

## Governing Body Meeting in Public Agenda

**Date:** Wednesday 6<sup>th</sup> November 2019, 13:00hrs to 15:20hrs

**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
Dr Doug Callow	GP Clinical Director	DC
Vikki Gilligan	Practice Manager	VG
Jane Lunt	Chief Nurse	JL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
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
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).

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>General</b>					<b>13:15hrs</b>
GB19/131	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB19/132	Declarations of Interest	Chair	Verbal	Receive	
GB19/133	Minutes of previous meeting	Chair	Report	Approve	
GB19/134	Action Points from previous meeting	Chair	Report	Approve	
GB19/135	Business Update	Chair	Verbal	Receive	
GB19/136	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>Finance and Quality Performance</b>					<b>13:35hrs</b>
GB19/137	Integrated Performance Report 137.1: - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse 137.2: - Finance: Chief Finance Officer	Karl McCluskey Jane Lunt MMcD	Report	Receive	30 mins
<b>Governance</b>					<b>14:05hrs</b>
GB19/138	EPRR Standards	Debbie Fairclough	Report	Approve	10 mins
<b>Quality</b>					<b>14:15hrs</b>
GB19/139	SEND Improvement Plan	MMcD	Report	Receive	10 mins
<b>Service Improvement/Strategic Delivery</b>					<b>14:25hrs</b>
GB19/140	Sefton2gether - Shaping Sefton II	Cameron Ward	Report	Approve	45 mins
GB19/141	Better Care Fund Planning	Tracy Jeffes	Report	Ratify	
GB19/142	Sefton Transformation Programme Update	FLT	Report	Receive	
GB19/143	Winter Plan	Debbie Fagan	Report	Receive	
GB19/144	Health & Wellbeing Strategy	Helen Armitage	Report	<b>To follow</b>	
<b>For Information</b>					<b>15:10hrs</b>
GB19/145	Acute Sustainability Joint Committee/ Development Meeting	Fiona Taylor	Verbal	Discussion	5 mins
GB19/146	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities: None	Chair	Report	Receive	
GB19/147	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI e) North Mersey Committees in Common: None f) TCP Strategic Board: None.	Chair	Report	Receive	
<b>Closing Business</b>					<b>15:15hrs</b>
GB19/148	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/149	<p>Date of Next Meeting</p> <p><b>Wednesday 5<sup>th</sup> February 2020, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</b></p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2019/20 are as follows:</p> <p>1<sup>st</sup> April 2020 3<sup>rd</sup> June 2020</p> <p>All PT1 public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>				
Estimated meeting close					<b>15:20hrs</b>

**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 4 September 2019, 13:05hrs to 16:10hrs  
**Venue:** Family Life Centre, Southport, PR8 6JH

### The Governing Body Members in attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Gill Brown	Lay Member for Patient & Public Engagement	GB
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Brendan Prescott	Deputy Chief Nurse	BP
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

Maureen Kelly	Chair, Health watch ( <i>co-opted Member</i> )	MK
Charlotte Smith	Consultant in Public Health	CS

### In Attendance

Helen Armitage	Consultant in Public Health	HA
Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair
Tracy Jeffes	Director of Place – South Sefton	TJ
Jan Leonard	Director of Commissioning and Redesign	JL
Karl McCluskey	Director of Strategy and Outcomes	KMcC
Cameron Ward	Programme Director	CW
Judy Graves	<i>Minute taker</i>	

### Apologies

Dr Emily Ball	GP Clinical Director
Dr Doug Callow	GP Clinical Director
Colette Riley	Practice Manager

### Attendance Tracker

✓ = Present      A = Apologies      N = Non-attendance

Name	Governing Body Membership	July 18	Sept 18	Nov 18	Feb 19	Apr 19	June 19	Sept 19
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	✓	✓	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	A	✓	A	A	✓	✓
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC ( <i>co-opted member</i> )	✓	✓	A	✓	✓	✓	✓
Dr Emily Ball	GP Clinical Director	✓	✓	✓	✓	A	✓	✓
Gill Brown	Lay Member for Patient & Public Engagement	A	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Clinical Director	✓	A	✓	✓	A	✓	A
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓		

Name	Governing Body Membership	July 18	Sept 18	Nov 18	Feb 19	Apr 19	June 19	Sept 19
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	✓	✓	A	A		
Maureen Kelly	Chair, Health watch ( <i>co-opted Member</i> )	✓	A	✓	✓	A	✓	✓
Susan Lowe	Practice Manager	A						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	A	✓	✓	✓	✓	✓	✓
Colette Page	Additional Nurse Member						✓	✓
Brendan Prescott	Deputy Chief Nurse						✓	✓
Dr Tim Quinlan	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	A	✓	✓	A	✓	A
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	✓	✓	✓	✓
Fiona Taylor	Chief Officer	✓	✓	A	✓	✓	✓	✓

**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).

No	Item	Action
Questions from the public	<p><b>1. Can the CCG confirm whether or not there are plans, now or in the future, to 'roll out' Babylon's GP at hand in Southport?</b></p> <p>The Chair confirmed that no, there were no plans for the CCG to commission the service. The Chair added that it would not necessary fit the needs of the population given that the company tend to target the younger population.</p> <p><b>2. Has the CCG commissioned Amazon Echo to provide a primary care 'digital' consultation and health advice service for NHS patients in Southport? If no, does the CCG plan to do so?</b></p> <p>The Chair confirmed that the CCG had not, and had no plans to do so. The Chair provided an overview of the digital options available to the CCG including e-consult.</p> <p><b>3. It is good that a new mental health unit is soon to open on Scarisbrick New Road, but why, when everybody agrees that we are desperate for beds, is there no extra provision, given the existing Hesketh Centre is to be closed?</b></p> <p><b>After assessment confirmed the need for admission a patient can wait for some time in the community for a bed to become available. Alternatively, a place can be found further afield with relatives having to travel from Southport. What are the CCGs plans to address this very serious situation?</b></p> <p>Dr Hilal Mulla, Clinical Lead for Mental Health, clarified that the Hesketh Centre was due to close as it was no longer fit for patients or purpose. The new hospital provided improved facilities with a better and more adaptable environment for patients.</p> <p>It was recognised that there was a local and national shortage of beds and that this was why patients were referred out of the area. It was also recognised that the vast majority of patients would be better dealt with and supported in the community and MerseyCare have invested substantially in this. The Mental Health Teams and GPs are working closely to ensure patients are adequately</p>	

No	Item	Action
	<p>supported in the community.</p> <p><b>4. Are the books now balanced?</b></p> <p>Martin McDowell, Chief Finance Officer, clarified that the full year financial position for the CCG for 2018/19 was a surplus of £1m which was in line with the agreed financial plan. There were a number of non-recurrent items required to deliver this position and a decision was taken to postpone these to the following financial year. The current position is not balanced but the CCG is making plans to work towards this, working with partners to ensure value for money, that the patients are receiving with appropriate and safe treatment and care.</p>	
GB19/95	<p><b>Apologies for Absence</b></p> <p>Apologies had been received from Colette Riley, Dr Emily Ball and Dr Doug Callow.</p> <p>Charlotte Smith attended on behalf of the Director of Public health.</p>	
GB19/96	<p><b>Declarations of Interest</b></p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS Southport &amp; Formby CCG.</p> <p>Those holding dual roles across both Southport &amp; Formby CCG and South Sefton CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell, Debbie Fagan, Colette Page and Brendan Prescott.</p> <p>The GP members in attendance declared their interest in relation to the Primary Care Network information items GB19/111d and GB19/112d; Dr Rob Caudwell, Dr Kati Scholtz, Dr Hilal Mulla and Dr Tim Quinlan.</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCG's Register of Interests which is available on the website <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/">http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/</a></p>	
GB19/97	<p><b>Minutes of Previous Meeting 5 June 2019</b></p> <p>The members approved the minutes subject to the following alterations:</p> <p>Page 9: GB initials to be removed from Community Health section  Business Update: spelling error  Page 20: 'accordingly' to be added to EB action.  GB19/103: removal of comma from GPs.</p>	
GB19/98	<p><b>Action Points from Previous Meeting</b></p> <p><b>Questions from the public:</b></p> <p><b>1:</b> Following discussion on the new GP contract and Primary Care Networks JL offered to make available the Primary Care Strategy. This was available on the CCG website.</p> <p><b>3.</b> Clarification was requested on the timeframe for advertising a recent Lay</p>	<p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>Member for Governance position for South Sefton CCG. FLT confirmed that the position went live on 8<sup>th</sup> May 2019, closing date 18<sup>th</sup> May 2019. A Press release was sent to media and partner organisations on 13<sup>th</sup> May. In addition the CCG also circulated the details to stakeholders and, following review, it had on this occasion been delayed. The CCG's Communications team were already in the process of reviewing timelines so as to ensure a quicker turnaround time.</p> <p>4. A discussion was had on the mobile screening units including the service, the number of units, site accessibility and capacity. FLT had forwarded the question to Julie Kelly who had responded directly to the member of the public.</p> <p><b>19/8: IPR – Mental Health:</b> HM had received confirmation that it was possible for GPs to ring the CRHT team for advice but had been waiting confirmation on the process. Following further enquiries HM has now been informed that it is not possible for GPs to access. HM provided an update on the work being carried out by MerseyCare in looking at the urgent cases, more specifically the work being done by the local service lead at Mersey Care on Single Point Access i.e. 24hour access by NHS111 direct to SPA service. It was suggested that the work on this be presented at the next development session.</p> <p><b>19/68: Business Update:</b> Following public questions and discussions, it was suggested a Q and A brief be compiled for the public that could be circulated or added to the website. JL advised that there had been a hold put on this following the delayed national guidance. The Q&amp;A should be completed and on the CCG website by the end of September.</p> <p><b>GB19/70: IPR</b>  <b>Planned Care:</b> Reference had been made to planned care patient experience and the difficulties being reported to Healthwatch. Nothing further had been received on this. MK agreed to raise with FLT outside of the meeting should there still be a need.</p> <p><b>Mental Health:</b> Reference had been made to prior discussions in relation to the use of '100%' and measuring the use of e-referrals against this. Same applies for waiting times and the psychological therapies. The members received an update on the substantial work undertaken on this which had identified some significant data quality issues on a national level. Further update will be given as part of item GB19/101 Integrated Performance Report.</p> <p><b>Urgent Referral to CYP Eating Disorder Services:</b> Clarification had been requested on the reason for the service breach (of 4 patients) and failed target, especially given the small numbers. It was also noted that there had been a request from Alder Hey for additional resourcing for this service. KMcC clarified that the CCG were working with Alder Hey to look at the level of investment. The members were referred to page 85 of the meeting pack which explained the reason for the service breach; demand for the service is exceeding capacity and this is contributing to underperformance in this area.</p> <p><b>GB19/71 IAF:</b>  104a Falls (65+): Reference had been made to indicator 104a which related to falls in people aged 65+. It was recognised that the population demographic and large proportion of care homes impacted on this indicator. The members discussed the prior reporting format for this indicator and requested something along similar lines which was more comprehensive and that detailed the work being done. KMcC referred to the CCG demographic issue noting that the CCG is currently ranked 8<sup>th</sup> in terms of opportunities to improve performance. Page 128 of the meeting report detailed the work being done on this indicator. Integrated Care Reablement is also included within falls and the risk has been picked up with the local authority. Another element was the comprehensive</p>	<p>Closed</p> <p>Judy Graves</p> <p>JL</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>falls assessment which was being worked on. The reporting format would be looked at as part of this work.</p> <p>The members further discussed in relation to the issues being raised and the need for a holistic assessment. FLT highlighted the need for a cohesive strategy on falls and the cost, not just to healthcare and quality of life, but also preventative work. The members noted the work being done and the improvements already being seen in the community which was noticeably better, but recognised that there was still a lot to be done. With this, concern was raised regarding the number of individuals living on their own with little or no contact socially which also impacted. Following a request for clarification, members were assured that the Carers Association is involved in the work being done via the A&amp;E Delivery Board.</p> <p><b>107b:</b> Antimicrobial resistance: Reference was made to this indicator and the figures quoted, especially given the outcome of the review on the regarding the prescribing of a broad spectrum antibiotic due to infection risks facing the elder population. It was understood that the figures quoted were based on population numbers and not population type and would be impacted by the CCG's demographic of a higher than average population percentage of those that are 65+. Further update on this to be included within the next report to governing body. KMcC clarified that the item had been fully discussed, with the review showing that prescribing is in line with NICE guidance and, where it isn't, there is a clinical explanation as to why.</p> <p>A plan is in development through Medicines Management to bring practice prescribing in line with national levels. The members considered further advice on prescribing broad spectrum UTIs would assist this and queried whether Medicines Management could look at this. It was noted that the old anti-microbial handbook was due to be re-published. Suggestions were made on how the format of the handbook could be improved in order to assist with the regular updates.</p> <p>TQ suggested that this would be good topic for a PLT forum day which would enable more interactive discussion.</p> <p><b>GB19/73: Terms of Reference:</b> BP had advised the members that the Quality Committee was to be called the Quality and Safety Committee. Following review BP advised that the title of the committee was to refer back to the prior suggestion of Quality and Performance Committee. The members approved.</p> <p><b>Resolution:</b> The members approved the actions update and specifically the change in name to the Quality and Performance Committee.</p>	JL (SL)
GB19/99	<p><b>Business Update</b></p> <p>The Chair highlighted the following areas, in addition to that already covered on the meeting agenda:</p> <p>The Chair referred to the recent national surveys and assessments and highlighted:</p> <p>Southport and Formby CCG had performed well in the GP survey, scoring higher than national average in a number of areas. In the face of a challenging environment it showed that patients are being offered quality in primary care. The Chair relayed his thanks.</p> <p>Southport and Ormskirk Trust are looking to recruit a Chief Executive. The Trust is looking to make a substantive appointment.</p>	



No	Item	Action
	<p>The Chair announced the conclusion of GB's position as Lay Member for Public and Patient Engagement. GB was thanked for her work and support during her membership. FLT relayed her thanks to GB for her valued contribution. FLT announced that the position will be advertised. FLT stressed the importance of the lay membership role on the governing body which gives a different perspective and balance.</p> <p><b>Resolution:</b> The members received the report.</p>	
GB19/100	<p><b>Chief Officer Report</b></p> <p>The governing body received the Chief Officer report. FLT noted that QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementing schemes and identifying new opportunities.</p> <p>The following areas were highlighted:</p> <p><u>1. SEND Re-inspection</u> The CCG is continuing to work with providers and local authority partners to secure improvements. Further discussion will be held under item GB19 /105.</p> <p><u>2. EU Exit Planning</u> Significant concerns were now starting to materialise. Debbie Fairclough has been appointed lead.</p> <p>The CCG business is not affected in the same way as a Trust or provider organisation where there is high potential for supplies and medication to be affected. Instead the CCG will look at business operations and provide support to partner organisation and providers.</p> <p>An update on Medicines Management is due at the next Senior Leadership Team meeting.</p> <p>A discussion was had in relation to the EU exit risk and the management of this via the leadership team on a weekly basis and the discussions being had with providers in relation to what it means for them. It was suggested that this be added to the SLT agenda.</p> <p><u>3. Stroke and North Mersey Joint Committee</u> The governing body approved the North Mersey Joint Committee work plan. At a meeting in April the Committees in Common proposed that they now support the addition of stroke services to the joint committee work programme.</p> <p><u>4. Midlands and Lancs Commissioning Support Unit contract 2020/21</u> The current contract for commissioning support services is due to expire on 31<sup>st</sup> March 2020 with an option to extend for a further 12 months for lot 1 only. It was noted that CHC was part of lot 2 and therefore subject to separate discussion.</p> <p><u>6. Healthwatch views on the NHS Long Term Plan</u> On 11<sup>th</sup> July Healthwatch organisations across Merseyside and Cheshire published their report on local people's views about the long term plan. The findings from the report are designed to feed into the work on producing a health and care strategy within the Cheshire and Merseyside Health and Care partnership (HCP) and more specifically to inform the development of the Shaping Sefton II Strategy. More discussion under item GB19/106.</p> <p>The full report is available on the Healthwatch Sefton website at: <a href="https://healthwatchsefton.co.uk/reports/">https://healthwatchsefton.co.uk/reports/</a></p>	Judy Graves

No	Item	Action
	<p><u>7. Trans Health Sefton wins national award</u> Trans Health Sefton were congratulated as the winner of this year's Healthcare Transformation Awards 2019 which recognised the very best in innovation and improvement across the NHS.</p> <p><u>9. Clinical Senate Report – Southport &amp; Ormskirk Hospitals</u> As discussed at prior governing body meetings debate has been underway for some time on how services at Southport &amp; Ormskirk hospitals can be clinically and financially sustained to meet the required quality standards. To assist this the CCG has commissioned a second independent clinical review which follows on from a similar document published by the Northern England Clinical Senate in 2017. The report is available on <a href="https://www.southportandformbyccg.nhs.uk/get-informed/publications/">https://www.southportandformbyccg.nhs.uk/get-informed/publications/</a></p> <p><u>10. Health and wellbeing marketplace at 'Big Chat meets Annual Review' event</u> The next CCG event is due to take place on 10 September. The event is an amalgamation of the Big Chat and Annual General Meeting, organised in a joint format so as to maximise the opportunity for public involvement and sharing of information.</p> <p><u>12. EPRR Standards: Annual Compliance Self-Assessment</u> The CCG is required to be aware of its responsibilities in preparing for and responding to emergencies and, to this end, is required to undertake a self-assessment and issue a statement of compliance on an annual basis. The submission to NHS England is required by the 30<sup>th</sup> September 2019.</p> <p>Following an interim assessment the CCG is currently demonstrating substantial compliance against the NHSE's levels for compliance. Further work is scheduled for September and following this the CCG is expected to be able to demonstrate full compliance by the submission date.</p> <p><u>13. One to One (North West Limited)</u> One to One (North West) Limited, provider of independent midwifery services, notified the CCG that it would be ceasing trading on 31 July 2019. In response the CCG has, with NHS Trusts, worked to ensure the safe and quick transfer of women to alternative providers.</p> <p>The contract with One to One was due to expire on 31<sup>st</sup> March 2020 and commissioners had already begun to explore options for service delivery beyond that point. There was expectation that One to One would continue to deliver services until the end of the agreed contract.</p> <p>FLT assured the members that the women who had been booked for either ante-natal or post-natal care with One to One have now been assigned with an alternative care provider.</p> <p><u>16. Patient and public participation IAF Patient and Community Engagement Indicator</u> CCGs have a statutory duty to involve the public in commissioning. In meeting its statutory responsibilities, effective patient and public participation helps CCGs to commission services that meet the needs of local communities and tackle health inequalities. The CCG are assessed on how well they discharge these duties and following assessment the CCG has achieved a Green Star rating for 2018/19.</p> <p>The rating is a great reflection of the positive work undertaken by the communications and engagement team, Gill Brown and Tracy Jeffes. It was recognised that this was an achievement not accomplished by many CCGs.</p> <p><u>22. Aintree and Royal hospitals coming together</u> FLT updated the members and the public on the continuing work on the formal</p>	

No	Item	Action
	<p>merger of the Trusts. Appointments have been made and an interim board will operate until the merger is complete, expected October 2019.</p> <p><b>23. Integration</b> Following a successful extended Integrated Commissioning Group Workshop the Sefton CCGs and Sefton Council have identified a range of actions to further the development of integrated commissioning including the intent to publish joint commissioning intentions for 2020/21.</p> <p>In line with the publication of new Better Care Fund (BCF) guidance, work on the refreshed CCG and Council BCF plan is underway to meet the submission deadline of September 27<sup>th</sup> 2019. To this end approval was being sought for delegated authority for sign off by the CCG Chair and Chief Officer.</p> <p><b>Resolution:</b> The governing body received the report and:</p> <p>Item 3: Stroke and North Mersey Joint Committee: Approved the addition of Stroke services to the joint committee work plan.</p> <p>Item 4: Approved the extension of the Midlands and Lancs CSU contract for Lot 1 services for a further 12 months until March 2020 and to be taken through the membership as part of the governance process.</p> <p>Item12: EPRR: Noted the interim assessed level of compliance as 'substantial' against the core standards. Furthermore approved delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30<sup>th</sup> September which is expected to evidence 'full' compliance. With final documentation to be ratified by the governing body at its next meeting.</p> <p>Item 23: Approved delegated authority for signing off the BCF submission to the CCG Chair and Chief Officer pending ratification by the Governing body at its next meeting.</p>	
GB19/101	<p><b>Integrated Performance Report (IPR)</b></p> <p>The governing body were presented with a newly revised IPR. It was recognised that this was the first sight of the report in the new format and expected that further changes will be made over time.</p> <p><b>101.1: Performance and Quality</b></p> <p>KMcC highlighted the key differences with concentration on performance and quality and a now separate finance paper. The members were taken through the summary dashboard on page 39 of the meeting pack and briefed on the changes to the report. This included detail and increased focus on exception areas, RAG rating of red amber and green areas, performance detail for the prior quarter, a rolling 3 month timeframe to show stability of metric before removal from exception report. Changes have also been made to the format which links performance, indicator, IAF and constitutional category with a clearer overview of issues and actions.</p> <p>The members were taken through the report in detail with the following extracts discussed:</p> <p><b>Planned Care</b></p> <p><b>Referrals</b> There had been a continued sustained level of activity for GP referrals which is comparable to the prior year.</p> <p>Consultant to Consultant referrals continues to increase and is being looked at as part of the QIPP programme.</p>	

No	Item	Action
	<p>The members were reminded of prior concerns regarding the low GP e-referral utilisation data being reported given that GPs can only refer via the e-referral system. The members received an update on the substantial work undertaken on this which had identified some significant data quality issues on a national level. This has been escalated to NHS England. The CCG is, for the moment, using a local data set which is reporting the current GP e-referral utilisation in excess of 95%. This data set will continue to be used whilst the national issue is being resolved and a response is received from NHS England.</p> <p><b>Diagnostics</b> Diagnostics continue to decline for both the CCG and Southport &amp; Ormskirk Trust, both failing the target and improvement trajectory. It was noted that the majority of breaches were as a result of delayed tests in Non-Obstetric Ultrasound, Colonoscopy and MRI. The issues have been raised via the contract meetings. The next course of action in relation to a performance notice is on hold pending a response on the issues.</p> <p><b>RTT</b> The CCG has been advised that a Southport &amp; Formby patient is due to breach 52 weeks in July 2019. This is a result of cancelled and missed appointments by the patient. Performance is expected to recover in September provided the patient receives treatment.</p> <p><b>Incomplete Pathways</b> The CCG had a total of 9,331 patients waiting on an incomplete pathway in June 2019; 1,071 patients over plan but 36 patients less than in May 2019. The CCG has seen a 2380 (24%) increase in June 2019 compared to the same period in 2018/19.</p> <p>The CCG met with Bill McCarthy (NHSE) with agreement that the CCG would provide a report that will provide detail as to why the target has been set low in terms of overall numbers and required interpretation.</p> <p><b>Cancer</b> The members were asked to note the difficulties being experienced by some GPs with the new referral system; referrals are being made however the GP has no control over when the patient is seen and in some cases the patients are being downgraded. The clinical membership raised concern in relation to the outcome of those that had been downgraded by the system.</p> <p>Further discussion was had in relation to two week wait referrals and the lack of response received on the outcome of those referrals. This has had an impact on the management of the patient's symptoms from a quality perspective and the receipt of necessary and appropriate clinical response on cases. It was agreed that this needed to be look at further.</p> <p>It was also highlighted that there were referral issues for patients with recurrent breast cancer symptoms of 5+ years. The membership were informed that this issue was being examined by the Clinical Advisory Group following discussion of this at a meeting in August 2019.</p> <p><b>Unplanned Care</b></p> <p><b>A&amp;E</b> There had been slight improvement over recent months for all types, with June performance reported as 85.73% and year to date 85.03%. The 4 hour wait target had also seen some improvement. However both are still significantly below the NHS Improvement trajectory. The CCG continues to work with partners across the system to make improvements. A programme of work has been</p>	<p>RC and Jan Leonard</p>

No	Item	Action
	<p>commissioned from Venn Group to provide a service gap analysis, in terms of beds in the system.</p> <p><b>Mental Health</b> There had been some improvement over recent months for Adult Eating Disorder Service Treatment however this was still significantly below the plan, only achieving 31.1% against a 95% target. Issues contributing to this include the high number of referrals to the service and capacity issues being experience by the service as a result of a vacant post. The provider has an action plan in place to address the issues and an improvement is expected to be seen over the coming months.</p> <p><b>Children's Services</b> Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. There are long waits in Paediatric speech and language remains an issue however discussions are progressing with Alder Hey regarding improvements in provision across SALT and other services.</p> <p><b>Extended Access</b> Reference was made to the extended access appointment utilisation detailed on page 96 of the meeting report and the lack of usage and percentage of DNA's. Especially when compared to A&amp;E activity which is currently the highest ever recorded. JL expanded on the work being done to publicise the service which had been recognised by NHS England. Further work was being done by the federation on looking at the service and other discussions were underway on potential service adjustments.</p> <p><b>Report Format</b> A discussion was had on the new report layout. Thanks were relayed to KMcC and his team for the much improved format. Further considerations to be looked at included a review of some of the 'trend' arrows through report.</p> <p><b>Quality</b> BP took members through the quality section of the report and highlighted: The following items were noted in particular: Year to date there are a total of 8 C Difficile cases attributed to the CCG which is above the threshold of 7. The Trust has also breached with a year to date position of 10 cases against a target of 6. There have been a significant number of A&amp;E 12 hour breaches at Southport &amp; Ormskirk Trust over the last 6 months, with 4 cases reported in June against a zero tolerance threshold. The members were informed that the Trust were in the process of carrying out a serious incident review to examine how this had come about. Reference was made to the data provided for the personal health budgets on page 62 of the meeting report. There had been an increase in the numbers but not in performance and not at the expected level.</p> <p><b>Resolution:</b> The governing body received the report.</p> <p><b>101.2 Finance</b> MMcD presented members with the finance paper and highlighted:</p>	

No	Item	Action
	<p>The year to date financial position is a deficit of £3.538m with the current full year forecast position being breakeven, dependent upon delivery of the CCG's QIPP plan.</p> <p>The cumulative deficit brought forward from previous years is £9.295m, this has reduced from £10.295m following delivery of £1m surplus in 2018/19. The cumulative deficit will need to be addressed as part of the CCG longer term financial recovery plan.</p> <p>A discussion was had on the forecast outturn as detailed on page 114 of the report. Specifically the increased CHC costs, however this was as a result of increased fast track referrals which benefitted the patients in terms of leaving hospital faster, to a more appropriate setting.</p> <p>The membership recognised the work being done by the CCG in trying to deliver the necessary savings and agreed that this would be extremely challenging. MMCD noted the need to ensure clinical involvement in order to drive this forward. To assist this, a joint session of key clinicians from across Southport had been organised for 9 September.</p> <p><b>Resolution:</b> The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> <li>• The agreed financial plan for Southport and Formby CCG is breakeven for 2019/20.</li> <li>• The QIPP efficiency requirement to deliver the agreed financial plan is £14.104m. QIPP schemes of £16.381m have been identified but further work is required to fully implement schemes and realise savings.</li> <li>• The CCG deficit at Month 4 has been assessed at £3.538m and the risk adjusted most likely position is assessed at £10.614m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace.</li> <li>• The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. Continued progression of work undertaken during the July QIPP week is essential to deliver against the CCG financial plan. The next stage will focus on the development of clinical leadership in the CCG who can engage with colleagues across the system, influence change and reduction in cost. Governance arrangements to support full system working will also need to be finalised.</li> <li>• The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.</li> </ul>	
GB19/102	<p><b>Improvement and Assessment Framework 2018/19 Q4 Exception Report</b></p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q4 performance. This included exception commentary regarding indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.</p> <p>The members were referred to the key issues section of the report (page 133) which detailed the indicators and underperformance. The members were asked to note the areas that had improved. The improvements had resulted in the CCG no longer being ranked in the lowest performing quartile nationally for the five areas listed.</p> <p>Independent panels have completed the assessments for the 6 Clinical Priority areas for 2018/19. These being cancer, maternity, mental health, dementia, learning disabilities and diabetes. The outcome of these assessments was made</p>	

No	Item	Action
	<p>available on the MyNHS website in July 2019. The CCGs overall rating for 2018/19 was 'Requires Improvement', as detailed in the report page 135. The membership added their disappointment at this outcome given that performances in key areas were amongst the best results nationally.</p> <p><b>Resolution:</b> The governing body received the report and noted the progress.</p>	
GB19/103	<p><b>Annual Audit Letter</b></p> <p>The report summarises the key findings from the external audit work for NHS Southport &amp; Formby CCG for 2018/19. The purpose being to give an opinion on the CCG's financial statements and regularity assertions and assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources.</p> <p>The CCG has received an 'unqualified opinion' on the CCG's financial statement and had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for 2018/19.</p> <p>The members were noted to the thanks relayed from the auditors, as detailed on page 144 of the meeting report, on the audit process and support received from the CCG.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB19/104	<p><b>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</b></p> <p>The members were presented with a CRR and Risk Heat map as at Q1 2019/20 (27 June 2019) having noted that this had been reviewed by the Audit Committee in July 2019. The members reviewed the content of documents and noted Audit Committee approval. Furthermore FLT highlighted the revamp on the documents and process to be carried out as part of the Risk Management Strategy review.</p> <p>The members were presented with an interim Q2 2019/20 GBAF for review and scrutiny, as requested by the Audit Committee. Following review the members agreed the scoring for 'Delivery of CCG QIPP plan' should increase to 20.</p> <p><b>Resolution:</b> The governing body:</p> <ul style="list-style-type: none"> <li>• Approved the CRR and Heat Map</li> <li>• Approved the interim Q2 2019/10 GBAF with a change to risk 3</li> <li>• Noted the update to date</li> <li>• Agreed no further recommendation for action in addition to that which has either been suggested by the Audit Committee or is being carried out as part of the normal process</li> </ul>	MMcD (Judy Graves)
GB19/105	<p><b>SEND: Update</b></p> <p>Reference was made to a SEND inspection carried out on the CCG and local authority in 2016 where some service concerns had been highlighted, and the subsequent revisit in April 2019 to review any progress made in addressing those concerns.</p> <p>The report presented an update on the remedial action plan developed with the NHS providers and local authority colleagues to improve SEND services and address the concerns raised in the inspection and revisit. The action plan was submitted to the DfE in July for review and the CCG were waiting a response. Following that response the CCG will then work with providers to deliver those needs. It is anticipated that additional investment will be needed.</p>	

No	Item	Action
	<p>It was noted that the action plan could be shared in the public domain once a formal response had been received from DfE. In the meantime it will remain as a PTH item, where further discussion is to take place.</p> <p>It was noted that there had been a significant increase in demand and this will need to be reflected in the long term plan.</p> <p>The members discussed the additional investment in relation to £35,000 to strengthen independent liaison for families and a £180,000 2-year package with Alder Hey.</p> <p>FLT added that the response from the parents involved in the process had been positive.</p> <p><b>Resolution:</b> The governing body received the update</p>	
GB19/106	<p><b>Sefton NHS Five Year Place Plan</b></p> <p>The 2 CCG's in Sefton are currently engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire &amp; Merseyside Health and Care Partnership.</p> <p>The plan is draft and is subject to ongoing engagement for feedback and comment prior to concluding the document in November 2019.</p> <p>A further draft document was circulated which presented the outline draft for engagement.</p> <p>A discussion was had on the work and symmetry with the Health and Wellbeing Strategy and partners and presented a different way of describing the health plan. Also discussed was the work being done in linking in the financial plan, activity and growth levels.</p> <p>The next steps encompassed a timeline and programme of engagement work including the Health and Wellbeing Board and the Overview and Scrutiny Committee before submission on 30 November 2019 and as detailed on pages 193 to 195 of the meeting report with a 'Future State' diagram provided on page 197.</p> <p>The membership recognised the intensive timescale to achieve the plan, with increased information on health inequalities.</p> <p>The members were referred to the CCG headline outcomes which was very much part of what the CCG was about. Following public engagement a 4<sup>th</sup> item of 'dying well' had been added to the headline and which recognised the life cycle.</p> <p>Reference was made to the supplementary list on page 193 of the report in relation to the targets for the elderly and frailty. Members requested the priorities for these two areas be expanded, along with the inclusion of Long Term Neuro Conditions.</p> <p>Further to the approval of the document at the November governing body an update was requested for the October Development Session.</p> <p><b>Resolution:</b> The governing body received the report and:</p> <ul style="list-style-type: none"> <li>• Noted the progress on the development of the NHS Five Year Place Plan</li> <li>• Noted the draft outline plan is subject to further engagement</li> <li>• Made comment through discussion on the plan presented, with any further comments to be fed back to Cameron Ward (CW)</li> </ul>	<p>CW</p> <p>CW</p>



No	Item	Action
	<ul style="list-style-type: none"> <li>Noted the final version will be submitted to the November governing body meeting for approval</li> </ul>	
GB19/107	<p><b>Primary Care Work Programme</b></p> <p>The CCG published its strategy for Primary Medical Care earlier in 2019. Since then the NHS Long Term Plan has been published which has set the direction for primary medical services. One of the key components of the plan (reflected in changes to the GP Contract in April 2019) was the introduction of Primary Care Networks (PCNs).</p> <p>The report presented the governing body with an update on the progress of the implementation of the Primary Care Strategy and the six key themes contained within. These key themes covered access, quality, workforce, premises and estates, transformation and collaboration, and integration of services in localities.</p> <p>Reference was made to the Southport and Formby practices performing above the national average for a number of indicators. With Southport &amp; Formby being 4<sup>th</sup> nationally for GP experience and highest across Cheshire and Merseyside.</p> <p>Further reference was made to the new roles being introduced to expand the primary care workforce, deliver against the strategy and support the Primary Care Networks. Some of which was being supported by Sefton CVS, both in recruitment and the use of the CVS link worker process so that workers are not isolated to practices.</p> <p>Further detail is shown in the RAG rated Primary Care Programme report on page 204 of the report. Although the programme had failed, the work and cost to recruit additional GPs through the international recruitment programme was recognised. The shortfall was now understood to be nearer 6500 rather than 5000.</p> <p>FLT and the members relayed thanks to JL on her leadership role with Primary Care and the smooth transition.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB19/108	<p><b>Sefton Transformation Programme Update</b></p> <p>The paper presented members with an update on the Sefton Transformation Programme, aim being to deliver the agreed vision for the transformation of health and care services in Sefton.</p> <p>The report outlined the agreed objectives and the scope of work involved, as well as a diagram of the supporting framework and workstream update and how this linked in with the PCNs.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB19/109	<p><b>Transforming Care for People with Learning Disabilities: Update</b></p> <p>The governing body were presented with a paper which provided an update 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.</p> <p>There are currently 2 inpatients in hospital, both of whom are commissioned by NHS Southport and Formby and 3 patients that are commissioned by Specialised Commissioning. The CCG maintains regular updates to support planned discharges.</p>	

No	Item	Action
	<p>There are currently 2 inpatients that have been in hospital for more than 4 years. The intent of the programme is to move these patients into non-bedded appropriate living.</p> <p>The members were referred to the Annual Health Checks for Patients with a Learning Difficulty and the importance of these health checks being carried out as highlighted in the confidential inquiry into premature deaths of people with learning difficulties. More work was being done to review the disability mortality rate in order to understand what can be improved.</p> <p><b>Resolution:</b> The governing body:</p> <ul style="list-style-type: none"> <li>• Noted the progress made</li> <li>• Endorsed the continuing work on the Cheshire and Merseyside Transforming Care Partnership</li> </ul>	
GB19/110	<p><b>Public Health Annual Report 2018/19</b></p> <p>The members were presented with a report which provided information about the preparation, content and key messages in the 2018/19 Sefton Public Health Annual Report (PHAR) on Air Quality. The PHAR is the independent annual report of the Director of Public Health and is a statutory duty.</p> <p>Following positive feedback on the use of a film format for last year's PHAR, a decision was taken to present the report in an animated format. The aim being to present complex information on a sensitive subject in an accessible, engaging and transparent format.</p> <p>Health messages in the report are centred on the impact of nitrogen dioxide, which is predominantly from road transport and particulate matter (PM) which comes from a broader range of sources including domestic and commercial burning and wear and tear from traffic.</p> <p>The animation and fact-file can be found at <a href="https://www.sefton.gov.uk/phar">https://www.sefton.gov.uk/phar</a> .</p> <p>The members discussed the report presented. It was recognised that as a CCG it was not possible to have the same impact as some providers i.e. NWAS, but more about how the CCG can hold providers to account. There were also opportunities in logistics and supplies in how these are delivered.</p> <p>It was recognised that the air quality in Southport and Formby was of a better quality than other areas of Sefton and more of a concern in urban areas.</p> <p>The members were briefed on other aspects being looked at such as indoor pollution and wood burning stoves, and the 'Clean Air Crew' work being done with schools.</p> <p>FLT briefed members on a section within the long term plan that looks at this topic.</p> <p>Further discussion was had on the content of the animation and how even the smallest of changes can have a beneficial impact on someone's health. Such as the time people go for a walk or using an alternative walking route with less traffic.</p> <p><b>Resolution:</b> The governing body:</p> <ul style="list-style-type: none"> <li>• Noted the information presented in the PHAR animation, 'fact-file and report</li> <li>• Considered how the governing body could support relevant recommendations and calls to action from the report</li> </ul>	

No	Item	Action
GB19/111	<p><b>Key Issues Reports:</b></p> <p>a) Finance &amp; Resource Committee (F&amp;R): May and June 2019  b) Quality Committee/Quality and Performance: May and June 2019  c) Audit Committee in Common: April and May 2019  d) Primary Care Commissioning Committee in Common: May 2019</p> <p><b>Resolution:</b> The governing body received the key issues reports</p>	
GB19/112	<p><b>Approved Minutes:</b></p> <p>a) Finance &amp; Resource Committee (F&amp;R): May and June 2019  b) Joint Quality Committee/Quality and Performance Committee: March, May and June 2019  c) Audit Committee in Common: None  d) Primary Care Commissioning Committee in Common: May and June 2019  e) North Mersey Committees in Common: February and April 2019, and the agenda for the meeting held 9 August 2019.</p> <p><b>RESOLUTION:</b> The governing body received the approved minutes.</p>	
GB19/113	<p><b>Any Other Business</b></p> <p><b>1 CQC Inspection: Southport &amp; Ormskirk NHS Hospital Trust</b>  FLT informed members of a recent CQC inspection carried out at the Trust.</p>	
GB19/114	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 6<sup>th</sup> November 2019, 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.</p> <p>Dates for 2019/20 are as follows:</p> <p>5<sup>th</sup> February 2020  1<sup>st</sup> April 2020  3<sup>rd</sup> June 2020  2<sup>nd</sup> September 2020</p> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>	
<b>Meeting concluded</b>		<b>16:10hrs</b>
<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 in Public 19/134: Action Points

Date: Wednesday 4 September 2019

No	Item	Action
GB19/98	<p><b>Action Points from Previous Meeting</b></p> <p><b>19/8: IPR – Mental Health:</b> HM had received confirmation that it was possible for GPs to ring the CRHT team for advice but had been waiting confirmation on the process. Following further enquiries HM has now been informed that it is not possible for GPs to access. HM provided an update on the work being carried out by MerseyCare in looking at the urgent cases, more specifically the work being done by the local service lead at Mersey Care on Single Point Access i.e. 24hour access by NHS111 direct to SPA service. It was suggested that the work on this be presented at the next development session.</p> <p><b>19/68: Business Update:</b> Following public questions and discussions, it was suggested a Q and A brief be compiled for the public that could be circulated or added to the website. JL advised that there had been a hold put on this following the delayed national guidance. The Q&amp;A should be completed and on the CCG website by the end of September.</p> <p><b>GB19/71 IAF:</b></p> <p><b>107b:</b> Antimicrobial resistance: Reference was made to this indicator and the figures quoted, especially given the outcome of the review on the regarding the prescribing of a broad spectrum antibiotic due to infection risks facing the elder population. It was understood that the figures quoted were based on population numbers and not population type and would be impacted by the CCG's demographic of a higher than average population percentage of those that are 65+. Further update on this to be included within the next report to governing body. KMcC clarified that the item had been fully discussed, with the review showing that prescribing is in line with NICE guidance and, where it isn't, there is a clinical explanation as to why.</p> <p>A plan is in development through Medicines Management to bring practice prescribing in line with national levels. The members considered further advice on prescribing broad spectrum UTIs would assist this and queried whether Medicines Management could look at this. It was noted that the old anti-microbial handbook was due to be re-published. Suggestions were made on how the format of the handbook could be improved in order to assist with the regular updates.</p>	<p>Judy Graves</p> <p>JL</p> <p>JL (SL)</p>
GB19/100	<p><b>Chief Officer Report</b></p> <p><u>2. EU Exit Planning</u></p> <p>A discussion was had in relation to the EU exit risk and the management of this via the leadership team on a weekly basis and the discussions being had with providers in relation to what it means for them. It was suggested that this be added to the SLT agenda.</p>	<p>Judy Graves</p>

No	Item	Action
GB19/101	<p><b>Integrated Performance Report (IPR)</b></p> <p><b>Cancer</b> The members were asked to note the difficulties being experienced by some GPs with the new referral system; referrals are being made however the GP has no control over when the patient is seen and in some cases the patients are being downgraded. The clinical membership raised concern in relation to the outcome of those that had been downgraded by the system.</p> <p>Further discussion was had in relation to two week wait referrals and the lack of response received on the outcome of those referrals. This has had an impact on the management of the patient's symptoms from a quality perspective and the receipt of necessary and appropriate clinical response on cases. It was agreed that this needed to be look at further.</p>	RC and JL
GB19/104	<p><b>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</b></p> <p>GBAF: Following review the members agreed the scoring for 'Delivery of CCG QIPP plan' should increase to 20.</p>	MMcD (Judy Graves)
GB19/106	<p><b>Sefton NHS Five Year Place Plan</b></p> <p>Following discussion of the draft document reference was made to the supplementary list on page 193 of the report in relation to the targets for the elderly and frailty. Members requested the priorities for these two areas be expanded, along with the inclusion of Long Term Neuro Conditions.</p> <p>Further to the approval of the document at the November governing body an update was requested for the October Development Session.</p>	CW  CW

## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/136	<b>Author of the Paper:</b> Fiona Taylor Chief Officer
<b>Report date:</b> November 2019	<a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> 0151 317 3456
<b>Title:</b> Chief Officer Report	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's update.	
<b>Recommendation</b>	
The Governing Body is asked:	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
<ul style="list-style-type: none"> <li>- Formally receive the report</li> </ul>	

### Links to Corporate Objectives 2019/20

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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	

## Report to Governing Body November 2019

### General

#### 1. SEND

The Sefton SEND Improvement Plan has been now been signed off by the DfE and by the SEND Continuous Improvement Board on 22<sup>nd</sup> October 2019.

The Deputy Chief Officer/Chief Finance Officer will provide a further update as part of the main agenda.

#### 2. EU Exit Planning

The CCG continues to participate in planning and assurance events that are being led by NHS England. Planning for a no deal exit from the EU is discussed at weekly meetings of the leadership team and the CCG's operational lead for EU Exit Planning submitted situation reports (Sitreps) to NHSE on a daily basis providing an assessment against each key line of enquiry. That reporting procedure commenced on 21<sup>st</sup> October.

To ensure that any risks within the system are identified at an early stage the CCGs EU exit planning lead regularly liaises with the local authority, primary care colleagues and provider trust colleagues. At this stage this CCG is not anticipating any major disruption to its functions but will continue to ensure this is kept under review.

On 28<sup>th</sup> October the government and the EU agreed a "flexextension" of Article 50 to 31<sup>st</sup> January 2020 and during the intervening period the NHS will continue to assess, evaluate, escalate and mitigate as necessary any risks that emerge.

On 29<sup>th</sup> October the daily Sitrep reporting requirement was stood down until further notice but is expected to be reinstated as we approach the exit deadline.

**To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term Plan ensuring involvement of all stakeholders in our work.**

#### 3. Transformation Programme

The main focus of the Programme to date has been to develop rigour around clarity of purpose, programme structure, staffing, roles and responsibilities. This has progressed to establishing all the various project groups; supporting the development of the Provider Alliance; assisting in supporting the development of strategic commissioning; supporting Southport & Ormskirk Hospitals on the preparations towards a pre consultation business case; considering a future state position; contributing to the development of Sefton's NHS five year place plan; as well as supporting the sharing of learning from other parts of the NHS.

The Acute Sustainability Joint Committee that has been established as a formal joint committee between Southport and Formby CCG and West Lancs CCG is due to have an initial meeting on 7<sup>th</sup> November. The governing body will receive regular updates on the work of this committee.



There is a substantive report on the transformation programme on the main agenda.

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

#### 4. Joint Targeted Area Inspection (JTAI)

In September the CCG and Local Authority participated in a JTAI. Relevant commissioner and provider leads supported the inspection and the findings are now being consolidated by the inspection team.

The final outcome report is expected during November following which the Local Authority and the CCG will develop any required action plans.

#### 5. The Safeguarding Adults and Children Annual Report

The Safeguarding Adults and Children Annual Report was received at the September Joint Quality & Performance Committee and highlights how the Clinical Commissioning Groups are fulfilling their statutory duties in relation to safeguarding adults, children and young people in Sefton. The report also provides an update of the developing and emerging safeguarding agenda which the CCGs have supported throughout the 2018-19 reporting period. This includes updates on:

- The National Context including the implications and implementation of the Children and Social Work Act (2017) in respect of future safeguarding partnership arrangements and Child Death review partnerships
- 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 2019/20

The report is available on the CCGs web page <https://www.southportandformbyccg.nhs.uk/get-informed/publications/>

**To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.**

#### 6. QIPP

The QIPP efficiency requirement to deliver the agreed financial plan of breakeven is £14.104m. The QIPP requirement has increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.

The CCG has identified potential QIPP opportunities of £16.584m although the majority are rated high risk at this stage and further work is required to implement these schemes. Prescribing efficiency schemes are expected to be delivered and savings realised in later months when prescribing reports are published and values can be confirmed.

The CCG Financial Recovery Plan has been submitted to NHS England. The plan has been prepared as a System Financial Recovery Plan including Southport and Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust. The plan outlines the governance arrangements, priorities, risks, mitigations and transformation schemes required to deliver the system long term financial plan.

The CCG will continue to explore every opportunity to ensure it is able to deliver its statutory duties.

**To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton**

## 7. Primary Care Network (PCN) update

There have been a number of key developments relating to PCNs over the past few months, these are summarised below:

- A prospectus was published in August 2019, together with a self-assessment maturity matrix which set out the expectation that PCNs will prioritise specific service improvements focussed on the needs of local people and communities.
- The Cheshire and Merseyside Health and Care Partnership has written to PCN Clinical Directors requesting two outputs by the end of November; an annual plan for 2019/20 and a self-assessment across the domains of leadership, planning & partnerships, integrating care, managing resources, population health management and work with people and communities.
- PCN RightCare opportunity packs have also been published which presents an opportunity to inform service improvement and align to QIPP

The CCG leads are continuing to work collectively and collaboratively with the PCNs to ensure they are able to develop at sufficient pace to meet their local challenges.

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

## 8. Liverpool University Hospitals NHS Trust

On 16<sup>th</sup> October the CCG received a stakeholder update on the merger of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The briefing confirmed that the new Royal remains a priority and described the commitment to delivering the state of the art facilities that patients need and the world class hospital. The hospitals have produced a short film for stakeholders on the building process which is available at the following link [a short film for social media](#).

The hospital is working closely with regulators NHS Improvement and the Department of Health and Social Care, to scrutinise contracts with the aim of getting the best value for money for the NHS and ultimately for the tax payer. The National Audit Office investigation into Carillion's PFI hospital contracts continues and the final report is due to be published next month.

In the meantime, Laing O'Rourke is finishing a number of 'exemplar rooms'. These will be used to benchmark the standard throughout the hospital and will help to illustrate the state of the art facilities that they are working hard to deliver for patients and staff.

### Background

The vision for the new Royal was not just to replace an out-dated building with a more modern and welcoming one. It was about creating a completely different kind of hospital at the heart of a radically renewed and improved local health service.

This concept aligned with national and local priorities to deliver more care outside hospital, whilst ensuring the new Royal became a world class facility for urgent and specialist treatment. Approval for the new Royal was supported by local health commissioners, Liverpool City Council and the Department of Health (as it was called at the time).

They all recognised the need to replace the current Royal but also the opportunities for the new Royal to be the catalyst to transform health and prosperity in Liverpool with the creation of a health campus for life sciences and research facilities.

The original cost for building the new Royal was £335m. Funding would come from Private Finance Initiative (PFI) with around three quarters of the funding coming from public sources including the European Investment Bank, the Department of Health and the Trust. Under the original deal, the annual PFI repayment would be less than 6% of Trust's income, compared to 15 to 20% of earlier PFIs.

### **Construction – Carillion**

The contract for the new Royal was signed in December 2013. Carillion were awarded the tender following a detailed and extensive bidding process, set by national guidelines, and following approval from the Department of Health and Treasury. When Carillion joined the bidding process for the new Royal, they were one of the world's biggest construction firms, regarded for building roads, schools and hospitals across the UK.

Construction on the new Royal began on 3 February 2014 and was originally scheduled to be completed by March 2017. However the project was delayed and a revised completion date of February 2018 was provided by Carillion. At the end of November 2017 Carillion informed the Trust that they would be unable to meet this date. When Carillion entered into liquidation in January 2018, a new completion date had not been provided and all work on the new Royal came to a halt.

### **Following Carillion's collapse**

Responsibility for delivering the new Royal, lay with The Hospital Company (Liverpool), who were the private finance consortium of main lenders that contracted Carillion as construction partner. The contract with The Hospital Company (Liverpool) remained in place and they remained responsible for finishing the new Royal.

The collapse of Carillion created an unprecedented situation with numerous complex legal and commercial issues to resolve. There followed months of negotiations between the Trust, the Hospital Company (Liverpool), government departments, legal teams and contractors. All parties had been committed to getting an agreement that enabled construction to restart as soon as possible.

In October 2018, the original PFI agreement was terminated and responsibility for completing the new Royal was transferred from the Hospital Company to the Trust, with financial support from the Department of Health and Social Care. This meant the new Royal was brought entirely into public ownership and would no longer be a PFI scheme and the government were committed to providing the funding. The support provided by local stakeholders including Louise Ellman MP, Metro Mayor Steve Rotherham and Mayor Joe Anderson throughout this period was hugely appreciated.

### **Construction – Laing O'Rourke**

Laing O'Rourke took over as management contractor and began work on the site in November 2018. At this stage, it was thought the majority of work had been completed, but remedial works were needed on structural issues with beams. These issues were assessed and a plan to fix them has been developed. These works are highly complex and will take time. Together with Arup and Laing O'Rourke we have produced this [short film to explain these works](#).

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

## **9. Integration**

In line with the publication of new Better Care Fund (BCF) guidance, work on the refreshed CCG and Council BCF plan was completed by 27<sup>th</sup> September and submitted to the regulators by the required deadline. The sign off of that submission was delegated by the governing body to the CCG Chair and Chief Officer and will be presented to the governing body for ratification as part of the main agenda business.

## **10. Recommendation**

The Governing Body is asked:

- To formally receive this report.

**Fiona Taylor  
Chief Officer  
November 2019**

**MEETING OF THE GOVERNING BODY**  
**November 2019**

<b>Agenda Item:</b> 19/137.1	<b>Author of the Paper:</b> Karl McCluskey Directory of Strategy & Outcomes Email: <a href="mailto:Karl.McCluskey@southseftonccg.nhs.uk">Karl.McCluskey@southseftonccg.nhs.uk</a> Tel: 0151 317 8468						
<b>Report date:</b> November 2019							
<b>Title:</b> Integrated Performance Report							
<b>Summary/Key Issues:</b>  This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group							
<b>Recommendation</b>  The Governing Body is asked to receive	<table border="0"> <tr> <td>Receive</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td 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 2019/20 (x those that apply)**

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report

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# Summary Performance Dashboard

Metric	Reporting Level	2019-20												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

## E-Referrals

<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> 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								R	
		Actual	80%	81.9%	92.6%	89.2%	83.9%									
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

## Diagnostics & Referral to Treatment (RTT)

<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%									
		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%	1.00%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	R								G	
		Actual	92.998%	93.52%	92.79%	92%	91.1%									
		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%	92.00%	92.00%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	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	0

## Cancelled Operations

<a href="#">Number of Cancellations for non-clinical reasons who are treated within 28 days</a> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R								R	
		Actual	6	7	7	7	2									29
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2019-20													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Urgent Operations cancelled for a 2nd time</b> 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									0
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Preventing People from Dying Prematurely**

**Cancer Waiting Times**

<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	R								R	
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%									92.02%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	G	G	G								R	
		Actual	51.61%	87.23%	96.67%	97.22%	100%									87.43%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	R								G	
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%									97.52%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	100%	100%	100%									100%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G	G	R								G	
		Actual	100%	95%	100%	100%	95.24%									98%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	95.45%	100%	100%									98.94%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G	R	R								R	
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%									76.80%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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	R	G								R	
		Actual	-	85.71%	100%	62.50%	-									80.00%
		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%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % 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	-	-	-								-	
		Actual	86.36%	93.75%	60%	83.33%	84.62%									82.05%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%				85%

### Accident & Emergency

<b>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</b> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%									86.21%
		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%

### Ensuring that People Have a Positive Experience of Care

#### EMSA

<b>Mixed sex accommodation breaches - All Providers</b> 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	14	13	4	9	9									49
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	3.7	3.1	1.0	2.1	2.1									
		Target	0	0	0	0	0									0

Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

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

**HCAI**

<a href="#">Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R								R
		YTD	1	1	1	1	2								2
		Target	0	0	0	0	0								0
<a href="#">Number of C.Difficile infections</a> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R								R
		YTD	2	4	8	10	13								13
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
<a href="#">Number of E Coli infections</a> Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R								R
		YTD	14	25	39	55	70								70
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109

**Enhancing Quality of Life for People with Long Term Conditions**

**Mental Health**

<a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> 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	G	G	G								G
		Actual	100%	100%	100%	100%	100%								100%
		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%

**Episode of Psychosis**

<a href="#">First episode of psychosis within two weeks of referral</a> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G								G
		Actual	100%	100%	75%	100%	66.7%								
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%

Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### IAPT (Improving Access to Psychological Therapies)

<a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> 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	R	R	G	R								R	
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%									
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<a href="#">IAPT Access</a> 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	R	R	R	R								R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%									
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
<a href="#">IAPT Waiting Times - 6 Week Waiters</a> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	96.30%	100%	99%	96.00%	95.8%									
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<a href="#">IAPT Waiting Times - 18 Week Waiters</a> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	100%	100%	100%									
		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%

### Dementia

<a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%									71.15%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%



Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### Children and Young People with Eating Disorders

<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R										R
		Actual	95.24%										95.24%
		Target	95.00%			95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R										R
		Actual	75%										75%
		Target	95%			95%	95%	95%	95%	95%	95%		95%

### Wheelchairs

<a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G										G
		Actual	100%										100%
		Target	92%			92%	92%	92%	92%	92%	92%		92%

## 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).

Key Exception Areas for August	CCG	S&O
Diagnostics Improvement Trajectory	2.5%	1.5%
Diagnostics (National Target <1%)	4.51%	3.72%
Cancelled Operations (Zero Tolerance)	-	2
Cancer 62 Day Standard Improvement Trajectory	-	79.01%
Cancer 62 Day Standard (Nat Target 85%)	80.65%	75.28%
A&E 4 Hour All Types Improvement Trajectory	-	92.40%
A&E 4 Hour All Types (National Target 95%)	87.51%	89.09%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	111
Ambulance Handovers 60+ mins (Zero Tolerance)	-	15
TIA Assess & Treat 24 Hrs (Target 60%)	-	14.30%
Mixed Sex Accommodation (Zero Tolerance)	9	17

### Planned Care

Year to date referrals are 8.5% higher than 2018/19 due to a 12.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital. GP referrals are currently 2.2% higher than 2018/19 levels.

Overall, referrals to Southport Hospital have increased by 7.2% year to date at month 5. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in August recording 4.51%, a deterioration on last month's performance (4.35%). This is also above the CCGs improvement trajectory of 2.5% for August 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.72%, showing a further improvement on the previous month (4.09%). However the Trust has still failed their improvement trajectory of 1.5% for August 2019.

For referral to treatment, Southport & Formby CCG had a total 9,337 patients waiting on an incomplete pathway in August 2019; 1,279 patients over plan. The CCG failed to achieve the 92% target for patients waiting on an incomplete pathway in August, reporting 91.1%. Out of a total 9,337 patients waiting on the pathway, 831 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 2 cancelled operations in August 2019, showing an improvement on the previous few months. Year to date there have been 29 cancelled operations at the Trust.

For month 5 year to date, Southport & Formby CCG are failing 5 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 12.2% in August 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service increased to 95% but remained below the England average of 96% and the percentage who would not recommend dropped to 2% in line with the 2% England average.

## Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for August 2019 reached 89.09% for all types (88.22% YTD), which is below the Trust's improvement trajectory of 92.4%. For type 1 a performance of 82.55% was reported in August (81.27% YTD).

Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

For Southport & Ormskirk Hospital, the percentage of stroke patients who spent at least 90% of their time on a stroke unit decreased in August with 73.3% against the 80% target; 8 patients out of 30 breached the target. TIAs at the Trust reported a performance of 14.3% in August. Out of 14 patients just 2 achieved the target. Work has been continuing on improving data collection and processing.

In relation to mixed sex accommodation, the CCG has reported a total of 9 breaches in August and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had 1 case of MRSA in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20. 13 cases of C Difficile have been reported for the CCG year to date, above the year to date target of 11.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In August there were 15 new cases against a plan of 9, bringing the year to date figure to 70 against a YTD target of 48. Southport & Ormskirk Trust reported 24 new cases in August with 2 of those acquired through the hospital (111 YTD). There are no targets set for Trusts at present.

For friends and family unplanned test scores, Southport & Ormskirk Trust has reported a response rate for A&E of 0.8% in August. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 89% so still above the England average of 86% and the percentage who would not recommend decreased to 4% better than the England average of 9%.

## Mental Health

In relation to eating disorders service, out of a potential 10 service users, 8 started treatment within 18 weeks; a performance of 80% compared to a 95% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.91% in month 5, therefore failing to achieve the target. The recovery target of 50% was also not achieved in August with 45.6%.

## Community Health Services

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2019/20 to reflect transformation and improvements in recording activity.

**Children's Services**

Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. Long waits in Paediatric speech and language remains an issue however discussions are progressing with Alder Hey regarding improvements in provision across SALT and other services.

**Better Care Fund**

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

**CCG Oversight Framework**

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

## 2. Planned Care

### 2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2584	-110	-4.1%	1799	2088	289	16.1%	5247	5618	371	7.1%
May	2727	2852	125	4.6%	1929	2277	348	18.0%	5456	6165	709	13.0%
June	2429	2491	62	2.6%	2069	1988	-81	-3.9%	5305	5406	101	1.9%
July	2580	2919	339	13.1%	2054	2437	383	18.6%	5433	6383	950	17.5%
August	2495	2366	-129	-5.2%	1914	2154	240	12.5%	5230	5379	149	2.8%
September	2391				1907				5085			
October	2729				2237				5965			
November	2722				2111				5735			
December	2102				1811				4571			
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2642	79	3.1%	2004	2189	185	9.2%	5398	5790	392	7.3%
YTD Total Month 5	12925	13212	287	2.2%	9765	10944	1179	12.1%	26671	28951	2280	8.5%
Annual/FOT	30763	31709	946	3.1%	24047	26266	2219	9.2%	64781	69482	4701	7.3%

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20





**Data quality notes:**

Liverpool Heart & Chest Hospital data for month 5 of 2019/20 is currently unavailable. As a result, monthly averages have been applied for this particular month.



**Month 5 summary:**

- Trends show that a step change has been triggered at August 2019 as total referrals have been above average for 6 consecutive months.
- Year to date referrals are 8.5% higher than 2018/19 due to a 12.1% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 14.4% higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department to the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 21%.
- Overall, referrals to Southport Hospital have increased by 7.2% year to date at month 5. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine and Trauma & Orthopaedics at an average of 25.4%.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. Year to date, GP referrals are currently up by 2.2% at Month 5.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Year to date referrals to this speciality in 2019/20 are approximately 15.8% higher when compared to the previous year with ISight making up the majority of this increase.

## 2.1.1 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		81.9%	92.6%	89.2%	83.9%		
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
<p>The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. However this was not achieved. Southport &amp; Formby CCG is showing a performance of 83.9% for August, a decline on 89.2% reported the previous month.</p> <p>The above data is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. August data shows an overall performance of 88.4% for Southport &amp; Formby CCG, a decline on the previous month (92.7%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
<b>Actions to Address/Assurances:</b>							
<p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>The reporting of ERS was escalated to NHSE as part of an SI investigation relating to ERS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of ERS is not consistent with no suggestion of a fix imminently. Initial escalation to NHSE was on 21st May, with subsequent requests for update on NHSE performance calls in July and August. No resolution identified, however, NHSE stated that they will provide an update as soon as it is available.</p> <p>Meetings with Southport &amp; Ormskirk's PMO are to be organised to discuss QIPP opportunities, advice and guidance and ERS utilisation will be picked up as part of the overall QIPP agenda. Additionally, a meeting will be convened with acute providers to review the consistency of the localised datasets, ensure a standardised approach and provide assurance that the denominator used to inform eRS performance is as accurate as possible.</p>							
<b>When is performance expected to recover:</b>							
A recovery trajectory will be formulated after discussions with providers.							
<b>Quality:</b>							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> <li>- A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee).</li> <li>- NHSE to escalate to NHSI concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received).</li> </ul>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell			Terry Hill		

## 2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>  		<b>Previous 3 months and latest</b>				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
			May-19	Jun-19	Jul-19		
RED	TREND	CCG	3.71%	5.20%	4.35%	4.51%	
		S&O	4.14%	5.30%	4.09%	3.72%	
		National Target < 1% August improvement plans CCG: 2.5% S&O: 1.5% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed the less than 1% target for Diagnostics in August recording 4.51%, a deterioration on last month's performance (4.35%). This is also above the CCGs improvement trajectory of 2.5% for August 2019. Out of 2,130 patients, 107 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 (26), Colonoscopy (21), CT (20) and MRI (16).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.72%, showing a further improvement on the previous month (4.09%). However the Trust has still failed their improvement trajectory of 1.5% for August 2019. Out of 2,906 patients, 119 patients waited over 6 weeks, and 11 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non obstetric ultrasound (38), Colonoscopy (34), Cystoscopy (12) and MRI (10).</p> <p>The Trust has significant workforce constraints within Radiology and Endoscopy. The recent changes to the tax rebate has further impacted on the Trust, as it has up and down the country. The CCG are yet to receive a revised improvement action plan with trajectories this will be discussed at the next Collaborative Commissioning Forum (CCF) and appropriate escalation processes will be followed.</p> <p>There are also diagnostic issues emanating from Liverpool Heart &amp; Chest which affect the CCG performance. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who started in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.</p>							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions</u>							
<p>The two key service lines that are impacting upon performance for Diagnostics are:</p> <p><b>Radiology:</b> National shortages within both the Radiologist and Radiographic workforce are having impacts on the delivery of diagnostics within the Trust. The Radiology team are currently at 40% vacancy (10 ET). Of the positions filled only 5 of the 6 are substantive with 1 locum. This has resulted in delays for decisions to treat and hence delayed discharge back into the community. A performance improvement plan is in place. Recruitment is high on the agenda with continuing sourcing of locums to fill as many vacant sessions as possible. To support recovery and maintain resilience the Trust has in place Service Level Agreements (SLAs) with another local provider and a private provider to support delivery of activity.</p> <p><b>Endoscopy:</b> Due to recent national government briefings regarding Consultant contracts (tax rebate and pension allowances) the Trust has lost capacity within the service to manage demand (and further compounding this at a time when demand has increased). The Trust has been undertaking significant work in improving endoscopy performance which includes organisational change to allow for increased availability of endoscopy sessions from a nursing workforce point of view. The Trust has commenced in-house training of nursing staff to be able to perform endoscopy. The Trust has also engaged with external providers to assist medical staffing of endoscopy sessions through insourcing. The trust has improvement plans in place to address the issues however the fundamental issue is a necessary overreliance on temporary workforce solutions.</p>							
<u>CCG Actions</u>							
<p>Improvements expected in September, however, further assurance has been requested via the Contracting &amp; Clinical Quality Review Meeting (CCQM) on 18th September, with a request for an updated action plan (including SLA's) and improvement trajectory by 25th September.</p> <p>HMRC Pension and tax issues are providing a significant challenge to the trust as there are reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered.</p> <p>The Trust had indicated that performance improvements are expected in September, however, the improvement trajectory will not be met until March 2020. The Trust have provided an improvement trajectory and corresponding narrative. Further discussions will be had at CCQM to ensure improvements continue. Additionally, NHS E/I have been asked to confirm if the revised performance trajectory has been ratified by the regulators.</p>							
<b>When is performance expected to recover:</b>							
<p>The Trust have provided the CCG with an action plan that indicates that performance will be back in line with the improvement trajectory by March 2020. NHS E/I have been asked to confirm if the revised performance trajectory has been ratified by the regulators.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell			Terry Hill		



## 2.3 Referral to Treatment Performance



Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>		May-19	Jun-19	Jul-19	Aug-19	
		CCG	93.52%	92.79%	92.0%	91.10%	
		S&O	94.22%	93.57%	92.72%	92.57%	
		Plan: 92%					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed to achieve the 92% target in August, reporting 91.1%. Out of a total 9,337 patients waiting on the pathway, 831 were waiting in excess of 18 weeks. General Surgery is one of the main failing specialties for August reporting 89.6%, with 94 breaches. Gynaecology is also contributing to the decline with a performance of 89.8%; a total of 88 breaches. Ophthalmology is also reporting just under the 92% target at 91.7%, with 86 breaches. Treatments grouped under 'Other' are performing at 85.6% in August with 220 breaches.</p> <p>Southport &amp; Ormskirk Trust continue to achieve the target with 92.57%. However they have shown a steady decline in performance since May 2019. The following providers are failing the target for Southport &amp; Formby CCG patients and therefore impacting on CCG performance:</p> <ul style="list-style-type: none"> <li>- Aintree Hospital with 88.65% (158 breaches out of 1,392)</li> <li>- Alder Hey with 59.54% (246 breaches out of 608)</li> <li>- Royal Liverpool with 83.62% (172 breaches out of 1,050)</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<p>Although S&amp;O are still achieving the target, recent overperformance helped maintain CCG level performance. The CCG Planned care lead will liaise with Southport &amp; Ormskirk Trust to understand when /if RTT performance at provider level, is expected to improve.</p> <p>A Contract Performance Notice (CPN) has been issued to Aintree in relation to RTT performance, primarily focused on Gastroenterology. It has been agreed that a system approach is required to improve performance and as such a task and finish group will be established to drive change, resulting in improved performance.</p> <p>Although Alder Hey are achieving RTT at catchment level, the CCG will raise locality specific issues with the Trust via Children's Commissioning Manager.</p>							
<b>When is performance expected to recover:</b>							
<p>Aintree have submitted an improvement trajectory that is not forecasting a recovery in line with NHSE/I's agreed trajectory. The CCG have requested formal confirmation from NHSE/I whether the revised improvement trajectory has been ratified.</p> <p>The CCG's Children's Commissioning Manager will seek to gain clarity of the issues at Alder Hey in relation to RTT performance. Further details will be provided on receipt of response and will be escalated as per the CCG escalation policy.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

Figure 2 – RTT Performance & Activity Trend

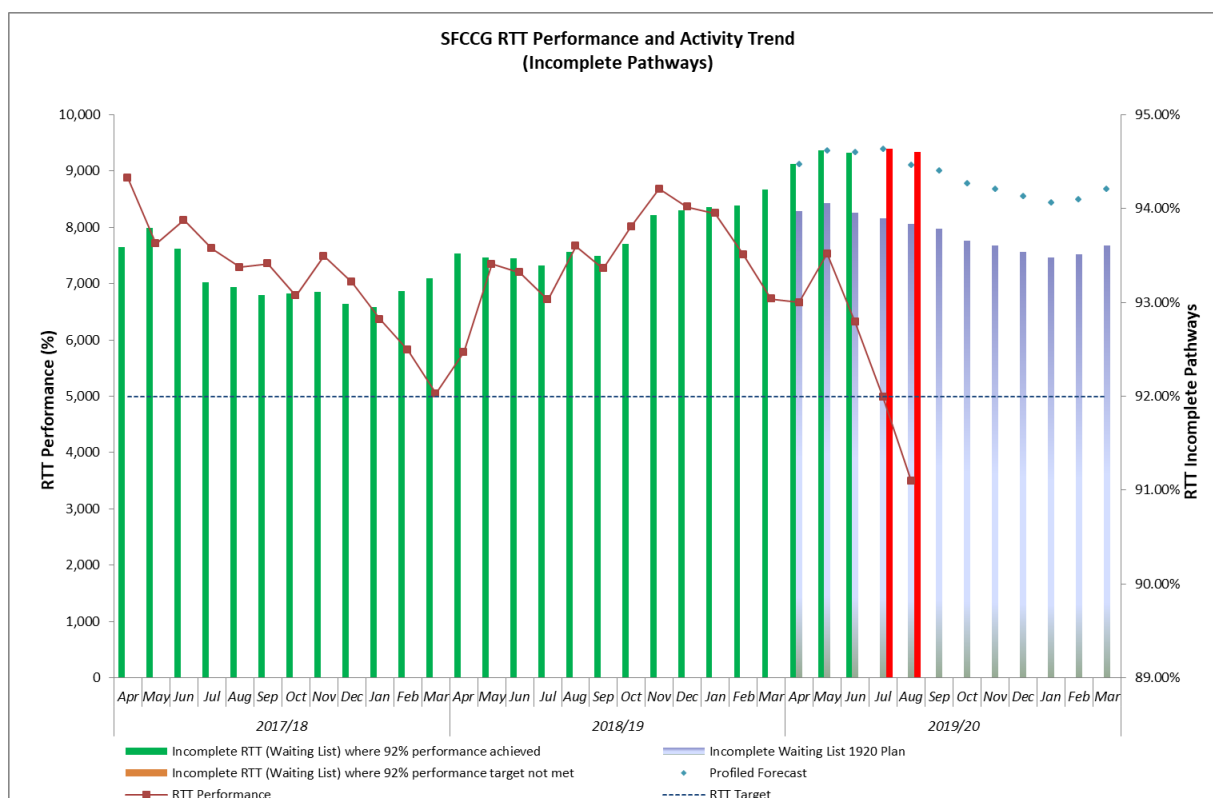




Figure 3 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126	9,367	9,331	9,392	9,337								9,337
<b>Difference</b>	<b>838</b>	<b>933</b>	<b>1,071</b>	<b>1,234</b>	<b>1,279</b>								<b>1,659</b>

Southport & Formby CCG had a total 9,337 patients waiting on an incomplete pathway in August 2019; 1,279 patients over plan. The CCG has seen a 9222/25% increase in April to August 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RRT performance has dropped to 93.19% thus tipping the CCG RTT performance below the 92% target to 91.10%.

### 2.3.1 Referral to Treatment – 52+ Week Waiters

Indicator		Performance Summary				Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
GREEN	TREND	May-19	Jun-19	Jul-19	Aug-19		
		CCG	0	0	0		0
		S&O	0	0	0		0
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG has had zero breaches as at August. However there is a breach expected to be reported in September. This was a patient waiting at iSIGHT for treatment in Ophthalmology, who has now been seen and discharged.							
<b>Actions to Address/Assurances:</b>							
Narrative has been provided by the provider and actions addressed to mitigate against further breaches. Further details provided in figure 4.							
<b>When is performance expected to recover:</b>							
October 2019.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

### 2.3.2 Provider assurance for long waiters



Figure 4 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
Southport & Formby CCG	Aintree	ENT	42	Patient treated in September.
Southport & Formby CCG	Aintree	Gastroenterology	36	Patient treated in September.
Southport & Formby CCG	Aintree	Ophthalmology	38 to 41	<b>3 patients;</b> all treated.
Southport & Formby CCG	Alder Hey	All Other	46	<b>21 patients;</b> 7 treated, 1 TCI date, 13 unknown. Capacity issues in community paediatrics. The Trust has recruited a prescribing pharmacist who has been in post (part time) since beginning of May and has now commenced his own clinics. Additional ADHD follow up capacity has been made available in Southport & Sefton to reduce the waiting times for follow ups. Additional nurse prescribers – two have completed the course through Edge Hill University and will start solo clinics in October again supporting ADHD follow up waiting lists. A further two commenced training in September with Liverpool University with the course finishing January 2020 and will be able to fly solo around July 2020. WLI clinics for new patients have been undertaken in August, September and October. There are plans to continue with these clinics, based on outpatient capacity until the end of the year.
Southport & Formby CCG	Countess of Chester	ENT	36 & 38	<b>2 patients;</b> unknown outcome.
Southport & Formby CCG	ISIGHT	Ophthalmology	48	Patient has been poorly and unfit for surgery as was having Chemotherapy. Going forward the provider will discharge this category of patient and request that they are referred back once they are fit for surgery. Patient was treated on 6th October 2019 and clock has been stopped. <b>Patient will be reported as a 52 week breach on the September snapshot.</b>
Southport & Formby CCG	Lancashire Teaching	All Other	37 & 38	<b>2 patients;</b> 1 declined treatment & discharged, 1 TCI date.
Southport & Formby CCG	Lancashire Teaching	Gynaecology	37	Patient has TCI date in October.
Southport & Formby CCG	Lancashire Teaching	Plastic Surgery	51	Patient treated in September.
Southport & Formby CCG	Liverpool Women's	Gynaecology	37 to 47	<b>3 patients;</b> 2 treated in September, 1 unknown.
Southport & Formby CCG	Manchester University	General Surgery	40	<b>1 patient;</b> outcome unknown.
Southport & Formby CCG	Robert Jones & Agnes Hunt	T&O	42	Patient treated in September.
Southport & Formby CCG	Royal Liverpool & Broadgreen	All Other	49	Patient treated in September. Capacity issues.
Southport & Formby CCG	Royal Liverpool & Broadgreen	General Surgery	39 to 46	<b>3 patients;</b> 1 treated, 2 unknown.
Southport & Formby CCG	Royal Liverpool & Broadgreen	Ophthalmology	39	Patient treated. Capacity issues.
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	36 & 39	<b>2 patient;</b> 1 treated, 1 TCI date. Long Wait on Waiting List
Southport & Formby CCG	Southport & Ormskirk	All Other	36 & 39	No Trust comments.
Southport & Formby CCG	Southport & Ormskirk	ENT	41	Patient has declined four appointments in January, May and June and has had three appointments changed in August, September and October.
Southport & Formby CCG	Southport & Ormskirk	General Surgery	37 to 42	<b>3 patients;</b> 1 treated, 2 unknown.
Southport & Formby CCG	Southport & Ormskirk	North Midlands	36	No Trust comments.
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36	<b>2 patients;</b> no Trust comments.
Southport & Formby CCG	Southport & Ormskirk	Urology	45	Patient had TCI date in September
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	41	Patient has been sent for 4 different diagnostic tests to determine cause of symptoms and to decide if any treatment can be offered.

The CCG had a total of 55 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. However, one patient was waiting 48 weeks at iSIGHT and will be reported as a 52 week breach in September (details above). Of the 55 patients, 22 patients have been treated, 5 have TCI dates, 1 no longer required appointment and 27 unknown outcomes.



## 2.4 Cancelled Operations

### 2.4.1 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



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		7	7	7	2	
Plan: Zero						
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk reported 2 cancelled operations in August 2019, showing an improvement on July. 2 elective operations were cancelled at short notice. Year to date there have been 29 cancelled operations at the Trust.						
<b>Actions to Address/Assurances:</b>						
The CCG requested a recovery plan via the CCQRM.						
Southport and Ormskirk Hospital NHS Trust has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.						
<b>When is performance expected to recover:</b>						
Further escalation to both the CCQRM and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days, and an improvement plan/trajectory to mitigate against further cancellations.						
<b>Quality:</b>						
This was discussed at the CCQRM on the 18/9/19 and the trust assured the group that all cancelled ops had been rebooked and that they have piloted a member of staff to contact patients two days before the planned surgery to ensure that they would not be cancelling. This has impacted on the number of cancellations/DNA and the trust have seen a reduction. Currently looking to see if they are able to make the post sustainable to maintain the improvement. There still remains some capacity issues with regards to recruitment of anaesthetists which they are actively trying to do.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Terry Hill		

## 2.5 Cancer Indicators Performance



### 2.5.1 - Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					Linked to 122a	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	93.34%	94.12%	93.15%	92.81%		
		S&O	95.03%	94.80%	93.76%	92.32%	93.99%	
		Plan: 93%						
<b>Performance Overview/Issues:</b>								
The CCG failed the two week standard in August 2019 reporting just under the 93% target with a performance of 92.81%. Therefore the CCG continues to fail year to date with 92.02%. In August, 41 patients breached the target out of a total 570 treated. 36 breaches were at Southport & Ormskirk, 3 at Aintree and 2 at Royal Liverpool. 28 breaches were due to patient choice, 12 due to inadequate out-patient capacity and 1 due to other reason. The maximum wait was 33 days (at Royal Liverpool) due to inadequate out-patient capacity.								
<b>Actions to Address/Assurances:</b>								
28/41 breaches across three different providers were related to patient choice and unavailability in the holiday season.								
<b>When is performance expected to recover:</b>								
Sep-19								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			



### 2.5.2 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		87.23%	96.67%	97.22%	100%	87.43%		
		Plan: 93% Southport & Ormskirk Trust no longer provide this service. The majority of Southport & Formby CCG patients receive treatment at Aintree Hospital.						
<b>Performance Overview/Issues:</b>								
The CCG continues to achieve the two week wait target for patients with breast symptoms, achieving 100% in August 2019. However due to poor performance earlier in the financial year the CCG is still failing year to date with 87.43%. Year to date there have been 23 breaches from a total of 183 patients treated. All breaches were at Aintree. Cancer data is monitored cumulatively so year to date the CCG is reporting red.								
<b>Actions to Address/Assurances:</b>								
As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways, as well as increased management of benign breast disease in primary care. The forms will be uploaded onto practice EMIS systems over the next month.								
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. Capacity and demand now appear to be well matched. However there needs to be close monitoring in respect of potential for referral shift where there are pressures in breast services elsewhere in the region.								
<b>When is performance expected to recover:</b>								
N/A								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allen			Sarah McGrath			



### 2.5.3 – 31 Day First Definitive Treatment for Cancer

Indicator		Performance Summary					Potential organisational or patient risk factors	
<b>31 day first definitive treatment of cancer diagnosis</b>		<b>Previous 3 months, latest and YTD</b>					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>GREEN</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	97.18%	98.61%	97.73%	94.55%		97.52%
		S&O	95.56%	98.39%	100.0%	94%		97.96%
		Plan: 96%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed to achieve the 96% target in August reporting 94.55%. However due to positive performance in previous months the target is still being achieved year to date with 97.52%. In August, just 3 breaches out of a total 55 treated were reported. 2 breaches were lower gastroenterology patients at Southport &amp; Ormskirk Hospital with their delays due to inadequate elective capacity. 1 breach was a head and neck patient at Clatterbridge with their delay due to admin. The longest waiting patient was 49 days.</p> <p>Southport &amp; Ormskirk Trust also failed the target with 94% in August, but are still achieving year to date with 97.96%. In August, 3 breaches out of 50 treated were reported. All 3 breaches were lower gastroenterology patients with delays due to inadequate elective capacity.</p>								
<b>Actions to Address/Assurances:</b>								
Southport and Ormskirk Hospital is experiencing increased demand for colorectal cancer surgery from GP referred, upgraded and screening pathways. The Trust is considering a business case for an additional colorectal consultant post.								
<b>When is performance expected to recover:</b>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			



## 2.5.4 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	80.56%	85.29%	68.18%	80.65%	76.80%	
		S&O	75.29%	78.02%	78.89%	75.28%	75.58%	
		Plan: 85% Trust's August improvement plan: 79.01% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed the 85% target with 80.65% in August 2019 and are still failing year to date with 76.80%. In August, 6 breaches were reported from a total of 31 patients seen. Delays were due to patient choice, inadequate elective capacity, complex diagnostic pathways and other reasons (not stated).</p> <p>Southport &amp; Ormskirk Trust failed the target in August with a performance of 75.28% and are failing year to date reporting 75.58%. This is also below the Trust's agreed improvement plan of 79.01% for August. In August, there were the equivalent of 11 breaches from a total of 44.5 apportioned patients. Reasons for delays were due to healthcare provider initiated delay, inadequate elective capacity, complex diagnostic pathways, patient choice and other reasons (not stated).</p>								
<b>Actions to Address/Assurances:</b>								
<p>The CCG raised performance issues at the recent Information sub group with the provider and have asked for further information on the reasons for variable performance and a lack of an improvement trajectory. Comprehensive action plans and demand analysis using statistical methods have now been received.</p> <p>Key Trust actions for this month include:</p> <ul style="list-style-type: none"> <li>- shortlisting of 2 applicants in respect of 3.2 WTE radiologist vacancies</li> <li>- review and upgrade of tracking team roles</li> <li>- transfer to Telemedicine for radiology reporting</li> <li>- development of cancer KPI dashboard with generic measures to be reported at tumour level to be complete by end October</li> <li>- thematic review of delays in transfers out and development of "push" approach to ensure transfer to tertiary centres by day 38</li> </ul> <p><b>CCG actions</b></p> <ul style="list-style-type: none"> <li>- Development of revised referral forms to promote compliance with NICE NG12</li> <li>- Cancer Themed Protected Learning Time Event scheduled for the end of November 2019</li> </ul> <p><b>System actions</b></p> <ul style="list-style-type: none"> <li>- New approach of mutual accountability for cancer standards through the Cancer Alliance. New cancer performance meeting with provider Chief Operating Officers commenced September 2019.</li> </ul>								
<b>When is performance expected to recover:</b>								
<p>The Trust also reported that they have a 2 weekly meeting which the CCG Lead will be invited to so that progress can be shared and trajectories of improvements discussed in further detail. Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			

## 2.5.5 - 62 Day NHS Screening Service



Indicator		Performance Summary					IAF	Potential organisational or patient risk factors		
<b>62 day wait for first treatment following referral from an NHS Cancer Screening Service</b>  		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.		
		RED	TREND	May-19	Jun-19	Jul-19			Aug-19	YTD
		CCG	85.71%	100%	62.5%	0 Patients			80%	
		S&O	50%	0 Patients	75.0%	0 Patients	50%			
		Target: 90%								
<b>Performance Overview/Issues:</b>										
For the CCG no patients were treated on this pathway in August, but the CCG remains below target YTD with 80%. YTD there have been 4 breaches from a total of 20 patients seen.										
Southport & Ormskirk Trust treated no patients on this pathway in August, but the Trust remains below target YTD with 50%, due to performance in previous months. YTD there have been 3.5 breaches from a total of 7 patients seen.										
<b>Actions to Address/Assurances:</b>										
Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement which exhibits as higher numbers of DNAs and patient -initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway.										
There is also an impact of the introduction of FIT testing into the Bowel Cancer Screening Programme from July 2019 in terms of higher uptake and sensitivity than had been planned for. This has resulted in increased demand for endoscopy and may mean that any patients with a positive cancer diagnosis wait longer to move through the pathway.										
<b>When is performance expected to recover:</b>										
Small numbers (typically fewer than 3 patients per month) in the target cohort means that there can be volatile performance against this standard which makes prediction difficult.										
<b>Quality:</b>										
<b>Indicator responsibility:</b>										
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>					
Karl McCluskey		Graeme Allan			Sarah McGrath					

## 2.5.6 - 62 Day Consultant Decision to Upgrade Patients Priority



Indicator		Performance Summary					IAF	Potential organisational or patient risk factors		
<b>62 day wait for first treatment following consultants decision to upgrade patients priority</b>  		Previous 3 months, latest and YTD					Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.		
		RED	TREND	May-19	Jun-19	Jul-19			Aug-19	YTD
		CCG	93.75%	60%	83.33%	84.62%			82.05%	
		S&O	90.32%	73.17%	86.96%	87.50%	85.79%			
		Local Target: 85%								
<b>Performance Overview/Issues:</b>										
The CCG failed to achieve the 85% local target in August 2019 reporting 84.62%; 2 patients breached the target out of a total 13. Reasons for delays were health care provider initiated delay and other reasons (not stated). Year to date performance is currently at 82.05%.										
<b>Actions to Address/Assurances:</b>										
<b>When is performance expected to recover:</b>										
<b>Quality:</b>										
<b>Indicator responsibility:</b>										
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>					
Karl McCluskey		Graeme Allan			Sarah McGrath					



## 2.5.7 104+ Day Breaches

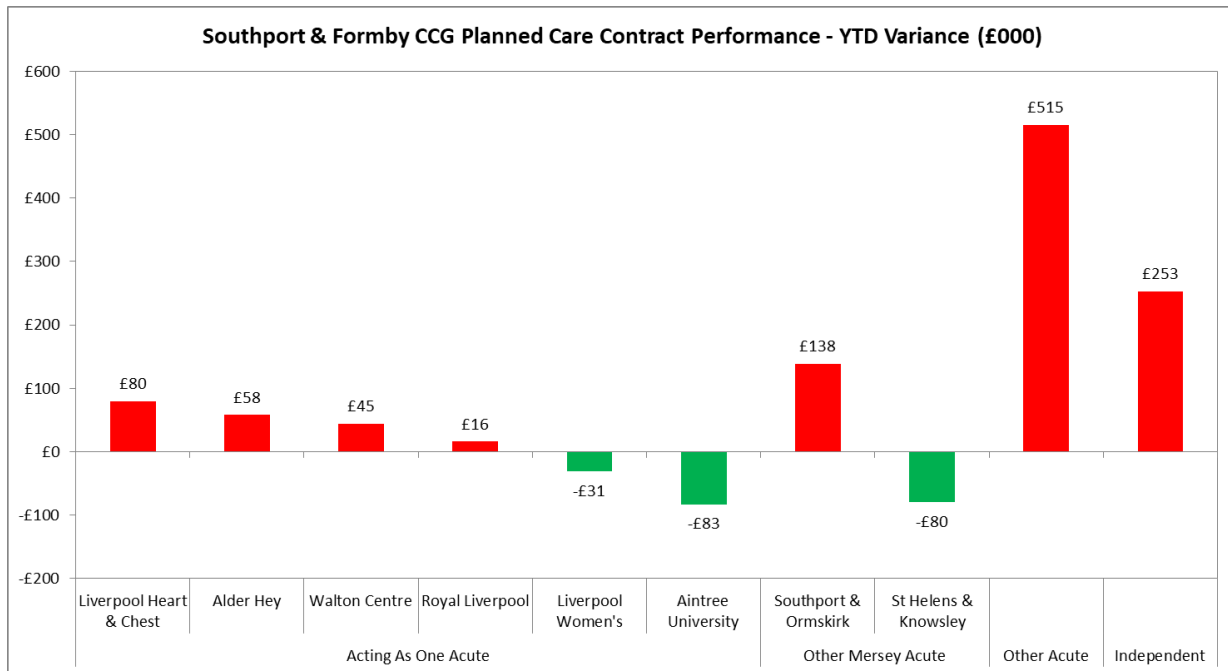
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		2	2	4	4	
		Plan: No plan				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk Trust had 4 patients waiting over 104 days in August 2019. The longest waiting patient was at 185 days waiting for treatment in Urology, their delay due to inadequate elective capacity. 1 lung patient experienced delays due to a complex diagnostic pathway, 1 head and neck patient again due to inadequate elective capacity and 1 haematology patient with delay due to patient choice.						
<b>Actions to Address/Assurances:</b>						
Southport and Formby CCG expects to receive Root Cause Analyses for these pathways.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Graeme Allan		Sarah McGrath		

## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Southport &amp; Ormskirk Friends and Family Test Results: Inpatients</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		RR	13.6%	11.8%	13.6%		12.2%
		% Rec	96%	95%	93%		95%
		% Not Rec	2%	2%	4%		2%
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for inpatients of 12.2% in August 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service increased to 95% but remained below the England average of 96% and the percentage who would not recommend dropped to 2% in line with the 2% England average.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: - the outcomes of the FFT responses and actions planned/taken as a result of these - how the provider listens to patients and carers and respond to their feedback - how the provider provides a safe environment for patients - how the provider meets the physical and comfort needs of patients - how the provider supports carers - how the provider recognises patients and carers individuality and involves them in decisions about their care - how the provider communicates effectively patients throughout their journey - how the provider used E&D data to drive patient and carer experience and service improvement.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

## 2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 5 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £912k/5.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly reduced over spend of approximately £827k/5.1%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 5 with a variance of £477k/106%. This is followed by Renacres and Southport & Ormskirk Hospitals with an over performance of £157k/10% and £138k/2% respectively.

**NB.** There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified within the above chart.

## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - Planned Care – Southport & Ormskirk Hospital

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	4,671	4,653	-18	0%	£2,425	£2,433	£8	0%
Elective	542	457	-85	-16%	£1,522	£1,333	-£188	-12%
Elective Excess BedDays	99	163	64	65%	£26	£43	£17	65%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	538	425	-113	-21%	£105	£87	-£18	-17%
OPFASPCL - Outpatient first attendance single professional consultant led	5,970	6,517	547	9%	£1,049	£1,132	£83	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,206	378	-828	-69%	£122	£43	-£80	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,800	18,352	1,552	9%	£1,436	£1,618	£182	13%
Outpatient Procedure	9,892	11,289	1,397	14%	£1,346	£1,544	£198	15%
Unbundled Diagnostics	8,255	5,009	-3,246	-39%	£539	£476	-£63	-12%
<b>Grand Total</b>	<b>47,973</b>	<b>47,243</b>	<b>-730</b>	<b>-2%</b>	<b>£8,570</b>	<b>£8,709</b>	<b>£138</b>	<b>2%</b>

\*PbR only

Over performance at Southport & Ormskirk Hospital is focussed predominantly within the outpatient points of delivery. Southport & Formby CCG referrals to Southport Hospital are currently 7% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, Urology, General Medicine and General Surgery amongst others. Each of these specialities are currently seeing an over performance for outpatient first attendances.

The increase in Trauma & Orthopaedic first outpatient attendances appears to be a result of internally generated referrals related to Joint Health. Consultant-to-consultant referral increases in General Medicine was also raised via the Southport & Ormskirk information sub group and found to be related to the increase in A&E attendances and subsequent referrals to an ACU outpatient clinic following an A&E attendance (referral source 04 - consultant in A&E).

Outpatient follow up over performance is driven by Clinical Haematology appointments with an over performance of £121k/42% evident at month 5. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

## 2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 7 - Planned Care – Wrightington, Wigan and Leigh Hospital

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	11	2	25%	£1	£1	£0	24%
Daycase	72	96	24	34%	£95	£99	£3	4%
Elective	45	109	64	141%	£258	£673	£415	161%
Elective Excess BedDays	13	8	-5	-36%	£3	£2	-£1	-33%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	31	44	13	43%	£2	£3	£1	26%
OPFASPCL - Outpatient first attendance single professional consultant led	160	277	117	73%	£22	£40	£18	84%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	45	77	32	71%	£3	£6	£3	118%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	62	224	162	263%	£1	£6	£5	309%
OPFUPSCL - Outpatient follow up single professional consultant led	597	884	287	48%	£36	£56	£20	54%
Outpatient Procedure	109	210	101	93%	£15	£30	£15	101%
Unbundled Diagnostics	115	146	31	27%	£14	£13	-£1	-9%
<b>Grand Total</b>	<b>1,257</b>	<b>2,086</b>	<b>829</b>	<b>66%</b>	<b>£450</b>	<b>£927</b>	<b>£477</b>	<b>106%</b>

Wrightington, Wigan and Leigh over performance is evident across the majority of planned care points of delivery. However, over performance is focussed largely within the elective point of delivery and the Trauma & Orthopaedics speciality. Very major knee and hip procedures accounts for a large proportion of the over performance reported within the elective point of delivery.

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 Wrightington, Wigan and Leigh to the Choice Team reports which detail onward secondary referral from MCAS.

## 2.7.3 Renacres Hospital

Figure 8 - Planned Care – Renacres Hospital

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	609	766	157	26%	£591	£702	£111	19%
Elective	100	105	5	5%	£479	£472	-£7	-1%
OPFASPCL - Outpatient first attendance single professional consultant led	1,055	1,220	165	16%	£182	£209	£26	14%
OPFUPNFTF - Outpatient follow up non face to face	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSCL - Outpatient follow up single professional consultant led	1,389	1,598	209	15%	£101	£116	£15	15%
Outpatient Procedure	1,473	896	-577	-39%	£188	£156	-£32	-17%
Unbundled Diagnostics	463	537	74	16%	£39	£53	£13	34%
Physio	692	719	27	4%	£21	£22	£1	4%
Outpatient Pre-op	0	490	490	0%	£0	£30	£30	0%
<b>Grand Total</b>	<b>5,782</b>	<b>6,331</b>	<b>549</b>	<b>9%</b>	<b>£1,603</b>	<b>£1,759</b>	<b>£157</b>	<b>10%</b>



Renacres over performance is evident across the majority of planned care points of delivery. Day case procedures account for the majority of the overall variance against plan. Over performance is also apparent against a number of specialities within this point of delivery.

Outpatient first appointments are showing a 16% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 5% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management, Trauma & Orthopaedics and Gastroenterology.

### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance

##### 3.1.1 A&E 4 Hour Performance: Southport & Formby CCG

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		All Types	85.15%	85.73%	88.32%	87.51%	86.21%	
		Type 1	79.49%	80.52%	83.67%	82.45%	80.90%	
		National Standard: 95%						
<b>Performance Overview/Issues:</b>								
Southport & Formby CCG's performance against the 4-hour target for August 2019 reached 87.51% for all types (86.21% YTD), and 82.45% for type 1 (80.90% YTD), both of which are significantly below the national standard of 95%.								
<b>Actions to Address/Assurances:</b>								
The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however the Trust is not meeting the agreed NHSI improvement trajectory. The S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance.								
The Trust continue to operate with workforce constraints which is causing variation in internal processes and procedures. The Trust have a recruitment plan in operation which forms part of their internal improvement plan to address flow. The CCG are continuing to work together with the Trust to develop and implement identified schemes that will go towards mitigating the capacity shortfall, which are listed within the system winter plan.								
<b>When is performance expected to recover:</b>								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for August 2019 is 92.4%. Performance is expected to improve during quarter 2. Performance continues to improve however there is a recognition from the capacity and demand modelling that there is a bed capacity gap in the system.								
<b>Quality:</b>								
Despite the ongoing pressures across the system the trust have maintained an improved position with 12 hour breaches and corridor care indicative of maintained patient safety.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Jan Leonard		Tim Quinlan			Sharon Forrester			

### 3.1.2 A&E 4 Hour Performance: Southport & Ormskirk Hospital

Indicator		Performance Summary					Potential organisational or patient risk factors	
<b>S&amp;O A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E (cumulative) 95%</b>		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
		RED	TREND	May-19	Jun-19	Jul-19		Aug-19
		All Types	87.20%	87.88%	89.95%	89.09%		88.22%
		Type 1	79.95%	80.81%	84.25%	82.55%		81.27%
		National Standard: 95% August improvement plan: 92.4% Yellow denotes achieving improvement plan but not national standard of 95%						

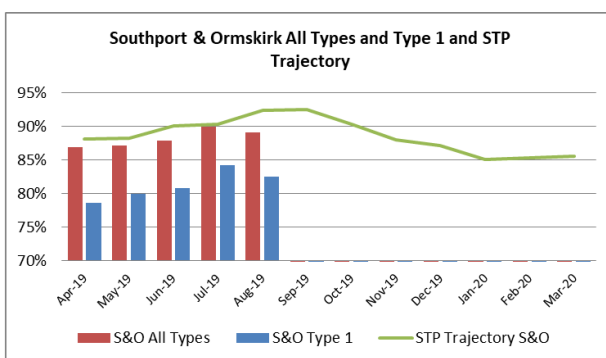
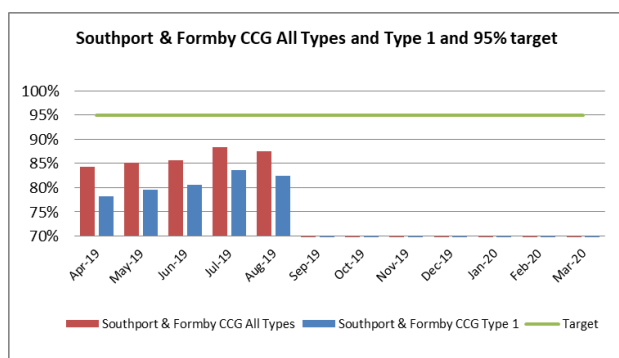
**Performance Overview/Issues:**  
 Southport & Ormskirk's performance against the 4-hour target for August 2019 reached 89.09% for all types (88.22% YTD), which is below the Trust's improvement trajectory of 92.4%. For type 1 a performance of 82.55% was reported in August (81.27% YTD).

**Actions to Address/Assurances:**  
 The Trust reported that performance across the Trust against the 4-hour standard fell in August 2019, with a 2.5% decrease on the Southport site. There was a 7.7% increase in attendances at Southport (395 additional patients with a shift in case mix that saw 428 additional majors category patients). There was a 1.7% increase in admission rate (193 additional admissions). The Emergency Department (ED) welcomed a new consultant at the start of August and remains on track for a further consultant to join on 1 October 2019. The Tier 1 workforce position improved following August changeover with all trainee posts filled, and the majority of night shifts now have 4 doctors as a result. Tier 2 had 1 remaining ST vacancy in August, which has been filled from 4/4/19, however the urgent need to recruit additional SAS doctors remains a significant concern, taking into account ongoing shift in case mix and attendance times across late and night shifts. As short terms measures, additional shifts are put out to bank and agency to try and enhance staffing levels. A revised workforce strategy is currently under review with an innovative approach to attract candidates taking into account the current market. ED continues to develop Physicians Associates to add additional resilience and capacity to the Tier 1 workforce with 6 in post (2 signed off and 4 in their supernumerary year), and recruitment to further ANP posts planned. There was a reduction in the use of ACU as an escalation area in August, increasing the opportunity to consistently stream from ED. ACU has plans in place to run a Perfect Week w/c 16 September and it is anticipated that the service will remain open 2 evenings a week in preparation for winter to maximise opportunities to stream.



**When is performance expected to recover:**  
 Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for August 2019 is 92.4%. Performance is expected to improve during quarter 2.

**Quality:**  
 The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation.

Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Tim Quinian	Sharon Forrester



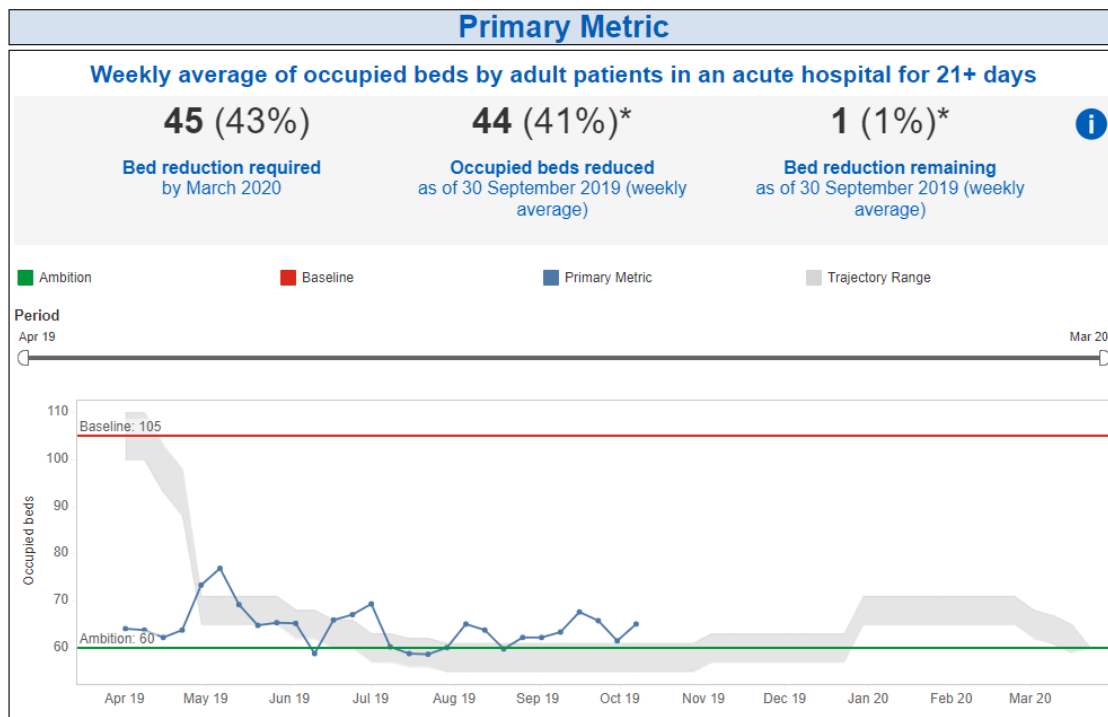
### 3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary				Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.
GREEN	TREND	May-19	Jun-19	Jul-19	Aug-19	
		12	4	4	0	
		Plan: Zero				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>Performance Overview/Issues:</b>						
Achieving.						
<b>Actions to Address/Assurances:</b>						
When is performance expected to recover:						
Quality:						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Tim Quinlan		Sharon Forrester		

### 3.2 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.

Figure 9 – Occupied Bed Days, Southport & Ormskirk Hospitals





Data Source: NHS Improvement – Long Stays Dashboard





The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust's revised target is a total bed reduction of 45 (43%) by March 2020; therefore the target is 60 or less. The Trust achieved this target in August 2019 and is still close to achieving in March 2020 as the latest reporting as at 30th September 2019 (weekly average) shows 65 occupied beds. This shows a reduction of 44 beds, 1 less than the ambition for March 2020.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles assessment model and community pathways to facilitate earlier discharge. Patient Flow Telecoms reviews and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

### 3.3 Ambulance Service Performance



Indicator		Performance Summary				Definitions	Potential organisational or patient risk factors	
<b>Category 1, 2, 3 &amp; 4 performance</b>		<b>Previous 2 months and latest</b>				<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.	
<b>RED</b>	<b>TREND</b>	Category	Target	Jun-19	Jul-19			Aug-19
		Cat 1 mean	<=7 mins	00:06:53	00:07:43			00:07:40
		Cat 1 90th Percentile	<=15 mins	00:12:41	00:14:28			00:16:07
		Cat 2 mean	<=18 mins	00:26:59	00:26:55			00:24:17
		Cat 2 90th Percentile	<=40 mins	01:00:18	01:04:12			00:53:33
		Cat 3 90th Percentile	<=120 mins	02:19:42	02:50:49			02:40:24
		Cat 4 90th Percentile	<=180 mins	03:07:51	03:07:19	03:41:19		
<b>Performance Overview/Issues:</b>								
<p>In August 2019 there was an average response time in Southport and Formby of 7 minutes 40 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 24 minutes and 17 seconds against a target of 18 minutes. The CCG also failed the category 3 &amp; 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into the system.</p> <p>Category 1 and 2 will remain an area of major focus with performance being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into system. There are further aspects of the Ambulance Response Programme (ARP) where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear &amp; treat and see &amp; treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire &amp; Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have been asked by the lead commissioners for a briefing on action that will be taken to mitigate risk.</p> <p>Aintree continues to work with NWAS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times. Work is ongoing by North Mersey Commissioners with providers to develop or improve care pathways with a focus on category 3/4 calls and reduction of conveyance to AED.</p>								
<b>When is performance expected to recover:</b>								
<p>The 2019/20 contract agreement with NWAS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Karl McCluskey		Tim Quinlan		Sharon Forrester				

### 3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors	
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.	
<b>RED</b>	<b>TREND</b>		<b>Indicator</b>	<b>Jun-19</b>	<b>Jul-19</b>			<b>Aug-19</b>
		(a)	30-60 mins	104	123			111
		(b)	60+ mins	28	20	15		
<b>Performance Overview/Issues:</b>								
Southport & Ormskirk reported a decrease in ambulance handover times in August 2019. Handovers between 30 and 60 minutes decreased from 123 to 111, and those over 60 minutes decreased from 20 to 15.								
<b>Actions to Address/Assurances:</b>								
The Trust has reported that over 56% of ambulance handovers were completed within 15 minutes during August 2019. This is the best performance for over 2 years. The estates work completed across winter 2018/19 to create dedicated ambulance space has increased capacity to not only handover patients timely but also ensure that the electronic timestamp is completed in real time. There has been no progress made for a Hospital Arrival Screen (HAS) to be installed in resus so patients brought in by ambulance and taken directly into resus still have a delay in capturing the electronic timestamp for handover. This has been escalated to the Trust's Performance Improvement Board (PFIB). Difficulties are still experienced during periods of heightened pressure when patient flow across the department is restricted. Work streams 1 and 2 are working on high impact actions to improve different aspects of patient flow across the system (including front door schemes of triage and streaming, workforce, red to green) to collectively improve patient flow. NWAS attended the site in August to complete a second audit on ambulance activity and further opportunities to improve handover performance. The Emergency Department (ED) continues to work with NWAS Sector Manager and local Ambulance Liaison Offices (ALOs).								
<b>When is performance expected to recover:</b>								
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

### 3.5 Unplanned Care Quality Indicators



#### 3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19		
		a) 64.90%	52.90%	88.00%	73.30%		
		b) 25%	27.30%	12.50%	14.30%		
		Stroke Plan: 80% TIA Plan: 60% There have been issues with the reporting of TIA					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk's performance for stroke has declined in August and is reporting under the 80% plan again, with 22 out of 30 patients spending at least 90% of their time on a stroke unit.							
In relation to the TIAs the Trust has begun to report again for 2019/20, with a performance of 14.3% in August. Out of 14 patients just 2 achieved the target. This is a slight improvement on last month when the Trust reported 12.50%.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions:</u>							
- Stroke: The deterioration was driven by an increased number of stroke admissions which has affected patient flow on ASU and a lack of protected Stroke Beds on ASU not being available due high occupancy on the Southport site. The COO has reinforced and reinvigorated a focus at daily site meetings to ensure a stroke bed is available at all times with escalation in place							
- TIA: The Trust are working to improve data collection month on month to ensure we can isolate the follow up activity effectively.							
<u>CCG Actions</u>							
This has been included within a set of identified fragile services and the CCG is working with the Trust around an interim solution.							
The CCG managerial lead plans to link in with identified Stroke leads for the trust to obtain an exception report against the failing indicators. The Stroke operational group hosted by the trust has not been meeting due to consultant capacity.							
The CCG have commissioned Stroke ESD outreach from the trust which is currently in mobilisation, the aims of which to support patients home early which should support performance.							
<b>When is performance expected to recover:</b>							
Quarter 2 2019/20							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Tim Quinlan			Sharon Forrester		



### 3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND		May-19	Jun-19	Jul-19		Aug-19
		CCG	13	4	9		9
		S&O	37	14	14		17
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG has reported a total of 9 breaches in August and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.							
In August the Trust had 17 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 17 breaches, 9 were for Southport & Formby CCG and 8 for West Lancashire CCG.							
<b>Actions to Address/Assurances:</b>							
The majority of breaches are in HDU and Obs ward. All delays have a datix completed. There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependent on the overall Trust position. The Critical Care Manager now attends the 13:30 bed meeting daily. Obs ward to monitor mixed sex breaches.							
<b>When is performance expected to recover:</b>							
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. Sustained recovery not expected within the year.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



### 3.5.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND		May-19	Jun-19	Jul-19		Aug-19
		CCG	1	1	1		2
		Trust	0	0	0		1
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had one case of MSRA in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.							
Southport & Ormskirk Trust has also reported 1 case of MRSA in August 2019 and has therefore breached the zero tolerance threshold for 2019/20.							
<b>Actions to Address/Assurances:</b>							
There have been no further cases of MRSA bacteraemia.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control representative to attend and report to CQPG annually.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					
RED	TREND		May-19	Jun-19	Jul-19		Aug-19
		CCG	4	8	10		13
		Trust	6	10	13		19
		2019/20 Plans CCG: <=30 Southport & Ormskirk: <=16					
<b>Performance Overview/Issues:</b>							
<p>The CCG had 3 new cases of C.Difficile in August making a total of 13, against a year to date plan of 11 (year end plan 30) so are over plan currently, (9 apportioned to acute trust and 4 apportioned to community).</p> <p>The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20. In August the Trust reports they had 6 cases of c diff (19 YTD). 4 community onset healthcare associated (COHA) and 2 hospital onset healthcare associated (HOHA). This is over the monthly objective.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Trust had significant issues with Klebsiella Bacteraemia outbreak on the spinal unit which required support from PHE/Spec comm and the trust, the trust engaged on a significant improvement plan which involved having to close beds and large scale estates plan implemented to prevent reoccurrence. Proposal outlined for significant investment to meet cleaning standards. Unit opened on a phased approach after further inspection from Public Health England (PHE). Further estates work is planned from the trust to improve the rest of the unit to ensure that it is fit for purpose and reoccurrence is less likely.</p> <p>Cleaning in affected areas with Chlorine dioxide cleaner disinfectant and side room in addition was fogged using hydrogen peroxide vapour.</p>							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control (IPC) rep to attend and report to CQPG annually							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND		May-19	Jun-19	Jul-19		Aug-19
		CCG	25	39	55		70
		Trust	40	66	87		111
		Plan: 109 Year-End for the CCG No Trust plan					
<b>Performance Overview/Issues:</b>							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In August there were 15 new cases against a plan of 9, bringing the year to date figure to 70 against a YTD target of 48. Southport & Ormskirk Trust reported 24 new cases in August with 2 of those acquired through the hospital (111 YTD). There are no targets set for Trusts at present.							
<b>Actions to Address/Assurances:</b>							
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with Public Health England around E Coli who have asked the Sustainability and Transformation Partnership (STP) for nominated responsible officer to implement, oversee and deliver a system wide Antimicrobial Resistance (AMR) strategy. The Single Issue Quality Surveillance Group (SIQSG) took place on the 3rd September with action and next steps identified as							
<ul style="list-style-type: none"> <li>Identify SRO</li> <li>Agree 4 leads for individual subgroups</li> <li>Collectively agree platforms to share good practice and share learning</li> <li>Agree next steps and forward plan to be presented on 2 October 2019 at a regional event.</li> </ul> The C&M 2018/19 rate for community onset E. coli Bacteraemias was higher than both the England and North West, with some of the highest rates seen in Southport and Formby and South Sefton.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC. IPC Lead Nurse attending CCG hydration work stream also.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.6 Hospital Mortality

Figure 10 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	April 2019	100	94.8	↔
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	111.50	↑

In relation to HSMR, Southport & Ormskirk Trust has reported that performance is within accepted tolerance. Their priority is to continue the ongoing work to identify and mitigate risks to patient safety, encourage learning and embedding of lessons learned into practice. The process of reviewing and improving pathways of care, both clinical and organisational, should continue as usual business.

For SHMI, the Trust has reported continued gradual improvement. The drivers for this are improvements to patient flow and improved depth of coding of comorbidity (accurate representation of the health of the population treated). The persistently lower than average crude death rate in this context also suggests either an improvement in care or earlier discharge with death occurring in the community, or both. As SHMI includes deaths within 30 days of discharge this aspect should be controlled for in subsequent releases.

Whilst the target is 100, performance is assessed more on a confidence limits of 99.8% rather than an absolute value. Trust performance has consistently compared favourably with peers and performance continues to improve.

### 3.6 CCG Serious Incident Management

#### CCG SI Improvement Action Plan 2019/10

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 and will continue to monitor progress at Serious Incident Review Group (SIRG) and via the Joint Quality and Performance Committee on a monthly basis.

#### Figure 11 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There are 57 incidents open on StEIS (a slight increase from 56 last month) where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

Trust	SIs Reported (M5)	SIs Reported (YTD)	Closed SIs (M5)	Closed SIs (YTD)	Open SIs (M5)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	11	32	6	31	39	15
Lancashire Care NHS Foundation Trust	0	5	0	1	7	5
NHS Southport & Formby CCG	0	2	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	7	2	8	4	2
Aintree University Hospital NHS Foundation Trust	0	0	1	1	0	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
Bridgewater Community Trust	0	0	0	0	1	1
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
<b>Total</b>	<b>12</b>	<b>46</b>	<b>9</b>	<b>40</b>	<b>56</b>	<b>28</b>

There are 15 SIs open > 100days for Southport and Ormskirk Hospital (S&O), down from 12 SIs open >100 days for Month 1. The following applies at the time of writing this report:

- 4 RCA overdue and still awaited
- 3 have been reviewed and are now closed
- 3 have been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patients CCG.
- 2 RCAs have been received and are due to be reviewed at SIRG in November 2019.
- 1 RCA was received and reviewed but further assurances requested from the provider.
- 1 stop the clock has been applied.
- 1 extension has been granted due to involvement of multi-organisations

The open SI open > 100 days for Southport and Formby CCG, is being completed in collaboration with the CCG and will be submitted by 31 August 2019.

For the remaining 12 SIs open > 100 days the following applies:

- Lancashire Care NHS Foundation Trust – 1 is a legacy SI that transitioned over from Southport and Formby Community Services. It remains open until the assurance has been

provided in relation to the overarching pressure ulcer action plan. 2 RCAs have been reviewed with further assurances requested and the remaining SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR).

- Southport and Formby CCG – Reported on behalf of i-Sight. Support on completion of the RCA was provided by the CCG, awaiting final report.
- Mersey Care NHS Foundation Trust (Mental Health) – SIs were reviewed at SIRG and closed. Currently awaiting confirmation of closure from Liverpool CCG.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SI's.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.
- Bridgewater Community NHS Trust – RCA received and reviewed at SIRG in October 2019 - now closed.

**Figure 12 - Timescale Performance for Southport and Ormskirk Hospital**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)					
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA rcvd 60+ days	RCA not received
S&O	31	1	27	*5	26	6	0	0	7	13

- \* 1 x SI was downgraded therefore the 72 hour report was not required.  
 1 x SI did not require 72 hour report as RCA was sent in early.  
 3 x were closed and combined into one overarching thematic review.

The Provider is still subject to a Contract Performance Notice which is being managed by the CCG. Although compliance against the 60 day timescale remains a concern, the CCG note the continual improvements made by the trust, in relation to submitting reports closer to the 60 day deadline and 100% compliance with the 48 hour timescales and 72 hour report submissions. Concerns in relation to the 60 day compliance are being escalated via Provider SI assurance meetings and CCQRM. This has also been discussed with the Director of Nursing at S&O and assurance has been received that compliance will be achieved by November 2019.

**Figure 13 - Timescale Performance for Lancashire Care Community Trust**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)					
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+	RCA not rcvd
Lancashire Care	4	1	3	2	-	4	1	0	1	2	0

The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted or SIs are reported outside of the 48 hour timescale. This will form part of the CCG SI Improvement plan for 2019/20.

The CCG Quality Team have also reviewed the providers Pressure Ulcer Improvement Plan and have requested some further information in order to obtain the necessary assurances. This will be



monitored on a monthly basis via the SIRG panel and feedback provided via the Joint Quality and Performance Committee.



### 3.7 CCG 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. The CCG are presently reviewing discharge to assess pathways where the CCG aim is to ensure DSTs are undertaken outside of a hospital setting. The CCG and provider colleagues 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.

Total delayed transfers of care (DTC) reported in August 2019 was 183, an increase compared to August 2018 with 175. Delays due to NHS have risen back to 100%, with those due to social care decreasing back to 0%. The majority of delay reasons in August 2019 were due to patient family choice and public funding.

Further guidance has been provided regarding appropriate recording of DTCs at the DTC masterclass. The CCG have met with the local authority to agree a process regarding verification of health vs Social attributable DTC which should result in an adjustment to performance going forward for Southport and Formby CCG. Previously the LA has been offering an alternative placement when a package of care has not been identified and on refusal this has been recorded as a family choice delay which is health attributable. The guidance has now confirmed that this delay should be LA attributable and recorded as such. Work is ongoing between the LA, CCG and Acute provider to refine and embed the correct recording of DTCs.

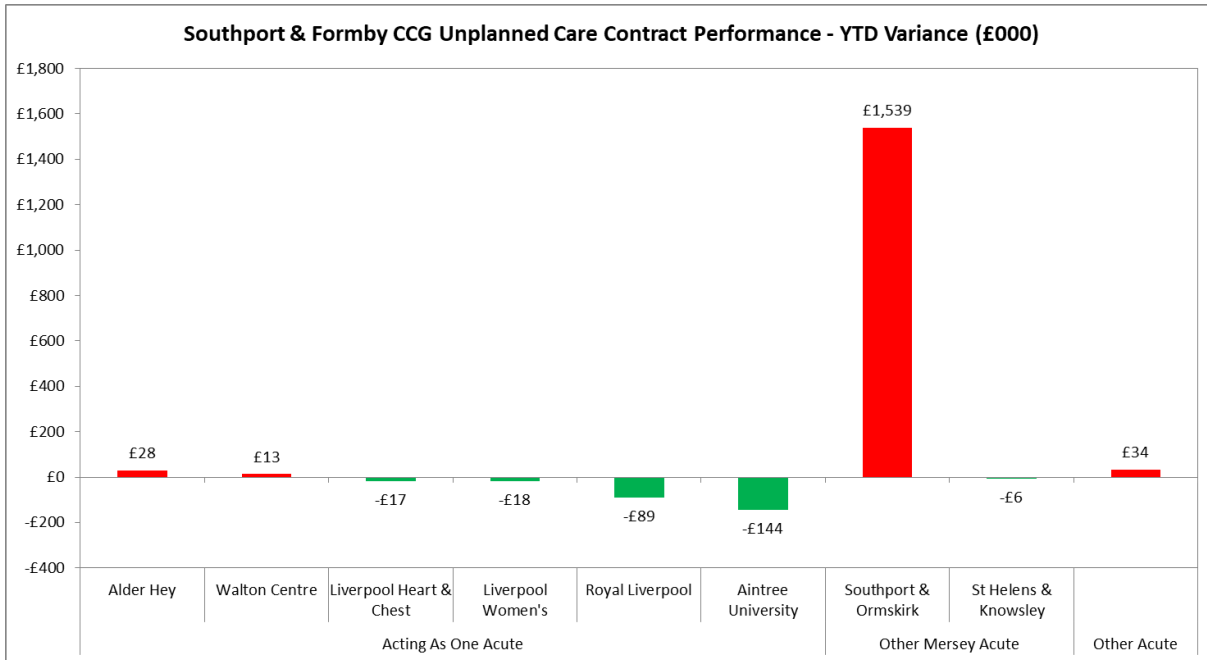
### 3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: A&E		Previous 3 months and latest					
RED	TREND	May-19	Jun-19	Jul-19	Aug-19		
		RR	1.50%	3.0%	1.5%		0.8%
		% Rec	92%	93%	88%		89%
		% Not Rec	5%	6%	9%		4%
		2019 England Averages Response Rates: 12.2% % Recommended: 86% % Not Recommended: 9%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for A&E of 0.8% in August. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 89% so still above the England average of 86% and the percentage who would not recommend decreased to 4% better than the England average of 9%.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: - the outcomes of the FFT responses and actions planned/taken as a result of these - how the provider listens to patients and carers and respond to their feedback - how the provider provides a safe environment for patients - how the provider meets the physical and comfort needs of patients - how the provider supports carers - how the provider recognises patients and carers individuality and involves them in decisions about their care - how the provider communicates effectively patients throughout their journey - how the provider used E&D data to drive patient and carer experience and service improvement.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020. S & O also presented at the EPEG in October and they have also introduced SMS, Text, to try and increase uptake of the survey							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

### 3.9 Unplanned Care Activity & Finance, All Providers

#### 3.9.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 5 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.3m/7.1%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £1.5m/8.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £1.5m/9% against plan at month 5.

**NB.** There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified in the above chart.

## 3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 15 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

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	16,602	18,591	1,989	12%	£2,766	£3,038	£272	10%
NEL - <i>Non Elective</i>	5,549	5,820	271	5%	£10,889	£12,463	£1,574	14%
NELNE - <i>Non Elective Non-Emergency</i>	560	457	-103	-18%	£1,072	£1,002	-£70	-7%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	4	36	32	843%	£2	£12	£10	549%
NELST - <i>Non Elective Short Stay</i>	1,355	1,356	1	0%	£943	£967	£23	2%
NELXBD - <i>Non Elective Excess Bed Day</i>	2,473	1,424	-1,049	-42%	£633	£362	-£271	-43%
<b>Grand Total</b>	<b>26,542</b>	<b>27,684</b>	<b>1,142</b>	<b>4%</b>	<b>£16,305</b>	<b>£17,844</b>	<b>£1,539</b>	<b>9%</b>

Year to date A&E attendances are currently 12% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. However, non-elective admissions account for the majority of the over performance reported. Analysis suggests a potential change in the case mix of patients presenting as a number of high cost HRG tariffs have seen an increase in numbers reported in early 2019/20. This includes admissions related to Sepsis, Heart Failure, Pneumonia, UTI and Stroke.

Initial Trust feedback regarding the increased cost per case for non-elective admissions in 2019/20 suggests the introduction of a “Red to Green” system (ensuring patients receive increased Therapy input at the start of admission) has had some impact. Average length of stay may have reduced where this is happening although similarly this would increase zero day admissions. Work is on-going with the provider to further understand this activity.

**NB.** 2019/20 plans have been rebased to take into account the increased admission rates as a result of the introduction of a Same Day Emergency Care model (CDU/ACU) at the Trust.

## 4. Mental Health

### 4.1 Mersey Care NHS Trust Contract (Adult)

#### 4.1.1 Mental Health Contract Quality Overview

##### Mersey Care NHS RiO M5 update

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust’s board reports.

Performance which is dependent on the Trust’s RiO system is expected to be fully reported from Quarter 2 with performance backdated. The Trust presented its updated RiO action plan – RiO reporting is expected to improve from Quarter 2.

##### ADHD Transition

Transition pathway developments planned for 2019/20 have been hindered by recruitment issues. The Trust has now recruited a consultant and it is expected that the transition pathway will commence from November 2019 onwards.

##### ASD

The Trust presented ASD at the October CQPG. It was highlighted that that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger’s Assessment whilst 26 months was being reported for Liverpool. Sefton commissioners will

be meeting with Liverpool CCG on 22/10/2019 to agree revised contract activity within and a developing proposed joint service specification with an expectation that Sefton service will prioritise assessment from their existing resource.



### Eating Disorders

The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal.



### Safeguarding

The contract performance notice remains in place in respect of training compliance. Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. The performance notice will remain open for a further 6 months to ensure sustainability. The Trust has been advised that Safeguarding will be introducing quality review visits.

## 4.1.2 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Eating Disorder Service Treatment commencing within 18 weeks of referrals		Previous 3 months and latest					
RED	TREND	May-19	Jun-19	Jul-19	Aug-19		
		18.8%	31.3%	42.9%	80.0%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
Out of a potential 10 Service Users, 8 started treatment within the 18 week target. Despite failing to meet the 95% target this month saw a significant improvement from the 42.9% in the previous month. Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service pending confirmation of whether the Business Case has been approved. The Business Case recognises that since the initial service was commissioned that prevalence and identification of eating disorders in the population has increased.							
<b>Actions to Address/Assurances:</b>							
Trust Actions: 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service. 3. Clearer and stricter DNA and cancellation policy. 4. Using therapy contracts to contract number of sessions. 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Recruit to vacant posts. 7. Commissioners are awaiting a business identifying investment required to enhance the existing service and increase psychological provision within the service. The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.							
<b>When is performance expected to recover:</b>							
Performance is linked to current service capacity which mitigates against significant recovery. The group work commenced in September and the Trust will develop a trajectory.							
<b>Quality:</b>							
Linked to the above comments re: August CQPG Deep Dive.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

### 4.1.3 Patient Experience of Mental Health Services



Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Mersey Care Friends and Family Test Results: Mental Health</b>		<b>Previous 3 months and latest</b>					
<b>GREEN</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		RR	3.7%	3.2%	3.5%		3.5%
		% Rec	89%	88%	90%		91%
		% Not Rec	2%	2%	3%		2%
		2019 England Averages Response Rates: 3.4% % Recommended: 90% % Not Recommended: 4%					
<b>Performance Overview/Issues:</b>							
Mersey Care have maintained good performance in the percentage of patients responding to friends and family test surveys in August with 3.5%, above the England average. The percentage of patients who would recommend the service has increased to 91%, above the England average. The percentage who would not recommend the service also improved, decreasing to 2%.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: - the outcomes of the FFT responses and actions planned/taken as a result of these - how the provider listens to patients and carers and respond to their feedback - how the provider provides a safe environment for patients - how the provider meets the physical and comfort needs of patients - how the provider supports carers - how the provider recognises patients and carers individuality and involves them in decisions about their care - how the provider communicates effectively patients throughout their journey - how the provider used E&D data to drive patient and carer experience and service improvement							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. 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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

## 4.2 Cheshire & Wirral Partnership (Adult)

### 4.2.1 Improving Access to Psychological Therapies: Access



Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		1.14%	1.01%	0.97%	0.91%	
		Access Plan: 1.59% August 2019/20 reported 0.91% and failed				
<b>Performance Overview/Issues:</b>						
<p>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) target for 2019/20 is to achieve 22% (5.5% per quarter) in the last quarter of 2019/20 only. The monthly target for M5 19/20 is therefore approximately 1.59%. Month 5 performance was 0.91% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. In 2019 the voluntary sector (5 organisations) received a total of 4406 therapy related referrals. Waiting times from referral continue to be within national timescales.</p>						
<b>Actions to Address/Assurances:</b>						
<p>Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments being delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups (e.g. Colleges) to encourage uptake of the service. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. The service is also recruiting 5.0 Psychological Wellbeing Practitioners to work across both CCGs. Work is being undertaken to ascertain the number of people who chose to access non - IAPT compliant counselling interventions which are provided by the voluntary sector. The provider will also be asked to provide regular age profile information so as to enable specific age groups to be targeted. Fortnightly teleconference is taking place to monitor performance.</p>						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

### 4.3 Learning Disabilities Health Checks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Learning Disabilities Health Checks</b>		<b>Previous 3 quarters and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		5.7%	13.2%	27.2%	7.4%	
		Q1 19/20 Plan: 16%				
<b>Performance Overview/Issues:</b>						
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 2019/20. Southport & Formby CCGs target is a total of 491 health checks 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. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. On average for 2018/19, 54% of patients had a physical health check. In quarter 1 2019/20, the total performance for the CCG was 7.4%, below the planned 16%. 609 patients are registered compared to the plan of 761, with just 45 being checked against a plan of 122.						
<b>Actions to Address/Assurances:</b>						
The CCG Primary Care Leads are working with the Council and their commissioned LD providers to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check. To review reporting to mitigate data quality issues.						
<b>When is performance expected to recover:</b>						
Quarter 2 2019/20						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		



### 4.3.1 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		47.5%	42.9%	50.0%	45.6%	
		Recovery Plan: 50%				
<b>Performance Overview/Issues:</b>						
The percentage of people moved to recovery was 45.6% in month 5 of 2019/20 and the target was not achieved and this was a drop from the previous month. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughout the treatment which has had a detrimental effect on Recovery performance. This approach is being revised.						
<b>Actions to Address/Assurances:</b>						
Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 5. Community Health

### 5.1 Adult Community Services (Lancashire Care)



The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2019/20 to reflect transformation and improvements in recording activity.

#### 5.1.1 Quality

The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) are in the process of discussing possible new indicators for inclusion in 2019/20 quality schedule. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators / measures.

Concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and Lancashire Care NHS FT for the delivery of community services. The CCG has commissioned an external review of the current provision.

## 5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors	
Lancashire Care Adult Community Services: Podiatry		Previous 3 months and latest					
RED	TREND	RTT Long Waiters 19 to 24 weeks					
		May-19	Jun-19	Jul-19	Aug-19		
		27	59	68	165		
<b>Performance Overview/Issues:</b>							
<p>In August the Trust reported 165 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 1,181 podiatry patients were waiting on the pathway at this point and therefore the performance fell below the 92% target at 86%. The Trust advised that out of the 165 breaches, 36 were patient choice, 3 data quality issue and 126 due to service capacity. All patients have future appointments booked. A high proportion of breaches are waiting for treatment in biomechanics. This element of the service which provides shoe insoles is in very high demand as it requires minimal follow up appointments and provides very successful treatment for patients.</p>							
<b>Actions to Address/Assurances:</b>							
<p>This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that a task and finish group is established to review data quality and the patient pathway. A weekly report is presented to the Trust's internal senior management team and shared with the CCG on a monthly basis. The following actions have been reported:</p> <ul style="list-style-type: none"> <li>- Planning, Performance &amp; Quality (PPQ) lead to review 17 to 18 and 19 to 25+ waits to remove any data quality issues or duplicates.</li> <li>- Team leader to monitor inbound referrals on EMIS to ensure referrals are moved into correct waiting list pathway.</li> <li>- All staff are reminded if there is a new DNA to stop clock immediately.</li> </ul> <p>The podiatry service is currently experiencing vacancies and difficulties in recruiting band 5s due to a shortage of trained staff. However this has finally been successful and 2 band 5s have now been appointed and 1 has just commenced in post. The Trust has advised that the vacancies were the main reason for the number of long waiters increasing and therefore the position is now improving.</p>							
<b>When is performance expected to recover:</b>							
The Trust has a trajectory in place which shows the total waiting list steadily reducing over the coming weeks up to the end of November.							
<b>Quality:</b>							
All patients are triaged before their appointment.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

## 5.2 Any Qualified Provider – Audiology



Merseyside AQP audiology contracts expired on the 30th September 2018. 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 2020. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

## 6. Children's Services

### 6.1.1 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		84.0%	85.2%	84.0%	95.24%	
		Plan: 100%				
<b>Performance Overview/Issues:</b>						
In quarter 1 the Trust reported under the 100% plan. Out of 21 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 95.24% against the 100% target. The patient who breached waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<b>Actions to Address/Assurances:</b>						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet. Further discussions required to establish national uplifts included in CCG baseline.						
<b>When is performance expected to recover:</b>						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

## 6.1.2 Waiting times for Urgent Referrals to Children and Young People’s Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		66.7%	66.7%	50.0%	75%	
		Plan: 100%				
<b>Performance Overview/Issues:</b>						
In quarter 1, the CCG had 4 patients under the urgent referral category, 3 of which met the target bringing the total performance to 75% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<b>Actions to Address/Assurances:</b>						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet. Further discussions required to establish national uplifts included in CCG baseline.						
<b>When is performance expected to recover:</b>						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

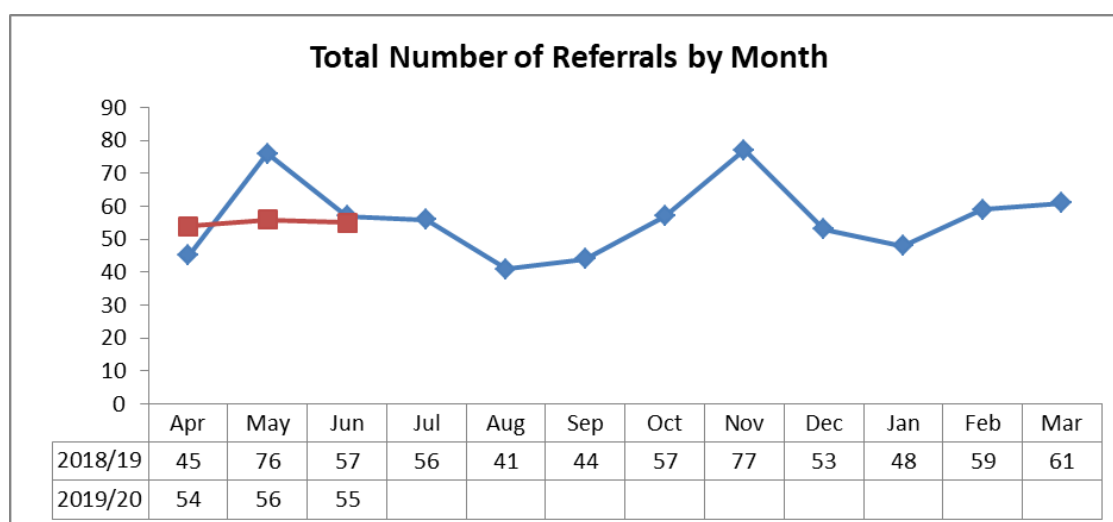
## 6.2 Child and Adolescent Mental Health Services (CAMHS)

### Scope of Data

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 1 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during April to June 2019/20.

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 16 – CAMHS Referrals by Month**



Throughout quarter 1 2019/20 there were a total of 165 referrals made to CAMHS from Southport and Formby CCG patients. The monthly number of referrals has remained stable over the first 3 months of the financial year.

During the first quarter of 2019/20 there were 8 DNAs out of 82 appointments which equates to a DNA rate of 9.8%.

**Figure 17 – CAMHS Source of Referral**

Source of Referral	No. of Referrals	% of Total
GP Referral	96	58.2%
Allied Health Professional	39	23.6%
Other	17	10.3%
Consultant In This Hospital	11	6.7%
A&E Attendance	1	0.6%
Consultant in Other Hospital	1	0.6%
<b>Total</b>	<b>165</b>	<b>100%</b>

In relation to the Primary Referrer, 58.2% (96) of the total referrals made during Quarter 1 2019/20 derived from a GP Referral and 23.6% (39) came from an 'Allied Health Professional'.

**Figure 18 – CAMHS Outcome of Referral**

Outcome of Referral	No. of Referrals	% of Total
Declined	80	48.5%
Pending Action	50	30.3%
Allocated	35	21.2%
<b>Total</b>	<b>165</b>	<b>100%</b>

Of the total number of referrals received during April to June 2019/20, 80 (48.5%) of which had been 'Declined', 50 (30.3%) were 'Pending Action' and 35 (21.2%) were 'Accepted'.

All of those referrals that were declined were due to being an 'Inappropriate Referral'. The term 'Inappropriate Referral' will incorporate referrals that have been rejected and turned down completely, but also include those referrals that have been signposted to a more appropriate service and

therefore still receive support albeit in a different environment. Data recording improvements will allow this to be reported in future reports to provide a more accurate outcome of referral. This work is still in progress.

The remaining tables will focus on only those 35 Referrals that have been accepted and allocated.

**Figure 19 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	14	40.0%
2-4 Weeks	11	31.4%
4- 6 Weeks	6	17.1%
6-8 weeks	1	2.9%
8-10 Weeks	1	2.9%
Over 10 Weeks	2	5.7%
<b>Total</b>	<b>35</b>	<b>100%</b>

Of those Referrals during April to June 2019/20 that have been allocated and an assessment taken place, 40% (14) waited between 0 and 2 weeks for the assessment. 94.3% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of the two referrals that waited over 10 weeks from referral to intervention, 1 waited 104 days (14.9 weeks) and the other waited 106 days (15.1 weeks) which was the maximum wait in the given time period.

**Figure 20 – CAMHS Waiting Times Referral to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	7	20.0%	31.8%
2-4 Weeks	3	8.6%	13.6%
4- 6 Weeks	5	14.3%	22.7%
6-8 weeks	2	5.7%	9.1%
8- 10 weeks	4	11.4%	18.2%
10-12 Weeks	1	2.9%	4.5%
(blank)	13	37.1%	
<b>Total</b>	<b>35</b>	<b>100%</b>	

37.1% (13) of all allocated referrals did not have a date of intervention. Of these, 2 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 11 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 11 waiting for an intervention, 3 were referred to the service within the month of June 2019 and all have had an assessment.

If these 13 referrals were discounted, that would mean 45.5% (10) of referrals waited 4 weeks or less from referral to intervention. All of referrals where an intervention took place had their first intervention within 12 weeks.

### Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks during 2018/19.

**How are the issues being addressed?**

NHSE non-recurrent funding has been secured and waits are reducing. The CCG has jointly commissioned online counselling for 2019/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. National uplifts are being reviewed to identify what additional resource is available for increasing capacity in line with national standards/targets. Additional activity targeted at South Sefton to be brought online in 2019/20.

**When is the performance expected to recover by?**



Impact of NHSE funding will be seen early 2019/20 and the impact of online counselling and additional Southport & Formby activity will be seen in quarters 2 and 3 of 2019/20.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Vicky Killen	Peter Wong

**6.3 Alder Hey Children's Mental Health Services**

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		6.6%	6.8%	6.1%	17.0%	
		Access Plan: 32% 2018/19 performance was 38.1% and achieved.				
<b>Performance Overview/Issues:</b>						
The CCG reported a performance of 17.0% in quarter 1, an improvement on the last quarter of 2018/19. The published data has incorporated the voluntary sector provider Venus from June 2019.						
Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20.						
<b>When is performance expected to recover:</b>						
Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in Sefton.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

## 6.4 Children’s Community Services (Alder Hey)

### 6.4.1 Services



An initial meeting has been held with Alder Hey, Liverpool CCG and Sefton CCGs regarding current reporting and gaps in information. This specific group is to develop a plan for 2019/20 to create a robust reporting framework which provides assurance for both community and mental health provision for children’s services. Please see appendices for further details.

### 6.4.2 Paediatric SALT



Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children’s Community Services: SALT		Latest and previous 3 months					Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
		May-19	Jun-19	Jul-19	Aug-19		
		43 wks	37 wks	36 wks	35 wks		
		Average waiting times <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>In August the Trust reported a 92nd percentile of 35 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on July when 36 weeks was reported. In August the longest waiting patient was 1 patient waiting at <b>55 weeks</b>. Performance has steadily improved this financial year.</p> <p>At the end of August there were NO children who have waited over 52 weeks. 9 children have waited over 40 weeks, but have an appointment scheduled within the month.</p>							
<b>Actions to Address/Assurances:</b>							
<p>August’s figures show an improving position in waiting times and the numbers waiting over 40 weeks have significantly reduced since April 2019. The Sefton CCGs had already provided additional investment of £50k in 18/19, recruitment has taken place and the effects are now having an impact. Alder Hey submitted a business case for an additional £188k for additional speech therapists ( recurrent and non-recurrent funding) to bring waiting times down to 18 weeks by end of February 2020. This was agreed by the Sefton CCGs. Recruitment has taken place in September and the Trust anticipate that the waiting times will further significantly reduce over the next few months. A trajectory is being sought as part of the contract variation as assurance on meeting the February timescales. Monitoring of the position takes place at Contract Review meetings and with Executive senior input.</p> <p>Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p>							
<b>When is performance expected to recover:</b>							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Peter Wong			



### 6.4.3 Paediatric Dietetics



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: Dietetics</b>		<b>Latest and previous 3 months</b>				DNAs <= 8.5%: <b>Green</b> > 8.5% and <= 10%: <b>Amber</b> > 10%: <b>Red</b>  Provider Cancellations <= 3.5%: <b>Green</b> > 3.5% and <= 5%: <b>Amber</b> > 5%: <b>Red</b>
<b>RED</b>	<b>TREND</b>	Outpatient Clinic DNA Rates				
		May-19	Jun-19	Jul-19	Aug-19	
		22.4%	14.5%	17.6%	17.3%	
		Outpatient Clinic Provider Cancellations				
		May-19	Jun-19	Jul-19	Aug-19	
		9.6%	3.1%	3.0%	10.7%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
<b>Performance Overview/Issues:</b>						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In August 2019 this remained static at a rate of 17.3%. Provider cancellations saw an increase from 3.0% in July to 10.7% in August.						
<b>Actions to Address/Assurances:</b>						
The CCGs have invested in extra capacity into the service in response to a Safe Staffing business case from Alder Hey. There are no reports on waiting times being received from Alder Hey for Sefton Dietetics and the CCGs have raised this as a significant concern at Contract Review meetings, asking for data to be submitted as a priority. The CCGs are working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system						
A wider piece of work with Alder Hey and the CCGs is taking place to review and improve current data flows across all community and mental health services.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Peter Wong		

### 6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire Care)

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Percentage of children waiting less than 18 weeks for a wheelchair</b>		<b>Latest and previous 3 quarters</b>				
<b>GREEN</b>	<b>TREND</b>	Waiting Times				
		Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		40.0%	57.1%	85.7%	100%	
		For 2019/20, 92% of children should receive equipment within 18 weeks				
<b>Performance Overview/Issues:</b>						
Lancashire Care has reported 16 children out of 16 receiving equipment within 18 weeks for quarter 1 2019/20, a performance of 100%, exceeding the 92% target. This is an improvement on Q4 2018/19.						
<b>Actions to Address/Assurances:</b>						
<b>When is performance expected to recover:</b>						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

## 7. Primary Care

### 7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Extended Access Appointment Utilisation</b>		<b>Latest and previous 3 months</b>				Extended access is based on 100% of the CCG population registered with a Southport and Formby GP practice having access to routine bookable GP services including evenings and weekends, this includes bank holidays including Easter, Christmas and New Year periods.
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19	
		65%	61.96%	52.74%	48.32%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). August target 61.7%				
<b>Performance Overview/Issues:</b>						
A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.						
In August, Southport & Formby CCG practices reported a combined utilisation rate of 48.32%, below the CCG's 61.7% target for August. Total available appointments was 1,161, with 632 being booked (54.44%) and 71 DNA's (11.2%). This shows a downward trend in utilisation rates since May 2019.						
<b>Actions to Address/Assurances:</b>						
Extended access is available to the whole population, however, utilisation of appointments dropped below the target in July and August. Seasonal variation and increased activity in A&E suggest a slight shift in acute service usage.						
The service reviewed and changed its model in the second quarter. The changes were in relation to skill mix and appointment capacity. The service have reduced the number of HCA appointments, as these appointments were underutilised, and these appointments have now been converted to ANP slots. The overall number of appointments available in the service have also increased. Booked appointments in this period have not increased, therefore the utilisation percentage has dropped.						
Utilisation between practices within Southport and Formby is variable. Practices are being supported to increase utilisation through the digital champion programme. The service are promoting 7 day access with patient groups and through engagement events for example 'The Big Chat', the service manager is also due to visit GP practices. Promotion of 7 day access is on practice envisage screens and practice websites.						
<b>When is performance expected to recover:</b>						
Quarter 3.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		Kati Scholtz		Angela Price		

**Figure 21 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service**

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19		247	220	60	31
		38.7%	34.4%	9.4%	4.9%	12.7%
May-19		256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
Jun-19		261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
Jul-19		239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
Aug-19		261	215	68	33	97
		40.0%	33.0%	10.4%	5.1%	14.9%

## 7.2 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. St Marks Medical Centre was inspected on 24<sup>th</sup> April achieving an overall rating of 'Good'. All the results are listed below.

**Figure 22 – 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	24 April 2019	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	11 December 2017	Good	Good	Good	Good	Good	Good
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)	11 March 2019	Good	Good	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

## 8. CCG Oversight Framework (OF)

### 8.1 Background

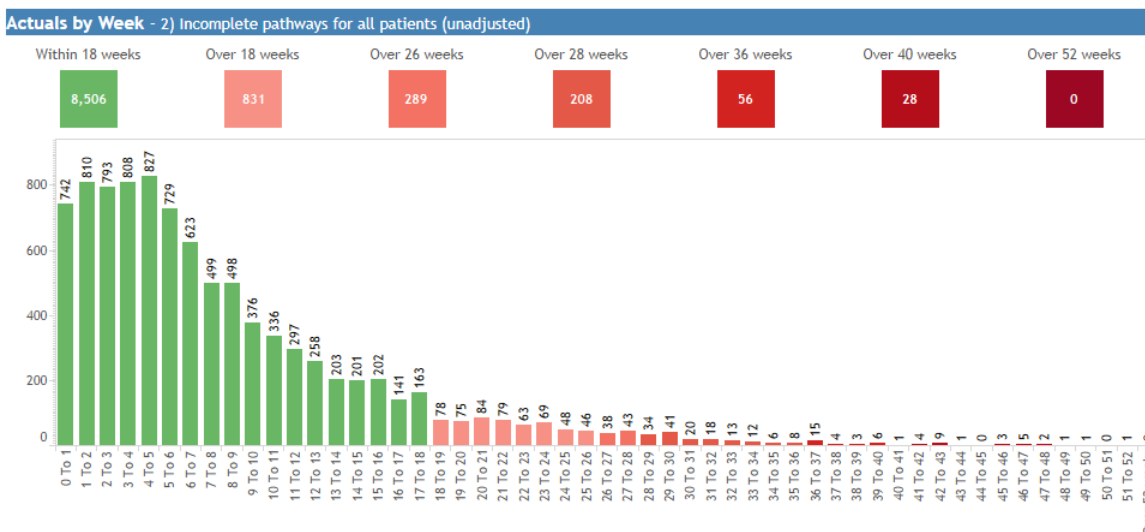
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators 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.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23<sup>rd</sup> August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the LTP priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

## 9. Appendices

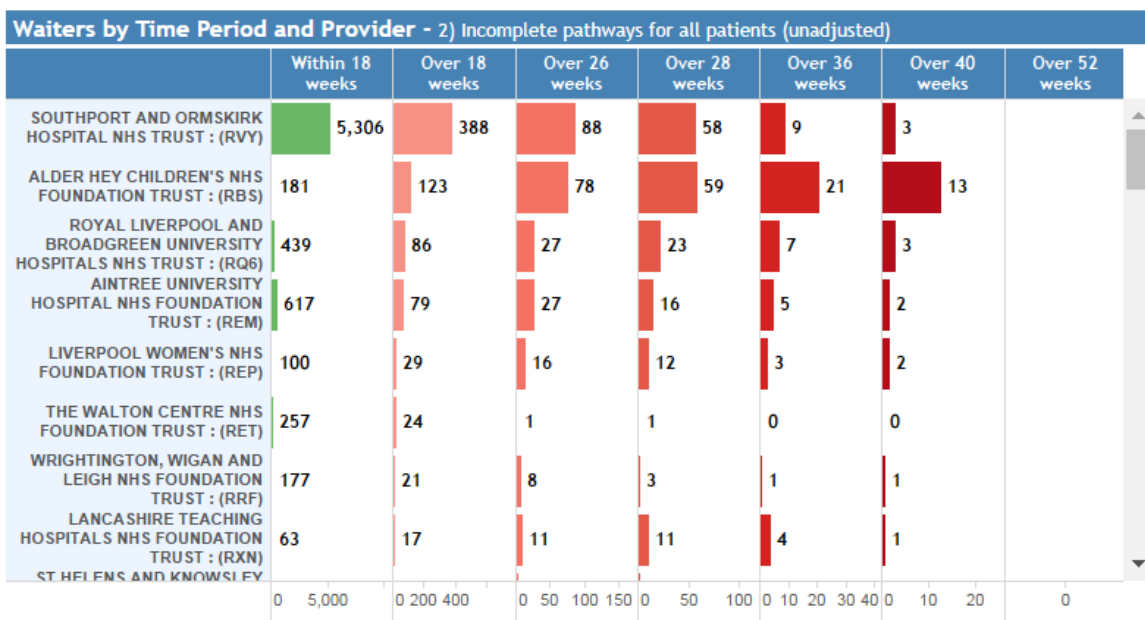
### 9.1.1 Incomplete Pathway Waiting Times

Figure 23 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



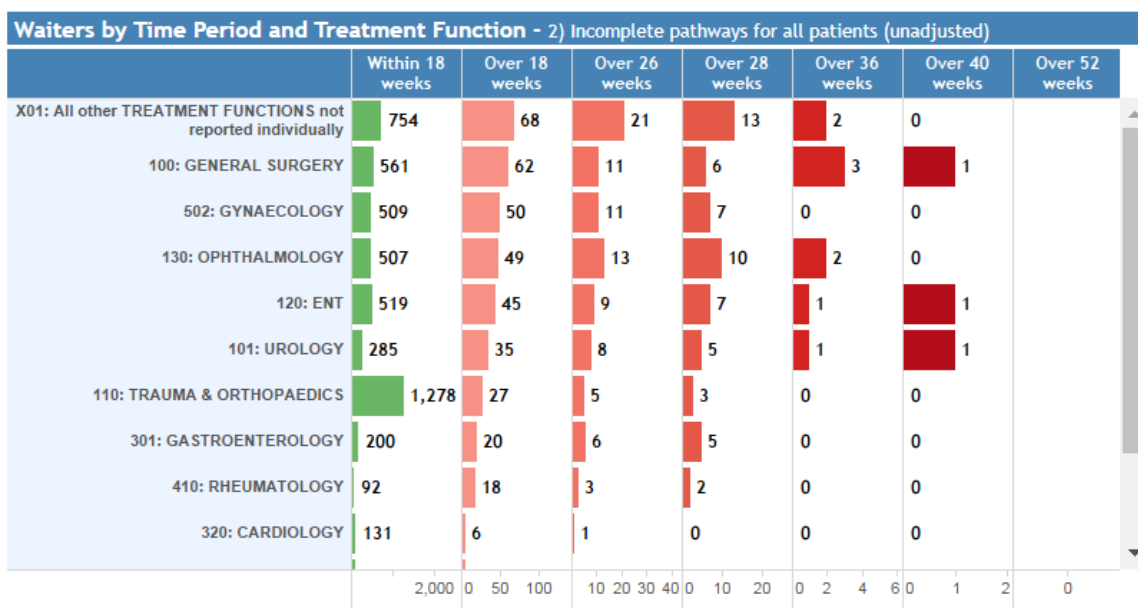
### 9.1.2 Long Waiters analysis: Top Providers

Figure 24 - Patients waiting (in bands) on incomplete pathway for the top Providers

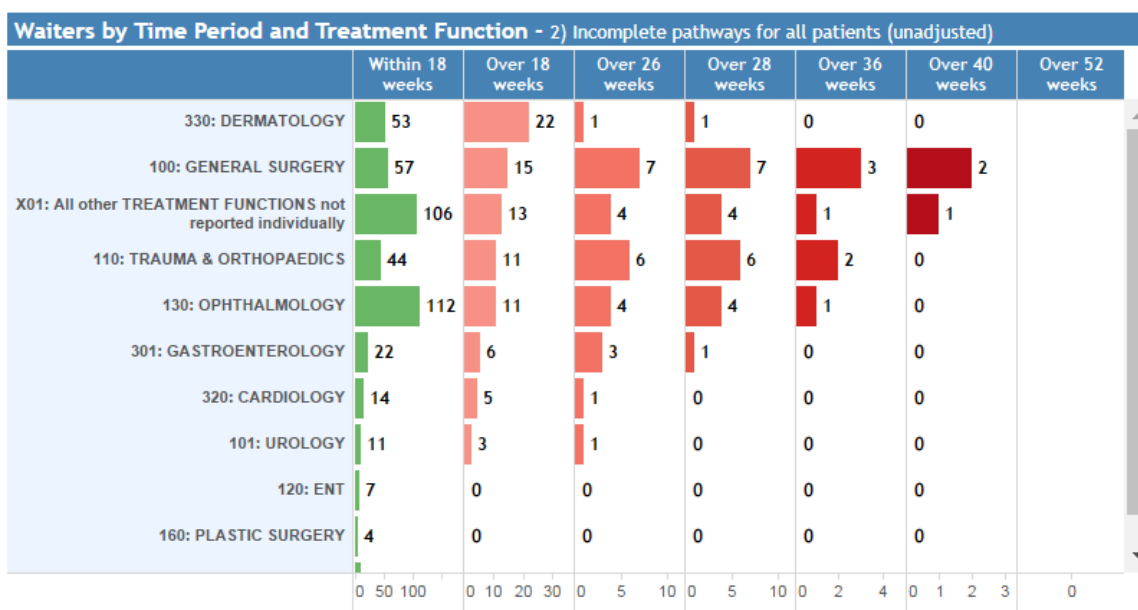


### 9.1.3 Long waiters analysis: Top 2 Providers split by Speciality

**Figure 25 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust**

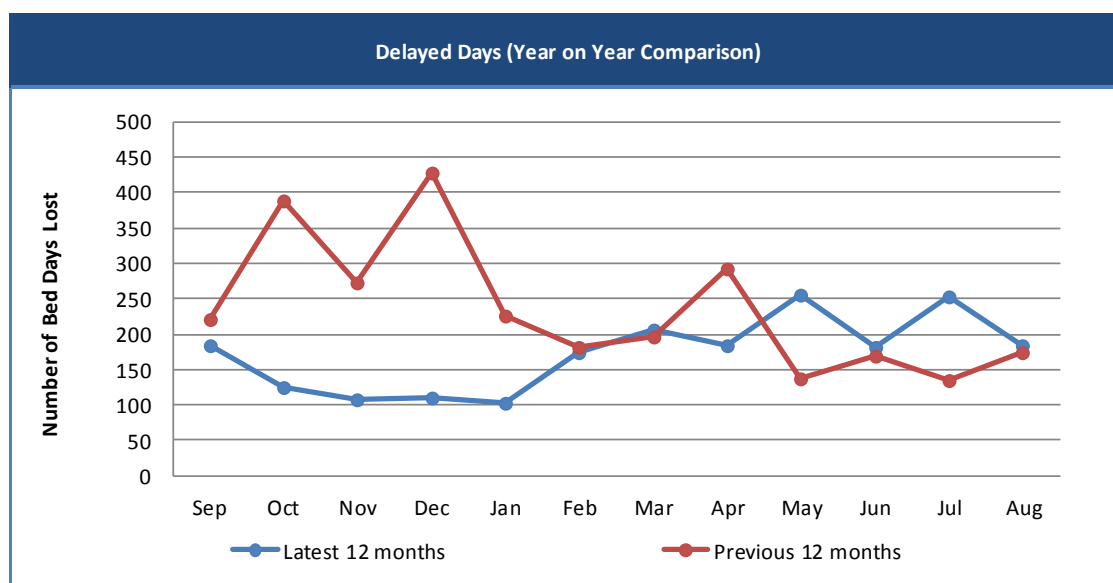


**Figure 26 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust**



## 9.2 Delayed Transfers of Care

Figure 27 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Aug-19</b>	<b>Jul-19</b>	<b>Aug-18</b>
Total	183	253	175
NHS	100.0%	99.2%	96.0%
Social Care	0.0%	0.8%	4.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

### Reasons for Delayed Transfer % of Bed Day Delays (Aug-19)

#### SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.5%
Community Equipment Adapt	2.7%
Completion Assessment	0.0%
Disputes	0.0%
Further Non-Acute NHS	7.7%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	70.5%
Public Funding	18.6%
Residential Home	0.0%
Other	0.0%

### 9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year									
			Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	YTD	
NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	216	1.89	230	230	204	209	205	232
		Total Contacts (Domiciliary)	1,584	1,584	1,562	-1.39	152	114	130	121	134	651
		Total New Referrals	135	135	161	19.26	17	13	16	8	13	67
	Paediatric Dietetics	Caseload at Month End	90	90	281	212.22	324	271	263	264	283	324
		Referral to 1st contact (weeks average)	8.5	8.5	6.1	-29.24	7.4	4.2	7.4	6.1	5.2	7.4
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	541	541	718	132.72	42	68	77	70	42	298
		Total Contacts (Domiciliary)	40	40	65	62.50	1	13	5	3	5	27
		Total Contacts (Outpatients)	501	501	653	30.34	41	55	72	67	37	272
		Total New Referrals	291	291	302	3.79	33	25	16	19	33	125
	Paediatric Occupational Therapy	Caseload at Month End	150	150	118	-21.33	113	129	113	122	113	121
		Referral to 1st contact (weeks average)	14.3	14.3	13.3	-8.99	16	9.9	13	12.8	14.8	16
		Total Contacts (Domiciliary)	3,343	3,343	3,289	-2.61	284	272	251	282	289	1,358
		Total New Referrals	556	556	521	-7.99	48	61	36	45	27	217
	Paediatric Physiotherapy	Caseload at Month End	64	64	63	-1.56	60	62	56	72	67	63
		Referral to 1st contact (weeks average)	5.8	5.8	6.4	10.34	6.2	5.8	7.6	7	5.2	6.7
		Total Contacts (Domiciliary)	6,103	6,103	4,740	-22.33	431	393	406	428	317	1,975
		Total New Referrals	553	553	562	1.63	48	51	43	53	39	234
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	26.1	26.1	33.9	29.89	36.6	35.9	31.1	31.8	34	36.6
		Total Contacts (Domiciliary)	7,786	7,786	9,559	22.77	695	740	872	939	737	3,983
		Total New Referrals	746	746	739	-0.94	62	73	62	77	44	308

If Plan is <10,000:

If Plan is >10,000:

- FOT is <10% above or below plan
- FOT is 10%-20% above or below plan
- FOT is > 20% below plan
- FOT is > 20% above plan

- FOT is <5% above or below plan
- FOT is 5%-10% above or below plan
- FOT is > 10% below plan
- FOT is > 10% above plan

### 9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	139	149	108								1,843	1,480	-19.7%
Incomplete Pathways - 92nd Percentile	45	43	37	36	36								448		
Total Number Waiting	942	918	876	815	758								9,364		
Number waiting over 18 weeks	519	461	466	433	403								4,675		
Longest weeks waiting - weeks	52	54	49	50	55								587		
Longest weeks waiting - patients	2	1	2	1	1								25		

- RAG rating
- ≤18 weeks
  - 19 to 22 weeks
  - 23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

## 9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

### Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
DNA	66	53	41	147	68	116	13	19	16	21	14	83
DNA Rate	18.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.6%	17.3%	18.0%

### Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
Cancellations	6	0	5	29	0	44	4	7	3	3	8	25
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.8%	3.1%	3.0%	10.7%	6.2%

### Outpatient Clinics - Cancs by PATIENT

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
Cancellations	27	63	63	207	128	184	10	38	18	33	17	116
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	18.1%	36.5%	18.1%	25.2%	20.2%	23.5%

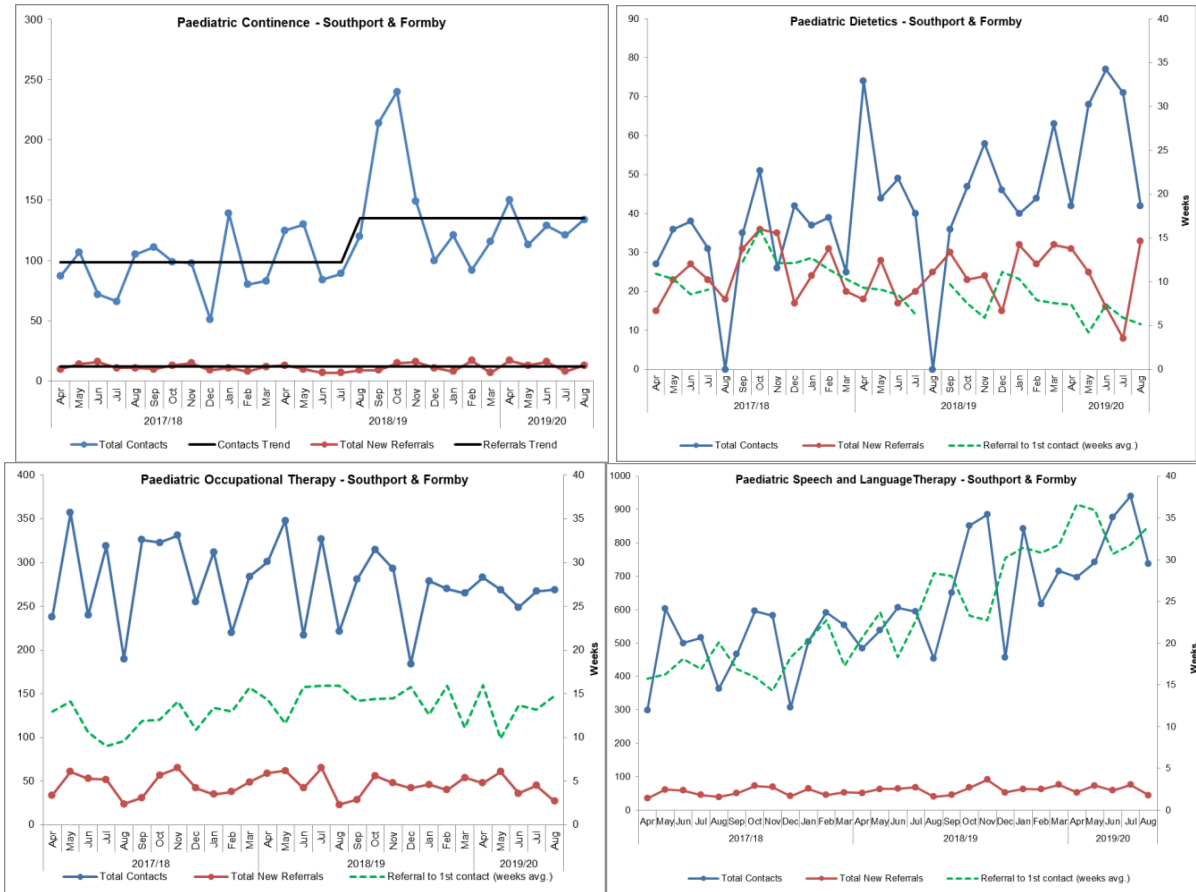
#### Rag Ratings & Targets 19/20

DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red



## 9.6 Alder Hey Activity & Performance Charts



## 8.7 Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

**Figure 28 – BCF Metric Performance**

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27,310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Review of reablement service ongoing but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

**Figure 29 – BCF High Impact Change Model Assessment**

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established		This Chg is in already established for SFCGG area and work continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established		Currently established in Southport and Formby in S&O and system working well to monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established		Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review ongoing of impact alongside social work activity at weekend to move to more mature assessment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established		Modern has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across S&O area.
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established		The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

## 9.7 NHS England Monthly Activity Monitoring

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 30 – Southport & Formby CCG’s Month 5 Submission to NHS England**

Month 05 (August)	Month 05 Plan	Month 05 Actual	Month 05 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2,405	2,233	-7.2%	GP referrals decreased in month 5 in line with an expected trend. Referrals were below average in month but year to date GP referrals are within 1% of planned levels.
Other	2,305	2,629	14.1%	
<b>Total (in month)</b>	<b>4,710</b>	<b>4,862</b>	<b>3.2%</b>	An increase in Other referrals has been apparent and these remain high against the plan as in 1819. The referral patterns identified in 1819 were due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway and rebased plans for 1920 attempted to factor in this change. Local monitoring suggests that CZC increases have been evident within General Medicine and T&O at the main hospital provider. The former was raised via the S&O info sub group and found to be related to the increase in A&E attendances and subsequent referrals to an ACU outpatient clinic following an A&E attendance (ref source 04 - consultant in A&E).
Variance against Plan YTD	24,051	26,132	8.7%	
Year on Year YTD Growth			11.5%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3,799	3,858	1.6%	OP first and follow up appointments have decreased in month 5 as part of a seasonal trend. This has brought year to date levels closer to planned levels (within 2% of plan) as expected. Trends are driven by activity at the main hospital provider and CCG planned care leads attend contract review meetings with the provider to discuss elements of activity and performance.
Follow Up	8,661	8,101	-6.5%	
<b>Total Outpatient attendances (in month)</b>	<b>12,460</b>	<b>11,959</b>	<b>-4.0%</b>	
Variance against Plan YTD	63,711	63,759	0.1%	
Year on Year YTD Growth			8.3%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,391	1,604	15.3%	Local monitoring suggests that day case activity is slightly closer to planned levels (approx. 3% up on plan year to date). Elective admissions have a greater variance (-4%) but activity variances are minimal. Total elective activity is slightly outside of the 2% threshold at month 5. Day case trends are following a similar pattern to 2018/19 but have been consistently higher. Initial feedback from the main hospital provider suggests theatre staff shortages and bed pressures have resulted in reduced elective offering. The CCG is working with the provider to understand demand, workforce and theatre capacity issues via contract review meetings. This work will continue throughout 1920.
Elective Ordinary spells	216	220	1.9%	
<b>Total Elective spells (in month)</b>	<b>1,607</b>	<b>1,824</b>	<b>13.5%</b>	
Variance against Plan YTD	8,455	8,812	4.2%	
Year on Year YTD Growth			8.1%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3,818	4,109	7.6%	Local A&E monitoring has shown that the CCGs A&E activity has increased to an historical peak in July-19 with activity focussed within the main hospital provider. This was part of a North Mersey trend and attendances have decreased in month 5 but remain above plan. 4hr performance at the main hospital provider is consistent with the previous month and is now at 89.09%. CCG urgent care leads and the main hospital provider continue to work together with system partners to understand the increase in attendances and address issues with patient flow in the department to support the 4hr target. The S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance.
Year on Year YTD			9.1%	
<b>All types (in month)</b>	<b>4,398</b>	<b>4,874</b>	<b>10.8%</b>	
Variance against Plan YTD	21,988	23,326	6.1%	
Year on Year YTD Growth			7.7%	
<b>Total Non Elective spells (in month)</b>	<b>1,722</b>	<b>1,847</b>	<b>7.3%</b>	The CCGs main provider implemented a new pathway (CDU) with activity flowing via SUS inpatients data from May 2018 and plans have been rebased in 1920 to take this into account. The pathway predominantly impacted on zero LOS admissions and activity has increased once again in month 5 to an historical peak. As a system, the CCG continues to work with partners to improve admission avoidance, improve LOS and timely discharge pathways. The areas for greater work include trusted assessment process, discharge to assess and the reconfiguration of step up and step down beds. As above, the S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance. The CCG are working closer with Local authority to develop the enabling of step up beds to support the commissioning of the new Southport Emergency Response Vehicle to reduce conveyances, attendances and admissions. This also supports the clinically designed system wide frailty/falls pathway
Variance against Plan YTD	9,062	8,508	-6.1%	
Year on Year YTD Growth			15.7%	

**MEETING OF THE GOVERNING BODY**  
**November 2019**

**Agenda Item:** 19/137.2

**Author of the Paper:**

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**Report date:** October 2019

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Tel: 0151 317 8396

**Title:** Financial Position of NHS Southport & Formby Clinical Commissioning Group – Month 6 2019/20

**Summary/Key Issues:**

This paper presents the Governing Body with an overview of the Month 6 financial position for NHS Southport and Formby Clinical Commissioning Group as at 30<sup>th</sup> September 2019.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2019/20 requires the CCG to deliver a breakeven position.

The cumulative deficit brought forward from previous years is £9.295m. This has reduced from £10.295m following delivery of £1m surplus in 2018/19. The cumulative deficit will need to be addressed as part of the CCG longer term financial recovery plan.

The QIPP efficiency requirement to deliver the agreed financial plan of breakeven is £14.104m. The QIPP requirement has increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.

The CCG has identified potential QIPP opportunities of £16.584m although the majority are rated high risk at this stage and further work is required to implement these schemes. Prescribing efficiency schemes are expected to be delivered and savings realised in later months when prescribing reports are published and values can be confirmed.

The CCG Financial Recovery Plan has been submitted to NHS England. The plan has been prepared as a System Financial Recovery Plan including Southport and Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust. The plan outlines the governance arrangements, priorities, risks, mitigations and transformation schemes required to deliver the system long term financial plan.

The CCG deficit at Month 6 has been calculated at £4.750m. The year to date deficit reflects the under delivery of QIPP savings and cost pressures which have emerged at this stage in the financial year. The likely case forecast outturn assessed at month 6 is £11.900m deficit.

Delivery of the financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

### Recommendations;

Receive	<input checked="" type="checkbox"/>
Approve	<input type="checkbox"/>
Ratify	<input type="checkbox"/>

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for Southport and Formby CCG is breakeven for 2019/20.
- The QIPP efficiency requirement to deliver the agreed financial plan is £14.104m. QIPP schemes of £16.584m have been identified but further work is required to fully implement schemes and realise savings.
- The CCG deficit at Month 6 has been assessed at £4.750m and the likely case risk adjusted position is assessed at £11.900m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace. Following discussion with NHS England and Improvement this will be incorporated into the next iteration of the System Financial Recovery Plan in October.
- The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. Continued progression of work undertaken during the CCG QIPP weeks is essential to deliver against the CCG financial plan. This will focus on the development of clinical leadership in the CCG who can engage with colleagues across the system, influence change and deliver reduction in cost. Governance arrangements to support full system working will also need to be finalised.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan.

### Links to Corporate Objectives 2019/20 (x those that apply)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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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	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		



## Report to the Governing Body November 2019

### 1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 30 September 2019.

**Table 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
Acute	112,490	56,635	57,136	502	113,682	1,192
Mental Health	19,658	9,840	10,004	164	19,852	195
Continuing Care	12,865	6,432	7,360	928	14,416	1,551
Community Health	22,346	11,194	11,192	(2)	22,395	49
Primary Care	47,868	24,036	23,935	(100)	47,888	20
Corporate & Support Services	2,600	1,294	1,233	(61)	2,535	(65)
Other	6,666	3,301	3,539	238	6,853	187
<b>Total Operating budgets</b>	<b>224,493</b>	<b>112,731</b>	<b>114,400</b>	<b>1,669</b>	<b>227,621</b>	<b>3,128</b>
Reserves	(11,480)	(3,082)	0	3,081	(14,608)	(3,128)
In Year Planned (Surplus)/Deficit	0	0	0	0	0	0
<b>Grand Total (Surplus)/Deficit</b>	<b>213,013</b>	<b>109,649</b>	<b>114,400</b>	<b>4,750</b>	<b>213,013</b>	<b>0</b>

The year to date financial position is a deficit of £4.750m and the full year forecast position is breakeven. The forecast position represents the best case scenario and is reliant on delivery of the QIPP plan of £14.104m in full. It should be noted that significant risk exists in terms of delivering the plans in full and at this stage; the risk adjusted financial position is calculated as a £11.900m deficit.

Cost pressures have emerged in the first half of the financial year. However these have been offset by underspends in other areas and the CCG reserve budget due to the 0.5% contingency held.

The main variances from planned expenditure can be analysed as follows:

- Increased costs in the budget for continuing healthcare and funded nursing care. There are also some areas of pressure in mental health packages. There is evidence of an increase in fast track referrals compared to the previous financial year.
- Personal Health budgets have increased in terms of cost and volume.
- The Commissioning non-acute budget is forecast to overspend due to a number of charges for property services which are above planned costs.
- The Clinical Assessment and Treatment Centres budget is forecast to overspend due to increased volume of activity in the Independent Sector, particularly for Trauma and Orthopaedics and Ophthalmology services.

- There are increased pressures on the budget for Non-Contract Activity. Activity and costs have increased significantly since the last financial year with a number of high cost out of area treatments in the year to date position.
- Forecast overspends at Aintree, Royal Liverpool and Wrightington Wigan and Leigh hospitals are offset by forecast underspends at Southport & Ormskirk and St Helens & Knowsley Hospitals.

### CCG Recovery Plan

The CCG's draft financial recovery plan was submitted to NHS England and Improvement at the end of June 2019. Following feedback, the final version of the Financial Recovery Plan was submitted to NHS England and Improvement on 2 August 2019.

The plan describes the CCG financial recovery plan in the context of the local health system including Southport and Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust. (West Lancashire CCG were included in the original plan but have now been removed).

Monthly update reports are being provided and meetings to review operational and financial performance across the system are being held with NHS England and Improvement. The meetings are attended by respective organisation's Accountable Officers; Chief Executive; Chief Finance Officers, Director of Finance and the System Turnaround Director.

The plan has been co-ordinated by the system wide turnaround director and highlights:

- The 2019/20 financial position as at the year to date including risks and mitigations
- Joint approach - CCG QIPP plans and Trust Cost Improvement Plans (CIP) 2019/20
- The CCG strategic financial plan
- Governance processes in place and in development
- CCG Opportunities – based on RightCare data.

The plan includes key provider metrics (e.g. Model Hospital, GIRFT) for comparison with RightCare data in order to identify joint opportunities to make system wide savings.

The plan acknowledges the CCG's positive performance in the delivery of QIPP efficiencies in prior years and the challenge for the CCG to deliver further efficiencies of £14.104m in 2019/20. In context, the CCG delivered £2.745m savings in 2018/19 which brought the total QIPP saving over the past three financial years to £16.347m.

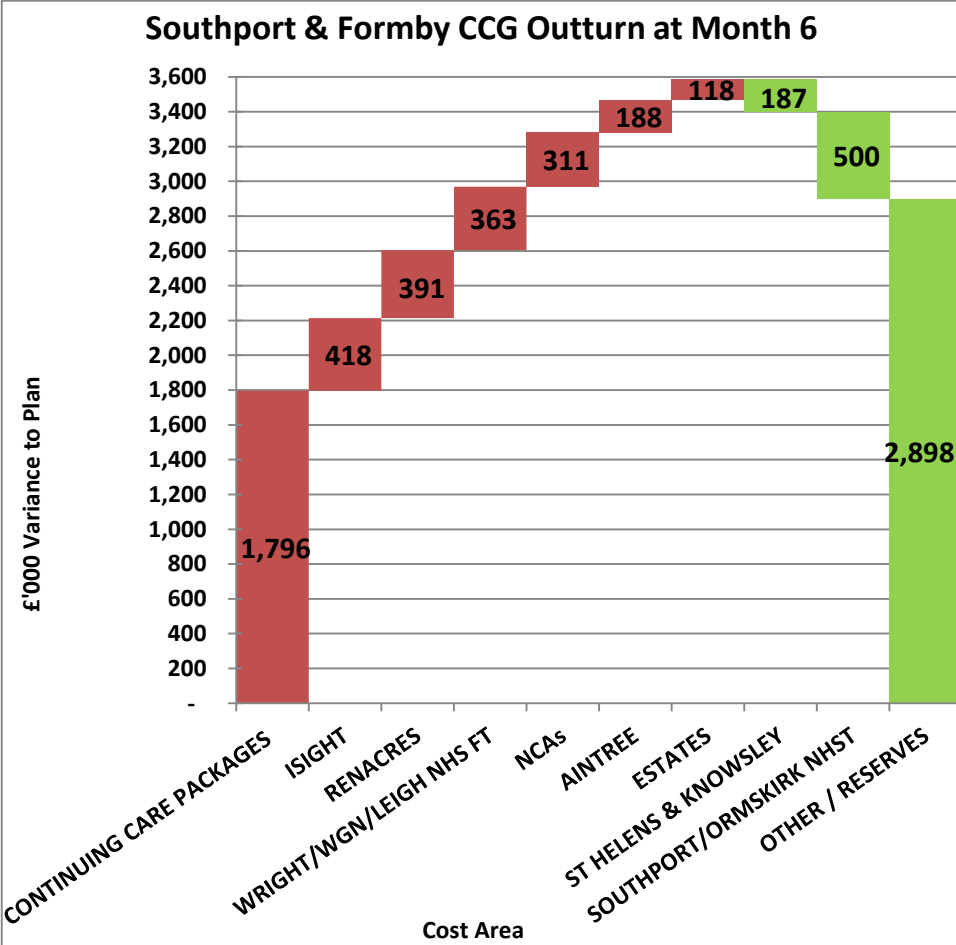
The long term QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. As agreed by the CCG Leadership Team monthly QIPP weeks continue to be held to allow CCG managers to work at pace on the development of identified QIPP opportunities. The latest QIPP week took place week commencing 14 October 2019.

Following on from the submission of the CCG Grip and Control matrix to NHS E/I in September, the CCG has attended a meeting led by the NHSE/I Nursing Team to discuss each KLOE on the grip and control checklist in relation to CHC packages of care. As a result a number of actions have been agreed for implementation.

The cumulative deficit brought forward from previous years is £9.295m, this has reduced from £10.295m following delivery of £1m surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

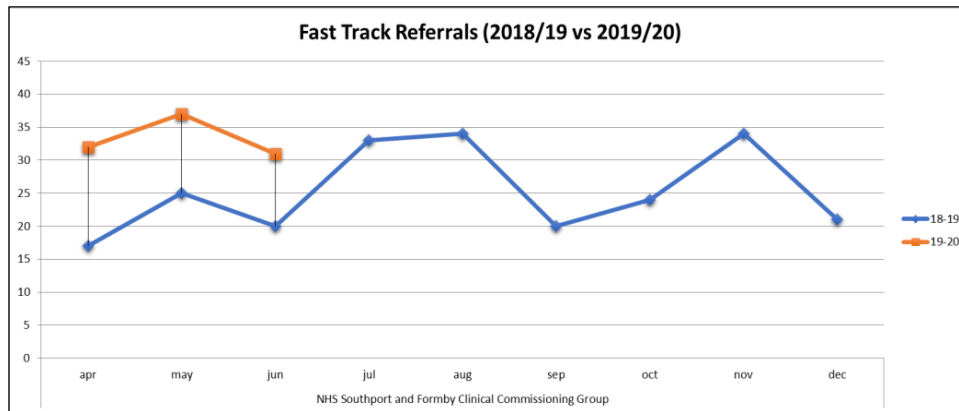
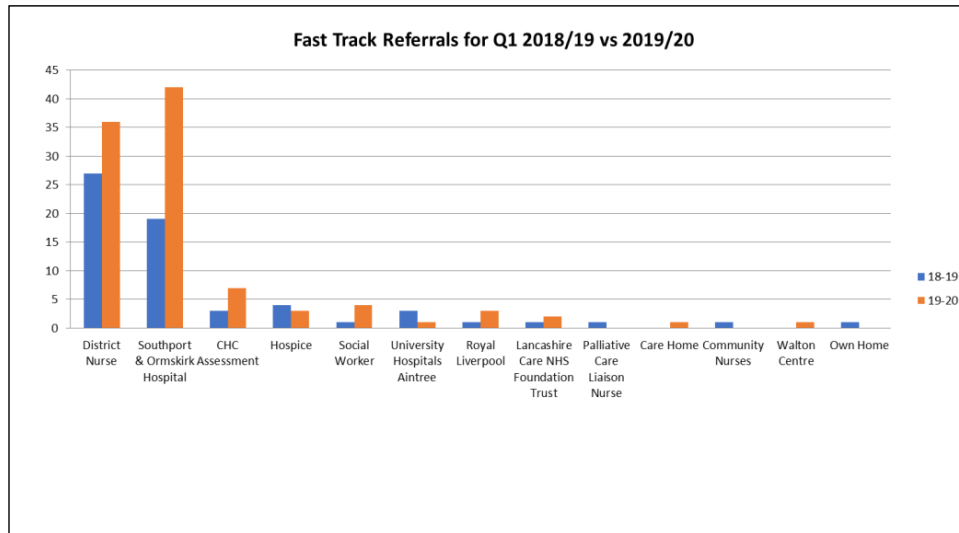
## 2. Finance Dashboards

1. Finance Key Performance Indicators				
Report				Commentary
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	<ul style="list-style-type: none"> <li>The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.</li> <li>The CCG agreed financial plan for 2019/20 is <b>breakeven</b>.</li> <li>The 0.5% Contingency Reserve is held as mitigation against potential cost pressures.</li> <li>The QIPP target for 2019/20 is <b>£14.104m</b>.</li> <li>QIPP schemes of £16.584m have been identified although the majority are rated high risk at this stage.</li> <li>The reported risk adjusted position is <b>£11.900m</b> deficit.</li> <li>BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.</li> </ul>
		0.5% Contingency Reserve	✓	
		0.5% Non-Recurrent Reserve	✓	
2	Breakeven	Financial Balance	✓	
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	x	
4	Running Costs	CCG running costs < 2019/20 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	97.73%	
		NHS - Volume YTD > 95%	95.44%	
		Non NHS - Value YTD > 95%	98.95%	
		Non NHS - Volume YTD > 95%	96.02%	

2. CCG Financial Position – Month 6 2019-20																							
Report	Commentary																						
<div style="text-align: center;"> <h3>Southport &amp; Formby CCG Outturn at Month 6</h3>  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Southport &amp; Formby CCG Outturn at Month 6 - Variance Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr><td>CONTINUING CARE PACKAGES</td><td>1,796</td></tr> <tr><td>ISIGHT</td><td>418</td></tr> <tr><td>RENACRES</td><td>391</td></tr> <tr><td>WRIGHT/WGN/LEIGH NHS FT</td><td>363</td></tr> <tr><td>NCA<sub>s</sub></td><td>311</td></tr> <tr><td>AINTREE</td><td>188</td></tr> <tr><td>ESTATES</td><td>118</td></tr> <tr><td>ST HELENS &amp; KNOWSLEY</td><td>187</td></tr> <tr><td>OTHER / RESERVES</td><td>2,898</td></tr> <tr><td><b>Total</b></td><td><b>500</b></td></tr> </tbody> </table> </div>	Cost Area	Variance (£'000)	CONTINUING CARE PACKAGES	1,796	ISIGHT	418	RENACRES	391	WRIGHT/WGN/LEIGH NHS FT	363	NCA <sub>s</sub>	311	AINTREE	188	ESTATES	118	ST HELENS & KNOWSLEY	187	OTHER / RESERVES	2,898	<b>Total</b>	<b>500</b>	<p><b>Commentary</b></p> <ul style="list-style-type: none"> <li>The CCG best case scenario is breakeven for the 2019/20 financial year. This position is dependent on delivery of QIPP efficiency savings of £14.104m.</li> <li>The main financial pressures relate to:             <ul style="list-style-type: none"> <li>Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal Health Budgets and Mental Health packages due to increased cost and volume of packages.</li> <li>Cost pressures in the independent sector, due to an increase in activity during the year, notably with iSight in respect of Ophthalmology activity and Renacres for Trauma and Orthopaedic activity.</li> <li>Increased costs at Wrightington, Wigan and Leigh NHS trust due to over performance of activity, mainly in relation to Trauma and Orthopaedic activity.</li> <li>Over performance with NHS providers.</li> <li>Non-Contract activity cost pressures relating to a significant increase in cost and volume of out of area activity in the financial year.</li> <li>Acute over performance is partly offset with underperformance at St Helens &amp; Knowsley NHS Trust and Southport NHS Trust.</li> </ul> </li> <li>The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation and a forecast underspend on acute contracts based on performance reported at Month 5.</li> </ul>
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**3. CHC Fast Track Referrals**

**Report**



**Commentary**

- Analysis of Quarter 1 data for Continuing Healthcare, shows a sharp increase in the number of Fast Track referrals compared to the same period in the last financial year.
- During the period April to June 2019, the number of referrals was 100 compared to 62 in April to June 2018.
- The main increase relates to Southport & Ormskirk hospital where referrals have increased from 19 to 42. There have also been increased referrals from District Nurses and CHC assessments.
- Comparison against the previous year shows the same trend in Quarter 1.
- The CCG is awaiting updated information from the Commissioning Support Unit (CSU) for July and August.

4. CCG Reserves Budget					
Report					Commentary
Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(14.104)				(14.104)
QIPP Achieved	0.000		0.826		0.826
CHC Growth Funding	0.200				0.200
Adulimumab budget	0.445		(0.445)		0.000
Primary care additional allocation	(0.500)				(0.500)
Repatriation income	(0.600)			0.600	0.000
Financial Plan investments	1.100			(0.435)	0.665
S&O ESD investment	0.250			(0.037)	0.213
Intermediate care	0.241				0.241
Other investments / Adjustments	1.275	0.096	(0.058)	(1.201)	0.112
0.5% Contingency Reserve	1.058				1.058
Provider contracts - conditional income	(0.350)				(0.350)
GP Forward View - NHSE income	0.000	0.760		(0.760)	0.000
H&CP 0.2% top slice place based funding	0.000	0.386		(0.386)	0.000
Cheshire & Mersey H&C programme	0.000	0.100			0.100
Community Crisis Transformation Funding	0.000	0.059			0.059
<b>Total Reserves</b>	<b>(10.985)</b>	<b>1.401</b>	<b>0.323</b>	<b>(2.219)</b>	<b>(11.480)</b>

- 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.
- Resource is held in the reserve budget to support cost pressures which emerged in 2018/19.
- The 0.5% contingency reserve is partly committed as mitigation for conditional income agreed in provider contracts for 2019/20.
- Funding has been allocated to I&E budgets to support costs for the Primary Care Extended Access service (GP Forward View).
- Resource was received in Month 3 relating to the STP place based funding. The Governing Body have approved this resource to be allocated to support the costs of the Sefton Transformation team.
- £0.100m was received in Month 4 relating to the successful bid for the Southport Acute Sustainability project.
- £0.059m was received in Month 5 relating to funding approved for the Sefton community transformation programme.

5. Provider Expenditure Analysis – Acting as One Providers																			
Report	Commentary																		
<p><b>Acting as One Contract Performance: (Year to Date at Month 5)</b></p> <table border="1" data-bbox="152 459 1108 842"> <thead> <tr> <th style="background-color: #0070c0; color: white;">Provider</th> <th style="background-color: #0070c0; color: white;">Over / (Under) Plan £m</th> </tr> </thead> <tbody> <tr> <td>Aintree University Hospital NHS Foundation Trust</td> <td style="color: red;">(0.229)</td> </tr> <tr> <td>Alder Hey Children's Hospital NHS Foundation Trust</td> <td style="color: red;">0.087</td> </tr> <tr> <td>Liverpool Women's NHS Foundation Trust</td> <td style="color: red;">(0.092)</td> </tr> <tr> <td>Liverpool Heart &amp; Chest NHS Foundation Trust</td> <td style="color: red;">0.077</td> </tr> <tr> <td>Royal Liverpool and Broadgreen NHS Trust</td> <td style="color: red;">(0.119)</td> </tr> <tr> <td>Mersey Care NHS Foundation Trust</td> <td style="color: red;">0.000</td> </tr> <tr> <td>The Walton Centre NHS Foundation Trust</td> <td style="color: red;">(0.066)</td> </tr> <tr> <td><b>Grand Total</b></td> <td style="color: red;"><b>(0.341)</b></td> </tr> </tbody> </table>		Provider	Over / (Under) Plan £m	Aintree University Hospital NHS Foundation Trust	(0.229)	Alder Hey Children's Hospital NHS Foundation Trust	0.087	Liverpool Women's NHS Foundation Trust	(0.092)	Liverpool Heart & Chest NHS Foundation Trust	0.077	Royal Liverpool and Broadgreen NHS Trust	(0.119)	Mersey Care NHS Foundation Trust	0.000	The Walton Centre NHS Foundation Trust	(0.066)	<b>Grand Total</b>	<b>(0.341)</b>
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<ul style="list-style-type: none"> <li>The CCG is included in the Acting as One contracting arrangement with North Mersey providers. This means that contracts will operate on a block contract basis for the financial year 2019/20.</li> <li>The agreement protects against over performance with these providers but does not protect against pass through costs which are not included in the Acting as One Contract.</li> <li>Due to fixed financial contract values, the agreement removes the ability to achieve QIPP savings in the 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.</li> <li>The Month 5 financial performance for the Acting as One providers shows an under performance against plan, this would represent an underspend of £0.341m under PBR contract arrangements.</li> </ul>																			

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<p><b>RAG Rated QIPP Plan 2019/20</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9d9d9;"> <th style="width: 15%;"></th> <th style="width: 10%;">Rec</th> <th style="width: 10%;">Non Rec</th> <th style="width: 10%;">Total</th> <th style="width: 10%;">Green</th> <th style="width: 10%;">Amber</th> <th style="width: 10%;">Red</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr> <td>Prescribing</td> <td style="text-align: right;">1,666</td> <td style="text-align: right;">0</td> <td style="text-align: right;">1,666</td> <td style="text-align: right;">1,609</td> <td style="text-align: right;">57</td> <td style="text-align: right;">0</td> <td style="text-align: right;">1,666</td> </tr> <tr> <td>Urgent Care</td> <td style="text-align: right;">2,526</td> <td style="text-align: right;">0</td> <td style="text-align: right;">2,526</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">2,526</td> <td style="text-align: right;">2,526</td> </tr> <tr> <td>Elective Planned Care</td> <td style="text-align: right;">5,793</td> <td style="text-align: right;">0</td> <td style="text-align: right;">5,793</td> <td style="text-align: right;">0</td> <td style="text-align: right;">372</td> <td style="text-align: right;">5,421</td> <td style="text-align: right;">5,793</td> </tr> <tr> <td>Community Services</td> <td style="text-align: right;">603</td> <td style="text-align: right;">0</td> <td style="text-align: right;">603</td> <td style="text-align: right;">214</td> <td style="text-align: right;">0</td> <td style="text-align: right;">389</td> <td style="text-align: right;">603</td> </tr> <tr> <td>Continuing Health Care</td> <td style="text-align: right;">2,729</td> <td style="text-align: right;">0</td> <td style="text-align: right;">2,729</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">2,729</td> <td style="text-align: right;">2,729</td> </tr> <tr> <td>Value for Money Reviews</td> <td style="text-align: right;">167</td> <td style="text-align: right;">0</td> <td style="text-align: right;">167</td> <td style="text-align: right;">167</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">167</td> </tr> <tr> <td>High Risk Proposals</td> <td style="text-align: right;">3,100</td> <td style="text-align: right;">0</td> <td style="text-align: right;">3,100</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">3,100</td> <td style="text-align: right;">3,100</td> </tr> <tr> <td><b>Total QIPP Plan</b></td> <td style="text-align: right;"><b>16,584</b></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>16,584</b></td> <td style="text-align: right;"><b>1,990</b></td> <td style="text-align: right;"><b>429</b></td> <td style="text-align: right;"><b>14,165</b></td> <td style="text-align: right;"><b>16,584</b></td> </tr> <tr> <td><b>QIPP Delivered 2019/20</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;"><b>826</b></td> <td></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>826</b></td> </tr> </tbody> </table>		Rec	Non Rec	Total	Green	Amber	Red	Total	Prescribing	1,666	0	1,666	1,609	57	0	1,666	Urgent Care	2,526	0	2,526	0	0	2,526	2,526	Elective Planned Care	5,793	0	5,793	0	372	5,421	5,793	Community Services	603	0	603	214	0	389	603	Continuing Health Care	2,729	0	2,729	0	0	2,729	2,729	Value for Money Reviews	167	0	167	167	0	0	167	High Risk Proposals	3,100	0	3,100	0	0	3,100	3,100	<b>Total QIPP Plan</b>	<b>16,584</b>	<b>0</b>	<b>16,584</b>	<b>1,990</b>	<b>429</b>	<b>14,165</b>	<b>16,584</b>	<b>QIPP Delivered 2019/20</b>				<b>826</b>		<b>0</b>	<b>826</b>	<ul style="list-style-type: none"> <li>The 2019/20 QIPP target is <b>£14.104m</b>.</li> <li>QIPP schemes worth £16.584m have been identified; however many of the schemes have been identified as high risk.</li> <li>The CCG have held 'QIPP Weeks' in Quarter 2 to focus on implementation of schemes and assurance of delivery. The updated QIPP plan and risk assessment has been incorporated into the System Financial Recovery Plan.</li> <li>The CCG Leadership Team has agreed to hold a QIPP week on a monthly basis to continue focus on delivery and assurance.</li> <li>Challenge and scrutiny sessions with QIPP leads will continue during the year in order to maximise efficiency savings for 2019/20.</li> </ul>
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This position represents the best case scenario and is dependent on delivery of QIPP savings of £10.149m.</li> <li>The underlying financial position is a deficit of <b>£8.500m</b>, this has increased in 2019/20 due to increased cost pressures in mainly in provider contracts. The underlying position is expected to improve as further efficiency schemes are identified during the year.</li> <li>The most likely financial position is a deficit of <b>£11.900m</b> and includes the current assessment of expected QIPP delivery for the year, further risks in respect of increased cost pressures and mitigations with the CCG contingency reserve and other reserve budgets.</li> <li>The worst case scenario assumes only QIPP schemes rated green are delivered and only the CCG contingency budget is used as mitigation against cost pressures.</li> </ul>		
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8. Statement of Financial Position			
Report		Commentary	
<b>Summary working capital:</b>			
Working Capital and Aged Debt	Quarter 1	Quarter 2	Prior Year 2018/19
	M3 £'000	M6 £'000	M12 £'000
Non-Current Assets	16	20	23
Receivables	2,576	3,336	3,957
Cash	1,840	1,798	20
Payables & Provisions	(16,072)	(15,417)	(12,363)
Value of Debt> 180 days	177	186	38

- The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. The movement in balance relates to capital spend in year.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old is currently £0.186m. This balance is predominantly made up of two invoices outstanding with Southport & Ormskirk NHS Trust (£0.174m) which have been formally disputed as part of the NHS month 12 agreement of balances exercise. The provider has indicated that this balance will be settled in October 2019.
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year. Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £212.684m at Month 6. The actual cash utilised at Month 6 was £115.216m which represents 54.17% of the total allocation. The balance of ACDR will be utilised over the remainder of the year.

## 9. Recommendations

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for Southport and Formby CCG is breakeven for 2019/20.
- The QIPP efficiency requirement to deliver the agreed financial plan is £14.104m. QIPP schemes of £16.584m have been identified but further work is required to fully implement schemes and realise savings.
- The CCG deficit at Month 5 has been assessed at £4.750m and the likely case risk adjusted position is assessed at £11.900m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace. Following discussion with NHS England and Improvement this will be incorporated into the next iteration of the System Financial Recovery Plan in September.
- The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. Continued progression of work undertaken during the CCG QIPP weeks is essential to deliver against the CCG financial plan. This will focus on the development of clinical leadership in the CCG who can engage with colleagues across the system, influence change and reduction in cost. Governance arrangements to support full system working will also need to be finalised.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that the membership can support implementation of the recovery plan.

## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/138	<b>Author of the Paper:</b> Debbie Fairclough Interim Programme Lead Corporate Services <a href="mailto:Debbie.fairclough@southseftonccg.nhs.uk">Debbie.fairclough@southseftonccg.nhs.uk</a>						
<b>Report date:</b> November 2019							
<b>Title:</b> EPRR Standards - Annual Compliance Self-Assessment							
<p><b>Summary/Key Issues:</b></p> <p>The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR) by 30<sup>th</sup> September 2019.</p> <p>The Governing Body received the interim assessed level of compliance against the core standards in September 2019 and delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30<sup>th</sup> September 2019. It was further agreed that the final documentation would be ratified by the Governing Body in November.</p> <p>This paper presents the Governing Body with the final self-assessment of the CCG's performance against the core standards and a statement of compliance which demonstrates "Substantial Compliance" with only two "amber" rated</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to ratify the assessed level of compliance against the EPRR core standards</p> <div style="float: right;"> <table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> </table> </div>		Receive		Approve		Ratify	x
Receive							
Approve							
Ratify	x						

Links to Corporate Objectives 2019/20	
X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

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 and strategic commissioning 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	

## Report to Governing Body November 2019

### 1. Executive summary

This paper presents the Governing Body with a self-assessment of the CCG's performance against the EPRR core standards, progress against the 2018/19 improvement plan, an improvement plan for 2019/20 and a statement of compliance which demonstrates "Substantial Compliance."

### 2. Introduction and background

The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. The CCG must be aware of its responsibilities in preparing for and for responding to emergencies and is required to undertake a self-assessment and issue a statement of compliance on an annual basis, which was returned to NHSE/I on 30<sup>th</sup> September 2019. This paper sets out the CCG's self-assessment statement and identifies the actions required to address the amber rated actions.

The CCG has assessed itself as demonstrating substantial compliance against NHSE's levels for compliance. Substantial is defined as "*arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Governing Body has agreed*". This conclusion has been reached following a thorough self-assessment which identified two "amber" areas in which the CCG was not fully compliant and actions have been identified to address that. Additional training for on call staff to be arranged and a further business continuity exercise to take place for the leadership team.

The CCG is supported in its EPRR responsibilities by Midlands and Lancashire Commissioning Support Unit (MLCSU) who are commissioned to offer expertise, strategic advice and practical delivery in relation to this area of work. They have assisted with this assessment and are commissioned to lead on aspects of work related to the core standards.

### 3. Conclusions

The CCG has continued to develop its EPRR work over the last year, addressing actions within its improvement plan. The self-assessment for 2019/20 indicates an overall rating of substantial compliance with two areas for further action, but acknowledges that this is an area for continuous development and will work to implement those actions.

### 4. Recommendations

#### Recommendation

The Governing Body is asked to ratify the assessed level of compliance against the EPRR core standards.

#### Appendices

Appendix 1: CCG Statement of Compliance

Appendix 2: Self-Assessment against the EPRR Core Standards

Appendix 3: EPRR Core Standards Deep Dive

**Cheshire & Merseyside Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020**

**STATEMENT OF COMPLIANCE**

NHS Southport and Formby CCG has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR

Following assessment, the organisation has been self-assessed as demonstrating the Choose an item. compliance level (from the four options in the table below) against the core standards.

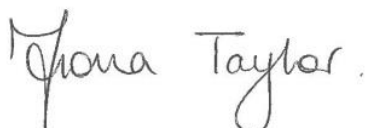
<b>Compliance Level</b>	<b>Evaluation and Testing Conclusion</b>
Full	Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

<b>Number of applicable standards (same as last year)</b>	<b>Standards rated as Red</b>	<b>Standards rated as Amber</b>	<b>Standards rated as Green</b>
<b>43</b>	0	2	41
Acute providers: 64 Specialist providers: 55 Community providers: 54 Mental health providers: 54 CCGs: 43			

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan.



**Sign Name**

Fiona Taylor

**Print Name**

The organisation's Accountable Emergency Officer

04/09/2019

Date of board / governing body meeting

30/09/2019

Date signed

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Self assessment RAG	
						Organisational Evidence	
1	Governance	Senior Leadership	<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p> <p>A non-executive board member, or suitable alternative, should be identified to support them in this role.</p> <p>The organisation has an overarching EPRR policy statement.</p>	Y	<ul style="list-style-type: none"> <li>Name and role of appointed individual</li> </ul>	<p>Debbie Fairclough Interim Director Corporate Services Helen Nichols identified as Lay Member</p>	<p>Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard.</p> <p>Fully compliant</p>
2	Governance	EPRR Policy Statement	<p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> <li>Business objectives and processes</li> <li>Key suppliers and contractual arrangements</li> <li>Risk assessment(s)</li> <li>Functions and / or organisation, structural and staff changes.</li> </ul> <p>The policy should:</p> <ul style="list-style-type: none"> <li>Have a review schedule and version control</li> <li>Use unambiguous terminology</li> <li>Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested</li> <li>Include references to other sources of information and supporting documentation</li> </ul>	Y	<p>Evidence of an up to date EPRR policy statement that includes:</p> <ul style="list-style-type: none"> <li>Resourcing commitment</li> <li>Access to funds</li> <li>Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.</li> </ul>	<p>EPRR policy August 2019.</p>	<p>Fully compliant</p>
3	Governance	EPRR board reports	<p>The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.</p> <p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <ul style="list-style-type: none"> <li>training and exercises undertaken by the organisation</li> <li>summary of any business continuity, critical incidents and major incidents experienced by the organisation</li> <li>lessons identified from incidents and exercises</li> <li>the organisation's compliance position in relation to the latest NHS England EPRR review findings</li> </ul>	Y	<ul style="list-style-type: none"> <li>Public Board meeting minutes</li> <li>Evidence of presenting the results of the annual EPRR assurance process to the Public Board</li> </ul>	<p>EPRR Core standard outcome for 2018/2019 posted on website. Governing Body received full paper describing and reporting EPRR Core Standards process/outcome October 2018. EPRR report compiled by MLCSU and submitted to CCG twice year.</p>	<p>Fully compliant</p>
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> <li>lessons identified from incidents and exercises</li> <li>identified risks</li> <li>outcomes of any assurance and audit processes.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>Annual work plan</li> </ul>	<p>Work Plan created by CSU for 2018/19 and 2019/20. Work Plan process outlined in EPRR policy.</p>	<p>Fully compliant</p>
5	Governance	EPRR Resource	<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.</p>	Y	<ul style="list-style-type: none"> <li>EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board</li> <li>Assessment of role / resources</li> <li>Role description of EPRR Staff</li> <li>Organisation structure chart</li> <li>Internal Governance process chart including EPRR group</li> <li>Process explicitly described within the EPRR policy statement</li> </ul>	<p>The EPRR budget is held within the general corporate budget held by the Director of Corporate Services. In the event of an emergency and expenditure could not be drawn from an existing budget line, it would be taken from the contingency. EPRR policy contains role descriptions and responsibilities of EPRR staff and references resources CCG will rely upon.</p>	<p>Fully compliant</p>
6	Governance	Continuous improvement process	<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.</p>	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> </ul>	<p>Process described within BC plan and EPRR Policy debrief section. Evidence of governing body discussion regarding incidents and exercises. BC exercise reports shared outlining action plan. Workplan outlines action work plan with associated action plan. Consideration of Major Incident at Governance meetings.</p>	<p>Fully compliant</p>
7	Duty to risk assess	Risk assessment	<p>The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.</p>	Y	<ul style="list-style-type: none"> <li>Evidence that EPRR risks are regularly considered and recorded</li> <li>Evidence that EPRR risks are represented and recorded on the organisations corporate risk register</li> </ul>	<p>EPRR risk included in the Corporate Risk Register. Escalation of risk process described within the EPRR Policy.</p>	<p>Fully compliant</p>
8	Duty to risk assess	Risk Management	<p>The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.</p>	Y	<ul style="list-style-type: none"> <li>EPRR risks are considered in the organisation's risk management policy</li> <li>Reference to EPRR risk management in the organisation's EPRR policy document</li> </ul>	<p>Risk Management Policy approved July 2019. Corporate Risk Register includes process for capturing EPRR risks.</p>	<p>Fully compliant</p>
9	Duty to maintain plans	Collaborative planning	<p>Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.</p>	Y	<p>Partners consulted with as part of the planning process are demonstrable in planning arrangements</p>	<p>LHRP representation made by Good Practice across CCGs considered as part of MLCSU planning arrangements and plans. Contracts meetings provide opportunity for collaboration and assurance. Collaborate planning alongside Sefton Council.</p>	<p>Fully compliant</p>
11	Duty to maintain plans	Critical incident	<p>In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).</p>	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	<p>CCGs ability to maintain Business Continuity and discharge their responsibilities under the EPRR Framework and the Civil Contingencies Act covered by South Sefton CCG Business Continuity Plan. EPRR policy and EPRR plan outline the response to critical incident. Plans are current and updated within last 12 months.</p>	<p>Fully compliant</p>



12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	CCGs ability to maintain Business Continuity and discharge their responsibilities under the EPRR Framework and the Civil Contingencies Act covered by South Sefton CCG Business Continuity Plan. EPRR policy and EPRR plan outline the response to critical incident. Plans are current and updated within last 12 months.	Fully compliant
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	CCG circulated and shared messages from NHSE regarding response to Heatwave throughout May-July. Public Health England information hosted on CCG website. Severe weather plan in place. EPRR plan has action card in place for Heatwave response.	Fully compliant
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	CCG circulated and shared messages from NHS on website as part of the 'stay well campaign'. Public Health England information hosted on CCG website regarding cold weather. Severe weather plan in place. EPRR plan has action card in place for cold weather response.	Fully compliant
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	Business Continuity plan includes Pandemic Flu guidance for response and EPRR plan action card lists responses for Pandemic Flu. CCG are aware of responsibilities under the national and working locally to update plans collaboration with Sefton Council.	Fully compliant
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	Action card contained within EPRR Plan. Community providers have infectious disease action cards, following action from Exercise Gryffindor to ensure that plans in place to manage infectious disease action cards. Exercise Report for Exercise Gryffindor shared with CCGs and actions for CCGs shared with South Sefton CCG.	Fully compliant
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	CCG EPRR Plan describes process. CCG, through Business Continuity plan and EPRR plan has effective arrangements to manage Mass Casualty event.	Fully compliant
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	CCG has effective arrangements in place to evacuate office space. Fire Wardens trained and appointed to fulfill their role. Health and Safety Policy. Provider assurance given through Business Continuity Plans and adoption of NHS Shelter and Evacuation Plan principles.	Fully compliant
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.  This should provide the facility to respond to or escalate notifications to an executive level.	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>On call Standards and expectations are set out</li> <li>Include 24 hour arrangements for alerting managers and other key staff.</li> </ul>	CCG part of the North Mersey On Call Group providing 24/7 on call response. Rota administration undertaken by MLCSU. Call Centre operating provided by Office Link. On Call Pack produced and updated quarterly by MLCSU. Escalation process listed as part of EPRR policy and on call pack circulation.	Fully compliant
25	Command and control	Trained on-call staff	On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.  The identified individual: <ul style="list-style-type: none"> <li>Should be trained according to the NHS England EPRR competencies (National Occupational Standards)</li> <li>Can determine whether a critical, major or business continuity incident has occurred</li> <li>Has a specific process to adopt during the decision making</li> <li>Is aware who should be consulted and informed during decision making</li> <li>Should ensure appropriate records are maintained throughout.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> </ul>	EPRR policy August 2019.	Partially compliant
26	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>Evidence of a training needs analysis</li> <li>Training records for all staff on call and those performing a role within the ICC</li> <li>Training materials</li> <li>Evidence of personal training and exercising portfolios for key staff</li> </ul>	Training Needs Analysis undertaken June 2019. EPRR policy statement outlines requirements within role and how training will be undertaken and recorded.	Fully compliant

27	Training and exercising	EPRR exercising and testing programme	<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> <li>a six-monthly communications test</li> <li>annual table top exercise</li> <li>live exercise at least once every three years</li> <li>command post exercise every three years.</li> </ul> <p>The exercising programme must:</p> <ul style="list-style-type: none"> <li>identify exercises relevant to local risks</li> <li>meet the needs of the organisation type and stakeholders</li> <li>ensure warning and informing arrangements are effective.</li> </ul> <p>Lessons identified must be captured, recorded and acted upon as</p>	Y	<ul style="list-style-type: none"> <li>Exercising Schedule</li> <li>Evidence of post exercise reports and embedding learning</li> </ul>	Business Continuity/Incident Response exercise undertaken September 2018. Work Plan outlines dates for future exercises. Exercise reports shared with Governance Committee and AEO for learning and improvement.	Fully compliant
28	Training and exercising	Strategic and tactical responder training	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	Y	<ul style="list-style-type: none"> <li>Training records</li> <li>Evidence of personal training and exercising portfolios for key staff</li> </ul>	BC exercise includes elements of Tactical Management. CCG representation at exercise Ferranti in Lancashire.	Partially compliant
30	Response	Incident Co-ordination Centre (ICC)	<p>The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).</p> <p>Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p>	Y	<ul style="list-style-type: none"> <li>Documented processes for establishing an ICC</li> <li>Maps and diagrams</li> <li>A testing schedule</li> <li>A training schedule</li> <li>Pre identified roles and responsibilities, with action cards</li> <li>Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards</li> </ul>	ICC identified within the Business Continuity Plan and alternative locations identified and listed within the plan. Roles and responsibilities of Crisis Management team listed within the Business Continuity Plan and Command and Control guidelines within the EPRR Plan. ICC scheduled for test as part of general building estates management.	Fully compliant
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Y	<ul style="list-style-type: none"> <li>Planning arrangements are easily accessible - both electronically and hard copies</li> </ul>	Plans hosted on intranet and hard copies are made available through staff bulletin. Locations of hard copies within the ICC.	Fully compliant
32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>Business Continuity Response plans</li> </ul>	Business Continuity Plan updated September 2019	Fully compliant
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Y	<ul style="list-style-type: none"> <li>Documented processes for accessing and utilising loggists</li> <li>Training records</li> </ul>	Business Continuity Plan and EPRR plan outline role of Loggist and exercised as part of September Business Continuity exercise. CCG has plans in place to provided 24/7 response with capture forms as part of the on call pack. 24/7 logging will be made via multi agency command and control channels in the event of a major incident.	Fully compliant
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> <li>Documented processes for completing, signing off and submitting SitReps</li> <li>Evidence of testing and exercising</li> </ul>	Process outlined within Business Continuity Plan and EPRR plan. On Call pack contains capture form.	Fully compliant
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response</li> <li>Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes</li> <li>Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work</li> </ul>	Emergency Communications Plan August 2018. Business Continuity Plan outlines Communications with partners and stakeholders in event of a disruption. Roles for Communication outlined as part of Crisis Management Plan. Communications Plan outlines systems to inform / warn staff and the public include websites and other channels (such as social media) in addition to sharing information across partner channels and mechanisms.	Fully compliant
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies)</li> <li>Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders</li> <li>Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>Setting up protocols with the media for warning and informing</li> </ul>	CCG Communications Plan outlines principles of communication in an emergency. Business Continuity plan lists how and when communication should happen and how to escalate. Communications Plan gives overview of how public and partners can be warned and informed of incident. Website host messages regarding Heatwave and Cold weather.	Fully compliant
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>Setting up protocols with the media for warning and informing</li> <li>Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespersons and 'talking heads'</li> </ul>	Emergency Communications arrangements outlined within the Business Continuity Plan and EPRR policy and Plan. CCG has identified Media Spokesperson and social media trained staff able to communicate effectively in emergency. Debrief, incident reports and exercising used to inform improvements to CCG response. Members of leadership team have been provided media training	Fully compliant
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	CSU attend on behalf of CCG and have attended 100% of meetings in 2019	Fully compliant
41	Cooperation	LRF / BRP attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Governance agreement if the organisation is represented</li> </ul>	NHSE attend LRF on behalf of Health in Merseyside.	Fully compliant

42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	<ul style="list-style-type: none"> <li>Detailed documentation on the process for requesting, receiving and managing mutual aid requests</li> <li>Signed mutual aid agreements where appropriate</li> </ul>	Arrangements made between shared leadership team alongside Southport and Forby CCG. Mutual Aid arrangement with Liverpool CCG to utilise desk space in the event of a disruption. CCG operate as part of North Mersey On Call group alongside Southport and Forby CCG and Liverpool CCG.	Fully compliant
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> <li>Documented and signed information sharing protocol</li> <li>Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.</li> </ul>	Information sharing protocols in place as part of contractual agreements. EPRR plan provides guidance on information sharing in the event of an emergency. Emergency Communications checklist provides guidance on sharing information in the event of an incident.	Fully compliant
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	BC Policy August 2019	Fully compliant
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	<p>BCMS should detail:</p> <ul style="list-style-type: none"> <li>Scope e.g. key products and services within the scope and exclusions from the scope</li> <li>Objectives of the system</li> <li>The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties</li> <li>Specific roles within the BCMS including responsibilities, competencies and authorities.</li> <li>The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process</li> <li>Resource requirements</li> <li>Communications strategy with all staff to ensure they are aware of their roles</li> </ul>	Business Continuity Plan Updated September 2019. CCG statutory requirements described within Business Continuity Policy, Strategy and Plan. Staff Business Continuity roles outlined within Business Continuity Plan.	Fully compliant
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	<p>Documented process on how BIA will be conducted, including:</p> <ul style="list-style-type: none"> <li>the method to be used</li> <li>the frequency of review</li> <li>how the information will be used to inform planning</li> <li>how RA is used to support.</li> </ul>	Business Impact assessment reviewed and refreshed August 2019. Method described within Business Continuity Strategy.	Fully compliant
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	IG Toolkit compliant to 31 March 2019. Due for review March 2020.	Fully compliant
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> <li>people</li> <li>information and data</li> <li>premises</li> <li>suppliers and contractors</li> <li>IT and infrastructure</li> </ul> <p>These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.</p>	Y	<ul style="list-style-type: none"> <li>Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation</li> </ul>	BC Plan updated September 2019	Fully compliant
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Board papers</li> </ul>	Business Continuity Policy updated August 2019	Fully compliant
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Board papers</li> <li>Audit reports</li> </ul>	Business Continuity policy lists the process for audit. Business Continuity Plans updated September 2019.	Fully compliant
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Board papers</li> <li>Action plans</li> </ul>	EPRR Policy documents process of Business Continuity Audit. Business Continuity Plan updated August 2019	Fully compliant
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Provider/supplier assurance framework</li> <li>Provider/supplier business continuity arrangements</li> </ul>	Managed via Contracts meeting and Provider trust plans and submission to core standards. Supplier assurance reviewed as part of BIA refresh.	Fully compliant

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
<b>Deep Dive - Severe Weather</b>											
<b>Domain: Severe Weather Response</b>											
1	Severe Weather response	Overheating	The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions.	EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating.	Fully compliant				
2	Severe Weather response	Overheating	The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan.	EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating. Buildings are well ventilated and fans available	Fully compliant				
3	Severe Weather response	Staffing	The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed)	Y	The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home.	staff have remote working and VPN capability.	Fully compliant				
4	Severe Weather response	Service provision	Organisations providing services in the community have arrangements to allow for caseloads to be clinically prioritised and alternative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc)		The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care						
5	Severe Weather response	Discharge	The organisation has policies or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines	Y	The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge	Contained within CCG Severe Weather Plan.	Fully compliant				
6	Severe Weather response	Access	The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers	Y	The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries. When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service.	Managed by estates provider for CCG buildings.	Fully compliant				
7	Severe Weather response	Assessment	The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary.	Y	The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers	staff receive and have access to weather warnings. CSU circulates severe weather warnings to on call group.	Fully compliant				
8	Severe Weather response	Flood prevention	The organisation has planned preventative maintenance programmes are in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations.	Y	The organisation has clearly demonstrable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner	Building managed by Management company Regency Property Asset Management who take responsibility for management of the site at Merton House & Curzon Road managed by NHS property services. CCG occupies 1st Floor and 3rd floor locations in the building. Flood risk locations incidate low risk for the buildings (June 2019)	Fully compliant				
9	Severe Weather response	Flood response	The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan.	Y	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan	CCG have access through CSU and LRF planning via Resilience Direct	Fully compliant				

10	Severe Weather response	Warning and inform	The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold.	Y	The organisation has within its arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when.	Heatwave and Cold weather information included on the CCG website and social media. Communication in emergency action plan outlines process for messaging and distribution of messages.	Fully compliant				
11	Severe Weather response	Flood response	The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required.	Y	The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations	BC plan details process for Loss of Premises. Buildings not listed as flood risk - July 2019, checked by CSU.	Fully compliant				
12	Severe Weather response	Risk assess	The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements.	Y	The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these.	EPRR Risks included in organisation risk management and BC plans and EPRR plan cover severe weather.	Fully compliant				
13	Severe Weather response	Supply chain	The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these.	Y	The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintain the organisation has alternative documented mitigating arrangements in place.	Supply chain considered and reviewed as part of EU exit activities.	Fully compliant				
14	Severe Weather response	Exercising	The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised	Y	The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements.	Exercise undertaken within the last 12 months.	Fully compliant				
15	Severe Weather response	ICT BC	The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk.	Y	The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services	Imersey have reviewed and tested the VPN and remote working capability of staff within the CCG Jan 2019.	Fully compliant				
Domain: long term adaptation planning											
16	Long term adaptation planning	Risk assess	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Y	Evidence that there is an entry in the organisations risk register detailing climate change risk and any mitigating actions	No	Partially compliant	Assess climate risk for the CCG and reflect information on risk register.	CCG AEO	end of 2019	
17	Long term adaptation planning	Overheating risk	The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling higherachy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	Triggers identified within EPRR Plan with CCG specific actions and system pressures.	Partially compliant	Monitoring of building overheating in hot weather.	CCG AEO	Q2 2020	
18	Long term adaptation planning	Building adaptations	The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather	Y	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future	would be managed through impact assessments for buildings & new premises.	Fully compliant				
19	Long term adaptation planning	Flooding	The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risk.	Y	Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS	none identified	Fully compliant				
20	Long term adaptation planning	New build	The organisation considers for all its new facilities relevant adaptation requirements for long term climate change.	Y	The organisation has relevant documentation that it is including adaptation plans for all new builds.	Impact assessment for new buildings would manage this	Fully compliant				

## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/139	<b>Author of the Paper:</b> Martin McDowell Deputy Chief Officer <a href="mailto:Martin.mcdowell@southseftonccg.nhs.uk">Martin.mcdowell@southseftonccg.nhs.uk</a>						
<b>Report date:</b> November 2019							
<b>Title:</b> SEND Improvement Plan							
<p><b>Summary/Key Issues:</b></p> <p>Between April 2019 and August 2019 the CCG, NHS provider colleagues and Sefton Local Authority have worked collaboratively to respond to the SEND revisit outcome letter.</p> <p>An improvement plan was submitted and feedback was provided to both the Local Authority and the CCGs and those recommendations have been incorporated into the final plan.</p> <p>The SEND Continuous Improvement Board met on Tuesday 22<sup>nd</sup> October to formally receive and sign off the plan.</p> <p>The SEND Improvement Plan has now been signed off and delivery of all the associated actions will be overseen by the SEND Continuous Improvement Board and the associated supporting work streams.</p> <p>The plan has now been shared with providers and has been published on the CCG's website.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to receive the final SEND Improvement Plan</p> <div style="float: right;"> <table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> </div>		Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives 2019/20	
X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.

X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



# SEND Improvement Plan



**Dwayne Johnson**  
Chief Executive, Sefton Council

**Fiona Taylor**  
Chief Officer for NHS South Sefton CCG and  
NHS Southport and Formby CCG

**SEFTON**







# Our Improvement Plan

This includes our key actions, the impact our actions will have, the measures we will use and milestones we are working towards from 1st July 2019. Where appropriate timescales are in quarters, however, some timescales relate to the availability of national data (provisional and validated information). For some actions where we believe we can drive a more immediate change the timescales for monitoring will be monthly.

## Action 1

To improve the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stage 2

*Our overall aim for this priority area: We will see an upward trajectory of educational attainment for pupils with an EHCP by taking the following actions*

### How we plan to improve this area of significant weakness

RAG RATING KEY	
	Action completed
	Action not yet completed, but on track and scheduled for completion within projected timeframe
	Action not on track, risk to implementation
	Longer-term action not yet started. No risk to implementation currently anticipated
	Part of Business as usual

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
1.1 Children and young people with an Education, Health & Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally	1.1.1	<p>The Council will continue to work collaboratively with schools to regularly monitor pupil performance to see if the agreed goals, expectations and outcomes for pupils are being met.</p> <p>To strengthen our collaboration the Council has seconded an experienced Head of an outstanding Special School for 2 days per week to ensure oversight of the EHCP process from an education perspective.</p> <p>New EHCPs include key stage expectations from September 2019</p>	<p>We want all children and young people in Sefton to achieve their full potential.</p> <p>To ensure that children and young people with an EHCP are making good progress in line with their plan. We will do this by using the analysis of Education progress and attainment for children and young people with EHCPs including those who are educated out of the borough or at home.</p> <p>To ensure that good support is in place for those children and young people who do not make the expected progress.</p>	<p>The percentage of Sefton children educated on an EHCP achieve the expected standard in KS2 Writing and Maths and is consistent with national averages.</p> <p>Outcomes for children with Education and Health Care Plans are expressed as quantifiable at the end of key stage expectations.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence	Monitoring of KS2 forms part of the Councils wider monitoring of pupil performance.

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
1.2 The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks.	1.2.1	Develop and monitor a resourced recovery plan to ensure that EHCPs are completed within the statutory timescale of 20 weeks.  This will include the use of a tracker that has been developed.	To ensure compliance with the statutory timescale.  To rebuild trust and confidence with parents and carers (see action 4 re survey KPIs).	EHC Plans are completed within the statutory timescale of 20 weeks and outcomes for children and young people are met.  <i>NB using local performance monitoring data and comparison with 2018 LAIT</i>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence	18 months  In line with national averages for new assessments completed within 20 weeks by October 2020
		1.3 EHC Plans are reviewed within the statutory timescales.	1.3.1	Revise guidance and processes to ensure appropriate prioritisation and resourcing of annual reviews.  This will include the use of a tracker that has been developed.  Prioritisation of key education transition points (Yr. 6 & Yr. 11) for children and young	Annual reviews are completed within statutory timescales.  To ensure rigour in the system.  To rebuild trust and confidence with parents and carers.	Reviews are completed within statutory timescales.  Transitional arrangements at keypoints improve.	Performance Management and Assessment & Provision
1.4 The quality of outcome writing in Education Health and Care plans is at least consistently good.	1.4.1	Train the SEND system workforce to develop and write co-produced, outcome-based plans.  NASEN will deliver training for staff completed by end of September 2019  A follow-up NASEN workshop for staff will take place early in 2020 to ensure the training has been embedded.	To ensure that the SEND workforce have the skills required to produce consistently good EHCPs.	EHC Plans will be of at least good quality as evidenced in audit. The impact will be better outcomes for children and families and which demonstrate partners working together to achieve consistency of approach through training and workforce development.  EHCPs will be current and specific.	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence	3 months September 2019 Initial workshop Complete
		1.4.2	Embed the robust multi-agency quality assurance framework to enable overview, challenge and scrutiny of EHC plans.  From October 2019 the Quality Assurance Panel will evaluate the quality of EHCP outcomes against best practice [following on from the NASEN Training]	To ensure that EHCPs include measurable goals and intended outcomes.  To ensure parental involvement in their child's plan.  To ensure that the quality of plans stands up to scrutiny and that there is a corrective action loop in place.	The Quality Assurance Framework will be embedded and used by all staff working on EHC plans.  Parents and carers demonstrate confidence in the assurance framework	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence
							6 months  Commence evaluation of the quality of EHCP outcomes against best practice from October 2019



The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
1.5 Parents are clear about the assessment process, quality assurance practices and involved in the production of EHCPs.	1.5.1	<p>Review As Is processes (referral, assessment, plan, review, appeal and tribunal) across the system and develop To Be processes.</p> <p>Identify and secure the resources required to implement the redesigned process including system development and staffing.</p> <p>Publish our processes and undertake a regular survey to provide assurance that parents and carers understand and are actively involved in our processes.</p>	<p>We want parents and carers to understand and be involved in the assessment and planning processes and how we quality assure plans.</p> <p>To ensure that practitioners are involved/ contributing to writing the plans.</p> <p>To ensure plans are co-produced and that the young people's voice is represented in plans</p> <p>To ensure that adequate resources are available and systems in place to respond to contacts and complaints from parents and carers.</p>	<p>Our processes are joined up and understood by all stakeholders and the impact will be good quality, timely assessments which provide reassurance and avoid stress for families and complaints about practice and processes.</p> <p>Results of surveys are analysed and demonstrate understanding of process and participation in the development of EHCPs.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence	See Action 4
1.6 To increase the use of Personal Health Budgets (PHB) as part of EHCPs	1.6.1	To develop a campaign to promote the use of PHBs as part of delivery of EHCPs	To provide an opportunity for young people, their families and/or carers to have more control of the commissioning of SEND support bespoke to their health needs	<p>Increased satisfaction from parents, carers and young people as a personal health budget will increase their control and choice</p> <p>Improved outcomes for young people</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Office and Head of Service Education Excellence	

**Action 1 Performance Measures & Milestones - Pupils with EHCP**

Key Performance Indicator Reference	Performance Measure that we will monitor	Area	Current Baseline January 2019 SEN (E)	Pupil Performance at October 2019 SEN (E)	Pupil Performance at January 2020 SEN (E)	Pupil Performance at October 2020 SEN (E)	Pupil Performance June 2021
KPI 1/1	Progress for children and young people with SEND (KS2)	Writing	-6.70	-4.10	National average	National average	National average
		Maths	-6.20	-3.80	National average	National average	National average

**Action 1 Performance Measures & Milestones - Operational EHCP Completion & Quality**

Key Performance Indicator	Performance Measure	Frequency	Baseline April 2019 - Note plan start date 1 <sup>st</sup> July 2019	Performance at October 2019 3 Months	Performance at January 2020 6 Months	Performance at April 2020 9 Months	Performance at July 2020 12 Months	Performance at October 2020 18 Months	Performance at June 2021 24 Months
KPI 1/2	From 01.06.19 % of New EHCPs commenced will be completed within statutory timescales	Quarterly	3%	NA – measurement will commence from 01.07.19. 20 week window does not close until 17.11.19	10% of new EHCPs from 01.06.19. New statutory reporting period commences during this month	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Quarterly	NA	NA	1st month of monitoring 2020 local baseline established	15%	25%	50% or national average whichever is the higher	75% or national average whichever is the higher
KPI 1/3	% of EHCP Reviews completed Yr. 6 and Yr. 11	Quarterly	NA	16%	50% complete	95%	95%	95%	95%
KPI 1/3a	All other EHCP reviews	Quarterly	NA	16%	32%	48%	60%	16% new academic year	100%
KPI 1/4	% of EHCP audits assessed as at least Good (local measure)	Quarterly	NA	NA training in September	Baseline 50%	Baseline plus 10%	Baseline plus 10%	Baseline plus 20%	Baseline plus 20%
KPI 1/5	% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions	Quarterly	NA	60%	70%	85%	90%	95%	95%
KPI 1/6	% improvement in the quality of health information contained in EHCPs	Quarterly	NA	Establish baseline by 31.10.19 as training taking place September	80%	90%	95%	95%	95%

The SEN2 survey is a statutory data collection that takes place every January (based on the previous calendar year) and this information is provided to the Department for Education by the

Local Authority. The 2020 survey deadlines are:

- survey day: Thursday 16 January 2020
- deadline for submitting data: Thursday 27 February 2020.

There is then a period of validation with the statistics not being confirmed until May 2020 for 2019.

The KPIs above will align to the statutory timetable and it is important to note that they will be used to robustly monitor local operational performance. The impact of improved EHCP completion rates and changes to processes will be that families will be more involved in the process, better informed and feel that the system is more joined up. We will demonstrate this through the actions that we are taking in Action 4 of this Improvement Plan i.e. surveys.

## Action 2

To address the poor operational oversight of the Designated Clinical Officer (DCO) across health services in supporting children and young people who have special educational needs and/or disabilities and their families

*Our overall aim for this priority area: To improve the delivery of SEND services leading to improved outcomes for children & young people across the local health community*

How we plan to improve this area of significant weakness

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this?	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
2.1: A documented and approved management and accountability framework to be in place for the DCO	2.1.1	The job description for the DCO role will be revised in accordance with national guidelines and aligned to the SEND Code of Practice.	To clearly articulate the roles and responsibilities of the DCO and ensure objectives are aligned to relevant guidelines and best practice.	A Designated Clinical Officer job description in place for which there will be ongoing review to ensure it remains aligned to relevant national guidance.	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	1 month August 2019 Job description prepared Complete
		The job description will be approved by the Health SEND Steering Group and shared across the system		Practitioners and managers at the frontline of services will understand the DCO role and will understand lines of accountability.			3 months October 2019 Job description approved
	2.1.2	Establish line management comprising clinical supervision.	To ensure there is robust and meaningful operational oversight of the DCO role and function across health services.	There will be evidence of accountability and clinical supervision will be available for scrutiny.	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	0 months July 2019 Clinical Supervision in place Complete
		Develop accountability framework, comprising clinical supervision.		Practitioners and managers at the frontline of services will understand priorities of the DCO.			3 months October 2019 1st quarterly assessment of workplan

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this?	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
	2.1.3	Develop a realistic work plan with manageable objectives will be developed and agreed by all relevant stakeholders.	<p>To have clear and manageable objectives set by the Health steering group to provide a framework for the DCO work plan and against which the DCO will report to the Health steering group.</p> <p>To enable the DCO to be held to account for the delivery of system wide agreed work plan.</p>	<p>The Designated Clinical Officer will have an agreed and monitored workplan in place.</p> <p>The CCGs will be able to demonstrate progress is being made on the implementation of the DCO work plan.</p> <p>There will be evidence of SEND leadership within health services across Sefton.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	<p>6 months</p> <p>December 2019</p> <p>Evidence of progress against workplan</p>
<b>2.2</b> A documented and approved SEND services oversight framework to be in place across the system **	2.2.1	<p>Develop and agree a SEND oversight framework with health providers to be agreed by all relevant stakeholders</p> <p>Engaging a management consultant expert to undertake a benchmarking exercise of arrangements in other areas and to make recommendations on actions to take to address areas requiring further improvement</p>	<p>To ensure that the leadership arrangements for SEND are clearly articulated.</p> <p>To ensure there is effective operational governance arrangements are in place by which health providers are held to account for the delivery of services.</p> <p>To ensure that the DCO receives assurance regarding SEND provision and can support the CCG to hold providers to account for the delivery of health services.</p> <p>To ensure that the arrangements in place are robust and comparable to those areas that perform well on SEND</p>	<p>The CCGs will have an approved management and accountability framework in place and agreed by relevant parties and be able to hold providers to account.</p> <p>An approved SEND services oversight framework will be in place and agreed by relevant partners</p> <p>Improvements in SEND arrangements will lead to improved outcomes for young people</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	<p>3 months</p> <p>October 2019</p> <p>Framework agreed by all relevant stakeholders</p>



**Action 2 Performance Measures & Milestones**

Key Performance Indicator	Performance Measure	Frequency	Current Baseline June 2019	Target for 6 months December 2019	Target for 12 months June 2020	Target for 18 months October 2020	Target for 24 months June 2021
KPI 2/1	Submission of quarterly DCO report	Quarterly	0	1	3	7	11
KPI 2/2	Annual DCO report	Annually	0	0	1st	NA	2nd
KPI 2/3	Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is)	Bi- Annually	0	50%	75%	95%	95%

\*\* Additional information relating to the SEND Service commissioning oversight framework and the performance management arrangements are details under Action 5, joint commissioning arrangements.

### Action 3 (linked to Action 1)

To Improve the lack of awareness and understanding of Health Professional in terms of their responsibilities and contribution to EHCPs

*Our overall aim for this priority area: all relevant staff to be aware of their responsibilities and contribution to EHC plans by resulting in the production of high quality plans, produced within statutory timeframes leading to improved outcomes for children & young people.*

#### How we plan to improve this area of significant weakness

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
3.1 All relevant health professionals are aware of their responsibilities and contribution of EHCPs.	3.1.1	<p>Review and change the health information submission pathway for EHCPs</p> <p>Improve the quality of health information submitted to EHCPs which will routinely be subject to a QA process prior to completion.</p>	<p>To ensure all relevant Health professionals are clear regarding their roles and responsibilities in relation to EHCPs.</p> <p>Ensure that all relevant Health professionals are routinely writing good quality health submissions for EHC plans for the children and young people with whom they are directly working.</p> <p>To improve the quality of EHCPs.</p> <p>To improve outcomes for the child/ young person.</p>	<p>Increased awareness and understanding of health professionals regarding their responsibilities and contribution to EHC plans.</p> <p>Production of good EHC plans, produced within statutory time lines leading to improved outcomes for children &amp; young people.</p> <p>There will be evidence of effective quality assurance or monitoring of the timeliness of health submissions.</p> <p>There will be evidence of co-production, communication and engagement in EHCP process which children and families feel they have contributed to plans.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	6 months December 2019

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The work stream that will deliver this	Responsible lead	Action Completion date and progress rating
	3.1.2	Increase staff skills and knowledge of EHCPs via CPD/PDR/ workshops/NASEN training and refresher training processes and monitoring levels of understanding.	<p>To ensure consistent, on-going and sustained level of awareness, knowledge and understanding of EHCPs.</p> <p>To improve the quality of EHCPs.</p> <p>To improve outcomes for children &amp; young people.</p>	<p>Training will be evaluated and action if required</p> <p>Actions implemented from survey findings where levels of understanding are found to be low.</p> <p>Improved quality in all produced EHCPs.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	6 months December 2019

### Action 3 Performance Measures & Milestones

We will be reviewing our progress and the impact of our actions with our advisors and reporting to SENDCIB.

Key Performance Indicator	Performance Measure	Frequency	Current Baseline July 2019	Target for 6 months December 2019	Target for 12 months June 2020	Target for 18 months December 2020	Target for 24 months June 2021
KPI 3/1	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit)	Quarterly	To be established following training in September 2019	Establish baseline by 31.12.19	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs
KPI 3/2	% of positive "parental satisfaction survey" results received following completion of EHCP process	Quarterly	To be established	Will be considered in line with action 1 – satisfaction review at completion of plan			
KPI 3/3	% of staff having completed training		NA	50%	75%	95%	95%
KPI 3/4	% of staff having completed refresher training		NA	0	50%	75%	75%
KPI 3/5	% of staff confirming their increased level of confidence in the process following training	Quarterly	Baseline to be established following training in September 2019	25%	95%	95%	95%

### Action 4 (linked to Action 1)

To address the weakness of co-production with parents, and more generally in communications with parents

*Our overall aim for this priority area: We will see an increased level of co-production with parents, and more generally communication with parents relating to the production of EHC plans and provision of services by ....*

#### How we plan to improve this area of significant weakness

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
4.1 Strong and effective engagement, co-production and communication is in place with parents/carers, children and young people.	4.1.1	Schedule and ensure strategic representatives attend regular engagement sessions with Parent Carer Forum.	Parents tell us that we need to improve general communication and that they want to be more involved in designing their children's plans and the Local Offer.	Parent and Carer Forum will feel engaged with local leaders and have the opportunity to drive improvement and change.  Children, young people, parents and carers will feel listened to and have confidence and trust in the local area.	Co-production, Communication and Engagement	Head of Communities/ DCO	6 months December 2019 Survey developed
		At these sessions we will update on progress, encourage the involvement of more parents and carers and identify joint activity with parents and carers.  We will develop and co-produce a survey for all parents and carers that establishes a baseline and tracks performance.	So that we provide an opportunity for all parents and carers to feedback and to establish a baseline to measure satisfaction and can effectively track our system performance.  To ensure young people, parents and carers can feedback on a regular basis and to build trust and confidence in all areas of the system.	Participation levels in the survey will be good and will increase year on year as trust and confidence in the system improves.  The Local Area will be able to make improved judgements about its effectiveness and understand <ul style="list-style-type: none"> <li>• how effectively we identify children and young people with SEND</li> <li>• how effectively we assess and meet the needs of children and young people with SEND</li> <li>• how effectively we co-ordinate between agencies</li> <li>• how effectively we improve outcomes for children and young people with SEND</li> <li>• how we ensure that that the outcomes match the diversity of need amongst children with SEND</li> </ul>			18 months December 2020 Second survey undertaken

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
	4.1.2	See 1.5.1 – process reviews	To improve the level of trust and confidence of parents and carers that every day communication is well managed and that they are responded to efficiently and effectively.	Parents will tell us that contacts are responded to in a timely manner and result in better outcomes.  Complaints will be responded to in line with policy timescales. Complaint resolution will be understood by complainants and the impact will be confidence and trust in partners systems.	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence	18 months December 2020
4.2 EHCP plans are co-produced with parents and young people	4.2.1	See 1.4.1 1.5.1	To ensure that the voices of children and young people and their families are heard in the development of their EHCPs.	Children and young people and their families will feel involved in the development of their EHCPs and the impact will be better informed plans and improvements in the delivery of the plan by services.	Performance Management and Assessment & Provision	CCG Deputy Chief Officer/ Head of Education Excellence	18 months October 2020
4.3 Strengthen offer from SENDIAS	4.3.1	Review the capacity and operational hours of the SENDIASS offer.  Agree funding contribution from Health to support SENDIASS offer.  Agree with Sefton CVS to host SENDIASS.	Current arrangements unable to support level of demand.  Compliance with Code of Practice.  Strengthen independence of SENDIASS.	Parents report improved access to and response from SENDIASS and the impact will be improved communication and avoidance of stress.	Assessment and Provision & Performance Management	CCG Deputy Chief Officer/ Head of Education Excellence	3 months October 2019 Complete

**Action 4 Performance Measures & Milestones**

Key Performance Indicator	Performance Measure	Frequency	Current Baseline April 2019	Baseline 6 months December 2019	Feedback at 18 months December 2020	Target for 24 months June 2021
KPI 4/1	Increased level of trust and confidence of parents and carers - in the local area to provide support (via survey)	Annual	Survey will establish baseline	Baseline established by 31.12.19	Baseline plus 10%	Baseline plus 15%
KPI 4/2	Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (via Survey)	Annual	Survey will establish baseline	Baseline established by 31.12.19	Baseline plus 10%	Baseline plus 15%
KPI 4/3	Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with	Annual	Survey will establish baseline	Baseline established by 31.12.19	Baseline plus 10%	Baseline plus 15%
KPI 4/4	Parents and carers feel that they can influence change to service delivery	Annual	Survey will establish baseline	Baseline established by 31.12.19	Baseline plus 10%	Baseline plus 15%
KPI 4/5	Parents and carers feel that they are listened to in the development and review of EHCPs	Annual	Survey will establish baseline	Baseline established by 31.12.19	Baseline plus 10%	Baseline plus 15%
KPI 4/6	Parents, carers and young people believe that communication has improved (via survey)	Annual	The revisit identified that only 17% of the 150 parents who contributed to the revisit believe that communication has improved since 2016.	Initial survey will be baseline. 31.12.19	Baseline plus 10%	Baseline plus 15%

NB as the survey is yet to be developed and agreed with parents and carers it is important to note that the above KPIs may change as the Local Area becomes more aware of concerns and priorities for improvement. We will be reviewing our progress and the impact of our actions with our advisors and reporting to SENDCIB. Some actions will have a relatively quick impact both operationally and for children, young people and their families, such as strengthening our SENDIASS offer, others will take more time to demonstrate impact and external influences may reduce or improve the impact that our actions have. The co-production of the survey will enable us to better understand what matters most to children, young people and their families.

## Action 5

To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand

*Our overall aim for this priority area: We will see an improvement in joint commissioning to ensure that there are adequate services to meet local demand resulting in improved outcomes for children & young people*

How we plan to improve this area of significant weakness

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The work stream that will deliver this	Responsible lead	Action Completion date and progress rating
5.1 A revised joint commissioning strategy	5.1.1	Develop a revised joint commissioning strategy, informed by the SEND elements of the joint strategic needs assessment (JSNA) and deeper analysis to ensure the commissioning arrangements are strengthened to deliver improved outcomes across the local area.	<p>To ensure there are effective leadership arrangements in place and there is a clear vision for the commissioning and delivery of SEND services.</p> <p>To ensure that the commissioning activities are designed to correctly address identified need to secure improved outcomes for individuals.</p>	<p>Joint Commissioning Strategy agreed and understood by providers and families and better understanding of why services have been commissioned, based on evidence from the joint strategic needs assessment.</p> <p>Commissioned services respond positively to the Strategy and will operate more effectively.</p> <p>Improved outcomes for children &amp; young people across all SEND services.</p> <p>Children and families will tell us we are meeting their needs.</p>	Joint Commissioning Sub Group	Head of Strategic Support/ CCG Deputy Chief Officer	3 months October 2019 Draft strategy for co- production
							6 months January 2020 Draft strategy for decision
							18 months October 2020 Strategy implemented
5.2 Commission neurodevelopmental diagnostic pathway	5.2.1	Implement neurodevelopmental diagnostic pathway across Sefton which includes NICE compliant diagnostic pathway for ASD	To improve outcomes for children & young people by ensuring they have access to seamless pathways of diagnostics to correctly identify needs.	<p>Improved outcomes for children &amp; young people.</p> <p>Case studies and audits will evidence practitioners following the pathway.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	Monitoring forms part of the wider monitoring of outcomes and provider performance management



The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The workstream that will deliver this	Responsible lead	Action Completion date and progress rating
5.3 Reduction in waiting times for commissioned Paediatric services	5.3.1	Recovery Plan to reduce the waiting times to access health services such as speech and language therapy, occupational therapy, physiotherapy, autistic spectrum disorder (ASD) diagnostic assessment and community pediatrics  Implementation of Transforming Care Partnership (TCP) funding to support ASD diagnosis for a defined cohort of 50 children and young people.	To secure improved access to services to enable early diagnosis and to implement relevant care plans  To ensure that a significant number of patients can receive a diagnosis leading to improved outcomes	Plan by October  Waiting times will be reduced leading to improved outcomes for children & young people  Reduced waiting list meaning others on the waiting list can be seen sooner	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	3 months October 2019
	5.3.2	Review the current appointment system for Community Paediatric Services  Implement improvements required	To ensure that children & young people can access care in a timely manner  To minimise the number of provider cancelled appointments  To ensure that there are no repeated cancellations for the same person	Reduction in number of provider cancelled appointments leading to improved outcomes for children and young people  No repeated cancellations for the same person	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	6 months April 2020
	5.3.3	Explore opportunities for early help/ brief interventions from universal practitioners and voluntary, community and faith sector to reduce the need/ pressure on specialist services e.g. Health visitor training in Speech, Language and Communication Needs (SCLN)	To secure improved access to services to enable early diagnosis and to implement relevant care plans.	Case studies and audits to evidence impact of early/brief interventions.  Reduction in numbers of children referred inappropriately for specialist interventions.  Increased number of contacts identified as a reduction in referral numbers.	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	6 months December 2019

The Outcomes we are aiming for	Action Ref.	The actions we are taking	Why we are doing this	Impact we will have	The work stream that will deliver this	Responsible lead	Action Completion date and progress rating
	5.3.4	Developing a comprehensive performance dashboard for children & young people's services comprising health, local authority and public health data, qualitative metrics and expected outcomes.	<p>To ensure the system has ready access to accurate performance information, so that any emergent SEND risks can be identified and scrutinised.</p> <p>To ensure there is robust information to enable the DCO to hold providers and commissioners to account for any poor performance and for ensuring improvements are made.</p> <p>To enable correct and appropriate contract challenges to be made and improvements made.</p>	<p>Demonstrable improvements in identified and agreed priority focus areas supported by quantitative information which means better informed decisions.</p> <p>Minutes of contract meetings to evidence appropriate challenge and recovery actions taken as required so there is visibility and transparency on the issues leading to improved decision making.</p>	Performance Management and Assessment & Provision	CCG Deputy Chief Officer	Monitoring forms part of the wider monitoring of outcomes and provider performance management
5.4 Improve the timeliness of health assessments for looked after children (LAC) **	5.4.1	Standard operating procedures are being developed within IHA (initial health assessment) coordinating provider organisation that includes escalation to the Designated Nurse CiC if there are barriers to completing IHAs	To ensure LAC have timely access to health assessments	Demonstrable improvements in health outcomes for LAC	** this action is being closely monitored as part of the CCGs safeguarding arrangements	CCG Deputy Chief Officer	** This issue is being fully addressed as part of another action plan that was produced following a system wide CQC inspection of safeguarding in July 2018.

**Action 5 Performance Measures & Milestones – Provider Performance**

Key Performance Indicator	Performance Measure	Frequency	Current Baseline June 2019	Target for 3 months October 2019	Target For 6 months December 2019	Target for 12 months June 2020	Target for 18 months December 2020	Target for 24 months June 2021
KPI 5/1	Average Waiting Time for Paediatric Dietetics	Monthly	9 weeks	8 weeks	8 weeks	8 weeks	7 weeks	7 weeks
KPI 5/2	Average Waiting Time for Paediatric Occupational Therapy	Monthly	15 weeks	15 weeks	14 weeks	13 weeks	10 weeks	10 weeks
KPI 5/3	Average Waiting Time for Paediatric Physiotherapy (PT)	Monthly	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks
KPI 5/4	Average Waiting Time for Paediatric Speech and Language Therapy (SALT)	Monthly	30 weeks	25 weeks	20 weeks	18 weeks	18 weeks	18 weeks

NB. The KPIs in action 5 relate to 0 to 18-year olds. Further work is being undertaken to establish the baseline and targets for 19 to 25-year olds.

The CCG is currently reviewing and validating the waiting times for both ASD assessments and CAMHS assessments. Once validated this will be reported to the SEND Continuous Improvement Board for approval to incorporate into the action plan for monitoring.

## Sharing Our Plan

Our Improvement Plan, along with future progress updates and information on SEND developments delivered by the SENDCIB will be made available at [www.sefton.gov.uk/localoffer](http://www.sefton.gov.uk/localoffer)

General queries about the Improvement Plan will be sent to [ImagineSefton2030@sefton.gov.uk](mailto:ImagineSefton2030@sefton.gov.uk) Any service specific queries or issues should continue to be raised with the relevant service.



## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/140	<b>Author of the Paper:</b> Cameron Ward Programme Director Email: cameron.ward1@nhs.net Tel: 01512967119						
<b>Report date:</b> November 2019							
<b>Title:</b> Sefton2gether							
<p><b>Summary/Key Issues:</b></p> <p>The Shaping Sefton II plan now titled Sefton2gether is the local system's new five year plan incorporating the NHS Long Term Plan. The plan has been subject to extensive discussion and engagement and is now being presented for approval at partner boards and governing bodies in November.</p> <p>The final draft version has been submitted to Cheshire &amp; Merseyside Health &amp; Care Partnership as per their request.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve the five year plan.</p>	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
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### Links to Corporate Objectives 2019/20 (x those that apply)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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			This has been undertaken over a number of months
Clinical Engagement	X			Wider group meetings and Governing Bodies
Equality Impact Assessment		X		No specific service changes at this point requiring assessment
Legal Advice Sought		X		No legal issues requiring an opinion
Quality Impact Assessment		X		No specific service changes at this point requiring assessment
Resource Implications Considered	X			Additional funding has been made available as part of the CCG's allocation although this is subject to implementation assessment
Locality Engagement	X			Wider group meetings
Presented to other Committees	X			The content of draft plans have been discussed with EPEG, the Clinical Advisory Group and QIPP Committee

## Report to the Governing Body November 2019

### 1. Executive Summary

- 1.1 Sefton has been engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire & Merseyside Health & Care Partnership as well as the NHS Long Term Plan requirements.
- 1.2 The final version of the plan, accompanying this report and now known as Sefton2gether, is being shared amongst partner organisations for approval.

### 2. Introduction and Background

- 2.1 As part of the NHS Long Term Plan (LTP), published in January 2019, all systems were asked to produce a five year plan. As has been reported to previous Governing Body meetings the plan has been through a significant engagement process over a number of months. A draft plan has been shared and comments received with the final version incorporating the feedback from a variety of sources.

The plan has been set within the overarching position for Sefton working in a collaborative based system developing a sustainable health and care system; improving wellbeing and health; and with a reduction in health inequalities.

The approach to compiling the plan has been one of engagement; utilising available evidence and information; and considering all the feedback and comments. Whilst the plan is ambitious in nature it has been prepared in the knowledge of realistic implementation which will be prepared on an annual basis across the local system. Priorities will be phased over the life of the plan. This will take into account annual NHS Long Term Plan requirements.

There are a series of key messages which the process has endeavoured to include:

- How the plan through the NHS can contribute to the wider health determinants with an emphasis on prevention and early intervention acknowledging that health only plays a small part in overall health and wellbeing
- Whole system engagement and involvement
- A whole system collaborative response to implementation will be required

- 2.2 Expected outcomes and foundations

Through implementing the plan the following are the expected outcomes for the people of Sefton:

- Reduction in health inequalities
- Improvement in health and healthy life expectancy



- Delivery of the Health & Wellbeing Strategy supported by the NHS contribution
- The four pillars of population health are addressed through the NHS contribution
- Maximising the Sefton pound
- Sustainable health and care system

As part of implementing the NHS LTP there are a number of foundations which are expected to be in place during the five year period. These are:

- Integrated community services and primary care, including primary care networks and new community health services
- Delivery of urgent and emergency care standards
- Personalised care
- Digital primary care and outpatients
- Improved cancer outcomes
- Improved access to mental health services
- Doing more planned surgery, cutting long waiters, and reducing the elective waiting list

There are several supporting actions and priorities to be in place to maximise local delivery including:

- Digital – this includes preparing a plan for Sefton – currently underway
- Workforce – identifying issues and considering a plan for Sefton in conjunction with health and care providers
- Estates – preparing a Sefton plan incorporating One Public Estate.
- Finance and demonstrating value for money to the taxpayer

### 2.3 Expectations and population responsibility

As a key part of the emphasis within the plan is the population taking responsibility to look after themselves as well as having a number of expectations from the NHS. Based on dialogue with Healthwatch Sefton, who have been undertaking a survey on the NHS Long Term Plan, a series of statements have been prepared. In order to support these and the plan further work is required on how the population are made aware of all the services available to them through public services and the voluntary sector to provide assistance and support where required.

## 3. Key Issues

- 3.1 Implementation – through the engagement period this has been highlighted and will be addressed through a joint implementation plan. This will be initiated by Sefton Council and Sefton CCGs working jointly on their commissioning priorities and then through local providers working collaboratively much of which will be through Sefton's Provider Alliance.
- 3.2 The finances and workforce requirements are both of significance and they will need to be managed effectively during the life of the plan to allow progress on the ambitions and priorities.

#### **4. Conclusions**

- 4.1 The work underway to prepare the Five Year Place Plan provides guidance on the strategic direction for the next 5 years within Sefton. This is focussed on a collaborative approach to developing the plan and its implementation. This has a greater focus on wellbeing and how the NHS can contribute to the wider determinants of health improvement within the funding it has available.

#### **5. Recommendations**

The Governing Body is asked to approve the five year plan.

#### **6. Appendices**

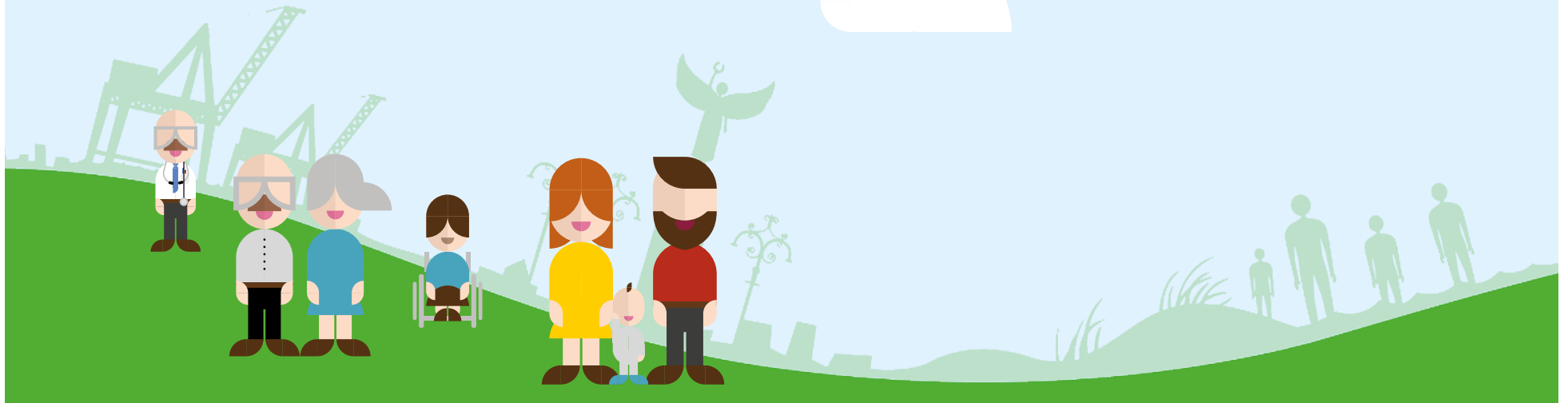
The accompanying final version of the plan.

**Cameron Ward  
Programme Director  
November 2019**



# Sefton2gether Shaping Sefton II

Sefton's response to the NHS long term plan



## Sefton2gether – Sefton's response to the NHS Long Term Plan

This Sefton2gether plan is prepared on behalf of the local NHS as a response to the NHS Long Term Plan and encourages a partnership approach between the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It underpins elements of the Sefton Health and Wellbeing Strategy and builds on the successes of the original Shaping Sefton Strategy.

Our aim is to continually improve health and wellbeing for all in Sefton based on a partnership approach. The ambitions and priorities in the plan will need to be considered by partners in how they can be implemented over the next five years. As part of the annual planning process we will look to set targets based on available evidence and best practice.

Importantly, this plan is a 'system' based plan for the whole of Sefton. It brings together commissioners and providers from across different sectors, including community services, social care and the VCF sector, working together to improve the outcomes and experiences of our people. Working closer in this way will enable joined up coordinated care, planned and delivered around the needs and preferences of the individual, their carer and family.

### Our agreed partnership vision:

*"We want all of our health, care and wellbeing services to be more joined-up with as many as possible provided in our local communities. We want to empower you to make positive changes to the way that you live and make it easier for you to get the right support in the right place first time so that you can live longer, healthier and happier lives."*

Sefton Health and Care Transformation Board, November 2018

The Sefton Transformation Board is made up of Chief Executives, Accountable Officers or representatives from NHS South Sefton and Southport and Formby Clinical Commissioning Groups (CCGs), Sefton Council, Mersey Care NHS Foundation Trust, Southport and Ormskirk NHS Hospital Trust, Aintree University Hospital NHS Foundation Trust, Lancashire Care NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust, Alder Hey Children's Hospital NHS Foundation Trust, Liverpool Women's NHS Foundation Trust, Sefton Primary Care Networks, Sefton GP Federations, NHS England and Improvement, the VCF sector and NHS West Lancashire CCG.

### Successes since Shaping Sefton 2014 include:

Much has been achieved over the last five years, since the development of the first Shaping Sefton Plan, which was developed by the two Sefton Clinical Commissioning Groups. We have listened to what you told us in 2014 and either put in place or are in the process of developing better and more focused health, care and wellbeing to meet your needs.

- Improved access to GP practices including access to general practice through out of hours services, seven days a week
- Development of Primary Care Networks (PCNs) to improve the sustainability of general practice and delivery of more joined up care in our GP practice localities (PCNs are groups of general practices working with community services the VCF sector and to provide more joined-up care for patients)
- Improving after care for those who have sought emergency treatment through A&E
- Better linking of cancer services with community-based support and improving awareness of cancer symptoms and screening opportunities for patients
- Laying the foundations for a community-based cardiology service which will bring services closer to people's homes and include diagnostics for patients. This includes the delivery of a cardiology hub in Southport which reduces the need for hospital appointments

- The development of children and young people's audiology services to improve the quality and experience of care
- Developing a community hub for diabetes in Litherland with all of the specialists, including a dietician, under one roof. A similar satellite hub has been developed in Maghull
- Working closely with the VCF sector to improve and encourage "social prescribing", where people are referred to a range of support groups for non medical activities, such as art programmes – particularly for those with mild to moderate mental health problems
- Carrying out a full review of mental health and dementia services particularly for Early Intervention Psychosis Hospital Mental Health Liaison and developing care for people who have a long-term condition and a common mental health illness

- Introducing the 'Integrated Community Re-ablement and Assessment Service' (ICRAS) which has improved access to community and social care services across Sefton, Liverpool and Knowsley
- Developed a model of proactive care, where professionals from different health and care services provide patients with individualised support in their home, or near to where they live. This has led to of Integrated Community Teams in south Sefton and the establishment of eight localities based on 30-50,000 populations from which our seven PCNs have been able to develop

You can see from the examples above we have made a great start and so we are now in a very good position to make greater strides, not just as individual organisations, but as one "system" for the whole of Sefton.

Unfortunately those living in Sefton can expect to have a shorter healthier life-expectancy than the national average.

A lot of work has been carried out, especially in the last 12 months, by the Sefton Health and Care Transformation Partnership. We want to build on the work we have done to support the development of Primary Care Networks as well as the strides we have made by bringing together community and social care services through the ICRAS programme.

We agree we cannot "jointly" deliver everything together. However, we are committed to working closely wherever possible to link up where our ambitions align. This will all be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

We also aim to cut delays, improve the quality of care, bring care closer to your homes and reduce both A&E attendance and hospital admissions.

In line with the ambitions of the national NHS Long Term Plan, we want to refocus our efforts and increase our investment in prevention rather than cure – this represents a significant change in the way we have prioritised our resources in the past.

We also know, from developing this plan with our partners and the public, we will not be able to change everything within five years. Some of the foundations we are building on will still take many more years to show their results. Delivering greater health and care results can take generations but that will not stop us planning and working now to make a positive change for the future.

This includes things like increasing vaccination and immunisation rates as well as identifying when we can intervene earlier to stop or reduce ill health getting worse. This will help you live longer, healthier lives and reduce your need for traditional medical services in the future.

By encouraging you to live a healthier lifestyle; such as eating and drinking more healthily, taking more exercise and not smoking, you will hopefully not have to rely on health and care services as much as you go through life.



We also want to help address some of the structural / wider determinants of health, to see how best we can work together with partners on things like poverty, housing, education, transport, skills, and employment.

This includes looking at "social value"; which describes the social benefits achieved from public services. It considers more than just people's wages and income and includes things like wellbeing, health, inclusion and many other benefits of being employed and active in the community.

Our main areas of focus are outlined in the plan and you will see they are ambitious. There are though some stark health and care issues in Sefton which need to be addressed for the benefit of everyone.

We need to prevent and reduce existing conditions like diabetes, heart disease, cancer and mental health conditions across all ages; reduce the time you wait for surgery and urgent care and provide value for money to you, as a taxpayer. We can do this by thinking more strategically about our future commissioning arrangements with all providers, including the VCF sector.

#### How we developed this plan

We have developed this plan in discussion with our partners both across the NHS and Sefton Council. The plan also includes feedback from a number of engagement events with organisations and partners in Sefton, including those providing services to Sefton residents, people who use such services and the VCF sector.

Alongside this activity there have been numerous other engagements with existing committees, meetings and other groups and forums, listed in Appendix 1. A broader public engagement exercise has also taken place to help guide the planning process, which included an online survey around our ambitions.

As part of this 'system' based approach, a key element of the plan will be to incorporate and support delivery of Sefton Health and Wellbeing Strategy, currently being refreshed by the Health and Wellbeing Board for publication in early 2020. We are all committed to delivering the key aims of this strategy for Sefton and helping people start well, live well, age well, die well.

We want to ensure that health and care across Sefton considers your entire life-cycle so that we can help and support whether you are a new born baby or coming towards the end of life.

There will be one implementation plan combining the joint actions of the NHS and Council from the Sefton Health and Wellbeing Strategy, the Children's and Young People Plan and this Plan to ensure consistent messaging around local strategic aims and priorities.



### Working with partners across the region

This plan also contributes to the Cheshire and Mersey Health & Care Partnership's NHS Five Year Plan. There are now four agreed priorities within the Cheshire and Merseyside Programme, these are:

1. **CVD Disease: Zero Stroke** – reinforcing the importance of prevention, given that diseases of the circulatory system are the second biggest killer in Sefton
2. **Mental Health and Wellbeing: Zero Suicide** – mental health is a priority across the life-course in Sefton. The suicide rate exceeds the national average (and doubled in the period to 2016/17). Hospital admissions for self-harm are also rising

3. **No more harm from alcohol** – Sefton is an outlier for alcohol admissions and mortality. Drinking too much can have numerous impacts on health as well as raising the chances of other related health issues, such as violence, or increased risk of having an accident
4. **No more harm from violence** – this work will focus on reducing violence from a Public Health and behavioural science perspective. Building on work from the UK and abroad, it is anticipated that a big difference can be made to people's quality of life if violence can be reduced. It will also have an impact on hospital admissions and the other burdens on public services

## NHS Long Term Plan

The foundations of the \*NHS Long Term Plan (National Health Service England, 2019) are already being implemented in Sefton including:

- Fully integrated community-based care to support general practice and bring a blend of local services closer to home to improve care and reduce the burden on GPs
- Reducing pressure on emergency hospital services
- Giving people more control over their own health
- Digitally enabling primary care and outpatients
- Improving cancer outcomes
- Expanding mental health services
- Shorter waits for planned care

The following services and care group areas are being considered both in Sefton and within the NHS Long Term Plan:

- **Mental Health** – helping more people get therapy for depression and anxiety and delivering community based physical and mental care for those with severe mental illness
- **Maternity and neonatal services** – reducing stillbirths and mother and child deaths during birth by 50 %, enabling women to benefit from continuity of carer through and beyond pregnancy and providing extra support for perinatal mental health conditions and new mothers at risk of premature birth
- **Services for children and young people** – increasing funding for children and young people's mental health, taking further action on childhood obesity and delivering the best treatments for children with cancer

- **Learning disabilities and autism** – bringing down waiting times for autism assessments and providing the right care for children and young people with a learning disability, autism or both. Our work to improve GP medication reviews will also encompass the STOMP (stopping over medication of people with a learning disability, autism or both and STAMP (supporting treatment and appropriate medication in paediatrics) agendas so that only the right medication is prescribed, at the right time and for the right reason
- **Transforming care** – increased funding for primary and community care, bringing together different professionals to coordinate care better, helping more people to live independently at home for longer and giving more people a say about the care they receive and where they receive it
- **Cardiovascular diseases, stroke and dementia care** – preventing a significant number of heart attacks and stroke cases. This will include providing education and exercise programmes to those with heart problems and making further progress on the care provided to people with dementia

- **Cancer** – saving over 3,000 more lives a year in Sefton by diagnosing more cancers early
- **Severe ill health** – increasing the contribution to tackling some of the most significant causes of ill health, including new actions to help people stop smoking, overcome drinking problems and avoid type 2 diabetes
- **Respiratory disease** – investing in spotting and treating long term conditions like asthma and COPD early to prevent stays in hospital and vaccine preventable causes of pneumonia
- **Financial tests** – continuing the work with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered and reduce spend on administration
- **Workforce** – requirements for the future workforce are being considered and will take into account current shortfalls; the need to flex and adapt the current workforce to new ways of working; maximising the potential of digital; the need to build in capacity to deliver the long term plan requirements; and to support the ongoing development of the workforce

- **Digital**  
Being able to access services and information online and through digital technology is now an expectation for you. Digital transformation is key to delivering integrated care for the people of Sefton. From sharing information and enabling people to contribute to their own care, maximising opportunities for prevention, supporting the delivery of care and treatment, and helping clinicians use the full range of their skills, we can reduce out-dated bureaucracy and drive research and transformation. Our partners across Sefton already have good working relationships to build on and they will collaborate even more to make the most of digital opportunities for the people of Sefton in the future
- **Estates** – an estates strategy is currently being prepared for Sefton including One Public Estate. Work to reshape care in community settings is already underway – integrated health and social care is an emerging reality. Plans include improvements in primary care, greater access to GPs, more support for people to manage their own care, better illness prevention and more services moving from hospitals into the community

Our primary and community estate will be better utilised and enhanced to deliver these new models of care. The estates strategy is informed by the principles of enabling more care to be delivered outside of hospital by integrated health and social care teams. It is a living strategy, which over time will incorporate our plans for reconfiguring hospital estate and, working with other partners, to make best use of all public estate in Sefton

Additional indicative funding has been made available to Sefton CCGs to support the implementation of the NHS Long Term Plan. These are detailed in Appendix 2

*National Health Service England (NHSE) published its Long Term Plan on January 7, 2019. It sets out the plan for the future of the NHS, including ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement*

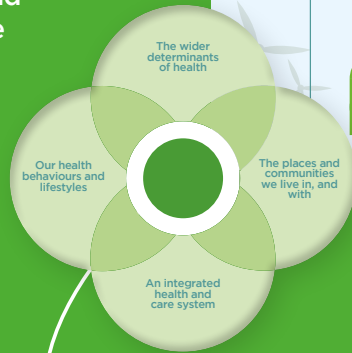




## The Four Pillars

These four pillars work together to address population health issues to make sure the health and care system is the best it can be.

They were developed by Public Health England.



1

### The wider determinants of health

The NHS wants to look more at the bigger picture, as well as health care. We want to help to tackle big problems like air pollution. We can do this, not only through working with partners like Sefton Council but also by encouraging patients and staff to walk, cycle or use public transport to get to hospitals and GP surgeries, or technology in place of hospital attendance.

We are also looking at our own use of electric vehicles and how we can save energy use as a whole in the future. This will help with fuel emissions and it encourages people to exercise.

2

### Our health behaviours and lifestyles

One of our goals is to help you live the healthiest and happiest life possible. This means we encourage and help people to stop smoking, avoid drinking in excess and improve their diet and exercise.

3

### The places and communities we live in, and with

We want to make sure people have the best possible health care and to encourage you to have great relationships with friends, neighbours and the rest of your community. Being more sociable can help people to have a more positive outlook on life, reducing mental health issues and encouraging a greater feeling of wellbeing.

4

### An integrated health and care system

We understand people often have more than one health care need. This is why it is important that services across health and care work together to ensure your needs are met in the most appropriate way.

### Additional Public Health Goals

**Adverse childhood experiences (ACEs)** – evidence suggests that these have a significant negative impact on the health and wellbeing of the population and so the aim will be to consider how these can be reduced, and also responded to effectively.

**Carers** – To work alongside the priorities of the Sefton Carers strategy to support joined-up working for individual organisations, develop support for carers across the whole life-course, including young carers and ensuring that carers are involved in all of the planning for all services and proposals for the person they care for.

**Transport** – We will look at how improvements can be made to ensure sustainable and environmentally sound transport for patients and the public. This includes:

- Working with local transport providers and Sefton Council to identify potential changes to routes to improve access to services
- Working with the VCF sector to encourage more volunteer community drivers

- Working with patient transport services (including North West Ambulance Service (NWAS)) to improve access to services and encourage appropriate use

**Education** – we are also looking to increase collaboration between the NHS and education. This includes:

- Being school and child ready including the transition to secondary school
- Supporting mental health and wellbeing
- Increasing physical activity
- Ready for employment
- Importance of life skills
- How to provide educational information and materials to help encourage healthy lifestyles at an early age
- What can be provided by healthcare providers to reduce demand

## Where there's a will...

As part of our responsibilities it is for us to encourage the people of Sefton to assist themselves and for services to be provided in the right way. The statements below describe what is hoped of all of us on this journey. We have developed the statements below in conjunction with Healthwatch Sefton, based on public surveys of the NHS Long Term Plan.

### I will, while also encouraging my friends and family, try to:

- **Ask for help** from health care professionals on how best to look after myself and I will take on board their advice
- **Find time** to take regular exercise
- **Eat** a more balanced and healthy diet
- **Get help** to stop smoking, or not start in the first place
- **Take** my medication as advised by my doctor or other professional
- **Attend** my appointments, or cancel them in advance if they are not needed any more, or I cannot make them
- **Socialise** with more people in my community where possible
- **Use** digital technology to make appointments and seek health and care advice when I need help
- **Make sure** I attend invitations for cancer screening where I am eligible for cervical, breast and bowel cancer screening programmes

### In the future I would like to be able to:

- **Access** the right health and treatment when I need it most
- **Easily** get advice on how to lead a healthy life and to access the resources I need
- **Learn** more about staying independent and healthy while getting older
- **See** more support in my local community
- **Choose** the right treatment for me and be offered alternatives if I can't be seen quickly
- **Talk** to an appropriate health professional about my care and be confident that my personal data is secure
- **Use** technology where possible and be offered alternatives where not
- **Have** better access to general practice which can include a GP, other health professional or another person who is best able to meet my needs
- **See** the person who knows the most about my health and treatment even if I wait a bit longer
- **Access** services closer to my home which are focussed on my community

You can find more information about a range of health and care support services at: [www.seftondirectory.com](http://www.seftondirectory.com)

## Our Ambitions

1

### A healthy balance

Did you know that there is a 12-year difference between the life expectancy in the poorest parts of Sefton compared to the richest parts? Our goal is to reduce that gap through targeted advice, information and support with health care when it is needed, helping you to live longer.

3

### Early intervention

If you need help, the sooner we step in the better it is. That's why we are promoting early intervention through our health care system, making sure that any worries that you have are seen to as quickly as possible before they turn into major problems.

4

### Prevention

Prevention and intervention go hand in hand. This is why we are encouraging people to stay healthy and active to prevent health and wellbeing problems later on in life.

2

### Great expectations

We want to make sure that you are able to live your best life by helping you choose to live longer, healthier. We want to help you increase the amount of years you live free from any major health conditions.

5

### Empowering self-care

Helping you to care for yourself is very important to us. Self-care and lifestyle changes; such as not smoking, doing more exercise and eating and drinking healthily can make a big difference to you - from weight loss to managing mental existing conditions.

This also includes helping those people with long term conditions, eg. diabetes, or recovering from cancer to maintain as healthy a life as possible. After all, real change can only come from within.

7

### Planning ahead

There are long-term NHS goals that we have to meet to make sure that you are well looked after. These goals include; reducing your waiting times, supporting maternity services, reducing health inequalities and tackling diabetes, improving outcomes from cancer and supporting people with mental health problems at a local and national level.

8

### Sustainability

We currently spend more money than we get. We want our health and care system to be financially sound. We have to understand how we can manage our money in a way that meets all of your needs. We also want to be able to maintain the high quality of care available, no matter what happens politically and economically.

Because of this we have to make sure that we are prepared for all circumstances and have the services in place when and where they are most effective.

9

### Social value

We want the NHS and other public sectors to be of value to you. We want to create a service that you love and trust, an employer who is fair and loyal and a pillar that the community can depend on. We aim to do this through constant communication and transparency about what we are doing and why.

This includes the five main things which make the NHS an "Anchor Institution":

- Purchasing more locally and for social benefit
- Using buildings and spaces to support communities
- Widening access to quality work
- Working more closely with local partners
- Reducing its environmental impact

10

### Working together

We aim to make the most of the resources we have available, both within the NHS and across our partners.

We want to ensure we all focus on "whole system delivery" through working together and being as efficient as possible.

The overall approach is guided by the need to address the health issues within Sefton, which mean that people are not living as long or as healthily as they could.

Butterfly icon  
Closer working together



Butterfly icon  
**Rooted in your community**

Information published by Public Health England (PHE) shows that many of the priority areas we are focussing on, such as; obesity, alcohol consumption, smoking and lack of regular exercise have a strong effect on both the length of life and healthy life for the people of Sefton.

We in the NHS are focussing much more on our contribution to health management and the improvement of wellbeing across the population. **This includes making the most of social value and leading on the 5 principles of anchor institutions.**

**WHAT MAKES THE NHS AN ANCHOR INSTITUTION?**

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



**Purchasing more locally and for social benefit.**  
In England alone, the NHS spends £27bn every year on goods and services.



**Using buildings and spaces to support communities.**  
The NHS occupies 8,253 sites across England on 6,500 hectares of land.



**Working more closely with local partners.**  
The NHS can learn from others, spread good ideas and model civic responsibility.



**Widening access to quality work.**  
The NHS is the UK's biggest employer, with 1.5 million staff.



**Reducing its environmental impact.**  
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



References available at [www.health.org.uk/anchorinstitutions](http://www.health.org.uk/anchorinstitutions)  
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## Our future landscape

There is a national requirement for all health and either care systems or economies to become integrated care systems (ICSs) by April 2021, including setting out "how they see the provider and commissioner landscape developing".

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.

For Sefton this means being part of an ICS incorporating Cheshire & Merseyside; working as a strategic commissioner with NHS Southport and Formby CCG, NHS South Sefton CCG and Sefton Council; and developing Sefton's Provider Alliance (this means all health, care and VCF service providers working together).

### Transformed community based care

The "future state" for Sefton includes integrated community-based provision. This includes community and general practice services along with those from our much valued and extensive VCF providers in Sefton, of which there are around 1,200 in the borough.

This will see partners from the NHS, local authority and VCF working together with the aim of providing a seamless service for the people of Sefton.

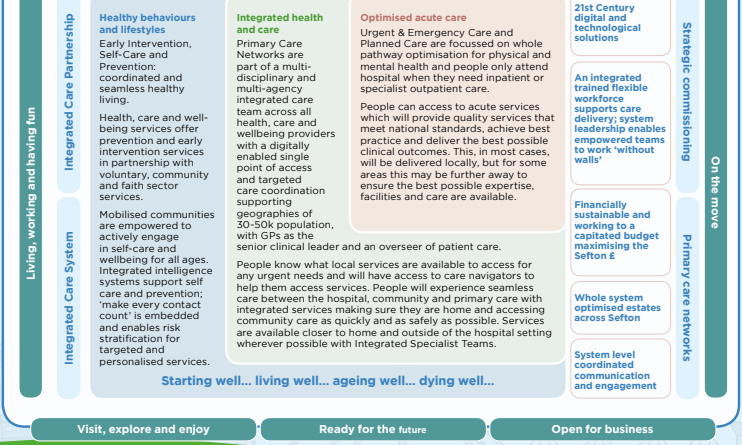


## Sefton healthy future

Together a stronger community    A borough for everyone    A clean, green and beautiful borough

### A confident and connected borough – future health, care and wellbeing in Sefton

Health, care and wellbeing services are joined-up, with many provided in local communities. Empowered people make positive changes to their lives and it is easy to get the right support, in the right place first time and they live longer, healthier and happier lives as a result. There has been a reduction in health inequalities and key identified needs have been addressed.



### Taking a Clinical Lead

The work we do within both of Sefton's clinical commissioning groups is led by clinicians. They have helped to develop our plan from the beginning; while looking at the needs of the population using their own experience and knowledge alongside detailed facts and findings from the recently refreshed Joint Strategic Needs Assessment (JSNA) for Sefton.

A number of GPs have also been involved in the development of the plan and have had the opportunity to contribute content and ambitions we are hoping to achieve.

Your health and wellbeing is at the top of our priority list; and the people who know about your needs as individuals, and as a population, are helping us to focus on how we can improve your quality and expectations for a healthy life. We will continue to engage with other clinicians in order to ensure all clinical views are considered.

Each of our priority areas of work has involvement from professional clinical staff, colleagues from Sefton Council's Public Health Team, PHE and other organisations. They will continue to be involved in the development of the plan as we move forward from this plan to

implementation. There is further work to be undertaken on the clinical aspects of the priorities we have described and this will be led through the CCGs' Clinical Advisory Group, Governing Bodies and other clinical expertise from across Sefton.

### How do we balance the books in Sefton?

We are encouraging health and care partners across Sefton to stop thinking about how we fund things as individual organisations and look at where we all spend money on similar outcomes. This "system approach" to managing the financial position of Sefton is being discussed and will require a different approach to help all parts of the system to become financially stable and sustainable. There is a requirement of the regulators to deliver financial plans and this cannot be done in isolation.

It should also mean we become more efficient and target our spend to where it is most effective and in a timely fashion. This will include considering the benefits of investing in schemes that tackle the root causes of ill health.

As we work towards our new way of collaborative working we must also be aware of the need to not only be as efficient and effective as possible, but also balance the books.

The financial position across the system is currently in deficit and the CCGs have challenges to ensure savings are made to meet their obligations and those of other NHS and local authority organisations to ensure we spend only the money allocated to us.

There is an ongoing approach within the CCGs alongside other work to ensure we get the best value of taxpayers' money for you which is a key aspect of the NHS Long Term Plan. This will include considering out of hospital treatment being more cost effective.

While there are indicative funds (Appendix 2) allocated to the CCGs to support the delivery of NHS Long Term Plan requirements there is a need to contain increased healthcare activity especially in hospitals which supports the plan's aims and reduces the financial pressures on the local NHS. This will also need to take into account the demands of an ageing population with more complex (and expensive) care needs and with limited funding we need to get more from the resources we have.

The CCGs will continue to work with all NHS organisations to ensure our financial obligations are met and this is going to be a challenging position especially for the first two years of the planning period. Many of our partners are in a similar position, NHS, Local Authority, and the VCF sector, so we will make great efforts to ensure we work together

to provide the best possible outcomes in the future with the money available so maximising the Sefton pound.

To assist with this we will be looking at how budgets can be combined (pooled) to maximise their value and over time if a defined budget can be held by the Provider Alliance to increase the flexibility of budgets with providers working together. This will be supported through the integrated commissioning approach of Sefton Council and the Sefton CCGs working in an aligned fashion on areas of mutual benefit and be supported by appropriate governance.

### A more collaborative approach

Through the development of the Sefton Health and Care Partnership's approach there is a greater emphasis on working together. If we work and think more as a "system" then there is a reduced need for continual procurement as more providers work collaboratively together.

This does not necessarily mean organisations have to join together but just work more effectively together, think as one and focus more clearly on joined-up outcomes for the public. We must ensure all services provide value for money and all of our providers, existing and new, are able to work collaboratively.



### Showing we care in every locality

We are developing integrated care in Sefton to include community service providers, locality based mental health provision, PCNs and the VCF sector. This integrated approach will encourage a greater mental and physical health collaboration as well as making the most of local assets such as community buildings, workforce, volunteers and services and promoting social prescribing; which encourages health professionals, volunteers and other prescribers to guide people towards activities and community services rather than just considering traditional medical treatments.

Different localities may have different integrated approaches depending on the equality and diversity issues as well as their health issues. This approach will be encouraged through the PCNs working with local populations, the Council and local VCF organisations.

### In your community

We aim to ensure all our communities will be covered by the integrated community and PCN arrangements, including the provision of more hospital services in the community. In addition localities will have population profiles to identify the specific health issues which require a targeted response, and may differ between localities.

We will also be considering changes to contracts with the VCF sector to give organisations more certainty and longevity and help them to plan and deliver strategically.

### Reducing clinical variation across the system

In Sefton there are a few different examples of how people can receive a differing level of service depending on where they live. These can include different waiting times for certain services or differing opening hours of general practice or primary health care services. There are several approaches to addressing clinical variation, including:

- Using of national and regional benchmarking information
- Implementing the outcomes from GIRFT (Get It Right First Time), a national programme for reviewing healthcare services
- Practice variation reviews for prescribing, screening and vaccination rates

The data from these activities will be used by the PCNs to consider how best to address variation between practices. The Local Quality Contract, helps to improve the quality of services in GP practices and as part of that audits are carried out to identify variations between practices.

### Reduce growth in demand for care – through better integration and prevention

In Sefton we are working hard as partners within a system to deliver our services in a joined up way. Part of that work is to strengthen and develop how our service providers can work together more closely in the future. Through the development of a "Provider Alliance" there are now regular meetings of the main health and care providers in Sefton. These include senior representatives who are looking to develop more strategic planning to ensure the services are more joined up and we are focused on where we have the chance to make things better.

There are a range of approaches under consideration which will help with reducing demand and achieving financial sustainability. These include:

- Undertaking risk stratification – to identify those most at risk of serious illness or ongoing conditions and provide them with support to reduce the need for medical intervention
- Supporting a range of alternatives to A&E departments including greater use of primary care extended hours; working with community pharmacists to offer urgent care related treatments; and increasing the profile of social prescribers as additional alternatives to accessing traditional healthcare services

- Promoting the revised integrated community and PCN offer to each locality providing universal services and directions to a range of alternatives to urgent care facilities
- Focusing the Provider Alliance on collective actions associated with people with complex lives to reduce the demand on health and care providers

Integration is about improving the outcomes and experiences of individuals who receive support and care, and less so about organisational arrangements. Integrated commissioning is about aligning budgets, whether pooled or not, and increasing investment in services that build independence. Integrated provision is about providers from different sectors, including community services, and VCF colleagues working together to create new ways of delivering services as close to home as possible. (Adapted from LGA, 2019).

Service delivery will be complemented by integrated care, which is joined up, co-ordinated care that is planned and organised around the needs and preferences of the individual, their carer and family. It means that a host of different services, treatments or equipment can be discussed for an individual person's needs and tailored to help them in the best way possible (LGA 2018).

## Our Priorities



Having assessed the requirements of the NHS Long Term Plan, alongside other evidence around the health and care needs of the people of Sefton, such as the Joint Strategic Needs Assessment, and the feedback and evidence we have gathered throughout the engagement and development of this plan, we intend to focus on a number of priorities. Many of the priorities outlined below are for the Sefton Health and Care "system" to deliver and will be the subject of further, more detailed development, throughout the lifetime of this plan:

- Child development - ensure all children are ready for school
- Supporting the transition of children and young people to adults
- Parenting and early years - supporting families in the early years of a child's life
- People with learning disabilities - more accessible health, support and advice
- Looked after children - to assist in reducing the number of looked after children and to ensure the health of looked after children is improved
- Immunisation - to signpost and encourage greater uptake

- Improving the uptake of regular exercise
- Substance use including alcohol and prescribed medicines use - encouraging access to appropriate services and reducing the incidence and effects
- Frailty - reducing the incidence of falls and supporting the management of long term conditions such as diabetes and cardiovascular disease
- Social isolation - acknowledging this is a significant issue for older people we will work with the VCF sector to provide support for our residents to reduce the impact
- Supporting older people - through age friendly initiatives with our partners and Sefton Partnership for Older Citizens, we want to enable our older citizens to enjoy Sefton as a place with the freedom to be and do what they value most in good health for as long as possible
- Care homes - working to support the provision of care homes for the benefit of our residents who live in them
- Dementia - supporting patients throughout onset and provide support for patients and their families

- Cancer - this is the biggest killer in Sefton and must be addressed through four key aspects -
  - Prevention through a healthier lifestyle
  - Increasing the numbers of people who participate in cancer screening programmes
  - Ensuring earlier intervention when treatment is required
  - Personalised support for everyone living with cancer
- Mental health (all age) - ensure timely access to mental health services and support reductions in incidence. Support to be offered across all ages with a specific focus on children and young people
- Prevention and early intervention (all age) - increase the vaccination rates and reduce variation across Sefton
- Obesity (all age) - reducing levels across all ages with a specific focus on children and young people e.g. to turnaround the current increase at age 11

- Smoking - to continue to reduce the incidence especially within most deprived areas of Sefton and when pregnant
- Dental - work with dental commissioners to consider how access to services for children and adults can be encouraged to increase access and promote healthy oral care
- Help and support - where it is most needed. This includes:
  1. Removing barriers to access e.g. supporting people to look after themselves, assist with fuel poverty, guiding people to use VCF services and other support services
  2. Distributing resources and intervention proportionately to address need so as to achieve more equal outcomes
  3. Recognising the earlier onset of conditions in deprived areas compared to the least deprived areas
- Funding - Increasing the amount of funding for prevention and maximise the use of the VCF sector
- Primary Care Networks - Supporting the development and maturity of PCNs and embedding the locality model with the VCF sector services, so that a 'left shift' in how and where services are provided can take place



We will aim to reduce the number of follow-up appointments and new outpatient appointments at hospital through:

- Appropriate use of technology
- Following best clinical practice to ensure patients are followed up in hospital only when clinically required
- Seeing patients in the community

As well as making better use of hospital based resources it means less travel so helping to reduce air pollution.

The plan also looks to support a number of environmental factors including climate change impacting on health, including:

- Reducing the use of car journeys through less hospital visits
- Encouraging more walking, cycling and use of public transport
- Encouraging NHS vehicles to be carbon neutral
- Support from the VCF sector - including aiding health and wellbeing, encouraging young children's learning, planting more trees within green places in Sefton

These priorities will need to be addressed on a phased basis as some will have an increased profile e.g. mental health, cancer and obesity.

**The CCG will look to address health inequalities**

(Source: Public Health England - July 2019):

- Ensuring commissioning plans have a specific focus on improving the health of people with the poorest health outcomes fastest
- Identifying and closing the gaps in care which have the most impact on health inequalities
- Ensuring all screening and vaccination programmes are designed to support a narrowing of health inequalities in access, uptake and outcomes, acknowledging there is significant variation in uptake across Sefton
- Ensuring commissioning processes formally assess impact on health inequalities
- Considering the potential of service models to inadvertently increase health inequalities (for example are psychosocial factors likely to impact on accessing services for some groups)
- Undertaking and acting upon Health Equity Impact Assessments

Assessment of plans and services by:

- Using formal mechanisms to proactively identify people who are most likely to benefit from earlier intervention - based on the identification of risk, and early diagnosis
- Targeting resources to support and transform care models and pathways to improve access, experience and outcomes
- Employing targeted use of personal budgets and personalisation, to empower individuals and communities including those in positions of disadvantage
- Supporting healthy workforce initiatives across the partnership
- Funding to support low-cost exercise inclusion activities and other methods to increase the amount of physical exercise
- Ensuring representation of our diverse patient population now and into the future
- Removing significant barriers to employment and financial independence through our local support programmes, including for those with mental health issues or learning disabilities

- Supporting community-centred or independent sector enterprise, to take on and maintain green or open spaces, and harness for community use including activity initiatives and events
- Working across public sector workforce as exemplars to improve physical activity
- Identifying high hospital emergency admissions in priority wards with high deprivation scores and also outliers for excess admissions
- Addressing unwarranted variation in covering primary care, and community-based issues in effective connection to services
- Setting targets to bring emergency admission rates in outlying 'priority' wards down to the average for those with similar deprivation scores, within two years
- Embedding "social value" (see p33) across the commissioning process



### Primary Care Networks

PCNs will play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities. They will assess localised populations who are at risk of unwarranted health outcomes and, working with local community services, make support available to those who need it most.

This includes making the social prescribing of community services and other activities more widely available and accessible. In line with the latest guidance from NHS England and Improvement, we will ensure these networks are supported by the CCGs by enabling advice and support in all areas of business including medicines management, finance, business intelligence, governance and communications and engagement.

#### The four characteristics of our Primary Care Networks (PCNs) are:

- Provision to a defined registered population of approximately 30 - 50,000
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care

- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

There are already seven PCNs across our eight long established GP practice locality footprints, which cover a population of around 30-50,000 people.

The organisations across the partnership realise the importance of working towards a common purpose. How we do that together is fundamental to the success of implementing this plan. A charter has been developed which signifies the collective approach.

Population Health Management is an approach which aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across the whole population.

*The driver for our ambitions and priorities from the NHS Long Term Plan can be seen at Appendix 3.*

Other actions to be considered by PCNs include:

- Recognising the impact of people's understanding of the health system, their thoughts and behaviours on the demand, need and uptake of primary care services
- Systematically targeting and adapting services to the needs of people most likely to experience health inequalities
- Improving access to digital networks and patient records, particularly remotely in ambulances and while out in the community
- Working closely and systematically with other front-line delivery partners to co-ordinate person and family-based approaches to addressing complex needs
- Embedding community-centred approaches in their work with communities as part of developing social prescribing systems
- Ensuring community services for all ages are sustainable and continue to provide the right care at the right time, in the right environment in order to increase people's ability to remain in the community
- Using community-centred approaches to improve health and wellbeing, building social capital to help communities to reduce inequalities
- Increasing Annual Health Checks and screening to improve the physical health and wellbeing of people with a Learning Disability or Autism and increase their opportunities to live well for longer
- Delivering more care through re-designed community-based and home-based services, in partnership with social care and the VCF sector
- Introducing an emergency response car, staffed with a paramedic and a therapist linked to ICRAS, with a prescribing function, to reduce reliance on urgent input from General Practice
- Utilising staff across frontline services to actively make every contact count in identifying physical inactivity and overweight in users, and link in to social prescribing resources
- Developing multidisciplinary integrated teams of professionals with GPs becoming clinical and team leaders, so people with multiple and complex conditions are seen by the right person, first time and without delay

**Health care service providers will consider the following to support delivery of the NHS Long Term Plan and population health management:**

- Targeting services to the needs of individuals, families and communities most likely to experience health inequalities (including through utilising available data, for example demographic, equality and diversity or wider determinants data)
- Using evidence-based risk stratification tools to offer different levels of wellbeing support depending on individuals' health literacy as part of targeted self-care
- Implementing structures that engage community members, especially the most marginalised groups, in decision-making about service needs, priorities and appropriate delivery methods with demonstrable resulting changes
- Implementing an enhanced and targeted continuity of carer models, in particular, to help improve outcomes for the most vulnerable mothers and babies
- Improving liaison between health and care providers to increase the co-ordination of care to assist schools for children with complex needs

- Ensuring by 2023 and 2024, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- Using their role as an anchor institution to improve health outcomes through co-ordinated action on the wider determinants of health, including air pollution and employment. For example, through 'green' transport provision and targeted recruitment of people from deprived communities and offer apprenticeships
- Using community-centred approaches to improving health and wellbeing
- Continuing to create healthy NHS premises
- Ensuring as much of the healthcare spend is retained locally e.g. through procurement supply chains
- Supporting healthy workforce initiatives
- Utilising staff across frontline services to actively make every contact count in identifying physical inactivity and overweight in users, and link in to social prescribing resources

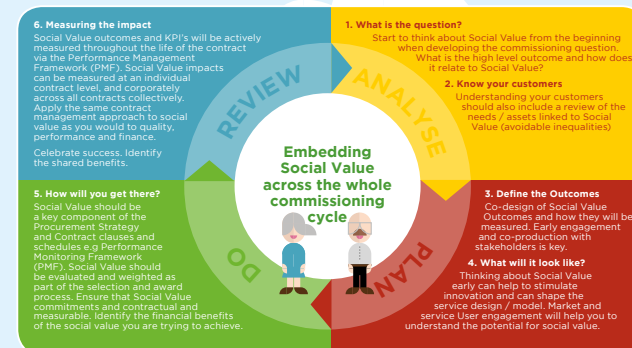
**Social Value**

We will develop an approach based on generating more social value which better understands and enables you and the wider community. We want our partners and everyone in the borough to see that investing in health, like in education, is indeed an *investment* rather than a cost. By having healthier, happier communities we will also create a wealthier and more prosperous borough - such as creating employment opportunities for local people.

Health, care and wellbeing partners across Sefton can help create social value when they engage with and involve their local communities. We will enable people to be better connected with their local services and resources.

As part of this work we, and our partners, have signed up to the Cheshire and Merseyside Health Care Partnership Social Value Charter.

The model below illustrates how the benefits of social value can be built into the local system of commissioning (or buying) services for the people of Sefton.



**Embedding Social Value across the whole commissioning cycle**

This model is based on the principles of good commissioning identified within the LGA Integrated Commissioning for Better Outcomes Framework 1, which is a practical tool for council and NHS commissioners to support improving outcomes through integrated commissioning.

## Conclusion

The plan has been developed with significant contributions from many people who are enthusiastic to make a positive contribution to the health and wellbeing of people in Sefton. This is a partnership commitment towards improving health care and make a contribution to the wider health determinants and will take a number of years to fully take effect.

Joint implementation will need to be phased over the lifetime of the plan with ongoing engagement taking into account the annual priorities based on available evidence and best practice.



## APPENDIX 1 –Engagement

In developing our plan we have gathered views and contributions from a wide range of partners and public including:

- |   |  |   |
|---|--|---|
| Aintree University Hospital<br>NHS Foundation Trust   | North West Boroughs NHS Foundation Trust                     | Committee – Children's<br>Sefton Provider Alliance          |
| Alder Hey Children's NHS Foundation Trust   | Older Persons Forum Ainsdale                                 | Sefton Public Health Team                                   |
| CCGs' Patient Engagement Group (EPEG)   | Older Persons Forum Bootle                                   | Sefton Southport and Formby CCG Big Chat                    |
| Cheshire and Wirral Partnership<br>NHS Foundation Trust                                       | Older Persons Forum Crosby                                   | NHS Southport and Formby CCG<br>Wider Group of GP practices |
| Health & Care Forum   | Older Persons Forum Formby                                   | NHS South Sefton CCG Big Chat                               |
| Healthwatch Sefton  | Older Persons Forum Maghull                                  | Wider Group of GP practices                                 |
| Health & Wellbeing Board  | Older Persons Forum Southport                                | NHS South Sefton CCG Big Chat                               |
| Lancashire and South Cumbria<br>NHS Foundation Trust  | Partnership Stakeholder events<br>in April, July and October | NHS South Sefton CCG Wider<br>Group of GP practices         |
| Liverpool Women's NHS Foundation Trust  | Sefton Association of Primary Headteachers                   | South Sefton Primary Healthcare Ltd                         |
| Mersey Care NHS Foundation Trust  | Sefton Association of Secondary Headteachers                 |   |
| NHS Southport and Formby CCG<br>Governing Body, QIPP Committee<br>and Clinical Advisory Group | Sefton Council's Consultation<br>and Engagement Panel        |   |
| NHS South Sefton CCG Governing Body, QIPP<br>Committee and Clinical Advisory Group            | Sefton Council for Voluntary Services                        |   |
| NHS West Lancashire CCG   | Sefton Health and Social Care Forum                          |   |
| North West Ambulance Service  | Sefton Metropolitan Borough Council                          |   |
|   | Sefton Overview and Scrutiny<br>Committee – Adults           |   |
|   | Sefton Overview and Scrutiny                                 |   |

**APPENDIX 2**

This section outline the indicative financial allocations made to both Sefton CCGs based on "Fair Share" funding for some of the priorities in the Sefton2gether Plan.

**NHS Long Term Plan**

**Indicative Allocations based on fair shares**

**Table 1 - Additional indicative funding allocations**

England Total	2019/20	2020/21	2021/22	2022/23	2023/24
Total	£m	£m	£m	£m	£m
Of which:					
1. Mental Health	60	65	220	441	592
2. Primary Medical and Community Services	321	335	359	369	364
(a) Primary Care	0	30	70	204	343
(b) Ageing Well	118	89	71	68	68
3. Cancer	39	41	94	157	412
4. Other					
<b>Sefton Total</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>0.57%</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Total	3,078	3,204	4,657	6,973	10,177
Of which:					
1. Mental Health	0.343	0.372	1,259	2,523	3,387
2. Primary Medical and Community Services					
(a) Primary Care	1,836	1,916	2,054	2,111	2,082
(b) Ageing Well	0,000	0,172	0,400	1,167	1,962
3. Cancer	0,675	0,309	0,406	0,389	0,389
4. Other	0,223	0,235	0,538	0,784	2,357
<b>South Sefton CCG</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>0.33%</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Total	1,753	1,825	2,652	3,972	5,797
Of which:					
1. Mental Health	0.196	0.212	0.717	1.437	1.929
2. Primary Medical and Community Services					
(a) Primary Care	1,046	1,092	1,170	1,202	1,186
(b) Ageing Well	0,000	0,098	0,228	0,665	1,118
3. Cancer	0,384	0,290	0,231	0,222	0,222
4. Other	0,127	0,134	0,306	0,446	1,342
<b>Southport &amp; Formby CCG</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>0.25%</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Total	1,325	1,379	2,004	3,001	4,380
Of which:					
1. Mental Health	0.148	0.160	0.542	1.086	1.458
2. Primary Medical and Community Services					
(a) Primary Care	0,790	0,825	0,884	0,909	0,896
(b) Ageing Well	0,000	0,074	0,172	0,502	0,845
3. Cancer	0,231	0,219	0,175	0,167	0,167
4. Other	0,096	0,101	0,231	0,337	1,014

**Table 2 - Commitments to be delivered through system funding allocations**

Category	Description
Mental Health	The expansion of community mental health services for Children and Young People aged 0-25; funding for new models of integrated primary and community care for people with SM from 2021/22 onwards; and specific elements of developments of the mental health crisis pathways. See 2.27.
Primary Care	This funding includes the continuation of funding already available non-recurrently to support Extended Access and GP Forward View funding streams, (eg practice resilience programme), and associated commitments must be met. Additional funding is also included to support the development of Primary Care Networks.
Ageing Well	Deployment of home based and bed based elements of the urgent Community Response model, Community Teams, and enhanced health in Care Homes.
Cancer	Rapid Diagnostic Centres funding in 2020/21 only, Cancer Alliance funding to support screening uptake delivery of the Faecal Diagnostic Standard and timed pathways, implementation of personalised care interventions, including personalised follow up pathways and Cancer Alliance core teams.
CVD, Stroke and Respiratory	Increased prescribing of statins, warfarin and antihypertensive drugs; Increased rates of cardiac, stroke and pulmonary rehabilitation services; Increased thrombolysis rates, and early detection of heart failure and valve disease.
CVF & Maternity	Local Maternity System funding; Saving Babies Lives Care Bundle funding from 2021/22; postnatal physio funding from 2023/24; funding for integrated CVF services from 2023/24.
AD Action	Funding for rollout of community services for adults and children and carers from 2023/24.
Prevention	Tobacco addiction - inpatient, outpatient/day case and Smoke Free Emergency smoking cessation interventions.

**NHS Long Term Plan**

**Indicative Allocations based on fair shares**

**Table 3 - Targeted Funding available to systems**

England Total	2019/20	2020/21	2021/22	2022/23	2023/24
Total	£m	£m	£m	£m	£m
Of which:					
1. Mental Health	182	251	190	234	292
2. Primary Medical and Community Services	100	208	303	381	475
(a) Primary Care	6	40	40	24	24
(b) Ageing Well	46	121	198	186	398
3. Cancer	26	238	199	192	179
4. Technology	58	82	172	231	114
5. Other					
<b>Sefton Total</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>0.57%</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Total	2,391	5,372	6,298	7,145	8,472
Of which:					
1. Mental Health	1,041	1,436	1,087	1,339	1,670
2. Primary Medical and Community Services					
(a) Primary Care	0,572	1,190	1,733	2,180	2,717
(b) Ageing Well	0,034	0,229	0,229	0,137	0,137
3. Cancer	0,263	0,692	1,133	1,064	2,277
4. Technology	0,149	1,362	1,158	1,058	1,024
5. Other	0,332	0,469	0,984	1,321	0,652
<b>South Sefton CCG</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>0.33%</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Total	1,362	3,060	3,588	4,070	4,826
Of which:					
1. Mental Health	0.593	0.818	0.619	0.762	0.951
2. Primary Medical and Community Services					
(a) Primary Care	0,326	0,678	0,987	1,241	1,548
(b) Ageing Well	0,020	0,130	0,130	0,078	0,078
3. Cancer	0,150	0,394	0,645	0,606	1,297
4. Technology	0,085	0,776	0,648	0,626	0,583
5. Other	0,189	0,267	0,560	0,753	0,371
<b>Southport &amp; Formby CCG</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>0.25%</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Total	1,029	2,312	2,711	3,075	3,646
Of which:					
1. Mental Health	0.448	0.618	0.468	0.576	0.719
2. Primary Medical and Community Services					
(a) Primary Care	0,246	0,512	0,746	0,938	1,170
(b) Ageing Well	0,015	0,098	0,098	0,059	0,059
3. Cancer	0,115	0,238	0,488	0,455	0,390
4. Technology	0,064	0,586	0,490	0,473	0,441
5. Other	0,143	0,202	0,423	0,569	0,281

**Table 4 - Commitments to be delivered through targeted funding allocations**

Category	Description
Mental Health	Includes: Funding for continuation of previous waves such as mental health liaison or individual placement support funding pilots as part of the clinical review of standards, and other pilots such as rough sleeping; Funding to be distributed in phases in consultation with regional bodies including funding for testing new models of integrated primary and community care for adults and older adults with severe mental illness, community based integrated care, rolling out mental health teams to schools and early support for MHT pathways. See 2.28.
Primary Care	Rapid First Primary Care support funding, the Investment and Impact Fund, and Estates and Technology Transformation Programme.
Ageing Well	Targeted funding to accelerate STPs to rollout the Ageing Well models.
Cancer	Development and roll out of innovative models of early identification of cancer (starting with lung health checks); funding for the development of Rapid Diagnostic Centres from 2020/21 onwards; support for further innovations to support early diagnosis.
Technology	Revenue funding for Provider Digitisation and Local Health and Care Records.
Cardiovascular Disease, Stroke and Respiratory	Pilots for improving access to cardiac, stroke and pulmonary rehabilitation services and early detection of heart failure and valve disease.
Maternity and Neonates	Continuity of care for BME and disadvantaged women from 2021/22; funding to support the UNICEF Baby Friendly Initiative; funding to support the expansion and improvement of neonatal critical care services from 2021/22; funding from 2020/21 for Family Integrated Care; funding to support the rollout of postnatal physiotherapy and multi-disciplinary pelvic health clinics from 2021/22 to 2022/23.
Diabetes	Funding to pilot the use of low calorie diets from 2020/21 until 2022/23; funding to support delivery of recommended treatment targets; funding for multi-disciplinary footcare teams and diabetes independent specialist nurses (see 4.3).
Learning Disabilities and Autism	Funding to pilot and develop community services for adults and children and carers from 2020/21 to 2022/23; piloting of models to expand Stopping Treatment and Appropriate Medication in Hallucinations (STAMP-STAMP) programmes from 2021/22 to 2022/24; testing the model for orthopaedics, hearing and dental services to children and young people in residential schools from 2021/22; funding to reduce the backlog of the Learning Disabilities Mortality Review Programme (LaDR).
Personalised Care	Targeted transformation funding to deliver the NHS Comprehensive Model for Personalised Care from 2020/20-2024/25.
Prevention	Smoker Care Teams from 2020/21 to 2023/24; Tobacco addiction services early implementation sites from 2020/21; targeted support for weight management service improvements from 2020/21.

APPENDIX 3

Evidence Base - This is drawn from the documents and engagement used to develop the priorities outlined in the Sefton2gether Plan

Stages	Priorities	Reasoning
Starting and Learning Well	Child Development	The percentage of pupils attaining a good level of development is below the England rate, but the Sefton rate is above the England rate for pupils known to be eligible for free school meals. The difference between the two is 13%. The percentage of pupils attaining Level 4 or above and the expected standard in reading, writing and maths in Sefton are above the English rate. However the percentage of pupils attaining Level 4 or above in reading, writing and maths is below the England rate for those pupils known to be eligible for free school meals. The same pupils are above the English rate for meeting the expected standard. The percentage of pupils known to be eligible for free school meals attaining Level A*-C in English and Maths GCSE is well below the English rate and is widening.
	Mental Health	The number of hospital admissions for mental health conditions (crude rate per 100,000 0-17 Year Olds) in Sefton is above the England rate although the gap is less wide now than in 2014/15 or 2015/16. The number of hospital admissions as a result of self-harm aged 10-24 (directly standardised rate per 100,000 10-24 year olds) has increased each year from 2013/14 to 2016/17 from below the England rate to well above.
	Parenting & Early Years	Smoking at time of delivery (rate per 100 maternities) was above the England rate in Sefton. The percentage of mothers who give their baby breast milk in the first 48 hours after delivery is also significantly lower in Sefton. The rate is also lower after 6-8 weeks. Despite year on year variation, Sefton's percentage of low birth weight babies tends to remain around 7%. Sefton's overall rate for 2016 is 6.6%, lower than the England average (7.3%).
	Prevention and early intervention	The percentage of children with excess weight in reception is above the England rate. The percentage of children with excess weight in Year 6 is similar to England.
	Looked after children	The children looked after rate per 10,000 is 85.0 in Sefton compared to 61.7 across England. The percentage of children looked after who had a missing incident during the year (April to March) has increased since 2015 and is above the England rate. The percentage of children in care with up to date immunisations is in line with the England average after having been below in 2015 and 2016.
Living and Working Well	Prevention and early intervention for long term conditions e.g. heart disease, diabetes	The percentage of adults classified as active and those classified as inactive is similar to the England rate. Sports club membership is also similar. Sefton leisure centres have seen an increase in attendance. For long term conditions Sefton is above the England rate for AF, CHD, HF, Hypertension, PAD, Stroke, Diabetes, CKD and Dementia. The percentage of the eligible population aged 40 - 74 receiving a NHS Health Check is much lower in Sefton than England.
	Obesity	There is little difference in the percentage of adults classified as overweight or obese in Sefton compared to England. However in Sefton the percentage of adults classified as Overweight or Obese has fallen by almost seven points between 2015/16 and 2016/17. Obesity rates in both age groups were higher for Sefton's most deprived communities than for Sefton as a whole.
	Smoking	The smoking prevalence in adults (% weighted number of self-reported smokers aged 18+ by total number of respondents with a valid smoking status aged 18 in APS) is lower in Sefton than England. However the number of smoking related deaths is slightly higher.



Stages	Priorities	Reasoning
Living and Working Well	Alcohol	The number of hospital admissions for alcohol-related conditions (directly standardised rate per 100,000) is above the English rate for Sefton. Furthermore the percentage of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months has fallen from above the England rate in 2015 to below in 2016. There is also many more hospital admissions for mental and behavioural disorders due to alcohol and alcohol related mortality in Sefton. The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males.
	Mental Health	The percentage of people with low life satisfaction score (self-reported wellbeing) is higher in Sefton. The percentage of self-reported wellbeing - people with a high anxiety score was about in line with England in 2016/17 having been above since 2012/13. The suicide rate in Sefton is above the England rate. In most mental health prevalence indicators Sefton is above the England rate. The employment rate for working age people receiving secondary mental health services is below the England rate.
	Cancer	Under 75 mortality from cancer (directly standardised rate per 100,000 0-74) is higher in Sefton than England.
	Substance Misuse	The percentage of Opiate drug users that left drug treatment successfully and did not re-present to treatment within 6 months is lower in Sefton than England overall. For non-opiate drug users the number was similar to the England rate; however the Sefton rate has fallen from 63.4% in 2012 to 35.2% in 2016, which the England rate has remained stable around 37%. The rate of deaths from Drugs misuse is above the England average in Sefton.
Ageing and Dying Well	Obesity	There is little difference in the percentage of adults classified as overweight or obese in Sefton compared to England. However in Sefton the percentage of adults classified as Overweight or Obese has fallen by almost seven points between 2015/16 and 2016/17. Obesity rates in both age groups were higher for Sefton's most deprived communities than for Sefton as a whole.
	Smoking	The smoking prevalence in adults (% weighted number of self-reported smokers aged 18+ by total number of respondents with a valid smoking status aged 18 in APS) is lower in Sefton than England. However the number of smoking related deaths is slightly higher.
	Alcohol	The number of hospital admissions for alcohol-related conditions (directly standardised rate per 100,000) is above the English rate for Sefton. Furthermore the percentage of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months has fallen from above the England rate in 2015 to below in 2016. There is also many more hospital admissions for mental and behavioural disorders due to alcohol and alcohol related mortality in Sefton. The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males.

Stages	Priorities	Reasoning
Ageing and Dying Well	Long Term Conditions	The percentage of adults classified as active and those classified as inactive is similar to the England rate. Sports club membership is also similar. Sefton leisure centres have seen an increase in attendance. For long term conditions Sefton is above the England rate for AF, CHD, HF, Hypertension, PAD, Stroke, Diabetes, CKD and Dementia. The percentage of the eligible population aged 40 - 74 receiving a NHS Health Check is much lower in Sefton than England.
	Mental Health	The percentage of people with low life satisfaction score (self-reported wellbeing) is higher in Sefton. The percentage of self-reported wellbeing - people with a high anxiety score was about in line with England in 2016/17 having been above since 2012/13. The suicide rate in Sefton is above the England rate. In most mental health prevalence indicators Sefton is above the England rate. The employment rate for working age people receiving secondary mental health services is below the English rate.
	Social isolation	Permanent admission to residential and nursing care homes for adults aged 65 and over (rate per 100,000 population) is 250 points above in Sefton than England. The percentage of adult social care users who have "as much social contact as they would like" according to the Adult Social Care Client Survey shows the Sefton rate has been consistently above the England rate.
	Dementia	The percentage with dementia recorded prevalence aged 65+ (of those on practice register) has been above the England rate from September 2015 to September 2017. There is no significant difference between Sefton and England rates for emergency hospital admission for dementia in those Aged65+. Inpatient admissions for Alzheimer's Disease and vascular dementia Aged 65+ (directly standardised rate per 100,000) is above the England rate.
	Frailty	The number of emergency hospital admissions due to falls and the number of hip fractures in people Aged 65 and over is higher in Sefton than England. As recently as 2013/14 the rate was below the England average.
	Dying Well	The ratio of excess winter deaths is higher in Sefton than England.



Ambitions	Long Term Plan
Make a full contribution to Sefton's Health & Wellbeing Strategy e.g. wider determinants like air pollution	"reduced respiratory hospitalisations from lower air pollution." "Air pollution and lack of exercise are also significant." "Specifically, we will cut business mileages and fleet air pollutant emissions by 20% by 2023/24." "In 2017, 3.5% (9.5 billion miles) of all road travel in England was related to patients, visitors, staff and suppliers to the NHS. At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2026, and primary heating from coal and oil fuel in NHS sites will be fully phased out. Redesigned care and greater use of 'virtual' appointments as set out in Chapter One will also reduce the need for patient and staff travel." "The NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups. These organisations are often leading innovators in their field. Many provide a range of essential health, care and wellbeing services to groups that mainstream services struggle to reach. Of 100,000 social enterprises in the UK, 31% work in the 20% most deprived communities <sup>58</sup> , creating jobs and filling gaps in support as well as addressing wider determinants of health and wellbeing such as debt and housing."
Reduce health inequalities	"The burden of obesity isn't experienced equally across society. The NHS will therefore provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs." "Expanding the Diabetes Prevention Programme is a key vehicle for tackling health inequalities, with a significantly higher take up from BAME groups than the general population." "Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services." "NHS England will continue to target a higher share of funding towards geographies with high health inequalities" "To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long Term Plan" "While we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do." "Over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population"
Increase healthy life expectancy	"People are now living far longer, but extra years of life are not always spent in good health... They are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia, so that on average older men now spend 2.4 years and women spend three years with 'substantial' care needs." "Every 24 hours, the NHS comes into contact with over a million people at moments in their lives that bring home the personal impact of ill health. This Long Term Plan sets out practical action to do more to use these contacts as positive opportunities to help people improve their health. This will contribute to the government's ambition of five years of extra healthy life expectancy by 2035."
Embed early intervention	"Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023. These school and college-based services will be supervised by NHS children and young people mental health staff and will provide specific extra capacity for early intervention and ongoing help." "The Five Year Forward View for Mental Health also set new waiting time standards covering the NHS' IAPT services, early intervention in psychosis and children and young people's eating disorders. All of these standards are being achieved or on track for delivery in 2020/21."

Ambitions	Long Term Plan
NHS majoring on the prevention agenda	<p>"Falls prevention schemes, including exercise classes and strength and balance training, can significantly reduce the likelihood of falls and are cost effective in reducing admissions to hospital"</p> <p>"As part of wider move to what The King's Fund has called 'shared responsibility for health', over the next five years the NHS will ramp up support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems."</p> <p>"Improving upstream prevention of avoidable illness and its exacerbations. So for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions."</p> <p>"This Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. It does so while recognising that a comprehensive approach to preventing ill-health also depends on action that only individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hardwired into social and economic policy."</p> <p>"The role of the NHS includes secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life."</p> <p>"The creation of a national CVD prevention audit for primary care will also support continuous clinical improvement."</p> <p>"We will design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients."</p> <p>"We will work on falls and fracture prevention, where we know that a 50% improvement in the delivery of evidence-based care could deliver £100 million in savings."</p>
Supporting self – care	<p>"Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care."</p> <p>"From 2019, NHS 111 will start direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management."</p> <p>"Improving upstream prevention of avoidable illness and its exacerbations. So for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions."</p> <p>"We will support people who are newly diagnosed to manage their own health by further expanding provision of structured education and digital self-management support tools, including expanding access to H&amp;P Diabetes an online self-management tool for those with type 2 diabetes."</p> <p>"New models of providing rehabilitation to those with mild COPD, including digital tools, will be offered to provide support to a wider group of patients with rehabilitation and self-management support."</p> <p>"We will also expand access to support such as the online version of ESCAPE-pain (Enabling Self-management and Coping with Arthritic Pain through Exercise), a digital version of the well-established, face-to-face group programme"</p>
Meeting quality standards (in health and care)	National requirement in acute, mental health, community and general practice, care homes, social care and in specific areas e.g. learning disabilities will continue to improve care for those with Learning Disabilities by learning from lived experience as well as from Learning Disability Mortality Reviews (LeDeR). These reviews will always be undertaken within six months of the notification of death and all reviews will be analysed to address the themes identified with recommendations being reported through a local LeDeR report.
Meet NHS Long Term Plan (LTP) requirements	These are referenced throughout the document



Ambitions	Long Term Plan
A sustainable health and care system	<p>"Our aim is to ensure a sustainable overall balance between supply and demand across all staff groups. For doctors, we will focus on reducing geographical and speciality imbalances. For the wider workforce, we aim to ensure sufficient supply of nurses and to address specific shortages for ANPs and other key groups."</p> <p>"Putting the NHS back onto a sustainable financial path is a key priority in the Long Term Plan and is essential to allowing the NHS to deliver the service improvements in this Plan. This means:</p> <ul style="list-style-type: none"> <li>• the NHS (including providers) will return to financial balance;</li> <li>• the NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care;</li> <li>• the NHS will reduce the growth in demand for care through better integration and prevention;</li> <li>• the NHS will reduce variation across the health system, improving providers' financial and operational performance;</li> <li>• the NHS will make better use of capital investment and its existing assets to drive transformation."</li> </ul> <p>"We will also create a new Financial Recovery Fund (FRF) to support systems' and organisations' efforts to make all NHS services sustainable."</p> <p>"The NHS is leading by example in sustainable development and reducing use of natural resource in line with government commitments."</p>
Maximise social value (e.g. NHS as anchor institutions)	<p>"As an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities. Some NHS organisations are the largest local employer or procurer of services. For example, nearly one in five people employed in Blackpool work for the NHS and the Gross Value Added (GVA) from health spending is significantly higher than in areas in the south (over 17% vs 4% in London). Sandwell and West Birmingham Hospitals NHS Trust has committed to deploying 2% of its future annual budget with local suppliers, estimating it will add £5-8 million to the local economy. Leeds Teaching Hospitals NHS Trust is supporting the city's inclusive growth strategy by targeting its employability and schools outreach offer at neighbourhoods in the most deprived 1% nationally and is increasing its apprenticeship programmes by 51% year-on-year. In partnership with the Health Foundation, we will work with sites across the country to identify more of this good practice that can be adopted across England."</p>





# Sefton2gether Shaping Sefton II

Sefton's response to the NHS long term plan

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different formats, such as large print, audio or  
Braille versions and in other languages



## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/141	<b>Author of the Paper:</b> Name Tracy Jeffes Position Director of Place Email: <a href="mailto:tracy.jeffes@southseftonccg.nhs.uk">tracy.jeffes@southseftonccg.nhs.uk</a> Tel: 0151 3178462
<b>Report date:</b> November 2019	
<b>Title:</b> Better Care Fund Planning	
<b>Summary/Key Issues:</b>  The Governing body, as its September meeting, delegated approval to the CCG Chair and Chief Officer to approve the 2019/20 Better Care Fund ( BCF) Planning submission.  This report provides the Governing Body with an overview of the submission.	
<b>Recommendation</b>  The Governing Body is asked to ratify the BCF submission.	Receive <input type="checkbox"/> Approve <input type="checkbox"/> Ratify <input checked="" type="checkbox"/>

### Links to Corporate Objectives 2019/20 (x those that apply)

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	
Clinical Engagement	<b>x</b>			HWBB and Chair sign off
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered	<b>x</b>			
Locality Engagement			x	
Presented to other Committees	<b>x</b>			CCG Leadership Team, Sefton HWBB, Sefton HWBB Executive. BCF Working group, Integrated Commissioning Group

## **Report to the Governing Body November 2019**

### **1. Executive Summary**

The Governing body, at its September meeting, delegated approval to the CCG Chair and Chief Officer to approve the 2019/20 Better Care Fund (BCF) Planning submission.

The plans were submitted to NHS England on 27<sup>th</sup> September 2019, following local approvals, including that of the CCG Chair and Chief Officer and the Chair of the Sefton Health and Wellbeing Board. This report provides the Governing Body with an overview of the submission for ratification.

### **2. Introduction and Background**

The Better Care Fund (BCF) has been in place in Sefton since 2014, with a number of "refreshes" or resubmissions, in response to changing national guidance and local arrangements, since then. The BCF is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme's national requirements. The pooled budget is made up of CCG funding as well as local government grants, of which one is the Improved Better Care Fund (iBCF).

The BCF is part of our wider integration agenda which facilitates closer working between both Sefton Council and both CCGs in Sefton in relation to the use of the fund to jointly commissioning health and care services, with the aim of shifting resources into social care and community services for the benefit of the people, communities and the local health and care system. We have seen some notable successes in relation to key work streams within the BCF, such as the development and implementation of our ICRAS (Intermediate Care and Reablement Service) model, however we collectively recognise there is more that can be achieved and we have an ambition to do so.

### **3. Overview of the BCF submission 19/20**

In response to the latest BCF guidance, updated plans were submitted to NHSE on 27<sup>th</sup> September 2019.

#### **3.1 Key themes within the plan**

The key themes within the plan are similar to previous years and cover:

- Early Intervention and Prevention
- Early Years
- Integrated Community Care
- Intermediate Care and Reablement
- Long Term Care
- Winter Planning
- iBCF schemes

Examples of schemes within these wider themes are:

Falls Prevention	Step up step down bed base
Early Years, including mental health	Rapid responses, intermediate Care services
Disabilities Fund Grant Adaptations	Further integration of community equipment
Extra Care Housing scheme development	Advocacy services
Integrated workforce and supporting new models of delivery.	Care Act Implementation
Carers breaks	Supporting market stabilisation in Domiciliary Care, Care Homes, and LD Supported living

### 3.2 Resources within the Plan

The total BCF plan equates to £48.7 Million across Sefton as described in the highlight table below both in terms of income and planned expenditure to meet the national requirements.

#### Income to meet BCF requirements

<b>Funding Sources</b>	<b>BCF income £</b>
DFG	£4,250,963
Minimum CCG Contribution	£22,734,655
iBCF	£13,738,635
Winter Pressures Grant	£1,524,885
Additional LA Contribution	£4,756,944
Additional CCG Contribution	£1,697,000
<b>Total</b>	<b>£48,703,082</b>

	<b>NHS South Sefton CCG £</b>	<b>NHS Southport and Formby CCG £</b>
CCG Minimum Contribution	£13,012,052	£9,722,603
Additional CCG Contribution	£1,697,000	£0
<b>Total CCG Contribution</b>	<b>£14,709,052</b>	<b>£9,722,603</b>

#### Planned Expenditure

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

<b>Minimum required spend</b>	£6,460,544
<b>Planned spend</b>	£12,890,000

Adult Social Care Services spend from the minimum CCG allocation

<b>Minimum required spend</b>	£11,682,450
<b>Planned spend</b>	£12,693,655

#### Scheme Types

Assistive Technologies and Equipment	£564,000
Care Act Implementation Related Duties	£927,000
Carers Services	£720,000
Community Based Schemes	£7,979,000
DFG Related Schemes	£9,007,907
Enablers for Integration	£20,700
HICM for Managing Transfer of Care	£0
Home Care or Domiciliary Care	£3,364,040
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£903,850
Intermediate Care Services	£6,193,209
Personalised Budgeting and Commissioning	£2,867,565
Personalised Care at Home	£0
Prevention / Early Intervention	£1,020,000
Residential Placements	£15,135,811
Other	£0
<b>Total</b>	<b>£48,703,082</b>

### 3.3 Other key requirements of the BCF

In addition to reporting on progress on each of the BCF schemes, the submission includes our assessment of our maturity position in relation to the High Impact Change Model which is included below.

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Established
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

The High Impact Change Model identifies integral and essential elements of our ongoing improvement work being undertaken to optimise our acute hospital resources and ensure that where appropriate care is maintained in the community. Work is embedded within our A&E Delivery Plans

with engagement of health and social care commissioners and providers to progress and priority areas for ongoing work in the coming year.

The BCF also requires confirmation that we have met all the key planning requirements, which we have confirmed we have met.

### **3.4 Monitoring and Reporting on Progress**

There has been a recent review and development of governance arrangements relating to the BCF through the establishment the Better Care Fund and Section 75 working group which is a sub group of the Integrated Commissioning Group (ICG). The group's membership includes senior representation from both Sefton CCGs and Sefton Council and provides the forum for discussions around potential areas of expansion of pooled budgets, detailed performance review of the schemes and review of financial information. The group has also developed a dashboard which reports on performance to the Health and Wellbeing Board Executive. Engagement with the Cheshire and Merseyside Better Care Fund Network has also offered the opportunity to share best practice and to submit draft BCF returns for comments before formal submission. A full benefits realisation review of the BCF has been proposed by our regional BCF network lead and the group will deliver this piece of work using best practice approaches.

The group has also reviewed and developed the associated Section 75 for which CCG approval will be sought, following final legal advice. The group will ensure robust governance and accountability for the programme with regular performance data being submitted to the Health and Wellbeing Executive group and to the CCG governing body through the Integrated Performance Report.

### **3.5 Next steps and future ambitions**

Feedback from NHSE on the BCF submission is expected by the end of November 2019 and it is hoped that it will receive approval.

However the BCF is only one element our ambition to further integrate the commissioning and delivery of health and care services in Sefton. The Integrated Commissioning group has identified a range of objectives including a stated intention for development pooled budgets and increased focus on key areas to progress integrated working. Areas for further exploration include Continuing Health Care, Falls and Frailty, Mental Health & Wellbeing, and Children and Young People, with a number of these areas providing an opportunity for the developing Sefton Provider Alliance to work collaboratively across the whole system to better integrate and deliver more effective, preventative care. An integrated commissioning plan for Sefton is currently under development which will provide the direction for more ambitious integrated working for the future.

## **4. Recommendations**

The Governing Body is therefore asked to ratify the BCF submission.

**Tracy Jeffes**  
**Director of Place – South Sefton**  
**November 2019**



## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/142	<b>Author of the Paper:</b> Mel Wright Programme Manager <a href="mailto:Melanie.wright@southseftonccg.nhs.uk">Melanie.wright@southseftonccg.nhs.uk</a>
<b>Report date:</b> 15 October 2019	
<b>Title:</b> Sefton Transformation Programme Update	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with an update as to the work of the Sefton Health and Care Transformation Programme.	
<b>Recommendation</b>  The Governing Body are requested to receive this update on progress of the Sefton Health and Care Transformation Programme.	
	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

### Links to Corporate Objectives 2019/20 (x those that apply)

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

# Programme update

## 1. Background

This paper follows on from the previous update to the Governing Body submitted in September 2019 and provides an update of progress since that time.

## 2. Progress update

The following is a summary of the work undertaken recently:

- The 'future state' has now been approved by the Sefton Transformation Board and is being incorporated into the new Five Year Plan Sefton2gether;
- Third and final engagement event relating to the refreshed Sefton Plan (incorporating the NHS Long Term Plan) held on 9 October;
- Project Briefs approved in relation to Communications and Engagement and Business Intelligence.
- Project Initiation Documents and plans approved in relation to Primary Care Networks (North and South), Provider Alliance, Finance and Clinical Engagement;
- Benefits Management Strategy agreed;
- Draft Estates Strategy delivered;
- Work continues on developing an outline draft pre consultation business case in relation to delivering sustainable acute services for the population of Southport and Formby (and West Lancashire),. . It is important to note recent capital announcements did not include Southport and Ormskirk Hospitals NHS Trust. The Southport and Formby/West Lancashire CCGs' Joint Committee is meeting for the first time in November to consider the acute sustainability programme;
- A draft transition plan to transfer the programme into business as usual from April 2020 has been prepared and is being discussed with partners;
- Funding of £10,000 has been obtained to support system leadership development following a bid to the Leadership Academy North West.

A full progress update in relation to each of the workstreams can be found at Appendix 1.

## 3. Recommendation

The Governing Body are requested to receive this update on progress of the Sefton Health and Care Transformation Programme.

## Appendices

Appendix 1                      Workstream Update

## Appendix 1 - Workstream Update

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Acute Sustainability	Suzy Ning						Work continues on schedule to meet deadline for outline draft Pre Consultation Business Case of the end of October 2019.
Primary Care Networks (South)	Tracy Jeffes	n/a	n/a				High level plan developed.
Primary Care Networks (North)	Jan Leonard	n/a	n/a				Four PCNs now approved to include Formby. High level plan developed.
Provider Alliance	Teresa Clarke						Work continues to develop workstreams for agreed priorities of complex lives, frailty and children's services, for which a key enabler is business intelligence.
Strategic Commissioning	Stephen Williams	Not yet available		Not yet available			Single implementation plan in relation to both the Health and Wellbeing Strategy and the Five Year Plan, where appropriate. Joint commissioning approach being considered and developed.
Digital	Mel Wright				Due Nov 2019		Terms of reference and digital vision for Sefton agreed. Draft strategy and supporting workplan now being developed.
Workforce, OD & Culture	Cameron Ward		Due Sept 2019	Due Nov 2019			Work is underway through an external commission, Attain, to prepare a baseline assessment of workforce issues relating to Sefton which will assist in compiling Sefton's workforce plan.
Finance	Rebecca McCullough						High level estimate for System Financial deficit remains at £58m before system funding. Discussion on key efficiency schemes for focus in 19/20. Working on system financial planning, draft system recovery plan, detailed financial baseline for all partners, finance

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
							support to clinical models.
Estates	Louise Halloran	■	■	■	■	■	Draft Estates strategy delivered in October, refinements with partner organisations now under way.
Comms and Engagement	Dan Grice	■	■	■	Due Nov 2019		Full engagement on the Place Plan completed and engagement around acute services with public audiences aligned to the overall programme will be supported by more targeted activity for the acute sustainability work with staff, select public, clinical and patient groups in due course.
Business Intelligence	Anne Tattersall	Due Nov 2019		■	Due Nov 2019		Leadership identified, initial meeting being pending during October.

## MEETING OF THE GOVERNING BODY November 2019

<b>Agenda Item:</b> 19/143	<b>Author of the Paper:</b> Debbie Fagan Programme Director Unplanned & Emergency Care Debbie.fagan@southseftonccg.nhs.uk 0151 317 8459						
<b>Report date:</b> November 2019							
<b>Title:</b> Southport & Ormskirk System Winter Plan 2019-20 [28.10.19 version 13].							
<p><b>Summary/Key Issues:</b></p> <p>The Winter Plan 2019/20 is the Southport &amp; Ormskirk (S&amp;O) system response to unplanned care over the winter period which builds upon the all year round plans that are in place.</p> <p>Although its development is evidence based, it is acknowledged that this plan will partially and not wholly mitigate the risks that exist in the locally system. The methodology used to develop it has supported the system, as far as is practicably possible, to be proactive in their planning rather than reactive to the challenges that variation across the winter period can bring.</p> <p>The Winter Plan 2019/20 is aligned to Financial Recovery Plan due to the local agreement for partners to work as a unified system from 2019/20.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to receive the report.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

### Links to Corporate Objectives 2019/20 (*x those that apply*)

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

x	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 and strategic commissioning 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	
Quality Impact Assessment	X			It is the responsibility of Individual organisations to have completed QIA as required as part of their Case for Change.
Resource Implications Considered	X			Aligned to the System Financial Recovery Plan.
Locality Engagement			X	
Presented to other Committees	X			S&O Local A&E Delivery Board. North Mersey A&E Delivery Board. S&O Improvement Board. S&O System Management Board.

## Report to the Governing Body November 2019

### 1. Executive Summary

- 1.1 The Winter Plan 2019/20 is the Southport & Ormskirk (S&O) system response to unplanned care over the winter period which builds upon the all year round plans that are in place. Although its development is evidence based, it is acknowledged that this plan will partially and not wholly mitigate the risks that exist in the locally system. The methodology used to develop it has supported the system, as far as is practicably possible, to be proactive in their planning rather than reactive to the challenges that variation across the winter period can bring.
- 1.2 The Winter Plan 2019/20 is aligned to Financial Recovery Plan due to the local agreement for partners to work as a unified system from 2019/20.

### 2. Introduction and Background

- 2.1 The Southport & Ormskirk (S&O) system believe the best place for its resident population to be cared for is within their own home when safe to do so but recognise that for some people this will not always be possible. Strategically the system objectives for the Winter Plan 2019/20 are to:
- 2.1.1 Improve safety and reduce risk across the local system;
  - 2.1.2 Improve patient and staff experience;
  - 2.1.3 Support wider health and care system sustainability;
  - 2.1.4 Focus on the greatest area of volume and clinical risk.
- 2.2 The Winter Plan for 2019/20 is evidence based and its development has been informed by:
- 2.2.1 **The System Financial Recovery Plan 2019/20** - the local health system have agreed to act from 2019/20 as a unified System focusing on the delivery of the most efficient and effective health care to its local health economy residents;
  - 2.2.2 **External Reviews** undertaken by MBI (May 2019) and the Venn (August 2019);
  - 2.2.3 **Winter Lessons Learnt Event 2018/19** facilitated by the Advancing Quality Alliance (AQuA);
  - 2.2.4 **Urgent Care Peer Review Visit** undertaken by NHS England & Improvement in July 2019;
  - 2.2.5 **Analytics** provided by internal Business Intelligence Teams and Midlands & Lancashire Commissioning Support Unit (MLCSU).
- 2.3 This Winter Plan is a dynamic document and will partly mitigate but not wholly mitigate the risk to the system in 2019/20. Governance arrangements are in place to monitor the performance and



impact of the plan at a Southport & Ormskirk system level and up to the North Mersey A&E Delivery Board.

- 2.4 Going forward for 2020/2021 the system intention is to continue to ensure that the plan is closely aligned strategically to contract mechanisms that are in place and the longer term plan for sustainability of local services.

### **3. Winter Initiatives 2019-20**

- 3.1 The initiatives contained within the Winter Plan 2019/20 have been developed with regard to the evidence base and the System Financial Recovery Plan. The plan details either newly developed or a further enhancement of those identified in the Winter Plan 2018/19. Further work was undertaken on the template previously used for identification of the initiatives in order to provide additional focus on finance and impact.
- 3.2 The initiatives are not the sum total that were put forward by the system but are those that have been identified as those that will have the most impact in managing risk in the local System to support a safe winter. They have all been tested through the Venn Model for the purposes of consistency due to the System commitment to implement the recommendations from the Demand & Capacity Review (Venn September 2019). In addition, a Probability and Risk Matrix was developed for use by system partners to assist them to indicate their level of confidence in the initiative to deliver in order to make an informed decision in how to close the identified gap that exists for intermediate care and transitional beds in the short-term whilst plans are developed to support longer-term sustainability.

### **4. Conclusions**

- 4.1 The S&O System Winter Plan 2019-20 has been developed using a robust evidence base and is aligned to the System Financial Recovery Plan. It focuses upon the areas of greatest volume and risk and partially not wholly mitigates all the risks that are apparent within the local system.
- 4.2 The plan is now being implemented by commissioners and providers and processes are in place to monitor its effectiveness.

### **5. Recommendations**

The Governing Body is asked to receive the report.

### **6. Appendices**

Appendix 1 – Southport & Ormskirk Winter Plan 2019-20 [28.10.19 version 13]

**Debbie Fagan**  
**Programme Director Unplanned & Emergency Care**  
**November 2019**



# Southport & Ormskirk System Winter Plan 2019/20

28 October 2019 version 13.0

**NHS Southport & Formby CCG, NHS West Lancashire CCG, Southport & Ormskirk Hospital NHS Trust, Lancashire Care NHS Foundation Trust, Mersey Care NHS Foundation Trust, Virgin Care, Sefton Metropolitan Borough Council, Lancashire County Council working together.**

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# 1. Sign off

Signatories	
<b>Name:</b> Fiona Taylor Chief Officer NHS Southport & Formby CCG	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> Mike Maguire Chief Officer NHS Southport & Formby CCG	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> Silas Nicholls Chief Executive Southport & Ormskirk Hospital NHS Trust	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> XXX XXX Lancashire Care NHS Foundation Trust	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> XXX XXX Mersey Care NHS Foundation Trust	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> XXX XXX Virgincare	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> XXX XXX Sefton Metropolitan Borough Council	<b>Signature:</b>  <b>Date:</b>
<b>Name:</b> XXX XXX Lancashire County Council	<b>Signature:</b>  <b>Date:</b>

## 2. Executive Summary

The Winter Plan 2019/20 is the Southport & Ormskirk (S&O) system response to unplanned care over the winter period which builds upon the all year round plans that are in place. It has been developed in collaboration between the following system partners:

- Southport & Ormskirk Hospital NHS Foundation Trust (SOHT);
- Lancashire and South Cumbria NHS Foundation Trust (LSCFT)
- Virgin Care;
- Southport & Formby CCG (SFCCG);
- West Lancashire CCG (WLCCG);
- Sefton Metropolitan Borough Council;
- Lancashire County Council.

The local system has worked collaboratively with North West Ambulance Service NHS Foundation Trust (NWAS) in the development of particular initiatives for this plan with the more comprehensive NWAS contribution across the wider system to be referenced in the overarching North Mersey winter plan.

To develop the Winter Plan 2019/20 system partners used the following evidence base:

- External review recommendations;
- Demand and capacity review recommendations;
- Winter 2018/19 lessons learnt review;
- Peer review recommendations;
- Analytics.

It is acknowledged that this plan will partially and not wholly mitigate the risks that exist in the locally system. The methodology used to develop it has supported the system, as far as is practicably possible, to be proactive in their planning rather than reactive to the challenges that variation across the winter period can bring.

The Winter Plan 2019/20 is aligned to Financial Recovery Plan due to the local agreement for partners to work as a unified system from 2019/20.

### 3. Introduction

The Southport & Ormskirk (S&O) system believe the best place for its resident population to be cared for is within their own home when safe to do so but recognise that for some people this will not always be possible. Strategically the system objectives for the Winter Plan 2019/20 are to:

- Improve safety and reduce risk across the local system;
- Improve patient and staff experience;
- Support wider health and care system sustainability;
- Focus on the greatest area of volume and clinical risk.

The Winter Plan for 2019/20 is evidence based and its development has been informed by:

- **The System Financial Recovery Plan 2019/20** - the local health system have agreed to act from 2019/20 as a unified System focusing on the delivery of the most efficient and effective health care to its local health economy residents;
- **External Reviews** undertaken by MBI (May 2019) and the Venn (August 2019);
- **Winter Lessons Learnt Event 2018/19** facilitated by the Advancing Quality Alliance (AQuA);
- **Urgent Care Peer Review Visit** undertaken by NHS England & Improvement in July 2019;
- **Analytics** provided by internal Business Intelligence Teams and Midlands & Lancashire Commissioning Support Unit (MLCSU).

This Winter Plan is a dynamic document and will partly mitigate but not wholly mitigate the risk to the system in 2019/20. Governance arrangements are in place to monitor the performance and impact of the plan at a Southport & Ormskirk system level and up to the North Mersey A&E Delivery Board.

Going forward for 2020/2021 the system intention is to continue to ensure that the plan is closely aligned strategically to contract mechanisms that are in place and the longer term plan for sustainability of local services.

## 4. System Financial Recovery Plan 2019/20

### *Introduction*

- The Commissioners and the Trust agreed to act from 2019/20 as a unified System, focusing on the delivery of the most efficient and effective health care to its local health economy residents.
- The delivery of the System Plan carries significant amount of risks as the individual and joint plans are underpinned by bold CIP and QIPP delivery assumptions which if not met will have a negative impact on System's ability to deliver the individual and the overall plan.

### *Potential outcomes*

- Based on the current work as at 22<sup>nd</sup> August, the System continues to face substantial shortfall in CIP and QIPP with a number of run rate risks and unforecast expenditure, totalling £26.5 million, which currently remain unmitigated. This is an improvement of £0.4 million versus the letter submitted to the Regulator on 13<sup>th</sup> August.
- This is over and above the agreed System deficit of £25.6 million.
- Although work continues on identification of additional mitigating actions and saving opportunities, it is unlikely that the System will be able to identify further actions that would significantly reduce the system risk / deficit beyond current forecast, in the short-term.

### *Assumptions around winter*

- The SFRP currently assumes £1 million of additional costs to the System. This an estimate broadly based on costs of opening additional bed facility and costs associated with additional activity.
- This figure may change depending on the form of the winter plan.

## 5. Evidence Base

### 5a. External Review 1: Southport & Formby Clinical Commissioning Group Community Services Resilience Review (MBI Healthcare May 2019).

The review identified a number of 'big ticket' items that are aligned to the Winter Plan that needed to be taken forward due to them being crucial to operational success. These key areas or 'big ticket items' are as follows:

1. Accountability
2. Management Control Systems
3. Using Evidence
4. Using Quality / Engaging Clinicians.

Recommendations and remedial actions included:

- Using the construct of the Winter Plan to support improved relationships across the local system, care co-ordination and data sharing.
- Fully populated Urgent Care Systems Dashboard in place with 10am calls and 1pm step up calls diarised and utilised / Development of a system wide resilience system – agree OPEL levels and use of action cards.
- Review of the ICRAS model that is in operation in Southport & Formby.
- Development of an Integrated Discharge Team with all partners, managed by one partner, on the Acute Trust site.
- Review of the Trusted Assessor Pathway.
- Review of the Fast Track Pathway.
- Regular updating of the Community Directory of Service which is visible to all providers.

The Winter Plan has been constructed to support delivery on these 'big ticket items' and associated recommendations.



## 5b. External Review 2:

### Whole-System Understanding of Demand & Capacity in Southport & Ormskirk (Venn September 2019).

The local System commissioned Venn to undertake a demand and capacity review which presented its final report in September 2019. The review utilised a model that looked at both the 'optimum' position and the 'actual' position. The 'optimum' position will be used to support longer term planning and sustainability. The 'actual' position is being used to support the Winter Plan.

A summary of the recommendations for the system were as follows:

- There is largely enough capacity within the acute trust bed base;
- There is an under-capacity in terms of transitional / intermediate care beds.

The short-term priority areas for the system were identified as being:

- To enhance Community Intermediate / Transitional Care Bed Capacity;
- To enhance ED to reduce the conversion rate;
- To enhance pathways and align provision for short-term care at home.

For longer-term sustainability priority areas for the system were identified as being:

- To enhance community capacity;
- To reduce ED attends;
- To re-align short-term support;
- To enhance community mental health.

The Winter Plan will address the identified 40 bed system gap that is the actual position or short-term priority area for the local system through a blended approach of non-bed based initiatives (as the individual already has a bed – it's in their own home), community bed based initiatives and provider productivity and efficiency gains.

In the longer term, the enhancement of home based intermediate care and other services to care for people in their own home will likely enable a reduction in the overall bed base.

## 5c. Winter 2018/19 Lessons Learnt Event

The local System held a Winter 2018/19 Lessons Learnt Event facilitated by AQuA. The event provided an opportunity to pause and review what went well in 2018/19, what could be done better and what could be worked up at scale for winter 2019/20.

An appreciative inquiry approach was used to support partners finding value in the current system, creating opportunities and new thoughts / ideas and promoting system resilience. This approach did not deny the hard realities and problems faced during winter but accepted that they were there and provided the opportunity to focus on what went well and the opportunities to build on the strengths as a collective system.

The SOAR (Strengths – Opportunities – Aspirations – Results/Resources) approach was utilised to support partners in agreeing high impact actions for winter 2019/20 and the outcome shown below:

Strengths	Opportunities
Willingness to cooperate; Understanding of local data; Loyalty / Dedication; Resilience and flexibility; Worked well in a crisis; Collaborative system response to maintain safety; Reduction in 'corridor care', 'stranded patients' and 12 hr breaches; Improved 4 hr performance; Safety huddles and 'Long Stay Tuesday'.	Improve communication, integration and pathways for rapid response and home care; Improve pathways for Mental Health/EMI; Greater discharge care coordination; Focus on simple discharges; Co-location of services; Improve access to IV services; IT access at SOHT for partners; Integrated community MDTs to support place-based care; Clinical leadership to improve risk management; Rotation of workforce across acute and community; Shared learning events; Strengthen system escalation; Reconfigure discharge options - D2A, ICB, Home 1 <sup>st</sup> .
Aspirations	Results / Resources
Improve data quality; Work as one service; Seamless transition of care across providers; Individualised discharge planning as opposed to maximising flow; Digital technology to support integration; Primary Care Network Care Coordinators / Falls role; Timely / informative highlight reports; ICRAS/SPOC; Greater understanding of pathways & 'Place'; Keep people at home longer; 7 day working; Integrated support with weekend management cover; Review meetings / alternative modes of communication.	Improve patient outcomes demonstrated by reduction in adverse events; Increased number of patients returned to their preferred place of care; Use of the voluntary sector; Improvement in variation of data; Recognise resource efficiencies – reduction in 'red days' / improve value days spent; Improved escalation leading to specific actions and appropriate resource deployment; Patients' care need to be identified and the right services available and deployed.

## 5d. NHS England & Improvement Urgent Care Peer Review (June 2019)

NHS England & Improvement undertook an Urgent Care Peer Review in June 2019. The Peer Review team highlighted areas of good practice and areas for improvement a summary of which are as follows:

### ***Good Practice***

- System has evolved and developed over the last 12 months – has a firmer grip on the current and predicted challenges;
- System performance and acute trust performance has improved - system to be commended on the management of 12 hour breaches;
- Stable leadership within the acute trust;
- High levels of resilience amongst partners and system wide response provided in times of pressure and escalation;
- Strong relationships and engagement amongst teams despite workforce challenges – high levels of discretionary effort;
- Estate improvements have supported streaming and levels of flow;
- The wider system understands system capacity and acknowledges potential challenges it faces at a granular level – the system is able to articulate these challenges and indicate the required and appropriate response.

### ***Areas for Improvement***

- Continued effort needs to be directed toward rigor and consistency in the application and implementation of Standard Operating Procedures (SOPs);
- Opportunity for improvement in Infection Prevent Control measures within the acute Trust;
- Continue to explore physician associate roles due to the workforce challenges experiences across the system;
- Opportunity to improve discharges before midday and at the weekend;
- System response / social movement for the Organisational Development journey;
- Medics involvement in the mini- MADE process;
- Mitigate risks in bed shortfall heading for winter;
- MDT pathways could be more widely in place across the system and aid improved performance;
- Review capacity on the Ormskirk site as intermediate care capacity may be needed for winter;
- Enhancing Pharmacy provision to support weekend discharge and Monday surge pressures;
- Build upon the NWAS support offer to the system.

## 5e. Analytics

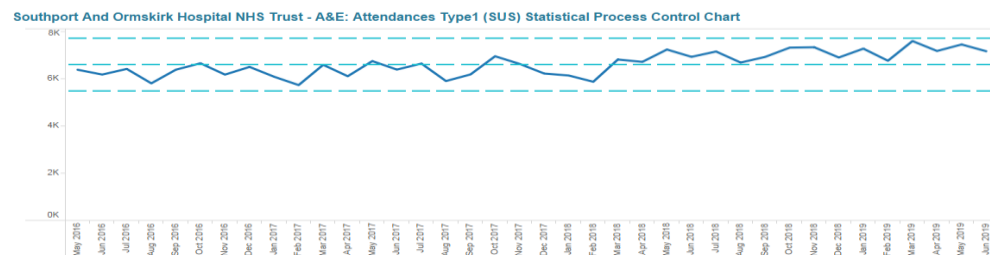
A review of the data was undertaken by system partners in August 2019 and used as an evidence base to inform the development of the Winter Plan. It focuses upon the area of greatest clinical risk and volume for the system which is the >65 year age group with peak demand for beds being in January. Although this plan also makes reference to the increase in Paediatric bed demand evidenced by the seasonal profile in October and November and the need for an adult plan (<65 years of age) these elements are not the areas of greatest clinical risk and volume.

Within the local system the volume of attendances is not generally the cause of greatest pressure for the Emergency Department (ED). The greatest problem is usually a lack of available beds for patients who need to be admitted. This is the rationale for the focus of the plan being on admissions which create a larger demand on the bed base of the hospital and without appropriate and quantified mitigating actions the consequences will be as great as previous winters.

### Non-Elective: Attendances

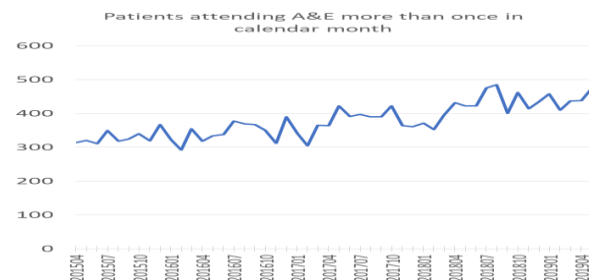
Type 1 attendances for the Trust show a consistent seasonal pattern with modest overall growth until April 2018. The step increase around April 2018 at the Southport site makes it difficult to quantify any underlying trend increase. There is a combination of factors behind the apparent step change in A&E attendances including some changes to A&E flows associated with Same Day Emergency Care (SDEC) activity. At the time of this change there was a step increase in patients who attend A&E more than once in a calendar month with the data showing 53 more attendances per month in 2018/19 than there was in 2017/18. This is illustrated in Figure 1 & 2.

Figure 1: Southport & Ormskirk Hospital NHS Trust – A&E: Attendances Patients Type 1 (SUS) Statistical Process Control Chart



Source: SUS data via OTiS tool, MLCSU

Figure 2: Southport & Ormskirk Hospital NHS Trust – Attending A&E More Than Once in a Calendar Month



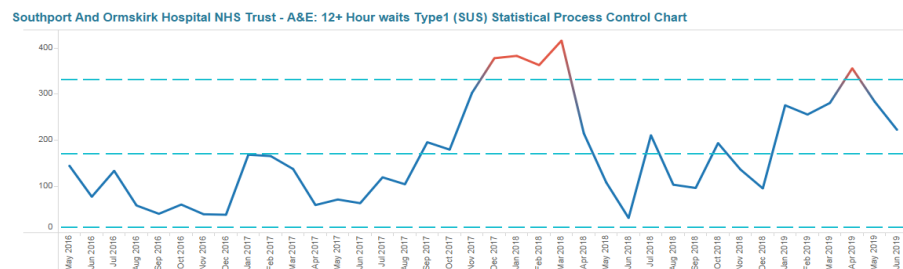
Source: SUS A&E Data, MLCSU

**Non-Elective: 12 Hour Waits & 0 Length of Stay**

One clear measure of pressure during winter 2017/18 was the number of 12+ hour waits in A&E with over 300 occurring in every month from November 2017-March 2018 (N.B.12+ hour wait refers to time spent in A&E ie. arrival to departure to demonstrate a proxy measure of pressure not 'Decision to Admit' time which would be defined as a 12 hour trolley breach). In winter 2018/19 the peak of 12+ hour waits was lower and later. The majority of the 12hr waits occur in the first half of the week and for those patients who have an arrival time between 1700hrs and 2300hrs. Those patients arriving in the evening on certain days and are admitted tend to have an increased length of stay.

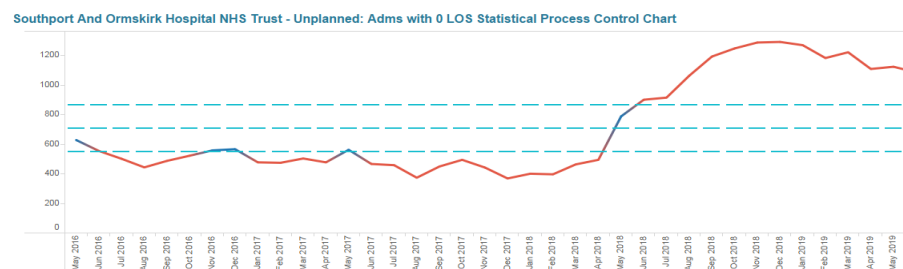
This should be viewed in the context of the 2018/19 Same Day Emergency Care (SDEC) model which was associated with a large increase in the number of patients admitted with a 0 Length of Stay (LoS). Prior to this occurring some of these patients would have left the Emergency Department (ED) without being admitted and some of these would potentially have experienced a 12hr+ wait in ED. In June 2019 12+ hour waits in June 2019 (223) are well above the levels of June 2017 (64) and June 2018 (32) which suggests a worse starting point for the system as it heads into winter 2019/20. This is illustrated in Figures 3 & 4.

Figure 3: Southport & Ormskirk Hospital NHS Trust – A&E 12+ Hour Statistical Process Control Chart



Source: SUS data via OTiS tool, MLCSU

Figure 4: Southport & Ormskirk Hospital NHS Trust – Unplanned: Admissions with 0 LoS Statistical Process Control Chart

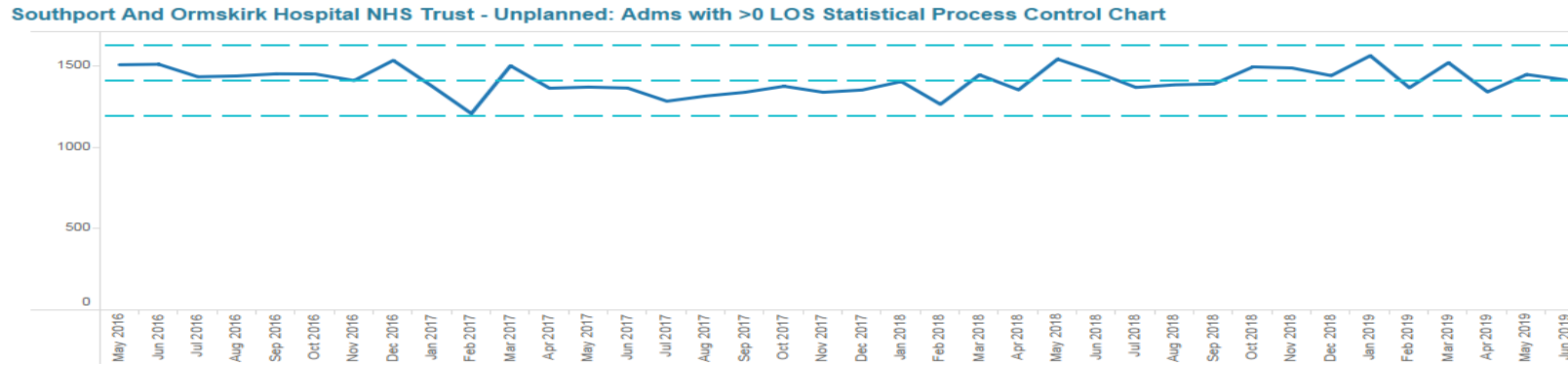


Source: SUS data via OTiS tool, MLCSU

**Non-Elective: Unplanned Admissions >0 Length of Stay**

Over the past 3 years there has been no significant increase in unplanned admissions with a >0 LoS. The total LoS for unplanned admissions also shows no significant increase. This is illustrated in Figures 5 & 6.

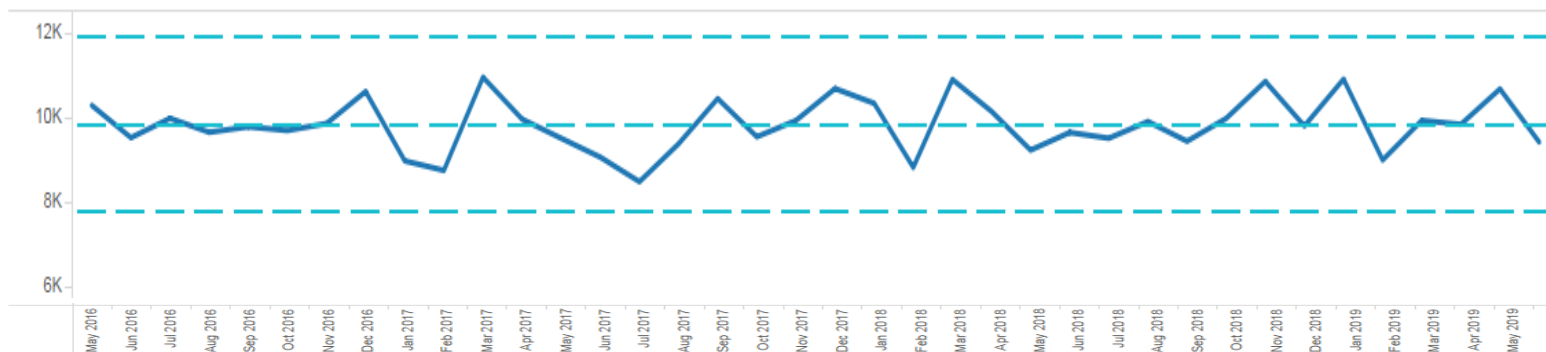
*Figure 5: Southport & Ormskirk Hospital NHS Trust – Unplanned: Admissions with >0LoS Statistical Process Control Chart*



Source: SUS data via OTiS tool, MLCSU

*Figure 6: Southport & Ormskirk Hospital NHS Trust – Unplanned: Length of Stay Statistical Process Control Chart*

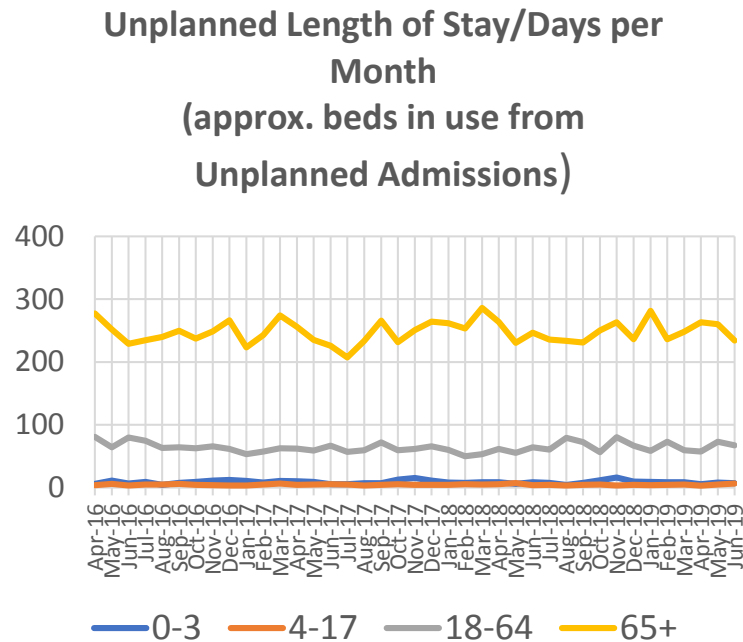
Southport And Ormskirk Hospital NHS Trust - Unplanned: Length of Stay Statistical Process Control Chart



Source: SUS data via OTiS tool, MLCSU

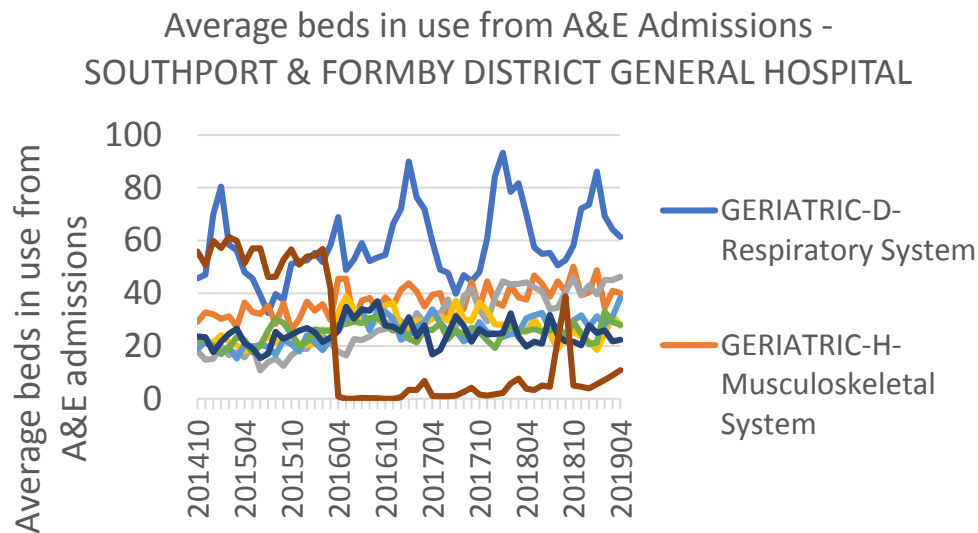
Using LoS as a proxy for bed use by unplanned admissions there appears to be no clear overall seasonal pattern but there is seasonality for certain pathways, notably geriatric respiratory admissions (35 more beds in January 2019 vs August 2018; 53 more beds in January 2019 vs July 2017). The majority of unplanned bed days in use are taken up by older adults >65 years (Geriatrics) with three quarters of the unplanned beds in use being taken up by older adults. This is illustrated in Figures 7 & 8. Therefore it can be considered that the greatest clinical risk and volume lies with this cohort of patients.

Figure 7: Unplanned LoS / Days Per Month



Source: SUS spell data via OTiS tool, MLCSU

Figure 8: Average Beds in Use from A&E Admissions (Southport & Formby (approx. beds in use for unplanned admissions) District General Hospital)



Source: SUS spell data via OTiS tool, MLCSU

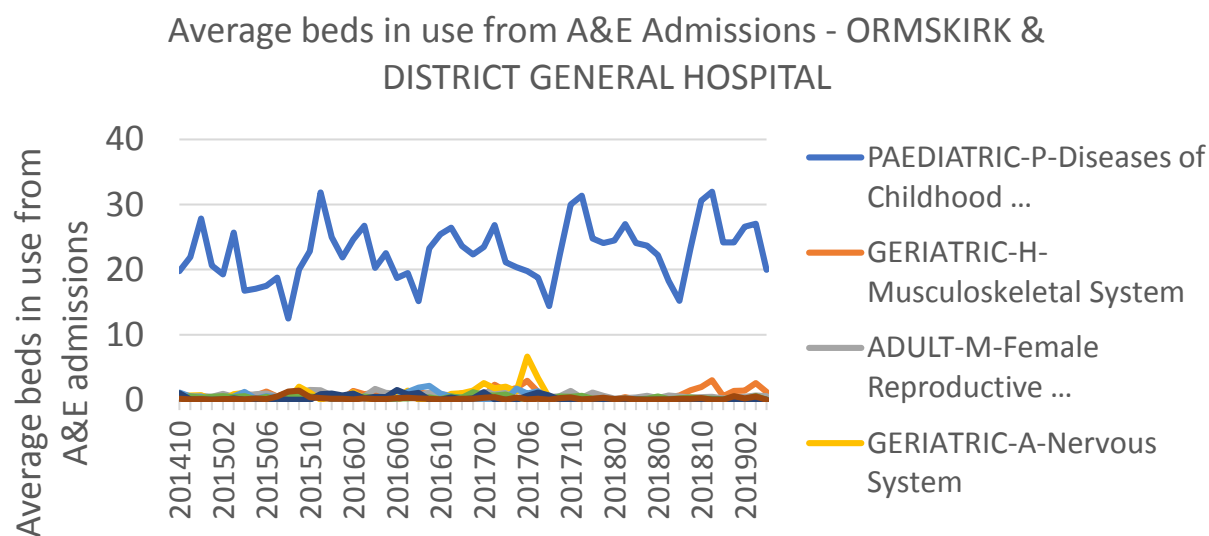
The S&O system is an outlier for unplanned 30 day re-admissions in the last 12 months in comparison to partners across Cheshire & Merseyside. The increased re-admission rate coincides with the introduction of the SDEC model. In conjunction with this bed days for 30 day re-admissions have shown an increasing trend and have been above average from June 2018 onwards.



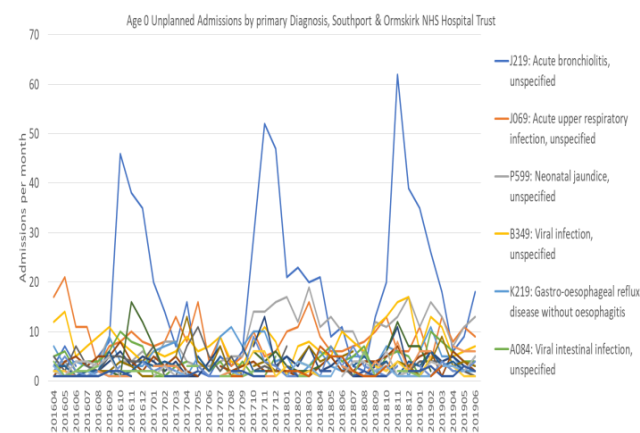
**Non-Elective: Paediatric Admissions**

Paediatric bed demand peaks in October and November with peaks being seen due to bronchiolitis. This is shown in Figure 9.

*Figure 9: Southport & Ormskirk Hospital NHS Trust Paediatric Bed Demand*



*Figure 10: Southport & Ormskirk Hospital NHS Trust Paediatric Peaks Due to Bronchiolitis*



Source: SUS Episode data, single Hospital, bed-days (LoS+1) occupied during the calendar month, divided by number of days in the month, split by HRG Chapter and age, MLCSU

Source: SUS Spell date, MLCSU

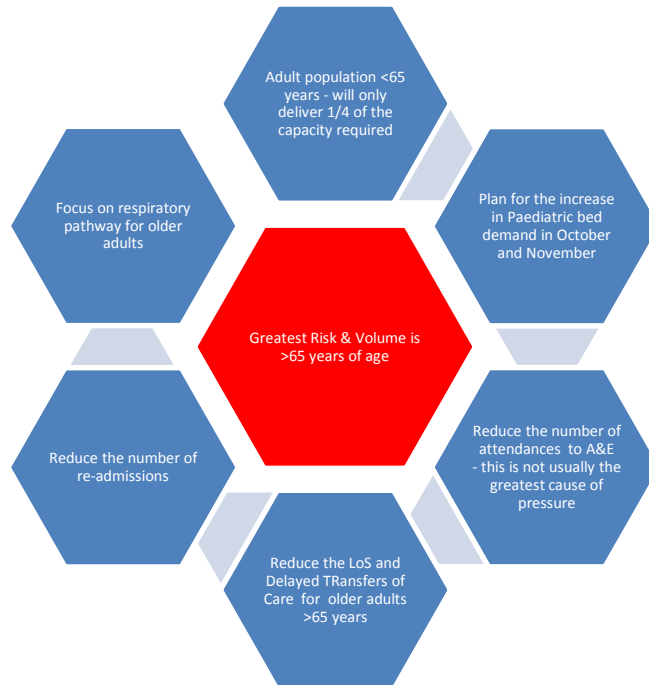
The local system has not identified any specific additional schemes or enhancement of current initiatives specifically for paediatrics as this is not where the greatest clinical risk and volume stems from. SOHT have indicated that they have plans in place to manage the seasonal peak in demand for October and November.

## **Elective: Attendances & Admissions**

SOHT have plans in place to release time to care in the area of elective care to support the Winter Plan 2019/20. Activity data and performance with regard to any CCG outlying status for out-patient new attendances, elective day case procedures and elective ordinary admissions is being explored and taken forward by the relevant commissioners and although not included in this Winter Plan will be aligned to other relevant strategic plans.

From a review of the data the key areas of focus that the Winter Plan should address are shown in Figure 11.

Figure 11: Summary of Focus Areas of the Winter Plan



## 6. Escalation

System pressure is measured several times a day across the North Mersey footprint through the Escalation Management System (EMS) which Trusts and other delivery partners report via the Midlands & Lancashire CSU (MLCSU). The EMS status is then aggregated to provide an assessment of the North Mersey position against the NHSE Operational Pressure Escalation Level (OPEL) national escalation scale. In essence this allows system pressures to be monitored and escalation through agreed trigger criteria as pressure rises with the intention of agreed proactive action to avoid where possible severe or catastrophic pressure or escalation.

EMS had previously been adopted across Southport and a further review of escalation processes in readiness for winter 2019/20 identified some administrative issues that were preventing the community provider for the Southport & Formby CCG area being able to access EMS - contact was made with MLCSU to enable this to be rectified. EMS is also being rolled-out across Lancashire so during 2019/20 the S&O system will benefit from having EMS in use across its entire footprint which should further support local system escalation.

In addition to EMS, and as part of S&O system resilience, twice daily escalation calls have been diarised and will be utilised should they be required. The afternoon call is intended to be a 'step-up' call with system Directors should the need arise.

SOHT are pro-actively planning to open up to an additional 16 beds as part of escalation should these be required on the Ormskirk District General Hospital site. These will be aligned to plans the Trust has for acute bed reconfiguration and be utilised for post-operative orthopaedic patients. Although these are not considered a winter initiative but rather a plan for escalation, this proposal will be presented to the S&O System Management Board as this Winter Plan aligns to the Financial Recovery Plan and there will be a cost to the system.

## 7. Winter Initiatives 2019/20

The initiatives contained within the Winter Plan 2019/20 have been developed with regard to the evidence base and the System Financial Recovery Plan. The plan details either newly developed or a further enhancement of those identified in the Winter Plan 2018/19. Further work was undertaken on the template previously used for identification of the initiatives in order to provide additional focus on finance and impact.

The initiatives contained within the Winter Plan 2019/20 are not the sum total that were put forward by the system but are those that have been identified as those that will have the most impact in managing risk in the local System to support a safe winter. They have all been tested through the Venn Model for the purposes of consistency due to the System commitment to implement the recommendations from the Demand & Capacity Review (Venn September 2019). In addition, a Probability and Risk Matrix was developed for use by system partners to assist them to indicate their level of confidence in the initiative to deliver in order to make an informed decision in how to close the identified gap that exists for intermediate care and transitional beds in the short-term whilst plans are developed to support longer-term sustainability.

Table 1 below is a summary of the schemes which are not included in current budgets. (SFCCG/SOHT)

**Schemes which are not included in current budget (SFCCG, SOHT)**

<b>Focus Area</b>	<b>Scheme</b>	<b>Organisation</b>	<b>Expected Cost 2019/20 £'000</b>
Admission avoidance >65; Occupied Bed Days >65.	Additional 7 Intermediate Care Beds to close the current gap in local provision.	SFCCG	132
Prevent A&E attendances; Admission avoidance >65	Sefton Emergency Response Vehicle (SERV) which will operate a 7 day service.	SFCCG	97
Occupied Bed Days >65	Consolidate Discharge to Assess (CHC eligibility) within MLCSU which will release time from LCFT Discharge Planning Team to concentrate on safe Hospital Discharge.	SFCCG	95
Prevent A&E attendances; Admission avoidance	High Intensity Users	SFCCG	50
Prevent A&E attendances; Admission avoidance	Tactical Schemes	SOHT	280
Acute Bed Re-configuration	16 Beds at ODGH (Post-op Orthopaedics)	SOHT	491
<b>TOTAL COST 2019/20</b>			<b>1,145</b>

Table 2 shows schemes which are currently included in budgets (SFCCG, SOHT) or are the responsibility of other organisations.

Table 2

**Schemes included in current budgets/ Other organisations**

Focus Area	Scheme	Commissioner/ Provider Organisation	Expected Cost 2019/20 £'000	Comments
Admission avoidance; Occupied Bed Days >65	Maximise current commissioned Respiratory and IV pathways.	SFCCG/ Merseycare	Not Applicable	In place
Occupied Bed Days >65.	Implementation of Early Supportive Discharge (ESD Stroke) commissioned service.	SFCCG/ SOHT	£213k	Implemented August 2019
Occupied Bed Days >65.	Home First Model including Rapid Response.	Sefton MBC	TBC - by LA	TBC 4 beds - Caveat - that this may impact on transitional beds not acute trust beds – LA & Venn to liaise
Prevent A&E attendances	Creation of additional appointment slots in Treatment Rooms through review of procedures of low clinical value to reduce demand in A&E (Minor Injuries) to care for individuals in a more suitable clinical setting.	SFCCG/ LCFT	Not Applicable	TBC
Occupied Bed Days ?>65	Home First – enhancement of reablement and crisis care. Operates 7 days a week [not 24/7 – need confirmation of daily operating hours]. Fully phased implementation estimated in January 2020.	WLCCG/ Lancs CC	£184k	On going
Patient Flow	Commission rehabilitation bed in the community to prevent repatriation back to the acute Trust.	WLCCG / Lancs CC / Virgin Care	TBC	
Admission avoidance	Short Intensive Support Service (SISS)	WLCCG/ Virgin Care	£250k	TBC
Admission avoidance >65	Falls Lifting Service	Lancs ICS	ICS funded pilot for 2019/20	October 2019
Occupied Bed Days >65.	Additional 4 Transitional Beds to close the current gap in local provision.	WLCCG	TBC	TBC
Patient Flow	Agreed investment into nurse staffing establishment to support patient safety and internal quality improvement.	SOHT	£1,000k	Implemented

Sefton Metropolitan Borough Council is undertaking a further review of their winter initiatives and as this is a dynamic document further schemes may be added.

The initiatives identified from West Lancashire CCG are not the sum total of initiatives and investments they are making this winter and those associated with their patient flow towards the Wigan area are not reflected in this Winter Plan.

In addition to the funded initiatives listed above, further quality improvement work is continuing across the system eg. Plans are in place for co-location of the discharge teams which is part of the journey towards realising the ambition for an integrated discharge planning team.



## 8. Performance Management

The performance management of the Winter Plan 2019/20 will be overseen by the S&O Local A&E Delivery Board which through local governance arrangements reports into the North Mersey A&E Delivery Board (AEDB) and the Sefton System Management Board (SMB).

The S&O system will finalise an agreed a set of key performance indicators by which to performance manage the Winter Plan 2019/20 – these will be inserted once finalised.

Weekly implementation meetings have been established from 25<sup>th</sup> October 2019 to monitor the impact and expected deliverables of the initiatives throughout the winter period.

## 9. Flu Plan

Both Sefton and West Lancashire have governance structures established for the management of Winter Flu. The latest version of the flu plan on a page from Lancashire is contained within the appendices along with the action plan for Sefton.

## 10. EU Brexit Assurance

Organisations have been required to provide assurance returns centrally with respect to Brexit. One of the areas of concern which is aligned to the winter plan is workforce especially within the local care home and domiciliary care market. Processes are in place to manage such an occurrence eg. Sefton has in place a joint policy / process for the management of provider failure for care homes and domiciliary care providers and the council are requiring such providers to review and submit their business continuity plans.

# 11. Communications Plan

## Our Plan

- This outline plan sets out a local and integrated approach to communicating key winter messages across the health system. Our plan supports core national campaigns like 'Stay Well This Winter, Help us Help you', with supplementary, tailored local approaches where required.
- CCGs will work with provider trusts, the local council and other partners, such as the voluntary, community and faith (VCF) sector and NHS England & Improvement] North West, to promote key messages over the winter period. Messaging will support work around discharge planning, promotion of alternative services, self-care and activity will be timed around 'hot spots' over the winter period.

## Governance

- This plan will support the aims of Southport and Ormskirk System Management Board and be guided by and aligned to the communications aims and objectives of the North Mersey A&E Delivery Board.

## Objectives

- The objectives of the plan are to:
  - Educate and inform staff, patients, and patients' friends and family about the importance of preparing for and effecting timely discharges from hospital to maximise patient flow;
  - Raise awareness of alternative routes to urgent care;
  - Promote health benefits of preventative behaviours (e.g. flu vaccination).

## Audience, message and channels

- More than 80% of attendances at hospital in Southport, Formby and West Lancashire are by people over the age of 65. These patients and the friends, family and professionals who care for them will be our principal audiences.
- The choice of communications channels and messages will be designed with these audiences in mind.

- We will also consider what opportunities there are to influence smaller audience groups e.g. parents and carers of under 16s, especially during the peak October/November attendance season.

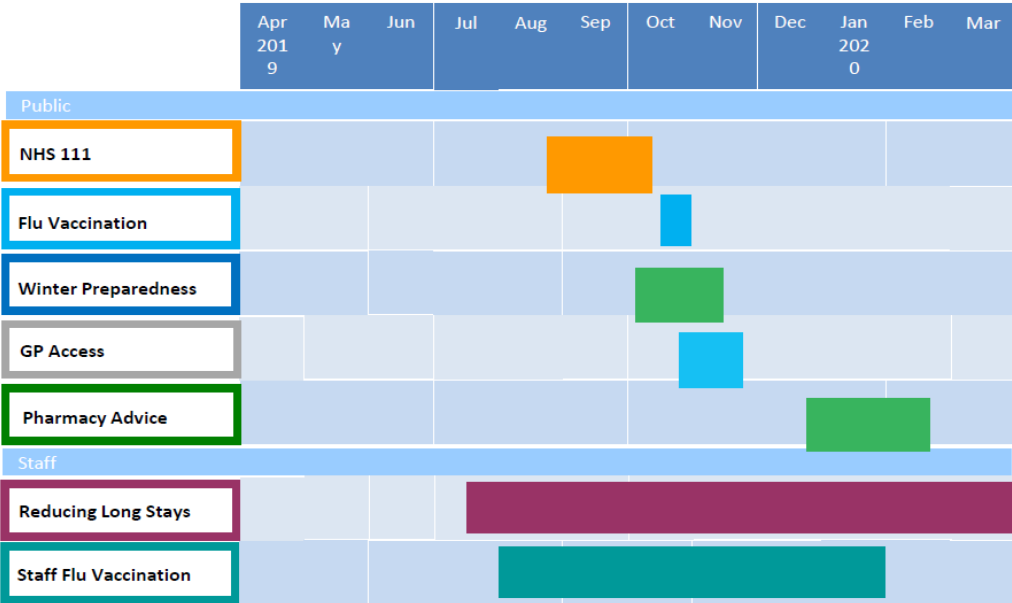
## Resources

- The following resources are already or will be shortly available:
  - North Mersey A&E Delivery Board collateral, including discharge work from 2018/19;
  - NHS England Where Best Next? discharge campaign and collateral
  - NHS Help Us to Help You campaign and collateral.
- We will also:
  - Consider new tailored content for digital and social channels;
  - Revisit channels we use to directly speak to >65s, drawing on any relevant research;
  - Investigate pooled winter communications budget (e.g. for Facebook advertising, pre-Christmas Champion newspaper wraps promoting key service opening times and alternate services in line with Help Us Help You);
  - Gov Radio – radio adverts in Sefton leisure centres and council one stop shops to promote pharmacy, 111 and 7 day GP access services (pre paid).

## Help us Help you

- The Help us Help you Winter national campaign will be supported through our local communications and promotion. We will tie in with the national 'phase' dates where appropriate. These are shown on the planner shown in Figure 12.

Figure 12: Communication Planner



**Awareness days**

- During winter there are many awareness days that we can link in with on social media and in press releases to highlight local health issues and services available in Sefton to help with them. For example Self Care Week in November is a perfect time to remind people about alternative services such as pharmacy along with Ask Your Pharmacist Week in November 2019.

## Appendices (*available*)

No.	Appendices	Link
1.	Southport & Formby Clinical Commissioning Group Community Services Resilience Review (MBI 2019)	
2.	Whole-System Understanding of Demand & Capacity in Southport & Ormskirk (Venn 2019)	
3.	Winter 2018/19 Lessons Learnt Event	
4.	Urgent Care Peer Review	
5.	Analytics	
6.	Dashboard	
7.	Lancashire Flu Plan	
8.	Sefton Flu Plan	
9.	LCC Adult Social Care Winter Plan 2019-20 – Final	
10.	Sefton MBC Winter Plan 2019-20 (awaiting metrics and information re: Mental Health step-down beds and discharge pathways 23.09.19)	
11.	LSCFT Winter Plan (will be updated as initiatives agreed through LSCFT SMT)	
12.	SOHT Winter Plan (Escalation Beds / Tactical Schemes)	

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 17<sup>th</sup> July 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG's likely case deficit has been forecast at c. £9.5m compared with £10.2m reported at month 2.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.</li> <li>The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. It must build on the work undertaken during the QIPP week. The next stage is to develop clinical leadership in the CCG who can engage with colleagues across the system and influence change which leads to improved quality and reductions in cost.</li> <li>The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.</li> </ul>

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

- The committee approved the Career Break Policy.
- The committee reviewed the Individual Funding Request Service KPIs and noted good performance.
- Finance report
  - Committee noted Southport & Ormskirk contract position.
  - The CFO noted that the CCG will be running a QIPP week once per month, every month and highlighted that clinical involvement from all parts



of the health / social care system is vital to address the financial deficit.

- The Chief Finance Officer reported the next steps in relation to the CCG's financial recovery plan, noting that the CCG continues to hold significant financial risk on behalf of the system.
- The F&R Committee Risk Register remains unchanged.
- The committee reviewed the CHC report and asked for further work relating to:
  - Further explanation of High Cost Cases – understand categories / process.
  - Benchmarking review – concerns were raised about levels of 'Fast Track' numbers compared with peers.
- The committee approved the CCG practice prescribing budgets for 2019/20.
- The committee approved the renewal of the Degarelix (Firmagon) rebate scheme.

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 21<sup>st</sup> August 2019

Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG's most likely case deficit has been forecast at £10.6m at month 4. This has increased from £9.5m at month 3.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.</li> <li>The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. It must build on the work undertaken during the QIPP week. The next stage is to develop clinical leadership in the CCG who can engage with colleagues across the system and influence change which leads to improved quality and reductions in cost.</li> <li>The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.</li> </ul>

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

- The committee requested an update briefing on the FNC position for the next F&R meeting.

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 18<sup>th</sup> September 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG's likely case scenario is a deficit of £11.6m.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.</li> <li>The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. It must build on the work undertaken during the monthly QIPP weeks. The next stage is to develop clinical leadership in the CCG who can engage with colleagues across the system and influence change which leads to improved quality and reductions in cost.</li> <li>The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.</li> </ul>

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

- The committee received and paid due regard to the annual Workforce Race Equality Standard report, and received the Workforce Equality and Diversity Plan on behalf of the CCG.
- The committee require further information to explain the FNC process / impact from 17/18 to date and also understand the plan for future arrangements (April 2020 onwards).

- Low sickness absence rate reported for July 2019 in the CCG HR report.
- Prescribing costs indicate pressures in 19/20 – more information required from NHS BSA before inclusion within likely case scenario.
- The committee asked for further details on activity information in relation to packages of care.
- The committee assessed sub-risk FR0010b (risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2019/20). The committee decided that the likelihood post mitigation score and consequence post mitigation score for this sub-risk should be raised from 3X3 to 4X5 and noted that the overall finance risk FR0010 is the highest risk facing the CCG subject to moderation.
- The committee received an update on GP pension contributions and noted that local arrangements require confirmation.

# Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 25<sup>th</sup> July 2019

Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>Recent changes made to the Health Visiting Service.</li> <li>Mersey Care NHS Foundation Trust - RiO data issues and reporting.</li> <li>Is JQPC fulfilling its terms of reference?</li> <li>Lost to follow up process at Southport and Ormskirk NHS Hospital relating back to 2017.</li> </ul>	<ul style="list-style-type: none"> <li>Children Vaccinations Rates/Safeguarding Reviews.</li> <li>Performance reporting issues.</li> <li>Quality and Performance reporting.</li> <li>Trust surveillance process for all patients and not just certain directorates.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Safeguarding Leads Meeting on 18<sup>th</sup> September 2019 to be presented to the JQPC.</li> <li>Escalate to Contract Meetings.</li> <li>Work with commissioning colleagues on the Integrated Performance Report and present back to JQPC.</li> <li>Follow up process and obtain improvement plan. Review of CCG internal processes. Request if Southport and Ormskirk Hospital NHS Trust would consider support from Aintree University Hospital NHS Trust Serious Incident Team.</li> </ul>

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

<ul style="list-style-type: none"> <li></li> </ul>
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# Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 29<sup>th</sup> August 2019

Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>Committee not assured on RTT lost to follow up action plan in terms of clinical engagement of senior medical staff.</li> <li>SI process and recovery plan against contract performance notice.</li> <li>Change to 2 week pathway process.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of patients not being reviewed which may lead to harm.</li> <li>Risk of not meeting the recovery trajectory in terms of SI process.</li> <li>Risk of patients not being treated accordingly nor efficiently. Impact on primary care workload.</li> </ul>	<ul style="list-style-type: none"> <li>Request paper to CCQRM from Southport and Ormskirk Medical Director on clinical engagement to the Trust plan.</li> <li>Contact Director of Nursing to request assurance on plan to recover and if not assured to agree remedial action with Trust Board oversight.</li> <li>Discuss at SMT on Trust changes to 2 week pathway.</li> </ul>

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

<ul style="list-style-type: none"> <li></li> </ul>
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# Key Issues Report to Governing Body

**Audit Committees in Common: Wednesday 10<sup>th</sup> July 2019**  
NHS Southport & Formby CCG

**Chair:**  
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions

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

- Meeting was not quorate for Southport & Formby CCG, as at least one other member was not present in addition to the Audit Committee Chair.
- 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 received and recommended approval of the management response to the Conflict of Interest Internal Audit.\*
- The committee received the Losses, Special Payments and Aged Debt report.
- The committee received an update on recoveries made as part of the Liaison Accounts Payable Review 2018.
- The committee received the Register of Interests and provided positive feedback on the administrative process involved in updating the register.
- The committee received the approved Audit Committee Terms of Reference.
- The committee received the Internal Audit Progress Report.
- The committee received and recommended approval of the updates to the Corporate Risk Register (CRR) and Heat Map.\*
  - It was noted that the Governing Body Assurance Framework (GBAF) was not included for review as further work is required on the content by

some of the risk leads. It was noted that the GBAF would be presented to the Governing Body at the September 2019 meeting.

- A number of queries were raised on individual risks on the heat map; clarification to be provided at the October Audit CiC meeting.

*\* Decision / approval to be ratified at the next quorate Audit CiC meeting, as the July meeting was not quorate.*



# Key Issues Report to Governing Body



<b>Southport &amp; Formby Primary Care Commissioning Committee Part 1, Thursday 16<sup>th</sup> May 2019</b>	<b>Chair: Gill Brown</b>
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Key Issue	Risk Identified	Mitigating Actions
<p>PCN applications.</p> <p>The CCG has received applications as per the Network Contract Directed Enhanced Service. The CCG has an obligation to ensure that all registered populations are covered by a PCN.</p>	<p>One application is below the 30 000 population limit set by NHSE.</p>	<p>Applications to be considered formally by Leadership Team.</p> <p>The CCG will consider the supporting case for this PCN to be authorised.</p>

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

- The Joint Operational Group reviewed LQC sign up for 19/20 and have issued a revised deadline after which payments will cease until sign up is complete.

# Key Issues Report to Governing Body



<b>Southport &amp; Formby Primary Care Commissioning Committee Part 1, Thursday 16<sup>th</sup> June 2019</b>	<b>Chair: Gill Brown</b>
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Key Issue	Risk Identified	Mitigating Actions
Planning for influenza vaccination – winter 19/20	From data received from practices there was concern that some practices may have insufficient vaccine to target all patient groups.	Communication with practices to understand reasons for levels of vaccine ordering. Ongoing discussion and monitoring via established flu groups.

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

The Committee received Healthwatch ‘Enter & View’ reports on GP access for the following practices: Christiana Hartley Medical Practice, Cumberland House Surgery, Kew Surgery.

The committee received an update on the ‘7 day Extended Access’ service and noted that this was also being presented to the Health Overview and Scrutiny Committee this month. The committee noted the component within the PCN DES for Extended Hours and the potential confusion for patients over the two services.

The committee noted that the CCG Leadership Team had received and supported applications from 4 Primary Care Networks (PCN) in Formby, Ainsdale & Birkdale, Central Southport and North Southport.

The CCG is finalising an offer to PCNs for the Medicines Management Hub and Social Prescribing Offer.

# Key Issues Report to Governing Body



South Sefton Primary Care Commissioning Committee Part 1, Thursday 15 <sup>th</sup> August 2019	Chair: Graham Bayliss
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Key Issue	Risk Identified	Mitigating Actions

Information Points for South Sefton CCG Governing Body (for noting)
<ul style="list-style-type: none"> <li>Healthwatch received positive comments from patients registered at Blundellsands. They currently have a scheme to empower patients who suffer from Autism. Patients are issued with coloured lanyard so staff can ensure they receive information in an appropriate way during their consultations. Appointments are always given at quiet times during the day.</li> <li>There has been an improvement in satisfaction results following the review of National data on patient satisfaction. The committee will be writing out to all practices to congratulate their good performance</li> <li>The committee will be pulling together an appropriate workflow for complaints received regarding primary care. Assurances will be sought from GP surgeries to ensure they have the correct procedures in place which will be made available for patients to enable them to make a complaint. The committee will oversee complaints to ensure they are dealt with effectively.</li> </ul>

# Finance and Resource Committee Minutes

Wednesday 17th July 2019, 10.30am to 12.30pm  
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<b>Attendees (Membership)</b>		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
<b>In attendance</b>		
Gill Roberts (Items FR19/87-91)	Senior HR Business Partner, People Services, ML CSU	GR
<b>Apologies</b>		
Gill Brown	Lay Member, S&F CCG	GB
Jan Leonard	Director of Place, S&F CCG	JL
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gill Brown	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓	✓	A	✓	A	
Dr Hilal Mulla	GP Governing Body Member	A	A	✓	✓	✓	✓	✓	✓	✓	✓	
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓	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			
Jan Leonard	Director of Place	✓	A	✓	A	✓	A	✓	✓	✓	A	
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	
Karl McCluskey	Director of Strategy & Outcomes									✓	✓	
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	✓	*	✓	*	✓	*	

No	Item	Action
<b>General business</b>		
FR19/87	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Gill Brown, Jan Leonard, Alison Ormrod and Colette Riley.</p>	
FR19/88	<p><b>Declarations of interest regarding agenda items</b></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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link:  <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a></p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• <i>FR19/99: Practice Prescribing Budgets 2019/20</i>  HM declared an interest in relation to this item, as his practice will be impacted by the practice prescribing budgets for 2019/20. HM had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that HM could be present during this item but could not 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.</li> </ul>	
FR19/89	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting held on 19<sup>th</sup> June 2019 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>	
FR19/90	<p><b>Action points from the previous meeting</b></p> <p><b>FR19/57 Action points from the previous meeting (FR19/29 Individual Funding Request Service Q3 2018/19)</b></p> <p>It was noted that a Midlands &amp; Lancashire CSU Individual Funding Request KPI report was on the agenda to be discussed under item FR19/91. Action closed.</p> <p><b>FR19/62 CHC Update</b></p> <p>It was noted that a report on CHC Benchmarking - Q4 2018/19 was on the agenda to be discussed under item FR19/97. Action closed.</p> <p><b>FR19/74 Action points from the previous meeting (FR19/59 HR Performance Dashboard)</b></p> <p>MMcD reported that he and TK have reviewed the data provided by the CSU</p>	

No	Item	Action
	<p>Learning Team to understand what the main issues are behind the lower than expected statutory and mandatory training compliance rate for March 2019. He confirmed that the employee groups with low compliance rates are Governing Body members and Clinical Leads. Action closed.</p> <p>A discussion followed. It was agreed for TK to ask Cathy Loughlin (Corporate Support Officer at the CCG) to check that the Electronic Staff Records (ESR) system has the correct email addresses for all Governing Body members and Clinical Leads; this is to ensure they are receiving reminders about completing statutory and mandatory training. GR confirmed she would liaise with Cathy Loughlin to discuss the possibility of holding a session with Governing Body members and Clinical Leads where they could complete a condensed version of statutory and mandatory training that was face to face and not online.</p> <p>HM referred to safeguarding training and queried whether GP Governing Body members would need to complete the level 1 and 2 courses again if they had already completed a level 3 course through their practice. GR confirmed she would review this and confirm whether producing evidence of level 3 training would mean not having to complete levels 1 and 2 again.</p> <p><b>FR19/75 Midlands &amp; Lancashire CSU: Summary Service Report</b> MMcD confirmed an update on the contract renewal of externally commissioned services with the CSU and costs would be provided to the Governing Body at its meeting scheduled for 4<sup>th</sup> September 2019. Action still open and to be updated on the tracker.</p> <p><b>FR19/76 Finance Report - Month 2 2019/20</b> MMcD confirmed he provided a briefing on the 2019/20 CCG contract with Southport &amp; Ormskirk NHS Trust at the Governing Body Development Session on 3<sup>rd</sup> July 2019. Action closed.</p> <p><b>FR19/77 Finance &amp; Resource Committee Risk Register</b> The F&amp;R risk register has been updated with the changes agreed at the committee meeting on 19<sup>th</sup> June 2019. Action closed.</p> <p><b>FR19/77 Finance &amp; Resource Committee Risk Register</b> HN confirmed an update on the GP pensions issue was provided at the Senior Leadership Team meeting (on 25<sup>th</sup> June 2019). Action closed.</p> <p><b>FR19/78 Individual Funding Request Service Annual Report 2018/19</b> It was noted the action regarding reviewing whether Individual Funding Requests for services associated with SEND service provision were listed for children or adults is still open.</p> <p><b>FR19/79 Revised GPIT and ETTF Bids for 2019/20</b> JL had provided an update prior to the meeting on the action regarding raising concerns about appointment telephony services at GP practices with the Primary Care Networks. JL has confirmed this issue has been raised. She also noted that a new GP survey has been published and that responses relating to phone access will be isolated and reviewed. The committee noted and discussed this update. It was agreed for MMcD to arrange to have the telephony concerns raised with the South Sefton and Southport &amp; Formby NHSE Joint Operational Group and the IM&amp;T Steering Group. This action is to supersede the current action on the tracker.</p>	<p>TK</p> <p>GR</p> <p>GR</p> <p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p><b>FR19/79 Revised GPIT and ETTF Bids for 2019/20</b> MMcD confirmed the issue regarding speed of IT connections in Southport and Formby CCG has been reviewed by iMerseyside. He reported iMerseyside have sent a paper detailing the costs to increase the bandwidth of all practices in Southport &amp; Formby to 30mbps, which would improve the network speed for clinical systems. The paper has been discussed by the Leadership Team. The committee discussed current network connections and HM reiterated concerns about the connection speed. The committee agreed for the paper to be presented to the Governing Body; MMcD to arrange. This action is to supersede the current action on the tracker.</p> <p>SL reported on issues with EMIS and confirmed she would report this to iMerseyside.</p> <p><b>FR19/82 Sefton Continence Prescription Service - 2018/19 Review</b> SL reported that analysing future forecast projections and trends, taking into account demographics and clinical need, will be part of ongoing discussions with Coloplast Ltd. She noted, however, that the current priority for Coloplast is the planned Stoma pilot within Sefton. The committee agreed to keep this action open on the tracker.</p> <p><b>FR19/82 Sefton Continence Prescription Service - 2018/19 Review</b> JL had provided an update prior to the meeting on the action regarding obtaining a view from Martin Jones (Infection Prevention and Control Matron, Mersey Care) on whether there was an appropriate rate of patients with catheters in the Southport &amp; Formby community and whether patients were receiving the required support to stop usage if no longer required. Martin Jones has not confirmed this to be a specific issue and has noted he will share a report he has written which covers this area. The report is yet to be received. The committee agreed to leave this action open on the tracker until the report is received.</p> <p><b>FR19/83 Erenumab (Aimovig) – Novartis ‘Free of Charge’ (FOC) Supply Scheme</b> SL confirmed a letter has been sent from Fiona Taylor (Chief Officer of the CCG) to the Walton Centre to confirm the CCG’s position that signing-up to FOC schemes is not recommended. Action closed.</p>	<p>MMcD</p> <p>JL</p>
<i>Policies / Frameworks for Approval</i>		
FR19/91	<p><b>Career Break Policy</b> GR presented an updated Career Break Policy which has been reviewed and recommended for onward approval by the Corporate Governance Support Group.</p> <p>GR noted the update to the policy is in relation to sickness and pensions. The policy states that career breaks should not be used instead of sick leave for employees in the NHS Pension Scheme. The policy notes that, ‘Career breaks can affect the pension benefits members are entitled to in a detrimental way if they opt to apply for ill health retirement or in the event of their death.’</p> <p>Members discussed the updated section in relation to sickness and pensions, and raised queries. GR clarified that this section is only applicable to NHS employees who have joined the NHS Pension Scheme. Managers would have</p>	

No	Item	Action
	<p>the flexibility to consider / approve applications for a Career Break following ill health for employees not on the NHS Pension Scheme.</p> <p><b><i>The committee approved the Career Break Policy.</i></b></p>	
<i>Service Contracts</i>		
FR19/92	<p><b>MLCSU Individual Funding Request (IFR) KPI Report</b></p> <p>MMcD presented a KPI report for the Individual Funding Request (IFR) service for Quarter 4, 2018/19. The committee noted that the service has been performing well against its KPIs for Southport &amp; Formby CCG.</p> <p><b><i>The committee received this report and noted the IFR service has been performing well against its KPIs for Southport and Formby CCG.</i></b></p>	
<i>Finance</i>		
FR19/93	<p><b>Finance Report - Month 3 2019/20</b></p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 30<sup>th</sup> June 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The CCG's likely case deficit has been forecast at £9.5m, mainly due to lack of assurance that QIPP opportunities available to the CCG / wider system will be delivered during this financial year.</li> <li>• The main financial pressures at month 3 relate to Continuing Healthcare (£346k) and Funded Nursing Care (£216k).</li> <li>• The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. It must build on the work undertaken during the QIPP week on 1<sup>st</sup>-5<sup>th</sup> July 2019. The next stage is to develop clinical leadership in the CCG who can engage with colleagues across the system and influence change which leads to improved quality and reductions in cost.</li> <li>• The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the CCG's approach so that the membership can support implementation of the CCG's recovery.</li> </ul> <p>The committee had a detailed discussion about the finance report and the CCG's financial position.</p> <p>MMcD provided an update on the Southport &amp; Ormskirk Trust financial position and contract performance for year to date.</p> <p>KMcC enquired about the predicted QIPP delivery to reach the likely case deficit of £9.5m. MMcD confirmed the predicted QIPP delivery is £4.1m at month 3.</p> <p>MMcD reported that the CCG is planning to hold a dedicated QIPP week every month and stressed the need for involvement from clinical leads. HM commented that Wednesday rather than Tuesday was a more suitable day for participation from clinicians; this was noted by MMcD.</p> <p>HN noted there is a lack of staff capacity within the CCG to fully drive QIPP scheme opportunities. She noted she would be supportive of securing extra</p>	



No	Item	Action
	<p>managerial resource to support high level QIPP schemes. MMcD stressed that any extra resource would need to work jointly with the CCG and Southport &amp; Ormskirk NHS Trust in order to drive system wide QIPP schemes.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	
FR19/94	<p><b>Finance Strategy Update</b></p> <p>MMcD provided an update on the CCG's financial recovery plan, noting that a joint plan with Southport &amp; Ormskirk NHS Trust was submitted to NHS England and NHS Improvement in June 2019. The regulators have responded asking for a single financial recovery plan between Southport &amp; Formby CCG, Southport &amp; Ormskirk NHS Trust, West Lancashire CCG and South Sefton CCG. The regulators have asked to meet with representatives from all parties and have requested a single accountable officer be nominated who will be responsible for the delivery of the financial recovery plan.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
FR19/95	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the Finance &amp; Resource Committee Risk Register. The committee agreed that no changes were required at this stage.</p> <p>HN noted that the committee will consider whether to include outstanding Funded Nursing Care issues on the risk register once further information is included on this issue within the finance report.</p> <p><b><i>The committee received the F&amp;R Committee risk register and agreed that no changes were required at this stage.</i></b></p>	
FR19/96	<p><b>Continuing Healthcare Update Report</b></p> <p>MMcD presented a Continuing Healthcare (CHC) report, providing an update on the work progressed around the following areas:</p> <ul style="list-style-type: none"> <li>• Retrospective reviews – previously unassessed periods of care</li> <li>• High Cost Cases – assurance on actions being taken</li> <li>• Work plan 2019/20 - QIPP 2019/20</li> <li>• Funded Nursing Care</li> <li>• Adam DPS – Management Information – June 2019</li> </ul> <p>Members discussed the report and a number of queries were raised in relation to the top 15 high cost packages in Table 1 of the report, and understanding the categories and process. It was agreed for an updated version of this report to be presented at the next full agenda meeting in September 2019 and for AOR, Brendan Prescott (Deputy Chief Nurse) and Jo Ryder (Head of Service IPA - CHC Sefton Locality, Midlands &amp; Lancashire CCG) to be in attendance to answer any queries. TK to arrange.</p> <p><b><i>The committee received this report and requested an updated version be presented to the committee in September 2019 with the required CCG and CSU managers in attendance.</i></b></p>	TK

No	Item	Action
FR19/97	<p><b>CHC Benchmarking - Q4 2018/19</b></p> <p>MMcD presented a Quarter 4 2018/19 report on CHC Benchmarking. The information included in this report is an extract of the NHS CHC tableau report as at Quarter 4 2018/19.</p> <p>The committee received the following data which had been extracted for information.</p> <ul style="list-style-type: none"> <li>• CHC - expenditure per 50k population</li> <li>• CHC children - expenditure by 50k population</li> <li>• CHC fast track - expenditure by 50k population</li> <li>• FNC – expenditure by 50k population</li> </ul> <p>An extensive discussion took place regarding the data. Members raised concerns about levels of CHC fast track numbers compared with CCG peers. It was agreed for this issue to be added to the agenda of the next Senior Management Team (SMT) meeting scheduled for 23<sup>rd</sup> July 2019; TK to action. MMcD to provide an update on the SMT discussion at the next F&amp;R Committee meeting.</p> <p><b><i>The committee received this report.</i></b></p>	TK MMcD
<i>Prescribing</i>		
FR19/98	<p><b>Prescribing Spend Report – Month 1 2019/20</b></p> <p>SL provided an overview of the prescribing report for month 1, noting that it remains too early in the financial year to rely upon the information to accurately forecast the CCG's outturn position.</p> <p>SL reported the CCG has been informed that the price of Category M drugs will increase again this year. She also reported on a significant increase in non-medical prescribing (NMP). She confirmed the CCG is working with the Local Medical Committee on an NMP policy.</p> <p>MMcD provided an update on ongoing discussions regarding overcharges for Lyrica (Pregabalin), and the committee discussed whether this should be included within the CCG recovery plan.</p> <p>SL reported that the medicines management team continue to have regular QIPP meetings.</p> <p><b><i>The committee received this report.</i></b></p>	
FR19/99	<p><b>Practice Prescribing Budgets 2019/20</b></p> <p>HM had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/88: Declarations of interest regarding agenda items</i>).</p> <p>SL provided a brief overview of the Medicines Management team process to determine practice level prescribing budgets for 2019/20, which is explained in detail in the report within the meeting pack.</p>	

No	Item	Action
	<p>The committee discussed quoracy and noted that all current clinical governing body members of the committee would have a conflict of interest with this item. Taking the clinical governing body member role out of the membership for the purposes of this item, it was noted that there were at least 50% of the committee membership in attendance to form quorum.</p> <p><b><i>The committee approved the practice level prescribing budget setting for 2019/20. HM was excluded from decision making due to a conflict of interest.</i></b></p>	
FR19/100	<p><b>Prescribing Rebate Scheme – Degarelix (Firmagon) – Ferring Pharmaceuticals Ltd</b></p> <p>SL presented a paper with a recommendation to approve the CCG sign-up to the renewal of the Degarelix( Firmagon) rebate scheme. She confirmed this is a NICE and Pan Mersey recommended drug.</p> <p>SL reported CR had sent an email prior to the meeting with a query on the rebate scheme to be discussed at this F&amp;R meeting. SL confirmed, however, that the query was in relation to Zoladex and not Degarelix, and that she would respond to CR outside the meeting.</p> <p><b><i>The committee approved the CCG sign-up to the Degarelix (Firmagon) rebate scheme.</i></b></p>	
<b>Minutes of Steering Groups to be formally received</b>		
FR19/101	<ul style="list-style-type: none"> <li>• <b>Information Management &amp; Technology (IM&amp;T) Steering Group – May 2019</b></li> </ul> <p>The committee received the minutes of the IM&amp;T Steering Group meeting (May 2019).</p>	
<b>Closing business</b>		
FR19/102	<p><b>Any Other Business</b></p> <p><u>ETTF scheme in Formby</u></p> <p>MMcD provided an update on the proposed Estates and Technology Fund (ETTF) scheme in Formby, noting that it is not currently an estates focus for practices in Formby. He noted that ETTF is due to come to an end in March 2020. He recommended the proposed ETTF scheme for Formby be withdrawn, given practices in Formby do not wish to pursue further. The committee discussed this and agreed that the proposed ETTF scheme for Formby be withdrawn.</p> <p><u>Improvement and Assessment Framework</u></p> <p>MMcD reported that the Improvement and Assessment Framework (IAF) 2018/19 ratings for CCGs have been published this month. The CCG has been rated as <i>Requires Improvement</i>. The committee noted this update. MMcD confirmed the IAF rating for the CCG would be discussed further at the next Senior Leadership Team meeting.</p>	

No	Item	Action
	<p><u>F&amp;R Committee Provisional Meeting in August 2019</u></p> <p>The committee discussed the provisional F&amp;R Committee meeting scheduled for 21<sup>st</sup> August 2019 and agreed it should go ahead providing there are enough members available to attend to form quorum. MMcD, KMcC, HM and SL confirmed they are all available to attend. HN provided apologies for this meeting. TK to check availability with members not present at today's meeting and confirm the August meeting if it will be quorate.</p>	TK
FR19/103	<p><b>Key Issues Review</b></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><b>Date of next meeting</b></p> <p>Wednesday 21<sup>st</sup> August 2019 (PROVISIONAL MEETING) 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p> <p>Wednesday 18<sup>th</sup> September 2019 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

# Finance and Resource Committee Minutes

Wednesday 21<sup>st</sup> August 2019, 10.30am to 11.30am  
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<b>Attendees (Membership)</b>		
Gill Brown	Lay Member (F&R Committee Vice Chair), S&F CCG	GB
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
<b>Apologies</b>		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
<b>Minutes</b>		
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD

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

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

No	Item	Action
<b>General business</b>		
FR19/104	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Helen Nichols, Alison Ormrod, Jan Leonard, Susanne Lynch and Karl McCluskey.</p> <p>Gill Brown was to chair the meeting in Helen Nichols' absence.</p>	
FR19/105	<p><b>Declarations of interest regarding agenda items</b></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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link:  <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a></p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	
<i>Finance</i>		
FR19/106	<p><b>Finance Report - Month 4 2019/20</b></p> <p>MMcD presented the M4 finance report to the committee noting that that CCG's likely case scenario for the year was £10.6m deficit which had increased from £9.5m at M3.</p> <p>MMcD identified 3 issues which had contributed to the increase:</p> <ul style="list-style-type: none"> <li>CHC - in particular 'fast track' referrals as a consequence of the work being done to identify patients that can be discharged from hospital to enable better flow and improve A&amp;E performance.</li> <li>Independent Sector Activity – a discussion took place on referral behaviours. HM noted that he had occasions where patients initially referred to Independent Sector providers were rejected at first appointment due to risk factors. He noted particular pressures in Urology, Lower and Upper GI and questioned the effectiveness of the RAS triage service. He also noted that it had been difficult to get appropriate investigations within the Independent Sector, particularly where Cancer is suspected. MMcD agreed to take issues related back to the Senior Management Team (SMT).</li> <li>Referrals to Wrightington, Wigan and Leigh (WWL) – it was noted that increased levels of activity had been performed at WWL and CR questioned whether this related to speciality activity. MMcD will take back to SMT for further review.</li> </ul> <p>Other points raised in the discussion included:</p>	<p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>Non Elective Performance - MMcD noted that work reviewing system capacity undertaken by Venn was due to report back on 29<sup>th</sup> August 2019. HM asked whether social workers were still employed within Trusts/A&amp;E departments, identifying that they used to play a significant role in avoiding admissions to hospital. GB asked for a joint development session to be arranged to review this in more detail, including attendance/ report from the Council's Interim Director of Social Care.</p> <p>Under the Acting as One arrangement, MMcD noted that Aintree/RLBHT activity was below plan in financial terms. HM asked whether this was a consequence of preparation for planned changes as part of the proposed merger.</p> <p>MMcD updated the group regarding the system wide meeting to discuss the financial recovery plan. He highlighted the importance of being able to understand the CCG's performance to demonstrate why variation (demand) exists and that we have maximised productivity gains (supply) where possible. The next iteration of the plan is due on 13<sup>th</sup> September 2019.</p> <p>MMcD presented a report in relation to historic FNC payment issues, identifying that there was a risk to the CCG regarding value of previous year payments. He reported that there was a potential financial risk to the CCG depending upon the outcome of the review.</p> <p>GB said that she was not assured by the report as she felt it did not identify all issues; she asked for further information regarding;</p> <ul style="list-style-type: none"> <li>- what process was in place / why not working effectively</li> <li>- the committee noted the apparent reduction during last year and expected a 'deep dive' to take place. It is unclear what the outcome of the deep dive was and not reported back to the committee</li> </ul> <p>GB asked for further understanding of the detailed commitment to joint working with the Council, she also noted work pressures that had previously been discussed and asked whether the Transformation Programme had affected business as usual arrangements. MMcD replied by saying that the report would be updated and issues raised would be addressed in the September meeting.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	<p>MMcD</p> <p>MMcD</p>
<b>Closing business</b>		
FR19/107	<p><b>Any Other Business</b> HM requested a further update on the GP pensions issue. MMcD gave a brief update and will provide an update report in the September meeting.</p>	MMcD
FR19/108	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of next meeting</b> Wednesday 18<sup>th</sup> September 2019 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8</p>	

No	Item	Action
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Approved



# Finance and Resource Committee Minutes

Wednesday 18<sup>th</sup> September 2019, 10.30am to 12.30pm  
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<b>Attendees (Membership)</b>		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown (items FR19/109- mid 115, 116 & 118)	Lay Member (F&R Committee Vice Chair), S&F CCG	GB
Jan Leonard (items FR19/109- mid 115, 116 & 118)	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
<b>In attendance</b>		
Andy Woods (items FR19/109,110 & 113 only)	Senior Governance Manager - Merseyside CCGs Equality & Inclusion Service	AW
Brendan Prescott (items FR19/109, 110, 113 & 116 only)	Deputy Chief Nurse / Head of Quality & Safety, S&F CCG	BP
Rob Smith	Management Accountant, S&F CCG	RS
<b>Apologies</b>		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

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

No	Item	Action
<b>General business</b>		
FR19/109	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Hilal Mulla, Karl McCluskey and Alison Ormrod.</p> <p>It was noted that the meeting was inquorate as a Clinical Governing Body Member was not present. It was noted that items recommended for approval at this meeting will need to be formally ratified at the next quorate Finance &amp; Resource Committee meeting, which is in line with advice received from the CCG's governance lead. This matter is to be raised by the Chair at the next meeting.</p> <p>Introductions were made. Rob Smith noted he was attending the meeting as an observer as part of his personal development, to gain further experience of the month end reporting process.</p> <p>The Chair had been notified that BP and JL would need to leave the meeting early. With this in consideration and given AW was in attendance to present item FR19/113 only, the Chair decided that the below items would be discussed directly after item FR19/110, in the following order:</p> <ul style="list-style-type: none"> <li>• <i>FR19/113: Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard (AW)</i></li> <li>• <i>FR19/116: Continuing Healthcare Update Report (BP)</i></li> <li>• <i>FR19/118: Individual Funding Request Service Report Q1 2019/20 (JL)</i></li> </ul> <p>The rest of the meeting would follow the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda.</p>	HN
FR19/110	<p><b>Declarations of interest regarding agenda items</b></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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link:  <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a></p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• GB declared that she is a non-executive director at St Helens and Knowsley Teaching Hospitals NHS Trust (since 1st September 2019). The Chair reviewed the declaration and noted that this interest did not constitute any material conflict of interest with items on the agenda. The Chair will continue to monitor any area of the meeting where a conflict of interest may arise and will take the appropriate action if required.</li> </ul>	

No	Item	Action
FR19/111	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting held on <b>17<sup>th</sup> July 2019</b> were recommended for approval as a true and accurate record subject to the following change:</p> <p><i>FR19/96: Continuing Healthcare Update Report:</i> the penultimate paragraph regarding assurance is to be removed. TK to action.</p> <p>The key issues log of the previous meeting held on <b>17<sup>th</sup> July 2019</b> was recommended for approval as an accurate reflection of the main issues from that meeting.</p> <p>The minutes of the previous meeting held on <b>21<sup>st</sup> August 2019</b> were recommended for approval as a true and accurate record. The key issues log was recommended for approval as an accurate reflection of the main issues from that meeting.</p> <p>The approval of the minutes and key issues logs for this item is to be ratified at the next quorate F&amp;R Committee meeting.</p>	TK
FR19/112	<p><b>Action points from the previous meeting</b></p> <p><b><u>Actions from meeting on 17<sup>th</sup> July 2019</u></b></p> <p><b>FR19/78 Individual Funding Request Service Annual Report 2018/19</b> JL reported that she has liaised with Midlands &amp; Lancashire CSU regarding <i>Appendix 1</i> of the <i>IFR Service Annual Report 2018/19</i>, and queried whether the IFRs for services associated with SEND service provision were listed for children or adults. The CSU have confirmed that none of the service developments listed were related to children. Action closed.</p> <p><b>FR19/82 Sefton Continence Prescription Service - 2018/19 Review</b> SL reported that analysing future forecast projections and trends with Coloplast Ltd is still on hold as the current priority for Coloplast is the planned Stoma pilot within Sefton. The committee agreed to defer the completion date for this action to November 2019.</p> <p><b>FR19/82 Sefton Continence Prescription Service - 2018/19 Review</b> JL confirmed she has received a report from Martin Jones (Infection Prevention and Control Matron, Mersey Care) regarding patients with catheters in the Southport &amp; Formby community. She noted, however, that the report is outdated and would not provide useful current information to address whether there was an appropriate rate of patients with catheters in the Southport &amp; Formby community and whether patients were receiving the required support to stop usage if no longer required. Action closed.</p> <p><b>FR19/90 Action points from the previous meeting</b> <b>FR19/79 Revised GPIT and ETTF Bids for 2019/20</b> The action regarding raising concerns about telephony services at GP practices with the South Sefton and Southport &amp; Formby NHSE Joint Operational Group and the IM&amp;T Steering Group is still open. CR provided an update on appointment services at her practice.</p>	

No	Item	Action
	<p><b>FR19/97 CHC Benchmarking - Q4 2018/19</b> MMcD noted the action to address concerns raised by committee members regarding the levels of CHC fast track numbers compared with CCG peers, is still open. Action to be deferred to the next F&amp;R Committee meeting.</p> <p><b><u>Actions from meeting on 21<sup>st</sup> August 2019</u></b></p> <p><b>FR19/106 Finance Report - Month 4 2019/20</b> In reference to Independent Sector Activity referral trends – MMcD confirmed that the issues raised at the F&amp;R Committee meeting in August 2019 were raised with the Senior Management Team and are currently being reviewed by the Planned Care team. It was agreed to leave open the action on the tracker and for an update to be provided at the next committee meeting scheduled for 23<sup>rd</sup> October 2019.</p> <p><b>FR19/106 Finance Report - Month 4 2019/20</b> In reference to referrals to Wrightington, Wigan and Leigh (WWL) – MMcD noted that the increased levels of activity performed at WWL is largely associated with activity relating to Trauma and Orthopedics. Action closed.</p> <p><b>FR19/106 Finance Report - Month 4 2019/20</b> In reference to Non Elective Performance and the query as to whether social workers were still employed within Trusts/A&amp;E departments – MMcD confirmed that a request has been made to the CCG's Corporate Business Manager to arrange a joint development session to review this in more detail, and include attendance/ report from the Council's Interim Director of Social Care. It was agreed to close this action.</p> <p><b><i>It was noted that all other actions on the action tracker for the July and August 2019 meetings had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></b></p>	MMcD
HR		
FR19/113	<p><b>Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard</b></p> <p>AW presented the latest update against the actions on the CCG's Workforce Equality and Diversity Plan and the annual Workforce Race Equality Standard (WRES). He asked the committee to:</p> <ul style="list-style-type: none"> <li>• Note and receive the latest update against the actions on the Workforce Equality and Diversity Plan;</li> <li>• Note and receive and pay due regard to the annual WRES report.</li> </ul> <p>AW reported that the CCG has two roles in relation to the WRES; that of commissioner and employer. AW confirmed the WRES submission does not highlight any concerns in relation to Black Asian and Minority Ethnic (BAME) workforce issues. He noted that as the CCG's workforce is small, it does not provide an adequate sample to identify key issues via the NHSE WRES template in Appendix B of the report and therefore the data should be considered on this basis.</p> <p>Members queried if a collective sample from the CCGs in Cheshire &amp;</p>	

No	Item	Action
	<p>Merseyside has been considered to populate the NHSE WRES template. AW confirmed this has been considered but would be challenging to implement due to differing cultures for each CCG.</p> <p>AW confirmed that there is a metric within the CCG Improvement and Assessment Framework, under leadership, which is related to black and minority ethnic leadership ambition for executive appointments.</p> <p>AW reported the CCG has made progress against the Workforce Equality and Diversity Plan and noted that further work is required to address BAME workforce issues, particularly in relation to addressing the 'glass ceiling' issue and barriers to career development. The committee noted the importance of working collaboratively with partners and the need for system wide support to address the BAME 'glass ceiling' issue. MMcD confirmed that Future Focussed Finance have been undertaking work on a national level to address barriers to BAME employee career development, and that the CCG was supporting this process.</p> <p><b><i>The committees noted and received the latest update against the actions on the Workforce Equality and Diversity Plan. The committee noted, received and paid due regard to the annual WRES report. The committee demonstrated due regard to the CCG's duties under the Equality Act 2010 and the Health and Social Care Act 2012.</i></b></p>	
FR19/114	<p><b>HR Performance Dashboard</b></p> <p>MMcD presented the latest HR performance dashboard, which covers the period April – July 2019. He reported there has been a decline in the statutory and mandatory training compliance rate and further work needs to be undertaken to ascertain the reasons behind this.</p> <p>Members queried the low sickness absence rate for July 2019 (0.55%) and the accuracy of this figure. MMcD confirmed he would check this figure with the CCG's Corporate Support Officer.</p> <p>GB queried if compliance rates for staff appraisals could be included within the dashboard. MMcD confirmed he would ask for this to be included within the dashboard.</p> <p><b><i>The committee received this report.</i></b></p>	<p>MMcD / TK</p> <p>MMcD / TK</p>
<i>Finance</i>		
FR19/115	<p><b>Finance Report - Month 5 2019/20</b></p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31<sup>st</sup> August 2019. He reported the CCG's likely case scenario is a deficit of £11.6m at month 5. This has increased from £10.6m at month 4.</p> <p>MMcD provided an update on the Southport &amp; Ormskirk Trust financial position and contract performance for year to date. He noted that the Southport and Ormskirk Hospital Contract and Clinical Quality Review meeting would be taking place this afternoon.</p>	

No	Item	Action
	<p>MMcD noted that the monthly CCG QIPP Week was taking place this week, which would be followed by the Joint QIPP &amp; Financial Recovery Committee meeting on Tuesday 24<sup>th</sup> September 2019.</p> <p><b>JL and GB left the meeting.</b></p> <p>An extensive discussion followed regarding the finance report and the CCG's financial position.</p> <p>HN referred to <i>Appendix 1 – Financial Position Month 05</i> and commented that a number of figures under the Acute section seem to be over-extrapolated. She also commented that the figures for iSight Ltd in <i>Appendix 2 – Detailed Breakdown of Provider Costs</i> seem to be over-extrapolated. MMcD confirmed he would review these figures and report back at the next F&amp;R Committee meeting.</p> <p>HN referred to the chart in section 2 of the report, which shows the Southport &amp; Formby CCG Outturn at month 5. She commented that a number of the cost areas on this chart are related to packages of care, and that it would be helpful if these areas were grouped together on the chart. MMcD confirmed this would be actioned in the next finance report.</p> <p>HN referred to the CCG Risk Adjusted Position and requested the detail behind the figures; MMcD confirmed this would be included in the finance report for the next F&amp;R Committee meeting.</p> <p>HN requested the latest copy of the CCG's Financial Recovery Plan; MMcD to action.</p> <p><b>The committee received the finance report and noted the summary points as detailed in the report.</b></p>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p> <p>MMcD</p>
FR19/116	<p><b>Continuing Healthcare Update Report</b></p> <p>BP presented a Continuing Healthcare (CHC) report, providing an update on the work progressed around the following areas:</p> <ul style="list-style-type: none"> <li>• Retrospective reviews – previously unassessed periods of care</li> <li>• High Cost Cases – assurance on actions being taken</li> <li>• Work plan 2019/20 - QIPP 2019/20</li> <li>• Funded Nursing Care (FNC)</li> <li>• Adam DPS – Management Information – August 2019</li> </ul> <p>BP noted that the top high cost packages detailed in the report have all been reviewed in the last 12 months.</p> <p>The committee had a detailed discussion about CHC and FNC. It was noted that Fast Track CHC and Discharge to Assess are two separate pathways and are not connected. The committee noted that Debbie Fagan (Programme Director - Unplanned &amp; Emergency Care) is leading a review on the significant increase in Fast Track cases.</p> <p>HN noted the challenges of getting a full grasp of the different elements of packages of care and noted that this is being addressed by the CHC Steering Group.</p>	

No	Item	Action
	<p>MMcD reported that outstanding FNC issues concerning 2017/18 have now been resolved further to discussions between the CCG and the local authority.</p> <p>HN referred to the FNC Reconciliation table which was included as Appendix 4 in the month 4 finance report presented at the F&amp;R Committee meeting in August 2019. She requested further information on this table, querying how it linked with the CCG's most likely and worst case scenarios. MMcD confirmed a follow up report, addressing this query, will be issued to the committee as soon as possible.</p> <p>HN requested a brief report on the outstanding FNC issues, which details what the issues are, what caused them, what the consequences were and the actions being undertaken to prevent the issues from arising again in the future. MMcD confirmed this report would be produced for the next F&amp;R meeting in October 2019.</p> <p>MMcD noted that a new FNC process is due to be introduced in October 2019. BP reported that the process for the payment of FNC invoices is being considered in terms of options open to the CCG. It was noted that additional investment may need to be considered.</p> <p><b><i>The committee received this report.</i></b></p>	<p>MMcD</p> <p>MMcD</p>
FR19/117	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the Finance &amp; Resource Committee Risk Register, noting that it had been reviewed by the Senior Finance Team earlier in the week.</p> <p>MMcD proposed that the likelihood post mitigation score and consequence post mitigation score for the following sub-risk be changed from 3X3 to 4X5, as the operational budget forecast (£2.8m) is now a significant financial pressure for the CCG, as it is above £2m:</p> <p><i>FR0010b: There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2019/20 caused by potential expenditure pressures resulting in increased costs and a reduction in the ability to achieve its control total and statutory financial duty.</i></p> <p>The committee approved this change, which is to be ratified at the next quorate F&amp;R Committee meeting. The risk register is to be updated with this change.</p> <p><b><i>The committee recommended approval of the F&amp;R Committee Risk Register, subject to the proposed change to sub-risk FR0010b, which is to be ratified at the next quorate F&amp;R Committee meeting.</i></b></p>	MMcD / TK
FR19/118	<p><b>Individual Funding Request Service Report Q1 2019/20</b></p> <p>JL presented the Individual Funding Request Service Report Q1 2019/20.</p> <p>She reported that the CCG's Prior Approval Scheme system (commissioned from Midlands &amp; Lancashire CSU) for specified secondary care providers has meant that requests for restricted procedures have required prior approval via BlueTeq. This has resulted in a higher number of requests being received by Southport &amp; Formby CCG and as a consequence, has reduced demand within secondary care.</p>	

No	Item	Action
	<p>JL informed the committee about an approved request for pinnaplasty and provided the background to the decision.</p> <p><i>The committee received this report.</i></p>	
FR19/119	<p><b>GP Pensions Update</b></p> <p>MMcD provided an update on the issue with GP pensions. He reported that a CCG Remuneration Framework is currently under review, which will detail pay rates for each role and contractual arrangements in place. A Remuneration Committee is to be convened for the end of October 2019. New contracts will be issued to all parties concerned once finalised by HR and adopted by the CCG. MMcD reported NHS England have requested completion of a template return by 18<sup>th</sup> October 2019, detailing the administration of GP Board Member and Clinical Lead pensions from April 2013 through to April 2019. This is due to national, regional and local variation identified as a result of the issue with GP pensions.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Service Contracts / Contract Planning</i>		
FR19/120	<p><b>Midlands and Lancashire CSU: Summary Service Report</b></p> <p>MMcD provided a brief overview of the Midlands and Lancashire CSU Summary Service Report for the period 1st June to 31st August 2019. He provided an update on the CCG's approach regarding contract renewal and noted that this would be reviewed by the Leadership Team.</p> <p><i>The committee received this report.</i></p>	
FR19/121	<p><b>Contract Planning 2020/21</b></p> <p>MMcD provided an overview of a presentation delivered to the Senior Management Team on 27th August 2019 outlining the CCG planning for the 2020/21 contracting round. He noted the presentation had been brought to the committee for information.</p> <p><i>The committee received this report.</i></p>	
<i>Brexit</i>		
FR19/122	<p><b>Brexit Considerations</b></p> <p>MMcD provided an update on Brexit considerations. He reported that following discussion at the Senior Leadership Team meeting on 17<sup>th</sup> September 2019, it has been agreed that the Leadership Team will now oversee and operationally manage Brexit considerations given the potential of a 'no deal' exit on 31<sup>st</sup> October 2019. The Brexit Considerations item is therefore to be removed from the F&amp;R Committee workplan.</p> <p><i>The committee received this verbal update.</i></p>	TK



No	Item	Action
<i>Performance</i>		
FR19/123	<p><b>Quality Premium Report</b></p> <p>MMcD reported that the CCG has not received any guidance or plans for the Quality Premium 2019/20.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Prescribing</i>		
FR19/124	<p><b>Prescribing Spend Report – Month 3 2019/20</b></p> <p>SL provided an overview of the prescribing report for month 3 2019/20, noting that Southport &amp; Formby CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>SL raised concerns about the NHS BSA 2019/20 forecast outturn for the CCG and noted that concerns are shared across CCGs in Cheshire &amp; Merseyside for their respective BSA forecast outturns. She confirmed that the CCG is in discussions with the BSA to understand the information behind the forecast outturn.</p> <p>SL reported on increasing cost pressures in relation to No Cheaper Stock Obtainable (NCSO) drugs and Category M drugs.</p> <p><i>The committee received this report.</i></p>	
<b>Minutes of Steering Groups to be formally received</b>		
FR19/125	<ul style="list-style-type: none"> <li>• <b>Sefton Property Estates Partnership (SPEP) Steering Group – June 2019</b></li> </ul> <p>The committee received the minutes of the SPEP Steering Group meeting (June 2019).</p> <p>MMcD reported that there is potential to increase utilisation in one of the Community Health Partnerships buildings in Southport with the development of women and children's hubs.</p>	
<b>Closing business</b>		
FR19/126	<p><b>Any Other Business</b></p> <p>No items of other business were raised at this meeting.</p>	
FR19/127	<p><b>Key Issues Review</b></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><b>Date of next meeting</b></p> <p>Wednesday 23<sup>rd</sup> October 2019</p>	

No	Item	Action
	10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ	

Approved

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

**Date:** Thursday 25<sup>th</sup> July 2019 at 09.00 – 12.00

**Venue:** 5A, 5<sup>th</sup> Floor, Merton House, Stanley Road, Bootle, Liverpool L20 3DL.

<b>Membership</b>		
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	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
<b>In attendance</b>		
Helen Case (for agenda item 19/129 only)	Designated Nurse, Children in Care (SSCCG)	HC
Helen Roberts	Lead Pharmacist (SS&SFCCG)	HR
Dr Emma McDonnell	GP at Bridge Road Medical Centre	EMc
Dr Ruari Killough	GP at West Way Medical Centre	RK
<b>Apologies</b>		
Karl McCluskey	Director of Strategy and Outcomes (SSCCG)	KMc
Billie Dodd	Deputy Director of Commissioning and Delivery (SSCCG)	BD
Jennie Piet	Programme Manager Quality and Performance (SSCCG)	JP
Dr Doug Callow	GP Quality Lead/GB Member (SFCCG)	DC
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Susan Calvert	Interim Head of Quality and Safety (SSCCG)	SC
Susanne Lynch	Head of Medicines Management (SSCCG)	SL
Tracey Forshaw	Assistant Chief Nurse (SSCCG)	TF
<b>Minutes</b>		
Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD

**For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:**

Chair of the Joint Quality and Performance 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)

## Membership Attendance Tracker

Name	Membership	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19
Dr Rob Caudwell	GP Governing Body Member	L	N	✓	A	✓	N	L	✓	✓	N	✓	A	✓
Graham Bavliss	Lay Member for Patient & Public Involvement	✓	N	A	A	✓	N	✓	✓	A	N	✓	✓	✓
Gill Brown	Lay Member for Patient & Public Involvement	A	N	✓	✓	A	N	✓	✓	A	N	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	N	✓	✓	✓	N	A	A	✓	N	✓	✓	A
Billie Dodd	Head of CCG Development	A	N	A	A	A	N	✓	A	A	N	✓	✓	A
Debbie Fagan	Chief Nurse & Quality Officer	L	N	A	✓	✓	N	A	✓	A	N	-	D	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	N	✓	✓	✓	N	✓	✓	A	N	✓	-	✓
Martin McDowell	Chief Finance Officer	A	N	A	✓	✓	N	✓	A	✓	N	✓	D	✓
Dr Andrew Mimmagh	Clinical Governing Body Member	A	N	A	A	A	N	A	A	-	N	-	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	✓	N	✓	A	A	N	A	A	A	N	A	✓	A

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

No	Item	Actions
19/117	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>Dr Rob Caudwell welcomed all to the meeting and round the table introductions were made. It was noted that Drs Emma McDonnell and Ruari Killough were in attendance to observe.</p> <p>Apologies were noted from Fiona Taylor, Billie Dodd, Susanne Lynch, Sue Calvert, Jennie Piet, Karl McCluskey and Tracey Forshaw.</p>	
19/118	<p><b>Declarations of Interest</b></p> <p>It was noted that Emma McDonnell is a Locality Lead in South Sefton CCG and is an LMC member. Dr Ruari Killough is a Locality Lead in South Sefton CCG.</p>	
19/119	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>The previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 27<sup>th</sup> June 2019.</p>	
19/120	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> <li>• <b>19/33 NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Service Incident - The CCG to look at NRLS reporting to compare MCFT and LCFT.</b></li> </ul> <p>Mel Spelman advised that Gill Murphy had left her role. Community data was not available. Mel to contact Lee Taylor or Trish Bennett.</p> <p>No update received, action to remain open on the tracker with an update required for the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/36 GP Quality Lead Update - Debbie Fagan to raise the concerns of the impact of changes to the Health Visiting Team and the introduction of a centralised booking office with Margaret Jones and Kerrie France. Fiona Taylor advised that she would take forward this action and invite a Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Foundation Trust representative to attend the next Committee meeting to provide an update.</b></li> </ul> <p>Margaret Jones had been invited to attend the Committee meeting but was unable to attend. She will attend a future meeting.</p> <p>Dr Gina Halstead updated the Committee and advised that she has contacted Margaret Jones who advised that she would not be available to attend the Joint Quality and Performance Committee until the autumn. Dr Emma McDonnell contributed concerns regarding the changes to the Health Visiting Service. The main issues being; the issuing of Memorandum of Understanding on vaccinations. North West Boroughs Healthcare NHS Foundation Trust not going through safeguarding lists as they did previously. Health Visitors will only discuss patients on a "hot list" with the GP to raise. Some patients may not be known to the Health Visiting Team. There was a discussion on vaccinations being followed up as a responsibility of the practices. Location of Health Visiting localities in Southport and Formby is an issue as it is not central to Churchtown.</p>	MS



	<p>Dr Gina Halstead advised that at the recent Collaborative Commissioning Forum, process mapping for escalation on contractual breaches had been discussed. A contracts query and performance notice flow chart is being produced. Dr Halstead requested that a copy be shared with the Committee.</p> <p><b>Action: Michelle Diable to request a copy of the Contracts Query and Performance Notice Flow Chart from Terry Hill to share with the Committee.</b></p> <ul style="list-style-type: none"> <li>• <b>Action 19/85 Q1/Q2 Quality Assurance Report 2018/19 Urgent Care Greater Manchester and SFSS. Billie Dodd to feed back the concern raised in relation to care home visits and to investigate why delays are occurring.</b></li> </ul> <p>Billie Dodd advised that this would be raised at the next Contract Meeting on 17<sup>th</sup> July 2019 and would update the Committee at the next meeting.</p> <p>Brendan Prescott advised that Go to Doc domiciliary visits was raised at the Go to Doc Contract Meeting. An update from Billie Dodd is required. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/87 and 19/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report. Plan to be presented at the next Joint Quality and Performance Committee meeting.</b></li> </ul> <p>Action to remain on the tracker. Brendan Prescott advised that further information is awaited from Jane Lunt. Dr Rob Caudwell asked if this needs to be escalated. Brendan Prescott to take the action forward.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/91 Multi Agency Safeguarding Arrangements (MASA) Plan</b></li> <li>(i) <b>Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</b></li> </ul> <p>A response is awaited, action therefore to remain on the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/104 Performance Highlight Report</b></li> </ul> <p>Brendan Prescott advised that he would present it to the next Quality Surveillance Group scheduled in September 2019. The outcome will be presented to this Committee in October 2019.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/107 Joint Quality and Performance Committee Revised Terms of Reference – 10/9/20</b></li> <li>(i) <b>Michelle Diable to amend the terms of reference to ensure that any reference made to the Joint Quality Committee is changed to Joint Quality and Performance Committee.</b></li> </ul> <p>Action completed and to be removed from the tracker.</p> <li>(ii) <b>Brendan Prescott to provide an update following the questions raised in relation to what can be expected in terms of reports and how issues are escalated and also clarity in relation to streamlining the process of the agenda and oversight.</b></li> <p>Brendan Prescott advised that he had raised this with Debbie Fairclough. The plan is for Governing Body to discuss what this means for sub committees. Action to be removed from the tracker.</p>	<p style="text-align: right;">MD</p> <p style="text-align: right;">BD</p>
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	<ul style="list-style-type: none"> <li>• <b>Action 19/108 Safeguarding Quarterly Report</b></li> </ul> <p><b>(i) Karen Garside to provide a breakdown of which Serious Case Reviews relate to South Sefton CCG and which ones relate to Southport and Formby CCG.</b></p> <p>Action completed and to be removed from the tracker.</p> <p><b>(ii) Looked After Children Action Plan to be presented to the Committee at a future meeting.</b></p> <p>Action to remain on the tracker.</p>	<p>KG</p> <p>HC</p>
<p>19/121</p>	<p><b>Deputy Chief Nurse Report</b></p> <p>Brendan Prescott introduced this item which provides an update on the key issues since the last report presented in June 2019.</p> <p><u>Aintree University Hospitals NHS Trust</u> It was noted that a well led inspection had taken place in June 2019. Improvements have been made and positive feedback has been received. Work has commenced on the alignment of quality reporting processes for the merger.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> An unannounced inspection visit took place on 9<sup>th</sup> July 2019, feedback is awaited. Two further Root Cause Analyses have been received via the Southport and Formby SIRG in relation to the lost to follow up patient issue identified in 2017. Sight of the improvement plan has been requested by the CCG. A follow up meeting is to take place. It was requested that feedback from the meeting is to be presented via a paper to the Committee, including assurance on the Trust's surveillance process for all patients and not just a certain directorate. Feedback from Fiona Taylor's enquiries in relation to their processes to be shared with the Committee. It was suggested sharing the learning undertaken by Aintree University Hospitals NHS Trust in relation to their serious incidents.</p> <p><b>Action: Brendan Prescott to request Tracey Forshaw to present a paper to the Committee on the feedback from the meeting with Southport and Ormskirk Hospital NHS Trust and to follow up Fiona Taylor's enquiries in relation to their processes.</b></p> <p><b>Action: Brendan Prescott to request if Southport and Ormskirk Hospital NHS Trust would consider support from Aintree University Hospitals NHS Trust Serious Incident Team.</b></p> <p><u>Mersey Care Locality Division</u></p> <p>It was noted that issues of performance reporting or services have been a consistent theme since migration to the RiO clinical reporting system. The Trust has been requested to provide assurance on data quality/data capacity which may require contract performance escalations. The Committee requested confirmation of assurance when received and asked what impact the performance issues has had. Brendan informed that he is meeting with Trish Bennett and will be attending a further meeting where this issue will be on the agenda.</p> <p><b>Action: Assurance required from the Mersey Care NHS Foundation Trust on data quality/data capacity.</b></p> <p><b>Outcome: The Committee received the Deputy Chief Nurse Report.</b></p>	<p>BP</p> <p>BP</p> <p>BP</p>



<p>19/122</p>	<p><b>Clinical Director Quality Update</b></p> <p>Dr Rob Caudwell advised that having regular meetings with Dr Terry Hankin has had a positive impact. There had been cultural and engagement issues which have now improved. Discharging low risk patients back to primary care remains a big issue.</p> <p>Dr Gina Halstead informed the Committee about the Primary Care Interface Meeting; the terms of reference have been approved. LMC, Provider Trusts and Quality Teams (clinicians) are invited.</p> <p>Dr Gina Halstead highlighted a concern in relation to Liverpool Clinical Laboratories not accepting blood samples that have not been dated and signed. The change is with effect from 1<sup>st</sup> August 2019. It has not been widely communicated and poses a risk. This issue has been raised with Lisa Bailey and will be followed up with a letter to Dr Jim Anson, Clinical Director, LCL. Dr Halstead advised that she would provide an update at a future Committee meeting.</p> <p><b>Action: Dr Gina Halstead to update the Committee following her letter to Dr Jim Anson in relation to the changes made by Liverpool Clinical Laboratories not accepting blood samples without them being dated and signed.</b></p> <p><b>Outcome: The Committee received the verbal Clinical Director Quality Update.</b></p>	<p>GH</p>
<p>19/123</p>	<p><b>Integrated Performance Report</b></p> <p>Brendan Prescott presented the Integrated Performance Report (IPR) and noted that this is the first time performance and quality data have been presented in the form of an IPR. Further development of this report will be based on Committee member's feedback. It was noted that the report is presented at other forums for scrutiny.</p> <p>Following discussion the Committee requested a summary of any issues and actions for assurance purposes, reporting by exception. It was noted that there is too much detail contained in the report. A trajectory of improvement was suggested. A date of when concerns are raised and a trend marker to be included. Sustainability of improvement needs to be demonstrated.</p> <p>It was noted that hyperlinks had proved useful in previous reports. It was suggested re introducing them in future reports. Robust challenge is required, holding providers to account and reviewing lessons learned. Introducing a heat map for the indicators was suggested. The Committee require clarity on their role at this Committee and requested confirmation of their requirements in terms of this report. The question of whether the Committee is fulfilling its terms of reference was raised and what actions is the Leadership Team and CCG Officers putting place in terms of addressing the issues. Triaging concerns and then providing actions with data for assurance in order to streamline reports was suggested. Asking the leads what is keeping them concerned in the IPR and what requires escalation was also suggested. It was also noted that executive summaries would be more valuable for the public.</p> <p>It was highlighted that on page 20 of the report; page 48 of the meeting pack under item 2.42 - Referral to Treatment Incomplete Pathway 52+ week waiters. The indicator is noted as being red but appears as green.</p> <p>Dr Gina Halstead referred the Committee to page 21 of the report, page 49 of the meeting pack under item 2.5.1, Two Week Urgent GP Referral for Suspected Cancer. The actions to address/assurances; "Breast services dominate the underperformance against this standard.</p>	

	<p>As a health economy we have developed some revised forms and educational resources for primary care aimed at better risk stratification of referrals in to suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. There will be a detailed review of cancer services for the Planned Care Group with Aintree". Dr Halstead advised that she would follow this up with the Clinical and Managerial Leads.</p> <p><b>Action: Dr Gina Halstead to contact Debbie Harvey and Sarah McGrath to follow up the actions noted to address item 2.5.1.</b></p> <p>It was highlighted that on page 21, page 49 of the meeting pack under item 2.5.2, Two Week Wait for Breast Symptoms that Mersey Care NHS Foundation Trust's ADHD long waiters were not included.</p> <p>The Committee noted that they do not need finance data, but need to know when the CCGs are the lead commissioners and if there are red indicators who are the co coordinating commissioners are and what is being put in place to address the issue(s).</p> <p><b>Outcome: The Committee received the Integrated Performance Report.</b></p>	GH
19/124	<p><b>Locality / Network Update</b></p> <p>Brendan Prescott provided the following verbal update:-</p> <p><u>South Sefton CCG</u> No quality issues identified. Medicines Management are supporting the Bootle Network. GP Federation is the preferred provider for Extended Access.</p> <p>The CCG Business Intelligence (BI) representative at the Seaforth Locality meetings left the CCG in December 2018 and their presence has been noted. The next locality meeting is scheduled for 7<sup>th</sup> August 2019, attendance from a BI representative was requested.</p> <p><u>Southport and Formby CCG</u> No quality issues identified. From the 4 networks, only one practice has not signed up to Primary Care Network development.</p> <p>It was noted that some practices had reported they are no longer aware when a patient is pregnant due to self-referral. Confirmation of pathway/procedures is being looked into. Lack of District Nurse visibility at Multi-Disciplinary Meetings had been noted.</p> <p><b>Outcome: The Committee received the Locality/Network Update</b></p>	
19/125	<p><b>Corporate Risk Register – Quality Update</b></p> <p>Brendan Prescott presented the Corporate Risk Register Quality Update on behalf of Mel Spelman. The report seeks to provide an update on the Joint Quality Risk Register for both South Sefton and Southport and Formby CCGs.</p> <p>It was noted that there are 41 open risks for South Sefton and Southport and Formby CCGs.</p> <p>The Committee referred to line 78 of the closed risks in Appendix 1 – Joint Risk Register in relation to a risk regarding the delivery of primary medical care services, caused by workload and workforce pressures resulting in reduced quality of care for patients, scored 12 which the Committee felt does not reflect the risk.</p>	

	<p>It was noted that this risk is being removed from the Corporate Risk Register and being transferred on to the Joint Commissioning Risk Register (JC03). The Committee wished to object to the mitigating action. Brendan Prescott advised that he would contact Angie Parkinson to follow this up.</p> <p><b>Action: Brendan Prescott to contact Angie Parkinson to follow up the primary care risk which is being transferred to Joint Commissioning Risk Register.</b></p> <p><b>Outcome: The Committee received the Corporate Risk Register Quality Update.</b></p>	BP
19/126	<p><b>An Audit of the diagnosis of COPD exacerbations and the associated antimicrobial prescribing in a GP practice according to local antimicrobial guidelines</b></p> <p>Helen Roberts presented this item in the absence of Susanne Lynch which was approved by the Committee.</p> <p><b>Outcome: The Committee approved the Audit.</b></p>	
19/127	<p><b>Electronic Palliative Care Co-ordination Systems (EPaCCS) Update</b></p> <p>Brendan Prescott presented the EPaCCS update in the absence of Anthony Rowan Senior Project Manager, Informatics Merseyside.</p> <p>Dr Emma McDowell noted that there are several data sharing issues. Submissions have been made to LMC, no response has been received to date.</p> <p><b>Outcome: The Committee received the EPaCCS update.</b></p>	
19/128	<p><b>Audit Programme Lancashire Care NHS Foundation Trust (LCFT) 19-20</b></p> <p>Brendan Prescott presented this item. It was noted that Lancashire Care NHS Foundation Trust (LCFT) provides community services to the residents of Southport and Formby CCG. LCFT have requested the CCGs consider any specific areas to be included in the LCFT audit programme for 2019-20.</p> <p>Dr Gina Halstead noted that patients having own rescue packs poses a risk in terms of inappropriate use.</p> <p>Dr Emma McDowell noted that the guidelines on formularies do not make any reference to rescue packs.</p> <p><b>Action: Helen Roberts to feedback the concern raised by Dr Gina Halstead to Jenny Johnson.</b></p> <p>Dr Gina Halstead noted that continence services are not included in the audit plan but should be. The Committee requested that continence services be added to the audit schedule for LCFT. Dr Emma McDonnell noted that some patients had not received delivery of continence pads.</p> <p><b>Action: Brendan Prescott to feedback to LCFT via CCQRM regarding continence service being absent from the audit and for it to be placed on LCFT Audit Schedule Register.</b></p> <p><b>Outcome: The Committee received the Audit Programme.</b></p>	HR  BP

19/129	<p><b>Care Quality Commission (CQC) Action Plan – Update Report</b></p> <p>Helen Case presented the CQC Action Plan which seeks to provide a second update on the action plan, following the CQC review of health services for Looked After Children and Safeguarding which was re-submitted to CQC on 3<sup>rd</sup> July 2019.</p> <p>It was noted that out of the 15 main sections, 5 are now fully complete and of the 243 sub-actions, 217 are green, 5 are not yet due and 21 are red. This could possibly be as a result of having over ambitious timescales. Some of the greens are being tested. Assurance processes have been strengthened and quality site visits for safeguarding are being undertaken. The next question is the “so what” of going green. “One click to safeguarding” has been promoted but needs refining.</p> <p>It was noted that the action plan has been progressed since the initial CQC submission in January 2018, with a further submission evidencing updates and progress having been completed in July 2019. The action plan is to be finalised by 31<sup>st</sup> December 2019.</p> <p>It was highlighted that the safeguarding flow chart is not accessible from the home page on the intranet and will be rectified.</p> <p><b>Outcome: The Committee received the CQC Action Plan Update Report.</b></p>	
19/130	<p><b>2019/20 Serious Incident Improvement Plan</b></p> <p>Brendan Prescott presented the Serious Incident Improvement Plan and advised that a number of versions had previously been presented to this Committee. Last time there was one incident outstanding which has since been resolved. The action plan is to be presented on a quarterly basis to monitor progress.</p> <p>Dr Gina Halstead noted that provider engagement has made a positive difference.</p> <p><b>Outcome: The Committee approved the Serious Incident Improvement Plan.</b></p>	
19/131	<p><b>Serious Incident Review Group (SIRG) Revised Terms of Reference</b></p> <p>Brendan Prescott presented this item in the absence of Tracey Forshaw. The terms of reference have been revised to support the SIRGs to be quorate. This is due to the capacity of the Quality Team. There will remain a requirement for all incidents to be reviewed by GP Clinical Leads and with input where appropriate from the Designated Professionals. The revised terms of reference have been approved by the CCG’s Interim Programme Lead – Corporate Services.</p> <p>Dr Gina Halstead referred the Committee to Appendix 1, South Sefton CCG SIRG Terms of Reference on page 209 of the meeting pack, in relation to the second bullet point under the “Aim” section. Aintree University Hospital NHS Trust is not included in the list of partnership working. Dr Halstead queried which CCG works with which Trusts.</p> <p><b>Action: Brendan Prescott to clarify with Tracey Forshaw which CCG works in partnership with which Trust and amend the Terms of Reference accordingly.</b></p> <p>It was noted that in Appendix 1, South Sefton CCG SIRG Terms of Reference, under item 2 - membership, the core group will include 2 members from the Quality Team, not 3 members as stated.</p> <p><b>Outcome: The Committee approved the SIRG Terms of Reference.</b></p>	BP

19/132	<p><b>Integrated Joint Funding Group Draft Terms of Reference</b></p> <p>Brendan Prescott introduced this item in the absence of Tracey Forshaw.</p> <p>The terms of reference support the Joint Funding Process Group which has been jointly set up by Sefton MBC and Sefton CCG to develop a robust methodology to support funding agreements for organisations to sign up to. It was noted that the terms of reference will also require approval by the Integrated Commissioning Group.</p> <p><b>Outcome: The Committee approved the Integrated Joint Funding Group Terms of Reference.</b></p>	
19/133	<p><b>Provider Cost Improvement Day</b></p> <p>Brendan Prescott presented this item which seeks to provide an update regarding the Provider Cost Improvement (CIP) Day hosted by Liverpool CCG on 8<sup>th</sup> April 2019. The update provides a summary of the cost improvement plans for the provider organisations providing services in the North Mersey area.</p> <p>The Committee noted that the report was thorough and the short summaries on the CIP plans were well written.</p> <p><b>Outcome: The Committee noted the Provider Cost Improvement Day Update.</b></p>	
19/134	<p><b>Serious Incident Review Group (SIRG) Minutes</b></p> <ul style="list-style-type: none"> <li>• South Sefton CCG – 13<sup>th</sup> June 2019</li> <li>• Southport and Formby CCG – 5<sup>th</sup> June 2019</li> </ul> <p><b>Outcome: The Committee noted the Serious Incident Review Group Minutes.</b></p>	
19/135	<p><b>Engagement and Patient Experience Group (EPEG) Meeting – Key Issues Log</b></p> <p>It was noted that the last EPEG meeting took place on 24<sup>th</sup> July 2019, therefore the keys issues will be presented at the next Joint Quality and Performance Committee meeting.</p> <p><b>Outcome: The Committee to receive the EPEG Key Issues at the next meeting.</b></p>	
19/136	<p><b>Joint Medicines Operation Group (JMOG) Key Issues Log</b></p> <p>The Committee noted the key issues update from the last JMOG meeting held on 5<sup>th</sup> July 2019. The Medicines Datix Report for April 2019 was also included.</p> <p><b>Outcome: The Committee received the JMOG Key Issues and April 2019 Medicines Datix Report.</b></p>	
19/137	<p><b>Corporate Governance Support Group Key Issues</b></p> <p>The Committee received the Corporate Governance Support Group Key Issues from the meeting held on 20<sup>th</sup> June 2019.</p> <p><b>Outcome: The Committee noted the Corporate Governance Support Group Key Issues.</b></p>	

19/138	<p><b>Healthwatch Sefton Annual Report 2018-19</b></p> <p>The Committee received the Healthwatch Sefton Annual Report 2018-19 and noted that it was well presented and that they had undertaken some good work.</p> <p><b>Outcome: The Committee noted the Healthwatch Sefton Annual Report 2018 - 19.</b></p>	
19/139	<p><b>Any Other Business</b></p> <p>None.</p>	
19/140	<p><b>Key Issue Log (issues identified from this meeting)</b></p> <p>The Committee noted the following Key Issues:-</p> <ul style="list-style-type: none"> <li>• The current service provided by Health Visitors and North West Boroughs Healthcare NHS Foundation Trust. Risk of children vaccinations rates/safeguarding reviews. Feedback to be received by the Joint Quality and Performance Committee from the Safeguarding Leads meeting taking place on 18<sup>th</sup> September 2019.</li> <li>• Follow up process at Southport and Ormskirk Hospital NHS Trust from Fiona Taylor's enquiries. Feedback from the Trust meeting and a paper to be presented to the Joint Quality and Performance Committee once the meeting with the Trust has taken place. Need assurance on the Trust's surveillance process for all patients and not just certain directorates. Clinical review, robust process and trust surveillance process and immediate actions. Review of CCG internal processes when risks identified (originally identified in 2017). Need to see the improvement plan.</li> <li>• Mersey Care NHS Foundation Trust review on RiO data and performance reporting, action is to escalate up through the contract meetings.</li> <li>• Is the Joint Quality and Performance Committee fulfilling its terms of reference? What are the Leadership Team and CCG officers doing in relation to working towards the actions?</li> <li>• Quality and Performance reporting to Joint Quality and Performance Committee. Where else is it scrutinised, what needs to come to Joint Quality and Performance Committee in terms of summary and areas of focus? Will work with commissioning colleagues on the Integrated Performance Report and present back to Joint Quality and Performance Committee.</li> </ul>	
19/141	<p><b>Date of Next Meeting and Notice of Apologies</b></p> <p>Thursday 29<sup>th</sup> August 2019 at 9am – 12noon, Marshside Surgery, 117 Fylde Road, Southport, PR9 9XP.</p>	

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

**Date:** Thursday 29<sup>th</sup> August 2019 at 09.00 – 12.00

**Venue:** Library, 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	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP

### Ex Officio Member

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

Tracey Forshaw (for part of meeting)	Assistant Chief Nurse (SSCCG)	TF
Mel Spelman	Programme Manager for Quality and Risk(SSCCG)	MS
Susanne Lynch	Head of Medicines Management (SSCCG)	SL
Natalie Hendry-Torrance	Designated Safeguarding Adult Manager (SSCCG)	NHT

### Apologies

Billie Dodd	Deputy Director of Commissioning and Delivery (SSCCG)	BD
Jennie Piet	Programme Manager Quality and Performance (SSCCG)	JP
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Karen Garside	Designated Nurse Safeguarding Children (SSCCG)	KG
Graham Bayliss	Lay Member (SSCCG)	GB
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Martin McDowell	Chief Finance Officer (SFCCG/SSCCG)	MMcD
Dr Gina Halstead	GP Clinical Quality Lead/GB Member (SSCCG)	GH

### Minutes

No minute taker in attendance.  
Meeting recorded.

**For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:**

- Chair of the Joint Quality and Performance 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)

### Membership Attendance Tracker

Name	Membership	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19
Dr Rob Caudwell	GP Governing Body Member	N	✓	A	✓	N	L	✓	✓	N	✓	A	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	N	A	A	✓	N	✓	✓	A	N	✓	✓	✓	A
Gill Brown	Lay Member for Patient & Public Involvement	N	✓	✓	A	N	✓	✓	A	N	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	N	✓	✓	✓	N	A	A	✓	N	✓	✓	A	✓
Billie Dodd	Head of CCG Development	N	A	A	A	N	✓	A	A	N	✓	✓	A	A
Debbie Fagan	Chief Nurse & Quality Officer	N	A	✓	✓	N	A	✓	A	N	-	D	D	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	N	✓	✓	✓	N	✓	✓	A	N	✓	-	✓	A
Martin McDowell	Chief Finance Officer	N	A	✓	✓	N	✓	A	✓	N	✓	D	✓	A
Dr Andrew Mimmagh	Clinical Governing Body Member	N	A	A	A	N	A	A	-	N	-	-	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	N	✓	A	A	N	A	A	A	N	A	✓	A	A

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



No	Item	Actions
19/142	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>The Chair welcomed all to the meeting.</p> <p>Apologies were noted from Fiona Taylor, Billie Dodd, Jennie Piet, Dr Jeff Simmonds, Martin McDowell, Graham Bayliss, Karen Garside and Dr Gina Halstead.</p> <p>It was confirmed that the meeting was not quorate. Therefore any reports requiring approval would be circulated via email to absent Committee members to obtain formal approval. It was suggested that when the Terms of reference are next reviewed to amend them to state that only one lay member is required for quoracy.</p> <p><b>Action: Michelle Diable to circulate the Committee reports requiring approval to absent Committee members to obtain formal approval.</b></p> <p><b>Action: Brendan Prescott to amend the Joint Quality and Performance Committee Terms of Reference to state that only one lay member is required for quoracy.</b></p>	<p>MD</p> <p>BP</p>
19/143	<p><b>Declarations of Interest</b></p> <p>None.</p>	
19/144	<p><b>Minutes &amp; Key Issues Log of the previous meeting</b></p> <p>The minutes and key issues from the previous meeting held on 25<sup>th</sup> July 2019 were provisionally approved as an accurate record.</p>	
19/145	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> <li><b>Action 19/33 NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Service Incident Reports.</b></li> </ul> <p>The CCG to look at NRLS reporting to compare MCFT and LCFT. Mel Spelman to contact Lee Taylor or Trish Bennett.</p> <p>Mel Spelman advised that the NRLS database only provides meaningful data for mental health. As of April 2017 community data has been added. As most of the incidents relate to mental health, there would not be any meaningful data obtained from community to be able to provide a comparison. It was noted that incident data is recorded on a quarterly basis. NRLS suggests that neither MCFT of LCFT are outliers for reporting.</p> <p>Dr Doug Callow advised of a patient with a grade II pressure ulcer who was declined by LCFT and therefore the patient was seen by their GP. It was suggested that this be discussed at the next Lancashire Care NHS Foundation Trust Operational Meeting. Dr Doug Callow advised that he would email Brendan Prescott the details.</p> <p><b>Action: Dr Doug Callow to provide details of the patient with a grade II pressure ulcer who was declined by LCFT to Brendan Prescott, who will then raise the issue at the next LCFT Operational Meeting.</b></p> <ul style="list-style-type: none"> <li><b>Action 19/36 GP Quality Lead Update</b></li> </ul>	<p>DC/BP</p>

<p>Debbie Fagan to raise the concerns of the impact of the Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. Fiona Taylor to invite Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Foundation Trust representative to attend the next Committee meeting to provide an update on the Health Visiting Service Changes.</p> <p><b>Previous Update:</b> Margaret Jones was invited to the June 2019 Committee meeting but was unable to attend. Margaret to attend a future meeting.</p> <p><b>Previous Update:</b> Committee's issues to be addressed at the Safeguarding Leads Meeting on 18th September 2019. Feedback to be presented to the Committee.</p> <p>Action to remain on the tracker, update to be received at September 2019 Committee meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/81 Chief Nurse Report</b></li> <li>(i) ERS SOPs to be presented at a future Joint Quality and Performance Committee meeting to provide assurance.</li> </ul> <p><b>Previous Update:</b> To be presented at a future Committee meeting.</p>	<p><b>BP</b></p>
<p>Action to remain on the tracker and to be presented at the November 2019 Committee Meeting.</p> <ul style="list-style-type: none"> <li>(ii) Aintree University Hospitals NHS Trust paper switch off in radiology update to be presented at the Joint Quality and Performance Committee.</li> </ul> <p><b>Previous Update:</b> Task and Finish Group has been set up. The paper switch off in radiology has not occurred yet.</p> <p>Action closed. Any issues will be presented to the Committee.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/83 Quarter 4 Serious Incident Reports</b></li> <li>(i) Mel Spelman to include the following in the Serious Incident Report going forward; state the case, the background of the issue and both the findings and outcome including lessons learned.</li> </ul> <p><b>Previous Update:</b> No update received, deferred to next meeting.</p> <p>Mel Spelman advised that the Safeguarding Team already include the information requested by Fiona Taylor and will provide that separately as it is not appropriate to include in the Serious Incident Report. Lessons learned are now included in the report. Action closed.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/84 Performance Highlight Report</b></li> <li>(ii) Contract Meeting to be convened after the Joint Quality and Performance Committee.</li> </ul> <p><b>Previous Update:</b> Action not progressed. Brendan Prescott has discussed this action with Martin McDowell and is not practical. To be removed</p> <p><b>Previous Update:</b> This proposal is not practical and to be removed from the tracker. Following a Collaborative Commissioning Forum Meeting a Contracts Query and Performance Flow Chart to be produced by Terry Hill and be shared with the Committee. Michelle Diable to circulate the flow chart to the Committee. Brendan Prescott advised that Michelle Diable has requested the flow chart from</p>	<p><b>BP</b></p>

<p>Terry Hill but has not received it yet. Action to remain on the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS</b></li> </ul> <p>Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p><b>Previous Update:</b> Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and she will update the Committee at the next meeting.</p> <p>Brendan Prescott advised the Committee of the following update from Billie Dodd "Go to Doc have seen a change in the number of patients coming from 111 already triaged to a lower number in peak times. As a result, Go to Doc have to triage requests for visits themselves in real time which impacts on ability to respond to visits per se. They are remodelling their staffing to support the changes while at the same time highlighting the issue at regional 111 level. They have been asked to feedback to contract meeting in September".</p> <p>The Committee advised that further information in required. Brendan Prescott advised that he would request further information from Billie Dodd.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/87/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report</b></li> </ul> <p>Plan to be presented at the next Joint Quality and Performance Committee Meeting.</p> <p><b>Previous Update:</b> Action deferred. Further information is awaited from Jane Lunt.</p> <p><b>Previous Update:</b> Brendan Prescott to contact Jane Lunt and provide an update at the next Committee Meeting.</p> <p>Action closed. A new action was noted for Brendan Prescott to speak to Sharon Forrester in the first instance in relation to questions raised by the Committee regarding response times, now many paramedics are on the road at any one time and how does NWAS manage their performance internally. Brendan noted that an NWAS Quality Forum has been scheduled for September 2019 where the above questions will be raised.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/91 Multi Agency Safeguarding Arrangements (MASA) Plan</b></li> </ul> <p>(iii) Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</p> <p><b>Previous Update:</b> A response is awaited. Karen to update the Committee.</p> <p>Brendan Prescott advised that Local Safeguarding Children's Board (LSCB) and the current housing provider (One Vision Housing) plans to establish links with other housing registered providers to ensure they are linked into the LSCB. Action closed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/104 Performance Highlight Report</b></li> </ul> <p>Brendan Prescott to include in the summary of the Performance Highlight Report that the report goes to Cheshire and Merseyside Health and Care Partnership and would also include Liverpool CCG and Knowsley CCG's reports going forward.</p> <p><b>Previous Update:</b> Brendan Prescott to present at the next Quality Surveillance Group Meeting in September 2019. The outcome will be presented to the Committee in October 2019.</p>	<p>BP/BD</p> <p>BP</p>
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	<p>Action to remain on the tracker with an update to be received at the October 2019 Committee Meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/108 Safeguarding Quarterly Report</b></li> </ul> <p>(i) Looked After Children Action Plan to be presented to the Committee at a future meeting.</p> <p>Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/121 Deputy Chief Nurse Report</b></li> </ul> <p>(i) Brendan Prescott to request Tracey Forshaw to present a paper to the Committee on the feedback from the meeting with Southport and Ormskirk Hospital NHS Trust and to follow up Fiona Taylor's enquiries in relation to their processes.</p> <p>Action included in the Deputy Chief Nurse Report. Action to be removed from the tracker.</p> <p>(ii) Brendan Prescott to request if Southport and Ormskirk Hospital NHS Trust would consider support from Aintree University Hospital NHS Trust's Serious Incident Team.</p> <p>Brendan Prescott advised that he would raise this at a meeting scheduled with the Trust on 29<sup>th</sup> August 2019. Action to remain on the tracker.</p> <p>(iii) Assurance required from Mersey Care NHS Foundation Trust on data quality/ data capacity.</p> <p>Brendan Prescott advised that he would raise the issue at the September 2019 CCQRM. Action to remain on the tracker.</p> <p><b>Action 19/122 Clinical Director Quality Update</b></p> <p>(i) Dr Gina Halstead to update the Committee following her letter to Dr Jim Anson in relation to the changes made by Liverpool Clinical Laboratories not accepting blood samples without them being dated and signed.</p> <p>Action to remain on the tracker with an update to be presented at the October 2019 Committee Meeting.</p> <p>(ii) Dr Gina Halstead to contact Debbie Harvey and Sarah McGrath to follow up the actions noted to address item 2.5.1 – Two week urgent GP Referral for Suspected Cancer.</p> <p>Action to remain on the tracker with an update to be presented at the October 2019 Committee Meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/125 Corporate Risk Register – Quality Update</b></li> </ul> <p>Brendan Prescott to contact Angie Price to follow up the primary care risk which is being transferred to the Joint Commissioning Risk Register.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/128 Audit Programme Lancashire Care NHS Foundation Trust 19-20</b></li> </ul>	<p>BP</p> <p>HC</p> <p>BP</p> <p>BP</p> <p>GH</p> <p>GH</p>
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	<p>(i) Helen Roberts to feedback the concern raised about patients having their own rescue packs. They are being shared and used inappropriately.</p> <p>It was noted that the above concern has been raised with Jenny Johnston and was discussed at JMOG and will be discussed with Dr Leonard. Action completed and to be removed from the tracker.</p> <p>(ii) Brendan Prescott to feedback to Lancashire Care NHS Foundation Trust via CCQRM regarding continence service being absent from the audit and for it to be placed on the LCFT Risk Register.</p> <p>Action on agenda. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Action 19/131 Serious Incident Review Group Revised Terms of Reference</b></li> </ul> <p>Brendan Prescott to clarify with Tracey Forshaw which CCG works in partnership with which Trust and amend the Terms of Reference accordingly.</p> <p>Action completed and to be removed from the tracker.</p>	
<p>19/146</p>	<p><b>Deputy Chief Nurse Report</b></p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which provides an update on the key issues since the last report presented in July 2019.</p> <p><u>Aintree University Hospitals NHS Foundation Trust</u></p> <p>The CCG have escalated Referral to Treatment (RTT) through its Governance structure and have now instigated a Contract Performance Notice against RTT and more specifically in relation to gastroenterology. The Trust has indicated that they have reduced overall waiting times and have assured the CCG that they are not expecting any over 52 week beaches.</p> <p><u>Southport and Ormskirk NHS Trust</u></p> <p>The Committee discussed the RTT lost to follow up issues and wished to note that they were not assured on the RTT lost to follow up action plan in terms of clinical engagement of senior medical staff. It was suggested that a paper be presented at the next CCQRM in relation to the management of clinical engagement following the action plan. The Committee requested further updates against the plan.</p> <p><b>Action: A paper to be presented at the next CCQRM in relation to the management of clinical engagement following on from the RTT lost to follow up action plan.</b></p> <p>Dr Doug Callow informed that notifications of biopsies are not always being shared with GPs. Dr Callow agreed to raise the issue at the next monthly meeting with the Medical Director.</p> <p><b>Action: Dr Doug Callow to raise the issue in relation to notifications of biopsies not being shared with GPs at the monthly meeting with the Medical Director.</b></p> <p>Gill Brown advised that Dr Hilal Mulla had raised issues regarding gastroenterology electronic referrals. Dr Rob Caudwell agreed to discuss the issues with Dr Hilal Mulla at a gastroenterology meeting scheduled for 9<sup>th</sup> September 2019.</p> <p><b>Action: Dr Rob Caudwell to discuss the gastroenterology electronic referral issues with Dr Hilal Mulla on 9<sup>th</sup> September 2019.</b></p>	<p>BP</p> <p>DC</p> <p>RC</p>

	<p>Brendan Prescott advised that the Trust has invited CCG clinical members to attend Mortality Operational Group Meetings. Dr Rob Caudwell advised that he would speak to John Cain to request his attendance and to provide feedback via the Collaborative Commissioning Forum.</p> <p><b>Action: Dr Rob Caudwell to contact John Cain to request his attendance at the Mortality Operational Meetings and to provide feedback via the Collaborative Commissioning Forum.</b></p> <p><u>Alder Hey Children's Hospital NHS Foundation Trust</u></p> <p>It was noted that an incident has been reviewed relating to Alder Hey Children's Hospital with subsequent actions agreed with NHSE and Liverpool CCG in relation to monitoring risks on non e-RS patients being missed, actions have been agreed.</p> <p><u>One to One Northwest Limited</u></p> <p>NHS Commissioners took immediate action after being informed by One to One (North West) Limited on 29<sup>th</sup> July 2019 that it was unable to continue to operate. Trading ceased on 31<sup>st</sup> July 2019. 41 patients were booked for either ante-natal or post-natal care from South Sefton and 20 were from Southport and Formby. By 12<sup>th</sup> August 2019 all Sefton woman had been notified to new providers.</p> <p><b>Outcome: The Committee received the Deputy Chief Nurse Report.</b></p>	RC
19/147	<p><b>Clinical Director Quality Update</b></p> <p>This agenda item was discussed later in the meeting under Any Other Business.</p>	
19/148	<p><b>Integrated Performance Report</b></p> <p>Brendan Prescott presented the Integrated Performance Report which seeks to provide an overview of provider performance for both NHS South Sefton and NHS Southport and Formby. The report provides both quality and performance metrics by exception and current actions to provide assurance.</p> <p>Brendan advised that due to diary commitments Karl McCluskey was unable to attend the meeting. It was noted that a meeting had taken place with Brendan Prescott, Karl McCluskey, Luke Garner and Jennie Piet following discussions at the previous Joint Quality and Performance Committee. They had agreed not to include full IPRs as they are discussed at other forums but would provide an executive summary and dashboard.</p> <p>The executive summary and dashboard were well received by the Committee. Sight of the Children's Services recovery plan was requested and some narrative against RCAs would be useful. Also consistency in terms of compliance percentage data was requested.</p> <p><b>Action: Brendan Prescott to share the Children's Service Recovery Plan and to provide narrative against RCAs and to ensure there is consistency in relation to compliance percentage data.</b></p> <p>Brendan provided a Children's Services update and advised that discussions had taken place at the most recent Senior Management Team Meeting where it was noted that long waits for children in relation to Speech and Language Therapy (SALT) had reduced.</p> <p>Challenge from the Overview and Scrutiny Committee was also noted as it was felt that 18 weeks is too long for a child to wait for an appointment.</p>	BP

	<p>All breaches now have planned appointments.</p> <p>Brendan suggested holding a workshop session subject to availability at the next Joint Quality and Performance Committee to concentrate on the role and function of the Committee and to confirm what is required in terms of providing assurance going forward.</p> <p><b>Action: Brendan Prescott to invite the necessary staff members to the next Joint Quality and Performance Committee which will include a workshop to look at the role and function of the Joint Quality and Performance Committee.</b></p> <p><b>Outcome: The Committee received the Integrated Performance Report.</b></p>	BP
19/149	<p><b>Commissioning for Quality and Innovation (CQINN) Update</b></p> <p>Brendan Prescott presented the report which seeks to provide the Committee with an update in relation to CQUIN framework which supports improvements in the quality of services and the creation of new, improved patterns of care.</p> <p>It was noted that the following had not been provided in quarter 1 which will be picked up via single item CQSG:-</p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People, CCG7: Three high impact actions to prevent Hospital Falls,</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u></p> <p>CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People, CCG7: Three high impact actions to prevent Hospital Falls.</p> <p>Dr Doug Callow queried why cephalexin isn't being prescribed to elderly patients with sepsis. Susanne Lynch advised that some audits had been undertaken in several practices looking at complicated patients with more than one infection. She advised that there is still some work to be done in relation to prescribing choices.</p> <p>Susanne Lynch asked to be linked in with the Quality Team in relation to CQUINs, in particular when attending the quarterly meetings at Aintree University Hospital NHS Trust, enabling her to feedback accordingly.</p> <p>Mel Spelman advised of a shared folder which is being introduced in relation to the quality schedule and will ensure that all the relevant staff members have sight of it.</p> <p>It was noted that falls and serious incidents will be noted via SIRG in terms of CQUIN.</p> <p>It was noted that a meeting had recently taken place following concerns raised regarding discharge incidents. Unfortunately the Local Authority was unable to attend. However the Trust is fully sighted in relation to trends and themes. Further work is to be undertaken in relation to this.</p> <p><b>Outcome: The Committee received the CQUIN Update.</b></p>	
19/150	<p><b>Serious Incident Report</b></p> <p>Mel Spelman presented 2 reports which seek to provide the Committee with a Q1 2019/20 update on the performance of serious incident management for the CCG in line with the National Serious Incident Framework, where the CCG is the lead commissioner:</p>	

<p><b>NHS Southport and Formby CCG:-</b></p> <p><u>Southport and Ormskirk NHS Trust</u></p> <p>It was noted that there are 14 incidents reported in quarter 1. The Trust has an open and honest reporting culture and there are no major concerns. There has been a large improvement on 48 hour reporting timescales. 72 hour reporting all submitted on time. There are some issues, CPN is on-going with recovery expected by end of November 2019. Legacy serious incidents have been closed down, however the process isn't sustainable. New Route Cause Analyses (RCAs) are starting to breach. The team is not being supported appropriately and this has been escalated to Juliette Cosgrove. A position statement is required in relation to meeting the trajectory. A meeting will need to be scheduled with the Trust.</p> <p>It was queried what the process will be should recovery not be made by the end of November 2019. Brendan Prescott advised that it will be escalated and discussed at the Improvement Board in October 2019.</p> <p>An options appraisal paper has been submitted in relation the management of serious incidents. It was noted that there is no clarity in relation to how the situation will be resolved long term.</p> <p>It was noted that lessons learned have been included in the report as requested by Fiona Taylor.</p> <p>An improvement story relating to the Plaster Cast Team was shared with the Quality and Safety Forum in July 2019 which was well received.</p> <p>It was suggested that an update in relation to the progress of the improvement work being undertaken including the action plan be presented to the Committee on a quarterly basis.</p> <p><b><i>Action: Mel Spelman to present the Committee with a quarterly update in relation to the improvement work being undertaken against the action plan and to include the action plan within the report.</i></b></p> <p><u>Lancashire Care NHS Foundation Trust</u></p> <p>5 Serious Incidents were reported in quarter 1 with zero Never Events. 60% of incidents were reported within the 48 hour timescale which is the same as in the previous quarter. 60% of the 72 hours report due for quarter 1 were submitted. This is being monitored by the Quality Team and will be fed back to the Trust and will be discussed at CCQRM.</p> <p><u>NHS Southport and Formby CCG StEISable Incidents</u></p> <p>There is 1 RCA outstanding which relates to a surgical/invasive procedure incident meeting serious incident criteria reported on behalf of Isight. The CCG has been supporting their RCA completion. This has been added to their action plan, to source additional education and to obtain further knowledge of the serious incident framework.</p> <p><b>NHS South Sefton CCG:-</b></p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>It was noted that 7 incidents were reported in quarter 1 with zero Never Event reported. 100% of incidents were reported in 48 hours. The number of incidents open for the Trust has decreased. It took time to obtain assurance to close the RCAs down.</p>	<p style="text-align: center;"><b>MS</b></p>
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	<p>It has reduced however, but the number of issues has increased. Actions have been sent to Diane Brown as the CCG is not receiving the right level of assurance.</p> <p>There are no concerns in relation to the of submission of RCA's in line with the timescale. There were no lessons learned but will be actively looking for them.</p> <p><u>Mersey Care NHS Foundation Trust (Community Services)</u></p> <p>6 incidents were reported in quarter 1 with zero Never Events reported. 100% of incidents were reported within 48 hours. 72 hour reports will be tabled at the CCQRM in September 2019 and will be discussed at the monthly divisional pressure ulcer meeting. They are not meeting their contractual requirements.</p> <p>It was noted that serious incident management and quality of RCAs in terms of pressure ulcer reporting requires some work. There is a meeting taking place scheduled regarding timescales adherence and quality of RCA's. The re-organisation of the community division is impacting. This has been raised at the Senior Management Team Meeting as assurance is required. A further update is expected in October 2019.</p> <p><b>Outcome: The Committee received the Serious Incident Reports.</b></p>	
<p><b>19/151</b></p>	<p><b>Safeguarding Adults – Chapter 14 Care Act 2014 Briefing Paper</b></p> <p>Natalie Hendry – Torrance presented the briefing paper advising that the Merseyside Safeguarding Adult Board (MSAB) Chapter 14 Audit has been completed and submitted on 30<sup>th</sup> July 2019. This demonstrates NHS South Sefton CCG and NHS Southport and Formby CCG (CCGs) are compliant with all aspects of Chapter 14 of the Care Act 2014.</p> <p>Following the audit an action plan has been generated to support compliance against the three minor actions which will be monitored by the Safeguarding Business Meeting and via the Joint Quality and Performance Committee on a quarterly basis:-</p> <ul style="list-style-type: none"> <li>• Update on the recruitment of an Interim Chief Nurse;</li> <li>• Safeguarding Training Needs analysis and Strategy to be updated;</li> <li>• Mental Capacity Act Policy to be updated (when detail known).</li> </ul> <p><b>Outcome: The Committee received the Chapter 14 Care Act 2014 Safeguarding Adults Briefing Paper.</b></p>	
<p><b>19/152</b></p>	<p><b>Safeguarding Children and Adults Declaration</b></p> <p>Natalie Hendry - Torrance presented the report advising that the CCGs are required to publish a Safeguarding Children and Adults declaration, highlighting their standards. Since the last declaration updated in April 2017, it has been reviewed and the following changes being made in line with national changes:-</p> <ul style="list-style-type: none"> <li>• Inclusion of reference to Looked After Children within the declaration;</li> <li>• Removal of reference to the CCG having a process for following up children who miss outpatient appointments and a system for flagging children and adults for whom there are safeguarding concerns which would be only relevant with declarations of provider health services.</li> </ul> <p>It was noted that in the Safeguarding Children and Adults Declaration in the minimum safeguarding standards/ arrangements section that 8<sup>th</sup> bullet point stating "That the CCG/NHSE should ensure that GP practices and staff have robust systems and practices in place to ensure fulfilment of the child and adult at risk safeguarding role" be removed.</p>	

	<p>It was suggested that GP compliance be discussed at the Primary Care Commissioning Committee. Natalie Hendry- Torrance advised that she would speak to Jan Leonard about this.</p> <p><b>Action: Natalie Hendry to speak to Jan Leonard regarding GP compliance.</b></p> <p><b>Outcome: Due to the Committee Meeting not being quorate, the Committee provisionally approved the briefing paper subject to formal approval being sought via email from the absent Committee Members.</b></p>	NHT
19/153	<p><b>Listeria Outbreak at Aintree University Hospital NHS Foundation Trust</b></p> <p>Brendan Prescott presented this item which sets out the actions undertaken by the Trust following a Listeria Outbreak at Aintree University Hospital NHS Trust in May 2019. It was noted that the patient who had contracted Listeria was admitted as a palliative case. The patient died in Woodlands Hospice in relation to cancer not Listeria. Lessons have been learned in relation to how the CCG became aware of the incident which was via national media instead of directly from the Trust. No further cases have been noted.</p> <p><b>Outcome: The Committee received the Listeria Outbreak at Aintree University Hospital NHS Foundation Trust Report.</b></p>	
19/154	<p><b>North West NHS 111 Commissioners Report</b></p> <p>Brendan Prescott presented this item which seeks to provide Clinical and Commissioner Leads with the key intelligence relating to the clinical, safeguarding and operational and quality elements of the NHS 111 Telephony Service in the North West relating to Month 3 (M3) 2019/20.</p> <p>The Committee noted the following questions that they wished to ask of North West Ambulance Service (NWAS) in relation to having a breakdown in terms of a Sefton wide report going forward.</p> <p>It was suggested asking NWAS if they have any way of surveying primary care to get their feedback about their referrals.</p> <p>It was also suggested asking NWAS how many have used the Care of the Chemist service and to also ask them about what their response times and categories and their hand over times.</p> <p>It was noted that inappropriate triage decisions are being made resulting in clinical quality issues. It was highlighted that the NWAS dossier advises that patients have to see a GP within 2 hours thus giving patients false expectations.</p> <p><b>Action: Brendan Prescott to ask the above questions of Ian Davies and raise them at the NWAS Quality Forum.</b></p> <p><b>Outcome: The Committee received the North West 111 Commissioners Report.</b></p>	BP
19/155	<p><b>Serious Incident Review Group (SIRG) Minutes</b></p> <ul style="list-style-type: none"> <li>• NHS South Sefton CCG – 11<sup>th</sup> July 2019</li> <li>• NHS Southport and Formby CCG – 3<sup>rd</sup> July 2019</li> </ul> <p><b>Outcome: The Committee noted the Serious Incident Review Group Minutes.</b></p>	

19/156	<p><b>Performance and Quality Investigation Review Panel (PQIRP) Minutes</b></p> <ul style="list-style-type: none"> <li>• 26<sup>th</sup> June and 24<sup>th</sup> September 2019</li> </ul> <p><b>Outcome: The Committee noted the Serious Incident Review Group Minutes.</b></p>	
19/157	<p><b>Engagement and Patient Experience Group (EPEG) Meeting Key Issues</b></p> <p>The Committee noted the key issues update from the last JMOG meeting held on 24<sup>th</sup> July 2019.</p> <p><b>Outcome: The Committee received the JMOG Key Issues.</b></p>	
19/158	<p><b>Any Other Business</b></p> <p>Dr Doug Callow raised concerns regarding triaging in relation to changes made to the 2 week pathway process. Previously a GP would make a 2 week referral but now patients are being downgraded or sent straight for a test. If the test results are negative then the patient is referred back in to primary care. This currently relates mainly to urology, respiratory and gastroenterology. It was noted that this poses a risk of patients not being treated accordingly or efficiently and impacts on primary care workload. Brendan Prescott advised that he will raise this at the next CCG Senior Management Team Meeting and will in turn raise it with Southport and Ormskirk Hospital NHS Trust.</p> <p><b>Action: Brendan Prescott to raise the concerns highlighted in relation to the changes made to the 2 week pathway process at the next CCG Senior Management Team Meeting in the first instance.</b></p> <p>Dr Rob Caudwell requested an update around the consent issues relating to MASH requests. The Local Medical Committee has written to Kieran Murphy about the issues. Brendan Prescott advised that Wendy Hewitt had spoken with David Smith and Kieran Murphy and that David Smith will be attending the Safeguarding Leads Meeting on 12<sup>th</sup> September 2019 where the issues will be addressed. It was noted that a MASH information booklet in relation to referrals is being introduced.</p> <p>Brendan Prescott advised that the new Patient Safety Strategy has been released by NHS England and NHS Improvement which will have implications in terms of the reporting and processing of serious incidents.</p> <p><b>Action: BP to liaise with CCG primary care colleagues to present a paper to the Committee at a future meeting highlighting the implications arising from the new Patient Safety Strategy.</b></p> <p>Dr Callow raised a question in relation to waiting times and communications at Aintree University Hospital NHS Trust as patients are waiting a long time for care. Brendan Prescott advised that he would raise the question with Terry Hill in the first instance.</p> <p><b>Action: Brendan Prescott to raise waiting times and communications at Aintree University Hospital NHS Trust with Terry Hill.</b></p>	<p>BP</p> <p>BP</p> <p>BP</p>

19/159	<p><b>Key Issue Log (issues identified from this meeting)</b></p> <p>The Committee noted the following Key Issues:-</p> <p><u>NHS Southport and Formby CCG</u></p> <p><b>Key Issue</b> Committee not assured on RTT lost to follow up action plan in terms of clinical engagement of senior medical staff.</p> <p><b>Risk Identified</b> Risk of patients not being reviewed which may lead to harm.</p> <p><b>Mitigating Action</b> Request paper to CCQRM from Southport and Ormskirk Medical Director on clinical engagement to the Trust plan.</p> <p><b>Key Issue</b> SI process and recovery plan against contract performance notice.</p> <p><b>Risk Identified</b> Risk of not meeting the recovery trajectory in terms of SI process.</p> <p><b>Mitigating Action</b> Contact Director of Nursing to request assurance on plan to recover and if not assured to agree remedial action with Trust Board oversight.</p> <p><b>Key Issue</b> Change to 2 week pathway process.</p> <p><b>Risk Identified</b> Risk of patients not being treated accordingly or efficiently. Impact on primary care workload.</p> <p><b>Mitigating Action</b> Discuss at SMT on Trust changes to 2 week pathway.</p> <p><u>NHS South Sefton CCG</u></p> <p>None.</p>	
19/160	<p><b>Date of Next Meeting and Notice of Apologies</b></p> <p>Thursday 26<sup>th</sup> September 2019 at 9am – 12noon, 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL.</p>	

## NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

### Approved Minutes – Part I

Date: Thursday 16<sup>th</sup> May 2019. 10.00am – 11.00am

Venue: **Room 3A, Merton House, Stanley Road, Bootle L20 3DL**

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
<b>Non Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
<b>Minutes</b>		
Jane Elliott	Commissioning Manager - Localities	JE

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C= Cancelled

Name	Membership	April 19	May 19	June 19	July 19	August 19
<b>Members:</b>						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A			
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A			
Graham Morris	SS CCG Lay Member	A	✓			
Helen Nichols	S&F CCG Lay Member	✓	✓			
Fiona Taylor	S&F SS CCG Chief Officer	A	A			
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓			
Jan Leonard	S&F CCG Director of Place (North)	✓	✓			
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	A	✓			
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓			
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓			
<b>Non Voting Attendees:</b>						
LMC Representative		✓	N			
Health Watch Representative		A	A			
Health & Well Being Representative		A	N			
Dr Craig Gillespie	GP Clinical Representative	✓	✓			
Dr Kati Scholtz	GP Clinical Representative	✓	✓			

No	Item	Action
PCCiC19/26	<p><b>Apologies for absence</b> Apologies were received from Healthwatch, Gill Brown, Graham Bayliss and Fiona Taylor. It was noted that the meeting is not quorate.</p> <p><b>Welcome and Introductions</b> GM advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. No members of the public were in attendance at the meeting.</p>	
PCCiC19/27	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/28	<p><b>Minutes of the previous meeting</b> The minutes of the meeting held on Thursday 16<sup>th</sup> April 2019 were approved as an accurate record of proceedings.</p> <p>It was noted that initials for Gill Brown and Graham Bayliss needed to distinguishable by adding a further letter from their surname. Debbie Fairclough's initials need to be consistent throughout the document. Alan Cummings title has changed to Senior Commissioning Manager NHSE &amp; I.</p> <p><b>ACTION:</b> Above changes to be made throughout the document.</p>	JE
PCCiC19/29	<p><b>Action points from the previous meeting</b> Members reviewed the action log and the following was agreed:</p> <p><b>Item 18/42</b> – Action closed. David Scannell attended Joint Operational Group to give an update. <b>Item 19/29</b> – Action Closed. HN name has been removed from previous minutes <b>Item 19/10</b> – Action closed. PCN has been placed as a standard agenda item</p> <p>All other items are to remain open, progress ongoing.</p>	

<p>PCCiC19/30</p>	<p><b>Report from Operational Group and Decisions made</b></p> <p>The Joint Operational Group had agreed a temporary list closure for Bridge Road Medical Centre. This was to enable internal workflow efficiencies to embed. The Group also agreed to an extension to Blundellsands Surgery list closure for a further 3 months. This was due to the continued demand for patients registering within the practice. The original pilot scheme highlighted movement between practices. Within the LQC practices are required to submit regular figures around the number of patients registering and leaving their practice. This will help monitor figures across Sefton. The group asked that the closure was discussed at the PCN meeting.</p> <p>Following an update around ETTF bids it is unlikely that Formby's PID will progress this will be clarified with practices in the next month. Maghull PID will continue.</p> <p>LQC - it was noted that very few practices have signed up to the LQC by the deadline of 31.4.19. It was agreed that a further deadline would be sent to practice in May. An updated list would be brought to the next meeting. Practices will be informed that without sign up of contract no further payments will be made.</p>	<p>JL</p> <p>JE</p>
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<p>PCCiC19/31</p>	<p><b>Update on GPFV Operational Plan/ Primary Care Programme Report</b>  The GPFV Primary Care Programme was presented to the group. The report lists all those projects that are live within the team. The projects are categorised as business as usual, transformational or nationally mandated.</p> <p>There have been no significant changes since last update.</p> <p>The following items were discussed as are RAG rated amber or red:</p> <p>5000 GP's – This is a national shortage. There was an expectation of 194 GP's to come to the Cheshire and Merseyside area. Numbers are in single figures. No direct action to be taken by CCG.</p> <p>ETTF bids – Crosby has formally withdrawn their PID and will progress this privately. Formby PID unlikely to continue as there is a lack of engagement by practices. Maghull PID is progressing. Confirmation re status of Formby to be obtained.</p> <p>Workforce steering group has not met recently. The next meeting is due on 22 May in Chester.</p> <p>Resilience funding has been announced for 19/20. Communications have been sent out to practices. CCG team will support any practices wishing to make application.</p> <p>Local Quality Contract (LQC) – AP gave an overview of the history of the LQC. Part 1a is a block contract, Part 1b has finance linked to activity. KPI's will need to be returned on a quarterly basis. As part of the LQC this year practices have been asked to review data of patients who have attended other services such as A&amp;E, Walk in Centres etc. The data will be presented to individual practices that will be expected to review internally and then have a peer discuss within their PCN or locality and devise an action plan. The expectations will be that high intensity users are identified and the demand on other services is reduced.</p> <p>Learning Disabilities – Historically there has been poor uptake of health checks. The CCG redesigned the offer in 18/19 the practices were given the option of delivering the scheme themselves or opting for South Sefton Federation to provide the health checks. Only 2 practices in Sefton chose neither of these options. The scheme has shown a significant increase in the amount of health checks provided in Sefton. This year the primary care team have worked with the local authority to ensure the registers of LD is robust. Work continues to establish accurate figures across Sefton.</p>	
<p>PCCiC19/32</p>	<p><b>Primary Care Network update</b></p> <p>Application deadline was 15<sup>th</sup> May 2019. All PCN's have submitted their applications on time. There are 4 practices in Sefton who are not part of a PCN, these are largely based in Maghull. The applications will be presented to the Leadership team on Tuesday 21<sup>st</sup> May 2019. The application will need to be submitted to NHSE by 31<sup>st</sup> May 2019. The CCG will be supporting those PCN who current list sizes are lower than 30,000. This decision is based on the unusual geographical area and the support for how they have been working historically, making changes would potentially destabilise current network structures.</p> <p>Hightown Practice is currently part of the Formby Network as their host practice is located here. Options as to how this can be accommodated to stream line service delivery will be considered over the coming months and presented to the committee.</p>	



PCCiC19/33	<b>Primary Care Budget Workshop</b> Deferred to July Meeting due to annual leave.	
PCCiC19/34	<b>Healthwatch Feedback</b> Apologies were received from Healthwatch therefore no issues were raised.  JE confirmed that the CCG have been working with Healthwatch on a programme to reinvigorate patient participation groups. A workshop had been attended by practice and patients. Some of the difficulties that that had been encountered were recruiting of patient members that represented the practice demographic. Further workshops will be hosted by Healthwatch and CCG.	
PCCiC19/35	<b>Key Issues Log</b> JL and GM summarised the key issues of the meeting that are to be reported to the governing body.	
PCCiC19/36	<b>Any Other Business</b> AC sent his apologies for the next meeting.	
PCCiC19/37	<b>Date of Next Meeting:</b> Date of Next Meeting: 20 <sup>h</sup> June 2019 <b>Family Life Centre, Almond Room, Ash Street Southport PR8 6JH</b>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b> 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>		

# NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

## Approved Minutes – Part I

Date: Thursday 20<sup>th</sup> June 2019. 10.00am – 11.00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
<b>Non Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
<b>Minutes</b>		
Jane Elliott	Commissioning Manager - Localities	JE

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C = Cancelled

Name	Membership	April 19	May 19	June 19	July 19	August 19
<b>Members:</b>						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A	✓		
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A	✓		
Graham Morris	SS CCG Lay Member	A	✓	-		
Helen Nichols	S&F CCG Lay Member	✓	✓	✓		
Fiona Taylor	S&F SS CCG Chief Officer	A	A	✓		
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓		
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓		
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	✓	N		
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	A		
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	A		
<b>Non Voting Attendees:</b>						
LMC Representative		✓	N	A		
Health Watch Representative		A	A	✓		
Health & Well Being Representative		A	N	N		
Dr Craig Gillespie	GP Clinical Representative	✓	✓	A		
Dr Kati Scholtz	GP Clinical Representative	✓	✓	A		

No	Item	Action
PCCiC19/46	<p><b>Apologies for absence</b> Apologies were received from Dr Craig Gillespie, Dr Kati Scholtz, Alan Cummings and Angela Price.</p> <p>Sharon Howard attended as NHSE representative. Debbie Fagan has gone on secondment; therefore, Brendan Prescott will represent Quality team at future meetings.</p> <p>It was noted that the meeting was not quorate. There was also no clinical representation.</p> <p><b>Welcome and Introductions</b> GB advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. Two members of the public were present at the meeting.</p>	
PCCiC19/47	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/48	<p><b>Minutes of the previous meeting</b> The minutes of the meeting held on Thursday 16<sup>th</sup> May 2019 were approved as an accurate record of proceedings.</p>	
PCCiC19/49	<p><b>Action points from the previous meeting</b> Members reviewed the action log and the following was agreed:</p> <p>JCCiC19/29 Item closed. Report is prepared and awaiting signature from practice PCCiC 19/05 Item closed. TOR are prepared and will be reviewed at the subcommittee. PCCiC 19/05 Item closed. The committee will discuss this within the development session in July. PCCiC 19/28 Item closed. Initials of delegates have been amended throughout the documents.</p> <p>All other items are to remain open, progress ongoing.</p>	

<p>PCCiC19/50</p>	<p><b>Report from Operational Group and Decisions made</b></p> <p>LQC 5. There are a small number of practices who have not returned their signup sheets for the local quality contract. The deadline has been extended until 30<sup>th</sup> June 2019 to enable practices to submit their paperwork. Failure to sign up will result in payments ceasing, this has been discussed with the LMC.</p> <p>Moore Street Surgery has undergone a recent CQC inspection. They achieved an overall 'Good' rating.</p> <p>Healthwatch had published 'Enter and View' reports for a number of practices in the Sefton area. The operational group have received these reports.</p> <p>Outstanding complaints. There are a small number of outstanding complaints being reviewed as a matter of priority. NHSE will continue to receive and deal with complaints from patients but will pass along complaints that can be dealt with locally with CCG input. Future complaints will be dealt with contemporaneously and a summary report will be submitted to the Commissioning Committee on a six monthly basis.</p> <p>The CCG are overseeing ordering of Influenza Vaccinations for the winter period 2019/20.</p> <p>The CCG are looking at Interpreting Services to support accessibility to GP practices.</p>	
<p>PCCiC19/51</p>	<p><b>Primary Care Quality</b></p> <p>The committee noted that there is a vacancy for a post to support quality in primary care; this will be recruited once an internal review of quality is completed. A work plan for the forthcoming development session has been drafted which has a section for quality to be discussed.</p> <p>The terms of reference for the joint operational committee have reviewed and amended to reflect quality remit. Quality will be a standing item on the agenda.</p>	

<p>PCCiC19/52</p>	<p><b>Update on GPFV Operational Plan/ Primary Care Programme Report</b></p> <p>Additional 5000 doctors – It is recognised that this is a national issue. Although NHSE are committed to supporting GP’s into the area, there clearly is shortage across the country.</p> <p>Following discussions it was decided that AP would review the Primary Care Programme. GPFV aspirational targets are to be removed. Broader headings will be introduced to reflect workflows. The programme of work will be added to the development session to be discussed further.</p> <p>e-consult – An explanation was given of how patients utilise e-consults as an alternative way of accessing primary care services. Patients are able to fill in an electronic form, accessed from the practice website, explaining in full the reason for the contact. GP can then respond appropriately to the patients. There is a facility within the process that will signpost patients to alternative providers of care where appropriate or highlight ‘red flag’ symptoms which would require priority treatment. This has an impact on practices by reducing the number of patients who contact the practice by telephone. GBr requested a demonstration of the software.</p> <p>Apex/Insight software had been placed on hold due to some difficulties experienced nationally. Issues have now been resolved and rollout will continue. The software will enable reporting on workforce and workload within GP practices.</p> <p>A request was made for CP to present the 10 point nursing plan to the committee in August.</p>	<p>JL</p> <p>AP</p> <p>CP</p>
<p>PCCiC19/53</p>	<p><b>Primary Care Network update</b></p> <p>Applications for PCN were received by the deadline of 15<sup>th</sup> May 2019. The CCG have authorised 7 PCN across Sefton. 4 in Southport and Formby CCG and 3 in South Sefton CCG. Maghull PCN application was declined due to being under the threshold for patient list size. A revised application was submitted for Maghull and Crosby practices as a joint PCN which was approved. There are 4 practices in South Sefton who have decided not to be part of a Network. PCNs have been approached to provide network services (as described in the DES specification) for registered patients within those practices. All practices in Southport and Formby are members of a network.</p> <p>The operational group had agreed that for PCNs supporting non PCN practices would be able to access the participation payment from the DES to support the network to offer network services to the population.</p> <p>PCN are now looking at providing assurances around governance and providing extended hours access across the community by 1<sup>st</sup> July 2019. The CCG will be supporting the PCN’s through this process. Sharing agreements have not been released nationally, currently awaiting further information.</p> <p>A discussion took place around how the possible confusion for the public between 7 Day Access services and Extended Hours services.</p>	

<p>PCCiC19/54</p>	<p><b>7 Day Access utilisation</b></p> <p>JL presented data from the service with utilisation rates. Healthwatch reported that they are receiving feedback from members of the public that they are not being offered appointments at the 7 day access service when contacting GP practices. This will be fed back to the Federations.</p> <p>Primary Care have secured funding from NHSE forward view monies to fund 'Digital Champion Trainers' They work with practice to promote the 7 day access services and train reception staff on how to use the EMIS to make appointments.</p> <p>Utilisation rates were shared with the group broken down into practice level data. It was noted that the 'unknown' option within the data; this was when the service or NHS111 book the appointments. The committee ask for numbers to be presented as percentages of the practice list size in future.</p> <p>Information was presented on some of the issues the 7 day access service is facing due to technical difficulties: the service is unable to access electronic tests requests via ICE system and is therefore using a paper format. This is causing issues with the response to tests requests as the result is being returned to the GP and not the 7 Day access service. The 7 Day access service is also experiencing difficulties referring on ERS (electronic referral system) as the service does not have access to the software in order to refer patients to secondary care electronically. The CCG and federation are working with NHS Digital in order to address the issues and find a resolution.</p> <p>The Southport and Formby service have a physiotherapist as part of their team. South Sefton have experienced some issues in securing a physio' and have decided to subcontract via another route. The committee asked for assurances that allied health professionals are not working outside of their competencies. NHSE was asked to provide data across the Cheshire and Merseyside footprint to enable comparisons to be made.</p> <p>Overall feedback from service users is positive.</p>	<p>CT</p>
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<p>PCCiC19/55</p>	<p><b>Healthwatch Feedback</b></p> <p>Healthwatch confirmed that the ‘enter and view’ report for St Marks and Trinity has been finalised and is with the practice for their signature. The practice had requested a definition of continuity of care. Healthwatch responded with the following definition:</p> <p><i>"Continuity of care is defined by Healthwatch Sefton as repeated contact between an individual patient and a doctor for a period of time required to treat a specific illness/ condition. We understand that it is not always possible to see the same GP, but we believe continuity is important, as being treated by different clinicians can be upsetting, particularly when you have to repeat your story again and again. It is important that the patient is asked how they would like their care to be delivered to ensure their medical needs are met, recognising their personal situation."</i></p> <p><i>In sharing the above definition, we would also like to share that whilst understanding that it is not always possible to see the same GP during an episode of care, the lead GP (the one you saw at the beginning of your episode) should co-ordinate the process. In reducing the need for the patient to repeat their story again and again, it is important that patient notes are available to all concerned to reduce the need for repetition. This should provide better outcomes, increase patient satisfaction and be more cost effective.</i></p> <p>Healthwatch are in the process of pulling together a template to enable a summary of reports to be produced. This will detail which practices have been visited and when. Comparisons can be made between practices. DB to submit template broken down into Localities for submission to committee.</p> <p>Some practices have not known how to respond to reports that have been sent to them, Healthwatch again will produce a template to support practices.</p> <p>Some observations that have been fed back to Healthwatch include practices not being consulted on new housing developments. It was noted that large development are listed on website for consultation with the public, practices are able to access this data. FT will liaise with the local Authority to see if there is a mechanism for practices to be alerted to future developments.</p> <p>Healthwatch has been working with a local autism group who has fed back some good work that Blundellsands Surgery have in place called ‘visible appointments’. Patients are given a coloured lanyard to alert staff they are on the autistic spectrum. This enables the patient to become independent in accessing services within the practice. First appointments in the afternoons are utilised as this is when the practice is most quiet. This model of working would be good to roll out to other practices in Sefton. Feedback will be given to CG.</p>	<p>DB</p> <p>FT</p> <p>JL</p>
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PCCiC19/56	<p><b>Key Issues Log</b></p> <p>Planning for Influenza vaccinations</p> <p>Review of 7 day access</p> <p>Authorisation of the 7 PCN's</p> <p>Medicines Management offer to PCN's</p> <p>Extended hours provision by PCN by 1<sup>st</sup> July 2019</p> <p>Healthwatch reports</p>	
PCCiC19/57	<p><b>Any Other Business</b></p> <p>None raised.</p>	
PCCiC19/58	<p><b>Date of Next Meeting:</b></p> <p>Date of Next Meeting: 18<sup>th</sup> July 2019</p> <p><b>Room 5A Merton House, Bootle, L20 3DL</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b></p> <p>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>		



## NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

### Approved Minutes – Part I

Date: Thursday 15<sup>th</sup> August 2019. 10.00am – 11.00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Alan Sharples	SS CCG Lay Member (Deputy Chair)	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Jane Elliott	Localities Manager SSCCG	JE
<b>Non- Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Sue Calvert	Interim Deputy Head of Quality & Safety	SC
<b>Minutes</b>		
Jacqueline Westcott	Senior Administrator SSCCG	JW

#### Attendance Tracker

✓ = Present    A = Apologies    N = Non-attendance    C= Cancelled

Name	Membership	April 19	May 19	June 19	July 19	Aug 19
<b>Members:</b>						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A	✓	✓	✓
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A	✓	✓	✓
Alan Sharples	SS CCG Lay Member (Deputy Chair)	-	-	-	-	✓
Helen Nichols	S&F CCG Lay Member	✓	✓	✓	✓	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	A	✓	A	A
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	A	A
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓	✓	A
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	✓	N	✓	A
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	A	✓	✓
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	A	A	A
<b>Non- Voting Attendees:</b>						
LMC Representative		✓	N	A	N	N
Health Watch Representative		A	A	✓	A	A
Health & Well Being Representative		A	N	N	N	N

Name	Membership	April 19	May 19	June 19	July 19	Aug 19
Dr Craig Gillespie	GP Clinical Representative	✓	✓	A	✓	✓
Dr Kati Scholtz	GP Clinical Representative	✓	✓	A	✓	✓
Sue Calvert	Interim Deputy Head of Quality & Safety					✓
Debbie Fairclough	Chief Operating Officer					✓

No	Item	Action
PCCiC19/59	<p><b>Apologies for absence</b> Apologies were received from Fiona Taylor, Martin McDowell, Jan Leonard, Alan Cummings, and Brendan Prescott. Healthwatch</p> <p><b>Welcome and Introductions</b> GB advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published.</p>	
PCCiC19/60	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/61	<p><b>Minutes of the previous meeting</b> 20<sup>th</sup> June 2019 – PCCiC 19/54 7 Day access Utilisation paragraph 4 the committee requested the paragraph to be re-worded to the following: Information was presented on some of the issues the 7 day access service is facing due to technical difficulties: the service is unable to access electronic tests requests via ICE system and is therefore using a paper format. This is causing issues with the response to tests requests as the result is being returned to the GP and not the 7 Day access service. The 7 Day access service is also experiencing difficulties referring on ERS (electronic referral system) as the service does not have access to the software. The service creates the referral in EMIS on the patients records and a request is made for the practice upload the referral onto ERS. The CCG and federation are working with NHS Digital in order to address the issues and find a resolution.</p>	
PCCiC19/62	<p><b>Action points from the previous meeting</b> Members reviewed the action tracker and the tracker was updated</p>	

PCCiC19/63	<p><b>Report from Operational Group and Decisions made</b></p> <p>There were no decisions made at the meeting 15<sup>th</sup> August 2019.</p> <p>Translation services – Since delegation both CCGs are using translation providers through NHSE. Moving forward both CCGs will work with other local CCGs to review translation needs.</p> <p>Primary Care practice contracts – A new member of staff will be joining the team in September 2019, a regular review process will be implemented in order to review the process and contract changes to partnerships.</p>	
PCCiC19/64	<p><b>Primary Care Quality</b></p> <p><u>GP Patient Survey –</u>  AP presented data on the GP patient survey (GPPS) taken from July 2019. The data was compared with the previous survey dated 2018. The results of the surveys show an increase in patient satisfaction compared with the national average. There was a discussion regarding the presentation of the data, with views on future iterations.</p> <p>It was acknowledged that Southport and Formby CCG had achieved the highest results in Cheshire and Merseyside for ‘overall experience of GP practice’, and South Sefton had improved this indicator from the previous year.</p> <p>The Committee agreed that a letter of acknowledgement will be sent to all Southport and Formby practices, and to those South Sefton practices who achieved the national average of above. A letter will be drafted and agreed with the Chairs.</p> <p>Results could be picked up via contract meetings. Variations between practices within a PCN/locality could be discussed.</p> <p>Ease of getting through on the telephone was discussed, it was acknowledged that implementing e-consult which is being rolled out across Sefton, could reduce calls to GP practices.</p> <p><u>Complaints log quarter one –</u>  AP presented data on the primary care complaints log which has now been delegated to the CCG from NHSE. The data has been collated since April 2019. There were 4 complaints received by the SSSCCG and 3 for SFCCG primary care team, although it was recognised that the complaints highlighted were in relation to the commissioning of primary care, other themes of complaints would be presented to different committees.</p> <p>The operational group will provide assurances to the Committee that patients know how to complain to a practice and the steps that can be followed if they are unhappy with the outcome. The process is to be reviewed in order to collate the data effectively.</p>	RH/GB
PCCiC19/65	<p><b>Update on GPFV Operational Plan/ Primary Care Programme Report</b></p> <p>Item for discussion in part 2 of today’s meeting.</p>	

<p>PCCiC19/66</p>	<p><b>Primary Care Network update</b></p> <p>There are 3 PCNs within SSCCG:</p> <ul style="list-style-type: none"> <li>• Crosby &amp; Maghull</li> <li>• Bootle</li> <li>• Seaforth &amp; Litherland</li> </ul> <p>The PCN DES is on course for progressions to be made. 4 practices are not signed up to the PCN DES within SSCCG, however the DES allows them to sign up at a later stage.</p> <p>There are 4 localities and PCNs within SFCCG:</p> <ul style="list-style-type: none"> <li>• Ainsdale &amp; Birkdale</li> <li>• Central</li> <li>• North</li> <li>• Formby PCN has only 3 practices in this PCN with a population of less than 30,000 patients. The PCN has not formally signed up to the pharmacy hub at this stage</li> </ul> <p>A meeting is to be arranged with NHSE and Formby PCN to discuss development of the PCN, the practice not currently signed up to the PCN DES has the opportunity to join at a later stage. Formby PCN has agreed to cover the practice population for extended hours and social prescribing.</p>	
<p>PCCiC19/67</p>	<p><b>Sign up to Direct Enhanced Services</b></p> <p>Practices can sign up to additional Direct Enhanced Services (DES) nationally.</p> <ul style="list-style-type: none"> <li>• The 2019/20 DES's are as follows:</li> <li>• Learning disabilities</li> <li>• Extended Hours – Quarter 1 2019 only. this will become part of the Network DES from Quarter 2 2019</li> <li>• Minor surgery</li> <li>• Out of Area Registrations</li> <li>• Special Allocation Scheme previously known as the Violent Patient Registration Scheme. Currently only 1 practice in Bootle provides this scheme for patients across Sefton. The Committee were interested to know the numbers of patient from each CCG who are currently on the SAS scheme. RH will collate this information.</li> <li>• Primary Care Networks</li> </ul>	<p>RH</p>



PCCiC19/68	<p><b>Healthwatch Feedback</b></p> <p>This item will be discussed further at next month's meeting.</p>	
PCCiC19/69	<p><b>Key Issues Log</b></p> <p>A letter commending the work of Blundellsands Surgery in relation to patients identified with autism will be drafted.</p> <p>The practice uses lanyards for patients with autism, and offers patients the first appointment of the afternoon when the surgery is quieter in order to support patients.</p> <p>Complaints to be added to the log in order to provide assurances of quality.</p>	
PCCiC19/70	<p><b>Any Other Business</b></p> <p>There were no other items raised.</p>	
PCCiC19/71	<p><b>Date of Next Meeting:</b></p> <p>Date of Next Meeting: 19<sup>th</sup> September 2019 <b>Room 5A Merton House, Bootle, L20 3DL</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b> 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>		