set a new direction and to demonstrate what a strengthened model of general practice can provide to patients, those who work in the service, and for the sustainability of the wider NHS.

Over the next five years, primary care providers are faced with significant change, new challenges to improve the quality of services provided, develop a highly skilled and sustainable workforce and deliver truly integrated care.

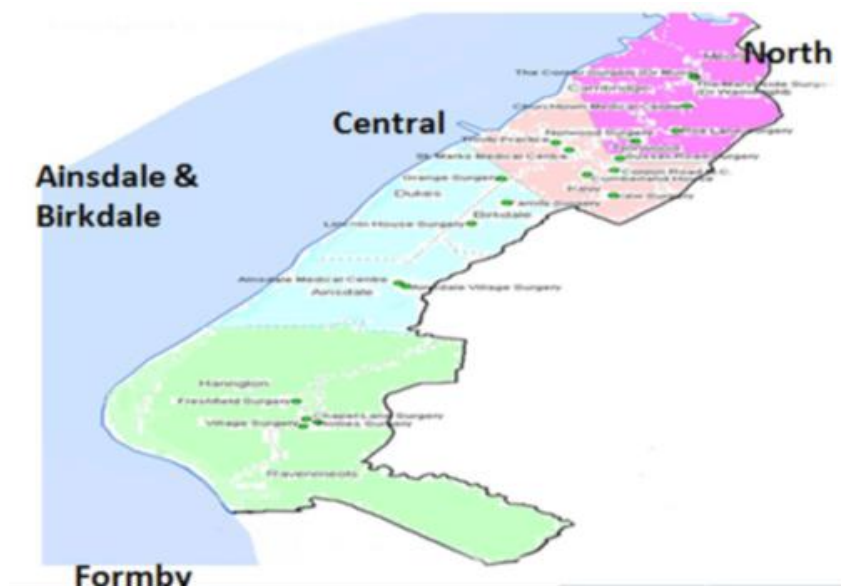
2.1 Delegated Commissioning

On 1 May 2014, Simon Stevens announced new opportunities for CCGs to co-commission primary care services in partnership with the NHS England (NHSE). The NHS Five Year Forward View describes primary care co-commissioning as a key enabler in developing seamless, integrated out of hospital care based around the diverse needs of local populations. It will also drive the development of new models of care such as multi-specialty community providers and primary and acute care systems.

The CCG is currently at Level 2 - Joint commissioning of Primary Medical Care with NHSE. We anticipate that full delegation would allow us to create a joined up, integrated out of hospital service for our local population with primary care leading and shaping the desired model. We are currently progressing an application for full delegation which, if successful would enable us to become delegated commissioners from 1 April 2019.

3.0 Population and Local Needs

There are 19 GP practices within four localities in NHS Southport and Formby CCG



Formby	North Southport	Central Southport	Ainsdale & Birkdale
Chapel Lane Surgery	Norwood Surgery	Cumberland House Surgery	Ainsdale Medical Centre
The Village Surgery	Churchtown Medical Centre	Christiana Hartley Medical Practice	Ainsdale Village Surgery
Freshfield Surgery	Roe Lane Surgery	St Marks Medical Centre	The Grange Surgery
The Hollies	The Corner Surgery	Kew Surgery	Lincoln House Surgery
	The Marshside Surgery	Trinity Practice	The Family Surgery

Overall, health in Southport and Formby is getting better, but there are clear areas for improvement:

- Life expectancy in our least affluent communities remains unacceptably low
- Levels of long term health conditions are much higher than the national average - particularly heart disease, respiratory disease, kidney disease, mental health conditions and diabetes
- Levels of early deaths from heart disease have reduced over the last decade as smoking rates have reduced and our patients are better educated about risks to their health and the importance of leading a healthy lifestyle but we know there is still more to do to improve this

Population

There are approximately 124,524 people registered with the 19 GP practices in NHS Southport and Formby CCG. Central Southport has the largest population of the four localities within the CCG and the greatest proportion of under 25's. In comparison, Formby has an older population, with the highest proportions of those over 65 and over 85 in the CCG.

	Total Population	Aged 0-4	Aged <25	Aged 65+	Aged 75+
Ainsdale & Birkdale	31,575	1,299	7,643	8,625	4,286
Central Southport	37,457	1,973	9,537	7,546	3,644
Formby	25,544	879	5,955	7,569	3,703
North Southport	29,948	1,312	7,223	7,922	3,859
Total	124,524	5,463	30,358	31,662	15,492

	% Total CCG Population	% Aged 0-4 in Locality	% Aged <25 in Locality	% Aged 65+ in Locality	% Aged 75+ in Locality
Ainsdale & Birkdale	25.4%	4.1%	24.2%	27.3%	13.6%
Central Southport	30.1%	5.3%	25.5%	20.1%	9.7%
Formby	20.5%	3.4%	23.3%	29.6%	14.5%
North Southport	24.0%	4.4%	24.1%	26.5%	12.9%

<i>Highest</i>
<i>Lowest</i>

Population Projections

NHS Southport and Formby CCG has a greater proportion of over 65 year olds (26.8%) compared to the England average of 17.7% and a lower proportion of those under 20, 21.3% compared to 23.7%. Over the next decade (using 2014 Census populations and ONS projections):

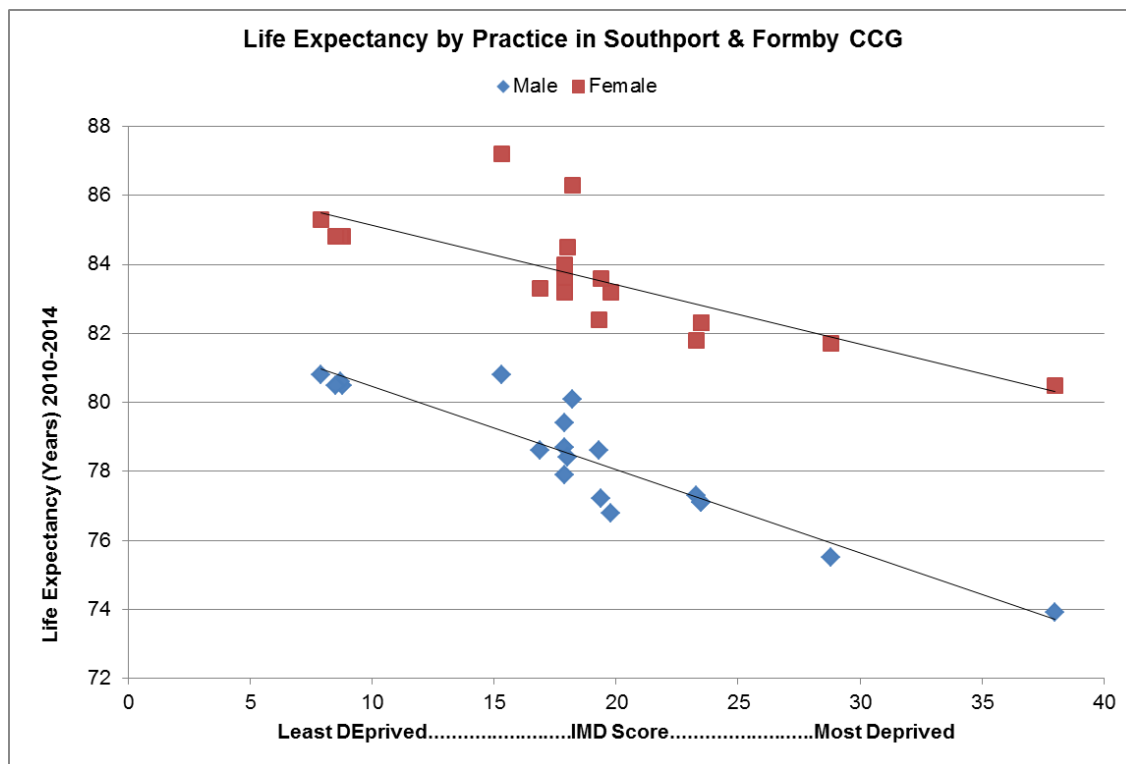
- The overall population of 115,000 residents may increase by approximately 3,000 residents
- The population of 0-17 year olds may increase by 1,000 residents, or 4.7%
- the working age population (18-64) may fall by approximately 3,600 residents, or 5.8%
- and the 65+ population grow by 5,700 residents (18.5%), which could have a significant impact on health and social care services
- It is predicted that by 2027 those aged over 65 will make up 31% of the Southport and Formby population (26.8% at present)

Patients in Nursing / Residential Care Homes

The national average of GP Practice patients in Care Homes is 0.5%. Most of the practices in Southport have higher numbers of patients than the national average, some significantly higher. Many practices have a large number of care homes at which they attend to provide care for patients with many having patients across 20+ care homes.

Wider Determinants of Health

The level of deprivation across NHS Southport and Formby CCG is generally lower than the national average. 5.1% of Southport and Formby's Lower Super Output Areas are in the most deprived 10% in the country, compared to the national average of 10.1%. There is a range of deprivation across the CCG, with the Formby area generally more affluent and the Central Southport area generally more deprived.



Life expectancy within the CCG is slightly below the England average for males and slightly above for females. The average for males is 78.4 years, compared to 79.4 in England and 83.7 years for females, compared to 83.1 in England.

Life expectancy is generally lower in the more deprived areas, and the life expectancy gap between men and women is also wider in the most deprived areas.

Formby has the highest average life expectancy in the CCG and Central Southport the lowest. The variation between both localities is 4.1 years for males and 3.2 for females.

Disease Prevalence

The CCG as a whole has a higher prevalence for diseases (coronary heart disease, stroke, diabetes, heart failure, chronic obstructive pulmonary disease, asthma, cancer and dementia) than in England. Depression rates in the CCG are lower than the England rate.

Prevalence within the CCG differs by locality. Central Southport has the highest prevalence of depression, which is significantly above both the CCG and England averages.

Formby, the most affluent locality, has the lowest prevalence of diabetes and COPD, but the highest rate of dementia, which may be linked to the older population.

Ainsdale and Birkdale has the highest rates in 5 areas; CHD, stroke, diabetes, heart failure and cancer, the most in the CCG.

Please note that this data is taken from GP registers of known patients with each disease – there may be patients with these conditions which have not been diagnosed where people choose not to be in contact with GP services.

Health & Wellbeing Indicators in Sefton 2016

Key

Statistical significance compared to England average:



4.0 Vision for Primary Care in Southport and Formby

What GPs and other practice staff in have told us

A lot of GP time is spent on administrative tasks rather than being able to focus on patients, this has been getting worse

We need to get shared IT, to refine our administrative processes, reduce duplication and high workload

What would a good day look like?

- Manageable workload
- No visits
- Workflow optimisation
- Not chasing other healthcare professionals
- Predictability – of working day

5.0 Development Themes

These proposed development themes are:

1. Access
2. Quality
3. Workforce
4. Premises and estates
5. Transformation / collaboration
6. Integration of services in Localities

5.1 Access

Improving patient access

Patients should be able to easily access routine general practice services from all providers during core hours, Monday-Friday 8am to 6:30pm. Achieving this outcome is seen as a key enabler to deliver other parts of service transformation. Quality of access is also important and the introduction of different methods of access, we will work with patients and partners to gain greater understanding of their needs.

As part of GPFV the 7 day extended access service will be operational from 1 October 2018. The service is currently being mobilised by the new provider Southport and Formby Health Limited.

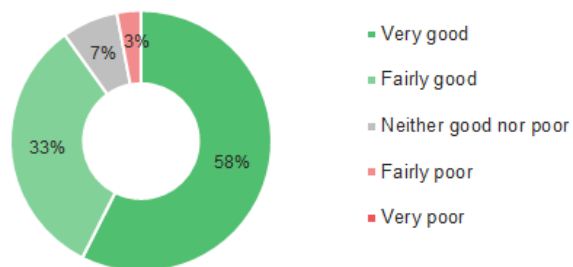
Out of hours services (for urgent problems) operate in the evening, at weekends and over Bank Holidays. It is essential that we review access to all services and ensure that patients understand and can easily access the most appropriate service for their needs.

In the most recent GP survey patient experience of both their GP practice and making an appointment were rated above average.

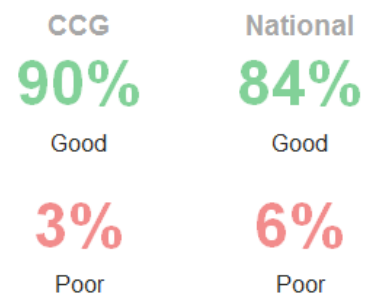
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

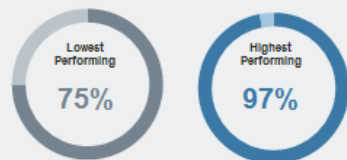
CCG's results



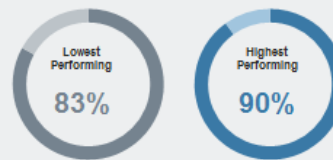
Comparison of results



Practice range in CCG – % Good



Local CCG range – % Good



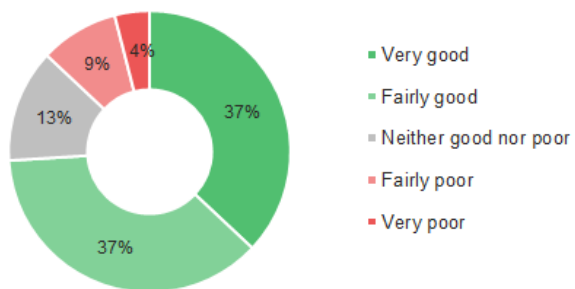
Base: All those completing a questionnaire: National (746,847); CCG (2,021); Practice bases range from 83 to 132; CCG bases range from 1,263 to 8,998

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

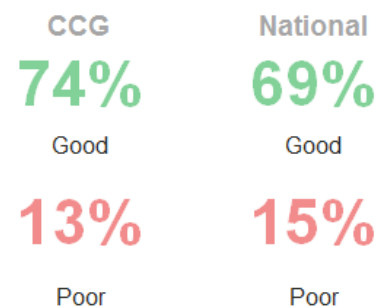
Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

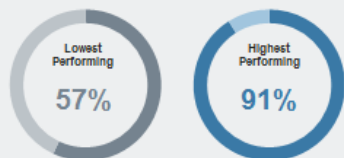
CCG's results



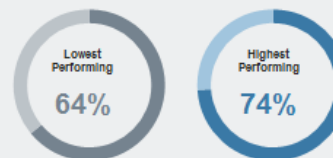
Comparison of results



Practice range in CCG - % Good



Local CCG range - % Good



Base: All tried to make an appointment since being registered: National (693,912); CCG (1,899); Practice bases range from 82 to 124; CCG bases range from 1,189 to 8,244

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

5.2 Quality

Our vision is that general practice providers will provide consistently high quality, accessible, safe and resilient care, which can be evidenced by CCG governance processes. We aim to reduce variation in the quality of core services and will use our business intelligence tool, Aristotle to assist in this. We aim to deliver improved performance in patient reported outcome measures such as GP Patient Survey and Friends & Family Test.

To support this aim the CCG invests in general practice via a Local Quality Contract (LQC). The standards developed are outside of the core GP contract and take into consideration the agreed level of funding available, local clinical feedback, and the areas of priority for the CCG. For the current scheme these include:

- Access
- Medicines management
- Use of resources

CQC inspections

17 of our 19 practices have received a rating of good, with one practice being rated as outstanding, one practice has been rated as 'requires improvement' and we have worked with the provider and NHSE to support improvements.

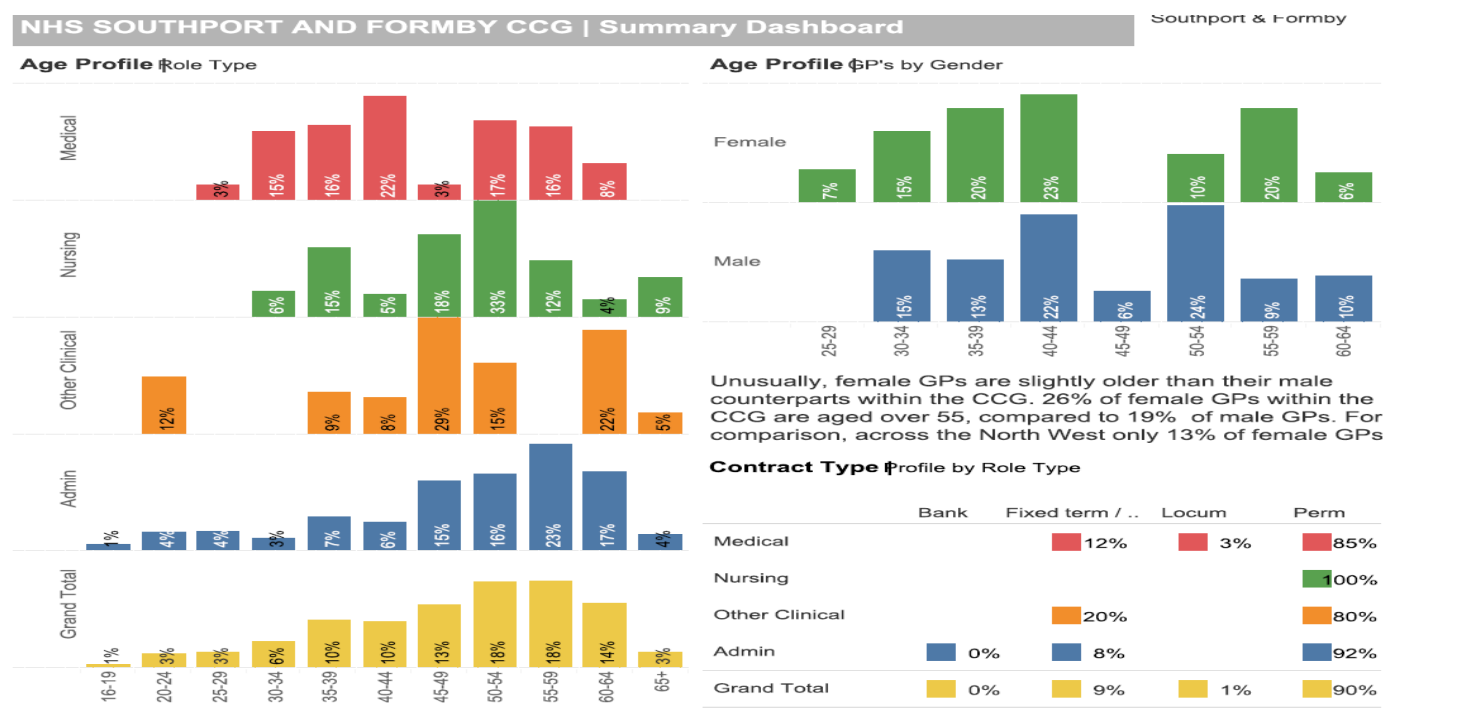
5.3 Workforce

Our aim is to build the workforce creating a highly skilled, integrated team of health professionals

A Health Education England (HEE) workforce survey in 2017 had a return rate from 58% of practices and showed:

- 36% of total workforce are over the age of 55
- 57% of GPs work part time

The information below formed part of the HEE report.



In order to support workforce development we are supporting:

5.1 Medical Training

Edge Hill University has recently been approved for medical training. Going forward we shall see trainees come from there with a focus around general practice.

5.2 International Recruitment

A small number of practices are activity engaged in this scheme via the GPFW. We anticipate new recruits to be within the CCG during 2019.

5.3 Clinical Pharmacists

We have been successful in obtaining GPFV funding for clinical pharmacist posts. These new posts will deliver services across a locality footprint supporting the 'at scale' model.

5.4 Expanding the Workforce

As part of the specification for 7 day Extended Access a physiotherapist will form part of the workforce. This will aim to divert patients with musculoskeletal problems to see a physiotherapist who can assess and refer on where necessary rather than seeing a GP.

We are exploring the potential to work with ambulance providers to bring a paramedic role into general practice based on the success. We have trained reception staff in signposting and will look to deliver further training in this and other key areas. Despite these measures we recognise that there remains a shortfall in the medical workforce and would look to transform the way in which care is delivered to stabilise general practice for the future.

5.4 Practice nurses and healthcare assistants

The CCG provides a practice nurse lead across the two CCGs in Sefton. This role provides leadership and support regarding nursing clinical matters to nurses and health care assistants across both CCGs. This covers 49 practices employing in excess of 130 nurse clinicians, advanced nurse practitioners, practice nurses and healthcare assistants (HCAs). The role is a point of contact for practice managers when requiring advice pertaining to nursing issues, employing

new nurses or HCAs, the training required to develop nurses and HCAs into their roles and continuing professional development for existing nursing staff.

Education and Training

Flexible funding cash allowance from Health Education England (HEE) for continuing professional development (CPD) has enabled the CCG to fund education courses for both nurses and healthcare assistants. Examples of these include:

- Non-medical prescribing for nurses and pharmacists
- Motivational Interviewing course
- Grass Roots - contraception and sexual health training
- Safeguarding
- Cervical screening novice sample taker theory training
- Hypertension and blood pressure training
- Cancer care course leading to Cancer Champions within practices
- Vaccination and immunisation annual updates

The CCGs' practice nurse lead facilitates training where necessary in long term conditions, cervical screening and vaccination & immunisations for new nurses along with other training where possible.

Training Practices

We have one Enhanced Training Practice which has employed a part-time lead mentor nurse to work on increasing our numbers of nurse mentors working within both CCGs allowing more student nurse placements within general practice thus increasing the number who have an exposure to the profession and promote practice nursing/ general practice as a viable first destination career option. We work closely with colleagues from Edge Hill University to encourage practices to volunteer to have student nurses placed with them in practice.

Through HEE and NHSE Cheshire & Merseyside the CCG has offered free places for practice nurses on the General Practice Nursing Leadership for Quality Programme during 2018.

We are increasing the number of pre-registration placements in general practice and we have developed an employer led induction programme for new to practice nurses

Nurses and practices are being encouraged to consider a training opportunity for advanced care practitioners. Funding made available from HEE for this two year course where the practice receives a training grant on the understanding that the student is released for training two days per week.

Protected Learning Time

There are 12 dates planned every year for protected learning time (PLT). The CCGs in Sefton fund cover for practices allowing clinicians time for learning. GPs, practice nurses, HCAs and pharmacists can attend. Expert speakers are invited from our acute and community provider trusts, public and voluntary third sector partners and external stakeholders. Presentations are uploaded to both CCG intranet websites allowing learning for clinicians who could not attend. Eight in-house dates for practices to arrange their own learning continue to be utilised by all practices across the CCGs.

5.5 Premises and Estates and Technology

The CCG's strategic estates plan sets out a vision to invest and re-develop the primary and community care estate across Sefton. We recognise that there is much to do and our plan is to focus upon provision of modern integrated healthcare facilities that align and support new models of working to enable patient care to be delivered in a seamless manner with input from the right healthcare professionals at appropriate points of the care pathway. Our plan involves working closely with all partners and groups who have an interest and role to play in improving the health and wellbeing of our population and we are keen to hear from all partners who can help us deliver our strategy.

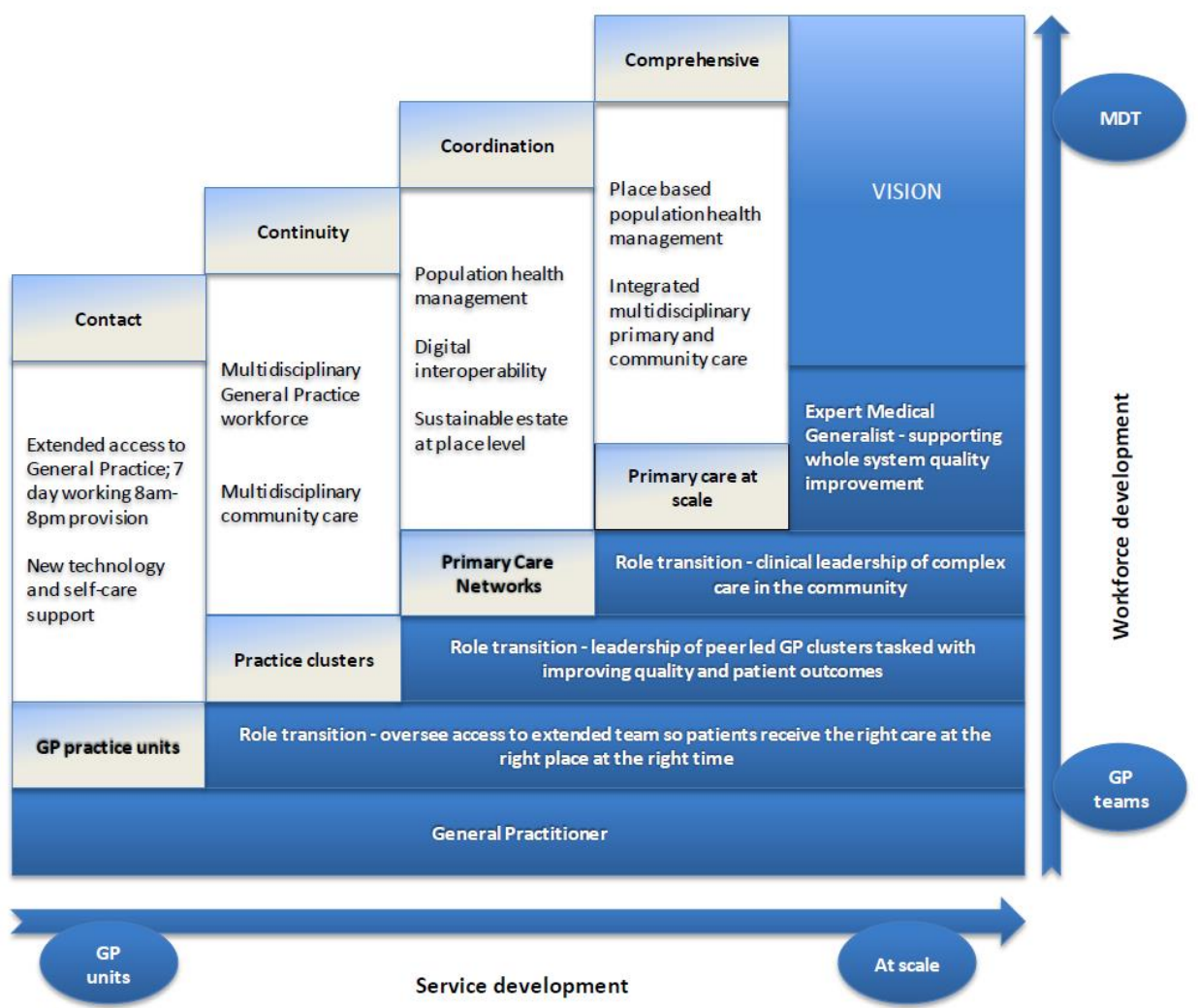
IM&T

The CCG links with partners across the Cheshire and Merseyside area and is part of the Digital Programme Board. We recognise that changing technology has a role to play in the redesign of healthcare services and we are keen to explore the possibilities that exist particularly where they can respond to the growing needs and demands of our population. We realise that harnessing information to enable better decision making and influence service re-design will be critical to our future success and that development of new ways of caring for patients and using technology to increase the confidence of our population to manage their conditions using technology is essential in terms of reducing demand for services as our workforce capacity becomes more constrained.

5.6 Transformation / Collaboration

All of the four localities have been successful in bidding for Practice Network Development (PCN) funding from NHSE. This funding will enable practices to build stronger, more sustainable general practice across networks via collaborative working between practices and in collaboration with the CCG, local healthcare providers, local voluntary, community and faith (VCF) sector and patients to develop place based systems to connect and transform local services to improve the health and wellbeing of patients.

The maturity model below displays the journey required to deliver the vision.

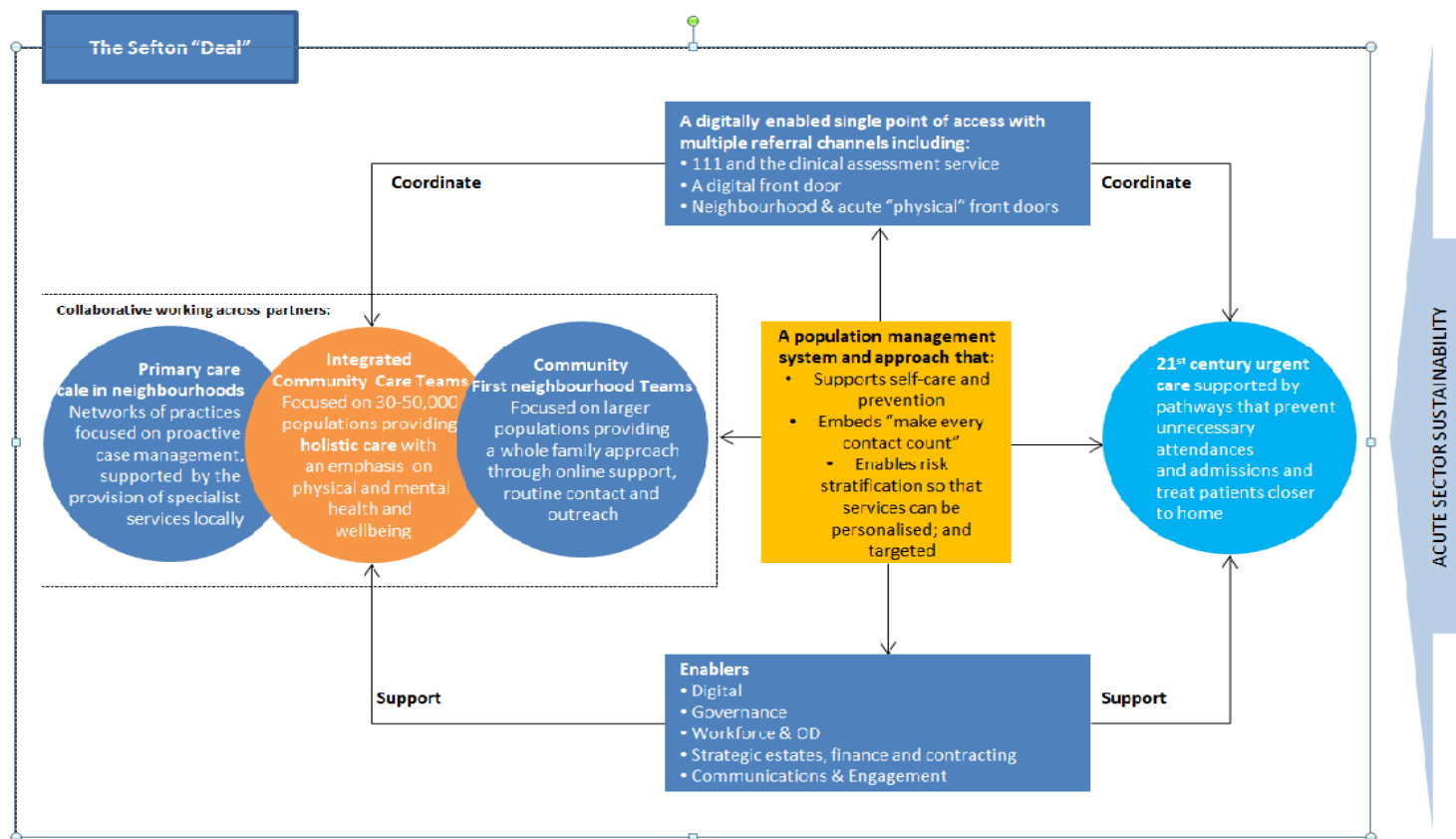


Maturity Model

7

5.7 Integration of services in Localities

Localities are key to the development of sustainable primary medical care within the CCG. Building on the PCN bids we aim to integrate services to provide a coherent package of care and support for patients. The diagram below captures this vision.



The CCGs in Sefton are clear that without a supporting the sustainability and development of general medical services, a robust integrated care model cannot be achieved. This is therefore at the heart of our primary care strategy. This strategy focuses on the following aspects of general medical services and once implemented will see:

- Improved access to services, including the new extended access schemes
- Workforce resilience through enhanced recruitment and retention, development of new and shared roles and additional training and development opportunities
- Development of primary care estates and the progression of locality hubs
- Improved use of technology and data to support co-ordinated care such as shared records and improved communications between organisations
- Improved quality of care, including the use of benchmarking and peer review
- Development of plans for collaborative working across general practices, including the further development of GP federations and primary care networks on a locality basis
- Movement to fully delegated commissioning of primary care by the CCGs
- Use of the NHS England “Maturity Model” for supporting further developments over the forthcoming years

Running in tandem with the primary care strategy is the refocusing of CCG localities to support integrated service delivery, rather than primarily a commissioning function. In this context the role of general practice is to work with the wider health, social and voluntary care services to deliver holistic, proactive and preventative care tailored to the needs of the registered population, blending initiatives to sustain and promote health and wellbeing alongside more traditional services to manage illness. We would therefore see the emergence of the following at a locality level:

- GPs as an extended medical generalist – the senior clinical leader in the community within the co-ordinated multidisciplinary team. This will include wider primary and community (including mental health) teams, social care teams and the voluntary, community and faith sector working across organisational boundaries
- The extension and expansion of clinical roles, across a range of professions, and the improved integration of generalists and specialists across the care system in a more flexible manner and in different settings
- Implementation of devolved budgets into localities, to enable more effective use and movement of resources across the system
- Improved use of Aristotle and other systems to reduce variation, stimulate innovation and the shaping of new services responsive to local communities
- Development of the locality level patient feedback through close working with community champions, collective patient participation groups and local community groups to influence development of local services. This will build

upon what residents and patients have already told us about their experience and hopes for the future of primary care gained from previous engagement activities such as Big Chats and other specific involvement exercises

- The testing out of models of collaboration across practices, into community services and the VCF sector, to try new approaches to unplanned care
- Connectedness with Sefton Council's Community First approach to address the wider determinants of health through accessible information, advice and guidance to support people find better solutions

6.0 Implementation Plan

Priority Area	Action	Timescale
Access	7 day access service commencement	1 October 2018
	Webex tool implemented	Tbc
Delegated Commissioning	Submit application to NHSE	Quarter 3 2018
	Work through necessary governance changes to existing committee structures to support process and assess resource implications.	Quarter 3 2018
	Commence delegated commissioning.	April 2019
Quality	Expand the use of Aristotle to understand variation in general practice	Quarter 4 2018-2019
Workforce	International Recruitment – work with NHSE to support potential candidates	Quarter 3 & 4 2018
	Progress clinical pharmacist roles	Quarter 3 2018
	Review requirements for training and support for reception staff as part of	Quarter 3 2018

	GPFV	
	Continue to explore opportunities to expand the skill mix within General Practice with partners	Quarter 3 2018
Transformation	Implement Apex tool as part of national roll out	Quarter 3 & 4 2018
	Support localities with Practice Network Development	Quarter 3 & 4 2018
	Review schemes as part of year 2 development funding and implications for wider role out and impact on collaborative working	Quarter 3 2019-2020
	Review Local Quality Contract Scheme for 2019 / 2020	Quarter 4 2018-2019
	Work with partners to streamline access across in / out of hours	Quarter 1 2019
	Share best practice from 10 High Impact Changes and Productive General Practice across practices and plan for implementation support as necessary	Quarter 4 2018-2019
Integration	Work within localities to develop plans and pilot collaborative working	Quarter 3 & 4 2018

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 20th June 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case scenario indicates forecast deficit of £1.4m for the year, compared with plan of £1.0m surplus. 	<ul style="list-style-type: none"> CCG is forecast to be £2.4m adrift from its financial plan for the year and is not on target to deliver its statutory financial duty. 	<ul style="list-style-type: none"> All expenditure needs continuous review to ensure that CCG spend is effective and opportunities to reduce expenditure have been taken.

Information Points for Southport and Formby CCG Governing Body (for noting)

- CCG prescribing budget 17/18 underspent by £1.1m (c. 5% of overall budget).
- The committee approved the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes.
- The committee approved the Individual Funding Requests Decision Making Policy, Management Policy and Standard Operating Procedure.
- Further check and challenge sessions required to provide GB assurance in:
 - planned care
 - urgent care
 - other schemes
- A number of changes made to the F&R risk register including elevating risk of non-delivery of financial plan to 20 using the risk matrix, placing the issue amongst the highest risks facing the CCG.
- Agreed 1% increase to all packages of care for 2018/19 that were commissioned prior to 1st April 2018. Packages of care that have gone live from 1st April 2018 are not subject to an uplift as they are at the current market rate and assumed to be within the price submitted. Jointly funded packages are to be subject to a joint review as appropriate, to provide assurances that commissioned care is meeting the needs and delivering the outcomes for patients.
- Noted that 18/19 costs for top 30 packages of care are increasing compared with 17/18 and contributing to pressures.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on 18th July 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting likely case scenario of £2.832m deficit 	<ul style="list-style-type: none"> CCG forecast to be £3.832m adrift from its financial plan for the year and is not on target to deliver its statutory financial duty. 	<ul style="list-style-type: none"> All expenditure needs continuous review to ensure that CCG spend is effective and opportunities to reduce expenditure have been taken.

Information Points for Southport and Formby CCG Governing Body (for noting)

- Information Governance General Data Protection Regulation
 - IG Team, Medicines Management and LMC meeting required to develop template to support CCG and GPs which identifies the legal basis to support searches. Include worked example to aid understanding.
 - Need to confirm iMerseyside corporate responsibility in terms of their employees (data facilitators) role in processing data.
- IG staff code of conduct
 - Clarify security requirements for home working (including downloads onto home computer)/access through use of nhs.net accounts and changing documents on CCG drives using external internet provider.
 - Ensure consistency with iMerseyside policies (including the use of VPNs).
- The committee risk register was agreed, taking account of the following changes:
 - The consequence of not delivering the CCG QIPP target has increased from 4 to 5 on the rating scale (+£2m).
 - The risk of non-delivery to PMO/Transformation did not provide the committee with assurance after review of mitigating actions and suggested that the post mitigation scores changed to 4X4.
- The proposed bit to strengthen the COIN infrastructure through the GPIT Business as Usual bidding process was ratified.
- Practice prescribing budgets were ratified following approval of overall budget by Governing Body.



Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 22 nd August 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case deficit reported at £2.838m. 	<ul style="list-style-type: none"> CCG on target to not deliver its financial plan or statutory duty. 	<ul style="list-style-type: none"> All expenditure needs continuous review to ensure that CCG spend is effective and opportunities to reduce expenditure have been taken.

Information Points for Southport and Formby CCG Governing Body (for noting)

- The committee received an update regarding the revised Financial Recovery Plan (FRP) which has been approved by NHS North. The revised plan will be discussed further with the Governing Body in the September Part II meeting.
- The committee noted the key overspending areas and requested:
 - Further discussions with elected council members to understand the planning process with regard to new care homes / villages.
 - Assurance that providers are delivering the specified packages of care.
- The committee agreed the budget virement to cover the cost pressures relating to Lancashire Care Continence Service and Alder Hey Estates / Enteral Feeds pressures.
- It was also agreed that JL / SL will undertake a review of continence / catheter services to understand options for savings.
- SL noted that further discussions are required with providers in relation to prescribing items that have been included on the restricted items list.

Key Issues Report to SFCCG Governing Body

<p>Joint Quality Committee Meeting held on 26th July 2018 Southport & Formby CCG and South Sefton CCG</p>	<p>Chair: Dr Gina Halstead</p>
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Information Points for Southport & Formby CCG Governing Body (for noting)

Health Watch Continence Report – This was received by the JQC. The JQC were concerned about the content of the report particularly in relation to firstly, residents not receiving enough continence products to meet their individual needs or in a timely manner; Secondly, difficulty in referring new residents into the service so that they received their products in good time; Thirdly, lack of dignity and respect in relation to receiving appropriate continence products. Report has been sent to commissioners in Lancashire to inform the completion of the Quality Risk Profile Tool and is an agenda item for discussion at the next CRM/CQPG. Health Watch to be contacted to ask if they could repeat the review with people who live within their own homes.

AUH Quality Improvement Plan – Received by the JQC. This was also submitted by the provider as part of the assurance evidence for the recent Single Item QSG.

IG & Data Security & Protection Policies 2018 v2.1 – Approved.

Corporate Risk Register – Received and reviewed.

Safeguarding & Children Looked After Service – Outcome paper from the consultation and engagement event with the ‘Making A Difference ‘ Group to support the Case for Change was received by the JQC. Is also to be presented to EPEG.

VCFS Services to Support C&YP’s emotional health and wellbeing – PW to be asked to forward to GPs a list of such services that are available. PW to also be asked to look at developing suite of KPIs / outcome measures for the purposes of assurance across the local partnership.

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 25th July 2018 NHS Southport & Formby CCG	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions

Information Points for NHS Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> • The committee received the Annual Audit letter, presented by Grant Thornton. It was advised that as a public document, the Annual Audit Letter should be displayed on the CCG’s website. The Annual Audit Letter will be taken to the September Governing Body meeting. • The committee noted progress on the introduction of the General Data Protection Regulation and asked for an update to be provided at the next Audit Committees in Common meeting in October 2018. • The committee noted the Information Governance report and: <ul style="list-style-type: none"> - Agreed more assurance required regarding DPIA completion. - Queried whether the Data Protection Officer arrangements are sufficient to meet the CCG’s needs, and whether consideration is needed to confirm if external support is required. • The committee reviewed the Planning, Control and Governance Self Assurance template. • The committee reviewed the Losses, Special Payments and Aged Debt reports. • The committee noted the Internal Audit report update. • The committee received the CCG Assurance Framework benchmarking reported. It was noted that the CCG is ‘green’ rated for performance. • The committee received the Governing Body Assurance Framework (GBAF) / Corporate Risk Register (CRR). <ul style="list-style-type: none"> - Review of GBAF / CRR.

- It was advised that training sessions on risk management would help improve understanding of risk management issues.
- Review GBAF to capture fuller focus of wider Cheshire & Merseyside work and the impact on the CCG.
- Anti-Fraud Services Staff Survey report – results were generally positive. It was noted that an increasing proportion of staff had raised a question mark over their confidence in the process.

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 4th October 2018

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
No service commissioned to provide spirometry testing in S&F CCG. GP contracts do not cover spirometry testing	GP's currently feel unable to continue to provide services due to pressure on appointments. May result in an increase in referrals to Secondary Care.	Ongoing discussion with LMC. Data will be collected around outliers for respiratory admissions

Information Points for Southport and Formby CCG Governing Body (for noting)

NHSE have confirmed that there will be no funding available for winter pressure access in primary care.

Key Issues Report

Southport & Formby Localities

July 2018-October 2018



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Chair has resigned	<ul style="list-style-type: none"> No Clinical Chair for locality 	<ul style="list-style-type: none"> Replacement has been sought, although nobody has stepped forward at present. Discussions will continue.
2. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Issues have been collated and highlighted to the team. Service leads have been invited to attend November locality meetings.

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Midwives not using EMIS	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited.
2. Surges of registrations for North practices, felt to be coming from Central practice.	<ul style="list-style-type: none"> Patient treatment 	<ul style="list-style-type: none"> Audits have been carried out in North to establish baselines of list sizes and numbers of registrations at April 2017, then April 2018 onwards monthly to track registrations and deductions. Audit to commence in Central locality in order to monitor whether this trend is affecting other practices in this locality.
3. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Issues have been collated and highlighted to the team. Service leads have been invited to attend November locality meetings.

FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Lack of visibility from community nursing teams 2. Various issues raised with clinical care within	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Issues have been collated and highlighted to the team. Service leads have been invited to attend November locality meetings.

Key Issues Report Southport & Formby Localities July 2018-October 2018

community teams		
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NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Surges of registrations for North practices, felt to be coming from Central practice.	<ul style="list-style-type: none"> • Patient treatment 	<ul style="list-style-type: none"> • Audits have been carried out to establish baselines of list sizes and numbers of registrations at April 2017, then April 2018 onwards monthly to track registrations and deductions. • Audit to commence in Central locality in order to monitor whether this trend is affecting other practices in this locality.
2. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> • Risk that patient care could be affected 	<ul style="list-style-type: none"> • Issues have been collated and highlighted to the team. Service leads have been invited to attend November locality meetings.

Finance and Resource Committee Minutes

Wednesday 20th June 2018, 10.30am to 12.30pm
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member, S&F CCG (Chair)	HN
Gill Brown	Lay Member, S&F CCG	GB
Debbie Fagan	Chief Nurse, S&F CCG	DF
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
In attendance		
Chris Barnes (Items FR18/94-96)	Lead Pharmacist, S&F CCG	CB
Tom Roberts (Items FR18/94-96)	Medicines Management Prescribing Analyst, S&F CCG	TR
Apologies		
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Sept 18	Oct 18	Nov 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓					
Gill Brown	Lay Member	✓	✓	✓	✓	✓					
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓					
Colette Riley	Practice Manager	✓	✓	✓	✓	✓					
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓					
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓					
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓					
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓					
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A					
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*					

No	Item	Action
General Business		
FR18/83	<p>Apologies for absence Apologies for absence were received from Susanne Lynch. Chris Barnes and Tom Roberts were in attendance on behalf of Susanne Lynch.</p>	
FR18/84	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR18/85	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 16th May 2018 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR18/86	<p>Action points from the previous meeting</p> <p>FR18/59 - Prescriber Code Issues, Risks & CCG Policy The two actions under this item are still open and to remain on the action tracker.</p> <p>FR18/72 - Continuing Health Care – Update Report May 2018 A report with a recommendation regarding proposed 2018/19 price uplifts is on the agenda. Action closed.</p> <p>FR18/72 - Continuing Health Care – Update Report May 2018 AOR reported that the Adam DPS Monthly Monitoring meeting scheduled for 11th June 2018 was cancelled. The action regarding defining KPIs and clarity in terms of managing provider performance against them will be discussed at the next meeting scheduled for 9th July 2018. Action still open.</p> <p>FR18/72 - Continuing Health Care – Update Report May 2018 A report on high cost packages of care is on the agenda and has been added to the meeting work plan so that an update is provided to the committee on a regular basis. Action closed.</p>	

No	Item	Action
	<p>FR18/73 - Better Care Fund Update The standard quarterly BCF update to the F&R Committee has been removed from the work plan; updates will be provided as required. Action closed.</p> <p>FR18/76 - GPIT and ETTF Funding MMcD reported that following the last F&R meeting on 16th May, it had been established that the ranking of ETTF (IT) bids was not required at this stage. It had also been confirmed that IPT telephony does not meet ETTF criteria and was therefore removed from the proposed list of schemes submitted to NHS England. Action closed.</p>	
<i>Policies / frameworks for approval</i>		
FR18/87	<p>Individual Funding Request (IFR) Policy Documents</p> <p>JL presented the following Individual Funding Request (IFR) documents:</p> <ul style="list-style-type: none"> • IFR Decision Making Policy • IFR Management Policy • IFR Standard Operating Procedure <p>It was noted that the documents have been reviewed by the Senior Governance Manager (Equality & Inclusion Service) and the Corporate Governance Support Group, and recommended for onward approval by the Finance & Resource Committee.</p> <p>The committee discussed and approved the documents. It was agreed for JL to liaise with the Head of Communications and Engagement at the CCG regarding communicating these as public documents.</p> <p><i>The committee approved the IFR Decision Making Policy, Management Policy and Standard Operating Procedure.</i></p>	JL
<i>Finance</i>		
FR18/88	<p>Finance Report - Month 2</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st May 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG likely case scenario indicates a forecast deficit of £1.4m for the year, compared with the financial plan for 2018/19, which requires the CCG to deliver a £1.0m surplus. • The CCG is forecast to be £2.4m adrift from its financial plan for the year. • The main financial pressures include cost pressures relating to Continuing Healthcare packages and cost pressures within Alder Hey NHS Foundation Trust (relating to additional community cost pressures for estates and enteral feeds). • AOR will be meeting with Steve Smith (Head of Finance, NHSE C&M) on 21st June 2018 to discuss the May 2018 reported position. <p>The finance report was discussed in detail and included discussion on cost</p>	

No	Item	Action
	<p>pressures at Southport & Ormskirk NHS Trust for PbR activity, the work the CCG is undertaking with Lancashire Care relating to continence pressures, and community cost pressures for estates at Alder Hey. The following was also noted / requested:</p> <ul style="list-style-type: none"> • It was noted that references to the likely case scenario in the finance report required amendment. AOR confirmed the references would be corrected prior to submission of the report to the Governing Body. • It was noted that the benefit associated with the expert determination process is presently reflected within operational budgets; this will be adjusted in month 3 so that it is reflected as part of QIPP savings. • HN referred to the outstanding debtor balance with Southport & Ormskirk NHS Trust. AOR to contact the Trust to pursue payment of this debt. • DF reported that high cost packages are being reviewed by members of the CCG quality and finance teams. The CCG has been notified of inactive packages under £500 per week which are showing as live on the DPS system. This issue is being reviewed by the finance team to ensure that the level of accruals has not included these inactive packages. • Amendments are required to the QIPP plan following recent Check and Challenge meetings. The plan will be fully updated within the finance report for July. • The committee noted that further check and challenge sessions are required to provide the Governing Body assurance in planned care, urgent care and other schemes. • HN requested that an overall summary table of the monthly financial position be included in future finance reports. AOR to action. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>AOR</p> <p>AOR</p> <p>AOR</p>
FR18/89	<p>2018/19 CCG Financial Control Total</p> <p>MMcD presented a letter from NHSE England, dated 4th June 2018, regarding 2018/19 CCG Financial Control Totals. The letter confirms that the 2018/19 control total for Southport and Formby CCG set by reference to the in-year allocation is an underspend of £1m. The committee noted the contents of this letter and discussed the control total.</p> <p><i>The committee received this letter.</i></p>	
FR18/90	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the risk register. He reported that the Senior Finance Team had reviewed the risk register and further to this, proposed a number of updates. The committee noted the updates and agreed the following:</p> <ul style="list-style-type: none"> • <i>Risk FR002: Reputational risk to CCG resulting from delayed payment and ongoing difficulties experienced by service providers. Risk of inaccurate reporting due to poor data quality, which may impact on the ability to accurately quantify financial risk.</i> <p>As this risk is not related to financial pressures, it was agreed to reduce the consequence post mitigation score from 3 to 2.</p> <ul style="list-style-type: none"> • <i>Risk FR005: Lack of VPN access and off site working capability may impact</i> 	

No	Item	Action
	<p><i>CCG's ability to respond to any long term premises access issues with only limited capacity at second site.</i></p> <p>Due to the increased cyber security measures that have been implemented since the cyber attack in May 2017, it was agreed to reduce the consequence post mitigation score from 3 to 2.</p> <ul style="list-style-type: none"> <p><i>Risk FR006: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2018/19.</i></p> <p>It was agreed to change the wording of this risk to ensure it reflected the risk that the CCG will not deliver the £1m surplus in 2018/19 and fail to deliver its statutory financial duty. Following a discussion on delivery of the financial plan, it was agreed to raise the likelihood post mitigation score from 3 to 4 and the consequence post mitigation score from 3 to 5, elevating the total post mitigation score to 20 - placing the issue amongst the highest risks facing the CCG.</p> <p><i>Sub-risk FR006a: CCG fails to deliver its QIPP target in 2018/19.</i></p> <p>It was agreed to raise the likelihood post mitigation score from 3 to 4 and the consequence post mitigation score from 3 to 4.</p> <p><i>Sub-risk FR006b: CCG fails to control expenditure against its opening budgets in 2018/19.</i></p> <p>It was agreed to raise the likelihood post mitigation score from 3 to 4.</p> <p><i>Risk FR007: CCG is not prepared for introduction of GDPR and faces possibility of being fined for breaches that may arise.</i></p> <p>MMcD reported that M&L CSU are producing a fact sheet regarding GDPR which will be circulated to GP practices and shared with the LMC. It was agreed for the post mitigation scores (likelihood of 2 and consequence of 3) to remain.</p> <p><i>Risk FR008: A regional review of CCG remuneration of clinical leads has led to the requirement for a local review of arrangements. There is a risk there will be changes required to some clinical lead payments which may impact on some clinical leads.</i></p> <p>AOR reported that the CCG is looking to work with Ernst & Young to support and assure actions to be taken by the CCG in resolving this issue. She also noted that the CCG is seeking advice from other CCGs regarding best practice and actions that have been taken in relation to this issue. HN requested an update on this issue be provided to the next Audit Committees in Common meeting scheduled for 25th July 2018.</p> <p>It was agreed for the post mitigation scores (likelihood of 4 and consequence of 2) to remain.</p> <p>The above agreed amendments are to be made to the risk register.</p> <p><i>The committee agreed a number of changes to the F&R risk register as detailed above.</i></p>	<p>AOR</p> <p>MMcD / AOR</p>
FR18/91	<p>CHC – Fee Rates 2018/19</p> <p>AOR presented a report with recommendations for Funded Nursing Care (FNC) and Continuing Health Care (CHC) fee rates for the financial year 2018/19. She</p>	

No	Item	Action
	<p>presented the options detailed in the paper.</p> <p>An extensive discussion took place regarding the options, taking into account affordability, recommendations of the Red Quadrant report in 2017, jointly funded packages of care and the impact of the Adam Dynamic Purchasing System for future fee uplifts. DF provided commentary from a quality perspective.</p> <p>HN queried the likelihood of pursuing the full opportunity to generate CHC cost improvements which NHS England have highlighted.</p> <p>Further to discussion, the committee agreed a 1% uplift to all packages of care for 2018/19 that were commissioned prior to 1st April 2018. Packages of care that have gone live from 1st April 2018 are not subject to an uplift as they are at the current market rate and assumed to be within the price submitted. The committee agreed that jointly funded packages are to be subject to a joint review as appropriate, to provide assurances that commissioned care is meeting the needs and delivering the outcomes for patients.</p> <p>It was noted that the costs of the uplift had been included within opening budgets and that there may be a further cost pressure relating to packages funded jointly by the CCG and Sefton Council.</p> <p><i>The committee came to an agreement regarding an uplift to packages of care for 2018/19 as detailed above.</i></p>	
FR18/92	<p>CHC – High Cost Packages: May 2018</p> <p>AOR presented a report on CHC high cost packages. The committee noted that 18/19 costs for top 30 packages of care are increasing compared with 17/18 and contributing to reported pressures.</p> <p>DF provided a summary of the actions that have been implemented to manage and monitor high cost packages, as detailed in the report. Actions have included the appointment of a Complex Care Nurse who has been in post since early 2018 and is leading on the review of the high cost packages.</p> <p>MMcD stressed the need to capture the impact of high cost CHC packages within the financial position and the actions being taken by the CCG to mitigate the associated financial risk within the financial recovery plan currently being drafted.</p> <p><i>The committee received this report.</i></p>	
FR18/93	<p>Benchmarking and VFM</p> <p>AOR reported that NHS England have arranged a CCG Finance Deputies monthly meeting, which she will attend. AOR will raise future benchmarking with this group.</p> <p><i>The committee received this verbal update.</i></p>	

No	Item	Action
<i>Prescribing</i>		
FR18/94	<p>Prescribing Spend Report – Month 12 2017/18</p> <p>TR provided an overview of the prescribing report for month 12 of 2017/18. It was noted that at month 12, the CCG is forecast to be underspent by 4.9%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £22.508m and following an adjustment to include erroneous prescribing costs attributed to the CCG up to March 2018.</p> <p>TR noted there was an error in the cost pressures table in the report and confirmed that the correct figure for the population shift cost pressure is £171k.</p> <p>TR reported on a cost pressure in relation to 2017/18 flu vaccinations and confirmed that this would be monitored. TR also confirmed that the CCG are working to reclaim charges related to a prescriber coding error and Trinity practice.</p> <p>A discussion took place about NMP prescribing costs being incorrectly attributed to Lancashire Care. TR confirmed that in future, NMPs will be registered to the correct cost centres and that Medicines Management are continuing to monitor NMP cost activity.</p> <p><i>The committee received this report.</i></p>	
FR18/95	<p>Quarter 4 Prescribing Performance Report 2017/18</p> <p>TR presented the quarterly report noting prescribing performance for the fourth quarter of 2017/18 for Southport & Formby CCG practices. It was noted that the Southport & Formby CCG actual cost growth is at -0.6% in the 12 months up to March 2018; item percentage growth is 1.4% for the same period. The committee noted that Southport and Formby CCG is performing well when benchmarked against other CCGs in Cheshire and Merseyside.</p> <p>The committee discussed cost saving activities undertaken by CCGs in Cheshire and Merseyside and how the timing of each can have an impact on benchmarking data for actual annual cost growth.</p> <p><i>The committee received this report.</i></p>	
FR18/96	<p>APC Recommendations</p> <p>CB asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> • Commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes. <p>The committee discussed the recommendation and approved it.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial</i></p>	

No	Item	Action
	<p>fluid glucose monitoring in Type 1 diabetes.</p> <p><u>Post-meeting note</u></p> <p>For clarity, SL had noted post meeting that MMcD had used delegated authority ahead of the F&R Committee meeting on 21st June 2018, to approve the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes. It is anticipated that this will be cost-neutral or cost-saving if Freestyle Libre® is used in patients fitting the initiation and response criteria, with cost-savings from reduced blood glucose monitoring and reduced insulin pump requirement. The Medicines Management Team will monitor the spend. This was reported at the committee meeting on 19th July 2018.</p>	
Minutes of Steering Groups to be formally received (taken as read)		
FR18/97	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – March 2018 • Sefton Property Estates Partnership (SPEP) Steering Group – April 2018 <p>The committee received the minutes of the IM&T Steering Group meeting in March 2018 and the SPEP Steering Group meeting in April 2018.</p> <p>In relation to estates, MMcD reported on the review being undertaken by South Sefton CCG to quantify deficits in workforce across the CCG to understand the GP / patient ratio before considering the estates base.</p>	
Closing business		
FR18/98	<p>Any Other Business</p> <p>It was noted that the next F&R Committee meeting was scheduled to take place on 18th July, 1pm-3pm at Ainsdale Centre for Health and Wellbeing. The meeting was scheduled for the afternoon due to availability of the venue, as agreed at the committee meeting on 17th January 2018. A number of apologies were noted for the meeting in July and due to this, it was agreed to reschedule the meeting to 9.30am-11.30am on 18th July. HM confirmed that he would arrange for the meeting to be hosted at Marshside Surgery.</p>	TK / HM
FR18/99	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 18th July 2018 9.30am to 11.30am The Marshside Surgery, 117 Fylde Road, Southport, PR9 9XL</p>	

Finance and Resource Committee Minutes

Wednesday 18th July 2018, 9.30am to 11.30am
The Marshside Surgery, 117 Fylde Road, Southport, PR9 9XL

Attendees (Membership)		
Helen Nichols	Lay Member, S&F CCG (Chair)	HN
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
In attendance		
Brendan Prescott	Deputy Chief Nurse and Head of Quality & Safety , S&F CCG	BP
Laura Teaney (Items FR18/100–105)	Information Governance Support Officer, MLCSU	LT
Jenny White	Head of Financial Management & Planning, S&F CCG	JW
Apologies		
Gill Brown	Lay Member, S&F CCG	GB
Debbie Fagan	Chief Nurse, S&F CCG	DF
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Sept 18	Oct 18	Nov 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓				
Gill Brown	Lay Member	✓	✓	✓	✓	✓	A				
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓				
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A				
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓	A				
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓	A				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓	A				
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A	✓				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*	*				

No	Item	Action
General Business		
FR18/100	<p>Apologies for absence</p> <p>Apologies for absence were received from Gill Brown, Debbie Fagan, Jan Leonard, Colette Riley and Alison Ormrod.</p> <p>Apologies for absence received up to the day before the meeting had resulted in attendance being under 50% and the meeting being inquorate. Members who had provided apologies had been asked for comments on items that required a decision, prior to the meeting, in order to help ensure consultation with those unable to attend. Comments had been received from the majority of members that were unable to attend. All decisions agreed at this meeting (for items requiring approval / ratification) are to be ratified at the F&R Committee meeting scheduled for 19th September 2018; the Chair is to raise this at the meeting in September.</p> <p>Jenny White was in attendance on behalf of Alison Ormrod. Brendan Prescott was in attendance on behalf of Debbie Fagan.</p>	HN
FR18/101	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR18/109: GPIT and ETTF Additional Bid – COIN Upgrade</i> HM declared that he is a partner GP at a practice in Southport and Formby which will be affected by a COIN upgrade. The item was on the agenda to be ratified by the committee. HM had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that HM can be present during this item but cannot participate in discussion and decision making due to potential bias. Prior to the meeting, CL had declared that she is the practice manager at a GP practice in Southport and Formby which will be impacted by a COIN upgrade and therefore had not provided any comments in relation to this item. • <i>FR18/112: Practice Prescribing Budgets 2018/19</i> HM declared an interest in relation to this item, as his practice will be impacted by the practice prescribing budgets for 2018/19. HM had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that HM can be present during this item but cannot be involved in decision making. HM is the CCG's medicines management clinical lead and therefore it was considered appropriate for his expert views to be considered to enable the committee to make a clinical decision. Prior to the meeting, CL had also declared an interest in relation to this item, as her practice will be impacted by the practice prescribing budgets for 2018/19. Therefore, she 	

No	Item	Action
	<p>had not provided any comments in relation to this item.</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR18/102	<p>Minutes of the previous meeting and key issues</p> <p>The minutes and key issues of the previous meeting on 20th June 2018 were reviewed and agreed to be a true record. GB, CL and JL had confirmed approval of the minutes prior to the meeting.</p> <p>SL referred to item <i>FR18/96 APC Recommendations</i>. She confirmed that MMcD had used delegated authority ahead of the F&R Committee meeting on 21st June 2018, to approve the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®), at it was within his delegated limits as Chief Finance Officer. As this had not been reported at the meeting, it was agreed to add a post meeting note to the minutes of the meeting on 20th June to record this.</p>	TK / SL
FR18/103	<p>Action points from the previous meeting</p> <p>FR18/59 - Prescriber Code Issues, Risks & CCG Policy SL confirmed the two prescribing actions under this item as detailed on the action tracker are complete. Actions closed.</p> <p>FR18/72 - Continuing Health Care – Update Report May 2018 The action regarding Adam DPS, further work on defining KPIs and clarity in terms of managing provider performance against them is still open. Action to remain on the tracker.</p> <p>FR18/87 - Individual Funding Request (IFR) Policy Documents JL had confirmed prior to the meeting that she has liaised with the Head of Communications and Engagement at the CCG regarding communicating the IFR policy documents as public documents. It was agreed to close this action.</p> <p>FR18/88 - Finance Report - Month 2 The benefit associated with the expert determination process is now reflected as part of QIPP savings. Action closed.</p> <p>FR18/88 - Finance Report - Month 2 The CCG has contacted Southport & Ormskirk NHS Trust to pursue payment of the outstanding debtor balance. MMcD provided an update on the debt and confirmed that further to discussions, this issue is expected to be resolved. Action closed.</p> <p>FR18/88 - Finance Report - Month 2 An overall summary table of the monthly financial position has been included in the finance report. Action closed.</p> <p>FR18/90 - Finance & Resource Committee Risk Register</p>	

No	Item	Action
	<p>An update on the issue related to GP leads payments is on the agenda for the next Audit Committees in Common meeting scheduled for 25th July 2018. Action closed.</p> <p>FR18/90 - Finance & Resource Committee Risk Register The F&R Committee risk register has been updated with the amendments agreed at the committee meeting on 20th June 2018. Action closed.</p> <p>FR18/98 - Any Other Business The agreed changes regarding the scheduling of the July F&R meeting have been actioned. Action closed.</p>	
<i>Policies / frameworks for approval</i>		
FR18/104	<p>IG & Data Security and Protection Policies 2018 v2.1 LT presented the IG & Data Security and Protection Policies 2018 v2.1.</p> <p>MMcD confirmed it has been clarified that, in line with the CCG's governance arrangements, the policies are to be referred to the Joint Quality Committee for approval. It was noted that the Corporate Governance Support Group, which reviews the IG policies, reports into the Joint Quality Committee. The Chair asked MMcD to review and confirm the rationale for this reporting structure. It was noted that the policies are being presented to the F&R committee for noting and comments.</p> <p>Prior to the meeting, JL had queried whether there should be more clarity on which organisations the policies apply to. LT confirmed that these policies are applicable to the CCG only and not to general practice. LT confirmed she would contact JL regarding her comments with a view to providing more clarity in the document.</p> <p>It was noted that there were missing page numbers on the contents page, which LT confirmed would be corrected.</p> <p>The committee had a detailed discussion regarding the policies and GDPR, with issues and concerns raised by HM regarding data collection. The following actions were agreed after further discussions:</p> <ul style="list-style-type: none"> • A meeting is to take place between the IG Team, Medicines Management and the LMC to develop a front sheet / template which identifies the legal basis for information requests, in order to support the CCG and practices in relation to GDPR. A guidance factsheet with practical examples related to GDPR is also to be produced as a reference for the CCG and practices. • MMcD to confirm iMerseyside's corporate responsibility in terms of their data facilitator employees' role in processing data. <p><i>The committee received the IG & Data Security and Protection Policies and agreed on a number of actions as detailed above. It was noted that the final policies are to be presented to the Joint Quality Committee for approval.</i></p>	<p>MMcD</p> <p>SL</p> <p>MMcD</p>
FR18/105	IG Staff Code of Conduct 2018	

No	Item	Action
	<p>LT presented the IG Staff Code of Conduct 2018. As with item FR18/105, MMcD confirmed it has been clarified that, in line with the CCG's governance arrangements, the IG Staff Code of Conduct 2018 is to be referred to the Joint Quality Committee for approval. The document is being presented to the F&R committee for noting and comments.</p> <p>LT confirmed that work on the IG handbook is still ongoing and therefore the document is not yet ready to be presented to the CCG for approval. She noted that going forward, CCG staff will be asked to sign the IG Staff Code of Conduct (instead of the handbook) as agreement to adhere to the IG policies and procedures; this will be used to support evidence in the Data Security and Protection Toolkit (formally the IG toolkit).</p> <p>Committee members referred to the section on <i>Emailing Personal Confidential Data (PCD)</i> and noted that this section needed to take account of email addresses with a CCG suffix and personal email addresses in addition to nhs.net addresses. LT confirmed this would be actioned.</p> <p>The committee discussed the code of conduct and raised a number of concerns regarding security and home working. The following actions were agreed:</p> <ul style="list-style-type: none"> • MMcD to clarify security requirements for home working - including downloads onto home computers, use of iPads and using CCG drives through an external internet provider. • MMcD to ensure there is consistency between the IG Staff Code of Conduct and related iMerseyside policies, including the use of VPNs. <p>It was noted that the IG Staff Code of Conduct may need to be amended, further to completion of the above actions.</p> <p><i>The committee received the Staff Code of Conduct and agreed on actions, which may lead to amendments to the document prior to presentation for CCG approval.</i></p>	MMcD
<i>Finance</i>		
FR18/106	<p>Finance Report - Month 3</p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 30th June 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG is reporting a likely case scenario of £2.832m deficit. • Financial pressures include overperformance at Southport & Ormskirk NHS Trust and iSight Clinic. • QIPP delivery to date is £0.634m, which is £0.707m below the planned delivery at month 3. • The year to date performance for Acting as One providers shows an overperformance spend against plan, which would represent an overspend of £0.257m under usual contract arrangements. • MMcD and Fiona Taylor (Chief Officer at the CCG) met with representatives from Southport & Ormskirk NHS Trust and West Lancashire CCG on 17th July 2018 to discuss Q1 figures and outstanding issues from the expert determination. MMcD updated the committee on 	

No	Item	Action
	<p>the discussion at this meeting.</p> <p>MMcD provided commentary on <i>Appendix 1 - Financial Position Month 3, Appendix 3 – 2018/19 QIPP Plan</i> and <i>Appendix 5</i> which details the CCG's best case, most likely case and worst case scenarios.</p> <p>MMcD provided an update on the CCG's financial recovery plan, noting that a meeting with NHSE is scheduled to take place on 26th July 2018 to discuss the plan.</p> <p>An extensive discussion took place regarding the finance report, QIPP delivery and the CCG's financial recovery plan. Issues including Adam DPS, purchase of 28 day beds, unplanned care and community mental health services were discussed.</p> <p>HN requested that run rate information in the form of a table or graph be included in future finance reports.</p> <p>HN referred to the commentary on the QIPP target in section 2 of the finance report and noted there was an inconsistency with the <i>QIPP Plan 2018/19</i> graph in section 6 of the report. This is to be corrected prior to submission of the report to the Governing Body.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></p>	<p>MMcD</p> <p>MMcD</p>
FR18/107	<p>Financial Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy. He referred to the national announcement that the NHS in England will receive an average annual funding increase of 3.4% per year over the next five years. He noted the CCG has identified some priority areas for the next financial year, which include mental health. Representatives from Mersey Care have been invited to attend an upcoming Leadership Team meeting to discuss funding.</p> <p><i>The committee received this verbal update.</i></p>	
FR18/108	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register, which has been updated with the changes agreed at the last committee meeting. In addition to these changes, it was noted that new risk FR008, related to the delivery of the Sefton Transformation Programme, has been added.</p> <p>Members discussed the risk register and agreed the following changes:</p> <p><i>Sub-risk FR006a: CCG fails to deliver its QIPP target in 2018/19.</i></p> <ul style="list-style-type: none"> - It was agreed to raise the consequence post mitigation score from 4 to 5, as the financial pressure now exceeds £2m. This change would result in a total post mitigation score of 20. 	

No	Item	Action
	<p><i>New risk FR008: There is a risk of non-delivery of the Sefton Transformation Programme caused by insufficient appropriate resources which would result in non-resolution of the system wide deficit with potential reputational damage.</i></p> <ul style="list-style-type: none"> - Due to the current level of assurance in place, it was agreed to increase the likelihood and consequence post mitigation scores from 3 by 3 to 4 by 4, resulting in a total post mitigation score of 16. The reputational risk related to non-delivery of the Sefton Transformation Programme was noted by the committee. It was also agreed that the risk owner detailed on the register is to be changed from MMcD to Fiona Taylor, Chief Officer at the CCG and Senior Responsible Officer for the Sefton Transformation Programme. <p><i>The committee agreed the above changes to the F&R risk register. This is subject to approval by the majority of committee members; TK to seek approval from members who were not present at the July meeting. The agreed changes are to be formally ratified at the F&R Committee meeting scheduled for 19th September 2018, as noted under item FR18/100.</i></p>	TK
<i>IT</i>		
FR18/109	<p>GPIT and ETTF Additional Bid – COIN Upgrade</p> <p>MMcD presented a bid to strengthen the COIN infrastructure through the GPIT Business As Usual (BAU) bidding process, The bid had initially been submitted as a shared bid between the Sefton CCGs and Liverpool CCG. Further to feedback from NHS England, this bid is required to be submitted as a separate bid for each CCG. The separate bid for Southport & Formby CCG was submitted to NHS England, prior to the July F&R meeting, in order to meet the submission deadline of 29th June 2018. This was approved by MMcD, as it was within his delegated limits as Chief Finance Officer. MMcD explained the COIN infrastructure to the committee and asked members to ratify the bid.</p> <p><i>Members, excluding HM due to a CofI, agreed to ratify the bid to strengthen the COIN infrastructure through the GPIT BAU bidding process. JL and DF had confirmed they agreed with ratification prior to the meeting.</i></p>	
<i>Estates</i>		
FR18/110	<p>Funding Sources and Capital Works Delivery Route Guidance</p> <p>MMcD provided a brief overview of the Funding Sources and Capital Works Delivery Route Guidance document, and noted that it has been brought to the F&R meeting for information. The document identifies funding sources and delivery route options for capital works, and is intended to provide indicative guidance for strategic estates advisors, trusts, providers, NHS property companies and commissioners.</p> <p><i>The committee received this document.</i></p>	
<i>Prescribing</i>		
FR18/111	<p>Prescribing Spend Report – Month 1 2018/19</p> <p>SL provided a brief overview of the prescribing report for month 1. The committee noted that the information was limited with only one month's data</p>	

No	Item	Action
	<p>currently available. The medicines management team continue to support practices to realise cost savings whilst supporting good patient care.</p> <p><i>The committee received this report.</i></p>	
FR18/112	<p>Practice Prescribing Budgets 2018/19</p> <p>SL provided a brief overview of the Medicines Management team process to determine practice level prescribing budgets for 2018/19, which is explained in detail in the report within the meeting pack. The overall prescribing budget has been approved by the CCG Governing Body.</p> <p><i>Members, excluding HM due to a CofI, agreed to ratify the process to determine practice level prescribing budgets for 2018/19. GB, JL and DF had confirmed they agreed with ratification prior to the meeting.</i></p>	
Minutes of Steering Groups to be formally received		
FR18/113	<p>Information Management & Technology (IM&T) Steering Group – May 2018</p> <p>Committee members in attendance received the minutes of the IM&T Steering Group meeting in May 2018.</p>	
Closing business		
FR18/114	<p>Any Other Business</p> <p>The provisional F&R meeting scheduled for 22nd August 2018 was discussed. It was agreed for a decision to be made as to whether the meeting goes ahead after the financial recovery meeting with NHS England scheduled for 26th July 2018.</p>	
FR18/115	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 22nd August 2018 (PROVISIONAL MEETING) 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p> <p>Wednesday 19th September 2018 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Finance and Resource Committee Minutes

Wednesday 22nd August 2018

10.30am to 11.30am

Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member, S&F CCG (Chair)	HN
Debbie Fagan	Chief Nurse, S&F CCG	DF
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Apologies		
Gill Brown	Lay Member, S&F CCG	GB
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Minutes		
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓				
Gill Brown	Lay Member	✓	✓	✓	✓	✓	A	A				
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓				
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A	A				
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓	A	A				
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓	A	✓				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓	A	✓				
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A	✓	✓				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*	*	*				

No	Item	Action
General business		
FR18/116	<p>Apologies for absence Apologies for absence were received from Gill Brown, Alison Ormrod and Colette Riley.</p>	
FR18/117	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
Reports received (taken as read)		
FR18/118	<p>Finance Report - Month 4 MMcD advised that this meeting would be a single agenda item meeting to focus upon the CCG's month 4 financial position, noting the emerging risks and mitigations. The review of the minutes of the last meeting was deferred until September.</p> <p>MMcD reported that the CCG's Financial Recovery Plan has been approved by NHS North following revision and advised that delivery of the plan will be discussed further at the September Part II Governing Body Meeting.</p> <p>MMcD referenced the 'run rate' table within the financial report noting that the CCG had achieved the Month 4 position of break-even although this required re-aligning of reserves to achieve this. He noted that a similar approach is likely to be required to meet the break-even plan for the next two months.</p> <p>In terms of expenditure pressures within the year, the committee noted the budgetary pressures arising in CHC, which were partially offset by FNC underspends. The committee advised that:</p> <ul style="list-style-type: none"> Further discussions would be helpful with elected council members to understand the planning process in respect of new care homes / villages. CCG should seek assurance that all packages of care are being delivered as specified. <p>MMcD explained that the reported overspends in continence / estates and enteral feeds were prior year, which required funding. He advised that the CCG undertook a virement to move budget from reserves to operational budgets to</p>	<p>All</p> <p>DF</p>

No	Item	Action
	<p>balance out the overspend.</p> <p>A discussion regarding continence pads then took place and SL and JL agreed to review this area to identify whether costs could be reduced.</p> <p>MMcD noted the in-year overspend in respect of non-elective activity at Southport & Ormskirk Trust. He advised the group that the CCG would be raising a formal contract challenge to the Trust regarding:</p> <ul style="list-style-type: none"> • Ongoing charging of GPAU follow-ups contrary to the outcome of the expert determination. • Significant increase to unit cost prices for NEL noting average cost increase from £1,750 to £2,100 in 2018/19 compared with 2017/18. <p>MMcD concluded the report by discussing the table in Appendix 4 noting that the CCG likely case deficit is forecast to be £2.838m compared with a planned surplus of £1.000m. The CCG is therefore forecast to be £3.838m away from plan and he advised that further cost reductions are required to bring expenditure back in line with the financial plan.</p> <p>He advised that it is likely that further pressures will transfer to the likely case scenario in respect of costs relating to the Sefton Transformation Programme PMO. The Governing Body will receive an update on progress on this issue in the September meeting.</p> <p>DF noted that the CCG could take a different approach with some care homes and look to agree a “block contract” to try and mitigate expenditure in the latter half of the year.</p> <p><u>Any other Business</u></p> <p>SL reported that issues remained in terms of secondary care clinicians prescribing items that were included in NHSE’s restricted items list. It was agreed to meet with counterparts in secondary care to discuss this issue ahead of the scheduled Board to Board meeting.</p>	<p>SL / JL</p> <p>SL</p>
Closing business		
FR18/119	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting</p> <p>Wednesday 19th September 2018</p> <p>10.30am to 12.30pm</p> <p>Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 26th July 2018, 09.00 – 12.00

Venue: The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP

Membership

Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell (Left 9.15am)	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan (9.15am)	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In attendance

Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Moira Harrison	Planned Care Lead (SFCCG)	MH

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Gill Brown	Lay Member (SFCCG)	GBr
Colette Page	Practice Nurse Lead (SFCCG / SSCCG)	CP
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Martin McDowell	Chief Finance Officer / Deputy Chief officer	MMcD
Dr Doug Callow	GP Quality Lead	

Minutes

Amanda Gordon	Programme Manager Quality & Performance	AG
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For the Joint Quality Committee to be quorate, the following representatives must be present:

- Chair of the Quality Committee or Vice Chair.
- Lay member (SF) or Lay member (SS)
- A CCG Officer (SF)
- A CCG Officer (SS)
- A governing body clinician (SF)
- A governing body clinician (SS)

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L	✓	✓	L	N				
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A	✓	N				
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓	A	N				
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓	A	N				
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓	A	N				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓	L	N				
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	✓	N				
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A	A	N				
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	A	N				
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A	✓	N				

- ✓ Present
A Apologies
L Late or left early
N No meeting held

No	Item	Actions
18/104	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, BP, GBr, BD, CP, MMcD and GBr.</p> <p>RC left at 9.15am to be interviewed by the CQC inspectors. DF arrived at 9.15am following the daily 'Keeping In Touch' call with the CQC lead inspector.</p> <p>HR, MH and AG in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/105	<p>Declarations of Interest</p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/106	<p>Minutes & Key issues log of the previous meeting</p> <p>Amendment to item 18/83(iii) – Should read 'Test of Cure' not 'Test or Cure'.</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection subject to this amendment.</p>	

No	Item	Actions
18/107	<p>Matters Arising / Action Tracker</p> <p>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&O and AUH. DF to raise clinician concern with CCG Chief Officer. Update: DF raised this at the last S&O CRM/CQPG and those in attendance were unable to provide an update. Discussed with FLT who advised to contact Therese Patten – update currently awaited. Meeting to take place with the team from AUH on 27th July 2018 so the issue will be raised with the AUH team in an attempt to receive an update. Outcome: Carried forward to next meeting</p> <p>18/49 - LeDeR Briefing Paper TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. Update: This has been deferred until the next meeting. Outcome: Carried forward to next meeting</p> <p>18/56 - BD and BP to arrange a visit to the Out of Hours service one evening or Weekend Update: This has been arranged for 31st July 2018 Outcome: Closed</p> <p>18/68(i) - Chief Nurse Report Deputy Chief Nurse will provide a summary from the Lancashire care report to the next Joint Quality Committee including comments from locality managers around quality of services/what the feeling is 1 year into the change of provider. Update: BP has agreed with Locality Manager for issues to be submitted on a quarterly basis. Agenda item and paper for discussion at today's meeting Outcome: Close</p> <p>18/72 RTT Lost to follow up review: S&O Hospital Trust 18/72(i) MH will raise the question of sufficient assurance with Jan Leonard (JL), Director of Commissioning and Redesign (SSCCG/SFCCG) Update: Refer to agenda item 18/116 Outcome: Close</p> <p>18/72(ii) Chief Nurse to discuss at Governing Body Development Session the process for stopping referrals to providers where concerns exist Update: DF has raised this with Tracy Jeffes and Debbie Fairclough from the CCGs Leadership Team who plan the Governing Body Development sessions Outcome: Close.</p> <p>Month 12 Serious Incident Performance Report 18/83(i) SI summary sheet to be included in papers/reports Update: A report is produced for each SI meeting which provides details of all open SIs. TF will liaise with the Mel Spelman (Programme Manager Quality & Risk) and Rob Foden (Serious Incident Administrator) about how this can be translated into a different format in order to be presented in a way that enables the JQC to fulfil their function in relation to SIs on a quarterly basis. This will feature in the next SI update report to the JQC. There is a meeting scheduled with GBr to talk through the improved reports. Outcome: Close.</p>	<p>DF</p> <p>TF</p>

No	Item	Actions
	<p>18/83(ii) A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee Update: DF stated that this is yet to be completed due to current workload. Work is on-going on prioritising workloads in all teams across the CCGs. Outcome: Carried forward to next meeting.</p> <p>18/83(iii) Chief Nurse to escalate to LCCG concerns raised by the committee in relation to Test or Cure. Update: DF reported that concerns had been raised back to LCCG and that Colette Page (Practice Nurse Lead) had attended a meeting with LCCG, NHSE / PHE and LWH for a further discussion. Issue re: Test of Cure Pathways has also now been raised in SFCCG / S&O. Dr Graeme Allen GP Clinical Lead for Cancer is in discussion with the Trust regarding this matter and patient safety is the CCG priority - this has been discussed at the last S&O CRM/CQPG. The CCG has raised the issue with S&O regarding STEIS reporting and the Director of Nursing at S&O gave a rationale at the last CRM/CQPG as to why it did not meet the criteria from a Trust perspective. A further meeting is to be held with the Trust. Outcome: Close as being addressed by JL with support from the CCG Quality Team.</p> <p>18/88 - Joint Quality Committee Terms of Reference DF discussed suggested amendments from JQC with Debbie Fairclough (QIPP Programme Lead / Governance Lead). Terms of reference to be presented to both Governing Bodies for approval. Amendments detailed in the Chief Nurse Report. Outcome: Close</p> <p>18/89 - Chief Nurse Report BD to report back to the Committee regarding the issue of lack of data submission from Lancashire Care. Update: Discussed at LCFT contract review meeting last week; data expected in Month 3 submission which Emily Golightly from the CCGs Business Intelligence Team will be monitoring. Outcome: Close</p> <p>18/90 Provider Quality & Performance Reports 18/90(i) Chief Nurse to contact COO, Chief Nurse and Medical Director at the S&O to discuss performance concerns discussed at Joint Quality Committee Update: DF has made contact with Chief Operating Officer and there was also a discussion held last week at the CRM/CQPG. With regard to the issues discussed at the JQC re: High Risk TIA, there was no clinician available at the CRM/CQPG to meeting to provide feedback. This will be picked up in the Executive to Executive meeting between the CCG and the Trust. Outcome: Close.</p> <p>18/90(ii) Chief Nurse to circulate AUH Improvement paper and bring formally to next meeting for comment Update: Agenda item at today's meeting. Outcome: Close</p> <p>18/90(iii) Chief Nurse to email Leadership Team regarding the request to look at performance across the system / place of Sefton. Update: Business Intelligence has been asked to complete this piece of work a piece of work – will be brought back to Senior Management Team. Outcome: Close</p>	DF

No	Item	Actions
	<p>18/94 Serious Incident Management Update Chief Nurse to discuss with NHSE C&M an alternative date for the meeting to enable the attendance of GP Clinical Leads who attend the SIRG. Update: DF stated that alternative dates were requested but the meeting needed to take place before the end of July 2018. Dr GH was on annual leave and Dr DC was initially able to attend the re-scheduled date. However, due to clinical commitments Dr DC was not able to attend and the meeting went ahead without GP representation but the Chief Nurse and Deputy Chief Nurse were in attendance. GH asked if as part of this discussion the issue was raised about the request she'd made but is yet to receive from NHSE re: Primary Care – DF responded that she would follow this issue up with NHSE as that was not the purpose of the meeting. Outcome: Close</p> <p>18/96 Investigating the aetiology of opioid prescribing in NW England – Research Paper BP to write to LJMU requesting assurances that the extraction of data complies with GDPR Update: Action completed - GDPR does not apply as data anonymised. Outcome: Close</p> <p>18/97 EPaCCS Update BD will request that Moira Harrison link in with the End of Life and EPaCCS Steering Group Meetings. Update: Billie Dodd has sent apologies so no update available. Outcome: Carried forward to next meeting.</p>	
18/108	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> • Update for the reported Never Events at both AUH and S&O • Safeguarding and Looked After Children which included the presentation received by the Governing Bodies regarding the Clayton Review (2018) and an update on the 3 x Serious Case Reviews that were on-going in Sefton • Update on the completion of the Quality Risk Profile Tool and Quality Summit for Lancashire Care Foundation Trust • Update on Barton Park Nursing Home and the joint working with the Local Authority and the CQC being undertaken in discharging of our Duty of Care. • Recent visit undertaken to Sefton from Hilary Garratt CBE (Director of Nursing NHSE / Deputy Chief Nursing Officer for England) and Margaret Kitching (Director of Nursing NHS England North). <p>DF provided an update in terms of the visit planned by Lisa Cooper (LC), Deputy Director of Quality / Head of Safeguarding NHS England North to meet with the Safeguarding Team which was scheduled for 24th July 2018. LC needed to postpone and the meeting has been re-scheduled for 7th August 2018.</p>	

No	Item	Actions
18/109	<p>Children, Young People (CYP) & Maternity Update</p> <p>DF presented the report on behalf of Peter Wong (PW), Children & Young People's Commissioning Manager. DF stated that the CCGs' Chief Officer had identified children's services of one of the key priorities of the CCGs in 18/19 and the report gave an overview of current programmes of work being undertaken.</p> <p>GH raised concerns about the lack of information known to GPs about voluntary sector services available to support emotional health and wellbeing of children and young people and also the lack of KPIs / outcome measures for the voluntary sector when referral have been made to the sector from CAMHS Tier 3. GH also gave an example of a recent contact she had with a young person who requires emotional health and wellbeing support and raised the issue of what further work we could do to hear the voice of such vulnerable groups DF stated that the voice of C&YP was part of the CCGs Communication and Engagement Strategy and GBa informed the committee about the recent EPEG event with Young Advisors. All agreed that this is an area that required further development. DF stated that she would raise these issues with PW in order to action.</p>	
	<p>Action 18/109(i) Children, Young People (CYP) & Maternity Update DF to ask PW to provide GP practices with a list of known voluntary sector organisations that GPs can signpost / refer C&YP to for support in relation to emotional health and wellbeing support when they do not meet the referral criteria for Tier 3 CAMHS.</p> <p>Action 18/109(ii) Children, Young People (CYP) & Maternity Update DF to ask PW to liaise with CCG team and LA colleagues regarding the possibility of developing KPIs / outcome measures for voluntary sector organisations that we commission to support C&YP emotional health and wellbeing.</p> <p>Action 18/109(iii) Children, Young People (CYP) & Maternity Update DF to ask PW to liaise with Lyn Cooke (CCG Head of Communications) to see what further work the CCGs could undertake to hear the voice more of vulnerable children and young people.</p>	<p>DF</p> <p>DF</p> <p>DF</p>
18/110	<p>Quality Risk Register</p> <p>DF presented the Quality Risk Register for review by the Committee. Members of the committee stated that the updates were clear to see as they were detailed in a different colour font and requested if the request to group similar risks together as this would support the identification of themes.</p>	
18/111	<p>Internal Serious Incident Management Update</p> <p>TF presented the report to the Committee which included the updated action plan and amended Terms of Reference for the CCGs Serious Incident Review Groups following the review by NHS E C&M. Members were asked to receive the report and were updated on the outcome of the support and assurance meeting that took place with the Deputy Director of Nursing from NHSE C&M and the CCGs in July 2018. TF reported that she is in the process of completing a report to NHSE C&M which articulates the CCGs quality improvement / actions undertaken. NHSE C&M will be providing a draft report for review by the CCGs by the middle of August 2018.</p> <p>DF reported that the CCGs staff training for RCAs / investigation has been confirmed with Bolton NHS Foundation Trust for the beginning of September 2018.</p>	

No	Item	Actions
18/112	<p>Practice Nurse Lead Report</p> <p>DF presented the report on behalf of Colette Page (CP) CCGs Practice Nurse Lead. Members found the content of the report informative and asked DF to pass on their thanks to CP.</p>	
18/113	<p>NHSE C&M Quality Surveillance Group Report</p> <p>DF presented the report on behalf of BP. The Committee were asked to receive the report. The report provided the committee with sight of the submission which reports quality issues by exception to the C&M QSG.</p>	
18/114	<p>Lancashire Care NHS Foundation Trust – Community Service Feedback</p> <p>DF presented the paper on behalf of BP. It provided summary information of quality related issues with regard to LCFT that were being identified within localities in the SFCCG area and were summarised as follows:</p> <ul style="list-style-type: none"> • District nursing visibility and communication • Task delegation to General practices • Phlebotomy services • Continence service (separate agenda item) • Possible issues with capacity, recruitment and retention <p>The issues relating to District Nurse visibility and delegation of tasks to General Practice are to be discussed at a meeting with Carmel Jones, Lead Nurse-Southport and Formby Locality. The issues are also to be addressed at the next CQPG meeting.</p> <p>TF stated capacity issues appear to be an emerging theme from the LCFT RCAs that have been reviewed at the CCG SIRG meeting. TF to raise this with BP to also be addressed at the next CQPG.</p>	
	<p>Action 18/114 Lancashire Care NHS Foundation Trust – Community Service Feedback</p> <p>TF to raise with BP the emerging trend from LCFT RCAs that has been identified at the SFCCG SIRG re: capacity.</p>	TF
18/115	<p>Aintree University Hospital (AUH) NHS Foundation Trust Quality Improvement Plan</p> <p>DF presented the AUH Quality Improvement Plan which was submitted to the Single Item Quality Surveillance Group for the purposes of commissioner and regulator assurance. DF stated that the delivery of the plan would be managed by the Trust through a PMO approach and reported through to the CQPG. GH stated that FLT will be facilitating a workshop event on 27 July 2018 to explore how the CQPG will operate going forward in order to gain the necessary assurance.</p>	

No	Item	Actions
18/116	<p>S&O RTT / Follow-Up Update</p> <p>MH provided a verbal update to the Committee regarding the current position at the Trust as of July 2018. No patients are waiting past 3 months with the exception of ENT. The Trust is looking at sub-contracting, support arrangements from other providers and additional middle-grade support for some specialities. The CCG have given the Trust information regarding contacts within other providers but they appear to managing some of this activity via Waiting List Initiatives which can be costly and unsustainable. These issues have all been discussed with the Trust and more robust and meaningful reporting has been requested. The weekly telecoms are no longer taking place and the Trust is currently providing monthly reports to NHS Improvement and NHS England regarding Waiting List Initiatives. The identification of harm to patients and assurance regarding the process was discussed at the CRM/CQPG following the assurance discussion at the S&O Improvement Board.</p>	
	<p>Action 18/116 S&O RTT / Follow-Up Update MH to obtain copies of the Trust reports sent to NHS Improvement</p>	MH
18/117	<p>Health Services Consultation with the Making a Difference (MAD) Group</p> <p>DF presented the paper on behalf of Helen Case (HC), Designated Nurse Children in Care. It provided the Committee with the outcome of the recent consultation undertaken with members of the 'Making a Difference' (MAD) Group to inform the case for change for the revised delivery model for the safeguarding and children in care service. Members agreed that it was positive to see such an excellent piece of work undertaken with children and young people in order to capture their voice in order to support the case for change. DF stated that the report would also be presented to EPEG.</p>	
18/118	<p>IG & Data Security & Protection Policies 2018 v2.1</p> <p>DF presented the policy for approval. Members were informed that it had also been considered at the last meetings of the CCGs Finance & Resource Committees.</p> <p>The Committee approved the policy.</p>	
18/119	<p>IG Staff Code of Conduct 2018</p> <p>DF asked if this item could be deferred as she had been informed that further work was required prior to approval being requested.</p>	
	<p>Outcome: The Committee agreed to defer this agenda item.</p>	

No	Item	Actions
18/120	<p>Health Watch Report – Contenance Services</p> <p>DF presented the report which had previously been presented to the CCGs EPEG regarding continence services being provided by LCFT into Care Homes in the Southport & Formby area. EPEG had asked for it to be considered by the JQC as they were concerned regarding the findings. Members of the JQC also expressed their concerns in relation to the following:</p> <ul style="list-style-type: none"> • Residents did not receive enough continence products to meet their individual needs or in a timely manner • Difficulty referring new residents into the service so that they received their products in good time • Lack of dignity and respect in relation to receiving appropriate continence products • Non-attendance of the provider at the Health Watch meeting <p>DF informed the Committee that the report had been forwarded to CCG colleagues in Lancashire so the content could be reflected in the Quality Risk Profile Tool and it would also be an agenda item for discussion at the next contract meeting with the provider. Members asked if Health Watch could be approached to undertake the same piece of work but with patients living in their own home as the report had only considered care home residents.</p>	
	<p>Outcome: Action 18/120 Health Watch Report – Contenance Services GBa to ask Tracy Jeffes to liaise with Health Watch Sefton to ask if a similar piece of work could be undertaken with patients living in their own homes as opposed to care homes</p>	GBa
18/121	<p>GP Quality Lead Update</p> <p>GH provided an update regarding the recently submitted Primary Care Network bids for localities in South Sefton CCG. GH asked if her thanks could be noted in the minutes to Tracy Jeffes and Louise Taylor for the support they have given the localities in developing these bids. GH also informed the committee about the positive work with the localities by Pat McGuiness from Mersey Care NHS Foundation Trust.</p> <p>The Committee received the verbal update.</p>	

No	Item	Actions
18/122	<p>EPEG Key Issues Log</p> <p>GBa gave the following verbal update from the last meeting EPEG:</p> <p>Non-attendance by S&O – an email has been sent to the Trust by Tracy Jeffes.</p> <p>NHS Health Checks e.g. CVD which were previously provided by General Practice and now undertaken centrally - uptake reported to be currently low.</p> <p>HealthWatch Sefton Enter and View Report for Maghull Health Centre was tabled in relation to podiatry services – patient journey and length time to obtain an appointment</p> <p>Some issues highlighted by Young People attending Family Planning / Sexual Health Service provided at The May Logan Healthy Living Centre (Bootle). This relates to the service being busy and services not bespoke to sexual health and potential confidentiality</p> <p>Learning Difficulties: The DAVID Project - Dignity And Voices In Dying.</p> <p>HealthWatch Sefton – Review of Continence Service for LCFT report, tabled on the agenda under 18/120</p>	
18/123	<p>Locality Updates</p> <p>No further updates other than those previously discussed in agenda items 18/114 and 18/121.</p> <p>The Committee received the verbal update.</p>	
18/124	<p>Minutes Presented</p> <p>The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> • SFCCG Serious Incident Review Group (SIRG) - July 2018. TF noted that the minutes for SSCCG SIRG minutes for July 2018 were not included in the pack and she would follow this up. • CCGs Safeguarding Business Meeting – April 2018, May 2018 and June 2018. The minutes were received and GH raised the number of abbreviations in these minutes and asked if this could be addressed in future meetings. 	
	<p>Outcome:</p> <p>Action 18/124(i) Minutes Presented TF to ensure that July 2018 minutes for the SSCCG SIRG are presented to the next JQC</p> <p>Action 18/124(ii) Minutes Presented TF to ask JR (Safeguarding Team Admin Support) to ensure if abbreviations are used within minutes that a glossary is included.</p>	<p>TF</p> <p>TF</p>

No	Item	Actions
18/125	<p>Any Other Business</p> <p>i. <u>CQC Safeguarding & Looked After Children Themed Review</u></p> <p>DF informed the Committee of the current CQC Themed Review of Safeguarding and Looked After Children Services currently being undertaken in Sefton. The CCGs were informed of the review on 19th July 2018 and the inspection team came on site on 23rd July 2018. Initial feedback will be received on 27th July 2018 as per the CQC process and the final report will be published in the public domain by the CQC at a date yet to be determined.</p> <p>ii. <u>GDPR / Data Compliance Officer (DCO) in General Practice</u></p> <p>Dr GH asked if an update could be provided from the CCGs regarding DCOs in General Practice. DF to ask MMcD to contact Dr GH.</p> <p>iii. <u>AUH Dermatology</u></p> <p>Dr GH raised a query linked to the AUH Quality Improvement Plan and the re-opening of the list for routine referral for Dermatology patients in South Sefton. DF stated that there had been a discussion at the AUH CCF and also at SMT this week and there was a need for a further discussion back with the provider. Dr GH stressed the importance of a communication back to GPs once the re-opening of the list for patients had been determined. An update is to be provided at the next meeting.</p> <p>iv. <u>Audit Risk Stratification S&O Paraprotein Myeloma Screen</u></p> <p>DF raised this issue on behalf of BP. As Dr DC had sent apologies and Dr RC needed to leave early to meet with CQC inspectors, DF will ask BP to liaise with Dr DC outside of the meeting</p>	
	<p>Outcome:</p> <p>Action 18/125(ii) GDPR/ Data Compliance Officer in General Practice. DF to ask MMcD to contact DR GH to discuss further outside of the meeting.</p> <p>Action 18/125(iii) AUH Dermatology DF to feedback at next meeting confirmed details of the re-opening of routine referrals.</p> <p>Action 18/125(iv) Audit Risk Stratification S&O Paraprotein Myeloma Screen BP to raise with Dr DC outside of the meeting.</p>	<p>DF</p> <p>DF</p> <p>BP</p>

No	Item	Actions
18/126	<p>Key Issue Log (issues identified from this meeting)</p> <p>Key issues – S&F CCG</p> <ul style="list-style-type: none"> • Health Watch Contenance Report – This was received by the JQC. The JQC were concerned about the content of the report particularly in relation to firstly, residents not receiving enough continence products to meet their individual needs or in a timely manner; Secondly, difficulty in referring new residents into the service so that they received their products in good time; Thirdly, lack of dignity and respect in relation to receiving appropriate continence products. Report has been sent to commissioners in Lancashire to inform the completion of the Quality Risk Profile Tool and is an agenda item for discussion at the next CRM/CQPG. Health Watch to be contacted to ask if they could repeat the review with people who live within their own homes. • AUH Quality Improvement Plan – Received by the JQC. This was also submitted by the provider as part of the assurance evidence for the recent Single Item QSG. • IG & Data Security & Protection Policies 2018 v2.1 – Approved. • Corporate Risk Register – Received and reviewed. • Safeguarding & Children Looked After Service – Outcome paper from the consultation and engagement event with the ‘Making A Difference ‘ Group to support the Case for Change was received by the JQC. Is also to be presented to EPEG. • VCFS Services to Support C&YP’s emotional health and wellbeing – PW to be asked to forward to GPs a list of such services that are available. PW to also be asked to look at developing suite of KPIs / outcome measures for the purposes of assurance across the local partnership. <p>Key issues – SSSCCG</p> <ul style="list-style-type: none"> • AUH Quality Improvement Plan – Received by the JQC. This was also submitted by the provider as part of the assurance evidence for the recent Single Item QSG. • IG & Data Security & Protection Policies 2018 v2.1 – Approved. • Corporate Risk Register – Received and reviewed. • Safeguarding & Children Looked After Service – Outcome paper from the consultation and engagement event with the ‘Making A Difference ‘ Group to support the Case for Change was received by the JQC. Is also to be presented to EPEG. • VCFS Services to Support C&YP’s emotional health and wellbeing – PW to be asked to forward to GPs a list of such services that are available. PW to also be asked to look at developing suite of KPIs / outcome measures for the purposes of assurance across the local partnership. 	
18/127	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 27th September 2018, 09:00 – 12:00 Room 3A, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Audit Committees in Common Southport and Formby CCG Minutes

Wednesday 25th July 2018, 1.30pm to 4.00pm
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
South Sefton CCG Members present		
Graham Bayliss	Lay Member (Vice Chair)	GBa
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Phil Rule	Interim Chief Accountant, SFCCG	PR
Adrian Poll	Audit Manager, MIAA	AP
Michelle Moss	Local Anti-Fraud Specialist, MIAA	MM
Robin Baker	Audit Director, Grant Thornton	RB
Apologies – Southport and Formby CCG Members		
Gill Brown	Lay Member (Vice Chair)	GBr
Susan Lowe	Practice Manager and Governing Body Member	SL
Apologies – South Sefton CCG Members		
Graham Morris	Lay Member (Chair)	GM
Apologies - Regular Attendees		
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AOR
Georgia Jones	Manager, Grant Thornton	GJ
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓	✓		
Gill Brown	Lay Member	✓	✓	A		
Susan Lowe	Practice Manager and Governing Body Member	A	A	A		
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓		
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓		
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A		
Leah Robinson	Chief Accountant [On maternity leave from October 2017]					

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Phil Rule	Interim Chief Accountant	✓	✓	✓		
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓		✓		
Adrian Poll	Audit Manager, MIAA	✓		✓		
Robin Baker	Audit Director, Grant Thornton	✓	N	✓		
Georgia Jones	Manager, Grant Thornton	✓	✓	A		

No	Item	Action
General Business		
A18/108	<p>Introductions and apologies for absence Apologies for absence were received from the following Southport & Formby Audit Committee members: Gill Brown and Susan Lowe.</p> <p>Apologies for absence were received from the following regular attendees: Alison Ormrod and Georgia Jones.</p> <p>It was noted that apologies for absence had also been received for Emma Styles (Information Governance Manager, Midlands & Lancashire CSU), who was due to attend to present items A18/112 and A18/114. MMcD confirmed he would present these items in her absence.</p> <p>The committee noted that Helen Nichols would chair this meeting.</p>	
A18/109	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies and Audit Committees for Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A18/110	<p>Minutes of the previous meetings and key issues The Southport and Formby minutes of the Audit Committees in Common meeting on 23rd April 2018 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p> <p>The minutes of the Audit Committee meeting on 24th May 2018 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	

A18/111	<p>Action points from previous meetings</p> <p>A17/78 (S&F) MIAA Insight: CCG Assurance Framework Benchmarking PR confirmed that the Heat Map now shows the categorisation of risks at a summary level against the risk themes reported by the CCG Assurance Framework Review. He noted the Governing Body Assurance Framework (GBAF) document did not readily allow categorisation at a summary level and therefore it has been incorporated within the Heat Map. Action closed.</p> <p>A17/92 (S&F) Action points from previous meetings (A17/84: Information Governance Bi-Monthly Report) The action to review the issue of hardcopy documents with patient data on CCG floors at Merton House is still open.</p> <p>A17/106 (S&F and SS) External Audit Progress Report It was noted that the action regarding the subject of GPs looking to transform and operate at scale has now been superseded. MMcD reported that seven of the eight localities within Sefton have submitted Primary Care Network bids to set up networks within practices to operate at scale. Action closed.</p> <p>A18/11 (S&F) Governing Body Assurance Framework, Corporate Risk Register and Heat Map It was agreed that the risk related to the turnover rate of executive and board level staff at Southport & Ormskirk Hospital no longer needs to be considered for inclusion in the Corporate Risk Register, as the situation has now stabilised. Action closed.</p> <p>A18/14 (S&F and SS) Register of Interests PR has received information from Warrington CCG on the online system they use to update the organisation's Register of Interests. PR has forwarded this information to Judy Graves (Corporate Business Manager at the Sefton CCGs) to follow up. It was agreed to close this action.</p> <p>A18/92 (S&F) Governing Body Assurance Framework, Corporate Risk Register and Heat Map HN confirmed that the issues relating to the Corporate Risk Register and GBAF, which were discussed at the Audit Committee meeting on 24th May 2018, have been raised with the Governing Body. Action closed.</p> <p><i>Members noted that all other actions from the committee meetings in April and May 2018 have been completed, with updates provided on the action tracker which were taken as read.</i></p>	
<i>Governance</i>		
A18/112	<p>GDPR Implementation Update MMcD provided an update on the implementation of the General Data Protection Regulation (GDPR); detailed information was in the item report within the meeting pack. The committee noted progress on the introduction of GDPR.</p> <p>MMcD reported that the IG & Data Security and Protection Policies and IG Staff Code of Conduct were reviewed by the respective Finance & Resource (F&R) Committees of the Sefton CCGs this month; this has resulted in a number of IG related actions, updates on which will be reported to the F&R Committees.</p> <p>HN asked for an update on GDPR implementation to be brought to the next</p>	

	<p>Audit Committees in Common meeting on 17th October 2018; TK to add this to the meeting work plan.</p> <p>The committee received the update and report on GDPR implementation.</p>	TK
A18/113	<p>Review of HFMA GDPR Checklist</p> <p>PR presented a report detailing the CCG's progress against the HFMA checklist of top ten actions for NHS organisations to ensure they are ready for GDPR. The committee noted progress has been made against the checklist.</p> <p>AP confirmed an internal audit review of GDPR is scheduled to take place this calendar year.</p> <p><i>The committee received this report.</i></p>	
A18/114	<p>Information Governance Bi-Monthly Report</p> <p>MMcD presented the Information Governance Bi-Monthly Service Report, which highlights the work that the CSU IG team are undertaking to support the CCG to meet its statutory requirements.</p> <p>HN referred to the section on <i>CCG Required Actions</i> on the summary front sheet of the report. She queried progress on the 5th point regarding staff completion of DPIAs, and the 6th point regarding the CCGs' review of the delivery plan.</p> <p>MMcD noted he would review progress on the above points with the IG team. He also confirmed he would raise the issue regarding completion of DPIAs with the Leadership Team.</p> <p>MMcD noted that Fiona Taylor (Chief Officer of the Sefton CCGs) is the Data Protection Officer (DPO) for the Sefton CCGs. Members queried whether the current DPO arrangements are sufficient to meet the CCGs' needs and whether this role should be undertaken by a member who is external to the CCGs with good knowledge of both organisations. HN also queried whether the DPO could be a wider role, encompassing a number of CCGs. MMcD confirmed he would raise these queries with the Leadership Team.</p> <p><i>The committee received the Information Governance Bi-Monthly Service Report.</i></p>	<p>MMcD</p> <p>MMcD</p>
A18/115	<p>NHSE CCG Financial Planning, Control and Governance Self-Assessment Template</p> <p>PR presented a completed self-assessment template on financial planning, control and governance, which NHS England have asked CCGs to complete to help form a local view on assurance. This is to be submitted on a quarterly basis. PR confirmed he will report on the quarterly updates at future Audit Committee meetings. It was noted that the completed self-assessment being presented today had already been submitted to NHS England.</p> <p>The committee had a detailed discussion about the submission and raised a number of queries which were addressed by MMcD and PR.</p> <p>Further to discussion, it was agreed for PR to contact NHS England to enquire about the type of information required for the following two assessment criteria:</p> <ul style="list-style-type: none"> No. 39: Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body. No. 40: The CCG can confirm that any debtor or creditor balances (Non- 	PR

	<p><i>NHS) over 120 days have all been fully provided for.</i></p> <p>Further to review of the criteria, the following actions were also agreed:</p> <ul style="list-style-type: none"> • An item for lay members' training needs is to be added to the agenda for the next Audit Committees in Common meeting scheduled for 17th October 2018. • MMcD is to raise the subject of financial training for Governing Body members with the Senior Leadership Team. <p><i>The committee received the NHSE CCG Financial Planning, Control and Governance Self-Assessment template.</i></p>	TK MMcD
A18/116	<p>Approvals Committee Annual Report</p> <p>HN provided a brief overview of the Approvals Committee Annual Reports 2017/18 for each of the Sefton CCGs.</p> <p><i>The committee received the Southport & Formby Approvals Committee Annual Report.</i></p>	
A18/117	<p>Remuneration Committee Annual Report</p> <p>HN reported that a Remuneration Committee Annual Report has not been produced for each of the Sefton CCGs, as a meeting had not taken place in 2017/18. It was noted that Remuneration Committee meetings are held as required.</p> <p><i>The committee received this verbal update.</i></p>	
A18/118	<p>Losses, Special Payments and Aged Debt</p> <p>PR provided an update on losses, special payments and aged debt for Southport & Formby CCG since the last report was presented to the Audit Committee in April 2018. It was noted that no losses have been identified for write off and no special payments have been made in this period.</p> <p>The committee noted two balances greater than £5k and over 6 months old (debtor: Southport & Ormskirk NHS Trust), which total £1,668,569. MMcD asked PR to action the accounting entries required for the Southport & Ormskirk debt following the outcome of the Expert Determination.</p> <p>HN queried whether the value of all invoices over £5k had been captured in the report. PR confirmed he would share the outstanding debtors list with HN and liaise with her outside the meeting to clarify the issue for future reporting.</p> <p><i>The committee received this report.</i></p>	PR PR
A18/119	<p>GP Leads Payments</p> <p>MMcD provided an update on the issue related to GP leads payments. The Remuneration Committee had met today to discuss this issue prior to the Audit Committees in Common meeting. MMcD reported that the review of this issue is being progressed with support from Ernst and Young. Pending receipt of information from the Sefton CCGs, Ernst and Young will prepare a report on the actions now required, for discussion by the Remuneration Committee.</p> <p><i>The committee received this verbal update.</i></p>	
A18/120	<p>Single Tender Action Forms - High Intensity Users Scheme</p> <p>MMcD presented an updated Single Tender Action (STA) form for the delivery of a pilot High Intensity Users Scheme; the initial version of the STA was ratified by the Audit Committee in April 2018. Details regarding the cost of the service have been updated since the STA was ratified, as documented</p>	

	<p>on the cover sheet within the meeting pack. MMcD noted that he had reviewed and approved the updated STA, as the contract value is within his delegated limits as Chief Finance Officer. He recommended the Audit Committee ratify the approval of this STA.</p> <p><i>The committee ratified the approval of the Single Tender Action form for the delivery of a pilot High Intensity Users Scheme.</i></p>	
A18/121	<p>Register of Interests MMcD reported on the Register of Interests as at 29th June 2018 and the current process involved in collating declarations of interest. He noted that additional steps have been added to further strengthen the process, which are detailed within the item report in the meeting pack.</p> <p>Members commented that the presentation of the Register of Interests had improved and noted the extra robust process that is now involved in the collation of information.</p> <p>MMcD reported on the recent online training launched by NHS England in order to further support CCGs to manage conflicts of interest. Of the employees and members identified to complete the training, the Sefton CCGs achieved a compliance rate of 97% as at 31st May 2018, with 100% achieved by 27th June 2018.</p> <p><i>The committee received the Register of Interests.</i></p>	
A18/122	<p>Policy Tracker MMcD presented the policy tracker and provided an update on the four policies that are out of their review dates: Infertility Policy, Commissioning Policy, Safeguarding Children and Adults at Risk Policy and the Information Governance Handbook. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p>It was noted that an update on the status of the review of the Commissioning Policy and Infertility Policy was received by the Governing Body at its Part II meeting on 4th July 2018.</p> <p><i>The committee received the policy tracker.</i></p>	
A18/123	<p>Self-assessment of committee's effectiveness Members discussed carrying out a self-assessment of the committee's effectiveness by using the self-assessment checklists in the HFMA NHS Audit Committee Handbook.</p> <p>AP noted that MIAA have a self-assessment tool which he will forward to TK. HN confirmed she would liaise with GM about carrying out a self-assessment for each of the Audit Committees and would circulate a questionnaire for members to complete prior to the next meeting scheduled for 17th October 2018.</p> <p>HN asked for this item to be added to the agenda for the next meeting on 17th October 2018 as the final item on the agenda before Any Other Business.</p> <p><i>The committee agreed to carry out a self-assessment of the committee's effectiveness prior to the next meeting on 17th October 2018.</i></p>	<p>AP</p> <p>HN</p> <p>TK</p>
A18/124	<p>CHC Retrospective Claims Report – S&F CCG This item was discussed at the end of the meeting with Southport and</p>	

	Formby members present only. The minutes of the meeting have been recorded within a separate document.	
<i>Audit and Anti-Fraud Specialist</i>		
A18/125	<p>Audit Committee Recommendations Tracker PR presented the Audit Committee Recommendations Tracker.</p> <p>It was noted that the action related to Office Holder Contracts is now complete.</p> <p>Updates were provided on the two remaining risks / recommendations related (respectively) to the Better Care Fund and assurances on quality of services provided, as detailed on the tracker.</p> <p><i>The committee received the Audit Committee Recommendations Tracker.</i></p>	
A18/126	<p>MIAA Internal Audit Progress Report AP provided an overview of the internal audit progress report. He noted the audit work for the following is in process and will be reported to the committee following completion:</p> <ul style="list-style-type: none"> • Provider Contract Management (Fieldwork Stage) • Continuing Healthcare (CHC) benchmarking (Fieldwork Stage) <p><i>The committee received the Internal Audit Progress Report.</i></p>	
A18/127	<p>MIAA CCG 2017/18 Assurance Framework Opinion Benchmarking Report AP presented the MIAA CCG 2017/18 Assurance Framework Opinion Benchmarking report and noted that the Sefton CCGs were 'green' rated in each of the categories.</p> <p>PR commented it would be useful to include benchmarking information (with other CCGs shown on an anonymous basis). AP confirmed he would provide this feedback to the MIAA team.</p> <p><i>The committee received the MIAA CCG 2017/18 Assurance Framework Opinion Benchmarking Report.</i></p>	
A18/128	<p>MIAA Anti-Fraud Services Staff Survey Report MM presented the Anti-Fraud Services Staff Survey Report for 2017/18. An anti-fraud survey was circulated to all CCG staff in February 2018 to complete within two weeks. The aim of the survey was to identify a more representative view of anti-fraud awareness in the CCG. The survey has been undertaken for the CCG on an annual basis since 2014/15.</p> <p>The committee noted that results were generally positive. The survey results showed, however, that the proportion of staff lacking confidence in the process had increased each year. MMcD confirmed he would review ways in which to address this issue with the CCG communications team.</p> <p><i>The committee received the MIAA Anti-Fraud Services Staff Survey Report for 2017/18.</i></p>	
A18/129	<p>External Audit Annual Audit Letter 2017/18 RB presented the Annual Audit Letter, which provides a high level summary of the findings of the external audit of the CCG for 2017/18. He confirmed that the following had been issued for the CCG:</p>	

	<ul style="list-style-type: none"> • An unqualified audit opinion on the accounts • A qualified 'except for' Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2017/18 except for its financial performance and sustainability. <p>As the Annual Audit Letter is a public document, RB advised that it be displayed on the CCG website; PR to action. MMcD confirmed the Annual Audit Letter 2017/18 will be presented to the Governing Body at its meeting scheduled for 5th September 2018.</p> <p><i>The committee received the Annual Audit Letter.</i></p>	<p>PR</p> <p>MMcD</p>
<i>Risk</i>		
<p>A18/130</p>	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>PR presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the Heat Map; the latter summarises all the mitigated risks for the CCG with a score of 12 and above.</p> <p>PR reported he has reviewed the process of updating the CRR and GBAF with the CCG's Corporate Business Manager. He advised that training sessions on risk management issues for risk owners and those who update risks would help improve understanding of risk management issues. He proposed to undertake a full review of the current content in the CRR and GBAF as well as the current reporting and monitoring processes. The committee agreed with this approach, providing Debbie Fairclough (the lead for governance at the CCG) is kept informed on the review and providing any revisions to the process comply with the Risk Management Strategy.</p> <p>The committee discussed the content in the GBAF, CRR and Heat Map.</p> <p>The following was agreed:</p> <ul style="list-style-type: none"> • Finance risks need to be captured more clearly within the GBAF. • The wider Cheshire & Merseyside work and the impact on the CCG need to be captured within the GBAF. <p>MMcD confirmed he would raise the above points with the Leadership Team.</p> <p>RB referred to the following finance risk on the Heat Map and CRR: <i>FR006b: CCG fails to control expenditure against its opening budgets in 2018/19</i></p> <p>RB suggested the word 'contain' would be more appropriate than 'control', as the latter suggests a lack of controls at the CCG which he does not believe to be the case. The committee agreed with this suggestion. The change is to be proposed to the Finance and Resource Committee, which monitors this risk.</p> <p><i>The committee reviewed the CRR, GBAF and Heat Map and approved the updates.</i></p> <p><i>The committee noted the review carried out to date of the CRR and GBAF process and the proposed next steps to be undertaken, as detailed in the report.</i></p>	<p>MMcD</p> <p>MMcD / TK</p>
Key Issues of other committees to be formally received		
<p>A18/131</p>	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees March and May 2018 	

	<ul style="list-style-type: none"> • Joint Quality Committee February, April and May 2018 • Joint Commissioning Committee February and April 2018 <p><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings for the months detailed above.</i></p>	
Closing business		
A18/132	<p>Any other business No items of other business were raised at this meeting.</p>	
A18/133	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
	<p>Date and time of next meeting 17th October 2018 1.30pm to 4pm 3rd Floor Board Room, Merton House</p>	

S&F NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Thursday 2nd August 2018, 09:30 - 10:30am
 Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer (Vice Chair)	JL
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	KS
Alan Cummings	NHSE Senior Commissioning Manager	AC
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Jan Hughes	NHSE Assistant Contracts Manager	JH
Attendees:		
Sharon Howard	Programme Manager GPFV	SH
Angela price	Primary Care Programme Lead	AP
Maureen Kelly	Health watch Sefton	MK
Colette Page	SS and S&F CCG Practice Nurse Lead	CP
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
Minutes		
Jane Elliott	S&F CCG Senior Administrator	JE

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Feb 2018	Apr 2018	Jun 2018	Aug 2018	Oct 2018	Dec 2018
Members:							
Gill Brown	S&F CCG Lay Member (Chair)	✓	✓	✓	✓		
Helen Nichols	S&F CCG Lay Member	-	-	-	-		
Jan Leonard	S&F CCG Chief Redesign and Commissioning	✓	✓	✓	A		
Dr Rob Caudwell	S&F CCG Clinical Chair	✓	✓	A	✓		
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓	✓	✓	✓		
Susanne Lynch	S&F CCG Head of Medicines Management	✓	✓	✓	A		
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	A	N	N		
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	✓	✓		
Attendees:							
Jan Hughes	NHSE Assistant Contract Manager	A	A	A	A		
Sharon Howard	Programme Manager General Practice Forward View	✓	N	✓	A		
Angela Price	Primary Care Programme Lead	✓	A	✓	✓		
Maureen Kelly	Healthwatch Sefton	✓	A	✓	✓		
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N	N	N		
Joe Chattin	Sefton LMC	N	N	N	N		
Anne Downey	NHSE Finance	N	N	N	N		
Colette Page	SS and S&F CCG Practice Nurse Lead		✓	✓	✓		

No	Item	Action
SFNHSE 18/73.	<p>Introductions and apologies Apologies were received as noted above.</p>	
SFNHSE 18/74.	<p>Declarations of interest Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport and Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p><i>KS declared an interest as a local GP.</i> <i>RC declared an interest as a local GP.</i></p>	
SFNHSE 18/75.	<p>Minutes of the previous meeting 3 Items for the Action Tracker were noted and added. Minutes were agreed.</p>	
SFNHSE 18/76.	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SFNHSE 18/77.	<p>Report from Operational Group and Decisions</p> <p>Learning Disabilities – All paperwork is in place to move this project forward. NHSE to approve. Federation has expressed an interest in delivering the Health Checks on behalf of practices. A letter has been drafted to send to GP's offering the locally designed scheme and will be sent via email. It will also be discussed at a forthcoming Wider Group Meeting.</p> <p>Primary Care Network Bids – all four localities in Southport have submitted bids to obtain Primary Care Network Funding. The results of the bid will be known on Friday 3rd August. CCG and practices are optimistic as the bids have already progressed through Regional and National committees and no further information has been asked for. Funding will enable practices to progress plans to work at scale.</p>	

<p>SFNHSE 18/78.</p>	<p>GPFV Operational Plan / Primary Care Programme Report</p> <p>Resilience Funding – 1 bid was placed by Southport Federation. No results known at this time</p> <p>ETTF – Ongoing. AP to obtain feedback from MMCD. It was decided that item should be Red on programme report.</p> <p>Winter planning – CCG are tasked with making plans for winter pressures. There are no plans from NHSE for extra funding for winter, but in case funding becomes available last minute it would be wise to have a plan prepared. Practices struggled last year to utilise the funding as they could not find locums at short notice. It was suggested that a list of available locum GP, nurses or admin staff is kept that can be accessed by all practices. Federations have been thinking about such proposals. NHSE are involved in a pilot scheme in Warrington which has such a list to increase quality and skill sets. Somerset also has such a scheme. It was agreed to take this to governing body and discuss with practices at the next Wider Group Meeting.</p> <p>SMI – There is a national mandate for patients who are on SMI registers to have a health check carried out. Plans are in place to include this in the LQC for 2019/20. Concerns were raised regarding those patients who are currently not on such registers and what provision they can be provided with but no solution was found. There is a pilot scheme currently being trialled in South Sefton in which a physical health nurse employed by Mersey Care is working with a practice to ensure this group of patients receive a health check. The scheme relies on each service sharing their information with each other. Any patient who does not respond to invites could be seen at home by this nurse instead of the practice. Health Watch will be going into such places as schools to promote mental health services.</p> <p>International recruitment – Administration and timescales are currently on track for this scheme.</p> <p>Workforce - It was felt that there should be another line added to the primary care programme report to highlight the reality that there is not likely to be the number of additional doctors as stated in GPFV. There is a national shortage of GP's, and issues in relation to retention. This new line should be shown in red.</p> <p>Clinical pharmacy pilot – a pilot will be drawn up in North locality as all practices signed up to the hub. They are concentrating on pharmacists dealing with new patient medication reconciliations and discharge medication reconciliations. It will then be rolled out to the rest of the practices.</p> <p>No changes or updates to other projects at this time.</p> <p>AP to update Programme report to reflect changes</p>	<p>KS</p> <p>AP</p>
<p>SFNHSE 18/79.</p>	<p>Delegated Commissioning</p> <p>Debbie Fairclough is progressing with the application process. The deadline for submission is November 2018 with April 2018 for go live. Further information is required on what effect delegation will have on Joint Committees. AP to seek advice. The terms of reference need to be circulated before any decision can be made. AP to find out what other CCG have done such as East Lancashire.</p>	<p>AP</p>

SFNHSE 18/80.	<p>Healthwatch Feedback</p> <p>Health watch have shared their questionnaire with JL. A request was made to share this with the whole Committee. MK will send via email to GB.</p> <p>There has been a meeting arranged with Paul Ashby and a local MP around PPG. Health Watch have not been invited. They are unsure of the purpose of this meeting but are keen to attend</p> <p>A continece report has been drawn up and shared with EPEG and Quality Committee. They intend to do this on a wider footprint.</p> <p>Enter and View visits will take place in local nursing/care homes. Maryland and Jospice are due shortly.</p>	MK/GB
SFNHSE 18/81.	<p>Key Issues Log</p> <p>The key issues log was discussed and updated with the following issue:</p> <ul style="list-style-type: none"> No spirometry services commissioned in Southport 	
SFNHSE 18/82.	<p>Any Other Business</p> <p>The committee agreed to move the meeting to 10am JE to update schedules</p> <p>A letter has been received by a local GP highlighting a potential problem around patients receiving spirometry. There is currently no service commissioned in Southport & Formby CCG. There are other areas that this problem affects such as ECG's and 24hr B/P test. These tests are not part of the GP contract and practices are now struggling to accommodate them within their surgeries. The LMC has been consulted. To be added to the risk register. Await response from LMC, discuss next meeting.</p>	JE KS
SFNHSE 18/83.	<p>Date of next meeting</p> <p>Thursday 4th October at 10am – 11am. Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ</p>	

HEALTHY LIVERPOOL PROGRAMME
HOSPITAL BASED SERVICES
COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 8TH JUNE 2018

PRESENT:

Fiona Lemmens (FL)	Clinical Vice Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Acting Chief Finance Officer	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Debbie Fagan (DF)	Lead Nurse	NHS South Sefton CCG
John Doyle (JD)	Chief Finance Officer	NHS Knowsley CCG
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Ian Moncur (IM)		Sefton Council
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG
Martin McDowell (MMcD)	Chief Finance Officer	NHS South Sefton CCG
Andy Pryce (AP)	Chair	Knowsley CCG

Dyanne Aspinall (DAsp)	Interim Director of Adult Health & Social Care	Liverpool City Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England

1.0	Welcome, Introductions and apologies:
1.1	<p>It was agreed by those present for Dr Fiona Lemmens to assume the role of Chair of the meeting now that Dr Simon Bowers was no longer a Liverpool CCG Governing Body member. The Chair then welcomed all to the meeting and introductions were made.</p> <p>As there was no member from NHS England Specialised Commissioning present the meeting under the existing terms of reference was not quorate. However, there were no items on the agenda that required a recommendation to Governing Bodies or the joint Committee.</p>
2.0	Declaration of Interest:
2.1	There were no declarations of interest made specific to the agenda.
3.0	Minutes & Actions of the previous meeting: 13th April 2018
3.1	The minutes of the 13 th April 2018 meeting were agreed as an accurate record of the meeting.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 9th February 2018: <ul style="list-style-type: none"> ➤ Establishing a North Mersey Joint Committee – Action: FT agreed to follow up on obtaining confirmation in writing from West Lancashire CCG that they had declined to be a member. ➤ Update on Liverpool Women’s Hospital Assurance Process – FT updated that she had not yet met with Margaret Carney Chief Executive Officer at Sefton Council – she would do and would share a very high level brief. CH updated on the process that Richard Barker and Andrew Gibson were visiting LWH on 12th June 2018, the Chairs of the Overview & Scrutiny Committees were being kept up to date. FL noted that after the visit an official briefing could be prepared and CH would keep FT informed re her meeting with Sefton Council on 18th June 2018.

	<p>Action: CH to provide a briefing to FT for her to share with Sefton Council on 18th June 2018.</p> <ul style="list-style-type: none"> • Actions from item 4 Establishing a North Mersey Joint Committee of Clinical Commissioning Groups – Terms of Reference: <ul style="list-style-type: none"> ➤ CH confirmed that all the requested changes had been made to the Joint Committee Terms of Reference and shared. ➤ FT confirmed that both South Sefton and Southport & Formby CCGs had approved the Terms of Reference at their Governing Body/Membership meetings as appropriate. They had added only that the decision around the workplan and changes would have to be approved by the membership (not Governing Body) for South Sefton CCG only. Knowsley CCG were to put the Terms of Reference for approval the following week. ➤ There was a discussion about which roles were required in the membership to be approved by constituent CCG Governing Bodies/membership as each CCG would have different requirements. Action: roles to be included in the membership of the North Mersey Joint Committee to come back to the next meeting FT/DJ/JLe. ➤ FT confirmed that the action for her to speak to IM about local authority involvement in the Committee(s) In Common would be picked up during her discussion with Margaret Carney. Action: FT to refer to IM and his role in the CIC in her discussion with Margaret Carney. ➤ CH confirmed that the role of NHS England Specialist Commissioning in the North Mersey Joint Committee had been clarified and the Terms of Reference had been amended accordingly. • Actions from item 5 Acting As One – Shared Care Priorities: <ul style="list-style-type: none"> ➤ It was noted that DJ had not been informed that she had been allocated a leadership role for one of the priority areas and JD agreed that he would inform her. Action: JD to speak to DJ to clarify she had been allocated a leadership role for one of the shared care priority areas.
4.0	<p>Joint Committee Proposals Feedback – Verbal – Carole Hill</p> <p>4.1</p> <ul style="list-style-type: none"> ➤ This had already been discussed under matters arising and the CIC agreed that there was nothing more to add. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.

5.0	<p>Orthopaedic & Trauma Service Business Case – Report No: CIC 04-18 – Carole Hill</p>
5.1	<ul style="list-style-type: none"> ➤ The decision would be delegated to the new North Mersey Joint Committee. ➤ The CIC would continue to meet as a place where detail could be worked through with scrutiny and challenge, and recommendations made. ➤ The orthopaedic Business Case which had been circulated had only been received on Monday 4th June 2018. ➤ MMcD had emailed his comments to the CIC in particular: <ul style="list-style-type: none"> ○ Would like more work on benchmarking activity ○ Access issues for certain areas of the population such as South Sefton and Knowsley re Patient Choice and elective care, would the restructure change behaviour? CH commented that flexibility of daily list scheduling for elective procedures was being looked at to mitigate travel time issues. For elective care length of stay was very short so should not impact in visiting. ➤ JD referred to 6% increase in elective care 2018/19 and asked about the impact of this on service redesign. CH agreed to take this back. Action: CH to look into issue of increased elective care. ➤ FT made a comment around the need to move forward with the redesign whilst bearing in mind potential impact on hospitals other than Aintree/Royal/Broadgreen where T&O services were also provided. This was the same for all regional decisions. JLe noted that the concept was agreed as right at the time, the risks to not moving forward were greater. ➤ CH noted that this was clinically driven, and been to the Boards of the Trusts involved in private business, the next stage was to get commissioner review and then to go to NHS England for final assurance. After this the Joint Committee would make a decision and then the proposal would go to the Joint Overview & Scrutiny Committee. Now that the new Royal was delayed there was more time available. ➤ Action: CH to feedback virtually to the CIC members by 22nd June 2018. ➤ As the meeting was not quorate with required representation from NHS England Specialised Commissioning there was a discussion around the requirement for them to be present to ensure a quorum, given that the Committee(s) in Common remit had changed and it was making recommendations to constituent CCGs/North Mersey Joint Committee. It was agreed that CH would look at amending the quorum for the Terms of Reference. Action: CH to review and

	<p>amend Terms of Reference for the CIC re the requirement for NHS England Specialised Commissioning to be present for quorum purposes.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Recommended the proposal for the establishment of a single service to be delivered over two sites to the North Mersey Joint Committee (when established). ➤ Further comments from CCGs on the Business Case to be forwarded to CH
<p>6.0</p> <p>6.1</p>	<p>Update on Royal and Aintree Merger Process – Verbal – Carole Hill</p> <ul style="list-style-type: none"> ➤ CH tabled the Transaction Programme Board Key milestones documents. ➤ Deep dives had been held into selected services to show the patient benefit case for the transaction. This was different to a reconfiguration process and therefore did not require NHS England assurance. The IPT areas were: Trauma & Orthopaedics, haematology, ENT, General Surgery, nephrology, gastroenterology/endoscopy and radiology. ➤ Three IPT workshops would be held involving clinicians (Early stage public engagement) for each IPT speciality. ➤ JLe asked what the commissioning benefit of the merger would be and have a clear view of the benefits we were expecting. CH suggested asking the Royal and Aintree Medical Directors to present. FT suggested bring the four CIC Governing Bodies together to have this discussion before further engagement with the Trusts. ➤ The risks around quality and delivery of services from Aintree were discussed, it was noted that this was a risk on the Liverpool CCG Corporate Risk Register. JD suggested that we should share our Corporate Risk Register. <p>Action: It was agreed that CH would write up a detailed narrative on the work already done and put together a presentation for a collective Governing Body discussion. CH also to check whether the key milestones document had been shared with the Trust Boards.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.

7.0	<p>Liverpool Women’s Hospital Update – Verbal – Fiona Lemmens</p> <p>7.1 This matter had already been discussed under the actions from the previous meeting. It was noted that North Mersey partners were signatories to a letter of support to Andrew Gibson.</p> <p>Action: an update to be brought to the next meeting - FL</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
8.0	<p>Any Other Business</p> <p>8.1 It was noted that, subject to approval from Knowsley CCG, the North Mersey Joint Committee could be formed. Given the need to accommodate clinicians dates would be found which were acceptable to all members. Action: PJ to email out to the member CCGs to canvass for suitable dates.</p>
9.0	<p>Date of next meeting</p> <p>9.1 Friday 10th August 2018, 12pm to 2pm Boardroom, Liverpool CCG.</p>



Joint Strategic Needs Assessment Data collection & Analysis

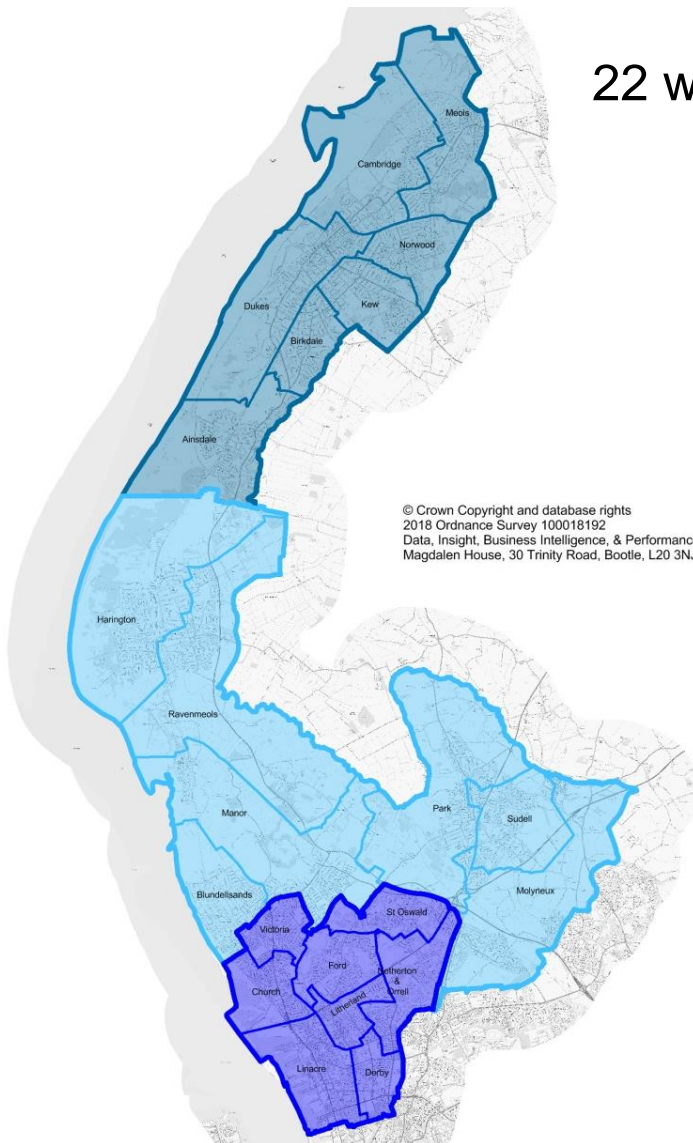
Performance & Intelligence Service

www.sefton.gov.uk

Sefton Council 

Sefton

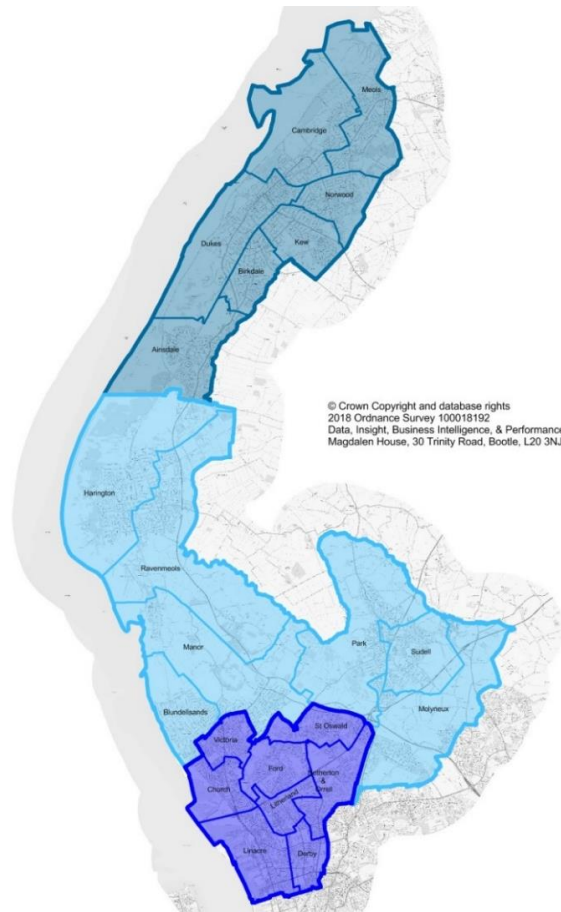
22 wards in Sefton



Bootle	Sefton Central	Southport
Church	Blundellsands	Ainsdale
Derby	Harrington	Birkdale
Ford	Manor	Cambridge
Linacre	Molyneux	Dukes
Litherland	Park	Kew
Netherton & Orrell	Ravenmeols	Meols
St Oswald	Suddell	Norwood
Victoria		

Sefton

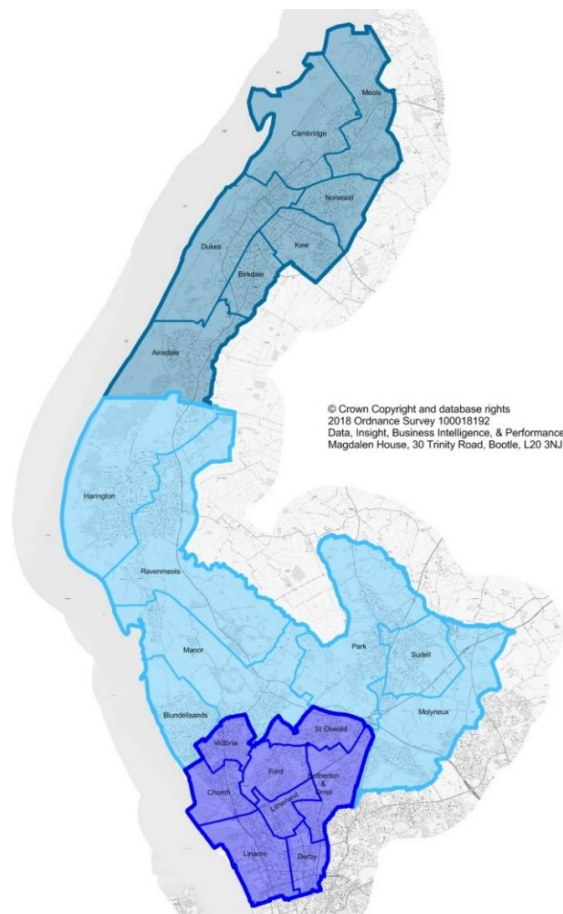
Sefton covers 59m2 or 159Km2



- 22 miles/35km of coastline
- 978 km of 'A', 'B,' 'C' or unclassified' roads
- 32,223 street lights
- 107,652 Tonnes of waste collected & processed
- 11.9 million domestic bins / sacks collected
- 67,300 tonnes of greenhouse gas emmissions
- 9,155 local business
- 931 establishments licensed to sell alcohol
- 49 GP surgeries
- 1,424 planning applications p.a.
- 16,611 requests for service p.a. covering statutory nuisance, pollution control, pest control, responsible dog ownership, and licensing

Sefton

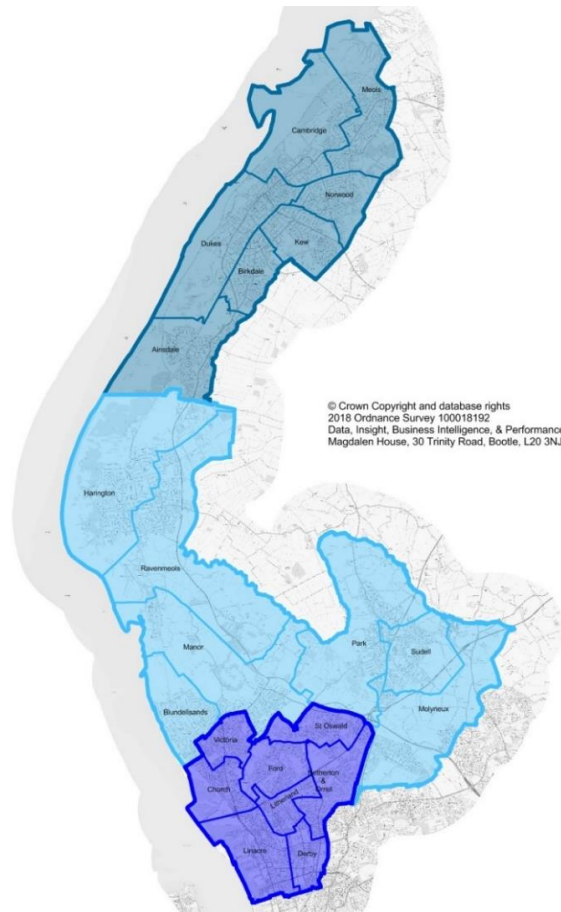
274,261 people live in Sefton



- 0-17 53,359 (19%)
 - 18-64 158,294 (58%)
 - 65+ 62,608 (23%)
-
- 2,818 births in the last 12-months
 - 3,186 deaths in the last 12-months
 - 7% population decline in last 30yrs, compared to a 17% increase nationally
 - 3% population increase projected in next 25yrs
 - Average life expectancy for males 78yrs
 - Average life expectancy for females 82yrs
 - 1,531 adult social care clients in long-term nursing or residential care
 - 2,854 adult social care clients receiving long-term community based support services

Sefton

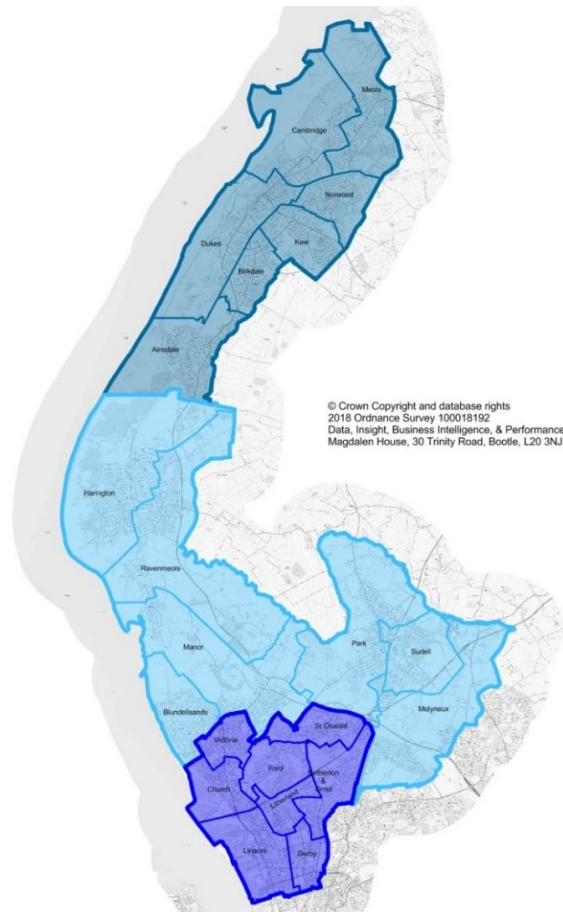
126,577 household properties



- The average property price in Sefton is £136,253.
- Crosby, Maghull and Formby have some of the highest average house prices in Merseyside, detached properties average sale price £397,678
- 18,663 social housing properties
- 5,228 vacant or void properties
- 198 homeless presentations last year
- 44.7% of household income is below national average of £24.7k
- 32% of household income is below £15k
- Approximately 20,106 (16%) of all households in Sefton claim Housing Benefits
- Approximately 26,629 (21%) of all households in Sefton are claiming Council Tax Reduction

Sefton

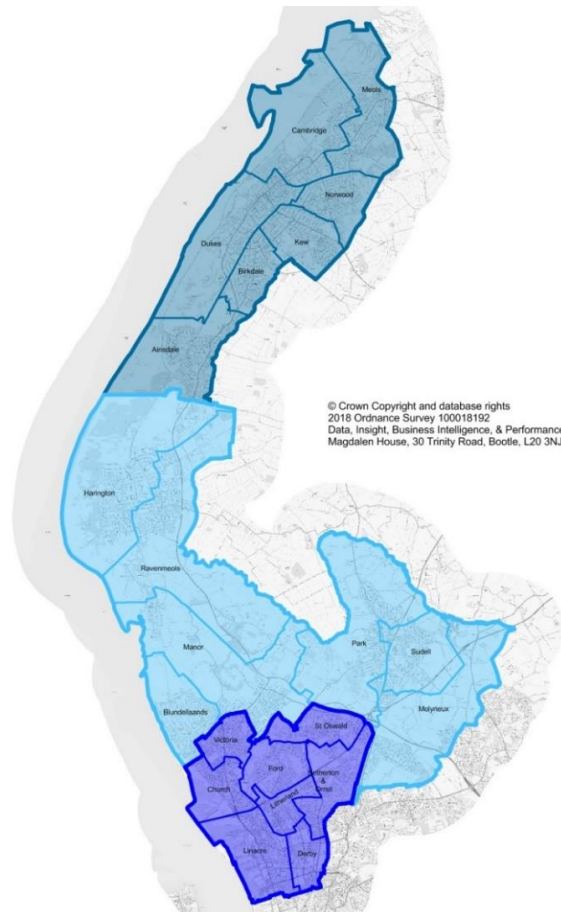
Working age (16 - 64) employment rate 71%



- Working age 16-64 166,000 (60%)
 - In employment 117,000 (70.4%)
 - Unemployed 5,600 (4.6%)
 - Economically inactive 41,900 (25%)
-
- Approximately 18% (15,000) 'workless' households
 - 18% of all household claiming housing benefit
 - 4% of young people (18-24) claim out-of-work benefits
 - 2,990 families claim Working Tax Credits
 - 8,260 families claim both Working Tax + Child Tax Credits
 - 18,240 people claiming Disability Living Allowance
 - 1,259 Discretionary Housing Payments p.a.
 - 47,337 applications for crisis support (2013-2018)

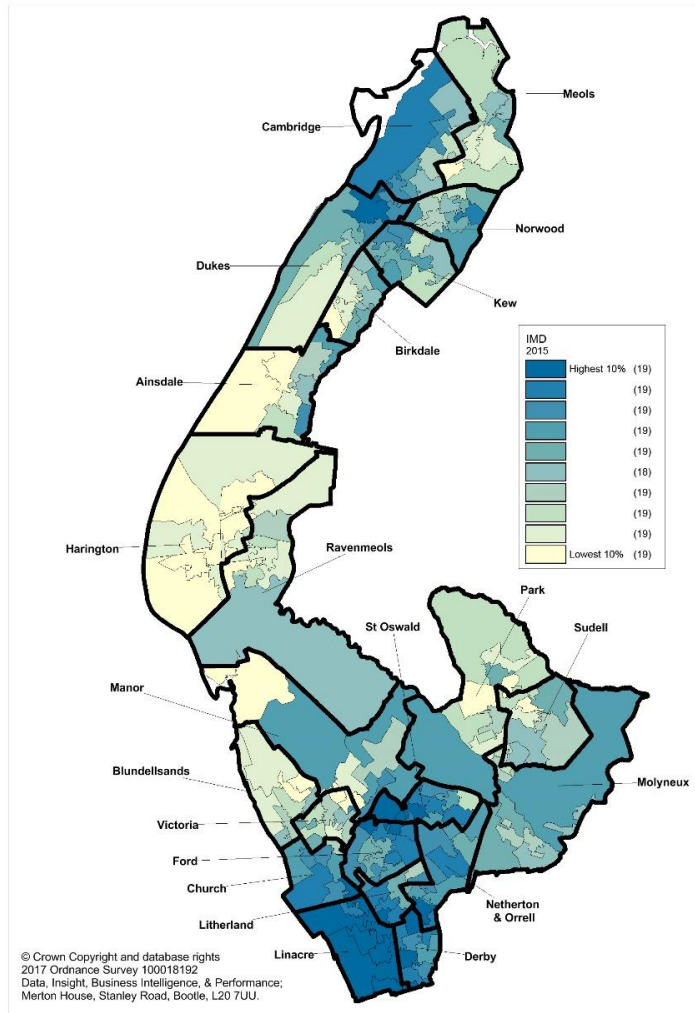
Sefton

8M People Visit Sefton each year



- 8M day visitors/ 700,000 staying visitors
- 6 Libraries/ 960,000 library visitors/ 804,168 books issues pa
- 8 Leisure Centers/ 12,000 members/ 6M visits pa
- 11 Swimming Pools/ 177,000 swimming lessons
- 63 Football Pitches
- 15 Bowling Greens
- 3 Rugby Pitches
- 27 Municipal Parks
- 135 Other Parks and Greenspaces
- 38 Outdoor Gyms

Deprivation across Sefton

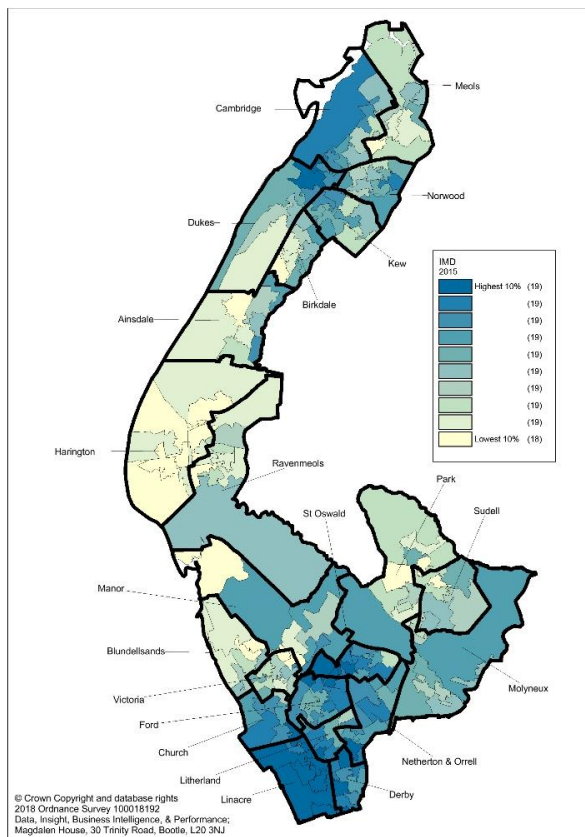


The 7 domains of deprivation:

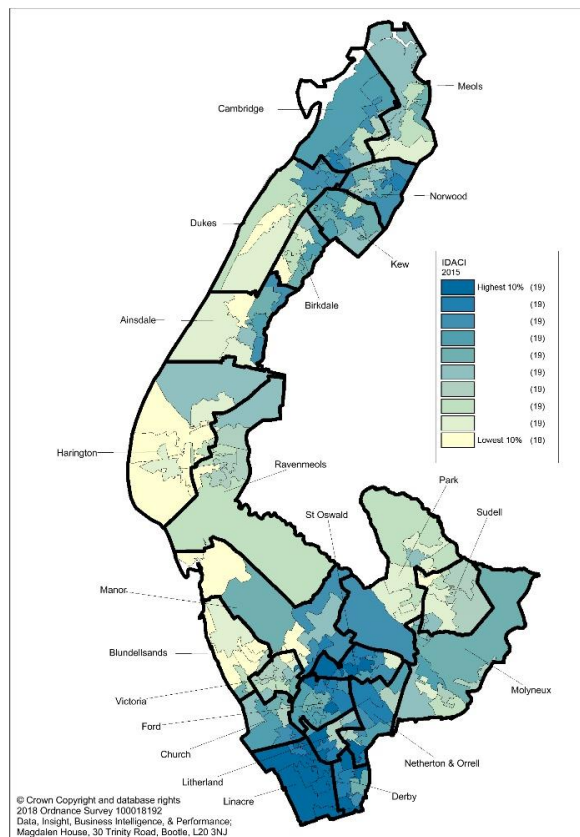
- 1) Income deprivation
- 2) Employment deprivation (*people of working age who are involuntarily excluded from the world of work, either through unemployment, ill health or family circumstances*)
- 3) Health and disability
- 4) Education, skills and training
- 5) Barriers to Housing and key local services.
- 6) Living environment 'indoors' and 'outdoors'
- 7) Crime

Deprivation across Sefton

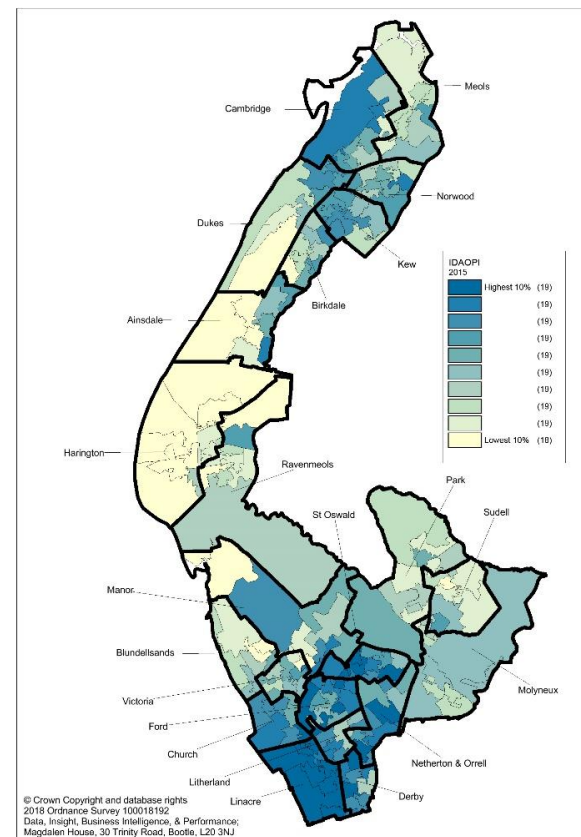
IMD



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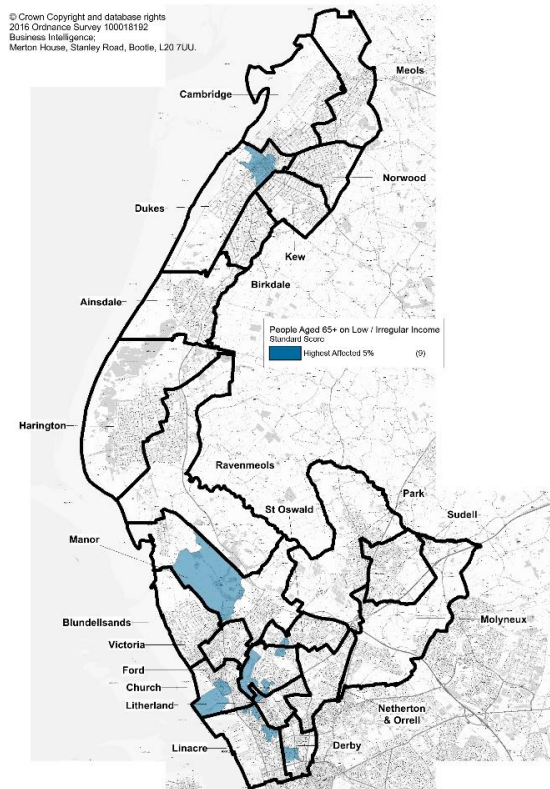


IDAOP1

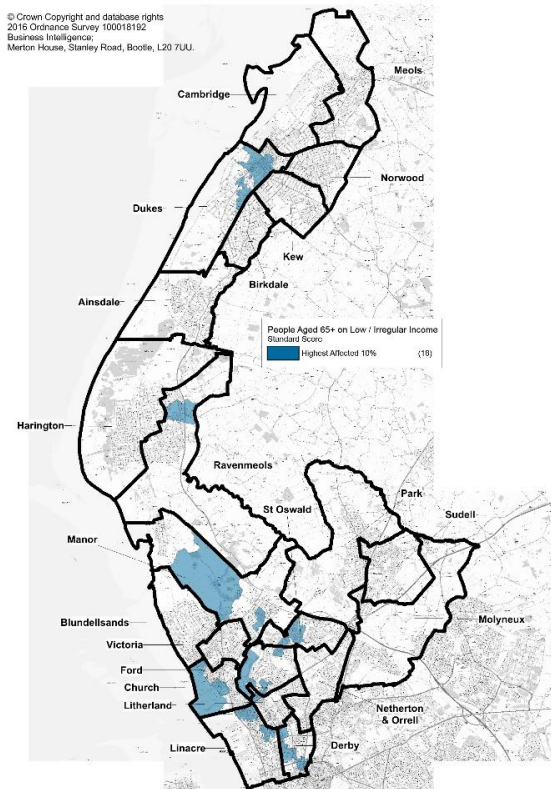


Identifying Financial Risk People (65+)

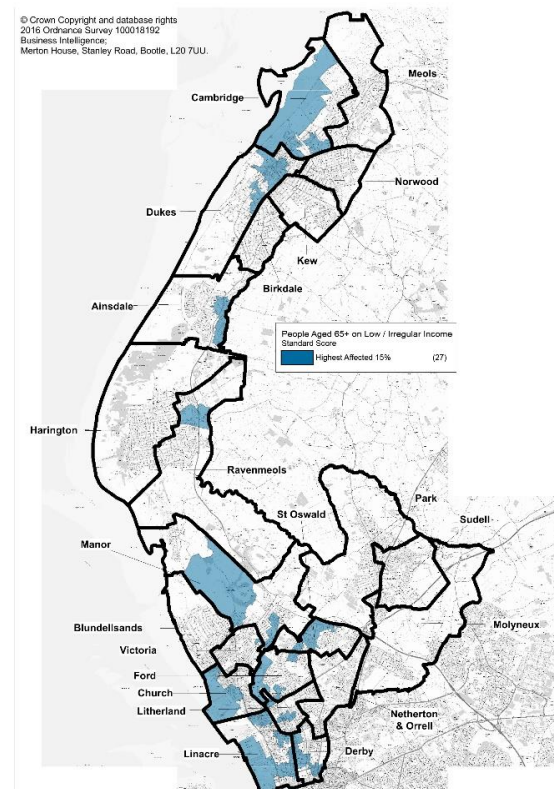
Highest 5%



Highest 10%

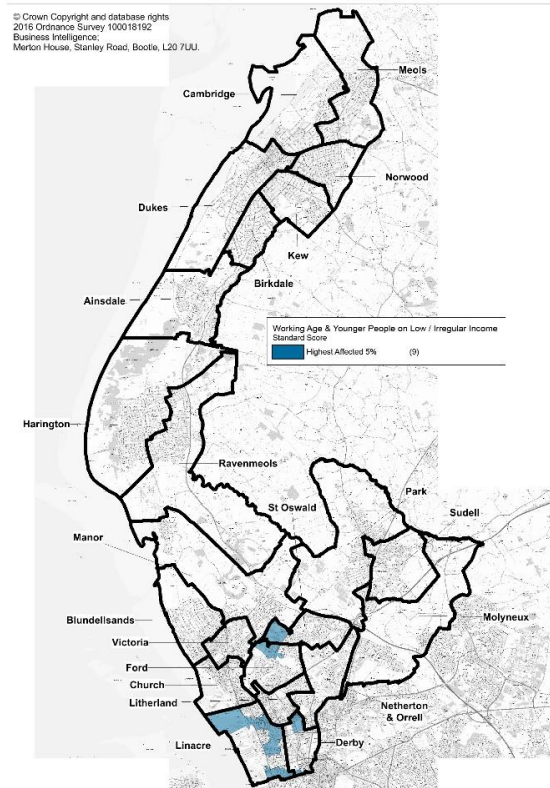


Highest 15%

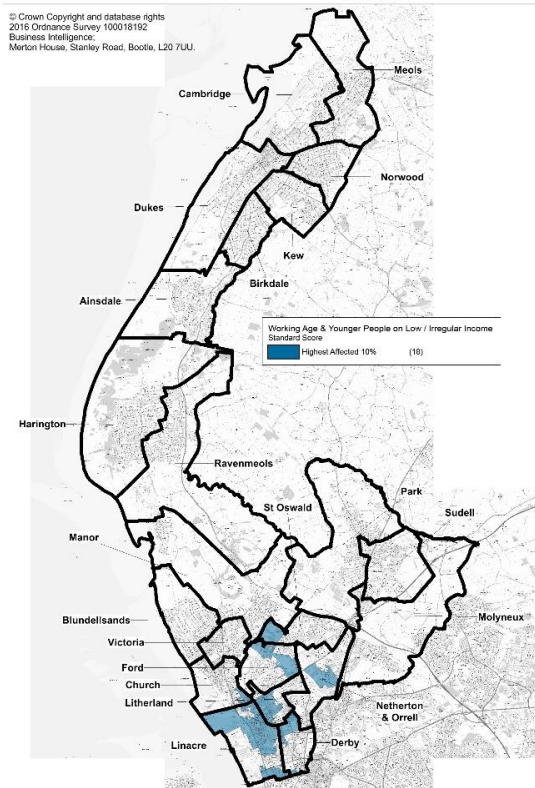


Identifying Financial Risk (Working Age & Young People)

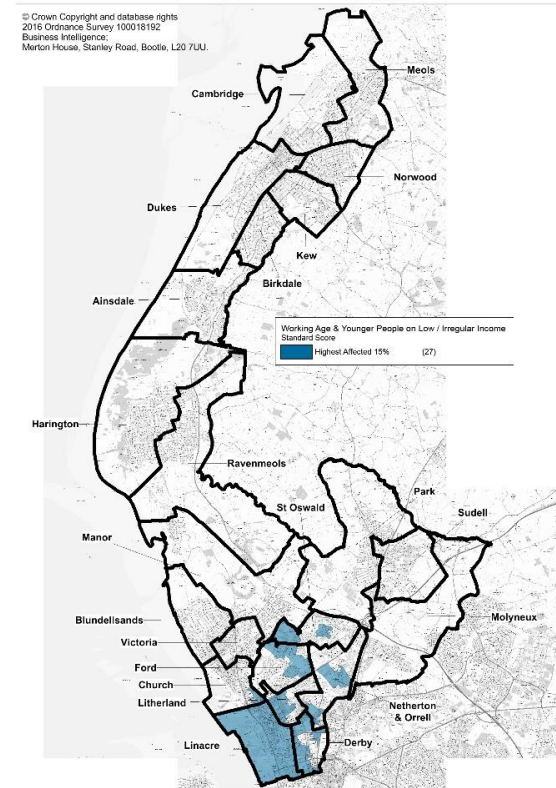
Highest 5%



Highest 10%



Highest 15%



Joint Strategic Needs Assessment Data Collection & Analysis

The 5 data chapters:

Providing an analysis of data to show the health and well-being status of local communities and identify where inequalities might exist

Over 200 data sets!

- 1) Health topics affecting Sefton residents
- 2) Lifestyles of Sefton residents
- 3) Factors affecting children & young people in Sefton
- 4) Factors affecting vulnerable adults in Sefton
- 5) Wider determinants - other factors affecting health & wellbeing in Sefton



Joint Strategic Needs Assessment Summary of Data Analysis

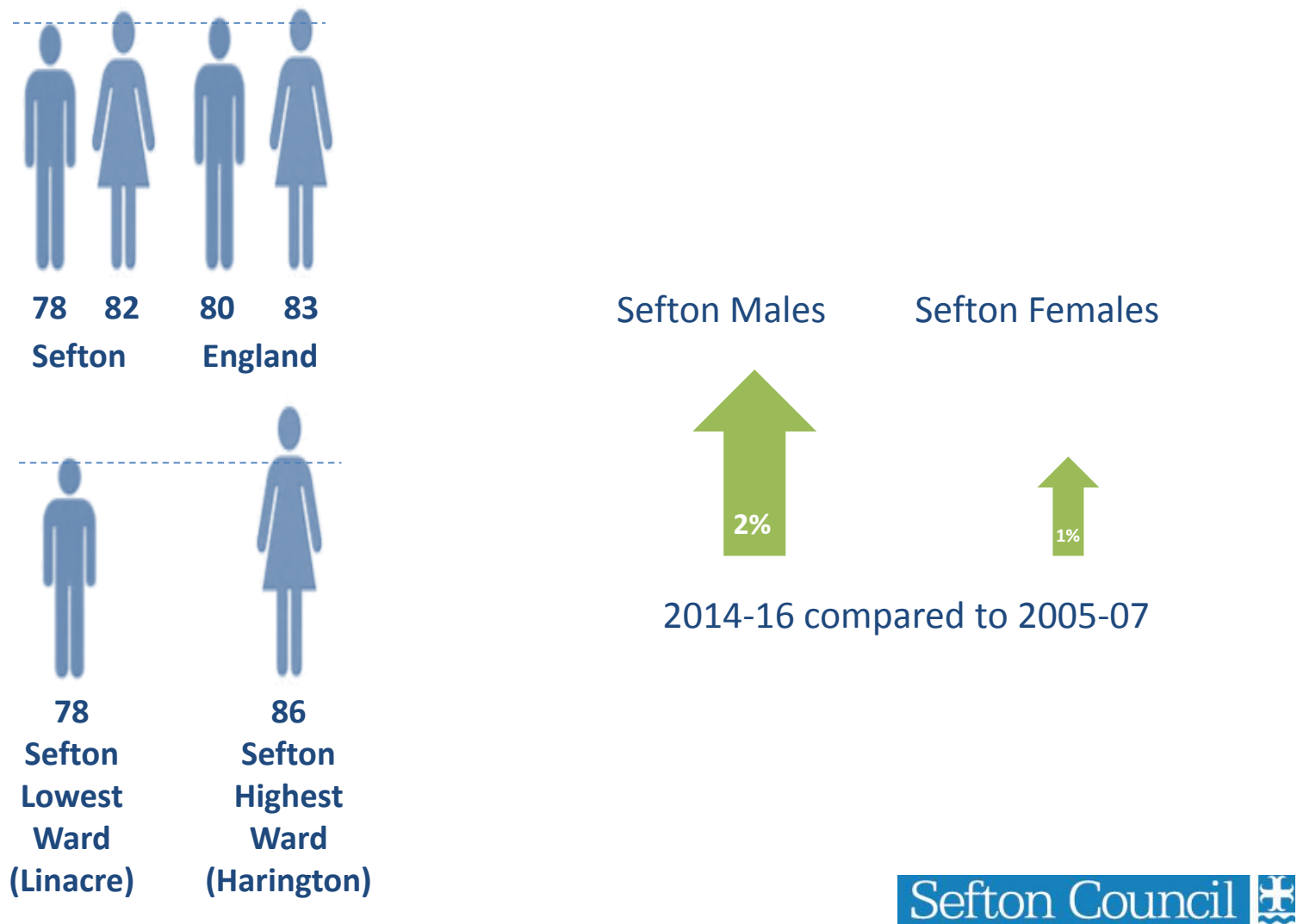
The Highlight Report; *benchmarking outcomes in Sefton against the national average and looking at trends over time:*

- Where is Sefton 'significantly worse' than the England average when comparing the most recent national Public Health data
- Where is Sefton performing 'most poorly' compared to the National, NW, or LCR averages across all available health and wellbeing metrics
- From recent analysis of local determinants what other themes should be considered by the Health & Wellbeing Board

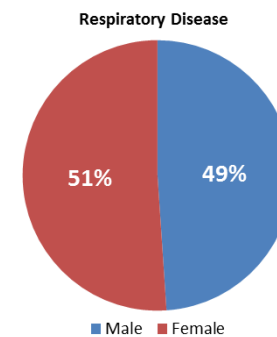
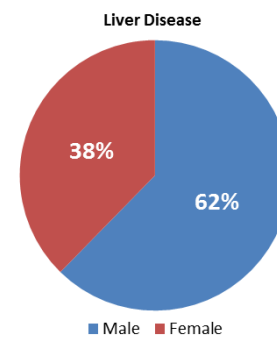
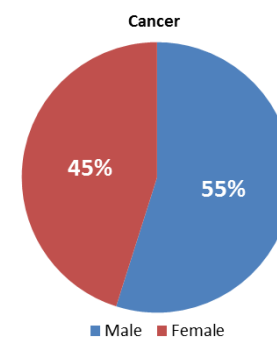
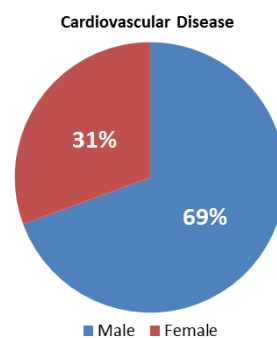
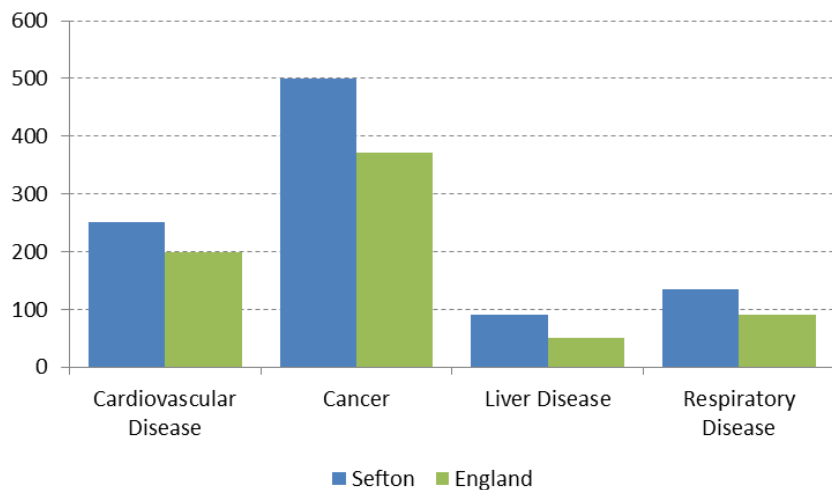


Sefton Council

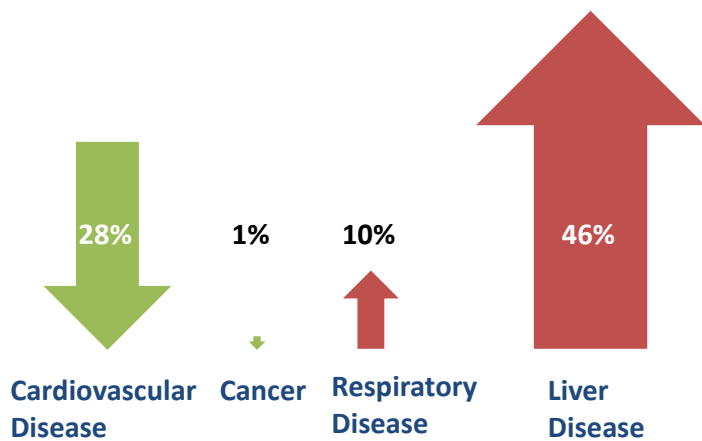
Life Expectancy at Birth



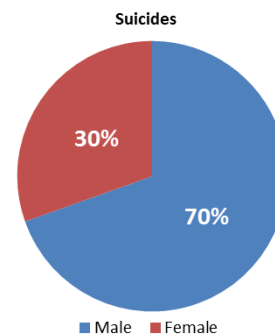
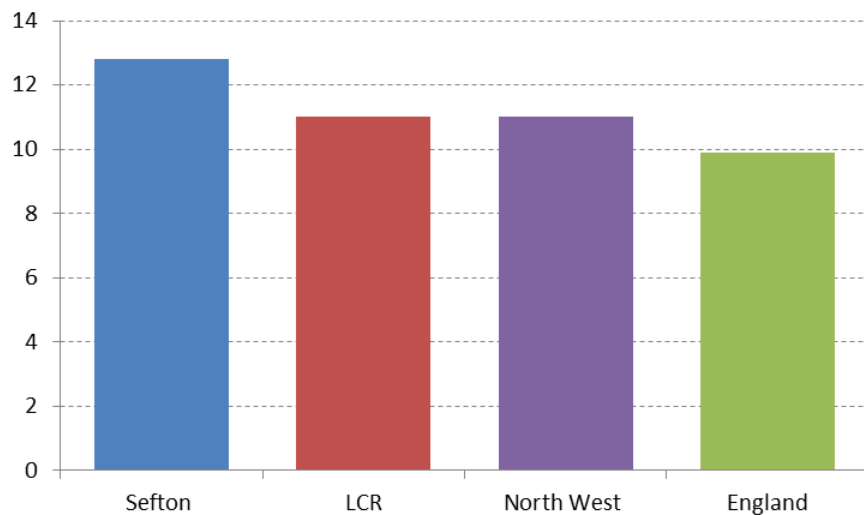
Under 75 Mortality



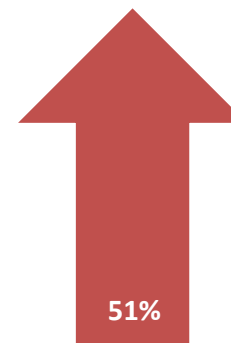
2014-16 compared to 2005-07



Suicide Rate

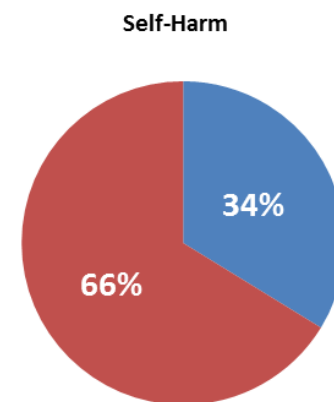
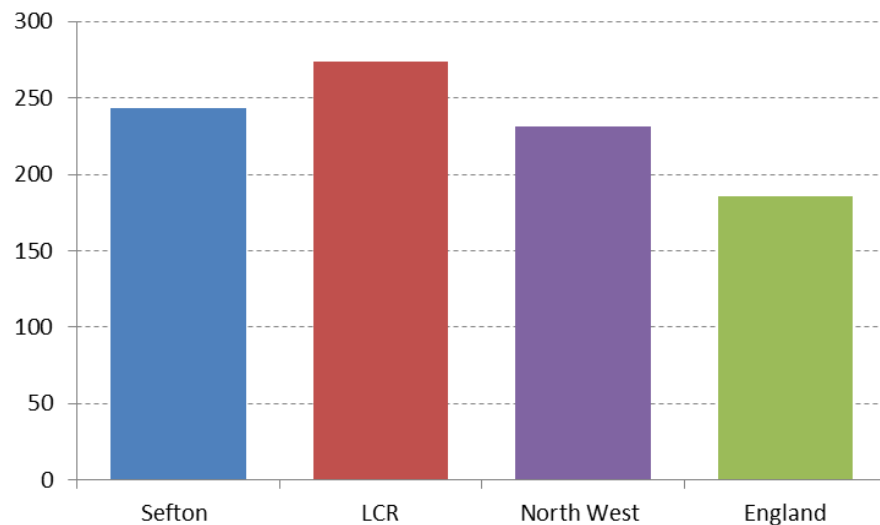


2014-16



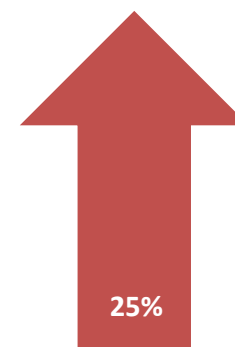
2005-07

Emergency Hospital Admissions for Intentional Self-Harm



■ Male ■ Female

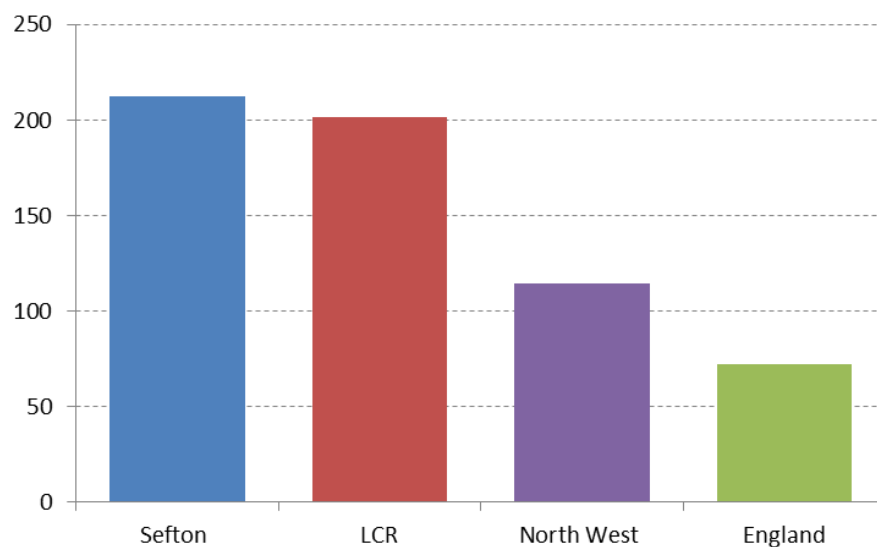
2016/17



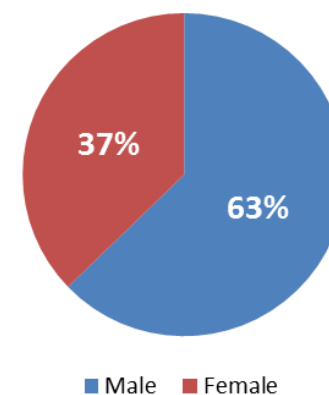
25%

2012/13

Admissions to Hospital for Mental and Behavioral Disorders due to Alcohol



Mental Health & Alcohol



2016/17



2012/13

Children Killed and Seriously Injured on Roads



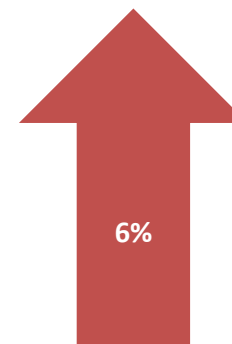
24 per 100,000
Population (0-15)
Sefton



17 per 100,000
Population (0-15)
England

24th
Highest of
152 LAs

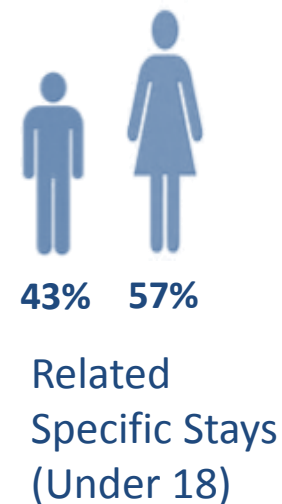
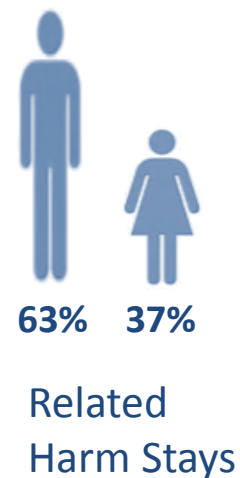
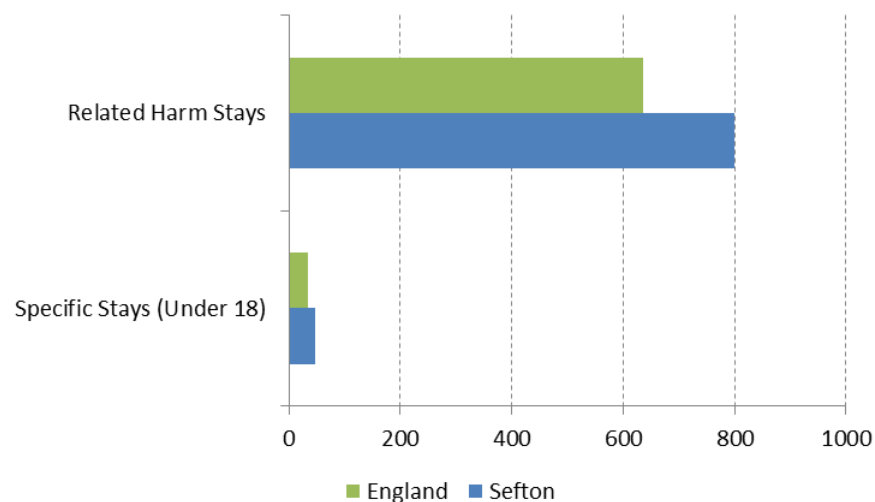
2014-16



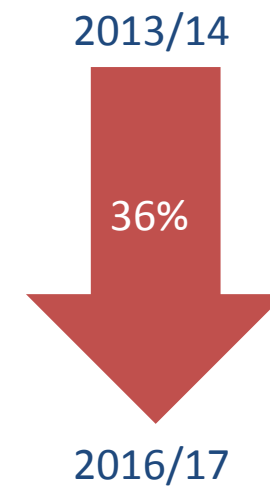
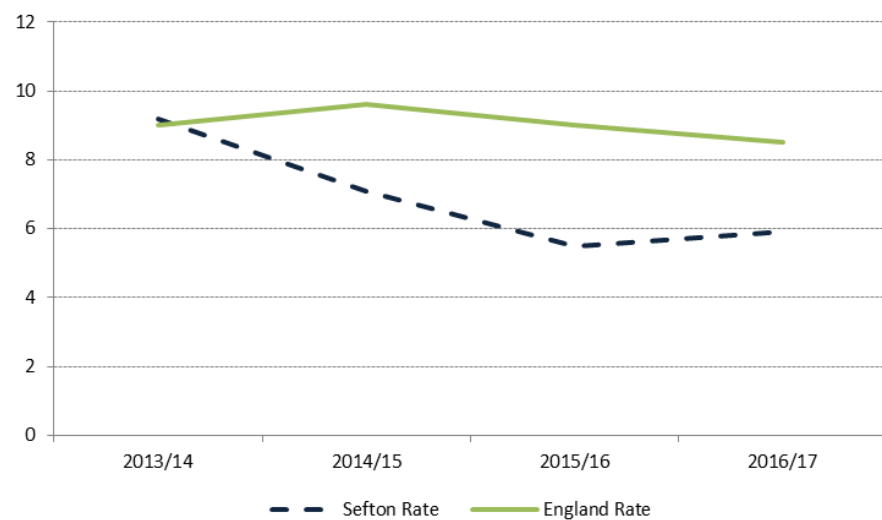
6%

2013-15

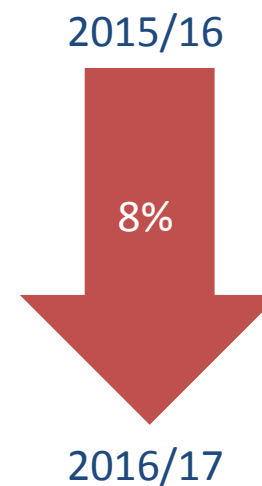
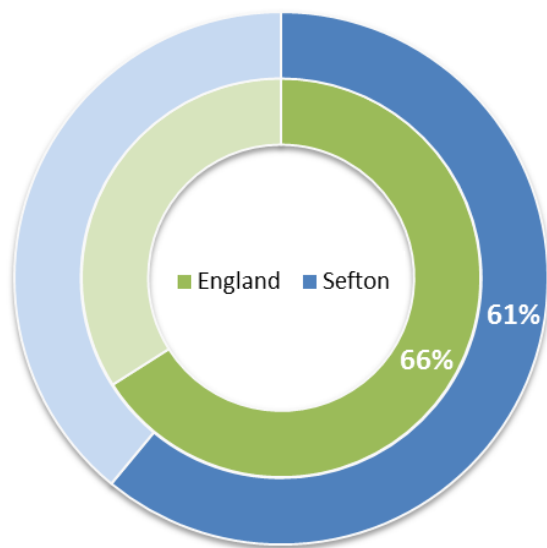
Hospital Admissions for Alcohol



NHS Health Checks

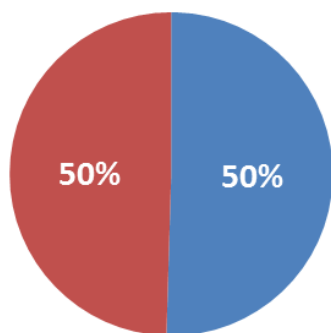


Physically Active Adults

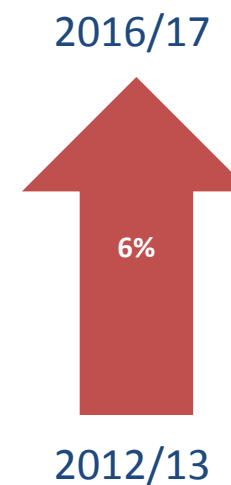


Excess Weight – Children in Reception

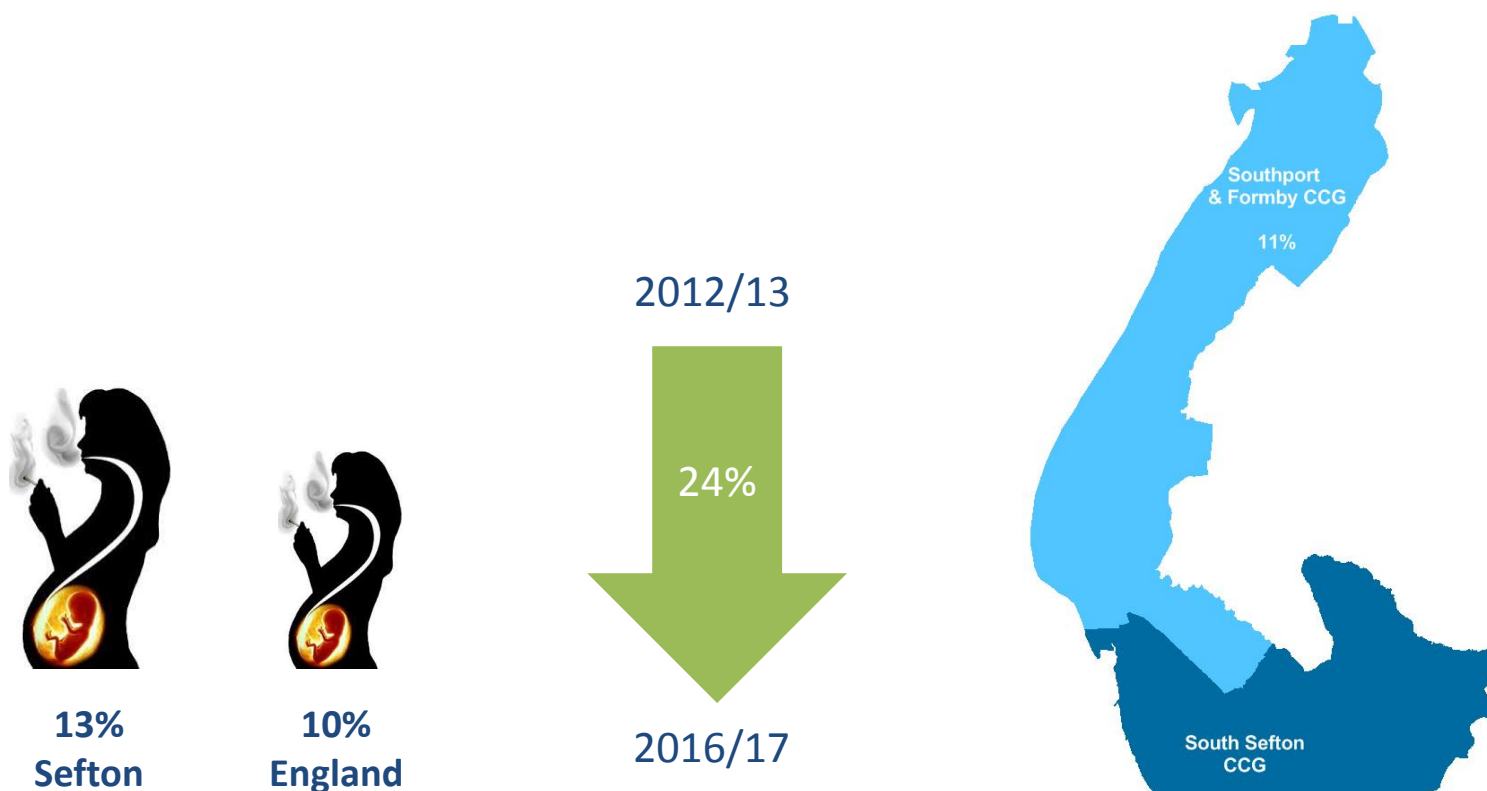
① in ④
Children



■ Male ■ Female

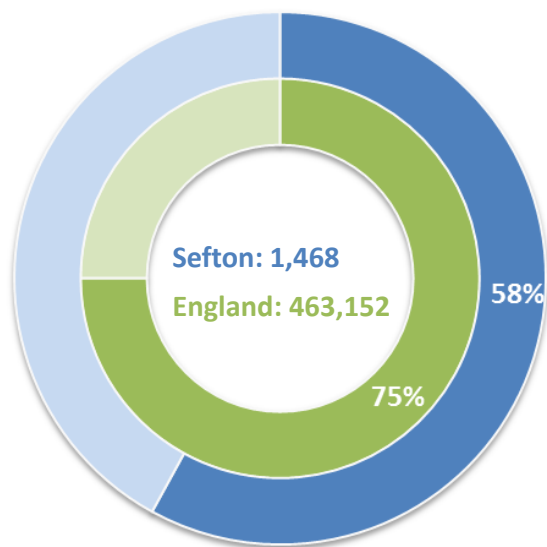


Smoking at Time of Delivery

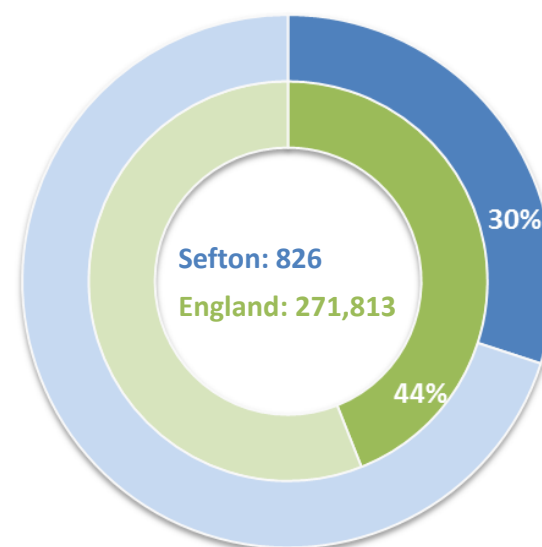


Breast Feeding

Initiation



Prevalence



Under 16 Conceptions



5 per 1,000
13 – 15 Year Olds
Sefton



3 per 1,000
13 – 15 Year Olds
England

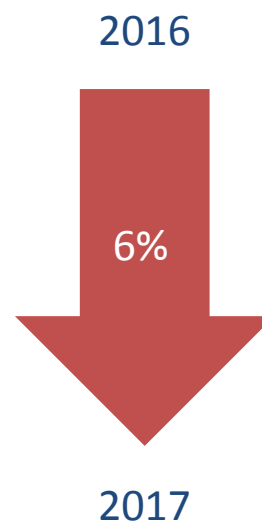
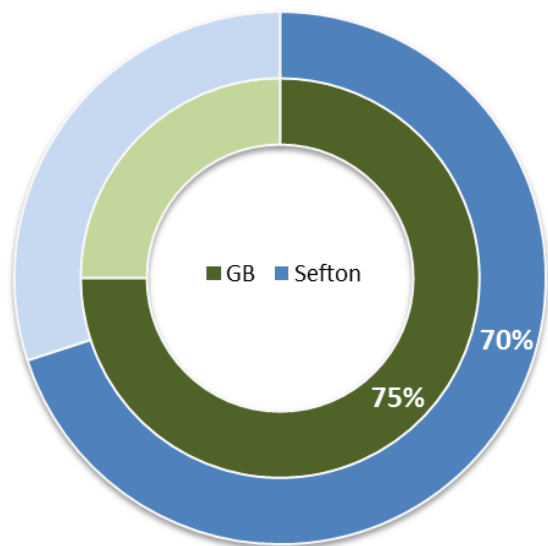
13th
Highest of
152 Local
Authorities!

Child Poverty

① in ⑤
Children

10,100 Children in Sefton!

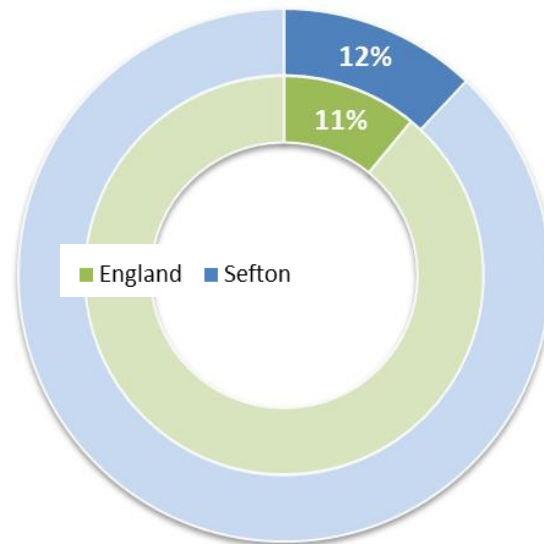
Economically Active People in Employment



Educational Attainment

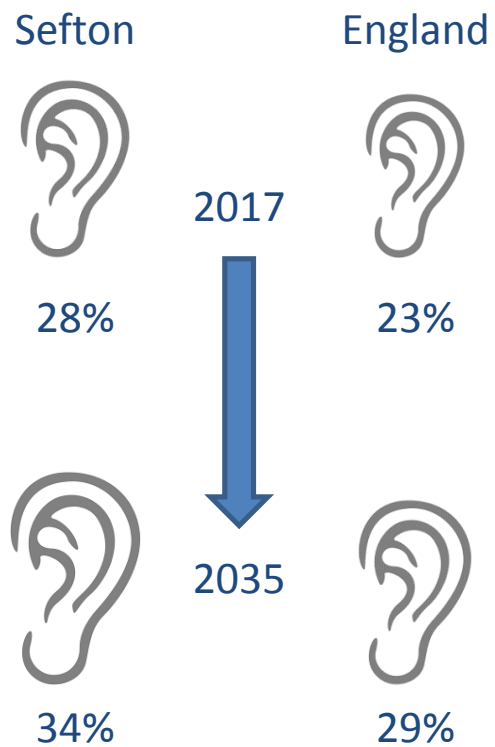
Pupils <u>Not</u> Attaining a Good Level of Development EYFS	Pupils <u>Not</u> Attaining Expected Standard in Reading, Writing & Mathematics – KS2	Pupils <u>Not</u> Attaining English & Mathematics GCSEs (9 to 4)
All Pupils		
③ in ⑩	④ in ⑩	④ in ⑩
Pupils Eligible for Free School Meals		
④ in ⑩	⑤ in ⑩	⑦ in ⑩

Persistence Education Absence



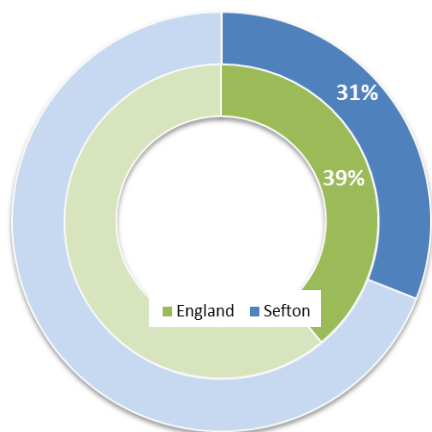
5th
Highest of
152 Local
Authorities

Hearing Loss



Substance Misuse – Successful Treatment with no Re-present in 6 Months

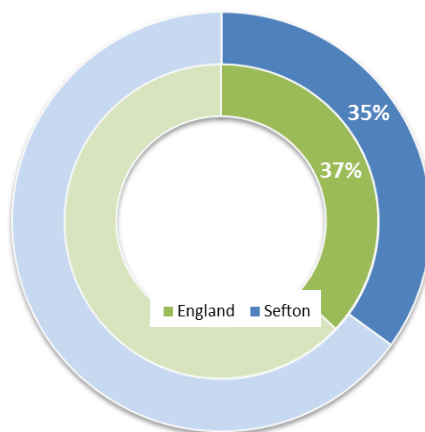
Alcohol Users



2016

6% ↑
2012

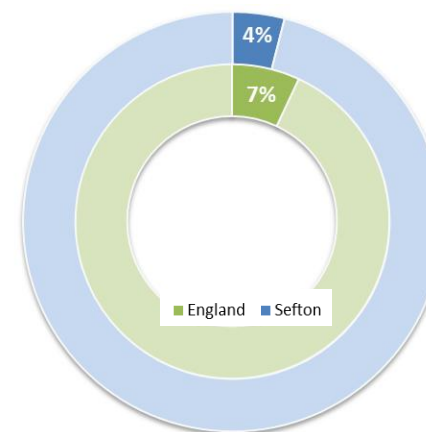
Non-Opiate Users



2016

44% ↓
2012

Opiate Users

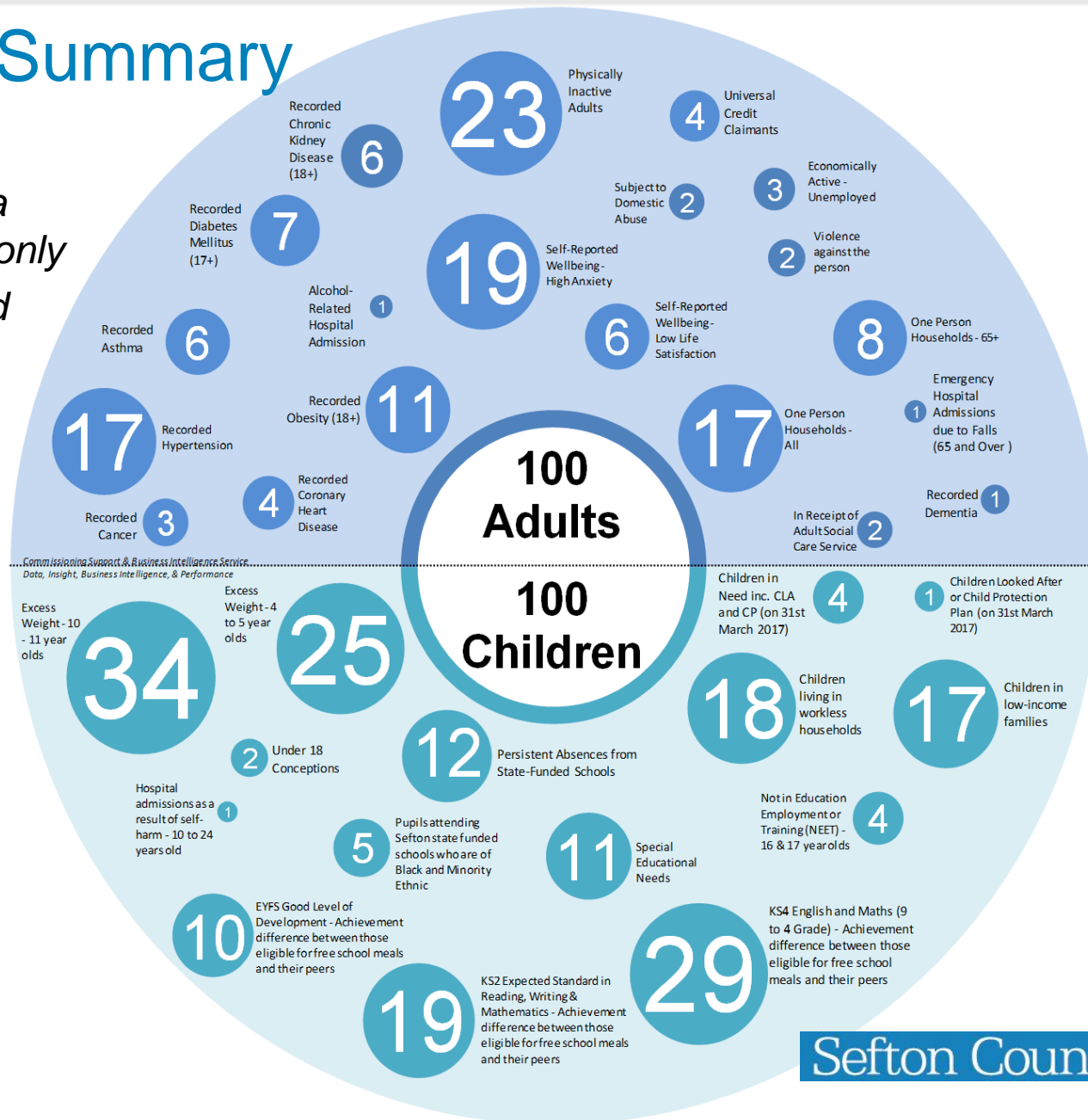


2016

44% ↓
2012

Summary

If Sefton was a community of only 100 Adults and 100 Children..



Joint Strategic Needs Assessment Summary of Data Analysis



The Highlight Report - Recommended themes:

- Mental Health – particularly where connected to substance misuse.
- Long-term health condition prevalence especially those relating to the heart.
- Child support and development including attainment for the most deprived pupils, attendance, obesity, health issues for children in care, and wider community safety.
- Parenting & Early Years issues focussed on smoking during pregnancy, breast feeding, and sexual health education.
- Prevention and early diagnosis related health practice assessments and checks.
- Implications of factors relating to childhood poverty.
- Implications of increasing levels of social isolation on health and wellbeing for both older and younger people.
- Implications of increasing levels of obesity on long-term health and wellbeing for all age groups.

Joint Strategic Needs Assessment Summary of Data Analysis



Initial thoughts from the Board?