

Governing Body Meeting in Public Agenda

Date: Wednesday 5th February 2020, 13:00hrs to 16:00hrs

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
Dil Daly	Lay Member for Patient and Public Involvement	DD
Vikki Gilligan	Practice Manager	VG
Jane Lunt	Chief Nurse	JL
Martin McDowell	Deputy Chief Officer/Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
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
General					13:15hrs
GB20/1	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/2	Declarations of Interest	Chair	Verbal	Receive	
GB20/3	Minutes of previous meeting	Chair	Report	Approve	
GB20/4	Action Points from previous meeting	Chair	Report	Approve	
GB20/5	Business Update	Chair	Verbal	Receive	
GB20/6	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:35hrs
GB20/7	Integrated Performance Report 7.1: NHS Constitution Quality 7.2: Financial Position	Cameron Ward JL MMcD	Report	Receive	40 mins
GB20/8	Oversight Framework: Q2 2019/20 Exception Report	Cameron Ward	Report	Receive	
Governance					14:15hrs
GB20/9	Future of CCGs	FLT	Report	Approve	45 mins
GB20/10	Commissioning Policies: Criteria Based Clinical Treatment Policy	Jan Leonard	Report	Approve	
GB20/11	Joint Committee Terms of Reference	FLT	Report	Approve	
GB20/12	Primary Care Commissioning Committee Terms of Reference: annual update	Jan Leonard	Report	Approve	
GB20/13	Governing Body Assurance Framework, Heat Map and Corporate Risk Register	HN	Report	Approve	
Quality					15:00hrs
GB20/14	SEND Improvement Plan – progress update	JL	Report	Receive	10 mins
Service Improvement/Strategic Delivery					15:10hrs
GB20/15	Sefton Health and Wellbeing Strategy 2020-2025	Charlotte Smith	Report	Receive	40 mins
GB20/16	Sefton Early Help Strategy and Children and Young Peoples Plan	Jacque Finlay	Report	Receive	
GB20/17	Transforming Care for People with Learning Disabilities: Update	Jan Leonard	Report	Approve	
GB20/18	Sefton Transformation Update	FLT	Report	Receive	
For Information					15:50hrs
GB20/19	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities f) Joint Committee (S&F and WL CCG)	Chair	Report	Receive	5 mins
GB20/20	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) TCP Strategic Board	Chair	Report	Receive	
Closing Business					15:55hrs

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB20/21	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB20/22	Date of Next Meeting Wednesday 1st April 2020, 13:00hrs at the Family Life Centre, Southport, PR8 6JH <u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Public meeting dates for 2020/21 are as follows: 3 rd June 2020 2 nd September 2020 4 th November 2020 3 rd February 2021 7 th April 2021 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				
Estimated meeting close					16:00hrs

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 6th November 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
Vicky Gilligan	Practice Manager	VG
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
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

Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair
Debbie Fagan	Programme Director Winter Planning	DFag
Cameron Ward	Programme Director – Sefton Transformation Programme	CW
Jan Leonard	Director of Commissioning and Redesign	JL
Judy Graves	<i>Minute taker</i>	

Apologies

Jane Lunt	Chief Nurse and Quality Officer
Doug Callow	GP Clinical Director
Emily Ball	GP Clinical Director
Colette Riley	Practice Manager

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Feb 19	Apr 19	June 19	Sept 19	Nov 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	✓	✓	✓
Matthew Ashton or deputy	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	✓	✓	✓
Dr Emily Ball	GP Clinical Director	✓	A	✓	✓	A
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	
Dr Doug Callow	GP Clinical Director	✓	A	✓	A	A
Debbie Fagan	Chief Nurse	✓	✓			
Vicky Gilligan	Practice Manager					✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	A			

Name	Governing Body Membership	Feb 19	Apr 19	June 19	Sept 19	Nov 19
Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)	✓	A	✓	✓	✓
Jane Lunt	Chief Nurse					A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓

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	No questions were submitted from the public	
GB19/131	Apologies for Absence Apologies had been received from Jane Lunt, Dr.Doug Callow, Dr Emily Ball and Colette Page.	
GB19/132	Declarations of Interest 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 & Formby CCG. Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor and Martin McDowell. It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda. Declarations made are listed in the CCG's Register of Interests which is available on the website http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/	
GB19/133	Minutes of Previous Meeting 5th September 2019 The members approved the minutes as a true and accurate record. In consideration of the cycle of planned meetings of the Governing Body, FLT confirmed that the dates were aligned to the reporting and assurance submissions from providers so as to enable timely consideration of performance information.	
GB19/134	Action Points from Previous Meeting 190/8: Mental Health –CLOSED 19/68: QA brief on 24 access – JL confirmed this in development –CLOSED	

No	Item	Action
	19/71: AMR – ACTION CLOSED 19/100: EU Exit update delivered to SLT – ACTION CLOSED 19/101: Cancer Referrals – picked up with the Trust – CLOSED 19/106: GBAF, finance risk raised to 20 – CLOSED 19/106: Sefton Place Plan – CLOSED	
GB19/135	<p>Business Update</p> <p>The Chair welcome Vicky Gilligan to the Governing Body. This was Vicky's first meeting as a practice manager representative. It was also noted that this was Tim Quinlan's last meeting as he was due to leave the CCG to work in Scotland. The Chair thanked Tim for his support to the Governing Body and the work of the CCG and on behalf of the Governing Body wished him the very best of luck in his future endeavours.</p> <p>Resolution: The members received the report.</p>	
GB19/136	<p>Chief Officer Report</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, that were not covered elsewhere on the agenda were highlighted:</p> <p>FLT reported that 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 21st October. On 28th October the government and the EU agreed a "flexextension" of Article 50 to 31st January 2020 and during the intervening period the NHS will continue to asses, evaluate, escalate and mitigate as necessary any risks that emerge.</p> <p>On 29th October the daily Sitrep reporting requirement was stood down until further notice but is expected to be reinstated as we approach the exit deadline.</p> <p>Members were advised that the CCG and Local Authority had participated in the JTAI and the final outcome report is awaited, however due to purdah the CCG had been advised that the publication of that report would not happen until after the general election.</p> <p>It was noted that The Safeguarding Adults and Children Annual Report was received at the September Joint Quality & Performance Committee and the report set out how the CCGs are fulfilling their statutory duties in relation to safeguarding adults, children and young people in Sefton. The report has been published on the CCG's website.</p> <p>Members also received a progress update on the development of the Primary Care Networks and the key activities that had taken place in the previous months. Members noted the positive work that was taking place within the PCNs.</p> <p>The Governing Body also received a stakeholder briefing on the from the newly established Liverpool University Hospitals NHS Trust which was now the name of the merged Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.</p> <p>Resolution: Governing body members received the report</p>	

No	Item	Action
GB19/137	<p>19/137 (i) Integrated Performance Report (IPR)</p> <p>MMcD presented the Integrated Performance Report and referred members to page 42 of the pack that set out the Summary Performance Dashboard noting that the CCG remains under target in respect of diagnostics, and although performance is below target in respect of A&E, the CCG remains above the national average. Whilst there will be no complacency in continuing to improve that target, members agreed that it was helpful to contextualise A&E performance in terms of the national picture. It was noted that e.referrals continue to be a cause for concern and there is ongoing dialogue with providers in terms of utilisation of e.referral systems, and the recording of that activity so that non compliance with that target can be understood.</p> <p>MMcD reported that the CCG had missed the RTT target for the first time in three years in August when performance levels were at 91.1%, however it was noted that despite that the CCG continues to perform above the national average. A root cause analysis will be undertaken so that the causes of under performance are identified and addressed.</p> <p>The CCG is expecting a 52 week wait breach to appear in the September data but investigations into the causes has demonstrated that this was due to the fact that the patient is unwell and unable to attend appointments. The provider will continue to liaise with the patient to identify and appropriate appointment slot. The CCG picks up any likely 52 week breaches at 36 weeks so that early interventions can take place.</p> <p>TQ queried the 53 day wait for a cancer referral and the explanation from the provider that this was due to insufficient capacity in outpatients. MMcD agreed to investigate further and report back to the next Governing Body on the causes and the mitigating actions.</p> <p>At section 2.5.5 – 62 Day NHS Screening Service, under the Assurance section reference is made to the commissioning of screening by Public Health England. This should be amended to state that it is NHSE that has responsibility for the commissioning of that service.</p> <p>There was a discussion about A&E and the system pressures. TQ shared his ongoing view that in order to address urgent care pressures in a sustained way, it would be necessary to redesign the urgent care system with all partners contributing in a systematic way. Governing body members concurred and acknowledged the work undertaken to date by TQ and CCG leads to take that work forward.</p> <p>Referring to page 67 of the pack, MMcD advised that the provider had experienced difficulty in collecting TIA data which meant that the veracity of what was being reported required validation. JL commented that the trust is working well with the CCG to address those issues and improve reporting.</p> <p>19/137 Quality</p> <p>FLT presented this section of the report and updated the governing body on the key areas highlighted in the report. Members noted that there had been two cases of MRSA meaning that the CCG would miss the target completely as there is zero tolerance in terms of compliance. Mixed Sex Accommodation (MSA) breaches had occurred but it was acknowledged that this was in part due to the nature of the estate environment that was a contributing factor at times. Notwithstanding that, all breaches are investigated and reported.</p> <p>Referring to page 74 of the pack, FLT acknowledged the work of HealthWatch on the development of a single and simple way to ensure patient experience data is</p>	<p>MMcD</p> <p>CW/KMcC</p>

No	Item	Action
	<p>collated. MK advised that there has been progress but more work is required.</p> <p>There are challenges in meeting the IAPT targets but members did acknowledge that there are providers within the VCF community that provide "IAPT like" services that individuals do access. However, the national reporting standards do not take account of the counting and recording of that activity so that the actual overall view is not available.</p> <p>JL reported that the scheme to support individuals with a learning disability to access health checks was being rolled out in primary care and improvements are anticipated.</p> <p>There was then a discussion about the children and young people dashboard and the associated activity. Further work is being undertaken to understand the CAMHS pathway so that activity is accurately reported. Referrals to CAMHS may result in signposting, quite appropriately, to other services and the recording and reporting of that can skew the activity data. FLT commented that for the record and for clarity, SALT means, Speech and Language Therapy.</p> <p>HN reflected on a recent national news story relating to the inappropriate use of restraint and asked if the CCG was assured that such practices were not happening within our services. FLT advised that the CCG had not been notified of any such incidents nor had received any complaints. It was also noted that the Transforming Care Partnership is responsible for LD services overall and that the Governing Body would continue to receive quarterly updates. In the event any incident was reported the Chief Nurse would escalate as a priority.</p> <p>Resolution: The governing body received the report.</p> <p>19/137 (ii) Finance</p> <p>MMcD presented members with the finance paper and advised that 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. It was noted that the cumulative deficit will need to be addressed as part of the CCG longer term financial recovery plan.</p> <p>Members were further advised that 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 and leads are seeking to identify schemes to address that.</p> <p>To date 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. MMcD advised that prescribing efficiency schemes are expected to be delivered and savings realised in later months when prescribing reports are published and values can be confirmed.</p> <p>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.</p> <p>It was reported that there are pressures emerging as a consequence of increases in the number of CHC packages of care and the increase in fast track referral. Whilst that is placing pressure on budgets all governing body members acknowledged that it also meant that patients are being placed in an appropriate setting to meet their needs.</p>	

No	Item	Action
	<p>Further pressures are attributed to overspends in the independent sector, prescribing and in respect of non contract activity.</p> <p>MMcD described the process that was being applied in respect of the development of QIPP schemes in which a “deep dive” exercise is undertaken to fully understand the extent of the opportunity and how this could be achieved. At this stage it is being CCG led but MMcD will be discussing with providers to secure ownership of delivery. Pain management and gastro had recently been subject to that approach with a well received presentation delivered at a meeting of the Operational Team.</p> <p>Resolution: The Governing Body received the report noting the following:</p> <ul style="list-style-type: none"> • 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. 	<p>CW/KMcC/ Commissioning Team</p>
GB19/138	<p>Emergency Preparedness Resilience and Response (EPRR) Standards</p> <p>DFair presented the report for ratification. the Governing Body received the interim assessed level of compliance against the core standards in September 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 30th September 2019. It was further agreed that the final documentation would be ratified by the Governing Body in November.</p> <p>The paper presented 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 . These related to the requirement for on call training, which will now be arranged and the need to undertake a business continuity exercise which is also now being planned.</p> <p>The topical “deep dive” assessment for 2019/20 was in respect of planning for severe weather. There were two items rated as amber requiring the CCG to undertake a severe weather risk assessment and to monitor the heat levels in rooms where staff are working. These actions will be addressed.</p> <p>Resolution: The Governing Body ratified the assessed level of compliance against the EPRR core standards</p>	

No	Item	Action
GB19/139	<p>SEND Improvement Plan - final</p> <p>MMcD presented the the final SEND Improvement Plan that had been formally signed off by the Department for Education and signed off locally by the SEND Continuous Improvement Board on 22nd October 2019. A significant amount of work had been undertaken by the Local Authority, the CCG and NHS providers to ensure that there was a robust, appropriate and measurable plan in place that would result in improvement outcomes for individuals.</p> <p>It was noted that there had been progress on implementing the plan and those actions were overseen by the SEND Continuous Improvement Board.</p> <p>MK asked if PHBs were being routinely offered for individuals. DFair provided some additional context explaining that although there is no mandated requirement to offer PHBs it is something that the partners agreed should be a model we should move to over time. It was noted that the complexity of support required for individuals will require robust commissioning oversight with parents and carers requiring support and training and this is something that the partners are keen to develop further.</p> <p>The Governing Body will continue to receive regular progress updates.</p> <p>Resolution: The governing body received the report.</p>	
GB19/140	<p>Sefton2gether</p> <p>The Governing Body received comprehensive overview and the the final Sefton2gether plan which is the local system's new five year plan incorporating the NHS Long Term Plan requirements. The plan has been developed following an extensive discussion and engagement programme with stakeholders.</p> <p>As a key objective of the plan is the focus on the local 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.</p> <p>CW advised members that this plan is being presented at partner boards and governing body in November for approval. Members also noted that the draft version has been shared with the Cheshire and Merseyside Health and Care Partnership.</p> <p>FLT advised that the implementation of the plan will be set out in the CCGs Highway to Health operational plan.</p> <p>Resolution: The Governing Body approved the Sefton2gether plan.</p>	
GB19/141	<p>Better Care Funding Planning</p> <p>TJ presented an overview of the BCF planning submission. It was confirmed that the governing body had delegated the approval of the submission to the CCG Chair and Chief Officer, and that sign off and submission took place on 27th September 2019.</p> <p>Resolution: The governing body ratified the BCF submission.</p>	

No	Item	Action
GB19/142	<p>Sefton Transformation Programme Update</p> <p>FLT provided an update on the progress being made on the implementation of the Sefton Health and Care Transformation Programme. Members were advised that the “future state” had been approved by the Sefton Transformation Board (STB) and is being incorporated into the new Five Year Plan, Sefton2gether and the final engagement event relating the refreshed Sefton Plan had been held on 9th October.</p> <p>A number of project briefs had been prepared along with development of project initiation documents relating to primary care networks (PCNs). It was also noted that work continues at pace on the development of an outline pre consultation business case for the delivery of sustainable acute services for the populations of Southport, Formby and West Lancashire.</p> <p>Members were concerned to note, however, that recent capital announcements did not include Southport and Ormskirk Hospitals NHS Trust.</p> <p>Resolution: The governing body received the update report.</p>	
GB19/143	<p>Winter Plan</p> <p>DFag, the Programme Director for Unplanned and Emergency Care attended the meeting to present the Winter Plan. It should be noted that for the record, this item of business was presented at the start of the meeting and ahead of the Business Update item.</p> <p>Members were advised that this plan had been produced by the relevant organisations within the Southport and Ormskirk system and had been aligned to the system wide Financial Recovery Plan.</p> <p>A significant amount of effort had been made to ensure that those schemes that would have the greatest impact to address and mitigate winter pressures were prioritised.</p> <p>DFag confirmed that this plan had been signed off by the Winter Planning Board, the A&E Delivery Board and the System Management Board. In consideration of the evident oversight and inputs of key system forums, the governing body could be assured that the plan was robust.</p> <p>Resolution: The governing body approved the report.</p>	
GB19/144	<p>Health and Wellbeing Strategy</p> <p>DFair provided a verbal update on this item. The public health lead was due to provide a summary update on the progress on the development of the Health and Wellbeing Strategy for information however, HA was unable to attend the meeting. DFair advised that progress on the development of the HWS was underway and being overseen by the Health and Wellbeing Operational Group. It was noted that the Sefton2gether plan was aligned to the emergent strategy and the CCG and local authority will continue to work together to implement the key objectives.</p> <p>Resolution: The governing body noted the verbal update.</p>	
GB19/145	<p>Acute Sustainability Committee – development meeting 7th November</p> <p>FLT advised that the development meeting was due to take place on 7th November.</p> <p>Resolution: The governing body noted the verbal update.</p>	

No	Item	Action
GB19/146	<p>Key Issues Reports:</p> <p>a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI</p> <p>Resolution: The governing body received the key issues reports</p>	
GB19/147	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee b) Joint Quality & Performance Committee d) Primary Care Commissioning Committee PTI</p> <p>RESOLUTION: The governing body received the approved minutes.</p>	
GB19/148	<p>Any Other Business</p> <p>FLT and RC were pleased to advised that there had been significant interest in the Lay Member for PPI role and interviews had now taken place. There had been 28 applicants, with a shorlist of 7. The HR process is now underway and it expected the successful candidate will soon be joining the CCG.</p>	
GB19/149	<p>Date and Time of Next Meeting</p> <p>Wednesday 5th February 2020, 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 2020/21 are as follows:</p> <p>1st April 2020 3rd June 2020 2nd 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>	
Meeting concluded		16:10hrs
<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 Action Points

Date: Wednesday 6th November 2019

No	Item	Action
GB19/137	<p>19/137 (i) Integrated Performance Report (IPR)</p> <p>TQ queried the 53 day wait for a cancer referral and the explanation from the provider that this was due to insufficient capacity in outpatients. MMcD agreed to investigate further and report back to the next Governing Body on the causes and the mitigating actions.</p> <p>At section 2.5.5 – 62 Day NHS Screening Service, under the Assurance section reference is made to the commissioning of screening by Public Health England. This should be amended to state that it is NHSE that has responsibility for the commissioning of that service.</p> <p>(ii) Finance</p> <p>QIPP Opportunities:</p> <ul style="list-style-type: none"> 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. 	<p>MMcD</p> <p>CW/KMcC</p> <p>CW/KMcC/ Commissioning Team</p>

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/6	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: January 2020							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.							
Recommendation							
<p>The Governing Body is asked:</p> <ul style="list-style-type: none"> - Formally receive the report - Delegate authority to the Deputy Chief Officer/Chief Finance Officer and the Chair of the Audit Committee to sign off the DSP submission. 	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">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; 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	
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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	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to Governing Body February 2020

General

1. Request for Delegation – sign off Data Security and Protection (DSP) Toolkit

The Data Security and Protection **Toolkit (DSP Toolkit)** is part of an updated approach to measuring progress against 10 data security standards for general practice set out by Dame Fiona Caldicott. This replaced the Information Governance (IG) Toolkit in 2018. Each year the CCG is required to undertake a self-assessment that is then signed off by the governing body.

To ensure compliance with submission deadlines the Governing Body is asked to delegate authority to the Deputy Chief Officer/Chief Finance Officer and the Chair of the Audit Committee to sign off the DSP submission.

2. EU Exit Planning - De-escalation

The CCG's EU Exit Planning lead participated in a call with Professor Keith Willets, the national lead on 9th January 2020. There was a clear message that planning could now be stood down and the following key messages were shared with the CCG's Leadership Team;

1. The government remains confident that we the withdrawal bill will be signed off by 31st January 20 and that the formal exit date will then be 31st December 2020
2. The NHS was considered to be well prepared, and there was an acknowledgement of the support the associated staff have given
3. All records relating to no deal exit planning activity will be retained for future reference
4. NHS national leads will support and advise the government in its preparations for leaving the EU over the next 12 months
5. All NHS no-deal exit communications have ceased with immediate effect
6. All planning for a no-deal exit is to cease
7. All reporting and assurance/Sitrep procedures have ceased.

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. NHS Long Term Plan – 5 year plan

The development of the implementation plan for the Sefton2gether Five Year Plan is moving forward. A first draft of the implementation plan has been developed and being socialised. Further work is underway with colleagues within the CCG and Sefton Council in the first instance through the integrated commissioning approach. The implementation plan will be led and finalised within the Health and Care Transformation Programme before being handed over as "business as usual" by the end of March 2020. There will be elements of the plan dovetailing with the recently developed Health & Wellbeing Strategy for Sefton. This will allow for a joint implementation approach with Sefton Council.

In line with the revised timetable, following the purdah period for the General Election, the Sefton2gether Plan is itself going through final amends following its governance sign-off and will be published on the Sefton CCG websites by the end of January.

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

4. Joint Targeted Area Inspection (JTAI)

Between 23 and 27 September 2019, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) carried out a joint inspection of the multi-agency response to abuse and neglect in Sefton. 1 This inspection included a 'deep dive' focus on the response to children's mental health.

The joint targeted area inspection (JTAI) included an evaluation of the multi-agency 'front door', which receives referrals when children may be in need or at risk of significant harm. On 18th December 2019 the inspectors wrote to all parties to share the outcomes of the inspection. Local partners will continue to work closely together to respond to those outcomes.

A copy of the inspectors' letter is available at this link. <https://files.ofsted.gov.uk/v1/file/50134652>

5. The Safeguarding Adults Board Annual Report

The Joint Quality and Performance Committee received a paper in January in relation to the recent publication of the Merseyside Safeguarding Adults Board annual report for 2018-19. The annual report highlights the work undertaken by board members and sub-groups during the reporting period. The CCGs are represented at MSAB by the Chief Nurse and the Designated Safeguarding Adult Manager.

The report is available at the following link:

<https://www.merseysidesafeguardingadultsboard.co.uk/the-board/annual-reports-business-plans/>

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

6. QIPP

The CCG continues to implement its QIPP plans and there has been a sustained organisational response to the challenges we face as a CCG and across the wider system. The challenge is increasing and further pressures continue to emerge.

There is a substantive update from the Chief Finance Officer on the agenda today.

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. 7 day access contract extension

The Primary Care Commissioning Committee supported a recommendation to extend the Extended Access (7 day access) Contract for six months until March 31st 2021. This is currently a 2 year APMS contract and was awarded following a procurement exercise in 2018. The contract began on 1st October 2018 and is due to expire September 30th 2020. The contract value for the two year period is £3,095,000 (SS) £2,320,000 (SF). The funding covers all costs incurred by the service, including, estates, IT infrastructure and prescribing.

Since the contract was awarded 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' was published in January 2019. This details the transfer of funding and responsibility for the CCG commissioned service to Primary Care Networks (PCN's). This funding will be combined with the existing extended hours DES funding to implement

a single access offer by April 2021. Further details are yet to be made available in order to progress plan, it is anticipated that this detail will not be available until the 202/21 GP contract negotiations are known (March 2020), which would not provide enough time for PCNs and the CCG to implement a service to correspond with the expiration of the current APMS contract.

The proposed contract extension will allow time for commissioners to translate guidance, once available, into operational plans which will be subject to approval via the Primary Care Commissioning Committee.

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

8. Place and Programme Forum update

The CCG provided an update on the development of our “place” which has a particular emphasis on “people”, “relationships”, “delivery” and “Team 100”. This was well received. There are real opportunities now emerging to connect programmes of work with other CCGs and to learn from each other.

The Chair of C&MCHP Alan Yates gave an introductory presentation and reiterated the importance of working together and understanding the interdependencies between organisations and their services. It is encouraging to note that the work we are doing in Sefton is aligned to the vision of the C&MCHP and that our progress will result in improved outcomes for our population.

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

9. SEND

Implementation of the Sefton SEND Improvement Plan continues to be overseen by the Sefton SEND Continuous Improvement Board and progress is being made. The CCGs have secured additional resource to support this agenda by appointing an Associate Chief Nurse dedicated solely to SEND services.

The CCG’s Chief Nurse will provide a further update as part of the main agenda.

10. Children and Young People Partnership Board

In December 2019 the Health and Wellbeing Board received a proposal for the establishment of a Children and Young People Partnership Board that would report directly to the Health and Wellbeing Board.

The CCG is a member of this a new multi-agency forum that is responsible for ensuring that appropriate arrangements are in place to enable vulnerable children and young people to be heard, happy and healthy so that they can achieve the best possible outcomes.

The terms of reference clearly define its role and its roles and responsibilities are distinctly different from, but complementary to, the Local Children’s Safeguarding Board. This new partnership board is required to work across all parts of the Children and Young People system and partners to ensure the whole system works seamlessly and keeping children at the centre of what we do.

11. Recommendation

The Governing Body is asked:

- Formally **receive** the report
- **Delegate** authority to the Deputy Chief Officer/Chief Finance Officer and the Chair of the Audit Committee to sign off the DSP submission.

**Fiona Taylor
Chief Officer
January 2020**

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/7.1	Author of the Paper: Karl McCluskey Directory of Strategy & Outcomes Email: Karl.McCluskey@southseftonccg.nhs.uk Tel: 0151 317 8468						
Report date: February 2020							
Title: Integrated Performance Report: M8 2019/20							
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group							
Recommendation The Governing Body is asked to receive the report.	<table border="1"> <tr> <td>Receive</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="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.
	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

NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%	82.29%						
		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)

% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%						
		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%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	R	R	R	R					G	
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%						
		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%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	0	0	0	0	0	0	0	0						0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancelled Operations

Number of Cancellations for non-clinical reasons who are treated within 28 days 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	R	R					R	
		Actual	6	7	7	7	2	4	8	5						46
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G					G
		Actual	0	0	0	0	0	0	0	0					0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Preventing People from Dying Prematurely

Cancer Waiting Times

% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) 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	G	G	G					G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%					93.47%
		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%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) 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	G	G	R					R
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%					89.64%
		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%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) 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	R	G					G
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%					96.93%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	R					G
		Actual	100%	100%	100%	100%	100%	100%	100%	85.71%					98.02%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G	G	R	R	G	G					R
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%					97.95%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%					99.3%
		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%

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) 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	R	R				R	
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%					78.74%
		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%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	N/A	R	G	R	N/A	R	R	R				R	
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%					70.97%
		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%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-	G	G	G				G	
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%					85.95%
		Local Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%

Accident & Emergency

4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % 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	R	R				R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%	82.98%					86.26%
		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%

Ensuring that People Have a Positive Experience of Care

EMSA

Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	14	13	4	9	9	10	7	10					76
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5	2.1					
		Target	0	0	0	0	0	0	0	0	0				0

Metric	Reporting Level	2019-20													YTD
		Q1			Q2			Q3			Q4				
		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

Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		YTD	1	1	1	1	2	2	2	2					2
		Target	0	0	0	0	0	0	0	0					0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R	R	R	R					R
		YTD	2	4	8	10	13	16	22	22					22
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
Number of E Coli infections Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		YTD	14	25	39	55	70	78	98	107					107
		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

Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G	G	G	R	G	G					G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%					97%
		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

First episode of psychosis within two weeks of referral 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
		Actual	100%			100%									100%
		Target	56%			56%			56%			56%			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)

<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> 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	R	R					R
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%					46.5%
		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%
<u>IAPT Access</u> 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	R	R					R
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%					1.03%
		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%
<u>IAPT Waiting Times - 6 Week Waiters</u> 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	G	G					G
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%					97.5%
		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%
<u>IAPT Waiting Times - 18 Week Waiters</u> 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	G	G					G
		Actual	100%	100%	100%	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%

Dementia

<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	R					G
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%					69.8%
		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%

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

The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R			R
		Actual	95.24%	84.6%			89.92%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R			R
		Actual	75%	75%			75%
		Target	95%	95%	95%	95%	95%

Wheelchairs

Percentage of children waiting less than 18 weeks for a wheelchair 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			G
		Actual	100%	100%			100%
		Target	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 8 (note: time periods of data are different for each source).

Key Exception Areas for November	CCG	S&O
Diagnostics Improvement Trajectory	2.7%	1.5%
Diagnostics (National Target <1%)	1.89%	0.87%
Referral to Treatment (RTT)	91.55%	93.34%
Cancelled Operations (Zero Tolerance)	-	5
Cancer 62 Day Standard Improvement Trajectory	-	70.49%
Cancer 62 Day Standard (Nat Target 85%)	81.40%	81.31%
A&E 4 Hour All Types Improvement Trajectory	-	88%
A&E 4 Hour All Types (National Target 95%)	82.98%	85.05%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	175
Ambulance Handovers 60+ mins (Zero Tolerance)	-	42
Stroke (Target 80%)	-	64.5%
TIA Assess & Treat 24 Hrs (Target 60%)	-	4.50%
Mixed Sex Accommodation (Zero Tolerance)	10	15

Yellow denotes achievement of trajectory

Planned Care

Year to date referrals are 6.0% higher than 2018/19 due to a 9.7% increase in consultant-to-consultant referrals. GP referrals are closer to 2018/19 levels with a slight increase of 0.8% at month 8.

Overall, referrals to Southport Hospital have increased by 4.4% year to date at month 8. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in November recording 1.89%, an improvement on last month's performance (2.39%). Therefore performance remains below the CCGs improvement trajectory of 2.7% for November 2019. Southport and Ormskirk have shown a significant improvement in performance and are now achieving the national target of less than 1%, with 0.87% in November.

Southport & Formby CCG had a total 9,442 patients waiting on an incomplete pathway in November 2019; 1,767 patients over plan. The CCG failed to achieve the 92% target in November reporting 91.55%, only slightly below the 92% target. Out of a total 9,442 patients waiting on the pathway, 798 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 5 cancelled operations in November 2019, showing an decrease on October. 3 were due to a lack of beds, 1 lack of an ITU bed and 1 ran out of theatre time. Year to date there have been 46 cancelled operations at the Trust.

For month 8 year to date, Southport & Formby CCG are failing 4 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 16.4% in November 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 94% and remains

below the England average of 96%. The percentage who would not recommend remains at 2% in line with the England average.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for November 2019 reached 85.05% for all types (87.93% YTD), which is below the Trust's improvement trajectory of 88% for November. For type 1 a performance of 77.28% was reported in November (80.92% YTD).

Southport & Ormskirk Hospital reported 15 12-hour breaches in November against a zero tolerance threshold. These were all as a result of delays in admission to acute wards.

In 2019/20 NWS has continued to progress improvements in delivery against the national ARP standards. This included 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 declined in November with 64.5% against the 80% target; 20 patients out of 31 achieved the target. In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 4.5% in November. This is a further decline on last month when the Trust reported 5.26%.

The CCG continues to breach the zero tolerance threshold for mixed-sex accommodation, with a total of 10 breaches in November. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in November. However the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20. The CCG had 0 new cases of C.Difficile in November making a total of 22, against a year to date plan of 19 (year-end plan of 30) so are over plan currently (11 apportioned to Acute Trust and 11 apportioned to community).

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, which is the same as last year when the CCG failed reporting 142 cases. In November there were 9 new cases against a plan of 9, bringing the year to date figure to 107 against a YTD target of 75. Southport & Ormskirk Trust reported 13 new cases in November with none of those acquired through the hospital (169 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 23.3% in November, a slight decline on October but a significant improvement on previous months and above the England average of 12.2%. The percentage of patients who would recommend the service decreased slightly to 89% but remains above the England average of 84% and the percentage who would not recommend remained at 6% below the England average of 10%.

Mental Health

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, with performance remaining at 77.78%. Out of a potential 9 service users, 7 started treatment within the 18 week target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.93% in November, therefore failing to achieve the target of 1.59%. The recovery target of 50% was also not achieved in November with 37.3%.

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 2020/21 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 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Senior Leadership Team (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	2554	-140	-5.2%	1799	2075	276	15.3%	5247	5564	317	6.0%
May	2727	2833	106	3.9%	1929	2265	336	17.4%	5456	6122	666	12.2%
June	2429	2470	41	1.7%	2069	1973	-96	-4.6%	5305	5345	40	0.8%
July	2580	2903	323	12.5%	2054	2429	375	18.3%	5433	6342	909	16.7%
August	2495	2354	-141	-5.7%	1914	2144	230	12.0%	5230	5339	109	2.1%
September	2391	2376	-15	-0.6%	1907	2268	361	18.9%	5085	5519	434	8.5%
October	2729	2716	-13	-0.5%	2237	2292	55	2.5%	5965	6075	110	1.8%
November	2722	2737	15	0.6%	2111	2134	23	1.1%	5735	5771	36	0.6%
December	2102				1811				4571			
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2618	54	2.1%	2004	2198	194	9.7%	5398	5760	361	6.7%
YTD Total Month 8	20767	20943	176	0.8%	16020	17580	1560	9.7%	43456	46077	2621	6.0%
Annual/FOT	30763	31415	652	2.1%	24047	26370	2323	9.7%	64781	69116	4335	6.7%



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





Month 8 Summary:

- Trends show that total referrals have decreased by 5.0% (304) from the previous month at November 2019.
- Year to date referrals are 6.0% higher than 2018/19 due to a 9.7% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 12.1% 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 14.3%.
- Overall, referrals to Southport Hospital have increased by 4.4% year to date at month 8. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 21.8%.
- Increases in Trauma & Orthopaedics are related to a change in service at the local walk-in centre whereby patients are now being referred onto the Provider's A&E Department rather than being seen and discharged in the walk-in centre. The increase in General Medicine is also directly related to the 2018/19 change in A&E pathway and creation of ACU although this should now level out on a monthly basis as the service is now operational for over 12 months. Further work monitoring referrals continues via the information sub group.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20 after a decrease to the lowest they have been since December 2018. GP referrals are currently 0.8% up on the equivalent period in the previous year.
- 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 8.0% 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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				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.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		83.9%	84.6%	82.1%	82.3%		
		Plan: 100%					
Performance Overview/Issues:							
<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 & Formby CCG is showing a performance of 82.3% for November, which is similar to last 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. November data shows an overall performance of 85.1% for Southport & Formby CCG, similar to previous month (85.7%).</p>							
Actions to Address/Assurances:							
<p>The planned care team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, advice and guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <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. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p>							
When is performance expected to recover:							
To be confirmed as part of the outpatient strategy case for change.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				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.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	4.51%	3.49%	2.39%		
		S&O	3.72%	2.57%	2.16%	0.87%	
		National Target < 1% <u>November improvement plans</u> CCG: 2.7% S&O: 1.5% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<p>The CCG failed the less than 1% target for Diagnostics in November recording 1.89%, an improvement on last month's performance (2.39%). Therefore, performance remains below the CCGs improvement trajectory of 2.7% for November 2019. Out of 2,270 patients, 43 patients were waiting over 6 weeks and 3 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Computed Tomography (14), MRI (10) and Cystoscopy (8).</p> <p>Southport and Ormskirk have shown a significant improvement in performance and are now achieving the national target of less than 1%, with 0.87% in November. For Southport & Formby CCG patients the Trust is achieving 0.65% (11 breaches out of 1,700). Therefore, performance at the following Trust's is having an impact on CCG performance:</p> <ul style="list-style-type: none"> - Liverpool Heart & Chest with 38.6% (22 breaches out of 57) - Liverpool University Hospitals Foundation Trust (LUHFT) with 2.53% (7 breaches out of 277 patients). 							
Actions to Address/Assurances:							
CCG Actions							
<p>There are diagnostic issues emanating from Liverpool Heart & 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. LCHC expecting sustainable recovery by June 2020.</p> <p>Although the CCGs main provider (Southport & Ormskirk) are achieving against target, there are still underlying issues relating to HMRC Pension and tax, with a reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered. CCG escalated via NHSE/I performance call and the response was that this is a national issue which has also been escalated by NHS England.</p> <p>Southport & Ormskirk had indicated that performance improvements were expected in September onwards and this has shown to be the case. The Trust had indicated that the constitutional target would not be met until March 2020. However, outsourcing of diagnostic activity has proved to be successful and has initially brought the Trust back in line with the national target. Sustainability of delivery is not assured but will be closely monitored.</p>							
When is performance expected to recover:							
CCG recovery expected in June 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				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.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	91.10%	91.71%	91.93%		
		S&O	92.57%	93.43%	93.29%	93.34%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in November reporting 91.55%, slightly below the 92% target. Out of a total 9,442 patients waiting on the pathway, 798 were waiting in excess of 18 weeks. This shows a deterioration in performance compared to last month. Gynaecology remains one of the main failing specialties for November reporting 86.52%, with 198 breaches, showing a slight improvement compared to last month. General Surgery is also failing with a performance of 88.68%; a total of 98 breaches. Treatments grouped under 'Other' are performing at 86.82% in November with 198 breaches.</p> <p>Southport & Ormskirk Hospital Trust (S&O) continues to achieve the target with 93.34%. This shows a slight improvement on last month. For Southport & Formby CCG patients, the Trust reported 346 breaches out of a total 5,416 patients, a performance of 93.61%. However the Trust is failing in General Surgery (87.31%) and Gynaecology (84.91%) which is having an impact on CCG performance. The following providers are failing the target for Southport & Formby CCG patients and therefore also contributing to the CCGs performance:</p> <ul style="list-style-type: none"> - Liverpool University Hospitals Foundation Trust (LUHFT) * with 85.45% (179 breaches out of 1,230), a decline in performance since last month. - Alder Hey with 68% (128 breaches out of 400), a slight improvement on last month. <p>*The Royal Liverpool Hospital and Aintree Hospital have now merged to become LUHFT. Before the merger, both hospitals were contributing towards the CCG failing the target.</p>							
Actions to Address/Assurances:							
<p>As part of the conversations with Aintree Hospital regarding the RTT contract performance notice, expectations have been set that the provider should investigate the opportunities of repatriating activity in underperforming specialties to providers that are achieving RTT performance, i.e. S&O, Spire Liverpool etc. It is envisaged that although S&O's RTT performance could dip as a result of receiving repatriated activity, this could be mitigated against an improvement in performance at Aintree Hospital and the CCGs overall position. The CCG formally responded to Aintree's initial improvement trajectory reiterating verbal conversations regarding repatriation and also an expectation that an improved trajectory should be received by the 22nd January 2020.</p> <p>Although S&O are still achieving the target, recent over performance helped maintain CCG level performance. The CCG Planned Care Lead will liaise with S&O to understand if RTT performance at provider level is expected to continue.</p> <p>Although Alder Hey are achieving RTT at catchment level, the CCG has raised locality specific issues with the Trust. A response was received from the Trust informing that the majority of breaches are within Community Paediatrics, a consultant-led service. As a result the CCG commissioning and performance leads are reviewing RTT guidance, with a view to challenge whether or not this activity is being reported accurately.</p>							
When is performance expected to recover:							
The CCG has requested a revised improvement trajectory from Aintree Hospital which will be ratified by Aintree Collaborative Commissioning Forum (CCF).							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

Figure 2 – RTT Performance & Activity Trend

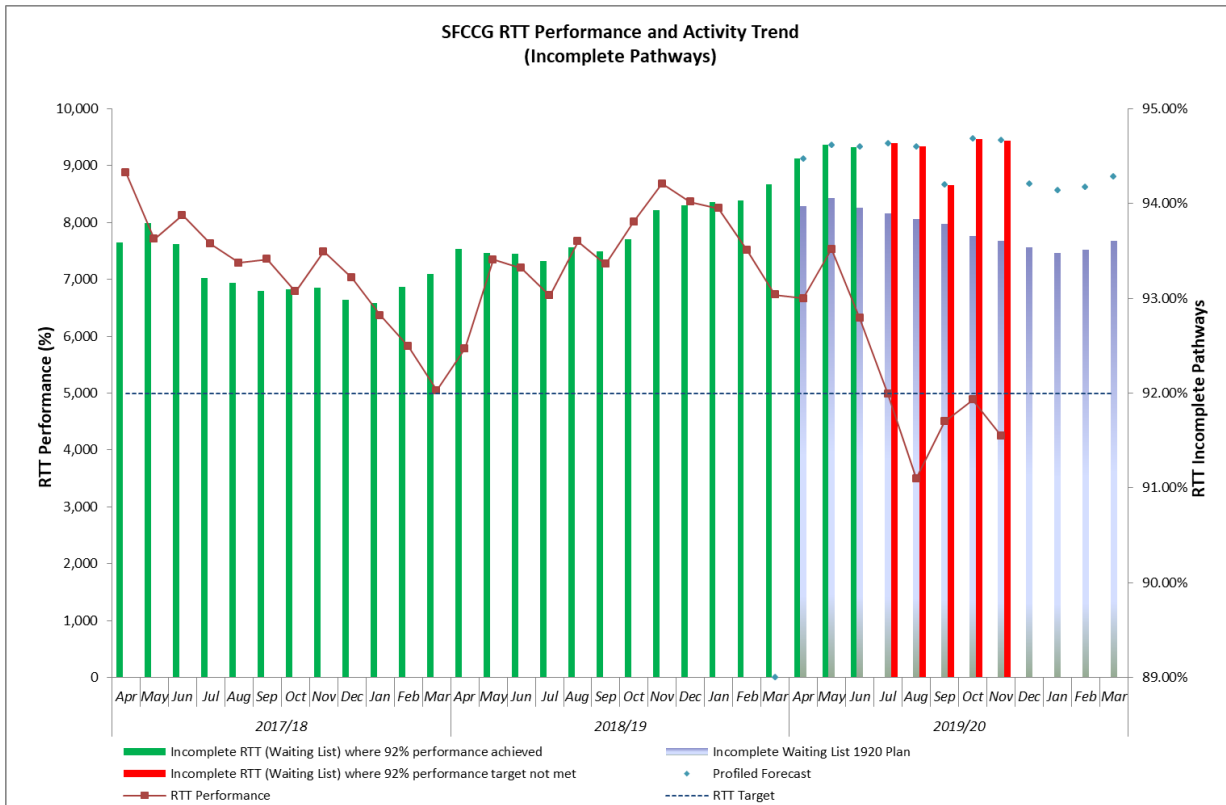


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

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	9,442	9,474	9,442					9,337
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767					1,659

Southport & Formby CCG had a total 9,442 patients waiting on an incomplete pathway in November 2019; 1,767 patients over plan.

The CCG has seen a 13,384/18% increase in April to November 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RTT performance has improved slightly to 93.34%, however, the CCG remains below the 92% target at 91.55%.

2.3.1 Provider assurance for long waiters

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

Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Alder Hey	All Other	36-43	38 patients; 23 TCI Dates in December and January, 8 sent to service for dates, 7 treated. Capacity issued within community paediatrics. Additional ADHD follow up capacity has been made available in Southport and Sefton to reduce the waiting times for follow ups. WLI clinics continue which has seen an improvement in the RTT waiting times. A locum doctor is being allocated to this area.
Blackpool Teaching	Cardiology	41	1 patient; TCI Date in January
Lancashire Teaching	All Other	41	1 patient; treated. Inpatient Capacity issues
Lancashire Teaching	General Medicine	36	1 patient; Outpatient Capacity issues. Patient seen in clinic 24/05/19 - endoscopy completed 02/09/19 - awaiting follow up to be booked
Lancashire Teaching	T&O	42	1 patient; TCI Date in June . Inpatient Capacity issues 09/12/2019 - Removed from Wait list and placed on WW for 6 months. Next review 03/06/20
Aintree Hospital	Ophthalmology	38	1 patient; treated on 06/12/2019
Aintree Hospital	thoracic medicine	36	1 patient; TCI Date in January
Royal Hospital	All Other	43-44	2 patients; pathways stopped. Capacity issues. Ophthalmology is now compliant, this has improved the Trust's overall position. <ul style="list-style-type: none"> The Deputy Chief Operating Officer has reviewed and updated the Access Policy to ensure it is in line with national guidance. This is now ratified, and a programme of work and training will be launched to ensure the policy is being adhered to. RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting. The Deputy Chief Operating Officer is working with the General Managers to ensure all referrals into the Trust are from the locally commissioned area unless there is a service level agreement (SLA) in place or a justified clinical reason. BI teams have been asked to produce data so each Care Group can be monitored against activity plans
Royal Hospital	General Surgery	36	1 patient; No date yet. Long wait on waiting list
Royal Hospital	Urology	36	1 patient; pathway stopped, capacity issues
Liverpool Womens	Gynaecology	38-50	4 patients; trust reports no information for waiters under 52 weeks
Manchester University	Gynaecology	41	1 Patient; no trust information. MFT has submitted a trajectory for reducing waiting waits to NHSI, and is currently performing well against this. MFT reports as Trust and not by individual CCG, patients are all treated to the same rules: Clinical priority and Chronological order. The trajectory includes how Executive oversight of long wait patients will be provided weekly by the Group Chief Operating Officer and MHCC Director of Performance to ensure due process is followed. Unfortunately, the Trust cannot provide tailored reports to individual CCG's. Marie Rowland, Associate Director of performance attends the monthly FIP with commissioners where any issues of concern can be raised.
North Midlands	All Other	37	1 patient; Awaiting TCI Date
North Midlands	General Surgery	39	1 patient; Awaiting TCI Date
Renacres Hospital	Gastroenterology	37	1 patient; Awaiting trust update
Salford Royal	T&O	40	1 patient; treated
St Helens & Knowsley	Plastic Surgery	38-43	3 patients; 1 TCI Date in January, 2 with no information. Patient listed at 17 weeks into 18 week pathway- patient booked for surgery 01/01/2020. Trust will only provide updates for 40+ week waiters
Wirral University	Gynaecology	38	1 patient; trust provided no information
Southport & Ormskirk	All Other	36-37	3 patients; 3 treated in December. 1 patients treatment took place on 04/12/2019 1 patient referred 20/05/2019 and listed on 19/08/2019. Treated on 31/12/2019. 1 patient referred from Renacres on 18/03/2019 and listed on 01/10/2019. Treated on 17/12/2019
Southport & Ormskirk	ENT	36-38	3 patients; 3 pathways stopped in December. Multiple cancellation by 2 patients. 1 patient had sleep studies.
Southport & Ormskirk	Gastroenterology	37	1 patient; Patient seen 04/12/2019 after hospital cancellations in May, August, October and November. Patient on watchful wait for 3 months.
Southport & Ormskirk	Ophthalmology	38	1 patient; Appointment on 22/08/2019 cancelled as the patient was unwell. A further 5 pre-op appointments were cancelled by the Care Home. Patient has therefore been re-listed for January.
Southport & Ormskirk	Urology	38	1 patient; Pathway stopped, patient cancelled 3 times



The CCG had a total of 70 patients waiting over 36 weeks. Of the 70 patients, 13 patients have been treated, 27 have To Come In (TCI) dates, 11 unknown outcomes, 8 sent to service, 2 no TCI date and 7 pathway stopped.

The Royal Liverpool Hospital has stated that Ophthalmology is now compliant which has improved the Trust's overall position. The following actions are in place:

- The Deputy Chief Operating Officer has reviewed and updated the Access Policy to ensure it is in line with national guidance. This is now ratified, and a programme of work and training will be launched to ensure the policy is being adhered to.
- RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.
- The Deputy Chief Operating Officer is working with the General Managers to ensure all referrals into the Trust are from the locally commissioned area unless there is a Service Level Agreement (SLA) in place or a justified clinical reason.
- BI teams have been asked to produce data so each Care Group can be monitored against activity plans



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	Aug-19	Sep-19	Oct-19	Nov-19	
		2	4	8	5	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 5 cancelled operations in November 2019, showing a decrease on October. 3 were due to a lack of beds, 1 lack of an ITU bed and 1 ran out of theatre time. Year to date there have been 46 cancelled operations at the Trust.						
Actions to Address/Assurances:						
Southport and Ormskirk Hospital NHS Trust (S&O) 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.						
Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although an SLA had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.						
Cancelled operations performance is being closely reviewed at the S&O Contract and Clinical Quality Review Meeting (CCQRM) and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days. CCG contract lead for S&O has stated that thorough discussions are taking place and there is a shared understanding that data issues are the cause of the failure of the measure. Ongoing work is being undertaken and monitored at CCQRM.						
When is performance expected to recover:						
Escalation via the CCQRM for an expected recovery trajectory.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Terry Hill		

2.5 Cancer Indicators Performance



2.5.1 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD					N/A	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		100%	93.55%	96.55%	91.89%	89.64%		
Plan: 93% Southport & Ormskirk Trust no longer provide this service. The majority of Southport & Formby CCG patients receive treatment at Aintree Hospital.								
Performance Overview/Issues:								
The CCG has failed to achieve the two week wait target for patients with breast symptoms in November 2019 with 91.89%. Therefore, year to date performance also continues to fail with 89.64%. In November, just 3 patients breached out of a total 37. All breaches were at Aintree and due to patient choice with a maximum wait of 20 days.								
Actions to Address/Assurances:								
The majority of symptomatic breast referrals from Southport and Formby GPs are made to Aintree and Royal Liverpool sites. Both sites have achieved the operational standard in November 2019.								
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.								
All breaches this month were attributable to patient choice of appointment date.								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 – 31 Day First Definitive Treatment for Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	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.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG 94.55%	96.72%	95.4%	96%	96.93%		
		S&O 94%	95.31%	100%	96.49%	97.68%		
Plan: 96%								
Performance Overview/Issues:								
The CCG and Trust both achieved the 96% target in November.								
Actions to Address/Assurances:								
Not required due to achievement of the target.								
When is performance expected to recover:								
Continued recovered position is expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 – 31 Day Standard Cancer Treatment: Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD					N/A	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG	95.24%	94.12%	100%	100%		
		S&O	100%	100%	0 Patients	0 Patients	100%	
		Plan: 98%						
Performance Overview/Issues:								
The CCG achieved the 98% target in November 2019, but is still failing year to date with 97.95% due to performance in previous months. Year to date there have been a total of just 3 breaches out of 146 patients.								
Actions to Address/Assurances:								
Not required due to achievement of the target.								
When is performance expected to recover:								
Continued recovered position is expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.5 – 31 Day Standard Cancer Treatment: Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD					N/A	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.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG	100%	100%	100%	85.71%		
		S&O	100%	100%	100%	100%	100%	
		Plan: 94%						
Performance Overview/Issues:								
The CCG has failed the 94% target for November 2019 with a performance of 85.71%. Out of a total of 14 patients being treated in the month, 2 breached. One patient was a Gynaecology patient at Liverpool Women's Hospital who waited a total 40 days, with delays due to patient choice. The second patient was a skin patient at St Helens & Knowsley who waited 36 days, with their reason being due to other reasons not specified.								
Actions to Address/Assurances:								
Breaches were at Liverpool Women's and St Helens and Knowsley Hospitals. The Liverpool Women's breach was a patient choice factor. St Helens and Knowsley achieved the operational standard for this indicator on a catchment level.								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG	80.65%	82.86%	80.95%	81.40%	78.74%	
		S&O	75.28%	82.00%	74.49%	81.31%	77.13%	
		Plan: 85% Trust's November improvement plan: 70.49% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
<p>The CCG failed the 85% target with 81.4% in November 2019 and are therefore still failing year to date with 78.74%. In November, 8 breaches were reported from a total of 43 patients seen.</p> <p>Southport & Ormskirk Hospital Trust failed the national target in November with a performance of 81.31% and are failing year to date reporting 77.13%. However performance is above the Trust's agreed improvement plan of 70.49% for November. In November, there were the equivalent of 10 breaches from a total of 53.5 apportioned patients.</p>								
Actions to Address/Assurances:								
<p><u>Key Trust actions</u></p> <ul style="list-style-type: none"> - progress with MDT optimisation for urology - protocols for step down of specified cohorts of haematology patients from cancer pathways ensuring consistency with other providers <p><u>System actions</u></p> <ul style="list-style-type: none"> - New approach of mutual accountability for cancer standards through the Cancer Alliance. New cancer performance meeting with provider Chief Operating Officers commenced September 2019. The Group is including representatives from the Radiology network and leads from Liverpool Clinical Laboratories - Potential for head and neck pathway redesign alongside the Rapid Diagnostic model for head and neck at Aintree - Improvement work on the Haemato-oncology Diagnostic Service (HODS) to reduce turnaround time on samples reporting - work with LUFT and Clatterbridge to address performance and sustainability of haematology oncology services 								
When is performance expected to recover:								
The trajectory submitted by the provider does not indicate sustained recovery to the operational standard within the current financial year but indicates improvement to 82.61% by February 2020.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.4 - 62 Day NHS Screening Service

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD					N/A	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG 0 Patients	0%	0%	85.71%	70.97%		
		S&O 0 Patients	60%	0%	0%	45.45%		
		Target: 90%						
Performance Overview/Issues:								
<p>The CCG continues to fail the 90% target with 1 breach out of 7 in November; a performance of 85.71%. Therefore, the CCG remains below target YTD with 70.97%. The breach in November was a lower Gastroenterology patient at Clatterbridge, with delays due to other reasons not specified. The patient waited a total 84 days for treatment.</p> <p>Southport & Ormskirk Hospital Trust treated just 1 patient on this pathway in November, who breached the target, resulting in a performance of 0%. Therefore, the Trust remains below target YTD with 45.45%. YTD there have been 6 breaches from a total of 11 patients apportioned to the Trust.</p>								
Actions to Address/Assurances:								
<p>NHSE/I is working with its screening programme commissioning teams to look at performance against the 62 day standard. In particular they will explore the impact of FIT testing introduction into the bowel cancer screening programme and the significant unplanned impact on uptake and positivity resulting in increased demand for endoscopy.</p> <p>A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways.</p> <p>The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway. A new Screening Group with Sefton Local Authority as a Sub Group of the Health Protection Forum commenced in January 2020.</p>								
When is performance expected to recover:								
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.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.5 104+ 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	Aug-19	Sep-19	Oct-19	Nov-19	
		4	2	4	6	
		Plan: No plan				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 6 patients waiting over 104 days in November 2019. The longest waiting patient was 164 days.						
Actions to Address/Assurances:						
Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. Patient choice, thinking time around treatment modality and unavailability due to holidays remain a key factor in most of these very long waits.						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.5.6 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Note that the current 31 and 62 day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard will become mandated from April 2020.

Hospitals are recording data in 2019, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The cancer screening programme.



Figure 5 – FDS monitoring for Southport & Formby CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	83.88%	80.84%	82.70%	78.81%	81.29%	80.94%	78.94%	82.89%					81.07%
No of Patients	397	522	422	604	449	467	584	485					3930
Diagnosed within 28 Days	333	422	349	476	365	378	461	402					3186

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92%	93%	97%					96.51%
No of Patients	25	34	24	34	23	25	28	36					229
Diagnosed within 28 Days	24	34	24	33	22	23	26	35					221

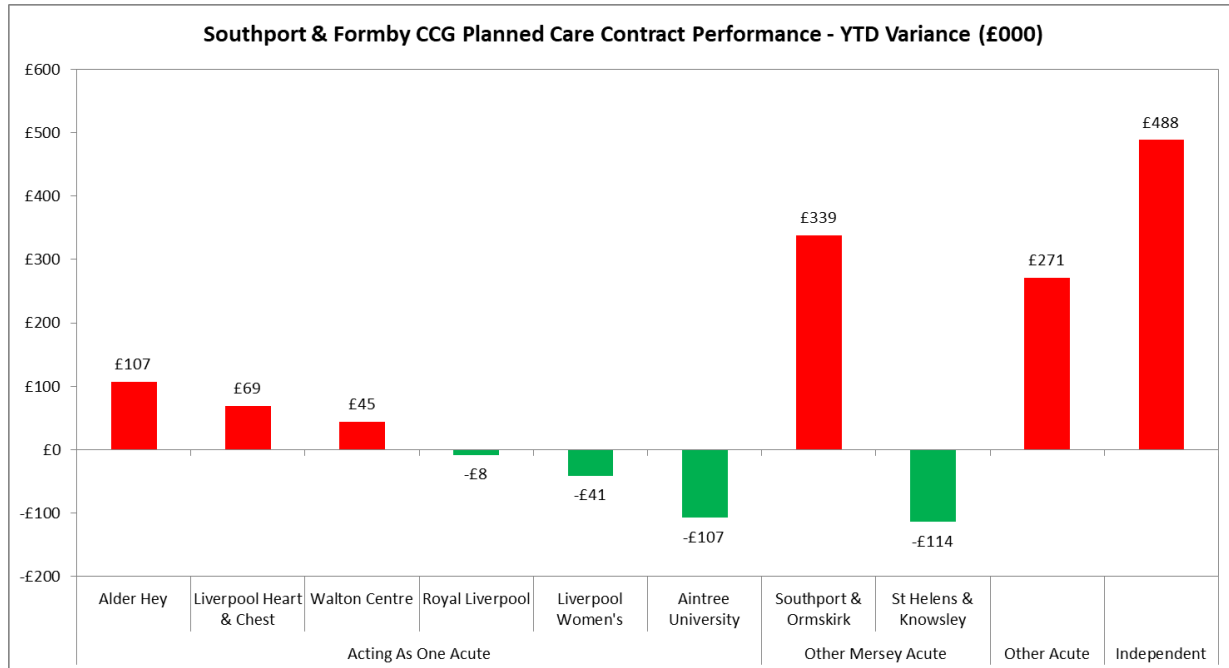
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%					45.09%
No of Patients	20	33	21	13	20	12	17	37					173
Diagnosed within 28 Days	13	20	7	3	5	3	5	22					78

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest					
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		RR	12.2%	9%	18.4%		16.4%
		% Rec	95%	92%	95%		94%
		% Not Rec	2%	3%	2%		2%
2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%							
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for inpatients of 16.4% in November 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 94% and remains below the England average of 96%. The percentage who would not recommend remains at 2% in line with the England average.							
Actions to Address/Assurances:							
On an annual basis the provider will submit a report to the CCG and present at the Clinical Quality Performance Group (CQPG) in February 2020 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.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
Since Q4 18/19, FFT response rates have improved across providers which is encouraging, for this month it appears to have risen significantly in the number responding which has been confirmed with the Trust. Providers and commissioners are in preparation for the implementation of the new FFT ready for implementation on 1st April 2020.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at Month 8 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1m/3.9%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly decreased over spend of approximately £976k/3.7%.

At individual providers, Southport & Ormskirk Hospital is showing the largest over performance at month 8 with a variance of £339k/2%. This is followed by Renacres and Isight with an over performance of £257k/10% and £223k/28% respectively. Wrightington, Wigan and Leigh is also reporting a notable over performance of £192k/15% at month 8.

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 7 - 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	7,486	7,495	9	0%	£3,886	£3,963	£77	2%
Elective	863	735	-128	-15%	£2,422	£2,191	-£231	-10%
Elective Excess Bed Days	157	178	21	13%	£42	£47	£5	13%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	876	589	-287	-33%	£171	£120	-£51	-30%
OPFASPCL - Outpatient first attendance single professional consultant led	9,782	10,782	1,000	10%	£1,719	£1,894	£176	10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,969	595	-1,374	-70%	£200	£67	-£133	-66%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,466	29,981	2,515	9%	£2,348	£2,641	£293	12%
Outpatient Procedure	16,089	18,126	2,037	13%	£2,189	£2,482	£293	13%
Unbundled Diagnostics	13,212	8,102	-5,110	-39%	£863	£772	-£90	-10%
Grand Total	77,900	76,583	-1,317	-2%	£13,839	£14,178	£339	2%

*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 4.4% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, Urology, Dermatology, General Medicine and General Surgery amongst others. Increases in Trauma & Orthopaedics are related to a change in service at the local walk-in centre whereby patients are now being referred onto the Providers A&E Department rather than being seen and discharged in the walk-in centre. The increase in Gen Med is directly related to the 2018/19 change in A&E pathway and creation of ACU although this should now level out on a monthly basis as the service is now operational for over 12 months. Further work monitoring referrals continues via the information sub group.

Outpatient follow up over performance is driven by Clinical Haematology appointments. 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 8 - 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	23	23	0	-1%	£2	£2	£0	-7%
Daycase	161	156	-5	-3%	£211	£179	-£32	-15%
Elective	139	168	29	21%	£822	£1,046	£225	27%
Elective Excess BedDays	16	8	-8	-50%	£4	£2	-£2	-47%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	83	69	-14	-17%	£6	£5	-£1	-23%
OPFASPCL - Outpatient first attendance single professional consultant led	477	441	-36	-8%	£71	£64	-£6	-9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	139	119	-20	-14%	£8	£8	£0	3%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	305	370	65	21%	£8	£10	£2	25%
OPFUPSCL - Outpatient follow up single professional consultant led	1,366	1,437	71	5%	£86	£91	£5	6%
Outpatient Procedure	306	338	32	10%	£40	£47	£7	16%
Unbundled Diagnostics	274	239	-35	-13%	£25	£21	-£4	-17%
Grand Total	3,289	3,368	79	2%	£1,283	£1,475	£192	15%

Wrightington, Wigan and Leigh over performance is predominantly caused by a £225/27% over performance in Electives and focused largely within 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.

Trauma & Orthopaedics market share for this provider has increased from 20% in 2018/19 to 25% in 2019/20. 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.

2.7.3 Renacres Hospital

Figure 9 - 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	975	1,279	304	31%	£946	£1,167	£221	23%
Elective	159	152	-7	-5%	£767	£700	-£67	-9%
OPFASPCL - Outpatient first attendance single professional consultant led	1,687	2,062	375	22%	£292	£355	£63	22%
OPFUPNFTF - Outpatient follow up non face to face	4	0	-4	-100%	£0	£0	£0	-100%
OPFUPSCL - Outpatient follow up single professional consultant led	2,222	2,588	366	16%	£162	£189	£27	17%
Outpatient Procedure	1,523	1,446	-77	-5%	£251	£249	-£1	0%
Unbundled Diagnostics	741	868	127	17%	£63	£85	£21	34%
Physio	1,107	1,143	36	3%	£34	£35	£1	3%
Outpatient Pre-op	833	689	-144	-17%	£51	£42	-£9	-17%
Grand Total	9,251	10,227	976	11%	£2,564	£2,821	£257	10%

Renacres over performance is evident in day case admissions for 2019/20. Over performance is also apparent against a number of specialities within this point of delivery.

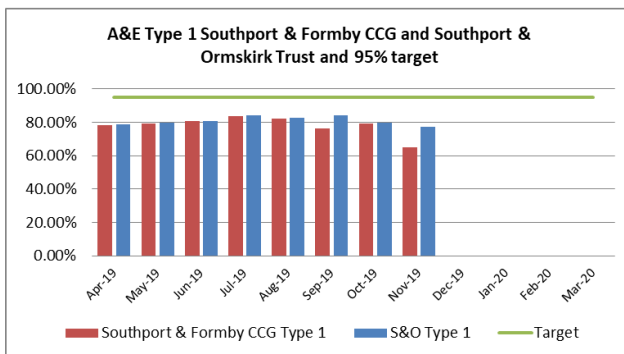
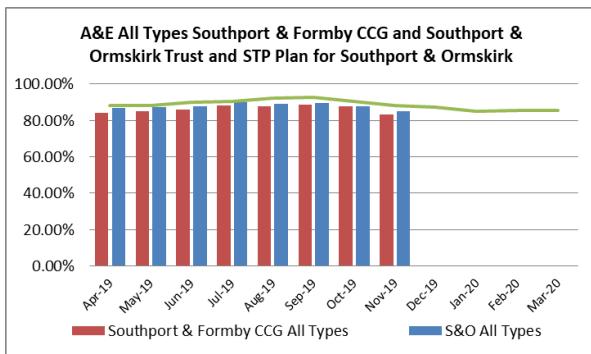
Outpatient first appointments are showing a 22% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 8.3% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management, Gastroenterology and Trauma & Orthopaedics.

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD							
		CCG All Types	87.51%	88.46%	85.04%	82.98%	86.26%						
		CCG Type 1	82.45%	76.46%	79.08%	65.25%	78.14%						
		S&O All Types	89.09%	89.60%	87.84%	85.05%	87.93%						
		S&O Type 1	82.55%	84.40%	79.70%	77.28%	80.92%						
		S&O Improvement Plan	92%	93%	90%	88%	-						
<p>Performance Overview/Issues:</p> <p>Southport & Formby CCG's performance against the 4-hour target for November 2019 reached 82.98% for all types (86.26% YTD), and 65.25% for type 1 (78.14% YTD), both of which are significantly below the national standard of 95%.</p> <p>Southport & Ormskirk's performance against the 4-hour target for November 2019 reached 85.05% for all types (87.93% YTD), which is below the Trust's improvement trajectory of 88% for November. For type 1, a performance of 77.28% was reported in November (80.92% YTD).</p>													
<p>Actions to Address/Assurances:</p> <p><u>CCG Actions</u></p> <p>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.</p> <p>The CCG have commissioned a review via Health Watch to help the system to greater understand the reason for the 11% increase in self presenting attendances.</p> <p>To support attendance and admission avoidance the CCG has commissioned an emergency response vehicle which is jointly provided service from NWAS and Lancashire & South Cumbria Foundation Trust (LSCFT), which was partially operational from October and fully operational in November. The car is achieving 74% non conveyance and responding to 6 - 8 calls per day. The average patient age is 84 years.</p> <p>The CCG have commissioned an additional 6 - 8 short term intermediate care beds to support and expedite discharge to assess within the ICRAS framework. The CCG are continuing to work together with the Trust, Local Authority and community providers to develop and implement identified schemes that will go towards mitigating the capacity shortfall within our system workforce. There is currently a 25% vacancy rate in nursing within the Trust and therapy shortfall in the community. Partners have agree to work together on a local staff recruitment and retention strategy.</p> <p><u>Trust Actions</u></p> <p>The Trust reported that November was an incredibly challenging month that saw decline in performance against the 4-hour standard, predominantly due to pressures at Southport District General Hospital (SDGH). Overall performance fell to 82.7% compared to 89.55% in November 2018. It should be noted that November saw an increase of 11% in total attendances (550 additional patients) in the Emergency Department (ED) at SDGH. This increase largely comprised of patients who self presented. This put significant pressure on ED capacity during a period that saw an additional 144 patients requiring admission from ED, flu and norovirus that affected patient flow across the wards and also in ED. There was high reliance on using ACU and CDU as escalation areas, which limited opportunities to stream appropriate patients away from ED, and 577 patients awaiting admission to wards had care delivered on the corridor, which further restricted ED capacity. Requests for divers and deflections to try and reduce some pressure could not be supported across the month due to pressures experienced in neighbouring Trusts. In addition to there being high reliance on escalation areas to bridge the gap between admission and discharges, there was also enhanced in-reach into ED from specialties in efforts to stream to alternative pathways, with diagnostic tests and treatments plans commenced in ED. If assessment capacity had been available, these patients would have been transferred to assessment areas for this to take place, which would have released cubicle capacity to enable ED to have flow. Late shifts and overnight remain a significant pressure as attendance levels and times have continued to increase into the evenings. All nights routinely have 4 doctors on shift, however due to the activity levels and blockages in ED cubicle capacity being available, efforts are being made to staff up to 5 where possible. Recruitment to new SAS doctors posts remains a challenge, and the department has also received resignation from one of the existing SAS doctors, who will leave at the end of January 2020. Development of Physicians Associates continues to have a positive impact at Tier 1 level and approval has been given to recruit 2 more, which will take the total Whole Time Equivalent (WTE) to 8.</p> <p>The pressures experienced in Paediatrics remains a concern with up to 50% increase in attendances and there have been a number of occasions when staff have needed to be moved from SDGH to Ormskirk District General Hospital (ODGH) to support. Meetings have been held between ED and Paediatrics, and women's and children's services are currently enhancing paediatric cover.</p>													
<p>When is performance expected to recover:</p> <p>Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. 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.</p>													
<p>Quality:</p> <p>Despite the continued focus on improvement with the S&O system, patients continue to experience corridor care and 12 hour breaches which is indicative of poor patient experience. The focus has shifted on elimination of these quality indicators.</p>													
<p>Indicator responsibility:</p> <table border="1"> <thead> <tr> <th>Leadership Team Lead</th> <th>Clinical Lead</th> <th>Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Jan Leonard</td> <td>Vacant</td> <td>Sharon Forrester</td> </tr> </tbody> </table>								Leadership Team Lead	Clinical Lead	Managerial Lead	Jan Leonard	Vacant	Sharon Forrester
Leadership Team Lead	Clinical Lead	Managerial Lead											
Jan Leonard	Vacant	Sharon Forrester											



3.1.2 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. 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	Aug-19	Sep-19	Oct-19	Nov-19	
		0	5	27	15	
		Plan: Zero				

Performance Overview/Issues:

Southport & Ormskirk Hospital reported 15 12-hour breaches in November against a zero tolerance threshold. These were all as a result of delays in admission to acute wards.

Actions to Address/Assurances:

Trust Comments

Timelines completed for all patients confirmed that timely reviews had taken place with commencement of treatment plans, that regular observations and medications had been given as prescribed, and that diet and fluid needs had been met. All were nursed on hospital beds whilst in the department and were offered apologies. November saw an increase in attendances to the Emergency Department (ED) of over 11% (550 additional patients) compared to November 2018. This put significant pressure on ED capacity during a period that saw an additional 144 patients requiring admission from ED, flu and norovirus that affected patient flow across the wards and also in ED. There was high reliance on escalation bed usage to bridge the gap between admission and discharge with ACU and CDU as escalation areas, which limited opportunities to stream. A reflection of the pressures experienced was that 577 patients awaiting admission to wards had care delivered on the corridor compared to 198 last November. Requests for diverts and deflections could not be supported across the month due to pressures experienced in neighbouring Trusts. As a result of bed pressures experienced, there was enhanced in-reach into ED from specialties in efforts to stream to alternative pathways, with diagnostic tests and treatments plans commenced in ED. Work stream 2 continues to promote red to green, tracks discharges at ward level across each day with the promotion of 'ward of the week'. Winter plans to open additional beds at ODGH from January 2020 are progressing well, however the Southport site continues to experience challenges in the timeliness of discharges to enable flow. Weekends remain a particular challenge as there is not a full system approach to weekend working to enable discharges to take place at the pace required. ACU opened on 2 Sundays in November with a total of 17 patients streamed from ED and only 1 requiring admission. There are plans in place for further dates in December and January, however the current workforce does not enable this to be a permanent solution.

When is performance expected to recover:

The CCG have provided director leadership to support and improve system working within partners. Escalation cards are in place via the escalation management plus system which outlines key actions from each partner to support system flow, improve overall performance and prevent 12 hour breaches. Performance expected to recover in December.

Quality:

The Trust reported 15 x 12 hour breaches in November but have given assurance that quality and safety was maintained. 48 hour timelines and RCA's will be provided to the CCG nursing and quality team.

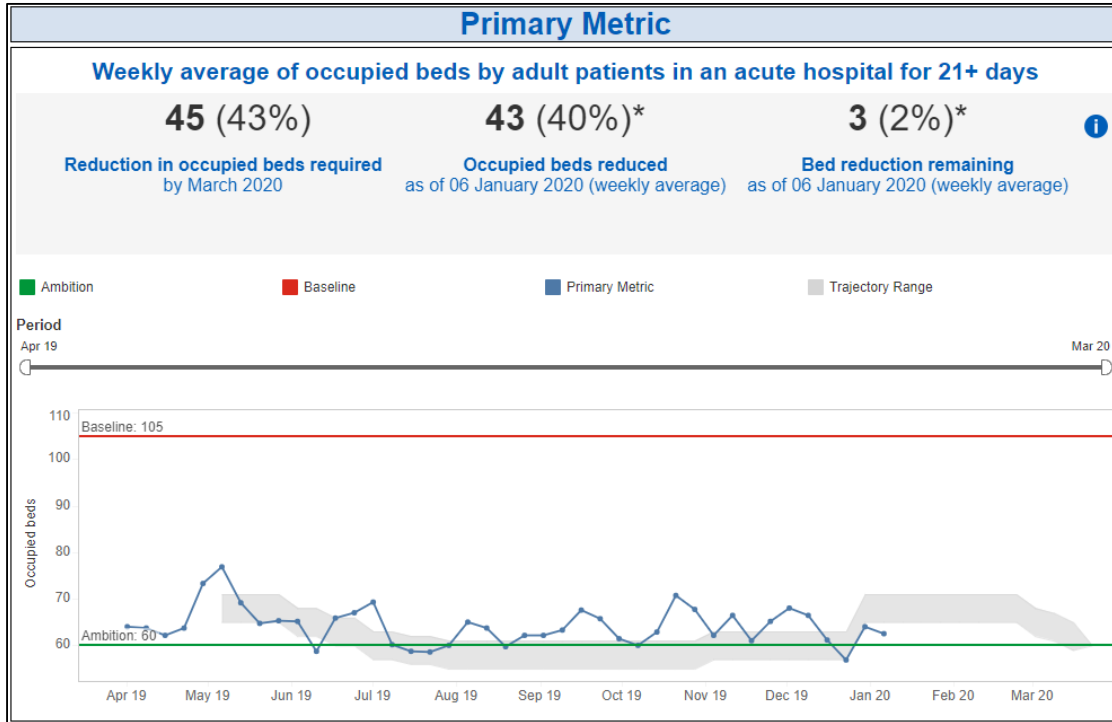
Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Vacant	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 10 – 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 late December and is still close to achieving in March 2020 as the latest reporting as at 6th January 2020 (weekly average) shows 63 occupied beds. This shows a reduction of 43 beds, 3 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
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - 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.
RED	TREND	Category	Target	Sep-19	Oct-19	Nov-19		
		Cat 1 mean	<=7 mins	00:07:55	00:07:20	00:08:10		
		Cat 1 90th Percentile	<=15 mins	00:14:46	00:13:16	00:15:16		
		Cat 2 mean	<=18 mins	00:23:59	00:27:27	00:27:28		
		Cat 2 90th Percentile	<=40 mins	00:53:17	00:59:34	01:03:33		
		Cat 3 90th Percentile	<=120 mins	02:04:03	03:10:53	04:44:24		
Cat 4 90th Percentile	<=180 mins	03:18:07	02:54:27	02:56:05				
Performance Overview/Issues:								
<p>In November 2019 there was an average response time in Southport and Formby of 8 minutes 10 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes and 28 seconds against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved the category 4. 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&E to release vehicles back into the system.</p>								
Actions to Address/Assurances:								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. This included 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.</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 & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls.</p> <p>Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right call at the right time.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identified 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>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Vacant			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				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.
RED	TREND	Indicator	Sep-19	Oct-19	Nov-19		
		(a) 30-60 mins	88	168	175		
		(b) 60+ mins	21	37	42		
Performance Overview/Issues:							
For November, Southport & Ormskirk reported an increase in ambulance handover times between 30 and 60 minutes from 168 to 175. Those over 60 minutes also increased from 37 to 42.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
<p>November was an incredibly challenging month that saw a decline in performance against the 4-hour standard and delays in ambulance handovers with only 48% handed over within 15 minutes of arrival. This was a 7% decline compared to last year. It should be noted that November saw an increase of 11% (550) attendances in the Emergency Department (ED). This increase largely comprised of patients who self presented. This put significant pressure on ED capacity during a period that saw an additional 144 patients requiring admission from ED, flu and norovirus that affected patient flow across the wards and also in ED. There was high reliance on using ACU and CDU as escalation areas, which limited opportunities to stream, and 577 patients awaiting admission to wards had care delivered on the corridor, which further restricted ED capacity. Requests for divers and deflections could not be supported across the month due to pressures experienced in neighbouring Trusts. As a result of bed pressures experienced, there was enhanced in-reach into ED from specialties in efforts to stream to alternative pathways, with diagnostic tests and treatments plans commenced in ED. However these patients would have been transferred to assessment areas for this to take place, which would have released cubicle capacity.</p> <p>The Trust is signed up to the NWAS Handover Collaborative and has a number of Plan Do Study Act (PDSA) improvement cycles to test during the 90 day programme. The PDSA led by the Trust on 18/11 with a consultant based in Triage 10:00-16:00 delivered a 7 minute reduction in handover times. NWAS plan to lead a separate PDSA on fit to sit. The cable work in resus to relocate the NWAS Handover screen is partially completed and a PDSA will be completed when that is completed to test the improvements in timeliness of the handover being timestamped. Visits have been carried out to Preston ED to review their processes for ambulance handovers to identify areas of good practice and a visit is being planned to see Royal Liverpool and Wigan.</p> <p>ED remains committed to avoiding ambulance handovers wherever possible and does rely on a full system approach in enabling patient flow across the department.</p>							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			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	Aug-19	Sep-19	Oct-19	Nov-19		
		a) 73.30%	75%	94.12%	64.50%		
		b) 14.30%	6.25%	5.26%	4.50%		
		Stroke Plan: 80% TIA Plan: 60% There have been issues with the reporting of TIA					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke has declined significantly in November and is now reporting below the 80% plan with 64.5%; 20 out of 31 patients spending at least 90% of their time on a stroke unit. In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 4.5% in November. This equates to just 1 patient achieving the target out of 22. This is a further decline on last month when the Trust reported 5.26%. In November, out of the 21 patients who breached, 10 were seen and treated within 24-47 hours, 3 within 72-95 hours, 4 within 96-119 hours and there were 4 data quality issues (counted as breaches).							
Actions to Address/Assurances:							
<u>Trust Actions</u> In relation to stroke performance, those who breached the target were investigated. 1 patient due to bed capacity issues with no beds on the stroke unit and no options available to make a Hyper Acute Stroke Unit (HASU) bed due to Trust bed occupancy, 3 patients diagnosis of stroke made on MRI imaging as inpatient (not initially treated as stroke on admission), 2 patients diagnosis made as inpatient following review by stroke Consultant (not initially treated as stroke) and 1 inpatient stroke - seen by stroke Consultant on day of symptoms but atypical and not initially treated as stroke (diagnosis made later on further review). 90% stay affected for above 7 patients as patients not initially treated admitted to stroke unit or late transfer to stroke unit for above reasons. In relation to TIA, work is on going to improve reporting with clinical engagement.							
<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 continues to attempt 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.							
When is performance expected to recover:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Billie Dodd		



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	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	9	10	7		10
		S&O	17	11	14		15
		Plan: Zero					
Performance Overview/Issues:							
<p>The CCG continues to breach the zero tolerance threshold with a total of 10 breaches in November. All breaches were at Southport & Ormskirk NHS Trust.</p> <p>The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 15 in October. Of the 15 breaches, 10 were for Southport & Formby CCG and 5 for West Lancashire CCG.</p>							
Actions to Address/Assurances:							
<p>The majority of breaches are in HDU and Obs ward. All delays have a datix completed. The Trust have reported the following:</p> <ul style="list-style-type: none"> - 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 will continue to follow policy and work with all teams, and report breaches if they occur - New single sex breach for critical care to be reviewed 							
When is performance expected to recover:							
This is a repeated issue for Southport and Ormskirk Hospital with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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		Aug-19	Sep-19	Oct-19		Nov-19
		CCG	2	2	2		2
		Trust	1	1	1		1
		Plan: Zero					
Performance Overview/Issues:							
The CCG had no new cases of MSRA in November. However the CCG reported 1 case in April and 1 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 also reported no new cases in November. However, due to the 1 case of MRSA reported in August 2019 the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the Trust and CCG leads were present to ensure compliance.							
Actions to Address/Assurances:							
There have been no further cases of MRSA bacteraemia.							
When is performance expected to recover:							
As a zero tolerance performance not expected to recover							
Quality:							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend and report to CQPG annually. Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19, assurance given from the Trust regarding further investment in estates and cleaning services.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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		Aug-19	Sep-19	Oct-19	Nov-19
		CCG	13	16	22	22
		Trust	19	24	33	35
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16				
Performance Overview/Issues:						
<p>The CCG had 0 new cases of C.Difficile in November making a total of 22, against a year to date plan of 19 (year-end plan 30) so are over plan currently (11 apportioned to Acute Trust and 11 apportioned to community).</p> <p>Southport & Ormskirk Hospital reported 2 cases of C Diff in November, bringing the year to date total to 35. The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20.</p>						
Actions to Address/Assurances:						
<p>The Trust has reported that both cases of C Diff were hospital cases. One on North West Regional Spinal Injuries Unit (NWRSIU) and one on ward 7A. The 7A patient had a number of risk factors for C diff including immunosuppressive disease and ulcerative colitis. The NWRSIU patient has received antibiotics prior to admission as well as following admission due to a Catheter Urinary Tract Infection (CAUTI). Affected patients were isolated and received prescriptions for C diff infection; in addition to the Consultant Microbiologist review with the patients clinical team the patients are also reviewed as part of the C diff ward rounds.</p> <p>The Consultant Microbiologist and the Antimicrobial Pharmacist are reviewing the current Antimicrobial guidelines to recommend suitable alternatives to the frequent use of cephalosporins which have an increased risk of C diff.</p> <p>Trust had significant issues with Klebsiella Bacteraemia outbreak on the spinal unit further update includes:</p> <ul style="list-style-type: none"> - Almost all areas of work within the unit had been completed - Timescale for completion of all areas was expected week ending 22.11.19 - Up to 15 patients could be admitted currently - Public Health England would review their visit to the unit in November and had fed back initially with a formal report to be provided in due course - External outreach services continued to be provided 						
When is performance expected to recover:						
It is hoped that the above actions will reduce further outbreaks of C Diff within the Trust.						
Quality:						
Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19, assurance given from the Trust regarding further investment in estates and cleaning services						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	70	78	98		107
		Trust	111	129	156		169
		Plan: 109 Year-End for the CCG No Trust plan					
Performance Overview/Issues:							
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 November there were 9 new cases against a plan of 9, bringing the year to date figure to 107 against a YTD target of 75. Southport & Ormskirk Trust reported 13 new cases in November with none of those acquired through the hospital (169 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The Chair of the Gram Negative Bloodstream Infection Steering Group (GNBISG) is liaising with NHSE/I regarding Cheshire and Merseyside hosting the purchase of Catheter Passports/Cares for the CCGs with a view to reducing costs. November meeting cancelled so no further progression at present.							
When is performance expected to recover:							
Quality:							
Following the GNBISG, the Single Item Quality Surveillance Group (SIQSG) meeting with NHSE/I, a letter was received from AQUA requesting participation in the Anti-Microbial Resistance (AMR) programme. AQUA are hosting an action based learning programme for clinical teams in the North West of England. The CCG Quality Team will follow this up with AQUA.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.6 Hospital Mortality

Figure 11 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Nov 2019	100	91.0	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101.9	↓

Performance is within accepted tolerance. The 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.

3.6 CCG Serious Incident Management

Figure 12 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There are 56 incidents open on StEIS (decrease from 58 in month 7) 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 (M8)	SIs Reported (YTD)	Closed SIs (M8)	Closed SIs (YTD)	Open SIs (M8)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	3	43	6	42	36	13
Lancashire Care NHS Foundation Trust	2	8	0	3	9	6
NHS Southport & Formby CCG	0	3	0	1	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	8	0	11	5	1
Aintree University Hospital NHS Foundation Trust	0	0	0	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 NHS Trust	0	0	0	2	0	0
North West Ambulance Service NHS Foundation Trust	1	1	1	1	1	1
Royal Liverpool and Broadgreen University Hospital NHS Trust	0	1	0	1	0	0
Total	7	64	7	62	56	25

Southport and Ormskirk Hospital (S&O)

There are 13 SIs open > 100 days for S&O. The following applies at the time of writing this report:

- 6 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.
- 4 Root Cause Analysis (RCA) was received and reviewed but further assurances requested from the provider.
-

Lancashire Care NHS Foundation Trust

There are 6 SIs open >100 days for LCFT. The following applies at the time of writing this report:

- 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
- 1 SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR) and
- 1 Extension has been requested but declined from the CCG.
- 1 RCA has since been received and closed.

The open SI open > 100 days for Southport and Formby CCG, is being completed in collaboration with the CCG and will be reviewed in December 2019 SIRG.

For the remaining 11 SIs open > 100 days the following applies:

- Southport and Formby CCG – Reported on behalf of I-Sight. Support has been provided to complete this RCA and the provider has been working with the CCG commissioning team which has delayed the submission of the RCA.
- Mersey Care NHS Foundation Trust (Mental Health) – SIs were reviewed at SIRG and closed.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SIs.
- 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.

Figure 13 - 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 recieved
S&O	43	1	37	*6	34	8	0	0	11	16

- * 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 Trust has now submitted all overdue RCAs and 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. The Provider is still subject to a Contract Performance Notice (CPN) as the CCG have requested assurance that the Serious Incident process is sustainable. The CCG will close the CPN at the end of March 2020 if assurance can be provided.

Figure 14 - 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	6	2	5	3	-	4	1	0	1	2	0

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 (DTC)

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review DTCs 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 DTCs reported in November 2019 was 357, an increase compared to November 2018 with 107. Delays due to NHS have increased, with those due to social care decreasing. The majority of delay reasons in November 2019 were due to patient family choice and further non-acute NHS.

See DTC appendix for more information.

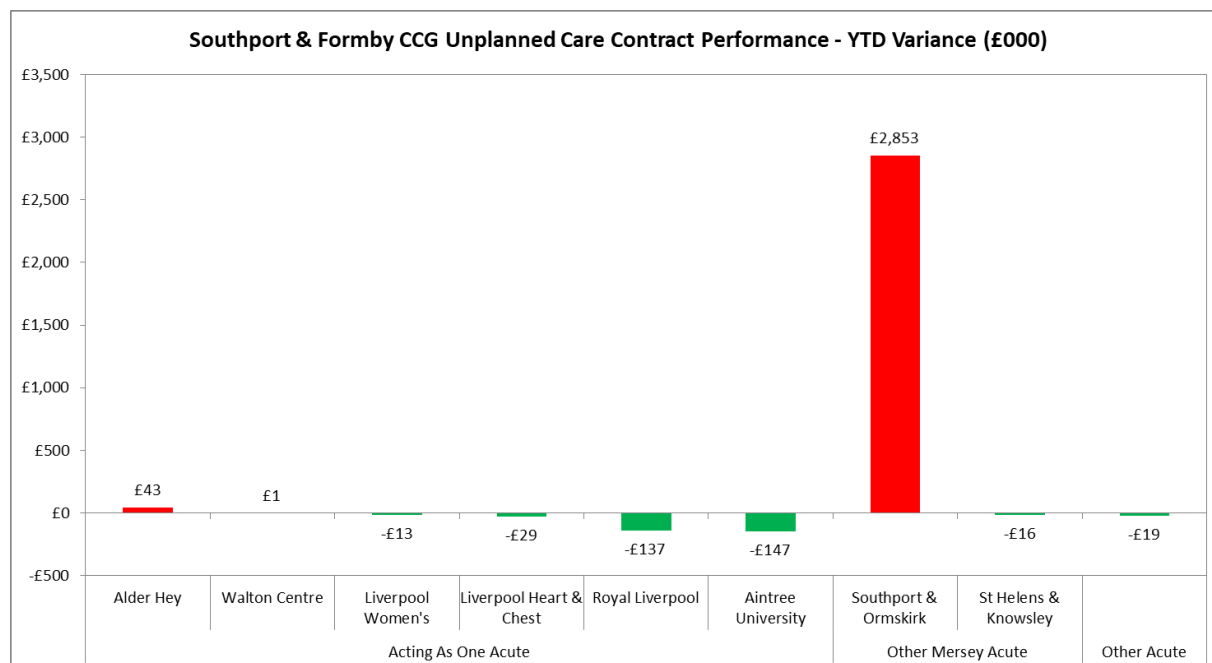
3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family (FFT) Test Results: A&E		Previous 3 months and latest					
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		RR	0.8%	4%	25%		23.3%
		% Rec	89%	79%	90%		89%
		% Not Rec	4%	16%	6%		6%
		2019 England Averages Response Rates: 12.2% % Recommended: 84% % Not Recommended: 10%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for A&E of 23.3% in November, a slight decline on October but a significant improvement on previous months and above the England average of 12.2%. The percentage of patients who would recommend the service decreased slightly to 89% but remains above the England average of 84% and the percentage who would not recommend remained at 6% below the England average of 9%.							
Actions to Address/Assurances:							
The Trust has introduced SMS text and interactive voice messaging for FFT on AED. This has had a great impact on response rates, with responses increasing from 1.5% to 19% in the first week of the system being introduced.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
Since Q4 18/19, FFT response rates have improved which is encouraging. For this month it appears to have risen significantly in the number responding which has been confirmed with the Trust. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners are preparing for the changes in time for 1st April 2020.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 15 - Unplanned Care – All Providers



Performance at month 8 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.5m/8.5%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £2.8m/9.4%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £2.8m/11% against plan at month 8.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 8, the value is £105k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract with for 2020/21. The table below shows the movement year on year.

Figure 16 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19 (M1-8)	2,510	£99,036
2019/20 (M1-8)	2,595	£105,339
Variance	85	£6,303
Variance %	3%	6%

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 17 - 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	27,019	30,097	3,078	11%	£4,501	£4,924	£423	9%
NEL - Non Elective	8,864	9,620	756	9%	£17,395	£20,372	£2,977	17%
NELNE - Non Elective Non-Emergency	895	782	-113	-13%	£1,713	£1,555	-£158	-9%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	6	39	33	540%	£3	£13	£10	351%
NELST - Non Elective Short Stay	2,165	2,258	93	4%	£1,507	£1,600	£93	6%
NELXBD - Non Elective Excess Bed Day	3,950	2,025	-1,925	-49%	£1,012	£519	-£492	-49%
Grand Total	42,899	44,821	1,922	4%	£26,130	£28,983	£2,853	11%

*exclude ambulatory emergency care POD

Year to date A&E attendances are currently 11% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. November-19 also saw a secondary peak in 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 Heart Failure, Sepsis, Pneumonia 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

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.

ADHD Transition

Transition pathway developments planned for 2019/20 commenced in December with the Alder Hey patients being contacted by Mersey Care NHS FT.

Adult ADHD wait times will be included within the new contract schedule from April 2020.

ASD

The Trust presented ASD at the October Clinical Quality Performance Group (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. Despite the Sefton and Liverpool services being similarly staffed, Liverpool receives almost double the referrals that Sefton receives. The commissioners met with the Trust on 18th November 2019 and an initial outcome is that the Trust are going explore reconfiguring the existing resource to create additional assessment capacity. The Trust will provide commissioners with proposals in January 2020.

Adult ADHD wait times will be included within the new contract schedule form April 2020.

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. In addition a clearer and stricter DNA and cancellation policy has been put in place. The Trust has submitted a service review document which contains proposals for how the service could be remodelled. The commissioners will provide comment in December 2019 with one area of concern being the lack of physical health/medical input into any new service.

Core 24 KPIs

In Month 8 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Threshold	Nov 19	
Emergency Pathway - Assessment within 1 hour	90%	88.89%	Improvement from 78.68% in October
Emergency Pathway - Package of care within 4 hours	90%	62.26%	Improvement from 59.43% in October
Urgent Pathway - Assessment within 4 hour	90%	80.77%	Decline from 82.0% reported in October
Urgent Pathway - Full MH assessment within 24 hours	90%	63.33%	Decline from 69.23% reported in October

For all CORE 24 indicators and trust are undertaking the following actions:



- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.

- CORE 24 staff have received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.



Safeguarding

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. The contract performance notice remains in place in respect of training compliance.

4.1.2 CPA 7 Day Follow Up



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on (CPA) discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		100%	75%	100%	100%	
Plan: 95%						
Performance Overview/Issues:						
The Trust reported 100% of patients being followed up within 7 days in November and therefore achieving the 95% target.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.3 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		80.0%	50.0%	77.78%	77.78%	
		Plan: 95%				
Performance Overview/Issues:						
<p>The Trust continues to fail the 95% target, although performance was maintained at 77.78% in November. Out of a potential 9 Service Users, 7 started treatment within the 18 week target. Demand for the service continues to increase and to exceed capacity.</p> <p>This month 98 people are waiting for treatment with 25 breaching the 18 week to treatment target. This has maintained from last month's figure of 24 breaching the 18 week to treatment KPI.</p>						
Actions to Address/Assurances:						
<p><u>Trust Actions:</u></p> <ol style="list-style-type: none"> 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 Band 7 Clinical Psychologist will commence on 04/11/2019 7. Commissioners reviewed a service proposal which was received in November. The commissioners have feedback that the proposal lacks physical health input. 						
When is performance expected to recover:						
Performance is linked to current service capacity which mitigates against significant recovery. Commissioners are awaiting a trajectory from the provider.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		0.91%	0.89%	1.29%	0.93%		
		Access Plan: 1.59%					
Performance Overview/Issues:							
<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 M7 19/20 is therefore approximately 1.59%. Month 8 performance was 0.93% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance. Recruitment nationally is an issue for IAPT services.</p>							
Actions to Address/Assurances:							
<p>Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups are due to commence in January 2020 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 and older People) 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. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in October is now live and more clients will be directed through CBT. The service will be developing communication for GP practices.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		44.2%	44.9%	46.2%	37.3%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
The percentage of people moved to recovery was 37.3% in month 8 of 2019/20 and the target was not achieved.							
Actions to Address/Assurances:							
The newly appointed clinical lead for the service has been 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. The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.3 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b 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.	
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		13.2%	27.2%	7.4%	8.4%		
		Q2 19/20 Plan: 16%					
Performance Overview/Issues:							
<p>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 2 2019/20, the total performance for the CCG was 8.4%, below the planned 16%. 763 patients are registered compared to the plan of 761, with just 64 being checked against a plan of 122.</p>							
Actions to Address/Assurances:							
<p>GP practices with Southport & Formby wish to continue to deliver the annual Health Check. However, if there are difficulties with uptake then South Sefton GP Federation can deliver LD health checks if requested. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
When is performance expected to recover:							
March 2020							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Tracey Reed/Gordon Jones			

4.4 Dementia Diagnosis

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Potential Risk: Commissioners and Mental Health Clinical Lead have raised a concern with NHS England and North England Analytical Team regarding data that does not appear to be extracted from Trinity practice. The impact is a sudden drop of performance in may from 75.6% to 68.3% which equates to approximately 151 patients who have been excluded from the count. This was raised via email on 13th August 2019.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		68.3%	68.4%	66.6%	67.9%		
		Plan: 66.7%					
Performance Overview/Issues:							
Achieved.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Hilal Mulla		Kevin Thorne			

5. Community Health

5.1 Adult Community Services (Lancashire & South Cumbria NHS FT)



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 2020/21 to reflect transformation and improvements in recording activity.

5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence was agreed and included within the 2019/20 contract. Each quarter the trust submits the agreed evidence. Standard and completeness of the reports submitted has improved significantly over the last twelve months, although some of the reports are not providing complete assurance to the CCG for some services that we commission, this has been discussed with the provider.

For the provider a one year CQUIN was also agreed to raise the awareness and improve the uptake of the Personal Health Budgets and Continuing Health Care (PHB/CHC).

5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors	
Lancashire & South Cumbria Adult Community Services: Podiatry		Previous 3 months and latest					
AMBER	TREND	RTT Long Waiters 19 to 24 weeks					
		Aug-19	Sep-19	Oct-19	Nov-19		
		165	37	6	5		
Performance Overview/Issues:							
<p>In November the Trust reported 5 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 611 podiatry patients were waiting on the pathway at this point, 176 less than in October. Therefore the overall performance for the service remains well above the 92% target at 99.2%. The Trust advised that of the 5 breaches in November, 4 were due to data quality and 1 patient choice.</p>							
Actions to Address/Assurances:							
<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.</p> <p>The following actions have been reported:</p> <ul style="list-style-type: none"> - Planning, Performance & Quality (PPQ) lead to review all 18 week breaches and correct any data quality issues - All longest week waiters have appointments - Latest trajectory as at 3rd December shows the total waiting list decreasing steadily across the coming weeks as the result of 90 additional slots. <p>Despite having difficulties recruiting the Trust has now managed to recruit 2 band 5's and 1 band 6. The team has also worked extremely hard to bring the waiting list down. The team has been utilising their band 4's more effectively to help manage the demand. The team's aspiration is to keep patients waiting at a maximum of 12 weeks.</p>							
When is performance expected to recover:							
<p>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. The Trust's position has improved further as at 11th December with just 1 patient over 18 weeks. At that point the patient had an appointment booked within the following week.</p>							
Quality:							
All patients are triaged before their appointment.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

5.2 Any Qualified Provider – Audiology



Contracts with providers (Aintree, S&O, Specsavers, RLBUH, STH&K and Scrivens) extended to 31st March 2020. Letters were issued to providers offering continuation of contracts on same basis as previous years. Providers were advised that Merseyside CCGs were reviewing specifications and looking to align pathways and tariffs with neighbouring CCGs. The Lancashire procurement has now concluded. Merseyside CCGs are now considering options and next steps within the context of their contract planning and longer term commissioning plans.

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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		85.2%	84.0%	95.24%	84.60%	
		Plan: 100%				
Performance Overview/Issues:						
In quarter 2 the Trust reported under the 100% plan. Out of 26 routine referrals to children and young people's eating disorder service, 22 were seen within 4 weeks recording 84.60% against the 100% target. The 4 patients 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.						
Actions to Address/Assurances:						
Work is being undertaken 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. National uplift has been identified within CCG allocations, SMT briefing on 28/1/20. CCG Commissioning lead to meet with Alder Hey by mid-Feb 2020 to agree increase in capacity within the allocations identified.						
When is performance expected to recover:						
Extra capacity to be provided via identified national uplifts in CCG baseline. Commissioning lead meeting with Alder Hey by mid Feb to agree implementation of increased capacity. Improvement in performance dependent upon recruitment of additional capacity.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		66.7%	50.0%	75.0%	75.0%	
		Plan: 100%				
Performance Overview/Issues:						
In quarter 2, 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.						
Actions to Address/Assurances:						
Work is being undertaken 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. National uplift has been identified within CCG allocations, SMT briefing on 28/1/20. CCG Commissioning lead to meet with Alder Hey by mid-Feb 2020 to agree increase in capacity within the allocations identified.						
When is performance expected to recover:						
Extra capacity to be provided via identified national uplifts in CCG baseline. Commissioning lead meeting with Alder Hey by mid Feb to agree implementation of increased capacity. Improvement in performance dependent upon recruitment of additional capacity.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. The CCG are temporarily unable to report waiting times relating to CAMHS services this month whilst the review is ongoing and expect to report this information in the near future after discussions have taken place about standardising metrics for Community and CAMHS Services. CCG leads are currently in the process of setting up a working group to progress. After this work has been completed the information will be circulated each month.

6.3 Alder Hey NHS FT 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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		6.8%	6.1%	17.5%	5.6%		
		Access Plan: 34% Quarter 2 2019/20 performance reported 5.6% and achieved.					
Performance Overview/Issues:							
The CCG reported a performance of 5.6% in quarter 2, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 23.1% against the cumulative target of 17.0% therefore exceeding the plan.							
Actions to Address/Assurances:							
Will need to consider also reporting cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20.							
When is performance expected to recover:							
Cumulative access to date is at 23.1% which exceeds the trajectory of 17% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Peter Wong			

6.4 Children’s Community Services (Alder Hey NHS FT)



6.4.1 Services

An initial meeting has been held with Alder Hey NHS FT, 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: Green > 18 weeks: Red	
		Aug-19	Sep-19	Oct-19	Nov-19		
		35 wks	34 wks	33 wks	31 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In November the Trust reported a 92nd percentile of 31 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on October when 33 weeks was reported. In November no children were waiting over 40 weeks. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of November there were no children who had waited over 52 weeks. 246 were waiting above 18 weeks; 202 were between 18-30 weeks and 44 between 30-40 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
Actions to Address/Assurances:							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>Currently Paediatric speech and language waiting times are reported on a Sefton basis. There is a work plan being developed currently with the Trust to report on CCG level on all their transacted services. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Peter Wong			

6.4.3 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors				
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p>DNAs <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red</p> <p>Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red</p>				
RED	TREND	Outpatient Clinic DNA Rates								
		Aug-19	Sep-19	Oct-19	Nov-19					
		17.3%	17.5%	10.3%	23.30%					
		Outpatient Clinic Provider Cancellations								
		Aug-19	Sep-19	Oct-19	Nov-19					
		10.7%	7.5%	6.3%	11.6%					
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%								
Performance Overview/Issues:										
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In November 2019 performance has declined, with DNA rates increasing from 10.3% in October to 23.3% in November. Provider cancellations have seen an increase from 6.3% in October to 11.6% in November.										
Actions to Address/Assurances:										
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey. Waiting times are being reported (appendix 9.3) and current performance is "green" with > 97% being seen in less than 18 weeks and only 1 waiting longer than that.										
Alder Hey has introduced a new weekly South Sefton Clinic so that South Sefton Patients no longer have to travel to North Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). It is anticipated that this will reduce the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients. An improvement trajectory is to be agreed with Alder Hey in the next few weeks, covering reduction in DNAs, patient cancelled appointments and provider cancelled appointments.										
When is performance expected to recover:										
March 2020.										
Quality:										
Indicator responsibility:										
Leadership Team Lead		Clinical Lead		Managerial Lead						
Karl McCluskey		Rob Caudwell		Peter Wong						

6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT)

Indicator		Performance Summary				Potential organisational or patient risk factors	
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters					
GREEN	TREND	Waiting Times					
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		57.1%	85.7%	100%	100%		
For 2019/20, 92% of children should receive equipment within 18 weeks							
Performance Overview/Issues:							
Lancashire & South Cumbria NHS FT has reported 8 children out of 8 receiving equipment within 18 weeks for quarter 2 2019/20, a performance of 100%, exceeding the 92% target.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

7. Primary Care

7.1 Extended Access Appointment Utilisation



Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				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.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		48.32%	56.67%	72%	72.13%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). November target 66.2%				
Performance Overview/Issues:						
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 November, Southport & Formby CCG practices reported a combined utilisation rate of 72.13%, above the CCG's 66.2% target for November. Total available appointments was 951, with 789 being booked (82.97%) and 103 DNA's (13.1%). This shows an improvement on last month.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

Figure 18 – 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
		41.3%	34.0%	10.8%	5.2%	15.3%
Sep-19		237	237	71	55	95
		34.1%	34.1%	10.2%	7.9%	13.7%
Oct-19		234	391	97	55	137
		33.7%	56.3%	14.0%	7.9%	19.7%
Nov-19		189	376	57	52	115
		27.2%	54.1%	8.2%	7.5%	16.5%

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. Trinity and St Marks Medical Centre merged in April 2019. All the results are listed below.

Figure 19 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	11 April 2018	Good	Good	Good	Good	Good	Good
N84006	Chapel Lane Surgery	30 June 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	10 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84013	Christiana Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84014	Ainsdale Village Surgery	24 January 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84017	Churchtown Medical Centre	03 October 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	29 September 2016	Good	Good	Good	Good	Good	Good
N84021	St Marks Medical Centre (TCG Medical)	07 March 2019	Good	Good	Good	Good	Good	Good
N84024	Grange Surgery	12 October 2016	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	21 March 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	24 January 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery	24 August 2016	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2017	Good	Good	Good	Good	Good	Good
N84618	The Hollies Family Surgery	01 February 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	20 July 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

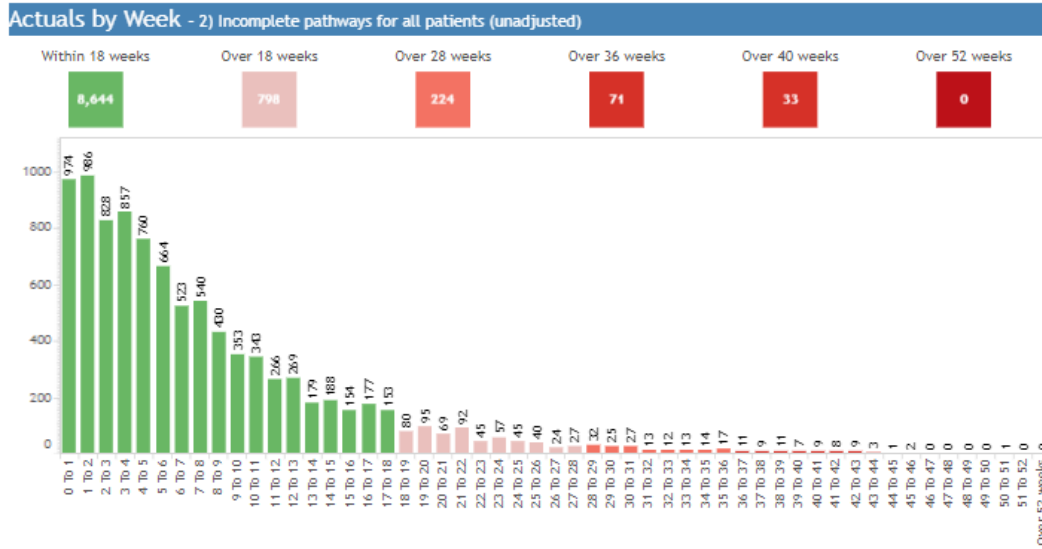
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators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

9. Appendices

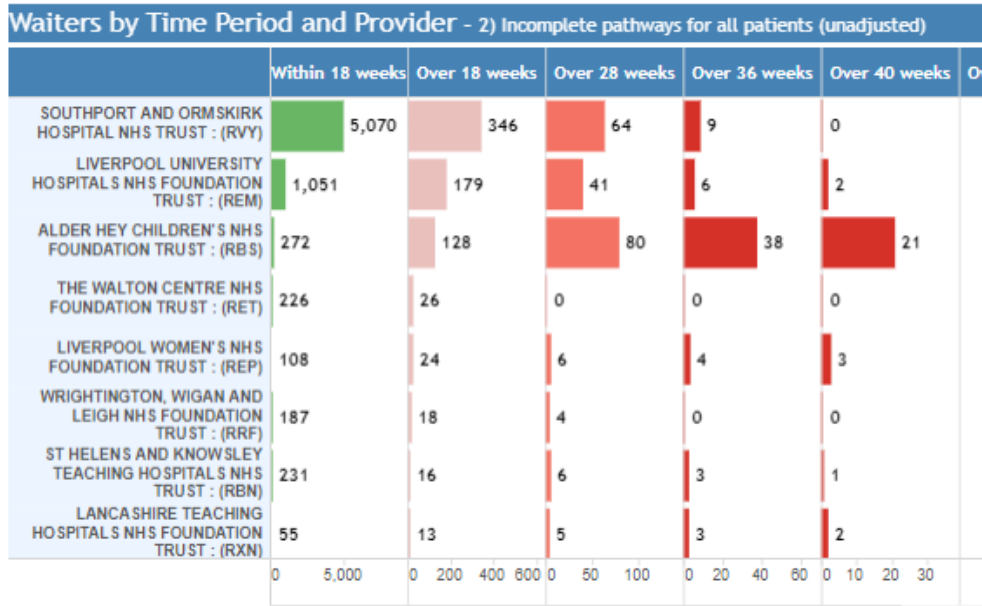
9.1.1 Incomplete Pathway Waiting Times

Figure 20 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 22 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

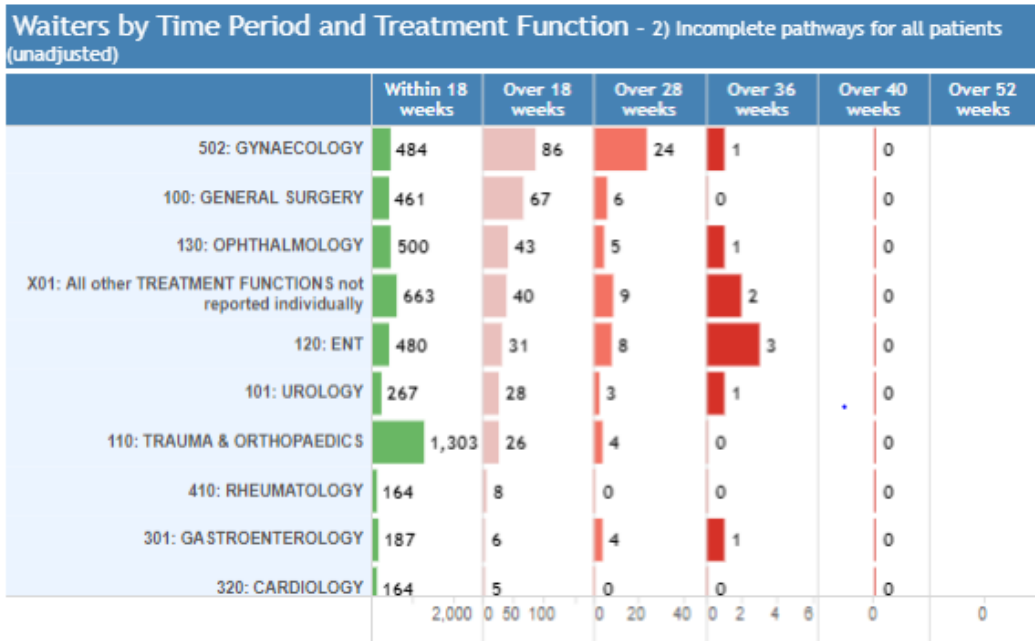
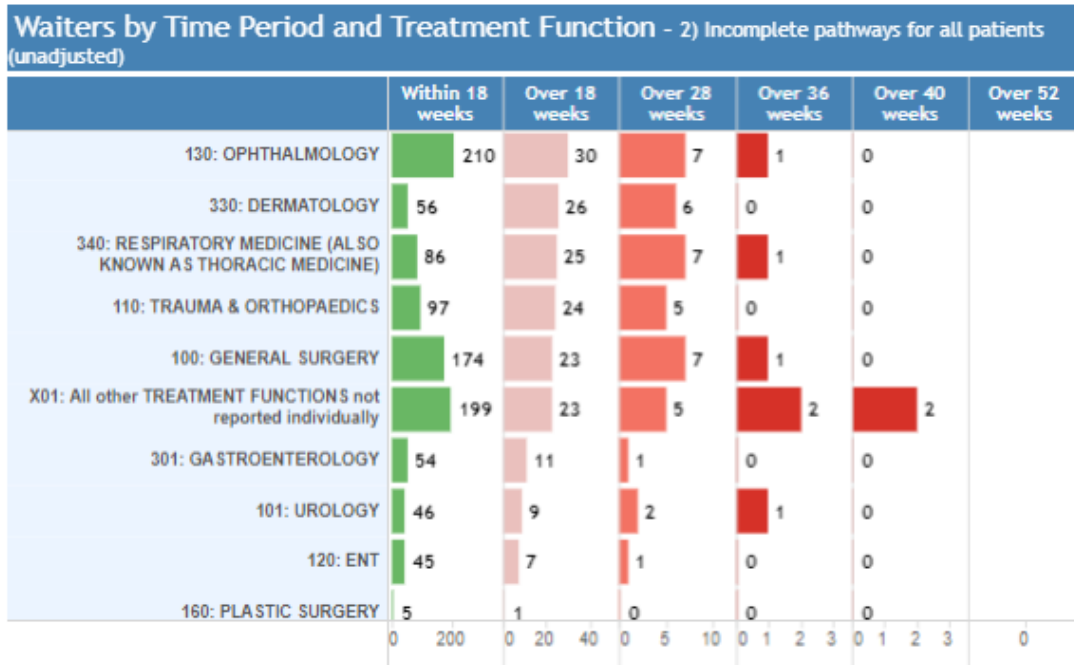
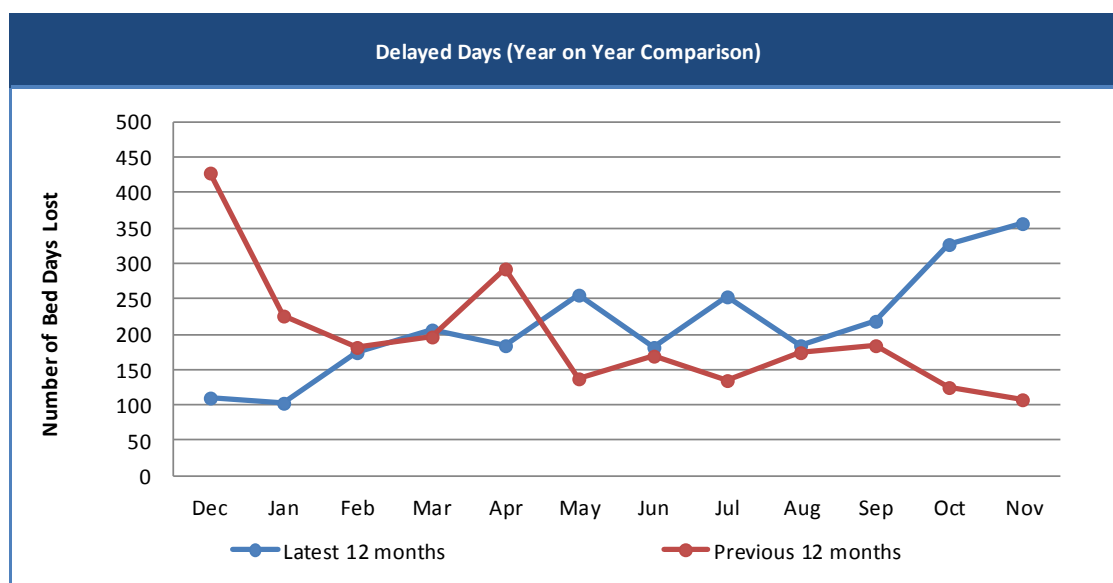


Figure 23 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 24 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Nov-19	Oct-19	Nov-18
Total	357	326	107
NHS	100.0%	99.7%	100.0%
Social Care	0.0%	0.3%	0.0%
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 (Nov-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	1.7%
Community Equipment Adapt	5.3%
Completion Assessment	0.0%
Disputes	7.6%
Further Non-Acute NHS	21.6%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	58.3%
Public Funding	0.0%
Residential Home	5.6%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20												
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	183	-13.68	230	233	204	209	205	138	128	115	232
		Total Contacts (Domestic)	1,584	1,584	1,503	-7.11	152	114	130	121	134	129	113	109	1,002
		Total New Referrals	135	135	162	20.00	17	13	16	8	13	12	19	10	158
	Paediatric Dietetics	Caseload at Month End	90	90	278	208.89	322	269	281	261	279	273	282	280	322
		Referral to 1st contact (weeks average)	6.5	6.5	6	-9.41	7.5	4.2	7.4	6.1	5.2	5.4	5.2	6	7.5
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	539	539	764	41.76	41	68	77	88	41	64	69	61	509
		Total Contacts (Domestic)	39	39	72	84.62	1	13	5	3	5	2	7	12	48
		Total Contacts (Outpatients)	500	500	692	38.40	40	55	72	85	36	60	62	49	461
		Total New Referrals	289	289	294	1.73	32	25	16	18	32	24	25	24	196
		Caseload at Month End	150	150	114	-24.00	113	129	113	122	113	115	108	102	121
	Paediatric Occupational Therapy	Referral to 1st contact (weeks average)	14.3	14.3	12.8	-10.49	16	9.9	13	12.1	14.8	11.4	13.3	11.8	16
		Total Contacts (Domestic)	3,342	3,342	3,192	-4.49	295	276	282	285	271	227	260	272	2,128
		Total New Referrals	566	566	527	-6.90	48	61	36	47	27	44	42	46	351
		Caseload at Month End	64	64	68	6.25	60	62	56	72	67	68	67	68	68
		Referral to 1st contact (weeks average)	5.8	5.8	6.1	5.17	6.2	5.8	7.6	7	5.2	5.9	6	5	6.7
	Paediatric Physiotherapy	Total Contacts (Domestic)	6,103	6,103	4,731	-22.48	431	396	406	428	326	392	427	348	3,154
		Total New Referrals	553	553	594	7.41	48	51	43	53	39	54	60	48	396
		Caseload at Month End	25.9	25.9	30.3	16.99	36.6	35.9	31.1	32	34	24.2	24.1	24.4	36.6
		Total Contacts (Domestic)	7,807	7,807	10,644	36.34	696	737	872	941	741	849	1,067	1,193	7,096
		Total New Referrals	751	751	828	10.25	52	72	61	78	44	73	91	91	552
Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	25.9	25.9	30.3	16.99	36.6	35.9	31.1	32	34	24.2	24.1	24.4	36.6	
	Total Contacts (Domestic)	7,807	7,807	10,644	36.34	696	737	872	941	741	849	1,067	1,193	7,096	
	Total New Referrals	751	751	828	10.25	52	72	61	78	44	73	91	91	552	

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

If Plan is >10,000:

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
Number of Referrals	146	162	139	150	110	152	219	197
Incomplete Pathways - 92nd Percentile	45	43	37	38	35	34	33	31
Total Number Waiting	944	920	879	819	764	733	733	683
Number waiting over 18 weeks	521	463	468	435	405	375	320	246

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 Dietetics Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Number of Referrals	32	25	16	18	32	24	25	24
Incomplete Pathways - 92nd Percentile	25	11.92	20.28	24.68	20.64	12.56	10.04	9
Incomplete Pathways RTT within 18 weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%
Total Number Waiting	65	45	29	28	43	37	32	39
Number waiting over 18 weeks	10	2	3	4	5	3	2	1

RAG rating

<= 18 weeks	Green
19 to 22 weeks	Amber
23 weeks plus	Red

9.6 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	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	668	52	66	94	100	67	99	148	99	725
DNA	68	53	41	147	68	116	13	19	16	21	14	21	17	30	151
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.3%	23.3%	17.2%

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	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	668	52	66	94	100	67	99	148	99	725
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	10	13	56
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	6.3%	11.6%	7.2%

Outpatient Clinics - Cancs by PATIENT

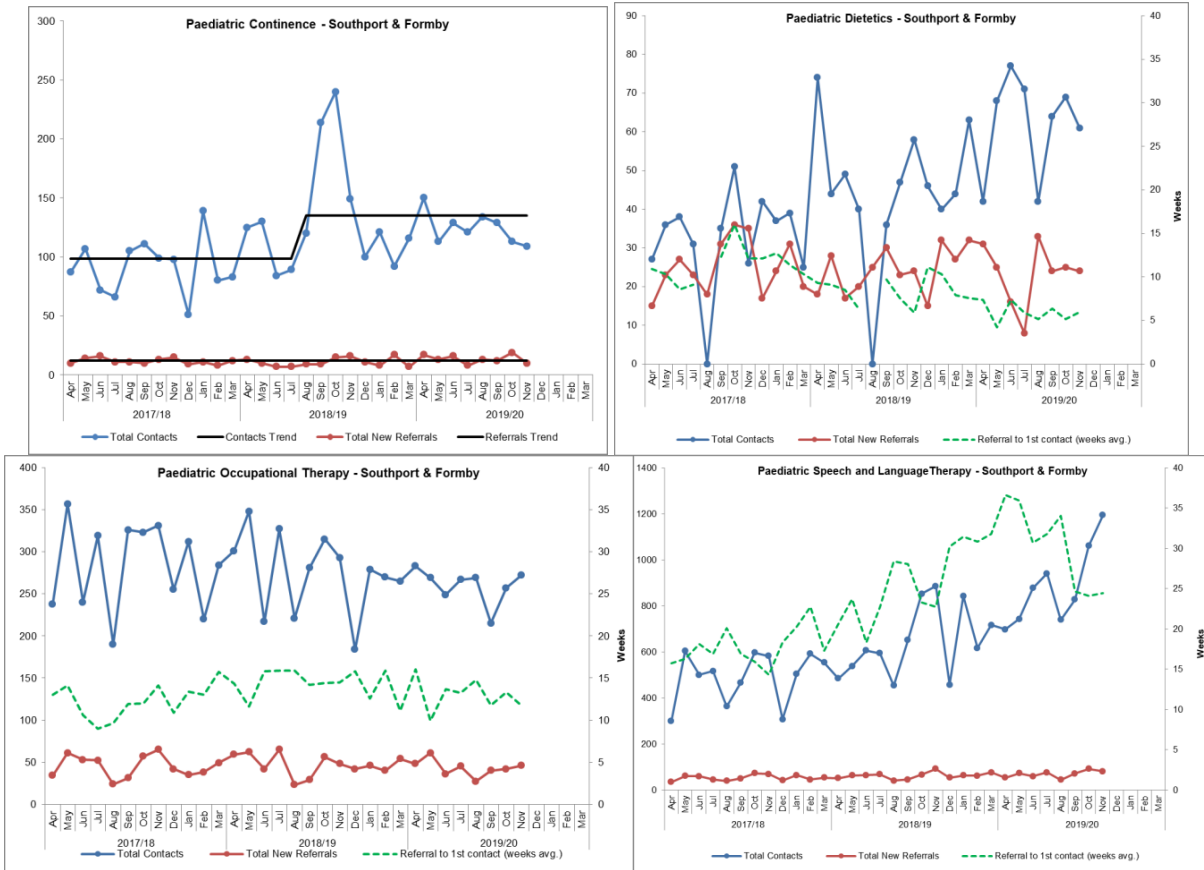
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	668	52	66	94	100	67	99	148	99	725
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	39	228
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	24.6%	28.3%	23.9%

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

9.7 Alder Hey Activity & Performance Charts



8.7 Better Care Fund

A quarter 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Q1 BCF performance is as follows:

Figure 25 – BCF Metric Performance

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	Building on work in 18/19 we will continue to focus on our multi-agency ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through our A&E Delivery Board. In addition there are a wide range of schemes that support care closer to home and seek to maintain independence and health and well being. Examples include our health and social care community beds which can be utilised with wrap around care from our health teams to avoid admission. In addition, 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. It is important to note that there has been pathway changes at one of our acute Trusts in regard to AED activity conversion to zero length of stay which affects this metric with a higher level of activity recorded over the past year.

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	28.3	There is a recognition of the need for a whole system approach and collaborative working across health and social care providers to reduce our DTOCs. Work is supported by local operational forums at our 2 acute Trusts to address issues on a weekly basis and also through our agreed NHSI Long Stay plans which identify multi-agency work to meet trajectory against admissions with longer stays by March 2020. Discharge pathways which were developed in the past year using winter funding e.g. transitional and reablement beds at James Dixon and Chase Heys will be further embedded in this year's winter plans. In addition the Trusted Assessor model will have a renewed focus in conjunction with our Choice Policy to facilitate timely discharge. Work is also being carried out to increase reablement capacity and optimise effective use of domiciliary care through the single handed project.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	815	756	Whilst local programmes such as ICRAS and Home First should continue to help avoid care home admissions it should be noted that Sefton's demographics (with some of the highest proportions of older people in the country) makes continued reductions in admissions increasingly difficult. Also in some instances care home admission may be entirely appropriate and should not be seen as a broken element of the system. Sefton's target for 19/20 reflects this balanced approach. The current target is set to get Sefton to our CIPFA Statistical Nearest Neighbours average.
	Numerator	522	490	
	Denominator	64,032	64,779	

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.6%	90.3%	Sefton is currently reviewing its reablement delivery and is in the process of developing it's approach to the service in terms of targeting need whilst supporting the preventative agenda as well as supporting hospital discharge. This year's target is set to maintain our above average performance but with some stretch.
	Numerator	202	213	
	Denominator	236	236	

Figure 26 – BCF High Impact Change Model Assessment

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020
Chg 1	Early discharge planning	Established	Established
Chg 2	Systems to monitor patient flow	Established	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature
Chg 4	Home first / discharge to assess	Established	Established
Chg 5	Seven-day service	Established	Established
Chg 6	Trusted assessors	Established	Established
Chg 7	Focus on choice	Established	Established
Chg 8	Enhancing health in care homes	Established	Established

9.8 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 8 performance and narrative detailed in the table below:

Figure 27 – Southport & Formby CCG's Month 8 Submission to NHS England

Month 8 (November)	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3451	3254	-5.7%	GP referrals have followed a similar seasonal trend to plan in recent months. However, referrals were above plan in month 6 and 7 but have now decreased against plan in month 8. Referrals in month were also below the current average for 1920 but it should be noted that some of this was attributable to reduced work days to the previous month. Year to date, GP referrals are only slightly outside of the 2% threshold against plan with local analysis suggesting reductions in specialities such as T&O, Gastro and ENT.
Other	2662	2582	-3.0%	
Total (in month)	6113	5836	-4.5%	Other referrals remain above plan year to date but month 8 has seen a drop with referral numbers below plan for the first time in 1920 to date (although referral numbers were in line with an average for 1920 to date). Increases have been evident at the main hospital provider (Aintree site) across a number of Specialities, notably in Ophthalmology (ref source 5).
Variance against Plan YTD	47760	47929	0.4%	Variance for total referrals against plan YTD is within the 2% threshold and referrals are slightly above 2018/19 levels. Discussions regarding referrals at the main hospital provider (Aintree site) take place via information sub groups, contract review meetings and the planned care group. Historically, month 9 anticipates a drop in referrals when compared to recent months. The creation of the new Liverpool University Hospitals is also expected to impact on referral flows and subsequent activity as departments merge.
Year on Year YTD Growth			1.8%	Month 8 saw a merger of T&O with local analysis showing an increase in self-referrals to the Royal Liverpool site and a corresponding drop in referrals from A&E at Aintree Hospital.
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5498	4976	-9.5%	1920 has seen a consistent decrease against plan for outpatient appointments. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. However, in terms of OPFA, activity has remained consistent with no statistically relevant variance throughout 1920. A planned care group was established in 2018/19 with the main hospital provider (Aintree site) to review elements of performance and activity. This group will continue to work throughout 2019/20. Provider feedback has suggested tax and pensions issues are affecting planned care activity levels (escalated by the CCG to NHS E) and this is expected to continue throughout the year.
Follow Up	12943	10477	-19.1%	
Total Outpatient attendances (in month)	18441	15453	-16.2%	
Variance against Plan YTD	138096	122990	-10.9%	
Year on Year YTD Growth			-3.0%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1747	1895	8.5%	CCG local monitoring of day case admissions has activity at 5% below plan in month 8 and slightly outside of the 2% threshold YTD (at -2.2%). Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Electives are also below planned levels but the fewer numbers reported in this point of delivery can account for a greater volatility in performance against plan. Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. The planned care group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above. Historically, month 9 anticipates a drop in elective activity when compared to recent months.
Elective Ordinary spells	270	211	-21.9%	
Total Elective spells (in month)	2017	2106	4.4%	
Variance against Plan YTD	15465	16904	9.3%	
Year on Year YTD Growth			0.4%	
Urgent & Emergency Care				
Type 1	4517	4776	5.7%	Local monitoring of type 1 A&E attendances suggests month 8 has seen a peak in attendances - the second highest of 1920 to date and the third consecutive monthly increase. Trends are generally influenced by the main hospital provider (Aintree) site and performance appears to have been affected, dropping to 80.4%. This is the lowest monthly performance reported at this site since May-18. However, an increase in paediatric attendances has occurred for both Alder Hey and S&O Hospital in month 8. A trend of decreasing WIC attendances (focussed at Litherland WIC) continues to contribute to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances and YTD activity is within the 2% threshold.
Year on Year YTD			5.3%	
All types (in month)	8996	8475	-5.8%	CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board). Actions include weekly system calls, implementation of alternative to transfer scheme, focus on increasing ambulatory care within frailty unit and long length of stay action plan. The CCG are also sighted on internal actions initiated by the provider to support patient flow.
Variance against Plan YTD	73048	68132	-6.7%	
Year on Year YTD Growth			0.9%	
Total Non Elective spells (in month)	2165	2244	3.6%	
Variance against Plan YTD	17031	18021	5.8%	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. In contrast to increased A&E attendances, admissions decreased in month 8 but remain historically high and above average for the last three months. Admissions with a 1+ LOS were within 2% of planned levels. As above, CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand urgent care activity and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board).
Year on Year YTD Growth			3.7%	

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/7.2	Author of the Paper:
Report date: January 2020	<p>Martin McDowell Chief Finance Officer Email martin.mcdowell@southportandformbyccg.nhs.uk Telephone: 0151 317 8350</p> <p>Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southportandformbyccg.nhs.uk Tel: 0151 317 8396</p>
Title: Financial Position of NHS Southport & Formby Clinical Commissioning Group – Month 9 2019/20	
<p>Summary/Key Issues:</p> <p>This paper presents the Governing Body with an overview of the Month 9 financial position for NHS Southport and Formby Clinical Commissioning Group as at 31st December 2019.</p> <p>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.</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>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.</p> <p>The CCG has identified potential QIPP opportunities of £16.584m although the majority are rated high risk and further work is required with support from system partners needed to implement these schemes. Prescribing efficiency schemes continue to be delivered although savings are offset with other cost pressures which have emerged in the prescribing budget.</p> <p>The CCG Financial Recovery Plan has been submitted to NHS England and regular updates to the plan are being provided to the regulators. 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.</p>	

The CCG deficit at Month 9 has been calculated at £9.590m. 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 is £12.786m 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.

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

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 although a high proportion of schemes remain high risk.
- The CCG deficit at Month 9 has been assessed at £9.590m and the likely case risk adjusted position for the financial year is assessed at £12.786m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery.
- The CCG is unlikely to deliver its 2019/20 financial plan, however, the focus must remain on the continued progression of work undertaken during the CCG QIPP weeks which is essential to provide mitigation against the current projected deficit. The governance arrangements to support full system working have been developed and will need to support delivery of the system financial recovery plan.
- It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- 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 (<i>x those that apply</i>)	
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		

Report to Governing Body February 2020

1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 31 December 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	115,178	86,525	89,175	2,650	117,602	2,424
Mental Health	19,780	14,840	15,108	267	20,017	237
Continuing Care	12,865	9,648	11,085	1,437	14,667	1,802
Community Health	19,453	14,658	14,813	155	19,645	192
Primary Care	46,746	34,786	35,294	508	47,560	814
Corporate & Support Services	2,600	1,943	1,855	(89)	2,524	(76)
Other	6,651	4,929	5,375	447	7,107	456
Total Operating budgets	223,273	167,330	172,704	5,375	229,124	5,850
Reserves	(8,845)	(4,216)	0	4,216	(14,695)	(5,850)
In Year Planned (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/Deficit	214,428	163,115	172,704	9,590	214,428	0

The year to date financial position is a deficit of £9.590m 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. The risk adjusted financial position is calculated as a £12.786m deficit.

Cost pressures have emerged during the financial year which have been partly offset by underspends in other areas and the CCG reserve budget including the 0.5% contingency budget.

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

- Increased costs in the budget for continuing healthcare and funded nursing care. There is evidence of an increase in fast track referrals compared to the previous financial year. There are also some areas of pressure identified in mental health packages of care.
- Prescribing cost pressures in respect of increased prices of Category M drugs.
- Personal Health budgets have increased in terms of cost and volume.
- 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 cases so far this year.

- Forecast overspends at Liverpool University Hospitals and Wrightington, Wigan and Leigh hospitals are partly offset by forecast underspends at St Helens & Knowsley Hospitals and other smaller budgets.
- 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.
- The Commissioning non-acute budget is forecast to overspend due to a number of charges for property services which are above planned costs.

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 continue to be 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 last QIPP week progressed plans in key areas, notably Pain Management, Gastro, Cardiology and Dermatology.

Updates to the financial recovery plan continue to be provided and regular assurance meetings are taking place between system parties and NHSE/I to monitor progress around

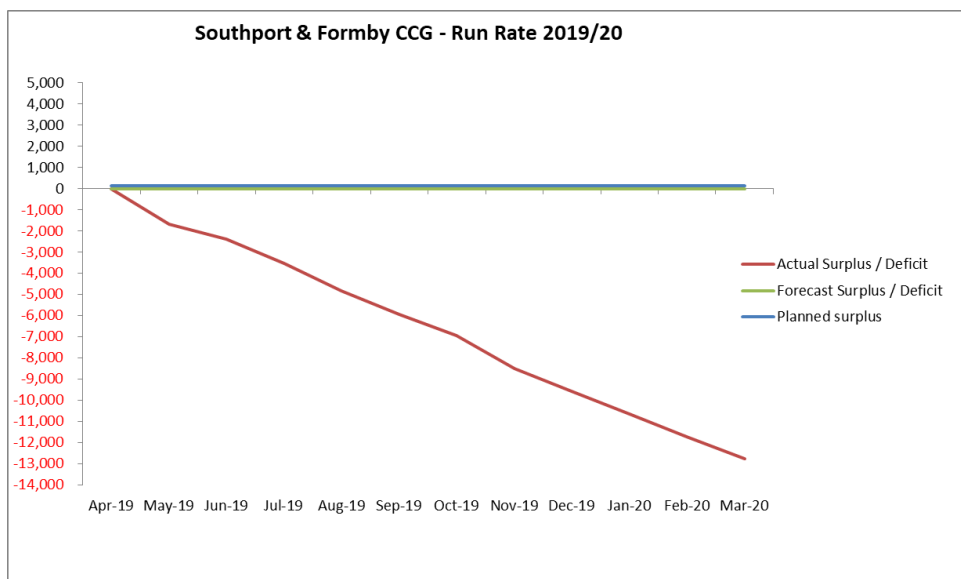
implementation of the plan. An outline system financial plan for 2020/21 has been submitted to NHSE/I which describes steps for the next financial year to deliver the required financial trajectories across the system.

The CCG has been sharing information with Tameside and Glossop CCG and the Chief Finance Officers have met to discuss opportunities that have worked which could be introduced locally. These plans are being developed into projects to enable delivery of 2020/21 financial plans.

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.

Run Rate

The agreed financial plan is breakeven for the financial year and the monthly profile is breakeven in each month. The actual position reflects the deficit in each month as a result of under delivery against the QIPP plan and increased cost pressures during the year.



2. Finance Dashboards

1. Finance Key Performance Indicators			
Report			Commentary
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	n/a
		0.5% Contingency Reserve	✓
		0.5% Non-Recurrent Reserve	✓
2	Breakeven	Financial Balance	x
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%	98.18%
		NHS - Volume YTD > 95%	95.35%
		Non NHS - Value YTD > 95%	98.60%
		Non NHS - Volume YTD > 95%	96.06%

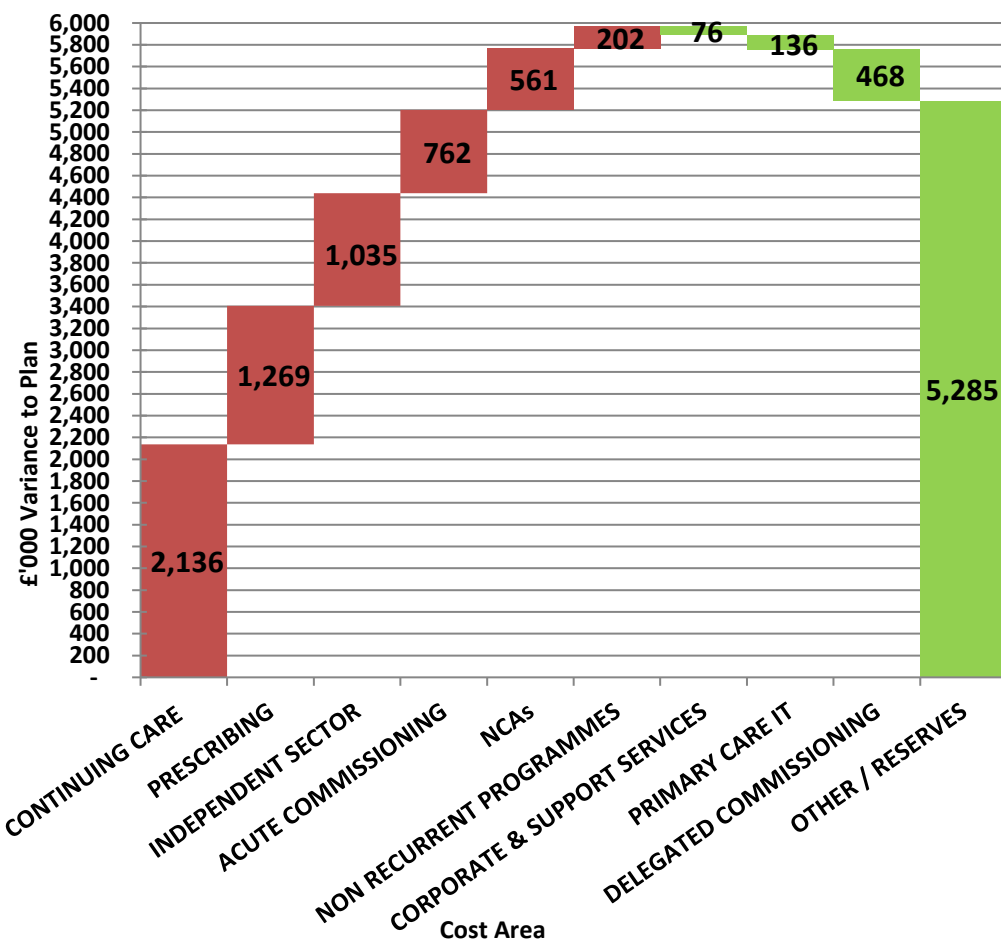
- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The CCG agreed financial plan for 2019/20 is **breakeven**.
- The 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- The QIPP target for 2019/20 is **£14.104m**.
- QIPP schemes of £16.584m have been identified although the majority are rated high risk at this stage.
- The reported risk adjusted position is **£12.786m** deficit.
- BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.

2. CCG Financial Position – Month 9 2019-20

Report

Commentary

Southport & Formby CCG Forecast Outturn at Month 9

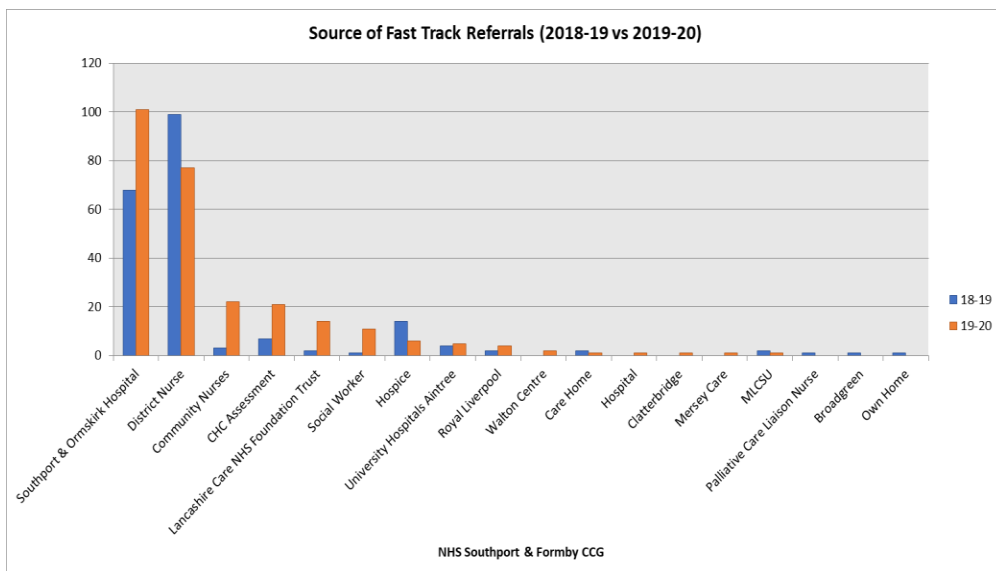


- The CCG best case scenario is breakeven for the 2019/20 financial year. This position is dependent on delivery of QIPP efficiency savings of £14.104m.
- The main financial pressures relate to:
 - Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal health Budgets and Mental Health packages due to increased cost and volume of packages.
 - Prescribing cost pressures relating to increased prices for category M drugs.
 - 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.
 - Increased costs at Wrightington, Wigan and Leigh NHS trust due to overperformance of activity, mainly in relation to Trauma and Orthopaedic activity.
 - Non-Contract activity cost pressures relating to a significant increase in cost and volume of out of area activity in the financial year.
 - Acute overperformance is partly offset with underperformance at Aintree, St Helens & Knowsley.
- The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation, Delegated Co-Commissioning and a forecast underspend on acute contracts based on performance reported at Month 8.

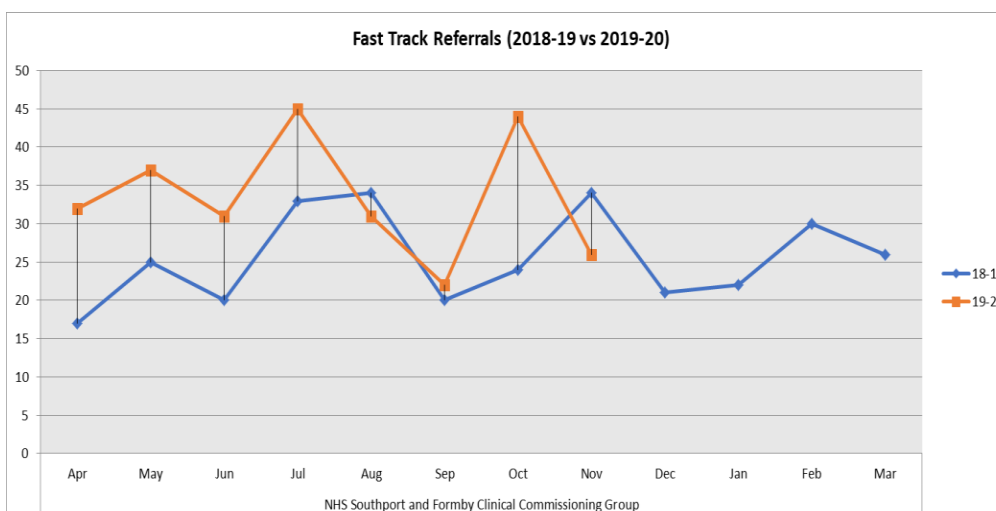
3. CHC Fast Track Referrals

Report

Commentary



- The Continuing Healthcare data shows a sharp increase in the number of Fast Track referrals compared to the previous financial year. Following a significant increase in quarter 1, referrals reduced in quarter 2 and the latest data (up to November 2019) shows the activity is below the level reported in the last financial year.
- During the period April to November 2019, the total number of referrals was 268 compared to 200 in April to November 2018.
- The main increase in referrals relates to referrals originated in Southport & Ormskirk hospital and in the District Nurse team which reflects the increased focus to support discharge from acute care beds.



4. CCG Reserves Budget

4. CCG Reserves Budget					
Report					
Southport & Formby Reserves Month 9					
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		1.939		1.939
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	0.327	(0.058)	(1.075)	0.469
0.5% Contingency Reserve	1.058				1.058
Provider contracts - conditional income	(0.350)				(0.350)
GP Forward View - NHSE income	0.000	0.779		(0.779)	0.000
H&CP 0.2% top slice place based funding	0.000	0.661		(0.386)	0.275
Cheshire & Mersey H&C programme	0.000	0.100			0.100
Community Crisis Transformation Funding	0.000	0.059			0.059
BCF Support		0.074			0.074
CEOV		(0.244)			(0.244)
NHSE Winter Funding S&O		1.060			1.060
Total Reserves	(10.985)	2.816	1.436	(2.112)	(8.845)

Commentary

- 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).
- In Month 9 additional resource was actioned in relation to a H&CP Funds (S&O Acute Sustainability), PCN Maturity Matrix and Flash Glucose Monitoring.

5. Provider Expenditure Analysis – Acting as One Providers

Report

Acting as One Contract Performance: (Year to Date at Month 8)

Provider	Over / (Under) Plan £m
Aintree University Hospital NHS Foundation Trust	(0.253)
Alder Hey Children's Hospital NHS Foundation Trust	0.142
Liverpool Women's NHS Foundation Trust	(0.117)
Liverpool Heart & Chest NHS Foundation Trust	0.042
Royal Liverpool and Broadgreen NHS Trust	(0.182)
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.053
Grand Total	(0.315)

Commentary

- 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.
- 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.
- 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.
- The year to date financial performance for the Acting as One providers shows an under performance against plan, this would represent an underspend of £0.315m under PbR contract arrangements.

6. QIPP

Report

Commentary

RAG Rated QIPP Plan 2019/20 (Forecast Outturn)

	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
Total QIPP Plan	16,584	0	16,584	1,990	429	14,165	16,584
QIPP Delivered 2019/20				1,939		0	1,939

- The 2019/20 QIPP target is **£14.104m**.
- QIPP schemes worth £16.584m have been identified; however many of the schemes have been identified as high risk.
- The CCG have held 'QIPP Weeks' during the year 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.
- The CCG Leadership Team has agreed to hold a QIPP week on a monthly basis to continue focus on delivery and assurance.
- Challenge and scrutiny sessions with QIPP leads will continue during the year in order to maximise efficiency savings for 2019/20 and to develop the 2020/21 plan.

7. Risk			
Report		Commentary	
CCG Financial Position:			
	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(10.454)	(3.650)	(14.104)
Revised surplus / (deficit)	(10.454)	(3.650)	(14.104)
I&E Impact & Reserves Budget	(3.050)	3.050	0.000
Management action plan			
QIPP Achieved	1.939	0.000	1.939
Other Mitigations	1.358	10.807	12.165
Total Management Action plan	3.297	10.807	14.104
Year End Surplus / (Deficit)	(10.207)	10.207	0.000
CCG Risk Adjusted Position			
Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(14.104)	(14.104)	(14.104)
Predicted QIPP achievement	10.712	4.080	3.580
I&E impact	0.000	0.000	(0.543)
Forecast Surplus / (Deficit)	(3.392)	(10.024)	(11.067)
Further Risk	0.000	(6.054)	(7.786)
Management Action Plan	3.392	3.292	2.195
Risk adjusted Surplus / (Deficit)	0.000	(12.786)	(16.658)
Financial Position <ul style="list-style-type: none"> The CCG financial position for Month 9 is a deficit of £9.590m which reflects under delivery of QIPP savings against plan as well as further cost pressures which have emerged during the year. The agreed financial plan is breakeven for the financial year. This position represents the best case scenario and is dependent on delivery of QIPP savings of £10.712m. The underlying financial position is a deficit of £10.207m, 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. The most likely financial position is a deficit of £12.786m 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. 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. 			

8. Statement of Financial Position					Commentary
Report					
Summary working capital:					
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Prior Year 2018/19	<ul style="list-style-type: none"> 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 and depreciation charges applied. 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 £1.555m. This balance is predominantly made up of four invoices outstanding with Southport & Ormskirk NHS Trust (£1.548m) which have been formally disputed as part of the NHS month 12 agreement of balances exercise. The Finance team have received confirmation from the Trust that these balances will be settled in January 2020. 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 £214.418m at Month 9. The actual cash utilised at Month 9 was £168.410m which represents 78.54% of the total allocation. The balance of ACDR will be utilised over the remainder of the year.
	M3 £'000	M6 £'000	M9 £'000	M12 £'000	
Non-Current Assets	16	20	17	23	
Receivables	2,576	3,336	2,847	3,957	
Cash	1,840	1,798	2,421	20	
Payables & Provisions	(16,072)	(15,417)	(17,544)	(12,363)	
Value of Debt > 180 days	177	186	1,555	38	

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 a high proportion of schemes remain high risk.
- The CCG deficit at Month 9 has been assessed at £9.590m and the likely case risk adjusted position for the financial year is assessed at £12.786m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery.
- The CCG is unlikely to deliver its 2019/20 financial plan, however, its focus must remain on continued progression of work undertaken during the CCG QIPP weeks which is essential to provide mitigation against the current projected deficit. The governance arrangements to support full system working have been developed and will need to support the delivery of the system financial recovery plan.
- It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care
- 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

Martin McDowell
Chief Finance Officer

Rebecca McCullough
Head of Strategic Financial Planning

January 2020

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/8	Author of the Paper: Luke Garner Head of Business Intelligence, Strategic Planning and Performance Email: Luke.Garner@southseftonccg.nhs.uk Tel: 0151 317 8465
Report date: January 2020	
Title: Oversight Framework 2019/20 Quarter 2 Exception Report	
Summary/Key Issues: This paper presents an overview of the 2019/20 CCG Oversight Framework, and a summary of Q2 performance including exception commentary regarding CCG Oversight Framework 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 managerial leads to improve performance, and expected date of improvement.	
Recommendation The governing body is asked to receive the report and note the contents.	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	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees		x		



Report to the Governing Body February 2020

1. Executive Summary

The Improvement and Assessment Framework (IAF) has now been superseded by the NHS Oversight Framework (NHS OF). The NHS OF for 2019/20 outlines the joint approach NHS England and NHS Improvement will take to oversee organisational performance and identify where commissioners and providers may need support.

The NHS OF has replaced the provider Single Oversight Framework and the CCG IAF, and will inform assessment of providers and commissioners in 2019/20. It is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers, sustainability and transformation partnerships (STPs), and integrated care systems.

The majority of existing indicators from the Improvement and Assessment Framework remain in the new Oversight Framework, with 6 additional metrics relating to evidence-based interventions, learning disabilities mortality review, waiting list size, patients waiting over 52 weeks for treatment, investment in children and young people's eating disorders and reducing the rate of low priority prescribing. Details of the evidence base for these additional indicators can be found in the technical annex, published on the NHS England website.

The pre-existing indicators include NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. All indicators are now located in five domains; preventing ill health and reducing inequalities, quality of care and outcomes, new service models, finance and use of resources, leadership and workforce. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An Oversight Framework dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q2 dashboard was released on Future NHS on 16th December.

Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators identified as residing in the best or lowest performing quartile (25%) of CCGs nationally.

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2019/20 CCG Oversight Framework, and a summary of Q2 (or latest available) performance including exception commentary regarding CCG Oversight Framework 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 managerial leads to improve performance, and expected date of improvement.

2. Introduction and Background

A dashboard is released each quarter by NHS England outlining performance for all performance indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Figure 1 – Q2 2019/20 IAF Dashboard: Key Lines of Enquiry

NHS Oversight Framework: CCG Measures

Key Lines of Enquiry


1. Select an organisation to view measures that have repeatedly deteriorated or improved.

Organisation type: CCG
 Organisation: 01V: NHS Southport and Formby CCG
 Period (1 is most recent): 1

IndNameFull Period New Service Models Quality of care and outcomes

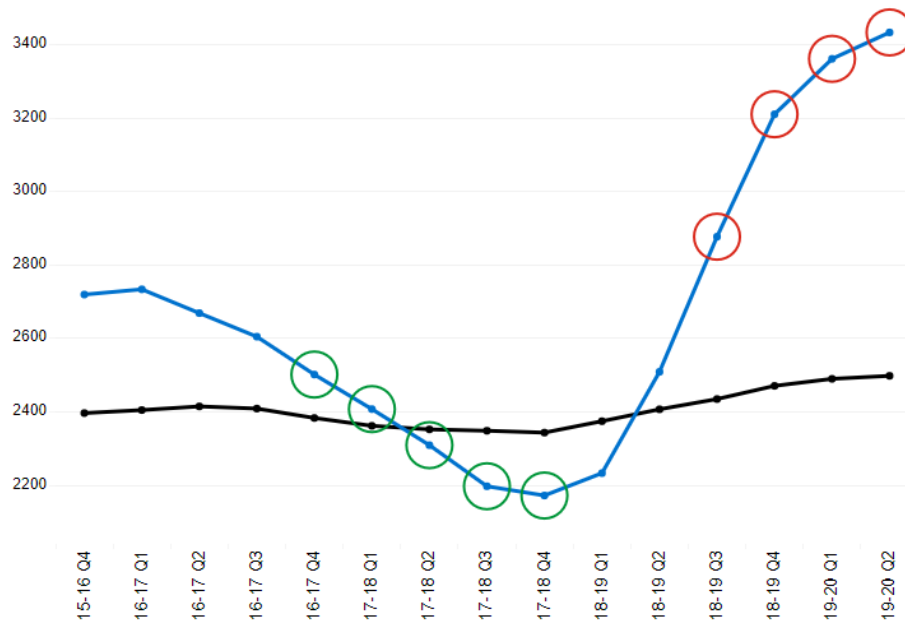
126b: Dementia care planning and post-diagnostic support 2018-19 

127b: Emergency admissions for urgent care sensitive conditions 19-20 Q2 

Key: Direction of KLOE:  Deterioration  Improvement
 Line graph series:  Rate  RateENG

2. Select an indicator of interest to view performance over time.

Indicator: 127b: Emergency admissions for urgent care sensitive conditions



Indicators which have deteriorated or improved for three consecutive time periods are flagged as a **Key Line of Enquiry (KLOE)**.

3. Key Issues

Areas of performance which have been identified as deteriorating in performance or residing in the worst performing quartile (25%) of CCGs nationally, or identified as a Key Line of Enquiry (KLOE) by NHS England. KLOEs are identified by three consecutive data points in the same direction.

To note:

107b Antimicrobial Resistance: appropriate prescribing of broad spectrum antibiotics in primary care performance has improved in October 2019 and is no longer in the worst performing quartile, with 8.89%, below the 10% threshold.

121a Provision of high quality care in hospitals performance has improved and is now ranked in the interquartile range with a score of 61 for Q1 19/20.

126b Dementia care planning and post diagnostic support has been recognised in the KLOE for continued improving performance, with 83.42% in 2018/19. The CCG is ranked 7th nationally.

127e Delayed transfers of care per 100,000 population is no longer in the worst performing quartile with 12.7 in November 2019.

127f Population use of hospital beds following emergency admission performance has improved and is now in the interquartile range with a rate of 961 for Q2 19/20, below the England average.

166a Compliance with statutory guidance on patient and public participation in commissioning health care has been rated green star for 2018.

Indicator No.	Indicator Description	Q2 2019/20 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people aged 65 and over	The CCG was ranked in the lowest performing quartile nationally with 2,976 falls in Q2 19/20. Performance declined in Q4 18/19 but has improved again.	Jan Leonard/ TBC/ Sharon Forrester	Southport and Formby CCG have a higher than national average of greater than 65 years and over population living with dementia which is a main and significant falls risk. There is also a large proportion of care homes per population due to the area demographics. Falls tend to be more severe in this population often requiring conveyance and admission to secondary care. This population is often more difficult to access opportunistically to perform preventative measures and	Working in collaboration with the Local Authority and public health on a care home strategy, work streams such as delirium pathways and home first link into this piece of work. The CCG have commissioned a comprehensive Frailty pathway across community and secondary care, which links into primary care frailty registers and proactive MDT's. The CCG have commissioned a falls team which together with community therapy has been integrated into our community reablement and assessment service. The CCG commissioned a review of falls services in South and North Sefton from Deloitte and the recommendations will be picked up as part of the frailty programme and the provider alliance. In addition to this the CCG have commissioned Sefton Emergency Response Vehicle which	2020/21

				screening.	responds to GP referrals and takes directly from the NWS incidents. The car is equipped with lifting aids and has a therapist on board to avoid hospital conveyances.	
106a	Unplanned hospitalisation for chronic ambulatory care (ACS)	Despite an improving position, the CCG is ranked in the worst performing quartile for Q2 19/20 with 2,942.	Jan Leonard/ TBC/ Sharon Forrester	Southport and Formby CCG have a higher than national average population of greater than 65yrs living with Frailty syndrome. Often these patients have multiple comorbidities and social care issues which result in admission. Three quarters of bed use at Southport and Ormskirk Trust are geriatrics >65yrs. Average beds in use for geriatrics is dominated by respiratory system problems, closely followed by muscular skeletal and infectious diseases. Urinary tract infections, dehydration and cellulitis also feature as reasons for admission, all associated with Frailty syndrome and the top ten ambulatory sensitive conditions.	Southport and Ormskirk Trust introduced the same day emergency care model in April 18 with the introduction of a clinical decision unit, ambulatory care unit, hot clinic and surgical assessment unit. Since this time data shows a step change in 0 LOS unplanned admissions. The trust has also seen 10.8% increase in attendances, despite this there has been no significant increase in >0 day LOS unplanned admissions or in total unplanned LOS which suggests improved streaming and discharge from AED. It is difficult to say if the any of the 0 LOS patients would have been admitted to >0 day LOS in the absence of a same day emergency care model however there has been a slight improvement in NEL ACS hospitalisation. Pathway work is underway with community providers to improve admission avoidance schemes from respiratory and IVT sensitive conditions and reduce bed days. This improvement needs to run parallel with a better frailty offer. The CCG were successful in securing funding for a community Frailty pathway focused on proactive management and admission avoidance. The CCG have also commissioned a proactive plan to reduce the incidence of pneumonia via medicines management of steroids and review of respiratory inhalers.	2020/21
107a	Antimicrobial Resistance: appropriate prescribing of antibiotics in primary care	Performance has declined and the CCG is ranking in the worst performing quartile with 1.057 in October	Jan Leonard/ Hilal Mulla/ Susanne Lynch	Applying national antimicrobial guidance locally remains a challenge when local resistance patterns/clinician concerns are taken into account. Practice level audits have	- Organisation to increase awareness and delivery of AMR work to increase appropriate prescribing of broad spectrum antibiotics - Printing and dissemination of antimicrobial guidance booklets to all clinicians as well as promotion of the online version via the CCG medicines management team and CCG AMR clinical lead- expected delivery within two weeks	December 2019

		2019.		<p>revealed an increasing number of multiple infections e.g. respiratory and UTI which increases the use of broad spectrum antibiotics.</p> <p>Local update of online guidance remains a challenge and hence our decision to provide printed booklets.</p>	<ul style="list-style-type: none"> - Active involvement/attendance at the Cheshire & Mersey AMR group. Working directly with the GP and pharmacist supporting the AMR work across Cheshire and Merseyside along with CCG clinical AMR lead and medicines management AMR lead.- Campaign materials in walk in centre and extended hours service - CCG working with Public Health team in the Local Authority to raise awareness of AMR via communications - CCG via quality schedules within contracts of commissioned services receives quarterly reports detailing AMR work undertaken by providers. - CCG medicines management team to review antimicrobial prescribing activity and query inappropriate use of broad spectrum antibiotics via the CCG commissioned primary care local quality contract.- Medicines management team have produced audit to run in every GP practice in 4th quarter of 2019/20 - Quarterly feedback relating to practice level antimicrobial prescribing to each GP practice by CCG medicines management team supported by CCG clinical AMR lead.- To be repeated in 20/21 LQC as below: - CCG Medicines Management Team to undertake a minimum of one audit in 12 month period. - GP practices to peer review audit results and share learning to inform future AMR work. Practice level reports & review of antibiotic indicators using E pact2 data. - % Co-amoxiclav, Cephalosporins & Quinolones Items of total antimicrobial prescribing, Antibacterial drug items per STAR PU and trimethoprim items prescribed for patients >70 years 	
122a	Cancers diagnosed at an early stage	The CCG was ranked in the lowest performing quartile nationally with	Jan Leonard/ Graeme Allen/ Sarah McGrath	1 year cancer survival is usually considered to be a proxy measure for speed of diagnosis. Southport and Formby's 1 year survival is 76.2% and ranked fifth	<p>Tumours which are typically diagnosed later include; Lung, Ovarian, NHL, Pancreas, Oesophagus, Stomach and Colorectal. There are new diagnostic models for Ovarian & Lung.</p> <p>The Primary Care Network (PCN) service</p>	LTP - by 2028 75% of cancers will be diagnosed at stage 1 or 2.

		47.4% in 2017.		<p>nationally. We are not clear on why diagnostic stage does not appear to correlate with this.</p> <p>There is evidence that an older and more co-morbid population present later with cancer symptoms and this may be a critical factor for Southport and Formby. Data is old and there has been considerable work around early diagnosis.</p>	<p>specification and quality improvement module around cancer will drive earlier detection. <i>"GPs using latest evidence based guidance to identify people at risk of cancer, recognise cancer symptoms and patterns of presentation and make appropriate and timely referrals for those with suspected cancer"</i>.</p> <p>As a CCG we are encouraging practice engagement with the National Cancer Diagnosis audit to serve as a baseline for measurable improvement.</p>	
123a	IAPT Recovery	The CCG was ranked in the lowest performing quartile for Q2 19/20, with a performance of 45.83%, below the 50% target.	Geraldine O'Carroll/ Sue Gough/ Gordon Jones	<p>The provider reports that patients entering IAPT service have high severity on being assessed which can impact on recovery outcomes.</p> <p>Internal wait times can also impact on recovery.</p>	The newly appointed clinical lead for the service has been reviewing non-recovered cases and working 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. The introduction of the Silver Cloud online therapy in November 2019 should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates. Sefton CCGs will be re-procuring the IAPT via competitive tender with the new service planned to commence in October 2020.	March 2020
123b	IAPT Access rate	The CCG was ranked in the lowest performing quartile nationally with 3.32% in Q1 19/20.	Geraldine O'Carroll/ Sue Gough/ Gordon Jones	<p>The service had a number of vacancies and long term sick which had impacted on performance.</p> <p>Direct self-referral process was identified as an impediment to access.</p> <p>One to One model limited access.</p>	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 due to commence in January 2020 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 and Older People 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	March 2020

					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. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in in December 2019 and more clients will be directed through CBT. The service will be developing communication for GP practices. Sefton CCGs will be re-procuring the IAPT via competitive tender with the new service planned to commence in October 2020.	
123j	Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)	The CCG was ranked in the lowest performing quartile nationally with 87.45% in September 2019. This shows deterioration in performance.	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	CCG has multiple providers submitting to MHSDS including 3rd sector providers Initial issues with 3rd sector provider flowing NHS data.	<ul style="list-style-type: none"> • 2019/20 MHSDS DQ CQUIN applied to Mersey Care and Alder Hey (CAMHS) contracts and penalties will be applied. This will also apply to 3rd sector providers (where applicable) • Work on-going to facilitate additional data flows for those not currently submitting. • One provider (3rd Sector) have begun to flow during 19/20 and populating NHS numbers in their submissions • Continued work with CSU/ DSCRO to develop reports to support monitoring and commitment to partake in any additional support provided by NHS Digital / NHS England • National data sets/DQIP's discussed at information sub groups with providers from all sectors with collaboration to improve the data. • Mersey Care NHS FT has made significant improvement and their February 2019 DQMI score was 92.8%. 	March 2020
125b	Women's experience of maternity services	The CCG was ranked in the lowest performing quartile nationally with 79.7 in 2018.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	System wide pressures in relation to provision of maternity services, shortage in staffing both midwifery and medical.	The CCG is actively working with the main Maternity provider to ensure actions relating to previous CQC recommendations have been completed alongside quality improvement actions for 2019/20.	2019

125c	Women's choices of maternity services	The CCG was ranked in the lowest performing quartile nationally with 44.4 in 2018, a significant decline from 2017.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	In Q3 2017-18, Southport & Ormskirk Trust had issues regarding the staffing on the middle grade medical rota for Obs and Gynaecology services. This has now been addressed as the Trust has confirmed they are able to meet their contractual requirements. The service is part of the wider review for maternity services with declining numbers of births at the Trust.	<p>Implementation of Saving Babies Lives Care Bundle. Update at last CCQRM: Picker survey was undertaken as a requirement from the CQC with a further visit expected shortly. However, the Trust was able to demonstrate the processes implemented for continuous improvement of the service:</p> <ul style="list-style-type: none"> - Positive feedback was mainly received from women; however the following points were some key areas for focus: <ul style="list-style-type: none"> o Choice in relation to where the women want to give birth o Regular check ups o Antenatal and postnatal care o Midwives unaware of the past medical history of the patients o Advice on feeding out of hours/weekends o Concerns raised by women during labour being addressed and feeling they are been listened to - Low response rates in relation to receiving patient responses, the Trust would review how this could be improved. <p>The Trust was 99% compliant in all areas of care; however this somewhat contradicts some of the findings from the survey. Further investigation would be undertaken in particular what women perceive as support during labour.</p> <ul style="list-style-type: none"> - Homebirths for the Trust were at 2.5%, which was the best in the region - Meetings scheduled with Midwives to discuss patient history and medical needs - Dedicated 24/7 telephone line provided to parents in relation to advise and guidance for feeding concerns - Walkabouts arranged on wards to enable staff to speak to women and promote the sharing of information - Information posters visible in all areas - Midwife events undertaken to discuss and share experiences proving positive 	On-going
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					<p>- Maternity Voices Meetings implemented to include representation from the CCG; midwives; patients and the Trust to share learning and improve services across the Trust.</p> <p>Expectation is that next national survey will show positive improvement.</p>	
127b	Emergency admissions for urgent care sensitive conditions	The CCG is ranking in the worst performing quartile in Q2 19/20 with 3,427. This is an improvement in performance.	Jan Leonard/ Tim Quinlan/ Sharon Forrester	<p>Southport and Formby CCG have a higher than national average population of greater than 65yrs living with Frailty syndrome. Often these patients have multiple comorbidities and social care issues which result in admission.</p> <p>Urgent care sensitive conditions relates to exacerbations of chronic long term conditions that in well-functioning UEC system can be managed at home.</p> <p>There has been an increase in attends and 0 LOS in same patients attending more than once in the same month suggesting a different treatment for follow up. Data show 53 more per month in 18/19 than 17/18 suggesting the trust are managing urgent care sensitive conditions instead of making external referrals to specialist services, which may account for only a marginal improvement in performance.</p> <p>Work is ongoing with BI to ensure correct counting and coding is in place.</p>	<p>The CCG coordinate the maintenance of directory of services for the 111 service to ensure that the community services and alternatives to admission are ranked correctly.</p> <p>The CCG have commissioned Sefton Emergency Response Vehicle to support pathfinder see and treat, which has a member of the community Frailty team on board to ensure community integration with all available hospital avoidance schemes.</p> <p>Workforce constraints across community and secondary care has resulted in vacancies in Specialist nurse roles and limited interface between secondary and community care which has resulted in a lack of referral on discharge to relevant specialist services</p> <p>Providers have now recruited to full establishment and working together to reduce readmissions.</p> <p>Extended access to GP appointments is now 100% operational to 100% of the population and utilisation is good.</p> <p>The CCG have commissioned an external audit from health watch to ascertain the reason for patients are choosing to attend AED and the increase in foot fall attendances.</p> <p>Single point of access has been implemented by the community provider and services have been integrated to develop a 'catch all service' this is designed to triage the person to the right care, in the right place at the right time.</p> <p>There are greater professional development opportunities for the community nursing workforce implemented by the community provider to extend skills and competencies to clinical examination, diagnostics and prescribing needed for complex case management of long term conditions. In</p>	2020/21

					<p>addition primary care has invested in ANP roles to support the medical workforce. MDTs have been implemented between primary care and community care to better manage patients proactively and provide care closer to home.</p>	
134a	Evidence Based Interventions	The CCG was rated red for Q2 19/20.	Terry Hill/ Fiona Doherty	<p>Prior approval Commissioning policies in place for all procedures setting out required clinical criteria for treatment, therefore all procedures are clinically appropriate</p> <p>SFCCG have implemented Bluetec which requires confirmation that policy has been followed before issuing payment code. SSCCG are seeking to implement similar system with their providers.</p>	<p>CCGs have commissioned value based checker for both CCGs – this is online tool which will provide instant decision for clinicians in Primary, Community and secondary Care.</p> <p>Live in SFCCG for 2 main providers from Dec 2019 and being piloted with 3 GP practices.</p> <p>In SSCCG VBC will be included in Acting as one requirements to ensure all providers use new system.</p> <p>There is also CQUIN planned for 20/21 which will support EBIs</p>	<p>April 2020</p> <p>June 2020</p>
141b	In-year financial performance	The CCG was rated red for Q2 19/20.	Alison Ormrod/ Martin McDowell	<p>Emerging cost pressures in the financial year have contributed to the in-year deficit position. A further contributory factor relates to underperformance against the CCG QIPP plan. The CCG have a challenging QIPP target (£14.104m) in 2019-20.</p> <p>Main areas of cost pressure include increased costs in the acute sector, independent sector costs, category M drugs, continuing healthcare, funded nursing care, mental health care and learning difficulties costs.</p>	<p>Monthly monitoring of the financial position through the CCG governance structure and external review of the System Financial Recovery Plan via NHS England and Improvement.</p> <p>Monthly QIPP weeks are held across the organisation to allow CCG managers focussed time to progress identified QIPP opportunities.</p> <p>QIPP plans and performance is reported monthly to the Joint QIPP and Financial Recovery Committee. QIPP performance is also reviewed at bi-monthly Governing Body meetings.</p>	<p>QIPP delivery is reviewed continuously. Contract mechanisms (Acting as One contract agreement and block contracts) limit the ability of the CCG to reduce costs in the short term. In the longer term it is recognised that the financial recovery plan can only be</p>

						delivered through system working and clinical engagement in all parts of the healthcare system to influence change and deliver a real reduction in costs.
163a	Staff engagement index	The CCG was ranked in the lowest performing quartile nationally with 3.69 in 2018.	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	<p>This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.</p> <p>Current overview of staff survey</p> <ol style="list-style-type: none"> 1. Experienced discrimination <ol style="list-style-type: none"> a) (from patients, relatives or members of the public) 0% (average 6%) b) (from manager/team leader or colleagues) 1.2% (average 23.1%) 2. Opportunity for flexible working – 89.3% (average 74%) 3. Feel trusted to job – 96.3% (top ranked) (average 86.3%) <p>Respect from colleagues – 90.2% (top ranked) (average 75.7%)</p>	2018/19
165a	Quality of CCG leadership	The CCG are ranking amber for Q2 19/20.	CCG Chair Chief Officer	The CCG did not deliver its financial targets. Gaps were identified in respect of SEND services	The CCG has developed its QIPP plan and is continuing to implement that across the Southport and Formby system in conjunction with partners. There are continued and sustained efforts to align	April 2020

				commissioning	the CCGs QIPP with S&O CIP	
					SEND Improvement Plan in place and being monitored by the SEND Continuous Improvement Board. Additional resources have been secured to support SEND commissioning and the CCG is continuing to work with providers to ensure levels of funding are appropriate to secure improvements.	

Clinical Priority Areas

Independent panels have now completed assessments for 2018/19 for all CCG's nationally. The outcomes of these assessments were made available on the MyNHS website in July 2019. The CCGs overall rating for 2018/19 is 'Requires Improvement'. The Sefton CCGs were the only two in Merseyside to receive a Green Star for patient and public engagement. Ratings for each of the clinical priority areas are detailed below, along with actions being taken by commissioning leads to improve certain areas. The clinical priority areas are cancer, maternity, mental health, dementia, learning disabilities and diabetes.

Cancer

The CCGs overall rating for cancer is 'Good'. This is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Cancer		Good
Cancers diagnosed at early stage	47.36%	<i>of all newly diagnosed cases of cancer are diagnosed at an early stage</i>
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	77.77%	<i>of people treated within 62 days</i>
One-year survival from all cancers	76.20%	<i>one year survival</i>
Cancer patient experience	9.1	<i>is the average score given by patients asked to rate their care on a scale from 1 to 10 (10 being best)</i>

Maternity

The CCGs overall rating for maternity is 'Requires Improvement'. The overall rating for maternity is based on four indicators;

- Stillbirth and neonatal mortality rate
- Women's experience of maternity services
- Choices in maternity services
- Rate of maternal smoking at delivery

The four maternity metrics were chosen to align with a number of themes from Better Births, the report of the National Maternity Review, and to provide a broad representation of the various aspects of the maternity pathway.

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Maternity		Requires Improvement
Maternal smoking at delivery	12.23%	<i>of 237 mothers smoked at delivery</i>
Neonatal mortality and stillbirths	44.45	<i>is the score out of 100 based on six survey questions</i>
Women's experience of maternity services	79.74	<i>is the score out of 100 based on six survey questions</i>
Choices in maternity services	44.45	<i>is the score out of 100 based on six survey questions</i>

The CCG are supporting full implementation of the Saving Babies Lives Care Bundle. We seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits). Providers are also engaged within the Children & Maternity Vanguard developments regarding neonatal and maternity care. The CCG are committed to supporting improvements in safety towards the 2020 ambition to reduce still births, neonatal deaths,

maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.

Mental Health

The CCGs overall rating for Mental Health is 'Good'. The overall rating is based on performance against five indicators:

- Improving Access to Psychological Therapies (IAPT) – recovery
- Improving Access to Psychological Therapies – access
- People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
- Delivery of the mental health investment standard
- Mental health crisis team provision
- Ensuring the quality of mental health data submitted to NHS digital is robust (DQMI)
- Proportion of people on GP severe mental illness register receiving physical health checks

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Mental Health		Good
Improving Access to Psychological Therapies - recovery	64.10%	<i>of people who finished treatment moving to recovery</i>
Improving Access to Psychological Therapies - access	3.19%	<i>of people who have depression and/or anxiety disorders who have started treatment</i>
People with 1st episode of psychosis starting NICE-recommended treatment within 2 weeks of referral	77.08%	<i>of 48 people with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral</i>
Delivery of the mental health investment standard	Green	
Mental health crisis team provision	0%	<i>Proportion of crisis resolution and home treatment (CRHT) services in the STP area able to meet selected core functions</i>
Ensuring the quality of mental health data submitted to NHS digital is robust (DQMI)	78.48	<i>78.48 average score against the Mental Health Services Dataset component of the DQMI for providers commissioned by the CCG</i>
Proportion of people on GP severe mental illness register receiving physical health checks	25.66%	<i>25.66% of people on general practice SMI registers received a comprehensive physical health check in a primary care setting in the last 12 months</i>

Dementia

The CCGs overall rating for Dementia is 'Outstanding'. The 2018/19 rating for dementia considers two indicators: dementia diagnosis rates, care plan reviews and post-diagnostic support for people with dementia.

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Dementia	★	Outstanding
Estimated diagnosis rate for people with dementia	76.23%	<i>of the estimated number of people with dementia have a recorded diagnosis</i>
Dementia care planning and post-diagnostic support	80.17%	<i>of patients with dementia whose care plan has been reviewed in the preceding 12 months</i>

Learning Disabilities

The CCGs overall rating for Learning Disabilities is 'Requires Improvement'. The 2017/18 rating for learning disabilities considers three indicators:

- Reliance on specialist inpatient care for people with a learning disability and/or autism. This indicator is reported at Transforming Care Partnership (TCP) level

- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Completeness of the GP learning disability register

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Learning Disability		Requires Improvement
Reliance on specialist inpatient care for people with a learning disability and/or autism	61	<i>per million registered population</i>
Proportion of people with a learning disability on the GP register receiving an annual health check	49.30%	<i>of people on a GP learning disability register received an annual health check</i>
Completeness of the GP learning disability register	0.60%	<i>of the population (all ages) are included on a GP learning disability register</i>

Reliance on specialist inpatient care

The CCG has underutilised its LD inpatient beds for at least the last 2 years. All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care.

Diabetes

The CCGs overall rating for Diabetes is 'Requires Improvement'. The 2018/19 rating for diabetes considers two indicators:

- Diabetes patients that have achieved all the NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c for children)
- People with diabetes diagnosed less than a year who attend a structured education course.

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Diabetes		Requires Improvement
Diabetes patients that have achieved all the NICE recommended treatment targets	42.22%	<i>100.00% participation in the NDA</i>
People with diabetes diagnosed less than a year who attend a structured education course	2.20%	<i>100.00% participation in the NDA</i>

Preparatory work was undertaken at the end of 2017/18 after securing NHS England diabetes transformation funding. Problems have been identified at a number of points on the referral pathway:

- High number of patients in care homes.
- Possibility of patients being confused by alternative types of education offered in Southport and Formby.
- Different approach to the delivery of structured education in Southport and Formby.
- Reduction in staff resources.

See actions above under indicator 103b.

4. Conclusions

The indicators identified as requiring improvement are all either existing metrics reported through the Integrated Performance Report, meaning actions are already in train and are monitored for improvement on a monthly basis to Governing Body e.g. IAPT recovery, dementia diagnosis, emergency admissions, DTOC, RTT. Or they form part of Operational Plans for 2017-19 e.g. Falls, e-referrals, CYPMH transformation. These newer metrics have been added to the Integrated Performance Report for 2017/18 onwards to ensure performance and mitigating actions are monitored.

A timetable for reporting has now been published by NHS England (subject to change) which means the following reports will be available as follows:

Financial Quarter	Estimated dashboard release by NHSE
Q1	24/10/2019
Q2	30/01/2020
Q3	23/04/2020
Q4	TBC

5. Recommendations

The governing body is asked to receive the report and note the contents.

Luke Garner
Head of Business Intelligence, Strategic Planning and Performance
January 2020

MEETING OF THE GOVERNING BODY
February 2020

Agenda Item: 20/9

Author of the Paper:

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Chief Officer

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Report date: February 2020

Title: *Future of CCGs – a proposal to commence a process to inform a decision for a proposed merger of the four North Mersey CCGs – NHS Southport and Formby CCG, NHS South Sefton CCG, NHS Knowsley CCG and NHS Liverpool CCG.*

Summary/Key Issues:

This paper sets out a case for change and a proposal to commence engagement on a preferred option to merge the four North Mersey CCGs. The outcome of that engagement will inform a final proposal for a preferred recommendation to be made by CCG Governing Bodies to the CCGs members in March 2020.

Recommendation

The Governing body is asked to:

- **Support** the case for change;
- **Support** the preferred option for a single CCG commissioner serving the North Mersey population;
- **Endorse** the commencement of stakeholder engagement to inform a final proposal to the Governing Body in March 2020.

Receive

Approve

Ratify

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.
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x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
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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				Patient and public engagement will follow upon approval of this proposal by the governing bodies
Clinical Engagement	x			CCG membership have been updated on progress
Equality Impact Assessment				Any final recommendation to the membership will be supported by an EIA and other relevant impact assessments
Legal Advice Sought		X		
Quality Impact Assessment				Any final recommendation to the membership will be supported by an QIA and other relevant impact assessments
Resource Implications Considered				A full benefits realisation assessment will be undertaken as part of the full options evaluation process
Locality Engagement				
Presented to other Committees		x		This is a matter reserved to the Governing Body and the CCG membership

Report to the Governing Body February 2020

1. Executive Summary

The purpose of this paper is to set out the case for change and a preferred option for a merger of the four North Mersey CCGs – NHS Knowsley, NHS Liverpool, NHS Southport and Formby and NHS South Sefton CCGs. The paper also describes next steps, including engagement with key stakeholders, to inform a final decision by CCG Governing Bodies in March 2020.

2. Introduction and background

Across England, Clinical Commissioning Groups (CCGs) are reviewing how they could strengthen collaborative working arrangements, leading to many CCGs' forming new configurations, including formal merger. This trend has gathered pace in light of the NHS Long Term Plan, which set out expectations for streamlined commissioning functions over larger geographical footprints. In addition, there is a requirement for CCGs to achieve a 20% reduction in running costs.

This document articulates the case for change and the objectives of streamlined NHS commissioning across the North Mersey footprint. The primary objectives are for commissioning to have greater impact in improving health and wellbeing for the North Mersey population and to facilitate improvements in quality and people's experiences of health services. A North Mersey commissioner would also enable running cost reductions and maximise use of financial and non-financial resources across the whole health system.

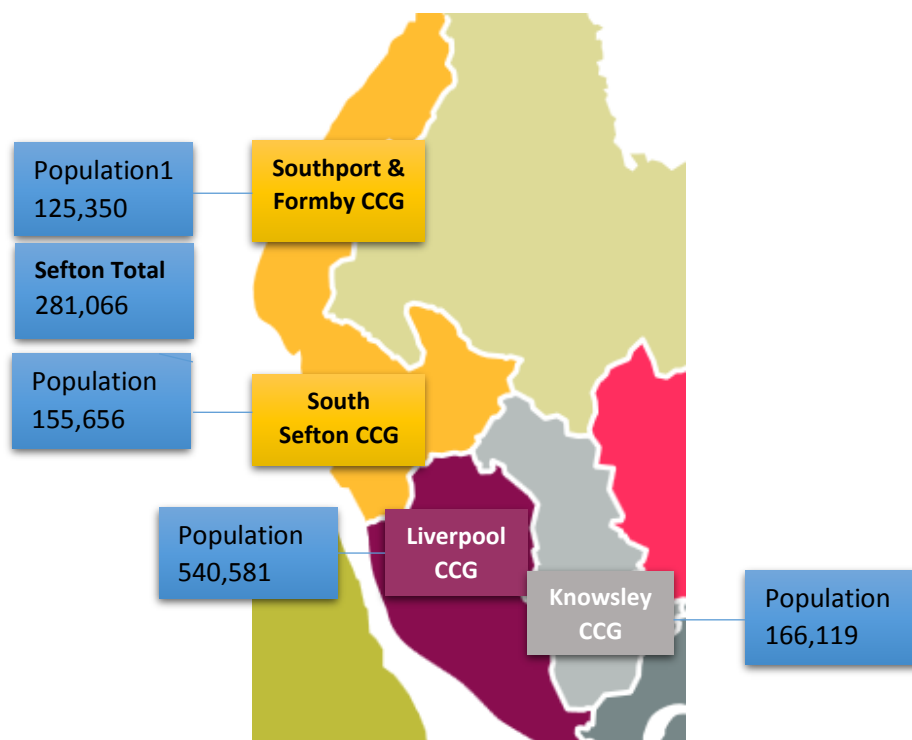
The ambitions and intentions of CCG commissioners are articulated in the place plans for Knowsley, Liverpool and Sefton. The proposal to join up NHS commissioning will strengthen the influence, capacity and capability for commissioners to realise these local ambitions as well as having a unified, strategic commissioner shaping the whole North Mersey health system.

Each North Mersey CCG Governing Body and memberships have been informally engaged in developing the proposal to date, which has demonstrated consensus to move forward with a formal proposal to merge.

This document sets out the policy context for CCG merger; the NHS England criteria for approval of a merger; the process, milestones and timescales and the stakeholder engagement process.

3. North Mersey CCG's Overview

The four North Mersey Clinical Commissioning Groups: – NHS Knowsley CCG, NHS Liverpool CCG, NHS Southport & Formby CCG and NHS South Sefton CCG, have a long history of collaboration, with the majority services they commission provided by the same NHS Trusts for their combined registered population.



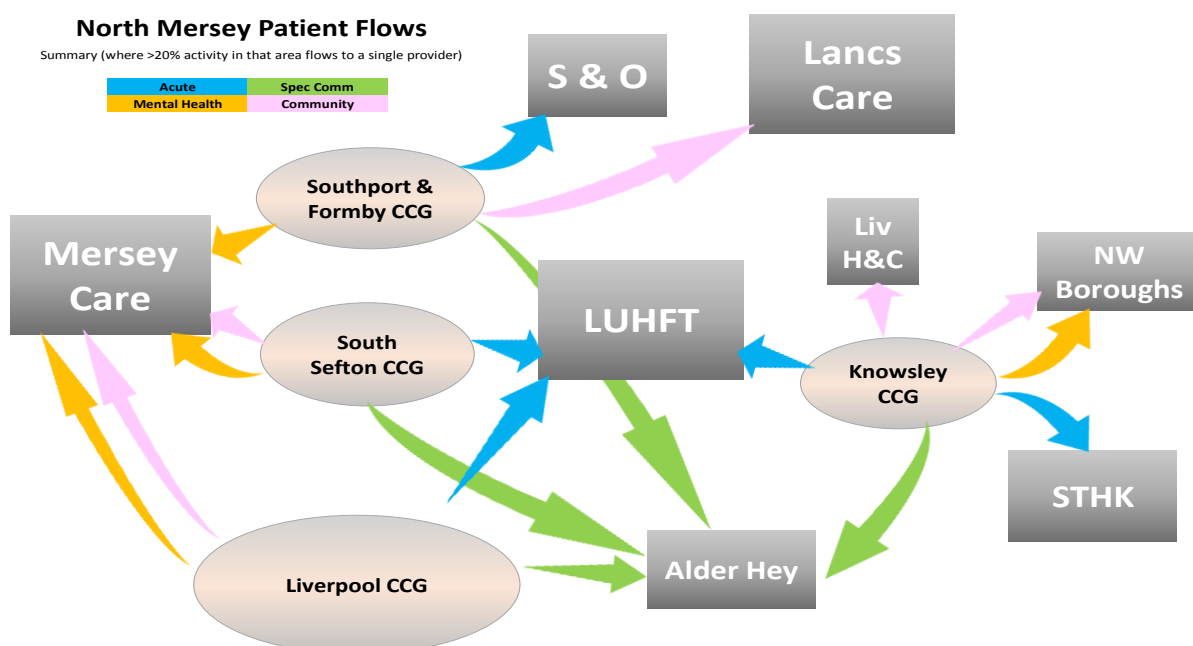
North Mersey is one of the most deprived areas of the country, with more than 4 out of 10 residents living in the 10% most deprived neighbourhoods in England. Deprivation is strongly associated with poor health outcomes from childhood through to old age. People in North Mersey live shorter lives than the national average and spend a greater proportion of their life living with disability and poor health. Despite the best efforts of the health and care system, health outcomes for our population are not improving and the inequalities gap is widening. Partners across commissioning and provision are committed to greater collaboration, including joining-up commissioning to address the huge challenges we face.

Appendix 1 provides a clear overview of the similarities in the health needs of our populations.

A review of patient flows into acute, specialist, mental health and community services for each CCG provides evidence that the majority of North Mersey patients flow to the same services, particularly for elective care delivered by Liverpool University Hospitals NHS Foundation Trust and community and mental health services delivered by Mersey Care NHS Foundation Trust. Southport and Formby patients, as expected, flow predominantly into Southport and Ormskirk Hospital NHS Trust for acute services, but having a single commissioner would facilitate opportunities for greater system collaboration.

This data reinforces the case for a unified, single North Mersey strategic commissioner, better able to reduce variation in quality and access and to influence improved outcomes for patients across the North Mersey footprint.

The diagram below represents a scaled overview of the flow of patients into local services.



Detailed patient flow data is at **Appendix 2**.

North Mersey commissioners have a long track record of collaboration, evidenced by a number of partnerships for improvement. In recent years, the CCGs have worked in partnership on proposals for a new Liverpool Women's Hospital, a single trauma and orthopaedics service, plans for the establishment of single services across our two adult acute sites, a review of urgent care and hyper-acute stroke services. The CCGs also work collaboratively on programmes for improvement in mental health, cancer and long term conditions.

Although there are three senior leadership teams across the four CCGs, recent staffing challenges have led to opportunities to share skills and capacity, including a shared Chief Finance Officer and collaborative contracting arrangements between Liverpool and Knowsley CCGs, as well as a shared Chief Nurse between Liverpool and the two Sefton CCGs.

4. National Policy

The NHS Long Term Plan provided direction for the future roles and configuration of CCGs in England:

'... [ICSs will grow from] ... the current network of Sustainability and Transformation Partnerships (STPs). ICSs¹ will have a key role in working with Local Authorities at 'place' level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners will need to continue to make independently, for example in relation to procurement and contract award).

'Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to

¹ Integrated Care System

partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.’²

Our Integrated Care System is the Cheshire and Merseyside Health and Care Partnership, which is one of the largest in the country. Due to the size and diversity of the partnership, it is proposed that commissioning arrangements would require more than one CCG. It is anticipated that Cheshire and Merseyside will have around three to five CCGs. NHS England has already authorised a single CCG for Cheshire, to be established from April 2020. The new configuration of CCGs that emerges would be required to work collaboratively across the whole Cheshire and Mersey health and care system.

5. Merger Objectives

NHS Policy, articulated in the NHS Long Term Plan, seeks to advance health and care system integration through the development of partnerships at local level. North Mersey has three ‘place’ partnerships that are coterminous with the local authority areas of Knowsley, Liverpool and Sefton.

Each partnership brings together NHS organisations, the local authority and other partners to take collective responsibility for improving population health, managing shared resources, developing integrated services, improving quality and managing patient flows.

A key consideration will be to determine how streamlined commissioning across a bigger footprint can retain a local focus within place-based health and care partnerships as well as enabling scaled up commissioning functions, where appropriate, across a bigger footprint. Clarity will be essential in determining the distribution of commissioning functions at “place”, North Mersey and for Cheshire and Merseyside and must be reflected in the governance arrangements, to preserve local accountability and the maintenance of effective partnerships and stakeholder relationships at all levels.

The objectives of the proposed merger would be to:

- Improve health outcomes for the North Mersey population through streamlined, strategic commissioning;
- Improve the quality and experience of health services;
- Reduce unwarranted variation in access to services and clinical policies;
- Devolve greater responsibilities to Primary Care Networks and neighbourhood-level provision to enable and accelerate the implementation of integrated care for communities;
- Integrate health and care commissioning at place level, working in partnership with each of the three North Mersey local authorities;
- Address financial pressures and maximise the value of the North Mersey health and care pound;
- Support a 20% reduction in CCG running costs by 2020;

² NHS Long Term Plan <https://www.longtermplan.nhs.uk/>

- Better utilise workforce assets; providing system leadership, greater capacity and efficiency;
- Reduce administrative duplication and simplify decision-making;
- Support the Cheshire and Merseyside Health and Care Partnership to deliver shared priorities;
- Create capacity to accept delegated authority for the commissioning of other NHS England commissioned services.

At the centre of integrated care plans is the creation of local place-based arrangements built up from population footprints, focusing care on communities of circa 30,000-50,000 people. The development of integrated care in communities would complement the development of a single North Mersey CCG, bringing together some functions as a strategic commissioner for a larger population, but adopting the principle of subsidiarity by commissioning as much as possible at a place level, jointly with local authority commissioners.

A North Mersey Strategic Commissioning organisation would focus its functions on strategy, commissioning and contracting models for better population health outcomes, holding the local system to account for performance, involving the population in co-design and decision making and securing shared support services.

A North Mersey Commissioner would retain clinical engagement at the core. The four CCGs would continue to champion clinical leadership and evidence-based approaches.

6. Financial Overview

The table below provides an overview of the resources of each CCG as at March 2019. A detailed analysis will be produced to inform engagement and a decision.

North Mersey CCG Factsheet	Liverpool CCG	South Sefton CCG	Southport & Fomby CCG	Knowsley CCG	North Mersey Total
19/20 Population (Estimated 12 month average)	536,623	155,182	125,268	165,619	982,692
Resources					
CCG Programme Resource Allocation £ 000	847,479	253,311	191,867	289,764	1,582,421
2019/20 Allocation Growth	5.59%	4.83%	5.06%	4.92%	
2019/20 Final Closing Distance From Target - Over / (Under)	1.81%	4.42%	1.06%	4.80%	
Primary Care Resource Allocation £ 000	78,259	22,422	17,224	32,241	150,146
2019/20 Allocation Growth (pre allocation change for indemnity)	7.38%	7.76%	7.12%	4.87%	
2019/20 Final Closing Distance From Target - Over / (Under)	-4.99%	-1.39%	-0.01%	24.41%	
Running Cost Allocation £ 000					
2019/20 Allocation	10,508	3,228	2,600	3,452	19,788
2020/21 Allocation	9,267	2,848	2,294	3,068	17,477
Allocation Reduction (e.g 20% impact)	(1,241)	(380)	(306)	(384)	(2,311)
Total Resources	936,246	278,961	211,691	325,457	1,752,355
Financial Position					
2018/19 Forecast In-Year Performance (Surplus) / Deficit	0	1,000	1,000	0	2,000
2018/19 Cumulative Financial Position (Surplus) / Deficit	(25,453)	2,892	9,295	(5,753)	(19,019)
2019/20 In-Year Plan Surplus / (Deficit)	(10,000)	1,000	0	0	(9,000)
2019/20 Control Total	(10,000)	1,000	0	0	(9,000)
Net Risk	0	(13,332)	(8,715)	(1,519)	(23,566)
2019/20 Cumulative Plan Surplus / (Deficit)	(15,453)	1,892	9,295	(5,753)	(10,019)
2019/20 Efficiency Savings £	(14,118)	(14,000)	(14,104)	(6,546)	(48,768)
2019/20 Efficiency Savings %	1.51%	-5.02%	-6.66%	-2.01%	
Primary Care					
No of Gp Practices (As at end of March 2019)	88	30	19	25	
No of Primary Care Networks	11	3	4	3	
Provider Contract Values					
Acute £ 000's					
Liverpool University Hospitals	312,837	108,755	14,509	54,442	490,543
Liverpool Womens	43,131	10,372	1,352	7,108	61,963
Alder Hey	36,801	11,413	4,693	6,314	59,221
St Helens & Knowsley	24,377	2,573	2,061	70,698	99,709
Spire (Liverpool)	11,798	1,006	154	1,989	14,947
Liverpool Heart & Chest	7,385	804	1,435	1,457	11,081
Walton Centre	2,947	1,260	950	1,357	6,514
Fairfield				971	971
Southport & Ormskirk		7,100	74,900	2,247	84,247
Community Services £ 000's					
Merseycare	66,333	21,474	992	142	88,941
Bridgewater				509	509
North West Boroughs				22,616	22,616
Lancashire & South Cumbria			12,518		
Mental Health £ 000's					
Merseycare	64,856	14,602	13,799	5,571	98,828
IAPT Provision	6,302	1,602	1,174	1,788	9,078
North West Boroughs				18,279	18,279

7. Benefits and Risks

It is important to identify and appraise the benefits and risks of the proposal to enable CCG Governing Bodies and memberships to take an informed view in making a decision. An assessment of the benefits and risk are set out below:

Benefits

- **Improved Health Outcomes**

By streamlining commissioning, health and care partners across North Mersey could work more effectively and efficiently together to improve healthcare, tackle health inequalities, reduce variation and improve quality and access. A strategic commissioner would focus on commissioning for population health rather than transactional commissioning, using new models and incentives for providers to develop integrated services across organisational boundaries and settings of care.

- **Clinical Leadership**

The skills and capacity of scarce clinical leadership in commissioning could be better utilised and applied more equitably. Bringing together clinical leaders with distinct skills and experience would broaden the influence of clinical commissioning across the North Mersey health and care system.

- **Consistent Commissioning**

Shared commissioning strategies, plans and clinical policies across North Mersey would improve consistency and embed best practice to influence service integration, reduce variation and provide clarity for clinicians and patients.

- **Stronger Commissioning Leadership**

The strength of a single North Mersey NHS commissioner would complement the alliances developing in the provider environment - in primary care, community and acute services. Single commissioner functions for quality and performance management across North Mersey would also strengthen commissioner oversight and support achievement of NHS constitutional standards.

- **Transformation and Innovation**

Adopting new commissioning models and streamlined governance across the bigger footprint would increase the pace of transformation for improved health outcomes. Joining up resources would provide greater capacity for innovation, which would also attract and retain CCG clinical leaders and workforce.

- **Running Costs**

CCGs are required to make a 20% saving in running costs by 2020/21. The ability of individual CCGs to achieve this is a challenge. Establishing a single commissioning infrastructure would reduce duplication, the savings from which would be diverted into front line care. Savings would also be made by having a single North Mersey CCG board.

RISKS

- **Loss of Localism**

The rationale for clinical commissioning in the Health and Social Care Act (2012) was that GP-led CCGs would better understand and meet the particular needs of their population. By streamlining commissioning across a bigger footprint, there is a risk that this localism could be diluted. The direction of travel articulated in the NHS Long Term Plan is for integrated

health and care systems, with commissioners taking a strategic role and transactional commissioning and delivery devolved to alliances of providers. A North Mersey CCG commissioner would adopt the principle of subsidiarity; establishing joint commissioning arrangements at 'place' with each local authority for the majority of services, overlaid by streamlined commissioning functions across the North Mersey footprint.

- **Financial Strategy**

Each CCG has a financial allocation based upon a national formula reflecting local need. A North Mersey CCG would review the allocation of resources, informed by the baseline position of the four CCGs. The CCG's financial strategy would seek to level-up investment on a like for like basis and to direct funding to ensure equity, based upon population need and outcome ambitions. There may be a perceived risk to be managed about the impact of this strategy on CCG providers and each population.

- **Change Process**

The coming together of four CCGs could be disruptive to the delivery of core functions and priorities during the transition period. Implementation may also incur non-recurrent establishment costs. The CCGs have secured transitional funding from NHS England to provide dedicated programme resources, which would ensure that core functions and responsibilities are not put at risk.

8. Options for Future Form

The four CCG Governing Bodies and GP memberships have been involved in a process to identify and appraise options for future organisational form, including one or more considering options outside the North Mersey footprint.

The criteria that informed the development of options:

- Improve health outcomes for our population and reflect patient flows
- Optimise our ability to engage and involve our population
- Support health and care commissioning integration with local authorities
- Improve operational utilisation and reduce workforce duplication
- Improve the financial position and deliver value for money
- Support wider system collaboration at place, North Mersey and Cheshire and Mersey level.

The appraisal produced a list of all possible options:

Option	
1	Do nothing – retain 4 North Mersey CCGs
2	North Mersey shared management teams for specific and limited work programmes, maintaining four statutory CCGs
3	North Mersey single senior management team overseeing a shared work programme, but maintaining four statutory CCGs
4	Two or three North Mersey 3 CCGs adopt any of the above arrangements
5	Four North Mersey CCGs merge into a single CCG

6	Each of the four North Mersey CCGs merge with their Local Authority
7	All CCGs in Merseyside (including Halton and St Helens) merge into one CCG
8	Merge all Cheshire & Merseyside CCGs into one CCG
9	Merger of Southport and Formby CCG and West Lancs CCG

Option 1 – do nothing: this is not a sustainable position in light of the requirements of the NHS Long Term Plan for CCGs to streamline commissioning to enable a single set of commissioning decisions at system level. This option would also not enable a 20% reduction in running costs.

Option 2 – shared management team for limited programmes: this would enable more joined up working on a small scale. To some extent, this is already the case, with existing collaborative North Mersey programmes for acute hospital reconfigurations and cancer programmes. The impact in improving health outcomes across the North Mersey population would be limited and this would not reduce running costs or administrative bureaucracy, as four governing bodies would be maintained. It would also be a challenge in terms of decision-making, as governing bodies could take different positions.

Option 3 – a single senior management team overseeing a shared work programme across 4 CCGs: this would enable a whole system commissioning approach that would influence better population outcomes. It would have some impact in reducing management costs but it would entail workforce re-structuring across four separate organisations to establish single commissioning functions and a shared work programme. This would prove challenging from an organisational development perspective in that there would be four employers. The maintenance of four governing bodies and memberships would be a challenge to streamlined decision-making and management capacity. There would be marginal running cost savings but the costs of retaining four governing bodies would remain.

Option 4: Two or three North Mersey 3 CCGs adopt any of the above arrangements: if one or more CCG chose to opt out of a North Mersey shared management arrangements it would dilute any benefits and it would particularly impact on the ability to commission strategically across what is a 'natural' health and care system with similar populations and patient flows. A smaller configuration of CCGs would not be able to maximise running cost efficiencies and the CCGs that did not merge would not be able to make 20% reductions in running costs without de-stabilising their commissioning functions.

Option 5: Four North Mersey CCGs merge into a single CCG: a merger would reduce duplication and inconsistency in commissioning approaches and reflect patient flows. It would create the environment for a strong strategic commissioner to drive integration and better population health. A single CCG would provide the opportunity, through the establishment of single strategic commissioning functions and a single board and membership, to meet 20% running cost reductions and for this to be implemented equitably as a single employer. Governance and decision-making would be streamlined, with clinical representation from each place. A single organisation would enable joined-up engagement with and involvement from the North Mersey population. A North Mersey CCG would be able to partner and influence Cheshire and Merseyside Health and Care Partnership strategy and plans.

Option 6 - Each of the four North Mersey CCGs merge with their Local Authority: this option would streamline commissioning of health and care within each place but it would not enable streamlined commissioning of services across North Mersey, which is the footprint for NHS patient flows. Whilst there is support from local authorities for greater integration of commissioning at place level, progress is at different stages in each place and the models for integration may vary.

Option 7 - All CCGs in Merseyside (including Halton and St Helens) merge into one CCG: a larger scale merger would deliver greater running cost reductions, but this footprint does not reflect a natural health system for Liverpool or the two Sefton CCGs in terms of established collaboration, partnerships and patient flows. An organisational change of this size would be more disruptive due to the greater number of organisations and less mature collaborative commissioning relationships. The organisational development challenges would be significant in terms of establishing a single workforce with little track record of joint working, distributed over a large geographical footprint. This option would deliver running costs savings but it would be at the expense of proximity to communities and the ability to focus on one health and care system.

Option eight - Merge all Cheshire & Merseyside CCGs into one CCG: the challenges detailed in option 7 would be magnified across a Cheshire and Merseyside footprint. Although this would be coterminous with the Cheshire and Merseyside Health and Care Partnership, it would encompass nine health and care systems with diverse populations and very different needs and issues. The Cheshire CCGs have recently been authorised to merge from April 2020, so their attention will be establishing and consolidating streamlined commissioning within their footprint.

Option 9: If one or more CCG chose to opt out of a North Mersey shared management arrangements it would dilute any benefits and it would particularly impact on the ability to commission strategically across what is a 'natural' health and care system with similar populations and patient flows. A smaller configuration of CCGs would not be able to maximise running cost efficiencies and the CCGs that did not merge would not be able to make 20% reductions in running costs without de-stabilising their commissioning functions.

The output from options appraisal is to recommend **Option Five: Merger of the four North Mersey CCGs** as the preferred option. This option most closely meets the assessment criteria, with the potential to maximise benefits and mitigate risks. The preferred option is also informed by engagement conducted to date with Governing Bodies, stakeholders, GP memberships and NHS England.

The assessment grid for all options is at **Appendix 3**.

9. Transitional Arrangements

In April 2019, NHS England published updated guidance for CCGs applying to change their constitution, merge or be dissolved.³ The guidance states that mergers may only take effect from the beginning of a new financial year (1 April). Formal applications should be made to the Regional Director by 30 September for the merger to take place on 1 April the following year.

³ <https://www.england.nhs.uk/wp-content/uploads/2019/04/procedures-ccgs-constitution-change-merger-dissolution.pdf>

Subject to approval, a merger application would be made by September 2020 for a single North Mersey CCG to be established in April 2021.

It is also proposed that the CCGs would prepare for a merger by establishing transitional arrangements in 2020/21 that would enable the establishment of new leadership and management in advance of the formal change from 2021/22. This would allow a smooth transition and enable commissioners to move at pace in shaping the environment for North Mersey health and care transformation and the system changes articulated in place-based strategies.

Transitional arrangements would see the appointment of a single Accountable Officer and a shared senior leadership team, no later than 1st October 2020, and only as an agreed step to full merger by April 2021. This will give six months for the development and mobilisation of the new North Mersey CCG, if authorised by NHS England.

10. NHS England Process

There are provisions under section 14G of the Health and Social Care Act (2012) allowing for mergers of CCGs, with specific requirements set out in the *CCG Regulations 2012*. CCGs have a legal right to apply for a merger and there are specific legal factors and further criteria that NHS England would consider when deciding whether to agree a merger.

The process to merge two or more CCGs will require the commitment and leadership of the existing CCGs' governing bodies. The existing CCGs would need to direct sufficient resources to the merger, including establishing a programme management office (PMO), in recognition that this is a significant change programme. However, NHS England states that the merger should not unduly distract from business as usual, including delivering core performance standards and achieving financial balance.

NHS England has a statutory duty to authorise any new CCG and will make reasonable requests for information and assurances from the existing CCGs to do so.

Following conditional authorisation, NHS England would require assurance on progress from the existing CCGs throughout the merger preparation process to ensure that all necessary action has been taken to confirm the establishment of the new CCG.

The NHS England guidance highlights a range of factors for the regulator to consider in assessing a merger application:

- **Alignment with (or within) the local STP/ICS:** to provide the most logical footprint for local implementation of the NHS Long Term Plan, and to provide strategic, integrated commissioning to support population health. The merger application should set out how the proposed new CCG would work with local partners outside the footprint with which it has significant working relationships.
- **Coterminosity with local authorities:** there is a presumption in favour of the proposed new CCG being coterminous with one or more upper-tier county council or unitary local authority. CCGs must demonstrate how the merger would be in the best interests of the population. CCGs must demonstrate that they have effectively consulted with the relevant local authorities regarding the proposed merger, and have recorded and responded to local authority views. They should also show how they have/will put in place suitable

arrangements with local authorities to support integration at 'place' level.

- **Strategic, integrated commissioning capacity and capability:** in line with legal requirements, CCGs must demonstrate that they have/will develop the leadership, capacity and capability for strategic, integrated commissioning for their population. This will include population health management, new financial and contractual approaches that encourage integration, and developing place based partnerships.
- **Clinical leadership:** in line with legal requirements, the existing CCGs must demonstrate how the proposed new CCG will be a clinically led organisation and how members will participate in its decision-making.
- **Financial management:** in accordance with legal requirements, the existing CCGs must show how the new CCG will have financial arrangements and controls for proper stewardship and accountability for public funds.
- **Joint working:** ideally, a merger should build on collaborative working between the existing CCGs and represent a logical next step from current arrangements. The merger application should show progress on joint working to date, and must show how the existing CCGs intend to resource and manage the merger process.
- **Ability to engage with local communities:** assurance is required that the move to a larger geographical footprint will not be at the expense of the CCG's ability to engage with and consider the needs of local communities.
- **Cost savings:** where possible, the existing CCGs should show how collaboration and joint working to date has contributed to cost savings; they must also show any further cost savings projected to result from the merger, and when and how cash released will be re-invested.
- **CCG Governing Body and membership approval:** the merger application must show evidence of approval by each Governing Body and for North Mersey; we will require approval from CCG Memberships, as set out in constitutions.

11. Stakeholder Engagement

Changes to CCG footprints and associated arrangements, including mergers, do not require a formal consultation. However, it is essential that key stakeholders, including CCG memberships, staff, Local Authorities, Local Medical Committees and HealthWatch, support the proposal.

A joint stakeholder engagement plan has been developed for this proposal, which will be implemented collaboratively by the four CCGs. The engagement plan is at **Appendix 4**.

12. Indicative Plans and Timescales

An indicative plan and timescales are set out at **Appendix 5**.

13. Statutory requirements

Engagement: The requirements for engagement are set out in this paper. Engagement requirements extend to staff, GP memberships and stakeholders. However, we will

communicate intentions and plans to patients and public and welcome questions and comments. The Engagement plan is appended.

Addressing Social Value requirements: Economic wellbeing, Social wellbeing and Environmental wellbeing: The paper sets out how a merger would simplify systems and processes, decision-making and achieve running cost reductions of 20%. The proposal provides economic and social benefits for patients and populations.

Reducing inequalities: The approach is set out in the benefits section of the paper.

Financial sustainability: The proposal will facilitate running cost reductions of 20% and sustainable efficiencies through streamlining commissioning.

14. Conclusion

This document sets out the case for change and an assessment of all considered options, with an identified preferred option of a merger of the four North Mersey CCGs.

Subject to agreement of the recommendations in this paper, the CCGs would commence engagement with memberships, staff and key stakeholders to inform a decision by the four Governing Bodies to merge, which would lead to a merger in April 2021, subject to NHS England approval.

The CCGs must demonstrate how streamlining commissioning will facilitate better population health, improved quality and patient experience, alongside the requirements on CCGs to maximise efficiency and effectiveness and reduce management costs.

A merger would be implemented in a way that balances the benefits of strategic commissioning across a bigger footprint, where appropriate, with a keener focus on places, by joining-up commissioning with local authorities to facilitate integrated health and care.

15. Recommendations

The Governing body is asked to:

- **Support** the case for change;
- **Support** the preferred option for a single CCG commissioner serving the North Mersey population;
- **Endorse** the commencement of stakeholder engagement to inform a final proposal to the Governing Body in March 2020.

Knowsley

Cheshire & Merseyside
Health & Care Partnership



"Be the success someone receives better care today"

If Knowsley was a village of just 100 people...



Statistics from PHE are for the Knowsley Local Authority area, pop: 147,000

Liverpool

Cheshire & Merseyside
Health & Care Partnership



"We do things differently because we care differently."

If Liverpool was a village of just 100 people...

38



Children are overweight or obese by year 6

19



Adults suffer from depression

10



5-16 year olds have a MH disorder

30



Will die from cancer

64



Adults are overweight or obese

4



Adults under 40 have Type 2 diabetes

55



people are living with a long term condition

11



Will die from heart disease

22



Are smokers

80



Is the average age that women will live to

25



People take less than 30 mins exercise a week

76



Is the average age that men will live to

6



People are over 75

Statistics from PHE are for the Liverpool Local Authority area, pop: 467,000

Sefton

Cheshire & Merseyside
Health & Care Partnership



"We do things differently because we care better."

If Sefton was a village of just 100 people...

20



Adults suffer from depression

9



5-16 year olds have a MH disorder

34



Children are overweight or obese by year 6

29



Will die from cancer

68



Adults are overweight or obese

3



Adults under 40 have Type 2 diabetes

60



people are living with a long term condition

10



Will die from heart disease

16



Are smokers

82



Is the average age that women will live to

32



People take less than 30 mins exercise a week

78



Is the average age that men will live to

10



People are over 75

Statistics from PHE are for the Sefton Local Authority area, pop: 177,000

Appendix 2 – North Mersey Patient Flows

Outpatients

North Mersey Flows

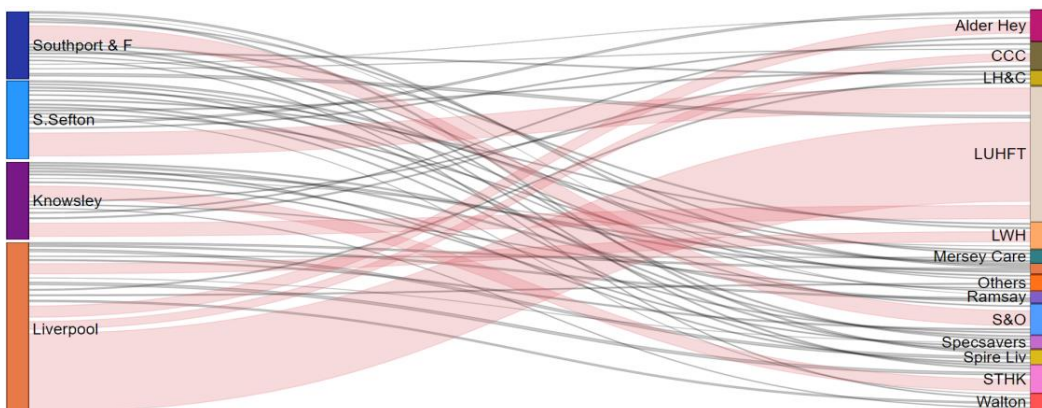
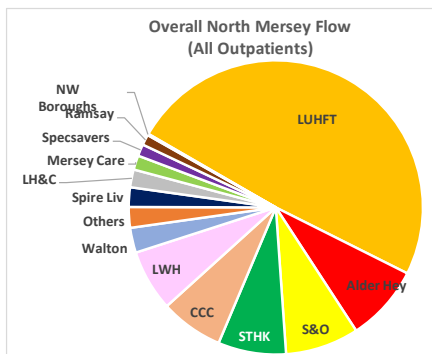
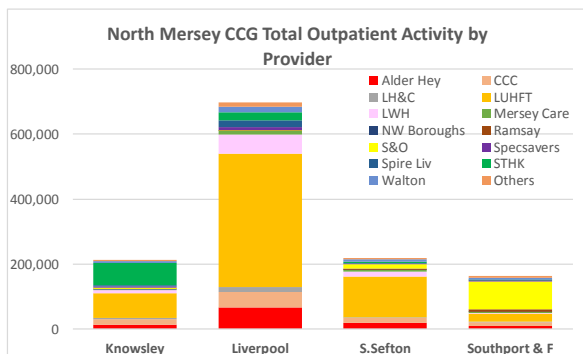
Source: SUS

All Outpatient Attendances

Period: April to November 2019 Scope: All activity, CCG and Spec Comm Commissioned

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	14,204	65,827	19,198	9,502	108,731
CCC	15,487	48,589	14,672	10,939	89,687
LH&C	3,999	15,336	2,638	3,280	25,253
LUHFT	76,415	409,286	125,737	23,287	634,725
LWH	10,235	60,096	14,638	2,260	87,229
Mersey Care	1,169	11,370	4,696	3,110	20,345
NW Boroughs	1,886	66	1	9	1,962
Ramsay	225	409	5,005	9,310	14,949
S&O	3,767	2,120	13,291	85,418	104,596
Specsavers	3,908	7,995	2,548	2,350	16,801
Spire Liv	3,608	22,179	1,738	277	27,802
STHK	67,982	23,084	3,142	2,520	96,728
Walton	5,896	17,455	7,278	4,847	35,476
Others	4,844	14,613	3,837	6,139	29,433
Total	213,625	698,425	218,419	163,248	1,293,717

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
6.6%	9.4%	8.8%	5.8%	8.4%
7.2%	7.0%	6.7%	6.7%	6.9%
1.9%	2.2%	1.2%	2.0%	2.0%
35.8%	58.6%	57.6%	14.3%	49.1%
4.8%	8.6%	6.7%	1.4%	6.7%
0.5%	1.6%	2.1%	1.9%	1.6%
0.9%	0.0%	0.0%	0.0%	0.2%
0.1%	0.1%	2.3%	5.7%	1.2%
1.8%	0.3%	6.1%	52.3%	8.1%
1.8%	1.1%	1.2%	1.4%	1.3%
1.7%	3.2%	0.8%	0.2%	2.1%
31.8%	3.3%	1.4%	1.5%	7.5%
2.8%	2.5%	3.3%	3.0%	2.7%
2.3%	2.1%	1.8%	3.8%	2.3%
100.0%	100.0%	100.0%	100.0%	100.0%



Specialised commissioning subset of the above

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	9,887	39,981	10,995	4,069	64,932
CCC	14,005	40,055	13,822	10,195	78,077
LH&C	2,631	7,261	1,853	2,337	14,082
LUHFT	3,157	10,212	4,624	752	18,745
LWH	239	656	166	105	1,166
S&O	74	155	70	555	854
STHK	337	362	143	48	890
Walton	2,530	7,517	3,124	1,951	15,122
Others	464	1,420	453	579	2,916
Total	33,324	107,619	35,250	20,591	196,784

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
29.7%	37.2%	31.2%	19.8%	33.0%
42.0%	37.2%	39.2%	49.5%	39.7%
7.9%	6.7%	5.3%	11.3%	7.2%
9.5%	9.5%	13.1%	3.7%	9.5%
0.7%	0.6%	0.5%	0.5%	0.6%
0.2%	0.1%	0.2%	2.7%	0.4%
1.0%	0.3%	0.4%	0.2%	0.5%
7.6%	7.0%	8.9%	9.5%	7.7%
1.4%	1.3%	1.3%	2.8%	1.5%
100.0%	100.0%	100.0%	100.0%	100.0%

Patient Flows - Elective Care

North Mersey Flows

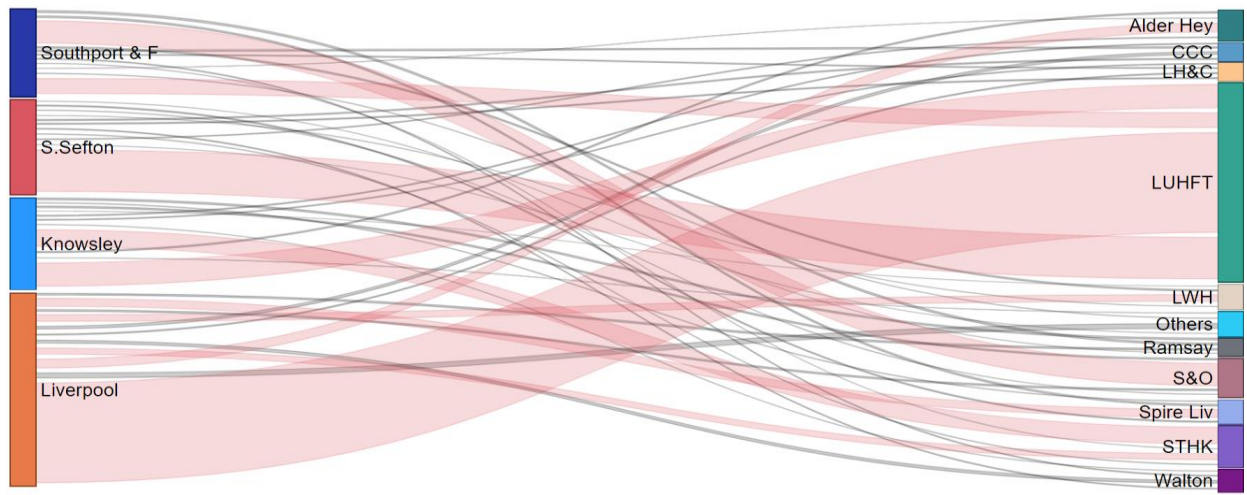
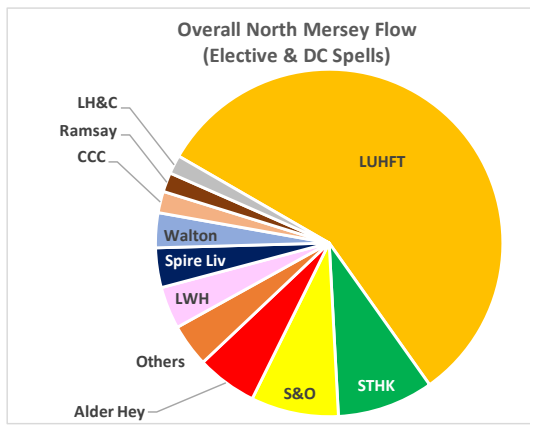
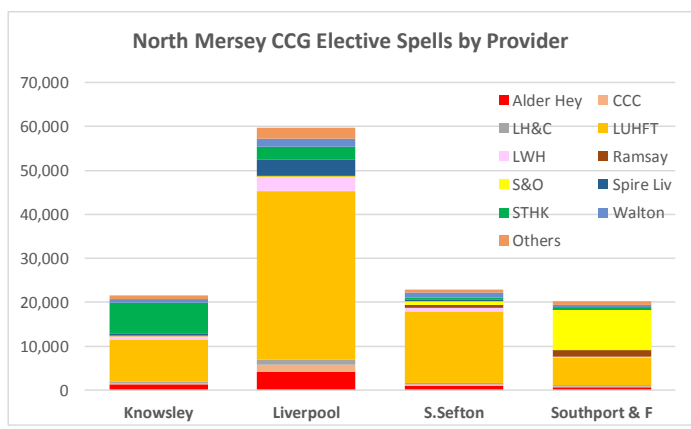
Source: SUS

All Electives Spells (including Day Cases)

Period: April to November 2019 Scope: All activity, CCG and Spec Comm Commissioned

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	1,259	4,051	1,020	684	7,014
CCC	345	1,756	241	140	2,482
LH&C	385	1,120	287	369	2,161
LUHFT	9,508	38,440	16,426	6,317	70,691
LWH	737	3,212	804	133	4,886
Ramsay	39	54	652	1,489	2,234
S&O	108	101	819	9,119	10,147
Spire Liv	557	3,694	290	47	4,588
STHK	6,973	2,977	558	631	11,139
Walton	807	1,804	1,042	385	4,038
Others	756	2,588	771	843	4,958
Total	21,474	59,797	22,910	20,157	124,338

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
5.9%	6.8%	4.5%	3.4%	5.6%
1.6%	2.9%	1.1%	0.7%	2.0%
1.8%	1.9%	1.3%	1.8%	1.7%
44.3%	64.3%	71.7%	31.3%	56.9%
3.4%	5.4%	3.5%	0.7%	3.9%
0.2%	0.1%	2.8%	7.4%	1.8%
0.5%	0.2%	3.6%	45.2%	8.2%
2.6%	6.2%	1.3%	0.2%	3.7%
32.5%	5.0%	2.4%	3.1%	9.0%
3.8%	3.0%	4.5%	1.9%	3.2%
3.5%	4.3%	3.4%	4.2%	4.0%
100.0%	100.0%	100.0%	100.0%	100.0%



Specialised commissioning subset of the above

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	511	1,905	460	306	3,182
CCC	27	77	6	29	139
LH&C	158	442	187	178	965
LUHFT	328	1,256	392	199	2,175
S&O		1	5	71	77
STHK	178	192	60	87	517
Walton	366	832	344	220	1,762
Others	82	373	100	126	681
Total	1,650	5,078	1,554	1,216	9,498

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
31.0%	37.5%	29.6%	25.2%	33.5%
1.6%	1.5%	0.4%	2.4%	1.5%
9.6%	8.7%	12.0%	14.6%	10.2%
19.9%	24.7%	25.2%	16.4%	22.9%
0.0%	0.0%	0.3%	5.8%	0.8%
10.8%	3.8%	3.9%	7.2%	5.4%
22.2%	16.4%	22.1%	18.1%	18.6%
5.0%	7.3%	6.4%	10.4%	7.2%
100.0%	100.0%	100.0%	100.0%	100.0%

Patient Flows - Non-elective

North Mersey Flows

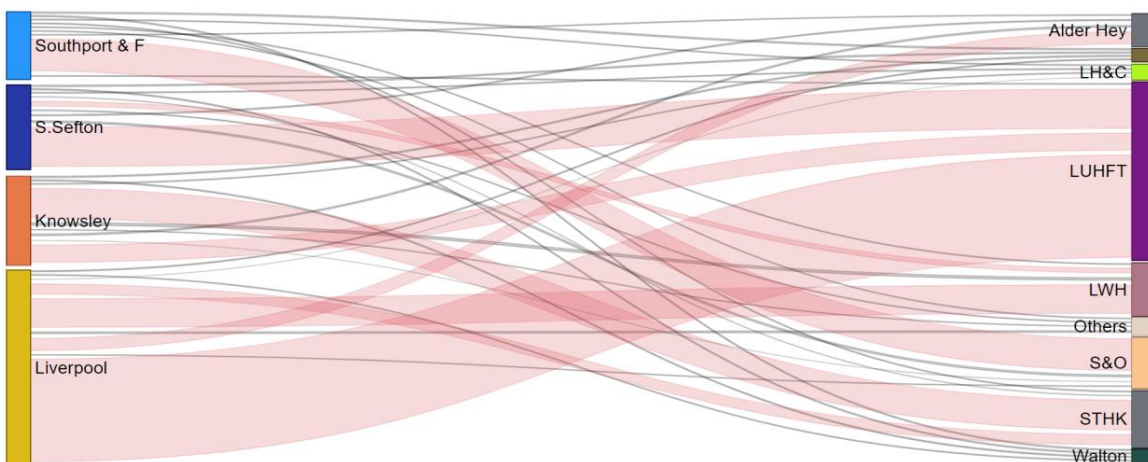
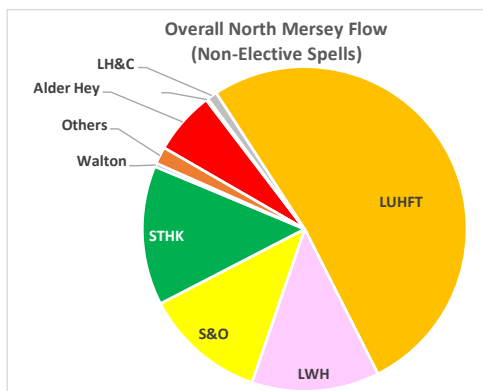
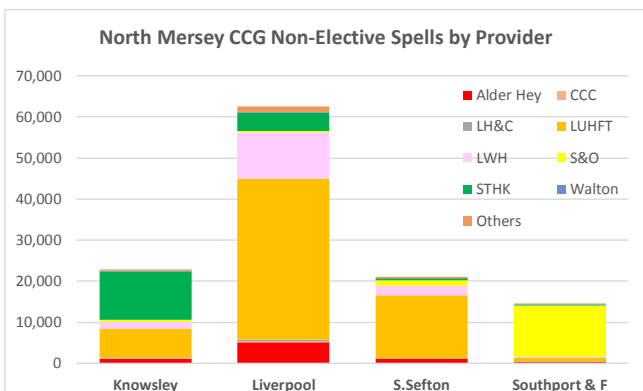
Source: SUS

All Non-Electives Spells (including Obstetrics)

Period: April to November 2019 Scope: All activity, CCG and Spec Comm Commissioned

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	1,176	5,125	1,059	251	7,611
CCC	44	144	35	21	244
LH&C	239	565	186	216	1,206
LUHFT	7,046	39,213	15,361	890	62,510
LWH	1,547	11,283	2,327	226	15,383
S&O	580	303	1,286	12,496	14,665
STHK	11,772	4,396	412	204	16,784
Walton	85	221	67	54	427
Others	313	1,236	240	250	2,039
Total	22,802	62,486	20,973	14,608	120,869

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
5.2%	8.2%	5.0%	1.7%	6.3%
0.2%	0.2%	0.2%	0.1%	0.2%
1.0%	0.9%	0.9%	1.5%	1.0%
30.9%	62.8%	73.2%	6.1%	51.7%
6.8%	18.1%	11.1%	1.5%	12.7%
2.5%	0.5%	6.1%	85.5%	12.1%
51.6%	7.0%	2.0%	1.4%	13.9%
0.4%	0.4%	0.3%	0.4%	0.4%
1.4%	2.0%	1.1%	1.7%	1.7%
100.0%	100.0%	100.0%	100.0%	100.0%



Specialised commissioning subset of the above

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	352	1,438	260	90	2,140
CCC	2	10			12
LH&C	149	349	126	118	742
LUHFT	84	337	166	30	617
LWH		8	2		10
S&O	4	3	13	41	61
STHK	79	78	18	11	186
Walton	82	211	60	52	405
Others	12	54	15	11	92
Total	764	2,488	660	353	4,265

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
46.1%	57.8%	39.4%	25.5%	50.2%
0.3%	0.4%	0.0%	0.0%	0.3%
19.5%	14.0%	19.1%	33.4%	17.4%
11.0%	13.5%	25.2%	8.5%	14.5%
0.0%	0.3%	0.3%	0.0%	0.2%
0.5%	0.1%	2.0%	11.6%	1.4%
10.3%	3.1%	2.7%	3.1%	4.4%
10.7%	8.5%	9.1%	14.7%	9.5%
1.6%	2.2%	2.3%	3.1%	2.2%
100.0%	100.0%	100.0%	100.0%	100.0%

Patient Flows - Accident and Emergency Type 1 and 2

North Mersey Flows

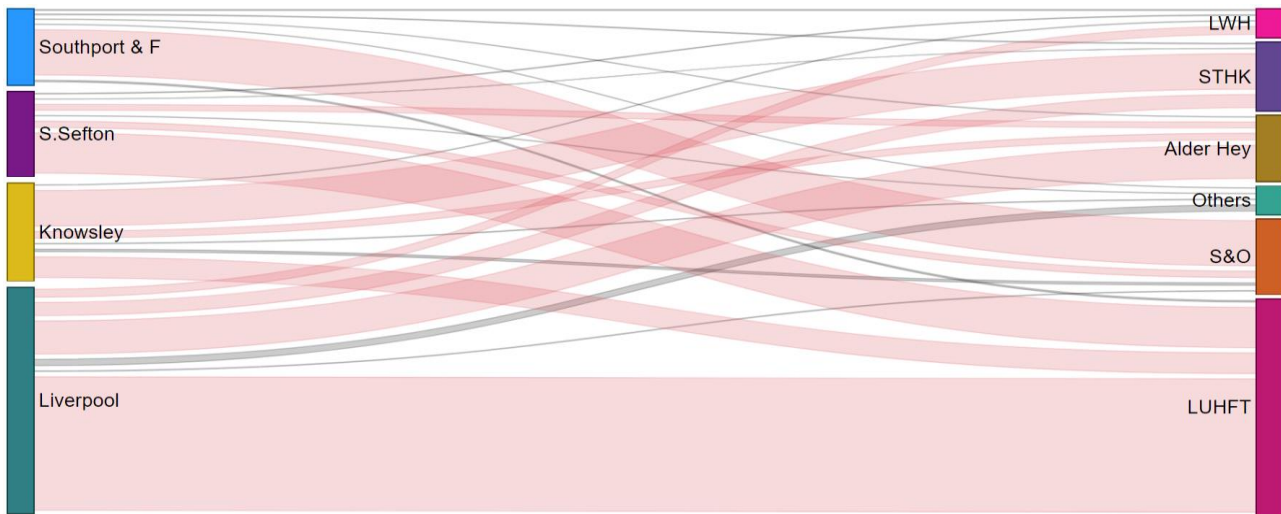
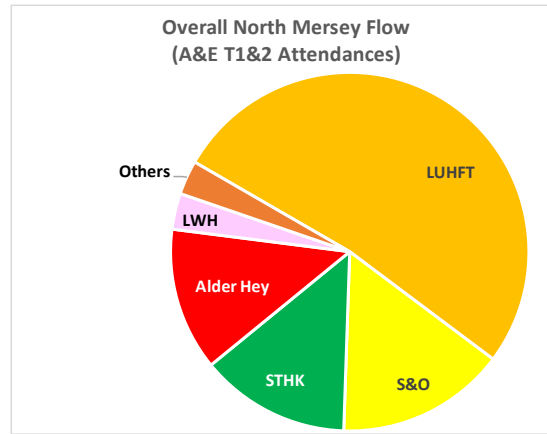
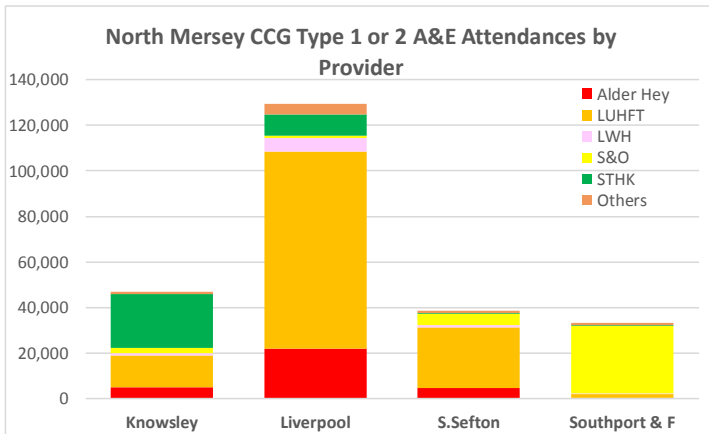
Source: SUS

All A&E Type 1 or 2 Attendances (General and mono-specialty Emergency Departments)

Period: April to November 2019 Scope: All activity, CCG and Spec Comm Commissioned

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	5,078	22,037	4,511	431	32,057
LUHFT	14,024	86,581	26,624	1,645	128,874
LWH	985	5,857	1,115	101	8,058
S&O	2,255	1,081	4,870	29,795	38,001
STHK	23,649	9,173	605	259	33,686
Others	1,025	4,770	933	913	7,641
Total	47,016	129,499	38,658	33,144	248,317

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
10.8%	17.0%	11.7%	1.3%	12.9%
29.8%	66.9%	68.9%	5.0%	51.9%
2.1%	4.5%	2.9%	0.3%	3.2%
4.8%	0.8%	12.6%	89.9%	15.3%
50.3%	7.1%	1.6%	0.8%	13.6%
2.2%	3.7%	2.4%	2.8%	3.1%
100.0%	100.0%	100.0%	100.0%	100.0%



Patient Flows – Mental Health

North Mersey Flows

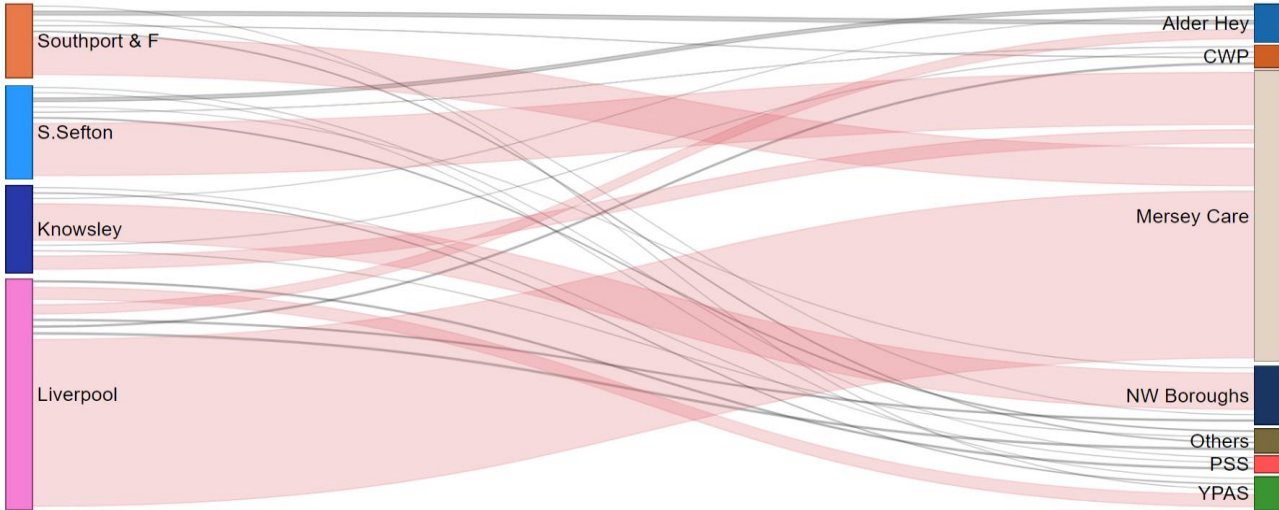
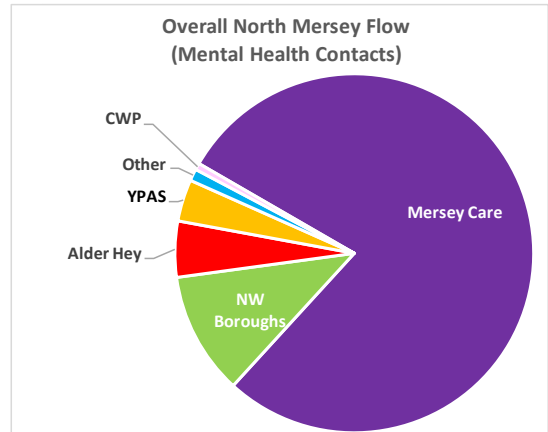
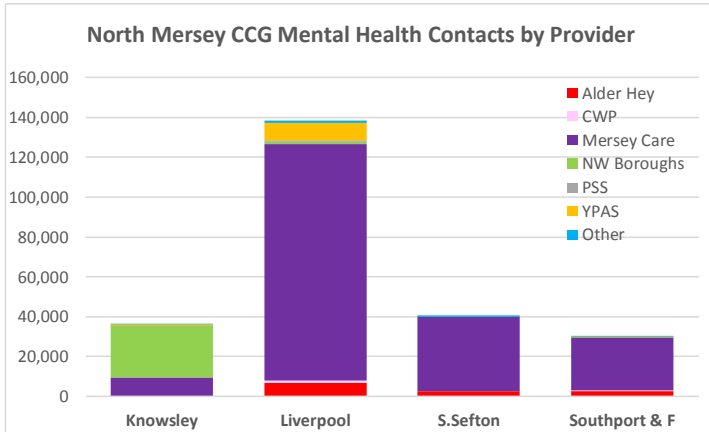
Source: MHSDS

Mental Health Contacts (All ages)

Period: April to October 2019 Scope: All activity

PROVIDER	Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
Alder Hey	34	6,755	2,725	2,838	12,352
CWP	108	1,108	47	192	1,455
Mersey Care	9,508	118,700	37,136	26,741	192,085
NW Boroughs	25,901	1,028	46	77	27,052
PSS	7	1,063	1	0	1,071
YPAS	476	8,677	66	10	9,229
Other	157	1,224	680	569	2,630
Total	36,191	138,555	40,701	30,427	245,874

Knowsley	Liverpool	S.Sefton	Southport & F	North Mersey
0.1%	4.9%	6.7%	9.3%	5.0%
0.3%	0.8%	0.1%	0.6%	0.6%
26.3%	85.7%	91.2%	87.9%	78.1%
71.6%	0.7%	0.1%	0.3%	11.0%
0.0%	0.8%	0.0%	0.0%	0.4%
1.3%	6.3%	0.2%	0.0%	3.8%
0.4%	0.9%	1.7%	1.9%	1.1%
100.0%	100.0%	100.0%	100.0%	100.0%



Appendix 3- Options Appraisal – NHS Southport and Formby CCG

Option 1	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
Do nothing – 4 CCGs remain	<p>Configuration does not reflect patient flows across the 4 CCGs</p> <p>Retains the postcode lottery of commissioning due to variation in services and access</p>	Not able to have a single conversation and engagement approach lacks consistency	This option would retain current inconsistent joint commissioning arrangements, which do require further development to support an integrated health and care system	Currently significant duplication in respect of governance, leadership and CCG functions e.g. safeguarding, contracting and procurement	Would not contribute to any improvement in overall financial position for each of the four CCGs, providing no solutions in reducing running costs by 20% from 20/21	<p>Joint working required across North Mersey to streamline commissioning within the local health and care system & C&M Partnership.</p> <p>Providers have to work with 4 CCGs and are frustrated at duplication, postcode variation and bureaucracy in areas such as contracting, quality and performance</p>	<p>Could put at risk future fulfilment of statutory obligations for some CCGs</p> <p>Instability in one CCG would impact on all CCGs</p> <p>CCGs could become unsustainable due to inability to secure clinical leadership recruit GP members to GBs</p>

Option 2	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
<p>Shared management teams for specific work programme maintaining 4 CCGs</p>	<p>This would require 4 CCG governance structures.</p> <p>Ability to make different decisions affecting North Mersey population.</p> <p>Does not maximise the ability to streamline all commissioning for better population health</p>	<p>Would enable opportunities for joined up conversation and engagement approach, but also a risk of inconsistency across CCGs</p>	<p>This option does not provide new opportunities for effective joint commissioning as scope is narrow</p>	<p>Some reduction in duplication in specific programmes</p> <p>Significant duplication would remain in respect of governance, engagement leadership and CCG functions which could not be shared`</p>	<p>Minimal impact in reducing running costs</p> <p>Would not contribute to any improvement in overall financial position</p>	<p>Would not support North Mersey system working beyond the shared work programme</p> <p>It would dilute the ability to engage with C&M Partnership.</p> <p>Shared programmes would require governance for delegated decision-making with programmes needing to be agreed by all governing bodies</p>	<p>This option would also put at risk the future fulfilment of statutory obligations for some CCGs</p> <p>Instability in one CCG would impact on all North Mersey CCGs</p> <p>One or more CCGs could become unsustainable due to inability to secure clinical leadership and recruit GP members to</p> <p>Risk of different board decisions for shared programmes</p>

Option 3	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
<p>Joint senior management team managing a shared programme, supporting 4 Memberships & Governing Bodies</p>	<p>This would enable streamlined commissioning for better population outcomes and reflects patient flows</p> <p>Ability to make different decisions affecting North Mersey population.</p>	<p>Would enable opportunities for joined up conversation and engagement approach but also a risk of inconsistency across CCGs</p>	<p>This option would require development of place based arrangements that could stretch capacity alongside managing four governing bodies. Joint Commissioning approaches could vary</p>	<p>Duplication in respect of governance.</p> <p>Would require workforce re-structure to align with shared programmes, but 4 employers retained</p> <p>Shared functions required for procurement, contracting, engagement, finance, safeguarding, quality etc.</p> <p>Servicing four board would be an inefficient use of senior management resources</p>	<p>Would slightly, improve running cost position, but would not take out governance or Board costs for four CCGs</p>	<p>Would support joint working required across North Mersey, but only if decisions were aligned across 4 CCGs</p> <p>New governance arrangements would be required to support joint decision making between CCGs</p>	<p>This option would also put at risk the future fulfilment of statutory obligations for some CCGs</p> <p>Instability in one CCG would impact on all North Mersey CCGs</p> <p>One or more CCGs could become unsustainable due to inability to secure clinical leadership and recruit GP members to</p> <p>Risk of different CCG board decisions</p>

Option 4	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
<p>2 or 3 CCGs adopt any of the above arrangement:</p> <p>LCCG & SS</p> <p>LCCG & SS & SF</p> <p>LCCG & SS & K</p> <p>LCCG & K</p>	<p>Would reduce the number of decision-making bodies and reduce postcode lottery but only within the geography of the merger.</p> <p>It would not reduce variation in commissioning across the whole of North Mersey</p>	<p>Would improve the opportunities for merged CCGs but not deliver a single approach or solution for North Mersey</p>	<p>This would be sub optimal in respect of opportunities for integrated back office functions and opportunities for North Mersey collaboration – EG Public health/prevention</p>	<p>Duplication would remain as interface with one or more other CCGs across North Mersey would remain</p>	<p>Would marginally improve running cost position, and would take out some governance and Board costs, but only within the merged CCG. Other CCGs would still have to find solutions to reduce running costs by 20%</p>	<p>This would create a disjointed commissioning environment across North Mersey</p> <p>Would not reduce burden on acute or mental health services</p> <p>Postcode lottery may remain</p>	<p>A smaller merger would not deliver the benefits of streamlined commissioning but would incur costs and disruption</p>
Option 5	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
<p>4 CCGs merge into a North Mersey CCG</p>	<p>Would improve decision making, simplify governance arrangements and</p>	<p>Clear accountability for engagement and involvement – One</p>	<p>Would require improved joint working across health and LA to reflect place</p>	<p>Would reduce duplication and improve governance and clear leadership</p>	<p>Would reduce board costs, from 4 to 1 and savings from a single senior</p>	<p>Would improve and facilitate easier working arrangements with C&M partnership</p>	<p>Risk of becoming remote from CCG membership</p>

	reflect North Mersey patient flows	conversation approach to communication and engagement, reducing duplication and providing clarity for North Mersey population	based arrangements which would need to be consistent across a North Mersey CCG	of functions Opportunity to align workforce capacity and other resources to maximum effect	management team Ability to achieve 20% running cost reductions	Commissioning footprint would align much more closely with Provider footprint and patient flows	
Option 6	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
Individual CCGs merge with Local Authority	Would improve commissioning for some services but not those of the wider hospital sector due to patient flows Integration appetite in local authorities is variable	Clear accountability for engaging the population for some services but not reflective of population flows for hospital or specialist community services	Would improve joint working across health and LA to reflect place based arrangements but not reflective of the whole commissioning responsibility of CCGs	Would reduce duplication and improve relationships between health and LA, governance may be less clear in respect of wider leadership of functions No reduction in duplication of NHS acute and	Would not reduce the cost of governance and CCG board costs Organisational development challenges in integrating NHS and local authority	Would not necessarily improve and facilitate easier working arrangements with C&M partnership, as this arrangement could potentially be politically challenging Not the favoured option of our GP members	Financial pressures in local authorities could put pressure on NHS budgets Risk of different CCG board decisions regarding common NHS services across North Mersey

				specialist services			
Option 7	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
Merge into one CCG across Merseyside	<p>Would reduce the number of decision making bodies and reduce post code variation but would not reflect patient flows</p> <p>Increases the complexity and challenges of effective system working across health and care</p>	<p>Clear accountability for engaging the wider population but more complex in respect of population flows</p> <p>Challenge of maintaining relationships with multiple Local Authorities</p>	<p>Working arrangements would be complex and place based arrangements may require more governance not less</p>	<p>Would reduce duplication and simplify governance</p> <p>Size of the merger would be disruptive to CCGs' business</p> <p>Larger geographical scope could distance commissioners from their communities</p>	<p>Would reduce the cost of Leadership teams and Board costs, would need to increase place based arrangements</p>	<p>Would be beneficial in work with C&M Partnership</p> <p>Partnerships with wider Mersey CCGs and their system partners are not mature</p>	<p>Risk of becoming remote from CCG membership</p> <p>Too large a footprint for meaningful, place-focused engagement</p> <p>Footprint not reflective of North Mersey patient flows</p>
Option 8	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
Merge CCGs	Would reduce the	Clear	Working	Would reduce	Would reduce the	Would be beneficial	Risk of becoming

into one CCG for Cheshire & Merseyside	number of decision making bodies and reduce post code variation but patient flows are more complex on this footprint – effectively at least 3 natural health systems	accountability for engaging the population for some services but more complex in terms of population flows and LA relationships No coherent identity for Cheshire and Mersey from a population perspective	arrangements would be complex and place based arrangement may require more governance not less. Would require relationships with multiple local authorities	duplication and improve governance and clear leadership of functions Cheshire CCGs authorised to form a single CCG from April 2020. No appetite to merge again at this point	cost of Leadership teams and Board costs, would need to increase place based arrangements	in work with C&M Partnership Partnerships with wider Mersey CCGs and their system partners are not mature	remote from CCG membership Decisions taken too far away from identifiable communities Footprint not reflective of North Mersey patient flows
Option 9	Improves outcomes for population and aligns with patient flow	Optimise the ability to engage population	Integration and development of joint commissioning with local authority	Operational utilisation and reducing duplication workforce	Improve financial position and deliver value for money	Support wider system working e.g. emerging provider alliances C&M partnership	Risks
S&F CCG and West Lancashire CCG	Would reduce the number of decision-making bodies and reduce postcode lottery but only within the geography of the merger.	Would improve the opportunities for merged CCGs but not deliver a single approach or solution for North Mersey	This would be sub optimal in respect of opportunities for integrated back office functions and opportunities for North Mersey collaboration –	Duplication would remain as interface with one or more other CCGs across North Mersey	Would marginally improve running cost position, and would take out some governance and Board costs, but only within the merged CCG. Other CCGs	This would create a disjointed commissioning environment across North Mersey Would not reduce burden on acute or mental health	A smaller merger would not deliver the benefits of streamlined commissioning but would incur costs and disruption

	It would not reduce variation in commissioning across the whole of North Mersey		e.g. Public health/ prevention		would still have to find solutions to reduce running costs by 20%	services Postcode lottery may remain	
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Additional appraisal of option 9 by Southport and Formby CCG

Considerations	S&F CCG and West Lancs CCG
Enable the CCGs to be proactive in shaping the future for the benefit of local people	Would cross STP boundaries. Population would be less than 250k
Deliver our prime objectives of improving the health and care of the residents of South Sefton and Southport and Formby	Less focus but a more “natural” community alignment at each end of Sefton
Suit the future and changing functions of CCGs in the context of more integrated care systems and changes/mergers in system	Opportunity to develop ICS around more “natural populations, acute flows” but cuts across LA and city region boundaries
Effective commissioning in terms of size scale and influence	Still small scale and across STP boundaries with risk of less influence on flows to the south.
Enable effective use of our scarce resources – deliver efficiencies both in terms of running costs and spend on healthcare	Unlikely to create significant efficiencies as S&F CCG is already the lead contactor for S&O
Retain our local strengths in terms of shared value, ways of working and healthy organisational culture	Organisational development challenges to separating out the current SS/S&F approach and creating new organisations across different boundaries.
Enable collaborative working with key stakeholders	Would have two different LA, different STPs.

Appendix 4 - Stakeholder Engagement Plan

The following plan is an outline of the approach to engaging with stakeholders about the proposed North Mersey CCGs merger, subject to support from CCG Governing Bodies.

On the basis that following this engagement there is agreement from CCGs and their respective memberships to proceed with the formal merger application, a further stakeholder engagement plan would be developed to support implementation of the next stage in the process.

Phasing

It is proposed that stakeholder engagement at this stage should be phased as follows:

Phase	Actions/tasks
Briefing and preparation <i>January 2020</i>	<p>Initial stakeholder communications (membership, staff, LAs, LMCs, partners & influencers) about the merger proposal and the engagement process.</p> <p>Briefings will be co-ordinated around the publication of governing body papers.</p> <p>CCG teams will come together to prepare for engagement: mapping stakeholders in more detail, identifying specific CCG issues and requirements and agreeing a standard approach to engagement.</p>
Stakeholder engagement <i>January & February 2020</i>	<p>Formal engagement with stakeholders, subject to support from Governing Bodies.</p> <p>The engagement will capture the views of the stakeholders described below, in line with NHS England's requirements. It will be locally delivered, reflecting the different relationships and systems in place in each area, but co-ordinated to ensure a consistent, systematic approach.</p> <p>During this period it will be important to explain what is being proposed, and 'what this means' for each stakeholder group. Communications materials –core messages, briefings, Q&A – will be adapted where necessary to the needs of each CCG.</p>
Analysing feedback & Decision	<p>Stakeholder responses compiled into an engagement report, forming part of the formal proposal for a merger to Governing Bodies in March 2020.</p>

End of Feb 2020	
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Stakeholders

The table below details the stakeholders North Mersey CCGs will engage with.

Stakeholder	Channels/methods for initial briefing stage
CCG Governing Bodies	<p>Merger proposal paper to be presented to following governing body meetings: Liverpool: 14th January 2020 Southport & Formby: 6th February 2020 South Sefton: 7th February 2020 Knowsley: received already at CRG</p> <p>Updates and informal discussion with GBs from January 2020 to a decision in March 2020.</p>
CCG staff	<p>Email to staff from three CCG Accountable/Chief Officers, including link to governing body paper, shared simultaneously to ensure that staff in each organisation. Follow up face-to-face briefing session(s) in line with local arrangements at each CCG.</p> <p>Ongoing communication and engagement from January 2020 to establishment in April 2021.</p>
CCG membership	<p>Correspondence to CCG member practices undersigned by four CCG Chairs and AOs with link to the governing body paper. Information to be uploaded to CCG intranets and/or included to internal bulletins, in line with local arrangements. Ongoing face-to-face engagement with practices. Engagement through LMCs</p>
Local authorities	<p>Correspondence from CCG Accountable/Chief Officer to local authority CEOs communicating that the process has begun. Request for a response to evidence support.</p> <p>Updates and face-to-face opportunities through to March 2020.</p>
Wider stakeholders, including health and care partners, HealthWatch, MPs	<p>Correspondence from CCG Accountable/Chief Officer to mapped stakeholders communicating that the process that has begun. Invitation to engage face to face.</p>

Patients and public	Information to be posted on CCG websites. Press release to be issued at start of process and at point of decision. Information provided at Social Care and Health Scrutiny Committees. Opportunities to ask questions and give comments on websites.
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Appendix 5 – Merger Programme Plan

An indicative plan for taking forward the formation of a merged North Mersey CCG is set out below:

Actions	Sept	Oct	Nov	Dec	Jan-20	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-21	Feb	March	April
Governance																				
Governing Body Approval to Proceed					■															
Engagement feedback to Boards						■														
Formal approval of proposal to merge							■													
Stakeholder Engagement																				
Launch communications					■															
Continuous communication					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Liaison with NHS England						■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Organisational Development																				
Process to appoint Accountable Officer								■	■	■	■	■	■							
Appoint senior leadership team													■	■	■					
Establish shadow arrangements													■	■	■					
Mobilisation for merged CCG																■	■	■	■	■
Merger Process																				
Prepare application							■	■	■	■	■	■	■							
Submit application to NHS England													■							
Constitution variation request													■							
Merged CCG established																				■

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/10

Author of the Paper:

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Director of Place – North

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01704 395781

Report date: February 2020

Title: Criteria Based Clinical Treatment Policy

Summary/Key Issues:

CCGs are legally obliged to have in place and publish arrangements for making decisions and adopting policies on how particular healthcare interventions are to be accessed. The Criteria Based Clinical Treatments Policy (CBCT) is intended to be a statement of such arrangements made by the CCG and will act as a guidance document for patients, clinicians and other referrers in primary and secondary care. It sets out the eligibility criteria under which CCGs will commission the service.

The Governing Body will be aware that the CCG has been working with other CCGs in Merseyside and Warrington to review specific policy statements in the historic Cheshire and Merseyside Procedures of Low Clinical Priority (PLCP) Policy and the Fertility Policy 2014/2015. Initially 54 policy statements were reviewed and these have been adopted within the CCGs Criteria Based Clinical Treatment Policy. A third suite of policies were identified and the same development process was used to review them. These policy statements are now being presented to the Governing Body for approval in order for them to be adopted within the CBCT policy.

The policy statements in suite 3 include:

- i. Botulinum Toxin A and B;*
- ii. Policy for Prostatism/Lower Urinary Symptoms in Men;*
- iii. Secondary Care Administered Steroid Peripheral Joint Injections;*
- iv. Continuous Glucose Monitoring;*
- v. Insulin Pumps;*
- vi. Transanal Irrigation.*

Recommendation

The Governing Body is asked to approve the inclusion of Suite 3 policies into the Criteria Based Clinical Treatment Policy.

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

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.
	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			Policies have been subject to public engagement
Clinical Engagement	X			Via Clinical Advisory Group
Equality Impact Assessment	X			Enclosed in papers
Legal Advice Sought	X			
Quality Impact Assessment				
Resource Implications Considered	X			
Locality Engagement				
Presented to other Committees	x			Clinical Advisory in December 19

1. Introduction

- 1.1 CCGs are legally obliged to have in place and publish arrangements for making decisions and adopting [policies on how particular healthcare interventions can be accessed. The Criteria Based Clinical Treatments (CBCT) policy is intended to be a statement of such arrangements made by the CCG and will act as a guidance document for patients, clinicians and other referrers in primary and secondary care. It sets out the eligibility criteria under which CCGs will commission the service.
- 1.2 The purpose of this paper is to update the Governing Body of the process that has been used to develop revised and updated commissioning policy statements for a number of interventions and seek approval for suite 3 policy statements to be adopted.

2. Background

- 2.1 As the committee will be aware, a collaborative workstream has been established for some time between several CCGs in Merseyside and Warrington to review the intervention specific policy statements in the historic Cheshire and Merseyside Procedures of Low Clinical Priority (PLCP) Policy and the Fertility Policy 2014/2015; and produce updated policy statements that harmonised commissioning arrangements across the CCGs involved.
- 2.2 The CCGs involved in the Policy Development workstream are:
 - NHS Halton CCG;
 - NHS Liverpool CCG;
 - NHS St Helens CCG;
 - NHS South Sefton CCG;
 - NHS Southport and Formby CCG;
 - NHS Warrington CCG;
- 2.3 NHS MLCSU are responsible for the programme management and oversight of the workstream and associated outputs.

3. Development Process

- 3.1 Initially the review concentrated on 54 interventions which had seen changes in guidance or evidence regarding their use. These policies were reviewed as part of 'suites 1 & 2' and followed the following process:
 - i. *Individual Funding Request (IFR) Panel involvement:* Where current policies were in existence initial feedback was obtained from the IFR Panel on their content from a clinical, public health and practical perspective to help inform the review.
 - ii. *Virtual Clinical Forum (VCF) involvement:* The VCF is made up of representative GPs from the participating CCGs. The initial feedback received from the IFR Panel and the current policies were circulated to the VCF and their views were sought on any additional areas where improvements could be made. The feedback received from both the IFR Panel and the VCF were then used to inform the production of draft policy statements for each intervention.

- iii. *Initial working group review:* An overview of the feedback received to date and the initial draft policies were then shared with the working group for the programme. Members were asked to agree that the draft policy statements should proceed to the next stage in the process and were also asked to identify whether any additional specialist input was required to help inform the review. Where this was necessary this was sourced via MLCSU's Programme Team.
 - iv. *Equality Impact and Risk Assessment (EIRA):* This part of the process commenced during the initial drafting of the policy statements and each EIRA remained under regular review throughout the development process. The intention of the EIRA was to identify and minimise any potential impact changes to the policies may have on patients with protected characteristics and to ensure the programme working group gave due regard to the Public Sector Equality Duties of CCGs.
 - v. *Legal advice:* As part of the policy development process consideration is routinely given to whether legal advice should be sought on policy statements.
 - vi. *Clinical stakeholder involvement:* Views were then sought on the draft policy statements from clinical stakeholders, including all CCG GPs and relevant Secondary Care Providers. This offered an opportunity for them to provide feedback on the content, structure and impact of the proposals.
 - vii. *Patient and public engagement:* Following authorisation to proceed, MLCSU's Communications and Engagement (C&E) Team worked with relevant CCG C&E Leads where applicable to develop the C&E approach and agree the strategy, tools and materials required to deliver it.
 - viii. *Assessment of the evidence base:* A Public Health Consultant undertook a review of evidence being relied upon within this suite of policies to ensure the proposed criteria are reflective of the circumstances where these procedures are proven to be effective
 - ix. *Engagement Feedback Analysis:* The feedback gathered was then used to produce a report of findings which detailed the engagement process and supporting activities and
- 3.2 These revised policies were adopted in April 2018 and shared with providers and published on the CCG website.

4. Suite 3 Policies

- 4.1 A third suite of policies were identified and the same development process was used to review them. For some of the more complex policy statements additional specialist clinical oversight and guidance was required than is ordinarily available via the development process outlined. This was obtained via engagement with additional stakeholder groups with specialist knowledge of the interventions in question. The policies included in suite 3 were:
- i. *Botulinum Toxin A and B;*
 - ii. *Policy for Prostatism/Lower Urinary Symptoms in Men;*
 - iii. *Secondary Care Administered Steroid Peripheral Joint Injections;*
 - iv. *Continuous Glucose Monitoring;*
 - v. *Insulin Pumps;*
 - vi. *Transanal Irrigation;*

- 4.2 A period of engagement was undertaken in summer 2019 and during the autumn these policies are now going through the ratification process with CCGs. Following this they will be included in a revised policy document and shared with providers as part of the 2020/2021 contracting process.
- 4.3 The specific policy statements and the accompanying Equality Impact and Risk Assessments are included in Appendix A, with a summary of the changes made.

5. Assisted Conception Policy

- 5.1 The assisted conception policy is included in the suite 3 review. However due to the complexity and the number of changes required this policy has taken longer to review.
- 5.2 There remain a small number of outstanding issues to be agreed with CCGs before a period of engagement can commence.
- 5.3 Following this the same process will be adopted as for the other policy statements to ratify changes.

6. Recommendations

- 6.1 The Governing Body is asked to approve the inclusion of the revised Suite 3 policy statements (listed in 4.1) into the main Criteria Based Clinical Treatment Policy.

Jan Leonard
Director of Place – North
February 2020

Appendix 1 – Criteria Based Clinical Treatment Policy : Suite 3 policies – Summary of Policy Changes

Policy name	Summary of policy changes	Policy Document	EIRA
i. Botulinum Toxin A and B	The criteria for the use of this treatment now reflects the Pan Mersey Area Prescribing Committee (APC) positions and NICE Guidance. This refers to the use of Botox for hyperhidrosis and migraine. This update to match Pan Mersey means improved access to services.	Botox A B Policy - 2019-09-13.docx	EIA BOTOX 09092019.pdf
ii. Policy for Prostatism/Lower Urinary Symptoms in Men	At present there are criteria in place however commissioners feel a pathway to treatment would be more appropriate therefore this update includes a pathway to treatment.	Policy for Prostatism LUTs - 20'	EIRA 2 PROSTATISM 31072019 QA.pdf
iii. Secondary Care Administered Steroid Peripheral Joint Injections	There are a number of changes in criteria and clarification around setting in which to deliver injections.	Secondary Care administered steroid	joint inj EIA.pdf
iv. Continuous Glucose Monitoring	It has been requested that the policy makes more specific reference to the use of continuous glucose monitoring systems for pregnant women and children based on the latest clinical evidence.	Policy for CGM - 2019-09-13.docx	EIA stage 2 CGM 10092019.pdf
v. Insulin Pumps	Currently CCGs follow NICE TA151, however the draft policy for insulin pumps also makes provision for patients who have had a pancreatectomy and meet the criteria in NICE TA151 as well as patients with cystic fibrosis-related diabetes (CFRD)	Policy for Continuous Sub-Cu'	EIA stage 2 Insulin Pumps 10092019.pdf
vi. Transanal Irrigation	Changes reflect NICE guidance and the use of electric pumps.	TAI Policy - 2019-09-13.docx	EIA TAI 09092019.pdf

Please note: Please find here a link to the above listed policies which are available on the CCG website. They have not been included within the public governing body packs, as would normally be, due to their significant size:

<https://www.southportandformbyccg.nhs.uk/about-us/governing-body/governing-body-meetings/february-210c-appendix/>

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/11	Author of the Paper: Debbie Fairclough Debbie.fairclough@southseftonccg.nhs.uk Interim Programme Lead – Corporate Services
Report date: January 2020	

Title: Joint Committee Terms of Reference

Summary/Key Issues:

During 2018 and 2019 the membership and governing bodies of NHS Southport and Formby CCG and NHS West Lancashire CCGs approved the establishment of a joint committee to become the single decision making forum. The purpose of the joint committee is to consider and agree on commissioning decisions relating to acute services for the populations of Southport, Formby and West Lancashire provided by Southport & Ormskirk Hospitals Trust and how they are best supported by appropriate community and primary care services.

An initial development meeting took place on 7th November 2019 and the first public meeting was held on 23rd January. At that meeting the members of the committee reviewed the draft terms of reference and proposed a number of minor changes from those approved by the CCGs during 2019.

A summary of the proposed changes is provided below:

Amendments to the Southport and Formby CCG representatives:

- It is proposed that the Lay Member for Governance is the nominated representative from the CCG.
- The Lay Member for PPI is able to operate as the authorised deputy if required to do so.

Amendments to the Charing arrangements.

- To provide consistency and continuity it is proposed that the Charing arrangements will remain in place for 12 months and the Chair for 2020/21 will be the Southport and Formby CCG Lay Member for Governance. West Lancs CCG Lay Member for PPI will assume the role of Vice Chair. Those arrangements will be reviewed after six months.

Other amendments

- Inclusion of the role of NHSE/I relating to the functions of the committee
- Inclusion of the Lancashire and South Cumbria Integrated Care System
- Inclusion of reference to the Long Term Plan
- Other minor amendments were typographical

Recommendation	Receive	<input type="checkbox"/>
	Approve	<input checked="" type="checkbox"/>
	Ratify	<input type="checkbox"/>
The Governing Body is asked to approve the proposed changes the Joint Committee Terms of Reference		

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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	X			Presented to the joint committee for review, comment and to recommend changes to the respective governing bodies.

Joint Committee Terms of Reference

NHS Southport and Formby CCG
NHS West Lancashire CCG

Introduction

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

The Joint Committee is established to consider and agree on commissioning decisions relating to acute services for the populations of Southport, Formby and West Lancashire provided by Southport & Ormskirk Hospitals Trust and how they are best supported by appropriate community and primary care services.

Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services and take into account specialised services commissioned by NHS England.

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent, and make decisions relating to, the whole population covered.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Health & Care Partnership and the Lancashire and South Cumbria Health Integrated Care System whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the parties.

Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation across a defined range of services commissioned collectively by its members.

The acute services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration. All proposals will be subject to review, comment and contribution through an operational sub group to be established by the joint committee as and when it is appropriate to do so i.e. when wider participation is relevant to the programme of work under consideration. This will allow relevant commissioners the opportunity to be involved in the development of proposals and to understand the potential impact of any service change.

The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

Functions of the Joint Committee

The Committee is a Joint Committee of NHS Southport and Formby CCG and NHS West Lancashire CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

Its primary function is to make collective decisions on the review, planning and procurement of acute health services within its delegated remit. This will be to properly support acute services for the population of Southport, Formby and West Lancashire in collaboration with Southport & Ormskirk Hospitals NHS Trust.

The Joint Committee will engage with community and primary care services, the public and other stakeholders to take their views into account when considering any scenarios, proposals or business cases and make decisions as appropriate on behalf of the two Clinical Commissioning Groups.

The Joint Committee will take into account possible organisational form in order to meet acute service standards for the local population.

In order to deliver its delegated functions the Joint Committee will:

- Prepare and recommend the work plan for approval by each Governing Body
- Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
- Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
- Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each Party's CCG's Scheme of Reservation & Delegation
- Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.
- Establish a sub group to enable relevant commissioners to participate in the development of proposals as and when required
- Operate in a way that is consistent with the duties and responsibilities of NHSE/I
- Operate in a way that is consistent with the objectives of Cheshire and Merseyside Health and Care Partnership
- Operate in a way that is consistent with the objectives of the Lancashire and South Cumbria Integrated Care System

Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of the conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members' annual governance statements.

The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

Membership

The Committee has two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

Chairing of the Joint Committee will be managed on an annual basis between the two CCG members. A lay member representative from one CCG will preside as Chair and a lay member representative from the other CCG will be the deputy chair. Those arrangements will be reviewed on a six monthly basis to ensure they remain fit for purpose in enabling the Joint Committee to continue to effectively discharge its responsibilities.

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

HealthWatch will be invited to have one representative to be in attendance on behalf of the local HealthWatch Groups within each of the CCG footprints

Other organisations and stakeholders, including local authorities and community providers may be invited to send representatives to the meetings to participate and inform discussions when it is relevant to the programme of work under consideration. Representatives from NHSE/I will be co-opted to attend as required and when relevant to the programme of work under consideration.

Deputies

A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

Decision-Making

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

Quorum

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
- the Chair or deputy chair must also be present.

A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

Meetings

The Joint Committee shall meet at two monthly intervals and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.

Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

Conflicts of Interest

Individual members of the Joint Committee will have made declarations as part of their respective organisation's relevant policy and procedure; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each organisation's website.

Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

Attendance at meetings

Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

Administration

Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.

Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Review

These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

10 January 2020

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/12	Author of the Paper: Debbie Fairclough Debbie.fairclough@southseftonccg.nhs.uk Interim Programme Lead – Corporate Services						
Report date: January 2020							
Title: Primary Care Commissioning Committee Terms of Reference : update							
<p>Summary/Key Issues:</p> <p>The Primary Care Commissioning Committee Terms of Reference have been reviewed by the committee and a number of changes have been proposed. These are presented as tracked changes for ease of reference.</p> <p>The Scheme of Reservation and Delegation is provided at Appendix 1 A summary of the role of the committee is provided at Appendix 2.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve the proposed changes to the Primary Care Commissioning Committee Terms of Reference</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Receive		Approve	X	Ratify	
Receive							
Approve	X						
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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Presented to PCCiC for review

NHS Southport and Formby CCG

Primary Care Commissioning Committee

Terms of Reference

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to NHS Southport & Formby CCG. The delegation is set out in Schedule 1 of the NHS Act.

The CCG has established the NHS Southport & Formby CCG Primary Care Commissioning Committee (the “committee”). The committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. The Scheme of Reservation and Delegation is provided at Appendix 1.

The committee is established in accordance with NHS Southport and Formby CCG’s constitution, standing orders and schemes of reservation and delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

The committee will oversee the effective commissioning of primary medical services and will provide assurances to the governing bodies on the arrangements in place and the outcomes achieved as a result.

It is a committee comprising representatives of the following organisations:

- NHS Southport and Formby CCG
- NHS England
- GPs/Primary Care
- HealthWatch
- Local Medical Committee (LMC)

This committee along with the Primary Care Commissioning Committee of NHS South Sefton CCG will meet as committees in common.

Statutory Framework

NHS England has delegated to the CCG, authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as agreed within the Delegation Agreement.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCGs acknowledge that in exercising its functions (including those delegated to them), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

The committee will also exercise the NHS England duties set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

The committee is established as a committee of the governing body of NHS Southport and Formby CCG in accordance with Schedule 1A of the NHS Act and in accordance with the relevant provisions as set out in the CCG's constitution.

The committee members acknowledge that the committee is subject to any directions made by NHS England or by the Secretary of state.

Role of the committee

NHS Southport and Formby CCG Primary Care Commissioning Committee (PCCC) will meet at the same time, in the same place with a shared agenda with NHS South Sefton CCG Primary Care Commissioning Committee (PCCC) and discharge the business under a "committees in common" arrangement. However, each respective PCCC remains accountable for decisions pertaining to their relevant CCG. The terms of reference, roles and responsibilities of each of the CCG's PCCC are aligned to ensure that "committees in common" meeting forum is able to function optimally.

The role of the NHS Southport and Formby CCG PCC is set out below:

The NHS Southport and Formby PCCC has been established to enable the members to make collective decisions on the review, planning and procurement of primary care services in Southport and Formby under delegated authority from NHS England.

In performing its role the committee will exercise its management of the functions in accordance with the delegation agreement entered into between NHS England and NHS Southport and Formby CCG and the delegation agreement entered into between NHS England and NHS South Sefton CCG.

The functions of the committee are undertaken in the context of a desire increase quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
- Design of the Local Quality Contract
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).

The CCGs will also carry out the following activities:

- To plan, including needs assessment, primary [medical] care services in Southport and Formby.
- To undertake reviews of primary [medical] care services in Southport and Formby.
- To co-ordinate a common approach to the commissioning of primary care services generally
- To manage the budget for commissioning of primary [medical] care services in Southport and Formby accordance with the schemes of reservation and delegation.

Additional information on the role of the committee is provided at Appendix 2.

Membership

- 1 x lay member Patient and Public Involvement - Chair
- 1 x lay member Governance
- Chief Officer or nominated deputy
- Director of Commissioning and Re-design or nominated deputy
- Chief Nurse and Quality Officer or nominated deputy
- Chief Finance Officer or nominated deputy
- 1 GP clinical lead – Southport and Formby
- NHSE representative

The Audit Committee Chair is prohibited from being the Chair or Vice Chair of the Primary Care Commissioning Committee as per the requirements stipulated in NHSE publication:

Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017

A vice chair will be selected from within the membership.

To support the “committees in common” meeting arrangement the Chair of Southport and Formby CCG PCCC and South Sefton CCG PCCC will act as “facilitator” on a six monthly rotational basis and preside over the running and conduct of the “committees in common” meeting.

In all cases the substantive decision making, as and when required, will remain with the relevant CCG’s PCCC and voting undertaken by the respective members only.

The following will be included on the committee as non-voting attendees:

- LMC representative
- Healthwatch Representative
- Health and Wellbeing representative

- Other relevant officers and external advisors will be invited to attend to ensure and enable the delivery of the functions of the committee.

Meetings and Voting

The committee will operate in accordance with the CCG's standing orders.

The secretary, who shall be the secretary to support the committees in common arrangements, will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than seven (7) working days before the date of the meeting.

When the Chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as they shall specify. If the matter is relevant to both CCGs, then a "committees in common" arrangement shall apply. In the event the matter is relevant to a single CCG then it will not be necessary to convene a "committees in common arrangement".

Each member of the NHS Southport and Formby CCG PCCC shall have one vote. The Committee shall reach decisions by a simple majority of members present, The aim of the committee will be to achieve consensus decision-making wherever possible.

In the event that a vote is required the Chair shall have the casting vote.

As this meeting is held in public there will at times be a need to complete some of the business of the committee in private and this part of the meeting and its agenda items will be closed to the public. NHS Southport and Formby CCG is open and transparent in its decision making and aims to ensure that all appropriate information is in the public domain. Unfortunately some of the business transacted can be commercial and in confidence and this work will form the private business of the committee.

Quorum

The Chair or Vice Chair of the committee must be present and three other members, at least one of which must be a member of the CCG Leadership Team of the CCG and one must be a clinician.

Frequency of meetings

The Committee shall meet bi-monthly and will meet as part of a "committees in common" arrangement with NHS South Sefton CCG PCCC.

Members of the committee have a collective responsibility for the operation of the committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Additionally members will be expected to:

- Attend meetings, having read all papers beforehand
- Act as 'champions', disseminating information and good practice as appropriate
- Identify agenda items to the Secretary of the committees in common at least fifteen working days before the meeting
- Submit papers at least ten (10) working days before the meeting
- Make open and honest declarations of their interests at the commencement of each meeting notifying the committee Chair of any agreed management arrangements, or to

notify the committee Chair of any actual, potential or perceived conflict in advance of the meeting

- Uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements

The Committee may delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. In all circumstances the Southport and Formby PCCC will endeavour to seek agreement with South Sefton PCCC of any such delegations to support consistency of approach and continued alignment of ways of working.

Members of the committee shall respect confidentiality requirements as set out in the CCG's Standards of Business Conduct.

The committee will present its minutes to Cheshire and Merseyside sub regional teams of NHS England and the governing bodies of NHS Southport and Formby CCG each month or after each committee for information, including the minutes of any sub-groups to which responsibilities are delegated.

The CCGs will also comply with any reporting requirements set out in its constitution. These terms of reference will be reviewed on an annual basis.

Accountability of the committee

Budget and resource accountability arrangements and the decision-making scope of the committee have been agreed and are laid out with the scheme of reservation and delegation that have been approved by the CCG.

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation Agreement, the committee Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the members, the Delegation Agreement shall prevail.

The committee will publish, in line with national requirements all committee procurement decisions onto NHS Southport and Formby CCG Website.

The committee shall ensure that the CCGs engage and consult with the public and its members in the delivery of its functions.

Procurement of Agreed Services

The detailed arrangements regarding procurement are set out in the Delegation Agreement.

The Southport and Formby CCG Primary Care Commissioning Committee will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.

In discharging its responsibilities set out in Performance of the Delegated Functions, of the Delegation Agreement and paragraph 1 of Schedule 2 (Delegated Functions), the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG shall have regard to any relevant guidance, particularly Monitor's guidance Substantive guidance on the Procurement, Patient Choice and Competition Regulation

Decisions

The Committee will make decisions within the bounds of its remit. The decisions of the committee shall be binding on NHS England and NHS Southport and Formby CCG.

The Committee will produce an executive summary report which will be presented to NHS England North (Cheshire and Merseyside) and the governing bodies of NHS Southport and Formby CCG each month/after each committees in common meeting for information.

The Committee shall publish its commissioning decisions on the CCGs websites in line with the requirements of transparency and management of conflicts.

Administrative Arrangements

The committees in common will be supported by an appropriate Secretary that will be responsible for supporting the Chair that is in occupying the “facilitation role” in the management of the committee’s business. The existing roles and responsibilities of the substantive Chair of the respective CCG’s PCCC remain extant and are unchanged regardless of which Chair is occupying the committees in common “facilitation role”.

The Secretary to the committees in common will ensure:

- Correct minutes are taken and once agreed by the Chair of each CCG’s PCCC, distributing minutes to the members within five working days of the meeting taking place
- A Key Issues report is produced following the meeting and submitted to the next meeting of the governing body
- An Action Log is produced following each meeting and any outstanding actions are carried forward until complete
- The agenda and accompanying papers are distributed to members at least five working days in advance of the meeting date
- They provide appropriate support to the Chair and Committee members
- The papers of the committee are filed in accordance with NHS Southport and Formby CCG policies and procedures
- The meetings of this Committee will be held in public to enable transparency of decision making. The guidance and arrangement for this is in Appendix 1
- The Work Plan will be agreed at the start of each financial year and will be approved by the Governing Body. The focus of the work programme will be in line with the strategic objectives of the CCG.

Version 2: January 2020

Review Date: January 2021

Primary Care Commissioning Committee – Scheme of Reservation and Delegation

<p>(Derived from the “Delegation Agreement”)</p>
<p>Matters reserved to NHS England</p>
<ul style="list-style-type: none"> • management of the national performers list; • management of the revalidation and appraisal process; • administration of payments in circumstances where a performer is suspended and related performers list management activities; • Capital Expenditure Functions; • Section 7A Functions; • functions in relation to complaints management; • decisions in relation to the GP Access Fund; and • such other ancillary activities that are necessary in order to exercise the Reserved Functions.
<p>Matters delegated to the CCG’s Primary Care Commissioning Committee (PCCC)</p>
<p>The Committee functions as a corporate decision making body as delegated to it by the Governing Body, and by NHS England (as set out in Schedule 2 in accordance with section 13Z of the NHS Act)</p> <p>The role of the Committee shall be to carry out the functions relating to the commissioning, procurement and management of primary general medical services under section 83 of the NHS Act except those relating to the Reserved Functions of NHS England. This includes but not limited to the following activities:</p> <ul style="list-style-type: none"> • GMS, PMS and APMS contracts. This includes decisions on the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract • decisions on newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”) • decisions on the Local Quality Contract (LQC) • decisions on design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)

- decisions about commissioning urgent care (including home visits as required) for out of area registered patients
- commissioning of primary care services delivered by non-GMS / PMS / APMS contracts
- decision making responsibility on whether to establish new GP practices (including branch surgeries) and closure of GP Practices in an area
- approving practice mergers
- decisions in relation to the management of poorly performing GP Practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- making decisions on 'discretionary' payment (e.g., returner/retainer schemes)
- manage the delegated budget for primary general medical care commissioning in South Sefton and Southport and Formby, which can include other budgets the CCG Governing Body determines as appropriate
- working collectively on Primary Care Education and Training
- overseeing the undertaking of needs assessment when and where appropriate
- deciding on whether to pool budgets with other commissioners of Primary Care
- consider, decide and ensure that the commissioning of primary general medical care is done within agreed available resources
- premises costs directions functions
- co-ordinate a common approach to the commissioning of primary general medical care services generally across South Sefton and Southport & Formby
- decisions on investment in Primary Care IT
- instruct and delegate actions to and receive reports from the CCG Primary (General Medical) Care Commissioning Operational Group (PCCOG)
- receive minutes of meetings, reports and updates on the monitoring of primary care quality from the CCG's Joint Quality and Performance Committee
- such ancillary activities as are necessary in order to exercise the delegated functions.

The role of the Primary Care Commissioning Committee (PCCC)

Essentially the PCCC will operate in a similar way to the governing bodies do in terms of presiding over the commissioning arrangements for hospital, continuing care and community services.

Like a governing body (with support from its relevant executive team) the role of the PCCC is to ensure there are sufficient resources in plan to enable:

1. Planning, including needs assessment, primary care services in the local area. To undertake reviews of primary [medical] care services in the area
2. Co-ordination of a common approach to the commissioning of primary care services generally
3. Effective management of the budget for commissioning of primary [medical] care services

As primary medical services commissioning is not a statutory function of a CCG, it is a “delegated” responsibility handed down (by agreement) by NHS England, then a separate committee is required to preside over those arrangements.

The Committee’s purpose is to ensure that appropriate primary care services are commissioned to serve the needs of residents and, in so doing, improve the efficiency, effectiveness, economy and quality of services, reduce inequalities and promote the involvement of patients and the public alike in the development of services.

Contracts and incentive schemes	
The PCCC is responsible ensuring there are resources and arrangements in place for the design and monitoring of a number primary medical services contracting models. The committee should ensure that primary care contracting staff apply the appropriate contract management principles such as taking contractual action, issuing breach/remedial notices and removing a contract.	
The PCCG should have oversight of finance, performance, risks and assurance that practices are complying with relevant NHS targets.	
General Medical Services (GMS),	Deliver core medical services and are agreed nationally. The funding for these types of contract is calculated based on the practice’s registered list size with a fixed, nationally agreed, price per patient, and the actual amount paid is calculated practice by practice
Alternative Provider of Medical Services (APMS) contract	Provide similar core medical services to GMS contracts and can also include extra health services that are considered to be ‘over and above’ the usual core services (for example, special clinics for homeless people in areas of high need, etc). PMS contracts make it possible to address specific local health needs. The funding for PMS contracts is worked out locally.

Personal Medical Services (PMS) contract	Contracts which can cover the provision of general medical services, as well as other locally developed services for a specific patient group.
Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)	These are schemes designed to meet local needs. They are optional for Practices to provide. The CCG will usually consult with the LMC before they are issued, and we try to secure the best terms. It is an individual Practice decision to decide whether they want to sign up.
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	The QOF is a voluntary reward and incentive programme. It rewards GP practices, in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.
Design of the Local Quality Contract	A locally agreed set of standards and performance measures for general practice.
<p>New GP practices and approving mergers:</p> <p>The PCCC is responsible for determining whether a new GP practice can be established in the area and is also responsible for approving practice mergers. This will be based on a number of factors that will be presented to the committee for review and consideration.</p> <p>The committee shall take into account a number of factors including, but not limited to choice, demand, authorisation with regulatory bodies (e.g. CQC) and access for patients</p>	
<p>Other duties</p> <p>In the same way that governing bodies have responsibility for ensuring compliance with statutory frameworks, and obtaining assurance on those arrangements the PCCC needs to operate in the same way to ensure compliance with the following key statutory duties:</p> <p>a) Management of conflicts of interest (particularly in decision making and awarding of contracts)</p>	

- b) Duty to promote the NHS Constitution (and the relevant standards – ensuring that contracts are designed in a way to align with constitutional standards)
- c) Duty to exercise its functions effectively, efficiently and economically (good financial stewardship and control)
- d) Duty as to improvement in quality of services
- e) Duty in relation to quality of primary medical services
- f) Duties as to reducing inequalities
- g) Duty to promote involvement of each patient. Section 14U of the Health and Social Act 2012 requires CCGs in exercising their functions, to promote the involvement of patients and their carers and representatives in decisions about their own care (shared decision-making)
- h) Duty as to patient choice – offering choice of more than one provider
- i) Duty as to promoting integration of commissioning and provision
- j) Public involvement and consultation

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/13

Author of the Paper:

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Report date: January 2020

Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q3 2019/20

Summary/Key Issues:

The Governing Body is presented with the updated Corporate Risk Register (CRR) and GBAF for Q3 2019/20 as at 10 December 2019 and following presentation to the Audit Committee 15th January 2020. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.

The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented to the Leadership Team and Corporate Governance Support Group as per the review and scrutiny process.

The commissioning and provision of SEND services has been identified as a key area of risk for the CCG and an area requiring accelerated and demonstrable improvements. Given the current assessment of the associated risks and perceived level of reputational risk, the Audit Committee was asked to receive in full and note the content of the SEND Continuous Improvement Board (CIB) risk register which provided details of the broad spectrum of risk across the local system. As per the CCG risk reporting process, those risks of 12+ are now being presented to the Governing Body.

The full SEND CIB risk register was received and updated by members of the CCGs Senior Management Team on 20th December 2019 and Audit Committee on 15 January 2020. The full register was also submitted to the SEND review team that will be facilitating a 6 month progress review of the SEND Improvement Plan on 22nd January 2020.

SEND related services risks are already captured within the CCGs CRR. However, as part of the next routine review and update of the GBAF and CRR, the risks will be detailed in a similar way as that on the SEND CIB register to ensure complete alignment and consistency.

Recommendation

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

The Governing Body is asked to:

- Fully review, scrutinise and if satisfied, approve the CRR and Heat Map as recommended by the Audit Committee, specifically:
 - Risk Removal:
 - QUA039: information is now flowing through from MCFT
 - QUA060: improvements have been made against long standing underperforming communication KPI's. Risk reduced to 8 which is below the reporting threshold.
 - Audit Recommendation:
 - QUO047: following proposal by the risk lead for the risk to be removed, the Audit Committee instructed that the risk remain and is again presented through the internal moderation process for review of both description and score, with the CRR and Heat Map to be updated during that process.
- Fully review, scrutinise and if satisfied approve the presented GBAF as recommended by the Audit Committee, noting the change to the risk descriptor for 3.1.
- Note the update on the review, process and audit committee action
- Make recommendation for any further updates and actions
- Receive and note the content of the SEND CIB risk register (12+)

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.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	

Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Reviewed by respective committees and then presented to the Leadership Team (10 December 2019), Corporate Governance Support Group (19 December 2019) and Audit Committee (15 January 2020)

Report to the Governing Body February 2020

1. Executive Summary

The paper provides the membership with an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 10 December 2019 (Q3 2019/20). Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.

The GBAF has been presented to the risk leads for review and update.

The CRR has been presented to the risk leads for update and is reviewed by the respective committees as part of the risk process.

The documents have then been presented to the Leadership Team (10 December 2019), the Corporate Governance Support Group (19 December 2019) and the Audit Committee (15 January 2020) as per the review and scrutiny process.

The commissioning and provision of SEND services has been identified as a key area of risk for the CCG and an area requiring accelerated and demonstrable improvements. Given the current assessment of the associated risks and perceived level of reputational risk, the Audit Committee was asked to receive in full and note the content of the SEND Continuous Improvement Board (CIB) risk register which provided details of the broad spectrum of risk across the local system. As per the CCG risk reporting process, those risks of 12+ are now being presented to the Governing Body.

The full SEND CIB risk register was received and updated by members of the CCGs Senior Management Team on 20th December 2019 and Audit Committee on 15 January 2020. The full register was also submitted to the SEND review team that will be facilitating a 6 month progress review of the SEND Improvement Plan on 22nd January 2020.

SEND related services risks are already captured within the CCGs CRR. However, as part of the next routine review and update of the GBAF and CRR, the risks will be detailed in a similar way as that on the SEND CIB register to ensure complete alignment and consistency.

2. Position Statement 10th December 2019 (Q3 2019/20)

2.1 Governing Body Assurance Framework (GBAF)

There are a total of 14 risks against the 6 strategic objectives.

GBAF Risk Positions (*appendix A*)

Risk	Score	Number of Risks
Low	1-3	1
Moderate	4-6	1
High	8-12	9
Extreme	15 - 25	3

GBAF Highlights

Please see the following which highlights the risks that have either (a) changed in rating or (b) are extreme risks (c) new risks:

GBAF Highlights	Update
1.4 Service change at Southport & Ormskirk raising public concern	<p><u>Extreme Risk</u></p> <ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports to the public, Sefton Council, media Sense check meetings to confirm agreement on draft plans
<p>3.1 Transformation programme requirements exceed funding and staffing in place.</p> <p>This risk descriptor has now been amended to state:</p> <p>3.1 Failure to deliver the CCG's overall QIPP plan</p>	<p><u>Extreme Risk</u></p> <ul style="list-style-type: none"> Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified. Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020.
5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.	<p><u>Extreme Risk</u></p> <ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Prim 4 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service Development sessions with Wider Group

2.2 Corporate Risk Register and Risk Heat Map

Of the 45 operational risks on the CRR as at 10 December 2019 (Q3 2019/20), there are 25 rated high (score of 12) or above:

- Finance and Resource: 3
- Quality and Performance: 20
- Primary Care Commissioning: 2

Recent Movement	
<ul style="list-style-type: none"> • 1 new risk 	<ul style="list-style-type: none"> ○ QUA077: challenging QIPP financial target in 2021 will impact Mental Health LTP ambitions
<ul style="list-style-type: none"> • 0 risks increased 	
<ul style="list-style-type: none"> • 23 risks remained static. Of which: 	<ul style="list-style-type: none"> ○ QUA039 has been proposed for removal as a result of information now flowing through from MCFT
<ul style="list-style-type: none"> • 1 risk has reduced which remains above 12+: 	<ul style="list-style-type: none"> ○ QUA025a – LAC team vacancies are in the process of being appointed to although some capacity issues still remain. Additional funding has been approved. Mersey Care have been informed of CCG intention to increase funding.
<ul style="list-style-type: none"> • 3 risks have been reduced to below threshold: 	<ul style="list-style-type: none"> ○ QUA047: following recent review together with the assurance provided by the Trust, the risk lead has confirmed a change in risk score to 10 and recommending risk removal. ○ QUA060: improvements have been made against long standing underperforming communication KPI's. Risk reduced to 8. Recommended the risk be removed from the register. ○ JC15: JC15: supply for adults appears to be resolving. Risk reduced to below reporting threshold.
<ul style="list-style-type: none"> • 2 risks already below the reporting threshold to be removed as recommended by the risk leads and committee: 	<ul style="list-style-type: none"> ○ QUA035: Mental health data set requirements: required data has been submitted and is complete. Current score 6. ○ QUA073: 14 day constitutional standard - Aintree performance now recovered for 4 consecutive months. Current score 2. 35: risk in relation to the SI process has been reduced following significant assurance received from MIAA on CCG processes.

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	9
Extreme	15 – 25	16

CRR Details and Highlights

The risk highlights can be seen in the heat map (**Appendix B**), with the detail being shown in the corporate risk register (**Appendix D**).

3. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. This has included:

- Timeline of submission dates and mapping of process so as to ensure the risks are reviewed and updates submitted at each stage of the process
- Responsibilities of each committee lead/contact
- Review of content and process for each committee, including confirmation that each committee should (and do) review 'all' risks within their register
- Process and review support for risk owners and committee leads

4. Audit Committee: Action

14 November 2019

The membership requested a review of both the Sefton CCG Heat Maps to include a link to the corresponding risk. Purpose being to enable the committee to compare the risks across each CCG, this would assist identification of potential gaps in risk, scoring and action.

Following this an additional 'equivalent key' has added. This will enable the committee to:

- Refer to the corresponding or similar risk/s:
- See which corresponding risk has been removed. This would indicate where there is a differing risk position
- Whether the lack of existence of an equivalent risk on the heat map is due to (a) no equivalent risk or (b) an equivalent risk on the CRR but not on the heat map which would indicate a scoring difference.

15 January 2020

Following the review of the CRR the membership approved the recommendations presented except the removal of the risk in relation to performance at Aintree University Hospital (QUO047). The membership considered the risk should remain and be presented through the internal moderation process again with a review of description and score.

5. Recommendation

The Governing Body is asked to:

- Fully review, scrutinise and if satisfied, approve the CRR and Heat Map as recommended by the Audit Committee, specifically:
 - Risk Removal:
 - QUA039: information is now flowing through from MCFT
 - QUA060: improvements have been made against long standing underperforming communication KPI's. Risk reduced to 8 which is below the reporting threshold.
 - Audit Recommendation:
 - QUO047: following proposal by the risk lead for the risk to be removed, the Audit Committee instructed that the risk remain and is again presented through the internal moderation process for review of both description and score, with the CRR and Heat Map to be updated during that process.
- Fully review, scrutinise and if satisfied approve the presented GBAF as recommended by the Audit Committee, noting the change to the risk descriptor for 3.1.
- Note the update on the review, process and audit committee action
- Make recommendation for any further updates and actions
- Receive and note the content of the SEND CIB risk register (12+)

6. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Risk Heat Map

Appendix C – Risk Themes

Appendix D – Corporate Risk Register (12+)

Appendix E – Risk Matrix

Appendix F – SEND Risk Register(12+)

Judy Graves
Corporate Business Manager
January 2020

Southport and Formby CCG
Governing Body Assurance Framework
2019/20
Update as at: 9 December 2019 (Q3 2019/2020)

The Governing Body Assurance Framework (GBAF) aims to identify the principal or strategic risks to the delivery of the CCG's strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and the key mitigating actions required to reduce the risks towards the appetite risk score. The GBAF also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG.

The table below sets out the strategic objectives lists the various principal risks that relate to them and highlights where gaps in control or assurance have been identified. Further details can be found on the supporting pages for each of the Principal Risks.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. 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.	1.1 Lack of partnership engagement	Karl McCluskey	9	9	<ul style="list-style-type: none"> Engagement events and all partner agreement to Sefton2gether plan Regular progress report to bi-monthly formal all partner STB meetings
	1.2 Reconfigurations of organisations detract from transformation agenda	Karl McCluskey	9	9	
	1.3 Lack of partner and public engagement on developing the 5 year plan	Karl McCluskey	6	6	
	1.4 Service change at Southport & Ormskirk raising public concern	Karl McCluskey	16	16	
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> Joint Quality and Performance committee meetings continuing Review of performance and shortfall areas identified and pursued.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	<p>2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</p> <p>2.3 Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues</p> <p>2.4 Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.</p>	<p>Tracy Jeffes</p> <p>Jan Leonard</p> <p>Brendan Prescott Jane Lunt</p>	<p>16</p> <p>20</p> <p>9</p>	<p>8</p> <p>8</p> <p>3</p>	<ul style="list-style-type: none"> Statutory Lead in place: Director of Place Deep Dive assessment of severe weather impact undertaken EU exit event attended NHSE sitrep procedure now paused NHSE EU exit webinars scheduled for forthcoming months for CCG leads Business continuity exercise for leadership team scheduled for February 2020 Care home provider failure plan in place and has been tested CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed
3. To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan	3.1 Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified. Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020.
4. To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary	4.1 Current work pressures reduce ability to engage on the transformation agenda.	Jan Leonard/ Tracy Jeffes	9	9	<ul style="list-style-type: none"> PCN expectation document completed LQC for 2019/20 operational and schemes live Social prescribing offer being mobilised staff commencing in post December. Extended access schemes all live.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
Care Networks and ensuring there are robust and resilient primary services in the place of Sefton					<ul style="list-style-type: none"> Monitoring of impact. Proposal for Formby to be presented to JOG Draft quality dashboard being presented to PCCiC PCNs have been completing plans and a maturity matrix for NHSE which will assist with planning and support from the CCG
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Lack of engagement of all providers in the development of the Provider Alliance.	Jan Leonard	12	12	<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream Work streams in place for falls and children's Operational Delivery Group in place
	5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard	16	16	<ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Prim 4 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service Development sessions with Wider Group
6. To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of	Tracy Jeffes	9	9	<ul style="list-style-type: none"> Integrated Commissioning Group established and plan for more ambitious joint working Pooled budget arrangements within BCF agreed and plan for more pooled

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
<p>Metropolitan Borough Council, supported by the Health and Wellbeing Board.</p>	<p>integrated commissioning and the implementation of integration plans.</p> <p>6.2 Organisation reconfiguration detracts from strategic commissioning</p>	<p>Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> budget arrangements • Working together on developing the Health & Wellbeing strategy and the 5 year plan • Steering Group established to monitor and further develop the ambitions within the pooled budget • Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). • ICG role and function review completed • Joint commissioning arrangements in development. • New BCF approved by council and governing bodies. • Working together on developing the Health & Wellbeing strategy and the 5 year plan • Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. • Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. • Joint Integration Commissioning Workshop action plan complete. Paper to go to both cabinet and governing body. • Ongoing positive engagement at Integrated Commissioning Group meetings.

Strategic Objective 1	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.							
Risk 1.1	Lack of partnership engagement							
Risk Rating	<table border="1"> <tr> <td data-bbox="114 347 331 379">Initial Score</td> <td data-bbox="331 347 1133 379">3 x 3 = 9</td> <td data-bbox="1133 347 2123 379" rowspan="2"> Lead Director Karl McCluskey Date Last Reviewed 9 December 2019 </td> </tr> <tr> <td data-bbox="114 395 331 427">Current Score</td> <td data-bbox="331 395 1133 427">3 x 3 = 9</td> </tr> </table>			Initial Score	3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed 9 December 2019	Current Score	3 x 3 = 9
Initial Score	3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed 9 December 2019						
Current Score	3 x 3 = 9							
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):							
<ul style="list-style-type: none"> • STB with independent chair in place with all partnership engagement • Regular liaison with partners including Board to Board meetings and co-ordination meetings • Regular progress reports to bi-monthly formal STB meetings • Five year plan Sefton2gether agreed by partners. 	Action	Responsible Officer	Due By					
	Draft 5 year plan being prepared with partner engagement. Five year plan Sefton2gether agreed by partners.	Cameron Ward	29 November 2019					
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):							
<ul style="list-style-type: none"> • .Monthly reviews at STB meetings 								
Additional Comments:	Link to Risk Register:							

Strategic Objective 1	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.		
Risk 1.2	Reconfigurations of organisations detract from transformation agenda		
Risk Rating Initial Score 3 x 3 = 9 Current Score 3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed 9 December 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Focussing on business as usual • Increased focussed on performance levels • Clarity of roles and responsibilities during times of change • Increased engagement and communications between partners 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> • Reviews of performance levels across the system and of individual organisations • Board to board meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	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.		
Risk 1.3	Lack of partner and public engagement on developing the 5 year plan		
Risk Rating Initial Score 2 x 3 = 6 Current Score 2 x 3 = 6	Lead Director Karl McCluskey Date Last Reviewed 9 December 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports Sense check meetings to confirm agreement on draft plans Review of plan at STB meetings Final of 3 engagement events with all partners held 9 October 2019 Numerous engagement events concluded in November (29 November 2019) 	Action	Responsible Officer	Due By
	Good progress being made on preparing the 5 year plan — Shaping Sefton II — Sefton 2gether, with extensive engagement with all partners.	Cameron Ward	29 November 2019
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Regular review of progress at Leadership Team meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	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.		
Risk 1.4	Service change at Southport & Ormskirk raising public concern		
Risk Rating Initial Score Current Score	4x4=16 4x4=16		Lead Director Karl McCluskey Date Last Reviewed 15 August 2019
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports to the public, Sefton Council, media Sense check meetings to confirm agreement on draft plans 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Regular review of progress at Governing Body and Leadership Team meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.1		There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score 4x4 = 16 Current Score 2x4 = 8		Lead Director Karl McCluskey Date Last Reviewed 9 December 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings and SMT Links between Contracting team and CQPG to triangulate on quality aspects of performance CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body Newly established escalation process has been developed for performance issues 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> A&E performance Diagnostic test waits performance Cancer wait times performance RTT performance 	All	On-going
		Performance issues highlighted during weekly meetings with CCG commissioning staff (initiated form November 2019)	Cameron Ward	1 December 2019
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Performance continues to be maintained Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting 				

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
Additional Comments:	Link to Risk Register:	

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating	Lead Director		
Initial Score	4x4=16	Tracy Jeffes	
Current Score	2x4=8	Date Last Reviewed	
		10 December 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans with plans and strategies refreshed September 2018 • Emergency Planning training • CCG Statutory Lead is Chief Delivery and Integration Officer Director of Place – North • NHSE Self-Assessment Assurance process completed. Development Plan in place. • Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. • Mutual aid confirmed with neighbouring CCGs • Fast access laptops now in place to enable working at remote locations at all times • Deep Dive assessment of severe weather impact undertaken 	Action	Responsible Officer	Due By
	Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
	On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
	Leadership training to take place in February 2020	Programme Lead for Corporate Services	February 2020
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 	<ul style="list-style-type: none"> • System wide Pan Flu planning to be established 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.3		Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues		
Risk Rating		Lead Director		
Initial Score	4x5=20	Jan Leonard		
Current Score	2x4=8	Date Last Reviewed		
		9 December 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG continues to participate in NHSE events on planning • CCG MM lead is linked into national programme • MM hub model will provide medicines resilience in primary care • Communication from NHS England shared with practices and LMC asking for feedback on any specific issues. • EU no deal NHSE Sitrep procedure now implemented • EU exit lead attended planning workshop • Business continuity plans and strategy have been updated and approved by LT 8.10.19 		Action	Responsible Officer	Due By
		NHSE sitrep procedure now paused.	Programme Lead for Corporate Services	tbc
		NHSE EU exit webinars/call on planning and next steps scheduled for 18 th December and 9 th January and will be attended by CCG leads.	Programme Lead for Corporate Services	18 December 2019 and January 2020
		Business continuity exercise for leadership team to take place in February.	Programme Lead for Corporate Services	February 2020
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.4		Failure to have in place care home provider failure plans could adversely affect continuity of care for patients		
Risk Rating		Lead Director		
Initial Score	3 x 3 = 9	Brendan Prescott Jane Lunt		
Current Score	1 x 3 = 3	Date Last Reviewed		
		10 October 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures. CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed Plans taken through IPA (Individual Patient Activity Programme Board) for annual review. Good engagement with CSU and colleagues leading on patient assessment and placement 		Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> A successfully tested care home provider failure plan in place Monitoring of plans through IPA 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 3	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan		
Risk 3.1	Failure to deliver overall QIPP plan		
Risk Rating Initial Score Current Score	3 x 3 = 9 4 x 5 = 20	Lead Director Martin McDowell Date Last Reviewed 10 December 2019	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads <i>within budget</i>. 		Action	Responsible Officer
		Transition Plan for 2020/21 being considered <i>with partners for</i> associated staffing support being quantified. <i>Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020.</i>	Cameron Ward
			December 2019 8 January 2020
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 4	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.		
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Jan Leonard / Tracy Jeffes Date Last Reviewed 5 December 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee established LQC for 19/20 in place Work plan for transformation in place New GP contract in place 4 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service PCN expectation document completed LQC for 2019/20 operational and schemes live 	Action	Responsible Officer	Due By
	Developed, pending issue, a document setting out expectations of PCNs for non PCN practices. Complete	JL	November 2019
	Social prescribing offer being mobilised staff commencing in post December.	JL / TJ	November December 2019
	Extended access schemes have been approved and due to go live in October schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG	JL / TJ	October 2019 December 2019
	LQC for 19/20 operational, monitor impact complete. Work underway for 20/21 LQC	JL/ TJ	Ongoing March 20
	PCNs have been completing plans and a maturity matrix for NHSE which will assist with planning and support from the CCG	JL/ TJ	Jan 20
	Draft Quality dashboard being presented to PCCiC	JL	Dec 2020
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development Transformation monitoring through Primary Care Commissioning Committee LQC monitoring 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.		
Risk Rating	Lead Director		
Initial Score	3 x 4 = 12	Jan Leonard	
Current Score	3 x 4 = 12	Date Last Reviewed	
		9 December 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream 	Action	Responsible Officer	Due By
	Confirmation of Provider Alliance priorities identified and being progressed on the three areas	TP	ongoing
	Work streams in place for falls and children's		ongoing
	Operational Delivery Group in place		ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Regular review by the STB of Provider Alliance progress 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating Initial Score 4 x 4 = 16 Current Score 4 x 4 = 16	Lead Director Jan Leonard Date Last Reviewed 9 December 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Primary Care Commissioning Committee 4 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service Development sessions with Wider Group 	Action	Responsible Officer	Due By
	PCNs develop plan for delivery (included in CCG offer of support). Directors of Place meeting with PCN Clinical Directors to support development of plans. Plans developed for NHSE. CCG to review.	JL / TJ	December 2019
	Work on ICT development with community provider underway. New post secured, no progress.	JL / TJ	January 2020
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

Strategic Objective 6		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.		
Risk 6.1		There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans		
Risk Rating		Lead Director		
Initial Score	3x3=9	Tracy Jeffes		
Current Score	3x3=9	Date Last Reviewed		
		5 December 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements Integrated Commissioning Group established and plan for more ambitious joint working Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Finalised iBCF and BCF and aligned to “Making it Happen” Working together on developing the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). ICG role and function review completed 		Action	Responsible Officer	Due By
		Steering Group in place and plan in development for new BCF requirements and to include review of reporting requirements and process with council lead.	Tracy Jeffes	Ongoing
		Joint planning group established continue to meet to refresh HWB Strategy and development of underpinning Sefton 5 Year Plan. Including approval of plan by governing body and HWB Board. CCG contribution to strategy narrative.	Cameron Ward	November 2019
		ICG role and function under review as part of Sefton Health and Care Transformation work to strengthen and widen remit. Review completed. Membership widened and arrangements strengthened. Joint commissioning arrangements in development.	Tracy Jeffes	ongoing
		New S75 in development. New BCF approved by council and governing bodies and new S.75 to be signed.	Tracy Jeffes	November 2019 December 2019
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 		<ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		
Additional Comments:		Link to Risk Register:		

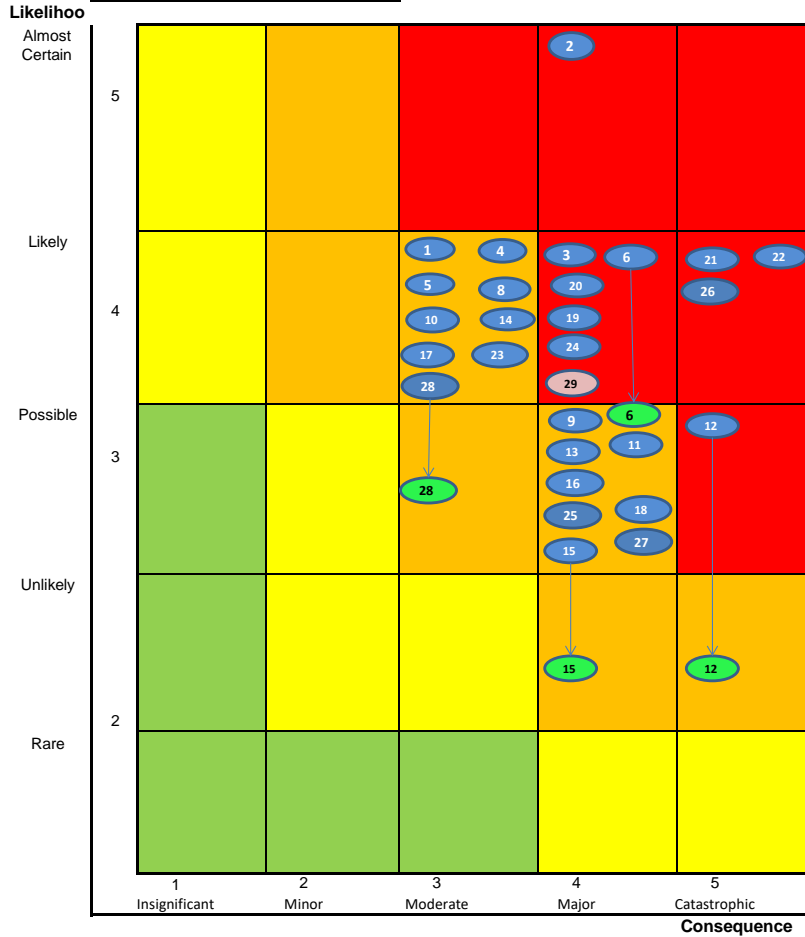
Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.			
Risk 6.2	Organisation reconfiguration detracts from strategic commissioning			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 5 December 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. Joint Integration Commissioning Workshop action plan complete. 		Action	Responsible Officer	Due By
		Joint Integration Commissioning Workshop action plan. Complete.	Karl McCluskey	29 November 2019
		Paper to go to both cabinet and governing body recommendations for more integrated working.	Cameron Ward	February 2020
		Commitment to Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Karl McCluskey Cameron Ward	November 2019 February 2020
		Ongoing positive engagement at Integrated Commissioning Group meetings.	Cameron Ward	31 January 2020
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 		Capacity to deliver on all priority areas.		
Additional Comments:		Link to Risk Register:		

SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q3 2019/20
(MITIGATED SCORES - 12 AND ABOVE)

Risk	Score	Risk Rating
Extre	15-25	
High	8-12	
Mod	4-6	
Low	1-3	



- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed/removed
- Change in risk score

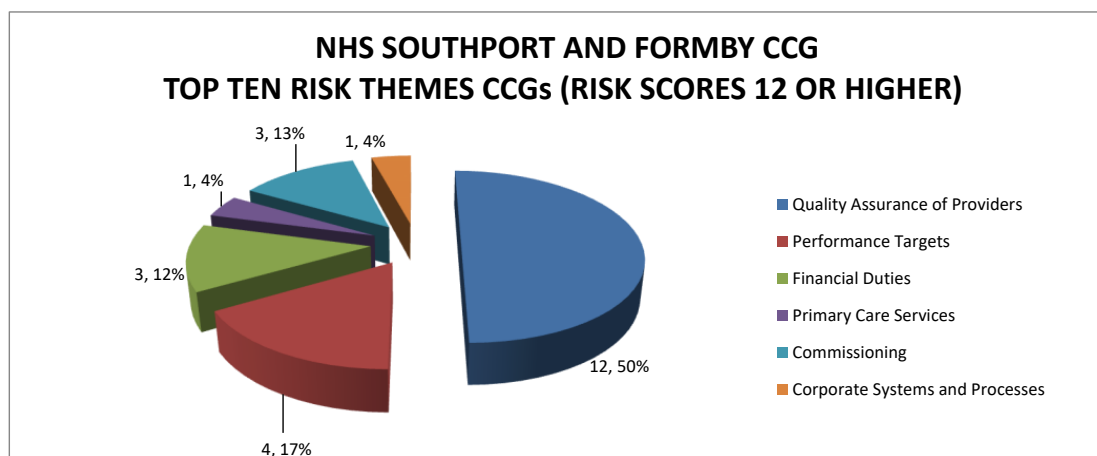


Key Risks	CRR ID	Score	Risk Owner	Equivalent SS Key
1 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC	1
2 Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	20 (5x4)	KMcC	x (N)
3 Quality of care - stroke services below performance & quality	QUA005	16 (4x4)	KMcC	x (N)
4 Non delivery A&E target - patient flow S&O	QUA006	12 (4x3)	KMcC	2 - similar
5 Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	12 (4x3)	JO	3
6 Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	12 (3x4)	BP	5
7				6
8 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	7
9 Non delivery of SEND recommendations	QUA033	12 (3x4)	MMcD	8
10 Lack of timely reviews joint packages or S117 MH Care	QUA039	12 (4x3)	GO	9
11 Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	12 (3x4)	BP	10
12 Quality of care - AUH challenging performance	QUA047	10 (3x5)	BP	11
13 Quality and Safety of care at S&O A&E (12 hr trolley waits) at times of system pressure	QUA051b	12 (3x4)	BP	28
14 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP	12
15 Performance/Quality - Mersey Care system change impacting KPI's	QUA060	8 (2x4)	GJ	13
16 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS	14
17 Failure to meet PHB trajectory	QUA064	12 (4x3)	TF	15
18 Non delivery of CQC recommendations	QUA066	12 (3x4)	HC	16
19 Non delivery of GP medical services	JC03	16 (4x4)	JL	17
20 Records transfer issues.	JC05	16 (4x4)	JL	18
21 Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	20 (4x5)	MMcD	21 and 23
22 Failure to deliver planned QIPP target for 2019/20	FR0010a	20 (4x5)	MMcD	22
23 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA071	12 (4x3)	KMcC	24
24 Service pressures due to capacity issues at S&O haematology and haemato-oncology	QUA074	16 (4x4)	KMcC	x (N)
25 Delay of patient follow-ups as a result of overdue follow-up appointments	QUA054	12 (3x4)	BP	x (N)
26 Failure to contain expenditure against opening budgets and reserves	FR0010b	20 (4x5)	MMcD	x (Y)
27 Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	12 (3x4)	KMcC	26
28 Risk of patients not receiving vaccination in a timely manner	JC15	8 (2x3)	JL	27
29 Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	16 (4x4)	GJ	29

Equivalent SS Key	Description
x (N)	No equivalent risk on SS Heat Map (N - and not on SS CRR)
x (Y)	No equivalent risk on SS Heat Map (Y - but on SS CRR)
21 and 23	1 risk on SF but 2 risks to cover equivalent on SS Heat Map
2 - similar	Similar risk on Heat Map

NHS SOUTHPORT AND FORMBY CCG - MAPPING OF RISKS TO CCGs GBAF BENCHMARKING EXERCISE
(MITIGATED SCORES - 12 AND ABOVE)

TOP TEN CCG AF RISK THEMES	
1	Corporate Systems and Processes
2	Partnership Working
3	Reconfiguration and Design of Services
4	Commissioning
5	Quality Assurance of Providers
6	Financial Duties
7	Public and Patient Engagement
8	Access to Services
9	Performance Targets
10	Primary Care Services



Key Risks	ID	Owner	Theme	
1	Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
2	Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	KMcC	Quality Assurance of Providers
3	Quality of care - stroke services below performance & quality	QUA005	KMcC	Quality Assurance of Providers
4	Non delivery A&E target - patient flow S&O	QUA006	KMcC	Quality Assurance of Providers
5	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
6				
7				
8	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
9	Non delivery of SEND recommendations	QUA033	MMcD	Performance Targets
10	Lack of timely reviews joint packages or S117 MH Care	QUA039	GO	Quality Assurance of Providers
11	Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	BP	Commissioning
12				
13	Quality and Safety of care at S&O A&E (12 hr trolley waits) at times of system pressure	QUA051b	BP	Quality Assurance of Providers
14	Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
15				
16	Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
17	Failure to meet PHB trajectory	QUA064	TF	Performance Targets
18	Non delivery of CQC recommendations	QUA066	HC	Performance Targets
19	Non delivery of GP medical services	JC03	JL	Primary Care Services
20	Records transfer issues.	JC05	JL	Corporate Systems and Processes
21	Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	MMcD	Financial Duties
22	Failure to deliver planned QIPP target for 2019/20	FR0010a	MMcD	Financial Duties
23	Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA071	KMcC	Performance Targets
24	Service pressures due to capacity issues at S&O haematolgy and haemato-oncology	QUA074	KMcC	Quality Assurance of Providers
25	Delay of patient follow-ups as a result of overdue follow-up appointments	QUA054	BP	Quality Assurance of Providers
26	Failure to contain expenditure against opening budgets and reserves	FR0010b	MMcD	Financial Duties
27	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	KMcC	Commissioning
28				
29	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	GJ	Commissioning

Governing Body Meeting	Responsible Committee/Team	Committee/Team ID	CRR ID/SF	Date Risk Assessed	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk. i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Updates on the additional controls and progress)	18/19 Q1 Score	19/20 Q1 Score	19/20 Q2 Score	19/20 Q3 Score	Trend prior Q3	Overall Trend					
PTI	Quality Committee	QUA002	SF011	Jan 15, 2014/15	QUA011	Karl McCluskey (Jen Leonard & Geraldine O'Carroll)	Commissioning and Delivery	There is a risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	<ul style="list-style-type: none"> Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including access to Psychological Therapies Group sessions and LTP clinic in place Business case for additional investment approved. 	4	3	12	<ul style="list-style-type: none"> Additional focus on reducing Internal Walls and Did Not Attend increased IPT group work. Early indications of reduced DNAs and significant heightened levels of self-referral. New Access Target remain challenging in terms of patient numbers. requested expert team to support the CCG in improving performance. Year to date performance 18/19 (August) was suboptimal but improved when compared to similar period of 17/18. Self referrals have increased within the Access Seton service in August 17. Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place. Access target increases to 19% in 2019/20 as part of the MHPVY commitment to integrated Long Term Condition working. Business case has been approved. recruitment of additional staff will be commencing. Additional staff have been recruited however there remains a risk that the 23% access target for 2019/20 will not be achieved. Nov 19 - Expressions of interest invited following Provider giving notice to cease provision. evaluation currently being undertaken with outcome expected to inform procurement approach. 	4	3	12	Nov-19	Nov-19	12	12	12	12	↔	↔	
PTI	Quality Committee	QUA003	SF021	Apr 2015, Q1 2015/16	QUA033	Karl McCluskey	Commissioning and Delivery	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting the potential decrease in the quality of patient care.	<ul style="list-style-type: none"> Seton Transformation Board established with underpinning acute sustainability work stream. PMO in place with agreed leadership across the system Project plan towards development of PCBC established and agreed Critical leads from CCG identified and contributing development of clinical models Clinical models review at wider group (May 2019), clinical QIPP and governing body (5th June 2019) agreed risk share contractual agreement in place for 2019/20 with S&O Joint Tumourboard Director in place across the system 	5	4	20	<ul style="list-style-type: none"> Schedule of vulnerable services identified by S&O and exploring network solutions across north Mersey Sept 19 update: breakout groups have started to focus upon clinical speciality areas. No change to risk score as early in process and limited assurance PCBC complete and will be socialised when Purdah for Dec election finishes. Q3 no further change. 	5	4	20	Nov-19	Nov-19	20	20	20	20	↔	↔	
PTI	Quality Committee	QUA006	SF026	Q1 2016/17	QUA043	Karl McCluskey	Commissioning and Delivery	There is a risk that stroke services fall below the required performance and quality standards caused by gaps and unexplained variation across the stroke pathway resulting in decreased standards of patient care.	<ul style="list-style-type: none"> Strategic model of care developed and agreed across north Mersey and the CAM Healthcare Partnership North Mersey Stroke Board re-established. Outline project timetable through to PCBC development in place which is monitored through the stroke board through to committee in common 	4	4	16	<ul style="list-style-type: none"> Likely project funding requirements expected and will be addressed as project progresses with respective CCG partners 	<ul style="list-style-type: none"> Formerly written to S&O CEO requesting business continuity plan to maintain existing services while north Mersey programme is progressed. Expected by the end of June 2019. Developing North Mersey programme project support as part of the Aintree-Royal PMO merges team Nov 19 - evaluation being undertaken of commissioned ESD services and gaps. To be presented to Dec 19 stroke group as requested 	4	4	16	Nov-19	Nov-19	16	16	16	16	↔	↔
PTI	Quality Committee	QUA006	SF016	Apr 2015, Q1 2015/16	QUA024	Karl McCluskey (Sharon Forrester)	Commissioning and Delivery	There is a risk of poor quality patient care in A&E caused by increase in demand on the service, decreased staffing and poor patient flow resulting in non-delivery of A&E target (SF)	<ul style="list-style-type: none"> A&E Executive Delivery Board in place Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body Monthly Quality Meeting: reported to Governing Body Revised performance trajectory agreed with trust weekly Long stay review meeting implemented. Multi agency discharge events in place to mitigate escalation NM mutual aid in place to support improvement Revised performance trajectory agreed with NHS System working collaboratively to maintain system patient flow Spot purchasing of additional beds Bigger stranded 3 day event Community based MA&E undertaken Cross boundary working and mutual aid considered and in place where possible Additional senior medical staffing and consultant ward rounds Boarding and additional escalation areas opened 	3	3	9	<ul style="list-style-type: none"> Need to assess the impact of the additional measures on flow and performance. Spring 2019 Venn work to establish system bed requirement for winter 2019 Update Q3 - bed base redesign ongoing within winter plan. Main issue and concern relates to workforce to support any community bed base. Patient safety remains main priority 	<ul style="list-style-type: none"> 12 hour breaches greatly improved attributable to Mental Health. Overall performance being reviewed by A&E Delivery Board. Have further progressed to undertaking a quality risk profile tool assessment and have alerted the Trust accordingly. The Trust have implemented an internal improvement programme to improve patient flow. Re-launch SAFER, recruitment in place, integrated in house discharge as a consequence there is a reduced number of stranded patients and improve performance and discharge lounge in place Feb 19 - Changes to estates have improved patient flow at A&E and 4 hour waits. work still on-going in terms of response to 12 hour breaches Sept 2019 update: Venn presented data on 9th September to Southport and Ormskirk system. Winter planning undertaken subject to organizational sign off on sept 11th. Winter planning will also support the longer term plan, further investigation agreed in relation to A&E flow and impact on data. Nov 19 - Venn suggests additional beds required in community which is being addressed by a combination of bed base and admission avoidance schemes. 28 day bed process and CMC to be reviewed for implementation of new pathway March 2020 	4	3	12	Nov-19	Nov-19	12	12	12	12	↔	↑
PTI	Quality Committee	QUA011	SF028	Sep 2016, Q2 2016/17	QUA045	Jenny Owen	Quality	Risk of infectious hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients.	<ul style="list-style-type: none"> Plan Mersey Sub Group informed Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. A meeting will be held with all providers to work to a longer term solution. Patient information leaflet produced. 	<ul style="list-style-type: none"> All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing – JO requested practice information leaflets to run a search on all patients prescribed nebuliser. This will identify the size of the problem and enable patients to receive a review & education. Update presented at the August 17 Quality Committee Meeting A meeting will be held with all providers to work to a longer term solution. 	4	5	20	<ul style="list-style-type: none"> Primary Care prescribing - Following the completion of the search it was identified that Medicines Management did not have the capacity to take through. As a result the Nurses in Practice will review the data as part of the practice patient annual review and complete the process. - Should a patient be identified as needing a full review they will be referred to the appropriate specialist team. The referral process will be completed by April 2018. July 2018 - the process went to the LMC in Feb 18 and was approved. Nurses in CPD given deadline for referral in for Sept 2018. Audit process put in place to review activity and effectiveness will report Nov 19. Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system, in the with best practice. Sept 18 - Email sent direct to GP and practice Nurses to outline the review process along with referral forms and leaflet 17th April 2018. This was also put in the bulletin. The Community respiratory team agreed to do the reviews during the summer period therefore the referrals could only be sent in until end of August 2018 Current status - referral process is complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed from the respiratory team and practice facilities. Nov 18 - CCG still awaiting the report from Merseycare re numbers of patients received, reviewed and sent back to primary care with a plan. Not all patients have been reviewed to date, this has been discussed with the clinical lead for Southport Dr Kai Scholtz and she advised that the remaining patients could be reviewed over the summer months next year (2019), all patients however will have received a leaflet to show them how to clean the nebulisers and a name of a company they can get replacement tubing from. Report received from the provider. The service only received one third of the number that were identified. The reasons behind this are inconclusive. The service have agreed to extend the referral process so there is no time limit to sending referrals to try to capture as many patients as possible. JO to respond communications out to practices. Nov 19 - Merseycare respiratory team will take ongoing referrals for nebuliser use review as opposed to a limited timeframe for review. 	4	3	12	Nov-19	Nov-19	12	12	12	12	↔	↓

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																				Q4 Score	Q1 Score	Q2 Score	Q3 Score			
	Quality Committee	QQA028	SF033	Jun 2016: 01 2015/16		Brendan Prescott (Helen Case)	Quality	Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the commissioned Looked After Children's Health Team resulting in potential negative effect on outcome.	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan KPIs in contract for Looked After Children and monitored through Quality Committee and contract meetings. CCG concerns raised by Chief Nurse via meetings with Director of Operations regarding a) NWB Chief Nurse concerns reported to both JCG and Governing Body Designated Doctor for LAC now in post NWB restructure now complete Designated Nurse oversight and support in place for the team Commissioner/Provider update meetings held every 3 months 	4	4	16	<ul style="list-style-type: none"> Nov 18 - NWB remodelled LAC team now partially staffed and should be at full complement of staff by 04. CCG remain concerned regarding KPI performance for LAC however quality of KPI data now more accurate and unlikely to see improvement in performance until remodelled team at full complement. CCG draft report now received and comments returned to CCG regarding factual accuracy. CCG report received and action plan being managed through task and team group (please see risk HCG). Ongoing meetings with NWB with on-site support continuing to be delivered by LAC designated nurse. KPI performance has improved but ongoing work still required. LAC team is now at full establishment but does not meet intercollegiate guidance for the numbers of LAC. Designated Nurse for Children in Care escalated to the Chief Nurse who has recommended a business case to be undertaken for additional funding. Also briefing paper for the leadership team to be presented in June 2019. Jun 19 - Briefing paper to LT was deferred due to provider organisation being asked to review their financial position provided to them by the CCG. The CCG have discussed this with the provider and the possibility of recruited additional staff with the available monies. As such the business case has been temporarily put on hold. September 19 - Extra capacity within the LAC team has been agreed with plan for 2 Band 5 LAC nurses to be recruited to the team with a full service capacity expected by December 2019. Senior leadership within the team is changing so risk until recruitment remains the same. November 2019 - Two band 5 posts are in the process of being recruited to following successful interview. New team members should be in post by December 19 / January 20. Ongoing issues with long term sickness and staffing stability within the LAC team with a further member of the team leaving a band 6 post. Trust has back-filled reduced staffing capacity with some accommodation posts however current staffing resources remain below required capacity. CCG business case for additional funding for the LAC team has been agreed and Mersycare has been informed of CCG intention to increase funding. CCGs have communicated with Mersycare that Mersycare need to recruit additional 3 full time posts (x1 band 7, x1 band 6 and x1 band 3) with additional funding based on recommendations of the Designated Nurse CCG. Due to ongoing staffing capacity issues and reduced performance issues within the LAC contract, risk to remain the same. 	3	4	12	Nov-19	Nov-19	16	16	16	12	1	↓		
	Quality Committee	QQA028	SF035	Jun 2016: 01 2016/17	N/A	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services.	<ul style="list-style-type: none"> Link into G&M Healthcare Partnership Workforce Development work stream. Continue to work with Salford Council on wider strategies to promote Salford as a 'great place to work' Development of workforce element in Salford Transformation Programme Salford Transformation programme work force group established and working on the development of a workforce plan for Salford 	4	3	12	<ul style="list-style-type: none"> Continue to work with LMC and NHSE schemes to attract more GPs to Salford Work underway to support PCNs with new additional roles such as social prescribing link workers (due to be in place end of 2019) and medicines hubs role out has commenced. Link workers commencing December 2019. 	4	3	12	Nov-19	Nov-19	12	12	12	12	12	12	↔	↔
	Quality Committee	QQA033	SF049	Mar 2017: 04 2016/17	Merged with QQA065 (SF043) / SF074	Marin McDowell	Quality	There is a risk of non-delivery of recommendations from the joint SEND COG/CPD inspection caused by a lack of implementation and the CCG financial position resulting in loss of reputation and non-compliance.	<ul style="list-style-type: none"> Monitoring of SEND Action Plan via local and internal governance arrangements (including JCG) with regular progress updates being reported to Chief Officer Formal monitoring meetings established with DfE & NHS with outcome reporting to DfE in place. New model for DCO developed across the health system. Funding arranged from existing resource within the CCG and providers. Letter received from the Minister in March 2018 acknowledging the progress to date. ADD Diagnostic element of the pathway approved by CCG Healthy SEND strategic Group established and meet to monthly Financial position reported through to SMT, SLT and governing body Commitment made for up to £100k recurrent for NDP / ASD / ADND and up to £30k recurrent to support SALT reducing waiting list. Input into the NDP diagnostic pathway. Included as regular agenda item for governing body meetings, senior leadership team, leadership team and joint quality committee in order to monitor and review action plan and progress. 	3	3	9	<ul style="list-style-type: none"> Identified strategic lead and commissioning manager for SEND already in place Agreed priority areas for the Integrated Commissioning Group. Working Group set up with LA to develop the management plan. Identify support for the issues from NHSE/CGE. Continue to review provider performance e.g. Paediatrics Speech and Language via routine contract meetings. Ensure SEND inspection requirements are contained in any quality framework to new providers. MH: <ul style="list-style-type: none"> Radiology - Long standing recruitment problem. This continues to be a vacant post and recruitment to these posts is a national problem. Trust outsourcing where possible. The Directorate Manager and Clinical Director will be agreeing an action plan to take these forward as a result of a review carried out by NHS Independent Consultancy Firm, Cardio-Respiratory - Key member of team recently returned from long term sickness. Uroynamics - During the cyber attack, a number of clinics were cancelled. 5 weekly lists lost since April. The plan is to co-ordinate additional lists, these discussions are underway with both consultants and nursing team. Endoscopy - This is due to the lost activity from 12/5/17 until 18/5/17 as a result of the cyber attack. Cytoscopy - A number relate to the cyber attack, no clinics available to book to avoid breaches. An action plan with timescales to be reported at the next contract meeting. 	3	4	12	Nov-19	Nov-19	9	16	12	12	↔	↑		
	Quality Committee	QQA038	SF051	Jun 2017: 01 2017/18	N/A	Seraphine O'Carroll	Quality	There is a risk for patients in receipt of joint packages of care or section 117 care caused by a lack of timely reviews which provide assurance on the care being appropriate resulting in decreased quality of care and non-compliance with the Mental Health Act.	<ul style="list-style-type: none"> Review of packages of care is an MMA and contractual requirement. MHA Programme Board is also in place which is attended by MLC/JSU Contract framework in place (in CPQI). Review of packages of care being recorded and sent to CSJ for assurance on a quarterly basis. 	4	4	16	<ul style="list-style-type: none"> The Trust are reviewing CPA packages of care and improved links have been established with the CSJ. Query over review Non CPA patients who receive 'Statement of Care'. MHA Programme Board is also in place which is attended by MLC/JSU Contract framework in place (in CPQI). Review of packages of care being recorded and sent to CSJ for assurance on a quarterly basis. 	4	3	12	Nov-19	Nov-19	12	12	12	12	↔	↓		
	Quality Committee	QQA044	SF043	Sep 2017: 02 2017/18		Brendan Prescott	Quality	There is a risk that the decreased capacity within the quality team caused by secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB.	<ul style="list-style-type: none"> Hours have been increased for the current Practice An additional 18 community beds commissioned by the CCG and additional transitional beds provided by the LA Head of Quality and Safety and Deputy Head of Quality and Safety in post - Jan 18 2 Programme managers in post - June 2018 Temporary support for Serious Incident Management in place until Sept 18 to support SI portfolio of work. 	2	4	8	<ul style="list-style-type: none"> Regular review of team capacity and re-alignment at leadership team 	<ul style="list-style-type: none"> Business case being submitted by Quality Team for post of Serious Incident Management Administrator. Nov 18 - Department of Deputy Head of Quality and Safety reduces capacity within the team. Seeking authority to commence recruitment to the role. Based on LT discussions, post of Serious Incident Management Administrator, is yet to be confirmed. Post of Serious Incident Management Administrator remains interim. Further recruitment to the team to be discussed and agreed based on CCG function realignment. May 19 - Team running with 1 vacancy and 1 long term sickness. Interviews arranged for vacancy. Diary and function review to prioritise senior representation at internal and external meetings. Discussion with Accountable Officer about reduced function within team and prioritisation of workloads. June 19 - 3 posts within Quality Team now appointed to and will be in post by July 2019 and Sept 2019. 1 x staff member remains on sick leave and interviews have been arranged for the Chief Nurse secondment post. Interim support has been arranged to cover the Deputy Head of Quality post over the summer period. Despite the plans and actions in place, the team continues to operate with two senior posts vacant. This increases the risk to deliver against planned dates until the staff members are appointed to be now in post, staff member x1 now also returned sick leave. Interim arrangements to cover the Chief Nurse posts are currently being discussed. Team at full capacity aside from lack of Chief Nurse in post. June 19 - some Executive functions covered by Director of Quality at LCCG now in place. Quality Teams from both CCGs aligning functions and redistributing workloads to allow for cross cover and create additional capacity. There has been a gap identified in relation to individualised patient care (care funding) which has been agreed with the CCGs Accountable Officer and Director of Finance. 	3	4	12	Nov-19	Nov-19	8	12	12	12	↔	↑	
	Quality Committee	QQA051	SF063	Dec 17: 03 17/18	N/A	Brendan Prescott and Sharon Forrester	Quality	There is a risk of 12 hour trolley waits for patients presenting at AED at Southport & Ormskirk Hospital caused by system pressures resulting in reduced quality and safety of care.	<ul style="list-style-type: none"> Regular meetings with Trust on plans in place to ensure quality is maintained via COCRM An additional 18 community beds commissioned by the CCG and additional transitional beds provided by the LA MAISE event taken place at the trust to continue internal process testing and promoting safe and appropriate discharge (May 2018) EOP action plan now in place Integrated Discharge Planning Team now in place COO now appointed 	3	4	12	<ul style="list-style-type: none"> NM 12 hour breach policy to be adhered to including early escalation to system partners 12 hour breaches to be avoided where ever possible Patients Safety, dignity and quality of care to be maintained at all times No delay of treatment or medication to be delayed as a consequence of the delay/breach 48 hr timeline to be completed followed by a full RCA at 60 days for issues learned as per policy 	<ul style="list-style-type: none"> The trust have failed to meet the 0% target on 12 hour breaches each month so far for 2019 due to continues pressure, however there has been an improvement from the previous year. A Southport declared 21 12 hour trolley breaches during Feb 19, the most declared in any one month during the last 13 months. AED performance improving despite system pressure and increased attendances. NHST support continues with focus on AED and flow. Transition beds continue to be utilised with oversight from commissioning and redeign. June 19 (Q) - continued pressure with S&O with over 50 12 hour breaches since October 2018. CCG requesting RCAs from trust for purposes of assurance on safety of care within AED. To be reviewed as CCG PORP and fed through to COCRM. Sept 19 - trust now not submitted 56 breaches RCAs, this has been escalated as the Deputy Chief Nurse to the COO at SAO and the CCG Leadership Team have been informed. This continues to be escalated to Head of Urgent Care via the Quality Team, the CCG are still awaiting a position statement as to what is causing the delays and when the RCAs are expected to be submitted. Nov 19 - RCAs received and reviewed at PJRRP. Out of 56 cases reviewed, 2 cases noted lesson learnt. Breaches are likely to continue however the Department have provided the CCG with assurances on the safety of patients and quality of care being provided, a meeting has been arranged with NHSE1 to ensure consistency of provider reporting/investigation of 12 hour breaches. 	3	4	12	Nov-19	Nov-19	12	12	12	12	↔	↔	

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PTI	Finance and Resource	FR0010a	SF	01/2019/20	N/A	Martin McDowell	Finance	There is a risk of non delivery of the CCG's control total (statutory duty (breakover)) in 2019/20 due to emerging pressures on expenditure in non delivery of its savings plan.	<ul style="list-style-type: none"> Robust review of all CCG expenditure through monthly management accounting routines. Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year. Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. Joint QIPP Committee and FAR Committee Reports Monthly IPR to GB 	4	4	16	<ul style="list-style-type: none"> HM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance. CCG led system wide recovery plan due for submission (June 2019). QIPP Week scheduled for week commencing 1/7/2019. Future QIPP Weeks to be held monthly - effective August 2019. 	<ul style="list-style-type: none"> CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects. On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. 19/6/19 - Agreement at FAR Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QIPP plan. Likely case deficit reported as £10.2m. QIPP Week held on week commencing 1/7/2019. Sept 19 - CCG led the preparation of a system wide recovery plan (including S&FCOG, S&O, SSCOG and WLCCO), which was submitted to regulators on 2/8/19. A further update to the plan will be submitted on 13/9/19. 	4	5	20	Oct-19	Oct-19	N/A	20	20	20	--	↑
PTI	Finance and Resource	FR0010b	SF	01/2019/20	N/A	Martin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2019/20 caused by non delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	<ul style="list-style-type: none"> Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings. Monthly RAG rates QIPP reporting and challenge at Joint QIPP and Financial Recovery Committee. Rapid mobilisation of QIPP projects and on-going review of timing of delivery. Joint QIPP Committee Reports. Monthly IPR to GB 	4	4	16	<ul style="list-style-type: none"> Multi-disciplinary teams to work on development / progression of QIPP schemes. Progression and on-going development of future QIPP plans through to 2020/21. Monthly RAG rates QIPP reporting and challenge at Joint QIPP and Financial Recovery Committee. QIPP Week scheduled for week commencing 1/7/19. Future QIPP Weeks to be held monthly - effective August 2019. 	<ul style="list-style-type: none"> Check and challenge sessions to provide assurance to the Joint QIPP and Financial Recovery Committee on the likelihood of delivery of QIPP schemes, review of estimated QIPP achievement and profiling of saving delivery. On-going development of assurance processes to ensure alignment and accuracy of QIPP reporting through monthly financial reports. 19/6/19 - Agreement at FAR Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QIPP plan. Likely case deficit reported as £10.2m. QIPP Week held on week commencing 1/7/2019. CCG led the preparation of a system wide recovery plan (including S&FCOG, S&O, SSCOG and WLCCO), which was submitted to regulators on 2/8/19. A further update to the plan will be submitted on 13/9/19. 	4	5	20	Oct-19	Oct-19	N/A	20	20	20	--	↑
PTI	Finance and Resource	FR0010c	SF	01/2019/20	N/A	Martin McDowell	Finance	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 SPD.	<ul style="list-style-type: none"> Defined budget holders, scheme of delegation in place and regularly reviewed internally to limit authority to commit CCG resources at an appropriate level of management. Monthly budget reports, budget holder training programme. FAR Committee Reports Monthly IPR to GB 	3	3	9	<ul style="list-style-type: none"> HM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance. 	<ul style="list-style-type: none"> Review of financial reporting to ensure continued relevance in content and granularity of detail. On-going review of operational routines to ensure optimum efficiency to release resources to focus on supporting transformation and QIPP delivery. On-going development of relevant financial training including mandatory financial training on appointment. Agreed at FAR Committee meeting on 18/9/19 to increase likelihood post mitigation score and consequence post mitigation score from 3X3 to 4X5, as the operational budget forecast (£2.8m) is a significant financial pressure for the CCG, as it is above £2m. 	4	5	20	Oct-19	Oct-19	N/A	9	20	20	--	↑
Quality Committee	Quality Committee	QUA071	SF68	Refreshed 10.5.19	SF001/QUA007	Karl McCluskey (Sarah McGrath)	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 62 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes.	<ul style="list-style-type: none"> S&O CRM and CQPG (monthly) S&O Cancer performance meetings (monthly) S&O Cancer Locality meetings (quarterly). Strengthened process for sharing pathway level and 104 days breaches with CCG IPR meetings monthly fed through to Quality and performance group and at NHSE performance calls through KLOES 	4	3	12	<ul style="list-style-type: none"> Healing NHSE agreement on standard operating procedure for RCA 104 day breaches to be added as contract variation 	<ul style="list-style-type: none"> Recovery plan submitted but sustained recovery not anticipated in 2019/20 Clinical Operating Officer cancer meetings in place 	4	3	12	Nov-19	Nov-19	N/A	12	12	12	--	--
Quality Committee	Quality Committee	QUA074	SF68	NEW 9.5.19	N/A	Karl McCluskey (Sarah McGrath/Terry Hill)	Commissioning and Delivery	There is a risk to continuity of service provision for haematology and haemato-oncology services due to a consultant vacancy at Southport and Ormskirk Hospital resulting in the need to re-direct activity and delays to treatment and follow up for cancer and non cancer patient cohorts leading to potentially poorer clinical outcomes.	<ul style="list-style-type: none"> Southport and Ormskirk CRM and CQPG (monthly) Operational update meetings with CCG (fortnightly) 	4	4	16		<ul style="list-style-type: none"> Strategic approach - paper to Committees in Common June 2019 Sept 2019 update. Regular meeting with S+O re local solution including primary care 	4	4	16	Sep-19	Nov-19	N/A	16	16	16	--	--
Quality Committee	Quality Committee	QUA076	SF	New Sept 19	N/A	Karl McCluskey and Geraldine O'Carroll	Commissioning and Delivery	<p>GWPs have given notice to cease provision of IAPT services from 2020. It is anticipated that the current contract would be extended. The CCG will now need to consider alternative providers including the potential need to procure for provision from April 2020. Where case scenarios exist there would be no provision in place by 1st April 2020</p> <p>Risk to the provision of IAPT services as a result of a failure to procure alternative service provision following CWP's notice to cease provision from April 2020.</p>	<ul style="list-style-type: none"> Discussion with Procurement team at MLCSU re options: paper to GB Jan 8 September 2020 	3	4	12	<ul style="list-style-type: none"> Continued development of options dependant upon provider market which may be limited. 	<ul style="list-style-type: none"> Sept 2019 update-procurement advice taken to LT 10/9/19 and agreed to publish an expression of interest invitation to test market. Nov 19 - EOI being evaluated and will inform further procurement approach 	3	4	12	Nov-19	Nov-19	NA	NA	12	12	--	--
PTI	Quality Committee	QUA077	SF	Nov-19	N/A	Gordon Jones	Commissioning	There is a risk that the challenging QIPP financial target in 2021 will impact on Mental Health LTP ambitions, e.g. Crisis, IAPT, Individual Placement Support, SM health checks and CVT, by the lack of available financial envelope for delivery.		4	4	16		<ul style="list-style-type: none"> Mental Health commissioning working with finance to understand the financial envelope for 2021 and beyond. 	4	4	16	Nov-19	Nov-19	NA	NA	16	16	N/A	N/A

Risk Matrix

Consequence Likelihood	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

Risk Ratings

Risk	Score	Colour
Low	1-3	Green
Moderate	4-6	Yellow
High	8-12	Orange
Extreme	15 - 25	Red

↓ Significant Risks

Significant Risks

A risk which attracts a score of 12 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Corporate Risk Register.

Consequence Score for the CCG if the event happens		
Level	Descriptor	Description
1	Negligible	<ul style="list-style-type: none"> • None or very minor injury. • No financial loss or very minor loss up to £100,000. • Minimal or no service disruption. • No impact but current systems could be improved. • So close to achieving target that no impact or loss of external reputation.
2	Minor	<ul style="list-style-type: none"> • Minor injury or illness requiring first aid treatment e.g. cuts,bruises due to fault of CCG. • A financial pressure of £100,001 to £500,000. • Some delay in provision of services. • Some possibility of complaint or litigation. • CCG criticised, but minimum impact on organisation.
3	Moderate	<ul style="list-style-type: none"> • Moderate injury or illness, requiring medical treatment (e.g. fractures) due to CCG's fault. • Moderate financial pressure of £500,001 to £1m. • Some delay in provision of services. • Could result in legal action or prosecution. • Event leads to adverse local external attention e.g. HSE, media.
4	Major	<ul style="list-style-type: none"> • Individual death / permanent injury/disability due to fault of CCG. • Major financial pressure of £1m to £2m. • Major service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £100,000 not covered by NHSLA. • Risk to CCG reputation in the short term with key stakeholders, public & media.

Level	Descriptor	Description
5	Catastrophic	<ul style="list-style-type: none"> • Multiple deaths due to fault of CCG. • Significant financial pressure of above £2m. • Extended service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £1,000,000 not covered by NHSLA. • Long term serious risk to CCG's reputation with key stakeholders, public & media. • Fail key target(s) so that continuing CCG authorisation may be put at risk

Likelihood Score for the CCG if the event happens		
Level	Descriptor	Description
1	Rare	<ul style="list-style-type: none"> • The event could occur only in exceptional circumstances. • No likelihood of missing target. • Project is on track.
2	Unlikely	<ul style="list-style-type: none"> • The event could occur at some time. • Small probability of missing target. • Key projects are on track but benefits delivery still uncertain. • Less important projects are significantly delayed by over 6 months or are expected to deliver only 50% of expected benefits.
3	Possible	<ul style="list-style-type: none"> • The event may occur at some time. • 40-60% chance of missing target. • Key project is behind schedule by between 3-6 months. • Less important projects fail to be delivered or fail to deliver expected benefits by significant degree.
4	Likely	<ul style="list-style-type: none"> • The event is more likely to occur in the next 12 months than not. • High probability of missing target. • Key project is significantly delayed in excess of 6 months or is only expected to deliver only 50% of expected benefits.
5	Almost Certain	<ul style="list-style-type: none"> • The event is expected to occur in most circumstances. • Missing the target is almost a certainty. • Key project will fail to be delivered or fail to deliver expected benefits by significant degree.

SEND Continuous Improvement Board Risk Register					Updated Following SEND Continuous Improvement Board Date: 20th December 2019										
Details of Risk					Inherent Risk			Existing Controls	Residual Risk			Mitigating Actions			
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score		Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
3	Reduction in funding available	Council has reduced budget by 55% and is required to save a further £45m over the next three years. CCG	Lack of resources to meet demand	Chief Executive Sefton Council	5	4	20	Sound financial management. Procedures in place in the Council and CCG.	4	4	16	Close budget monitoring procedures to be aligned to a forecasting model to enable early decision making. Commissioning Strategy to consider inclusion, early help and universal opportunities. Both the Council and CCG will consider SEND in 2020/21 budget planning processes	Chief Executive Sefton Council/ Chief Officer CCG's	Mar-20	Open
7	Unable to meet demand due to gaps in specialist skills	Skills deficits in specialist areas	Delays in completion and review of EHCPS. Unacceptable waiting times for clinical assessments and diagnoses.	Chief Executive Sefton Council	4	4	16	Performance monitoring. Training and recruitment and needs assessment.	3	4	12	Additional capacity being identified. Further training planned for SEN workforce. Performance monitoring to be in place. Task and finish group for health established to remedy action 3.1 in SEND Improvement plan for health information submission pathway.	Chief Executive Sefton Council/ Chief Officer of the CCGs	Ongoing	Open
8	Perception that change is slow	Lack of prioritisation of activity in improvement plan and lack of transparency in anticipated timescales for change	Young people, carers and parents perceive that nothing is changing. Further loss of trust and confidence in the system.	Chief Executive Sefton Council	5	3	15	Parents and Carers represented at SENDCIB and in between formal meetings, SPCF reps have attended the Co-production sub group meetings and are integral to the task and finish groups The Council's Head of Communities and the DCO now attend the Sefton Parent Carer Forum (SPCF) on a regular basis. Engagement with Council services has been funnelled through the Head of Communities Clear leadership on communication and engagement.	4	3	12	Terms of reference for sub groups in place. Sub group due for review in SENDCIB June 2020 Lead Officers to nominate deputy where appropriate. Seek feedback re pace of change from key stakeholders on a regular basis	Head of Communities & DCO	Ongoing	Open
10	Pace of Change Improvement Plan	Recruitment of resources to deliver the Improvement Plan took longer than anticipated Improvement Plan Targets are not being met Tasks prioritised meaning some activity is not effectively resourced	Slippage in delivery timescales	Chief Executive Sefton Council	4	4	16	Strategic oversight of progress	3	4	12	Review of reporting mechanisms agreed by System Leadership and Governance Sub Group	Chief Executive Sefton Council/ Chief Officer CCG's	Feb-20	Open
11	ASD Pathway	Lack of NICE compliant ASD diagnostic pathway	Slippage in delivery timescales Frustration for families Delays in diagnosis can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	5	4	20	Alder Hey business case submitted to be considered by the CCG Joint ASD and ADHD diagnostic pathway task and finish group is established to review the wider issues relating to ASD provision, focusing on improvement planning and performance in the management of waiting times and transition support (see section 5.2.1 of action plan for evidence)	5	4	20	Recovery plan to be signed off by SENDCIB Multi disciplinary group scheduled to meet Parent Carer Forum January 2020 to discuss ASD pathway and to map out and co-create the agreed pathway supported by an implementation timetable.	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Ongoing	Open

SEND Continuous Improvement Board Risk Register					Updated Following SEND Continuous Improvement Board Date: 20th December 2019										
Details of Risk					Inherent Risk			Existing Controls	Residual Risk			Mitigating Actions			
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score		Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
13	CAMHS	Increasing waiting times for accessing the service and inability to meet demand	Delays in accessing services, can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	4	4	16	Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report Ongoing monitoring included in Health SEND Oversight Framework Ongoing contract monitoring as part of CCG usual business operations	4	4	16	The CCG is currently reviewing and validating waiting times for CAMHS assessments. Once validated this will be reported to the SENDCIB for approval to incorporate into the improvement plan for monitoring. Learning from the JTAI review will be incorporated into action planning process. JTAI group established specifically to concentrate on improvements. Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Ongoing	Open

**MEETING OF THE GOVERNING BODY
February 2020**

<p>Agenda Item: 20/14</p>	<p>Author of the Paper: Kerrie France Associate Chief Nurse (SEND)</p>						
<p>Report date: January 2020</p>	<p>Kerrie.france@southseftonccg.nhs.uk</p>						
<p>Title: SEND Improvement Plan – progress update</p>							
<p>Summary/Key Issues:</p> <p>This paper presents the Governing Body with an update on delivery of some of the key health elements of the Sefton SEND Improvement Plan.</p> <p>Governing Body members are asked to note that the Sefton SEND Continuous Improvement Board is the substantive forum for overseeing delivery of all agreed actions and they are supported in that role by a number of key work streams.</p> <p>This report provides an update on key issues only.</p>							
<p>Recommendation</p> <p>The governing Body are asked to receive the report and note that;</p> <ul style="list-style-type: none"> - Evidence submission was shared as planned on 20th December 2019 with Department for Education and NHS England and Improvement. - Proposed recovery actions relating to actions 3 and 5 of the improvement plan were agreed. - Update provided on risks and exception report requirements relating to action 3 was shared with the SEND continuous Improvement board on 17th January 2020. - A six month progress review meeting was held on 22nd January 2020 with NHS England and improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers advised they will continue to monitor Sefton as per Improvement notice. A feedback report is expected from the lead reviewer. <div style="float: right; text-align: right;"> <table border="1"> <tr> <td>Receive</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table> </div>		Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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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.
	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.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement	x			Parent's and carers have been involved in the development of the SEND improvement plan
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	X			The CCGs senior leadership team and leadership team have considered the level of resourcing required to secure improvements
Locality Engagement			x	
Presented to other Committees	x			Sefton SEND Continuous Improvement Board

Report to Governing Body February 2020

1. Background

Following the SEND improvement notice issued in June 2019, a six month review and assessment of progress was planned for and took place on 22nd January 2020 with leaders from Department for Education and NHS England and Improvement. The submission of evidence to support progress was required by 20th December 2019.

A key task of the SEND Sefton Health Performance improvement Group was to review and sign off the evidence submission collated by health partners. The group also considered the recovery actions necessary for those that were not on track to meet timescales contained in the improvement plan.

There are some recovery actions required for actions 3 relating to education, health care plans for health from December 2019 to April 2020. There was also slippage relating to action 5 respect of the commissioning of a Neuro-developmental pathway for children with ASD.

2. Progress update

All partners have worked collaboratively to ensure the system could demonstrate good progress against the improvement plan where possible and where exception reporting was necessary, recovery actions were considered.

- **Action 3: To improve the lack of awareness and understanding of health professionals in terms of their responsibilities and contributions to Education and Health Care Plans (EHCPs)**

Meetings have been planned between provider to review recovery actions relating to workforce training requirements for education, health care plans (EHCP's) and commencement of a revised process that was due December 2019. Children's commissioners in Sefton and Liverpool are reviewing business cases by providers relating to EHCP.

An exception report was shared with the Sefton SEND Continuous Improvement Board on 17th January 2020 and agreement was reached for a revision to the timescale for completion. The revised health process will commence from April 2020.

- **Action 5: To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand**

Business cases for Neuro-developmental assessment and diagnostic provision relating to Autism and Attention deficit Hyperactivity Disorder (ASD/ADHD) are being prioritised and a meeting has been held with Sefton parent and carers forum to review a neuro-developmental pathway on 17th January 2020. A report has been completed for the governing body by the Chief Officer. Any risks associated with slippage in the improvement plan have been updated and escalated to the SEND Continuous Improvement Board on 17th January 2020.

A six month progress review meeting was held on 22nd January 2020 with NHS England and improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers noted some progress had been made, against the improvement plan and advised a focus on impact and pace is critical to evidence improvements

in the quality of care delivery for children and families. They advised they will continue to monitor Sefton as per Improvement notice. A feedback report is expected from the lead reviewer.

3. Recommendations

The governing Body are asked to receive the report and note that;

- Evidence submission was shared as planned on 20th December 2019 with Department for Education and NHS England and Improvement.
- Proposed recovery actions relating to actions 3 and 5 of the improvement plan were agreed.
- Update provided on risks and exception report requirements relating to action 3 was shared with the SEND continuous Improvement board on 17th January 2020.
- A six month progress review meeting was held on 22nd January 2020 with NHS England and improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers advised they will continue to monitor Sefton as per Improvement notice. A feedback report is expected from the lead reviewer.

Kerrie France
Associate Chief Nurse (SEND)
January 2020

MEETING OF THE GOVERNING BODY
February 2020

Agenda Item: 20/15	Author of the Paper: Matthew Ashton Director of Public Health - Sefton public.health@sefton.gov.uk						
Report date: February 2020							
Title: Sefton Health and Wellbeing Strategy 2020 – 2025							
Summary/Key Issues: The previous Health and Wellbeing Strategy for Sefton ran from 2014 – 2020. A new Sefton Health and Wellbeing Strategy for 2020-2025 has been developed; Living Well in Sefton 2020 – 2025.							
Recommendation The Governing Body is asked to receive this report.	<table border="0"> <tr> <td>Receive</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Approve	<input 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.
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				
Equality Impact Assessment	x			
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees	x			

Report to the Governing Body February 2020

1. Executive Summary

The previous Health and Wellbeing Strategy for Sefton ran from 2014 – 2020. A new Sefton Health and Wellbeing Strategy for 2020-2025 has been developed; **Living Well in Sefton 2020 – 2025**.

2. Introduction and Background

Development of a Joint Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act (2012), which is shared by the Local Authority and Clinical Commissioning groups and is overseen by the Health and Wellbeing Board.

The Health and Wellbeing Strategy is the overarching plan which identifies the key ambitions which the wider system should focus on in order to improve the health and wellbeing and to reduce health inequalities in Sefton. It is based on needs and assets identified in the Joint Strategic Needs Assessment and through public and stakeholder engagement, taking account of the latest policy, guidance and evidence.

Process of development

The Health and Wellbeing Strategy Group was established in early 2019 to lead on the development of the new strategy. The group was made up of key stakeholders from across the organisation, Clinical Commissioning Groups and the Voluntary Sector.

The ambition within the strategy are based on current and future needs as outlined in the Sefton 2018 Joint Strategic Needs Assessment, and shaped by our consultation and engagement events, and focuses on issues that affect large numbers of people, not just the health problems that people die from.

The Strategy development and papers detailing emerging key themes have been reviewed and overseen by the Health and Wellbeing Board and the Adults Social Care and Children's Overview and Scrutiny Committees.

A key part of the development has been the public consultation and engagement. This was conducted in two phases;

Phase one engagement ran from July through to August and focused on testing out the relevance of Joint Strategic Needs Assessment identified needs through an online questionnaire which was designed to be accessible, and available in an easy read format.

In September 2019, the Health and Wellbeing Board received initial consultation findings and an outline of the draft strategy.

Following this Phase two of the engagement process commenced, which involved a further short period of public engagement on the outlined draft strategy itself. This took place through focus groups across the borough with members of the public and key stakeholders. This has helped shape the ambition. A full consultation report will be received by the Public Engagement and Consultation Panel in March 2020.

3. Key Issues

The high-level aims of the Strategy are to:

- To set out a framework of needs and ambition in which all local health, social care and related services are commissioned
- To provide the strategic vehicle to address local needs and inequalities in health and wellbeing
- To improve outcomes for local communities, especially for the most vulnerable and excluded citizens

The aims must then seek to;

- Align commissioning intentions for health, care and wellbeing services
- Promote more collaborative, person and place-centred ways of working
- Connect and strengthen activity taking place elsewhere in the Community, Voluntary and Faith sector, within health and care providers, and in organisations and partners whose work focuses on the wider determinants of health

4. Conclusions

The delivery of the strategy will be made real through key plans including the NHS 5 year plan, 'Sefton2gether', The Children and Young Peoples Plan and the work of the Integrated Commissioning Group. The Strategy is a review and refresh of the current Health and Wellbeing Strategy, which reflects the needs of the Joint Strategic Needs Assessment. The progress and impact of the strategy will be driven through the Health and Wellbeing Board holding the system to account. There will be a performance monitoring framework which will allow the Health and Wellbeing Board to be assured of impact and progress. The activity of the Health and Wellbeing Board will be reviewed regularly, ambition reviewed, and progress will be shared with key stakeholders and residents of Sefton.

The Strategy has been presented to Cabinet and to full Council in January 2020, for approval, with view to adoption from the 1st April 2020.

5. Recommendations

The attached final draft of the Sefton Health and Wellbeing Strategy for 2020-2025 **Living Well in Sefton 2020 – 2025** is attached for consideration of the Governing Body.

6. Appendices

Sefton Health and Wellbeing Strategy 2020-2025

Matthew Ashton
Director of Public Health - Sefton
February 2020

Sefton

Health and Wellbeing
Strategy
2020-2025





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Foreword

“How are you? Are you well? Are you doing OK?”

We all talk about our health and how life is treating us. When our physical or mental health takes a turn for the worse it can make it harder to do the things that we care about.

‘Living Well in Sefton 2020-2025’ is our new Health and Wellbeing Strategy, and the vision we are working towards is that Sefton will be:

‘A confident and connected borough that offers the things we all need to start, live and age well, where everyone has a fair chance of a positive and healthier future’

‘Living Well in Sefton 2020-2025’ is more than words on a page. The messages in this new strategy are directed towards large scale, meaningful changes on the big issues which matter to people who live and work here. Our ambitions for better and more equal health and wellbeing span all the way from pregnancy and the start of life, to the close of our lives, and speak to everyone; not just health and care services. This is because we know that the most powerful changes come from creating more of the right conditions and opportunities for people’s health to thrive.

Sefton has a very active voluntary, community and faith sector, fantastic natural assets, and committed health and care services. Our challenge is to nurture each of these and to look for connections between them, so opportunities for better health and wellbeing are more than the sum of their parts, and accessible to everyone.

We will not be able to remove Sefton’s health and social inequalities altogether, however by signing up to ‘Living Well in Sefton 2020-25’ and its ambitions for health and wellbeing, we can create better opportunities for health. If we work together to deliver this strategy, we will see improved health and wellbeing for people Sefton in both the short and longer term.



Having the right strategy is only the first step. The important next step is how we deliver it and how we embed our commitment to eliminating health inequalities in everything we do. If we want to improve health and wellbeing and reduce health inequalities, every single sector, organisation and community has a role to play. Together we can really make a difference to health and wellbeing in Sefton.

A handwritten signature in black ink that reads 'Ian Moncur'.

Cllr Ian Moncur,
Chair of Sefton Health and Wellbeing Board





Plan on a page

Living Well in Sefton

2020-2025

One Vision

A confident and connected borough that offers the things we all need to start, live and age well, where everyone has a fair chance of a positive and healthier future.

Seven Principles and ways of working

- 1 Ambitions are based on the Joint Strategic Needs Assessment, and shaped by our consultation and engagement activity
- 2 Recognition that health and life chances are significantly shaped by a wide range of factors
- 3 Public, private, and voluntary, community, and faith sectors will all work together to address these ambitions
- 4 Ambitions are high level, and informed by evidence and guidance wherever possible
- 5 Ambitions will improve health and wellbeing for everybody, but will focus on narrowing inequalities for those with greatest need
- 6 Prevention will be embedded in everything we do
- 7 Partners will work together to keep the most vulnerable members of our community safe

Ten Ambitions

Start well

- 1 Every child will achieve the best start in their first 1001 days
- 2 Education and training will enable every young person to unlock the door to more choices and opportunities
- 3 Every child and young person will have a successful transition to adulthood

Live well

- 4 Health, care and wellbeing services across Sefton will work together
- 5 Everyone will have a fulfilling role which can support their needs
- 6 The wider system will have a strong role in prevention and early intervention

Age well

- 7 Older people will stay active, connected and involved
- 8 As people grow older they will be provided with support tailored to their needs
- 9 Our communities and the built environment will meet the needs of people as they get older

All age

- 10 The places where we live will make it easy to be healthy and happy, with opportunities for better health and wellbeing on our doorstep

Making it happen

- The Health and Wellbeing Board will hold the health and social care system and wider partners to account
- A performance monitoring framework will provide assurance of impact and progress to the Health and Wellbeing Board
- The activity of the Health and Wellbeing Board will be reviewed regularly, ambitions updated, and progress will be shared with key stakeholders and Sefton residents



Introduction

What is the Health and Wellbeing Strategy?

The Health and Wellbeing Strategy (HWBS) is the overarching plan to improve the health and wellbeing of people in Sefton and to reduce health inequalities (differences in health between different communities or groups of people). We know that in Sefton, good health and wellbeing is not experienced equally across the borough, and too many people experience poor health.

The strategy is based on Sefton's needs and assets identified in the Sefton Joint Strategic Needs Assessment (JSNA)¹ and through public and stakeholder engagement. It takes account of the latest policy, guidance and evidence. The Health and Wellbeing Board (HWB) holds the Sefton health and care system, including wider partners, to account, by enabling collaboration and challenging progress on the key ambitions.

It is increasingly important that our Sefton health and care system, including wider partners, work together to meet the needs of our entire population. This means focusing on the areas of greatest need and ensuring we are doing the best we can with the resources available. We also need to increase our efforts on prevention, prioritise both physical and mental health, and create connections across the public, private and voluntary, community and faith (VCF) sectors to make lives better for people in Sefton.

How has the Health and Wellbeing Strategy been developed?

In 2019 we spoke to members of our local communities and other key stakeholders and asked what they thought the JSNA told us². From this we identified a number of key themes, aims and ambitions. We then carried out a series of focus groups to ensure we correctly captured everyone's views. Existing evidence, guidance and best practice from elsewhere, was merged with our local findings to inform the final structure and content of the strategy.

Key principles and ways of working

Our key principles and ways of working are outlined below: -

- Our ambitions are based on current and future needs as outlined in the Sefton Joint Strategic Needs Assessment and shaped by our consultation and engagement events. They focus on issues that affect large numbers of people, not just the health problems that people die from.
- We recognise that health and life chances are significantly shaped by a wide range of factors known as the determinants of health. These include where we live, how we socialise, what opportunities we have, and what services are in place to support us.³
- To achieve our ambitions, the public, private, and voluntary community and faith sectors will all work together, with the interests of our communities at the heart of what they do.
- The ambitions we outline in the strategy are high level, informed by evidence and guidance wherever possible. They use real-world experiences, and lessons from landmark reports such as *Due North*⁴ and *Fair Society Healthy Lives*⁵.
- Ambitions will improve health and wellbeing for everybody but will focus on narrowing inequalities for those with greatest need.
- We will embed prevention in everything we do. Prevention and early intervention is about enabling people to maintain the best health possible all the way through life.
- Partners will work together to keep the most vulnerable members of our community safe.

What is...

Health inequalities: Avoidable and unfair differences in health between different communities or groups of people.

Prevention: stopping something which may be harmful from happening.

Life chances – these are the opportunities we have to improve our quality of life.

Early intervention: Recognising difficulties faced by children, adults and families and tackling these issues early before they become more ingrained problems



Policy Context

The Health and Social Care Act (2012)⁶ requires local authorities to set up HWBs as a council committee, with some mandatory membership. Details of the Sefton HWB board can be found here⁷. The HWB can use its powers and duties to facilitate integrated commissioning and decision-making, which align with patterns of local health and health-related needs.

A recent review of HWBs by the Local Government Association clearly supports the continuing relevance and status of HWBs, JSNA and 'Living Well in Sefton 2020-2025' as essential and powerful drivers of population health improvement.⁸ This is supported by the NHS Long term Plan.

The NHS Long Term Plan stresses the importance of prevention, addressing health inequalities, recognising NHS organisations as 'anchor institutions' and emphasizing greater collaboration and integration at a borough level through the new NHS model⁹. This is also referenced for Sefton in the recently published Sefton2gether Plan.¹⁰

We recognise the importance of economic growth to Sefton in helping to improve people's health and wellbeing. The National Industrial Strategy¹¹ includes a 'Grand Challenge' to ensure that people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest. Technological innovation is presented as a key means of achieving this mission, for example improving digital skills and access.

The two-way relationship between good work and good health is also a central theme in the Liverpool City Region Local Industrial Strategy, which is currently in development.¹²

The Health and Wellbeing Strategy will be delivered through a number of local plans, strategies and boards including;

- Sefton2gether – Sefton's NHS 5 Year Plan
- Children and Young Peoples Plan
- Early Help Strategy
- Emotional Health and Wellbeing Strategy
- All Age Carer Strategy (currently in development)
- Sefton Older Peoples Strategy
- The Integrated Commissioning Group work programme (currently in development)
- Children and Young Peoples Partnership Board
- Adults Forum
- Health Protection Forum
- Local Safeguarding Boards

Further details on these plans and strategies can be found here¹³

What is...

Integrated commissioning:
Working in partnership to identify need in our communities and ensuring there are services in place to meet those needs.

Anchor institutions:
these are large organisations like hospitals, local councils, and universities whose long-term sustainability is connected to the wellbeing of the populations they serve. These organisations can have a significant influence on the health and wellbeing of a local community.





Health in Sefton

The Four Pillars of Population Health

Our Health Behaviours and Lifestyles



11.1% of Sefton residents smoke, the lowest rate in the Liverpool City Region

Two thirds of Sefton residents meet the Chief Medical Officer's recommendations for physical activity



Sefton is amongst the 10% of English authorities with the highest rates of alcohol specific hospital admissions

Almost three quarters of adults in Sefton are overweight or obese



Priorities and practical solutions The Places and Communities We Live In, and With



1 in 5 Sefton residents live in the most deprived 10% of England (approximately 55,000 residents).

1 in 25 Sefton residents live in the least deprived 10% of England (11,000 residents)

Life expectancy is 9 years lower for men and 8 years lower for women in the most deprived areas of Sefton than in the least deprived areas.

Sefton's most deprived populations also spend, on average, 18 years less in good health than those in the most affluent areas.



The Wider Determinants of Health



There are approximately 272 fast food outlets in Sefton, 1 for every 1,000 residents. Outlets tend to be concentrated amongst Sefton's most deprived communities.

Sefton has 27 Municipal Parks, 135 Other Parks and Greenspaces and 38 Outdoor Gyms.



Air pollution is thought to be responsible for 3.8% of Sefton's deaths

An Integrated Health and Care System

The increasing complexity of people's health calls for a more joined up, person-centred health care system.

An estimated 27% of Sefton residents have two or more chronic conditions and 17% have 3 or more chronic conditions.

Multimorbidity is projected to be highest in areas with an above average older person population and areas of high deprivation.



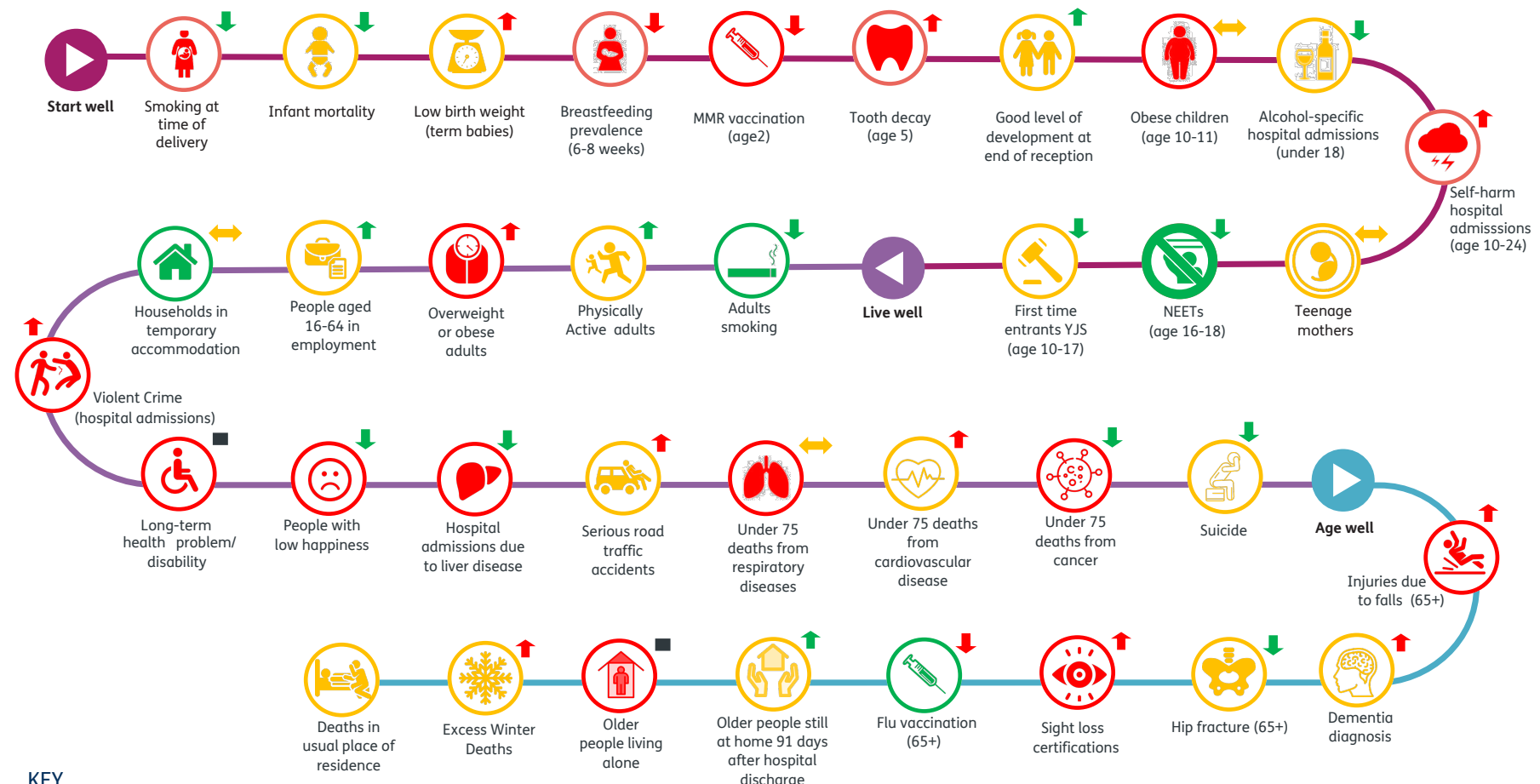
Data from JSNA: www.sefton.gov.uk/jsna



Sefton's Health & Wellbeing Across the Lifecourse

Current Population 275,396

- 53,000 Under 18s
- 157,531 18 - 64
- 64,032 65+



KEY

Statistical significance to England:

- Better
- No different
- Worse

Direction of travel:

- Improved since last period
- Similar to last period
- Worse than last period
- No comparator

Based on a template from Halton Public Health Intelligence Team and work produced by Centre for Public Health, Liverpool John Moores University. Icons made by Flaticon and available here: www.flaticon.com

Our ambitions across all ages

We need to focus on the factors, structures and conditions that shape our opportunities for good health throughout life. The way we do this is to take a life course approach, where the emphasis is on healthy ageing from before birth to the end of life, and on the range of interventions that support this. Our approach to a healthy life is as follows;

Start well

Where we lay the foundations for a healthy life, usually up to age 18, but includes children up to age 25 years for some children with additional needs.

Live well

Where we ensure people have every opportunity to live a healthy life

Age well

Where we consider the factors that help keep us healthy as we get older

All age

Where our ambitions for Sefton apply to all age groups



Start Well



Children's life chances and health risks are different, even from before birth. Levelling the playing field from birth to starting school and beyond is one of the best ways to improve population health and narrow the gap in health experienced between our most and least vulnerable communities. There are many times in our lives where the right support and opportunities can make big differences to life chances.

- In Sefton we are committed to having children and young people who are heard, happy, healthy and achieving.
- The first 1001 days are a unique window of opportunity to support each child to develop their language, thinking, emotional and social abilities as fully possible. These are the basic tools children need so they can get the most out of school and other areas of life.
- In the last year there were more than 300 babies born to women who smoke. In some Sefton communities, around one in six women smoke in pregnancy and many more babies and children do not grow up in smoke-free homes.
- Health and wellbeing in pregnancy can also be harmed by substance use, obesity, poor nutrition, poor mental health and indoor and outdoor air pollution.
- We need to improve health and wellbeing through things like the promotion of breastfeeding, increasing vaccination, preventing accidents, reducing exposure to air pollution and passive smoking, and improving access to healthy housing and healthy eating, including addressing the impact of food poverty.
- Good emotional wellbeing for children, parents and carers starts with feeling safe, secure and confident. When these core elements of wellbeing are shaky or missing altogether, making progress towards being ready for school at age 4 or 5 becomes an even bigger challenge. This might be due to the impact of mental health problems during pregnancy or in the first



year following the birth of a child, current or historic abuse or adverse childhood experiences, or threats to safety and security because of problems with money or housing.

- Universal advice and support for all is essential and helps parents, carers and children alike to grow in confidence during the crucial, pre-school years when their brains are developing very rapidly. Universal services, for example health visiting, are responsive to the needs of families, increasing and reducing support where required. This ensures that additional needs and vulnerabilities are spotted early, and children and families are provided with appropriate and timely support.
- For older children, transitions into primary, secondary school and into further education and training are key stepping stones. If these transitions are good, young people can more easily achieve their full potential. In Sefton, there is a gap in educational attainment between children from disadvantaged backgrounds and their more advantaged peers. Amongst older children in Sefton, poor mental wellbeing, bullying, loneliness, self-harm, time out of education, exposure to crime and access to mental health services are concerns. Differences in physical health, including obesity exist along lines of income and social deprivation.
- Some groups are also at greater risk of having worse health and wellbeing outcomes as children and young adults, for example individuals with learning or other disabilities, children from groups that may be at higher risk of exclusion, and children who identify as LGBT, or children who need to be cared for by others.

Our ambitions for Start Well are:

- Every child will achieve the best start in their first 1001 days
- Education and training will enable every young person to unlock the door to more choices and opportunities
- Every child and young person will have a successful transition to adulthood, including young carers, and children with special educational needs and disabilities for whom transition extends to 25 years.

Live Well



As adults our health related behaviours can become a more prominent concern for our long-term health. People living within the constraints of a low income, and other social disadvantages are more likely to develop chronic conditions such as obesity, diabetes, high blood pressure, or high cholesterol.

This group is also more likely to develop serious long-term, conditions like, serious mental health problems, cancer, heart disease, stroke or lung disease earlier in life (pre-retirement age) and develop more than one condition. In addition, the amount of ill-health and reduced quality of life due to issues like back pain problems, and chronic stress are all part of this picture. Mental wellbeing for middle-aged men is also a growing cause of concern.

- Challenges from poor quality or uncertain employment, debt, caring for children and/or older relatives and physical health problems increase the risk of poor mental wellbeing and mental health conditions.
- People with mental illness are more likely to have higher rates of poverty, homelessness, prison, social isolation and unemployment and their needs often tend to be more complex and urgent.
- Alcohol and drug use, smoking and gambling can negatively affect our own health, and the wellbeing of our family and friends. The consequences can be more serious for people living in poverty and with limited networks of support.
- People with few barriers to making healthy choices and changes can benefit from high quality self-care information and services, whereas people facing many more barriers and challenges need more hands-on support
- To make a difference, we need to work together across the public, private, and voluntary community and faith sector to embed prevention into wider strategies such as housing, the economy, the NHS, transport and the local environment, and placing communities at the heart of decision-making.
- Housing, inclusive economic growth, employment, adult learning and training opportunities, healthy high streets and workplaces and person-centred support for carers are key considerations for all, and this can sometimes be summarised as “somewhere to live, someone to love, and something to do”.

Our ambitions for Live Well are:

- Health, care and wellbeing services across the wider system will work together to support individuals, carers, families, and communities
- Everyone has a fulfilling role which can support their needs, with opportunities to contribute, learn and progress
- The wider system has a strong role in prevention, early intervention, health equity, and integrated care so that access and support is available where needed

What is...

Inclusive economic growth: increasing local wealth and ensuring it is distributed fairly across society and creates opportunities for all.

Healthy high streets: using high-streets as a way of supporting the health and wellbeing of local communities, for example through making sure that they are easy to navigate.

Healthy workplaces: Making work an environment that can support the health and wellbeing of employees, for example by making sure there is access to healthy food.

Health equity: ensuring that everyone has fair access to the support they need to keep healthy, by making sure that services meet the needs of all groups and communities.



Age Well

We know that the proportion of the population that are aged over 65 is increasing in Sefton. We therefore need to consider how we can promote healthy and active ageing locally.

Older people play an important role in our communities, often supporting others through caring roles, and actively engaging with groups and events. However, for some people, growing older brings about increasing dependency and social isolation, reflecting the broader picture of health inequalities experienced in Sefton.

- Getting older is associated with an increased risk of long-term health conditions. Many people will develop multiple health problems such as; stroke, dementia and mental health problems. They are also at increased risk from infections including influenza and pneumonia and problems with sight and hearing. These factors can contribute to a high rate of frailty and falls and the loss of independence that can result.
- As people get older there are wider factors that can pose a risk to health and wellbeing, these include; care arrangements, time in hospital, hazards at home, access to suitable transport, low income, and demanding caring roles. Loss and loneliness can have a dramatic effect on health, wellbeing and independence.
- Considerations for this age group include how the health, care and wellbeing services work together, and recognising the ongoing value of preventative care for example to minimise the risk of a serious fall, infection or complication from a long-term condition.



- The social, and built environment are also a key consideration. Affordable housing that is easy to keep warm, is age and disability friendly and in a good state of repair can improve health and well-being. This enables people to maintain their independence for as long as possible. These spaces should be co-designed to create disability and age friendly places that are safe and easy to navigate for all ages.
- Wherever possible, indoor and outdoor spaces should be co-designed with the needs of older people in mind. These spaces should be suitable for all ages to provide safe spaces which are easier to navigate and move around, allowing people to be active and socialise together.
- Getting around is important for all aspects of active ageing. Transport in Sefton must reflect the needs of older people and people with disabilities.
- Within Sefton we have a range of natural assets, including the coastline and forests, as well as parks and greenspaces. Supporting older people, as well as other age groups, to make use of these spaces maximises opportunities to be physically active and can help to strengthen our communities by fostering social interaction between people of all ages.

Our ambitions for Age Well are:

- Older people will stay active, connected and involved by being part of strong communities in which they are important.
- As people grow older, they will be provided with support, tailored to their needs which respects their dignity and individual preferences, including in relation to caring responsibilities.
- Our communities and the built environment will meet the needs of people as they get older, through age and disability friendly towns, communities, services, housing and transport.

All Age Ambitions

Some of our actions in Sefton will cross all age groups, because there are many factors that influence our health across the life course, such as our mental wellbeing. We know, for example, that many adult mental health problems can start in childhood and continue throughout life. This section sets-out actions that should be adopted across Sefton to address the priorities identified within this report.

We understand that places and communities have assets that are valued, and the wider system has a role in supporting this through enhancing our environment, such as promoting active and sustainable travel. By working together we can:

- Enable everyone to maximise their capabilities and control over their lives.
- Empower people through access to the right information and guidance, to allow them to make informed decisions across the whole life course
- Ensure a healthy standard of living, including healthy homes, streets, schools, workplaces and leisure time, therefore helping to make the healthy choices the easy choices.

Our All Age ambition is that:

- The places where we live will make it easy to be healthy and happy, support our physical and mental health, with opportunities for better health and wellbeing on our doorstep, where social connections are encouraged across all generations.

What is...

Life course approach:

Supporting people throughout their lives from birth until old age, with the understanding that people have different needs as they age.



PAGE 11

How will we make this happen?

The HWB and its partners are responsible for delivering this strategy. The HWB will do this by:

- Meeting regularly as a board and holding each other and wider partners to account
- Having a forward plan to ensure all elements of the strategy are progressed and reported on
- Reporting on progress in delivering against the key ambitions as outlined in the strategy
- Providing robust challenge and support to partners in relation to these key ambitions to ensure that all opportunities to improve health and wellbeing further and faster are maximised.
- Having a performance monitoring framework in place, drawn from the key national outcomes frameworks (NHS, Adult Social Care, Childrens, Public Health, Marmot) (REF14) which the HWB will scrutinise to ensure the strategy is delivering against the vision and ambitions.

- Reviewing progress on an annual basis and updating ambitions as required
- Utilising the work of Sefton Healthwatch to ensure the voice of Sefton residents remains central in delivering the ambitions of the strategy.
- Reporting to key stakeholders and residents of Sefton on a regular basis

Key actions the HWB will take: -

- It will hold the health and social care system and wider partners to account.
- There will be a performance monitoring framework which will provide assurance of impact and progress to the Health and Wellbeing Board
- The activity of the HWB will be reviewed regularly, ambitions updated, and progress will be shared with key stakeholders and Sefton residents



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This document can also be made available in other languages, large print, audio tape and Braille.

Polish: Ten dokument jest także dostępny w innych językach, jako duży druk, taśma audio oraz druk braille a.

Chinese: 该文件可以以其他语言呈现，也可提供大字版本，录音带和盲文。

Portuguese: Este documento também pode ser feito disponível em outros idiomas, impressão grande, fita de áudio e Braille.

Arabic: نيفونفونكلمل لى لى ارب نثى رطب نثى بوتكهم . ي توضع طيرش لى لى و . نغوب طم نوبك نغ سنب و . نرأ ناع لى ب نجر نتم نثى نولنا . ننه ناع نثى ناضى ن نهم .

Russian: Этот документ также доступен на других языках, большим шрифтом, в виде аудио записи и шрифтом Брайля.

Version 1.01 December 2019. Information and hyperlinks are correct at time of release.

MEETING OF THE GOVERNING BODY
February 2020

Agenda Item: 20/16	Author of the Paper: Jacquie Finlay Service Manager, Localities, Sefton Council Jacqueline.finlay@sefton.gov.uk 07967139109						
Report date: January 2020							
Title: Sefton Early Help Strategy and Children and Young Peoples Plan							
Summary/Key Issues: This report refers to the review and refresh of both the Children and Young People’s Plan and the Early Help strategy. Both have at the heart of them the need for children and young people to be heard, happy, healthy and achieve.							
Recommendation To receive both the Children and Young People’s Plan and the Early Help Strategy	<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)

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.

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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

Report to the Governing Body February 2020

1. Executive Summary

This report refers to the review and refresh of both the Children and Young People's Plan and the Early Help strategy. Both have at the heart of them the need for children and young people to be heard, happy, healthy and achieve.

2. Introduction and Background

Children and Young People's Plan

The single strategic and overarching plan for all services which affect children and young people across Sefton has recently been reviewed and refreshed. It sets out how the Council, with its strategic partners, intends to achieve improvements.

Information from our Joint Strategic Needs Assessment has been used to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of:

- Heard
- Happy
- Healthy
- Achieving

We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress, we acknowledge there has to be a balance with how children and young people experience life and what is important to them.

Early Help Strategy

Following the publication in July 2018, of revised statutory guidance; "Working Together to Safeguard Children: guidance to inter-agency working' to safeguard and promote the welfare of children" the Council looked to produce with its partners an Early Help Strategy. The re-established Early Help Partnership Group over seen the revised Early Help Strategy and Strategy on a page. These can be viewed within appendices.

Early help means taking action to support a child, young person or their family early on when a problem emerges. It can be required at any stage in a child's life from pre-birth through to adulthood and applies to any problem or need that the family cannot deal with or meet on their own. We have long established the essential need for agencies to work together to meet our communities needs and deliver a strategic approach that ensures right help, right person, right time.

The Strategy aims to ensure Sefton is a good place for children and young people to live and grow up, receive immunisations, have access to a wide range of physical activity opportunities and enjoy overall improving health.

3. Key Issues

The Children and Young People's Plan

This plan will build upon the strength we have in Sefton around our partnership working and what we already do well. The identified priorities within the plan. incorporate the seven principles for corporate parenting:

- To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
- To encourage children and young people to express their views, wishes and feelings.
- To consider the views, wishes and feelings of children and young people.
- To help children and young people gain access to and make the best use, of services provided by the local authority.
- To promote high aspirations, and seek to secure the best outcomes, for children and young people.
- For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
- To prepare children and young people for adulthood and independent living

The plan is child focused, children and young people are our primary concern, we will listen and respond to children and young people and we will focus on strengths and building resilience. We will support our children, young people and their families to lead healthy lifestyles and have good emotional wellbeing and mental health.

We will do this through the actions in 12 priority areas under each of the headings Heard, Happy, Healthy, and Achieving shown below. These 12 priorities are based on what the evidence in the JSNA and our consultation tells us we need to get better at.

	Priority	Priority	Priority
Heard	Ensure children's voices are heard and families will get the right support and help at the right time.	Engage with a wide range of youth networks and groups that support young people	Place children and young people at the core of decisions we make about them.
Happy	Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.	Protect those at risk of harm	Encourage fun, happiness and enjoyment of life
Healthy	To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.	To Enable children's health and development.	Reduce health inequalities so children and young people can achieve good health.
Achieving	Children are ready for school	Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.	Children and young people with Special Educational Needs and/or disabilities achieve their full potential

Alongside this plan, there is a plan for the whole of the local NHS called Sefton 2gether, led by the CCGs. Like Imagine Sefton, the plan is rooted in all that we know from the JSNA and then goes further, based on discussions with our health and care partners in the borough and from speaking with our residents about what they would like for the future. Sefton 2gether's ambitious priorities for children, young people, their families and carers are reflected in and complement those contained in this plan – My Sefton: happy, healthy, achieving, heard.

The Early Help Strategy

The Early Help Strategy describes the vision, principles and partnership commitments required to deliver as follows;

Vision - Our ambition is that all children, young people and families in Sefton will be heard, healthy and happy, and aspire to be the best they can be. In Sefton we believe that every child should have the opportunity to reach their full potential. We believe that children should grow and achieve within their own families and communities, when it is in their best interests and it is safe for them to do so. By working together, we will develop flexible services which are responsive to children and families' needs.

Principles - The principles we will adopt will be based upon the following:

- A system wide approach, with joint, pooled resources and pathways operating across organisational boundaries
- An outcome focussed, system wide approach delivering long term sustainable solutions for individuals and families to secure resilience and independence
- A shift from acute provision to an increase in prevention and early help activity
- Evidence based services that are built around customer need
- Locality based delivery

Partnership Commitments - As a partnership, we will:

- Understand those families where children may be at risk of not reaching their full potential and share concerns
- Build a relationship with the family as early as possible, and work with them to create a family environment that provides children with the best life chances and prevent problems from arising or escalating
- Reduce the number of children and their families requiring support from specialist services

4. Conclusions

Both the Children and Young People's Plan and the Early Help Strategy have been through an extensive process of development and co-production. A partnership approach will be crucial to ensuring the success and implementation of both and they will have a positive impact in improving outcomes for our Children, Young People and Families.

5. Recommendations

To receive both the Children and Young People's Plan and the Early Help Strategy.

6. Appendices

- Children and Young People's plan
- Early Help Strategy

Jacquie Finlay
Locality Service Manager
January 2020



My Sefton

HEARD, HAPPY, HEALTHY, ACHIEVING

The plan for all children, young people and their families living in Sefton

Children and Young People's Plan
2020/25

"A hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove..... but the world may be different because I was important in the life of a child."

Forest E Witcraft

Foreword and Introduction

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximise the health and wellbeing of all our children and young people living in Sefton

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.¹

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

We have used information from our Joint Strategic Needs Assessment to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of:

- Heard
- Happy
- Healthy
- Achieving

We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress, we acknowledge there has to be a balance with how children and young people experience life and what is important to them. These priorities incorporate the seven principles for corporate parenting:

¹ Any references to "child" or "children" should be taken to mean any young person aged 0-19, care leavers up to the age of 25 and young people who have special educational needs and disabilities up to the age of 25 for whom the local authority continues to provide support.

1. To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
2. To encourage children and young people to express their views, wishes and feelings.
3. To consider the views, wishes and feelings of children and young people.
4. To help children and young people gain access to and make the best use, of services provided by the local authority.
5. To promote high aspirations, and seek to secure the best outcomes, for children and young people.
6. For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
7. To prepare children and young people for adulthood and independent living

Alongside this, we have a plan for the whole of the local NHS called Sefton 2gether, led by the CCGs. Like Imagine Sefton, the plan is rooted in all that we know from the JSNA and then goes further, based on discussions with our health and care partners in the borough and from speaking with our residents about what they would like for the future. Sefton 2gether's ambitious priorities for children, young people, their families and carers are reflected in and complement those contained in this plan – My Sefton: happy, healthy, achieving, heard.

We know we cannot achieve our priorities without working together with our wider partners across health and care in Sefton. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. Organisations from the public sector, schools, voluntary, community and private sector have been working together to provide support to children and young people and their families as we understand that it is our collective responsibility to ensure we can create the right conditions for children and young people to thrive in Sefton.

We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

These organisations are committed to maintaining, strengthening and maximising partnership working to best support the children and young people of Sefton. This plan will build upon the strength we have in Sefton around our partnership working and what we already do well.

Cabinet Member

CCG Chief Officer

Director of Children's Services

What's the story in Sefton?

The Sefton Children's JSNA, complete in August 2018 highlights the following key points for us grouped by our themes:

Heard:	Happy:	Healthy:	Achieving:
Child Sexual Exploitation referrals fluctuate with the highest count being 97 in Quarter 4 of 2015/16 and the lowest 43 in Q3 of 2016/17.	Children looked after rate per 10,00 was 85 in 2017, compared to 61.7 nationally again this continues to rise.	In Sefton in 2017 2.4% of Pupils had a Statement of Special Educational Needs or EHC Plan, compared to a national average of 2.8%	In 2017 95% benefited from funded early education (24% more than the English average). 98% of 3 and 4 year olds also benefited. Pupils in these early years phase development attainment was in line with national averages.
The Carers Trust 2019 reported that there are an estimated 700'000 young Carers in the UK, 68% are bullied and miss an average of 48 schools' days per year, 48% reported being stressed. Sefton Carers support 600 young carers.	In 2016/17 the rate of Family Homelessness was at 0.3 per 1000, nationally this was 1.9. This equates to a count of 31 households. For Young people aged 16 -24 this rate was 0.16 per 100,000 in 2016/17 (19 individuals) below national average.	In 2017 3.6% of our pupils had a Learning Disability (this figure has consistently been around 4% since 2013).	In Key Stage 4 the % of Pupils attaining Grade 9 to 5 or 9 to 4 in English and Maths was below the national average at 37% and 60% (English averages were 43% and 64% in 2016/17). 94% went on to education or training after this stage
	The of Children living in poverty in 2017/18 in Bootle was 28% before housing costs and 31% after housing costs, for Sefton Central this is recorded as 15 % and 19% and for Southport 21 %	In 2017 15.5 children in every 1000 pupils enrolled in one of Sefton's state funded schools were recognised as having autistic spectrum disorders, this has risen from 14.4 in 2015.	In Key Stage 2 pupils attainment in Reading, writing and Maths were all above national averages.

and 30%.

Hospital Admissions for Mental Health Conditions are higher than national averages at 97.5 per 100,000 in 2016/17 down from 146.6 in the previous year. 1 in 10 Children are affected by Mental Health Problems. Self-Harm has increased and is higher than national averages

Rates are continually higher than England and the North West

Our LA's Overall Absence has decreased by 0.16% from 4.94% in 2017/18 to 4.78% in 2018/19, which is 0.24% higher than the National average of 4.54% and equivalent to 21,128 more missed sessions in your LA than the National cohort, with pupils at our LA missing an average of 12.3 sessions (this is 1.7 more than the National cohort)Our LA's average for the last 3 academic years is 4.88% and we have been consistently higher than the National average in the last 3 academic years for Overall Absence.

The rate of NEET for 16 -24 years olds was at 4.5 % in 2017. This figure has improved between 2013 and 2017 but still remains higher than national averages

First time entrants to the Youth Justice System aged 10 – 17 was at 220.2 in 2016 this had fallen since 2012 when it was at 578.7. The rates are below national averages

The overarching aims for starting well in Sefton, taken from the Health and Well Strategy:

- Every child will achieve the best start in their first 1001 days
- Education and training will enable every young person to unlock the door to more choices and opportunities
- Every child and young person will have a successful transition to adulthood

In 2025 we will know we have made a difference by raising the % of Children achieving a good level of development from 69% to 74%. Continue to reduce the proportion of our 16 – 17 Not in Education and Training. Improve the experience of Transitions experience as measured by our annual survey and by having a fully adopted joint transitions pathway.

About the plan

We have looked at the last plan and what is still important to our children, young people and their families. This plan has been shaped by the analysis of our performance and progress to date, alongside the trends identified in the Joint Strategic Needs Assessment (JSNA) which allows us to establish trends across a wide range of data.

More importantly through Consultation with a wide range of Youth Groups, Schools and Key Stakeholders and Professionals.

we have also listened and what children, young people and families tell us has led us to identify a number of priorities for action over the course of this Plan. We recognise achievements from the last plan to include:

- Early Years Foundation Stage (EYFS), achieving a good level of development, we are the highest in the North West (NW) and above the regional average
- Sefton's Not in Employment Education or Training (NEET) group has improved over the 3 year period, performing better than Liverpool City Region (LCR) and staying in line with the North West
- Sefton has consistently exceeded the England and North-West numbers, for children benefitting from the "Two Year Old Offer". Since the introduction of the Two Year Old Offer in 2009, Sefton has worked in close partnership with Health and Early Years settings to identify and engage with the families of rising two year olds who families meet the criteria
- We have seen a decrease in young people being involved with Anti Social Behaviour, one significant reason could be we have issued Gang Injunctions along with the police, which have significantly decreased youth Anti Social Behaviour in the Area. (80% of the cases are adults)

We recognise that some areas from our previous plan still need our focus and these are reflected in the 2020 – 2025 plan.

Child health and wellbeing are dependent on supportive and safe homes; studies repeatedly show the importance of having at least one supportive caring adult to establishing childhood resilience. This is critical so that children are able to bounce back when difficulty threatens that happiness. Through access to play, leisure, sport, cultural activities and positive interaction in families that spend time together, there are opportunities for happy memories to be made and resilient capacities to be built, all of which greatly enhance the foundation for happiness and lifelong wellbeing.

Our ambition is to improve outcomes for all children as we want to break the link between a person's background and where they get to in life.

We will be child focused, children and young people are our primary concern, we will listen and respond to children and young people and we will focus on strengths and building resilience. We will support our children, young people and their families to lead healthy lifestyles and have good emotional wellbeing and mental health.

We will do this through the actions in 12 priority areas under each of the headings Heard, Happy, Healthy, and Achieving shown below. These 12 priorities are based on what the evidence in the JSNA and our consultation tells us we need to get better at.

We have identified a short set of indicators where we want to see real positive change. There is a detailed action plan being developed in draft which describes the actions in terms of steps of delivery and impact Some of these we are able to deliver through the services we directly provide, and others require us to a combined effort to influence wider changes. Importantly, we will always look at the story behind the data through the eyes and voice of children, young people and families.

Heard

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

United Nations Convention on the rights of a child. Article 12

These are our priorities:

Priority 1. Ensure children’s voices are heard and families will get the right support and help at the right time.

We will give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible.

Children and young people will be treated respectfully as we recognise that children, young people, parents and carers (including Young Carers) are experts by experience

We will take time to listen, it is a two-way conversation.

We will do what we say we are going to do and recognise that involvement is a continuous process and not just a one off exercise.

Priority 2. Engage with a wide range of youth networks and groups that support young people

We will work with children and young people to understand what works for them in terms of involvement and will we also accept. that children and young people are not always going to tell us what we want to hear – in the way we want to hear it

We will be respectful of difference and celebrate diversity.

Based on our localities model and primary care networks we will continue to provide universal services that are accessible to everyone in the borough.

Priority 3. Place children and young people at the core of decisions we make about them.

We will ensure that children and young people will always be central to decisions we make about them and their journeys will be shaped by their voice and experience. Children will be supported by professionals they trust who listen to them, made to feel their opinion is valued and take actions to meet their needs and tackle concerns they raise.

Young people say: Everyone wants to feel safe (Imagine Sefton 2030). Sefton value, we listen value and respect each others views. Look at info from youth groups e.g. Symbol, Chameleons.

The actions we will take:

We will listen to children and young people by ensuring that barriers to participation and progress are addressed using multiple techniques and methods so we can hear the voice of the child. We will work closely with Young Advisers at Sefton CVS and key youth groups in the Borough to ask questions, clarify understanding and give them the opportunities to be engaged in decision making processes and have as much influence as possible. We will support families to access the right help at the right time, through activity such as the redesign of integrated advocacy services, improving our local offer, and ensuring equality of access to our universal services. We will help build tolerant communities that value all children and young people as members and give them positive opportunities to contribute. We will be joined up and inclusive and challenge poor practice and accept challenge constructively. More children and young people will express satisfaction with our services and we can evidence improvements. The SEND continuous improvement work has the voice of the child at its heart.

An action plan will be developed to show where any measures we look at are held to account.

Happy

*Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.
United Nations Convention on the rights of a child, Article 31*

These are our priorities.

Priority 4. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.

We will create and promote children and young people’s emotional health and wellbeing by supporting them and their families to make positive choices. We will have strength informed approaches to ensure engagement and strengthening of families including promoting healthy relationships.

We will improve access to the right support from the right service at the right time and build on the strength of families and their inclusive networks.

This will be a key consideration at points of transition.

Priority 5. Protect those at risk of harm

We want all children and young people to be safe and to feel safe. We will help children live in safe and supportive families and ensure the most vulnerable are protected by tackling those factors which risk harming their life chances, including those children and Young People acting as carers. We will reduce the impact on children living in households which experience neglect, domestic abuse or parental substance use by the provision of a range of support and services. We will prevent and safeguard all children from exploitation and safeguard individual children who are identified as at risk.

We will work to address the concerns expressed to us through the consultation on Gangs and Knife Crime in our communities.

Priority 6. Encourage fun, happiness and enjoyment of life

We want children and young people to live in a good environment that they can enjoy. Sefton is a great place to live and grow up. We have a wealth of resources and assets in the community such as the coast and green spaces that can be used for pleasure, sport and other leisure opportunities.

We will encourage and provide or commission a diverse range of culture, exercise and socially connective activities in our borough ensuring a One Council approach with Green Sefton and Localities

Young people say: Being near the river and coast makes me feel happy and well. Young People told us feeling safe has a direct link to feeling happy. “If you are happy all other things will fall into place”

The actions we will take:

We will have a family approach and will work with our partners to develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their young people so families and children experience a positive home life.

We will promote partnership working including joint commissioning so we can invest in children and young people's futures. We will improve information and advice on access to play, leisure, sport and cultural opportunities. We will utilise Early Intervention and Prevention services such as the roll out of Adverse Childhood Experiences (ACE's) working to help build resilience and strengthen protective factors in the lives of children and young people and their families to reduce the impact of these experiences on future life chances.

We want to develop a confident and competent workforce to ensure all professionals working with children and young people have appropriate awareness, training and ongoing support, that's built around the needs and outcomes of each individual. The outcomes and impact we are aiming for will be monitored by the Health and Wellbeing Board to ensure we are supporting positive social connections and relationships.

Healthy

Every child has the right to the best possible health, (United Nations Convention on the rights of a child, Article 24)

These are our priorities:

Priority 7. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.

We will do all we can to identify problems early as we know the vast majority of mental health problems experienced in adult life emerge before young people reach adulthood. We will ensure high quality specialist services for those who need them.

We will strengthen the protective factors of mental health and wellbeing by enabling children and young people to develop skills around building friendship, self-esteem, resilience and mindset.

Priority 8. To Enable children's health and development.

We will promote positive health choices by parents, especially during pregnancy. We will encourage care that keeps children healthy and safe and promote children's health and development. Where problems are identified in health and development they can get support as early as possible. Focusing efforts on the 1st 1000 days and school readiness.

We will encourage children and young people to achieve and maintain a healthy weight through education, support and commissioned services.

Priority 9. Reduce health inequalities so children and young people can achieve good health.

We will endeavour to offer the right infrastructure to promote good health behaviours and reduce lifestyle factors that lead to early illness such as smoking and poor diet that will affect young people into adulthood.

We will reduce a range of risk taking behaviours including, alcohol and other drug use and unhealthy Sexual Activity.

We will take a preventative approach to manage rising demand across education, health, social care and SEND from the earliest point in a child's life through focused operational improvement in this area and ensuring the system works together, for example linking economic growth Agenda, Living Well Sefton and Active Sefton to

contribute to the environment we need to achieve this.

gYoung people say: “I play rugby”; e.g. being fit and healthy (Sefton Imagine 2030), more youth friendly things for people to do are our priorities.

The 2019 Health and Wellbeing Strategy Consultation identified the top issue under “Start Well, Grow Well” to be help Children and Young People with Mental Health Problems including problems with drink drugs and self harm. The CYPP consultation told us “if children are protected and preventions have been put in place children will have better mental health”

The actions we will take:

We want children and young people to be healthy and will promote healthy eating, delivery of the North Mersey Prevention Programme and a review of mental health services recognising the importance and significance of getting this right. We will seek to reduce hospital admissions for children and young people around alcohol and will continue to commission services and use campaigns such as Responsible Drinking and Challenge 25.

We will develop locality profiles in order to understand what the current risks are to young people including that young people know about healthy relationships and issues relating to consent. This will allow us to provide a quality provision targeted to local needs and inequalities and we will also focus on transitions from primary to secondary school, starting school further education and working life to improve outcomes. We will clearly measure and demonstrate improved relevant Child Health Profiles Indicators from the Baseline.

Achieving

*Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.
United Nations Convention on the rights of a child, Articles 28 and 29*

These are our priorities:

Priority 10. Children are ready for school

A great start will shape children's lifelong health and wellbeing. We will ensure that all children are ready for school with good social and emotional development. We will secure and sustain better all-round outcomes for babies and children which narrows the gap between vulnerable children and others.

We will take a preventative approach from the earliest point in a child's life in order that we can identify problems in children's health and development so they can get help with their problems as early as possible.

Priority 11. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.

We will have a clear understanding of the aspirations of our young people and what they have told us is important to them. We will respect and encourage the hopes and dreams of the children and young people we work with.

We know high quality education is the greatest liberator so want all pupils to make at least "good" progress in every year of their education. We will ensure that all children attend good or better educational settings in Sefton and barriers to participation and progress are addressed. There will be a broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult. These skills and opportunities to achieve will also value the contribution of sport, cultural,

Priority 12. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

We want children with complex individual needs to have the best life chances. We will enhance joint commissioning of support between education, health and care services for children with special educational needs and disabilities. To ensure services work together. We will ensure that all parts of the Sefton Send Local offer work together to meet the needs of children and young people with SEND and that they achieve their full potential and that people know the range of services available to them. We will ensure all children have access to an educational setting that is appropriate to their needs, including those with SEND and social, emotional and behavioural difficulties. We will from the earliest point in a child's life encourage independence, where appropriate, and ensure families have timely

social and health education in preparing young people for their future. When preparing for adulthood we will have pathways to employment that ensure they are moving towards good quality sustainable work. We will focus on ensuring our children leave school with the right skills such as financial management, how to deal with bullying and citizenship, and maintaining wellbeing when carrying out caring responsibilities.

access to support so their experience improves and the needs of their children are identified early and met.

We will encourage equalities of access to universal services so all Children and Young People with SEND and/or Autism can gain maximum benefit from what Sefton has to offer.

Through our consultation of this plan Young people told us we need to instil the right life skills and not judge young people by numbers and grades only.

The actions we will take:

We want young people to leave school with the appropriate skills and qualifications they need and the opportunity to access, training, apprenticeships and employment which will include working with skills and employment resources and local colleges to improve access to learning and meaningful opportunities. The local offer will be kept up to date, refreshed regularly and promoted to ensure we are providing good information, advice and guidance to young people and their families.

We will continue to provide universal services with a focus on specific groups and communities and equality of access for all through this plan and the SEND Improvement Plan and SEND Joint Commissioning Plan to ensure delivery of these ambitions

Delivering our Vision

The Health and Wellbeing Board (incorporating our Children's Trust) gives overarching vision through the Health and Wellbeing Strategy and oversees the delivery of the Children and Young Peoples Plan. It gives overarching Governance and Accountability with membership from across Health, Social Care, the third sector and plans to include Police and Housing.

The Children and Young Peoples plan will be delivered through the work of the Children's Improvement Board and Operational Service Improvement Plans and through the development of a comprehensive Integrated Commissioning plan.

The Commissioning plan will be clear of our demand, supply and unmet need and our intentions to work with the market, and how we manage the complex range of services across the Council, Health and wider partners to meet the needs of our Children within the challenging budget envelope, working on a regional basis where the benefits are clear and ensure seamless delivery of services whether the need is health or Social Care in the most effective way.

Useful Links:

PHE Child Health Profile for Sefton

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132696/pat/6/par/E12000002/ati/101/are/E07000026>

Thrive Model

<http://implementingthrive.org/about-us/the-thrive-framework/>

Early Help Strategy TBA

Health and Wellbeing Strategy TBA

Sefton Integrated Early Help Strategy for Children, Young People and Families

2020 - 2025



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Foreword and Introduction

We are delighted to introduce the revised Early Help strategy for Sefton.

This integrated strategy is central to delivering our shared ambition that all children, young people and families in Sefton will be safe, healthy and happy, and will aspire to be the best they can be. It has been co-produced with partners, as we recognise that early help is a collaborative approach, not just an isolated service provision.

The strategy is just the beginning. We realise this strategy cannot be achieved by a single organisation. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. In line with the newly refreshed Children and Young People's Plan we will ensure children are heard, happy, healthy and achieve. We understand that it is our collective responsibility to ensure we can create the right conditions for children, young people and families to thrive in Sefton. We will need to continue to work with partners to embed the strategy, develop skills and knowledge across the workforce, to ensure practitioners are confident with the approach.

We understand that for many children, young people and families problems may emerge. Early help is provided to prevent or reduce the need for statutory or specialist interventions wherever possible. Early help seeks to meet the need, resolve the problem and prevent it becoming entrenched.

As we refresh the strategy, we celebrate the work that has already been done and look forward to the next stage of early help and how much we can achieve together to support children, young people and families across Sefton

Councillor John Joseph Kelly
Cabinet Member

Vicky Buchanan
Interim Director of Children's Social Care and Education



Our Behaviour



Support Inspiration

Tailor support to the needs of the individual child, young person & family



Support children, young people & families

Constructively challenge when needed



Support each other

Ensure there is sufficient learning & development for the frontline workforce young person and family

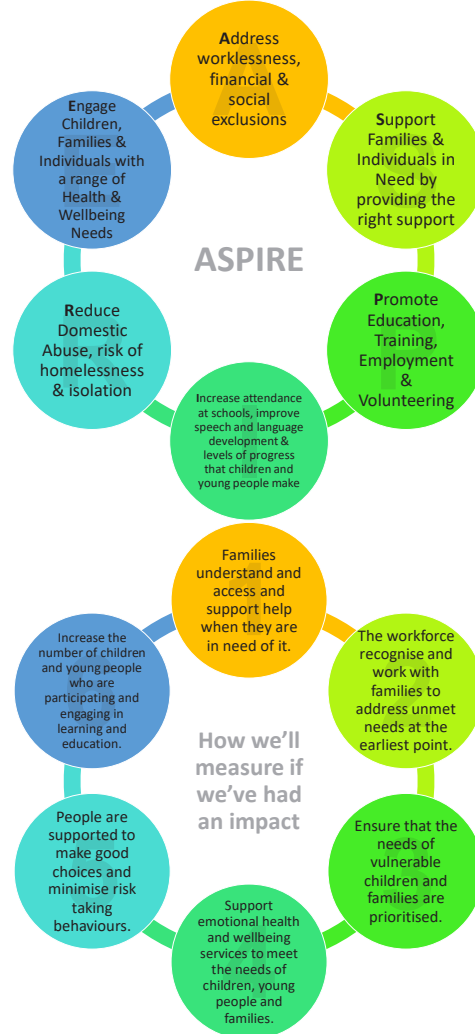


Take responsibility

Create opportunities for success



Our Model



Our Passion



Families understand & access help & support when they are in need of it. (uptake of early help offer, increase in EH assessments, referrals, reduction in inappropriate referrals to CSC, decrease in stepping up)

The workforce recognise & work with families to address unmet needs at the earliest point (Timeliness of referrals, length of time on a plan, timeliness of referral to assessment 'drift')



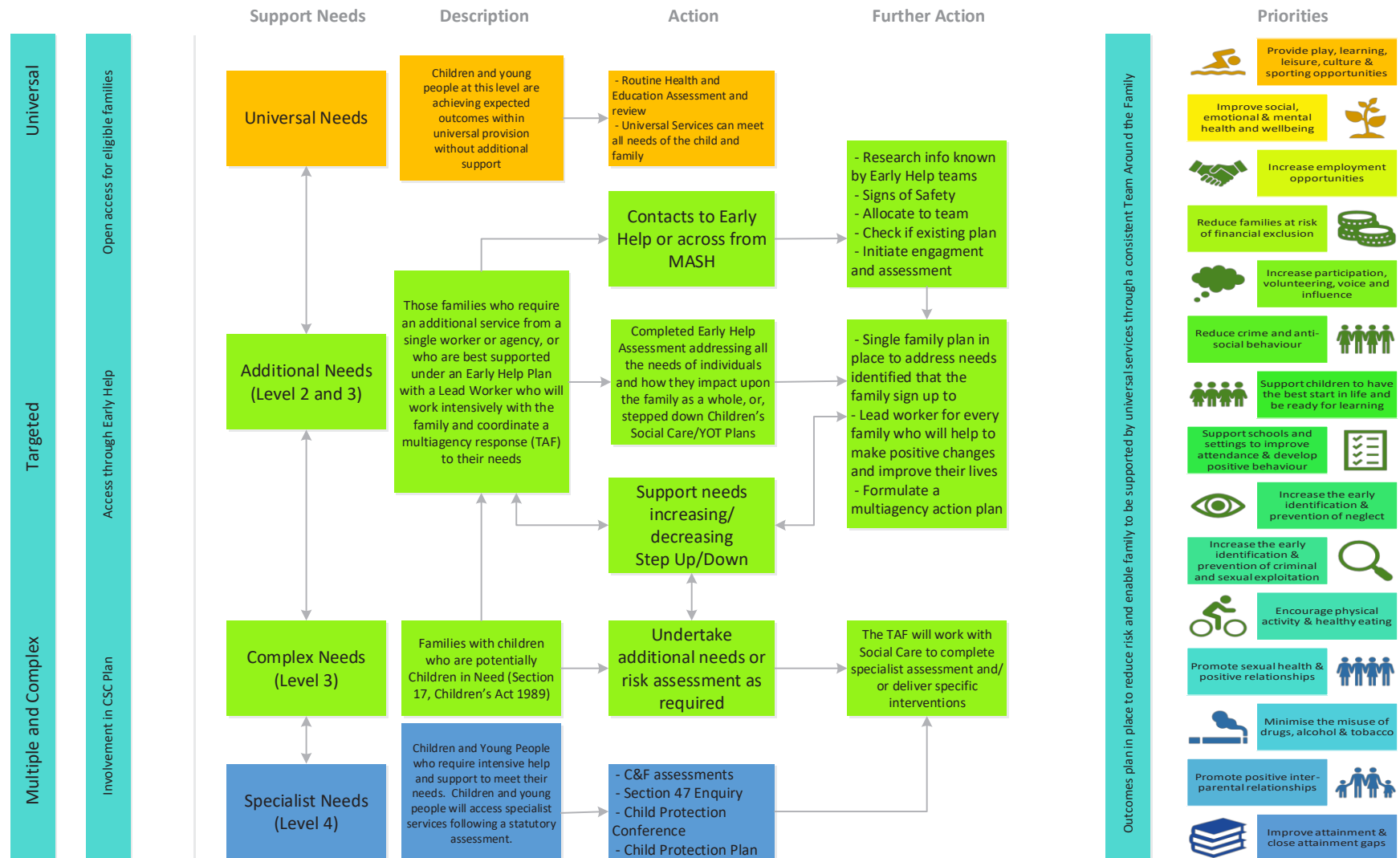
Ensure that the needs of vulnerable children & families are prioritised. (Allocation timeliness, categorising of need, SEND EHC plans, 2 Year old offer, Appropriateness of lead practitioners)

Support emotional health & wellbeing services to meet the needs of children, young people & families. (Health indicators, Commissioning, A&E attendances)



People are supported to make good choices and minimise risk taking behaviours. (Young Offenders, Exploitation, A&E attendances, Bullying)

Sefton Early Help Strategy



Preface

In July 2018, the Government published revised statutory guidance; ‘Working Together to Safeguard Children: guidance to inter-agency working’ to safeguard and promote the welfare of children. This sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow. The guidance emphasises that effective

support and safeguarding for children and young people is the responsibility of all professionals working with children and young people and provides advice in support to sections 10 and 11 of the Children Act 2014, where the primary duties for all agencies are set out.

Scope of the strategy

Effective early help requires a whole family approach and encompasses all stakeholders working with children and families. This includes Health, Police, Education, Children’s Social Care, Local Authority Early Help, Voluntary Community and Faith organisations and the wider public.

The revised strategy acknowledges that agencies will be addressing their own distinct needs and meeting a range of key performance indicators against a variety of policy drivers and aims to provide an umbrella framework of key principles that can be applied across all agendas.

Working Together to Safeguard Children, 2018

‘Effective early help relies upon local organisations and agencies working together to: identify children and families who would benefit from early help; undertake an assessment of the need for early help; provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child’

Engagement with the strategy by all sectors will require some cultural and operational changes but by doing so, and actively working together to deliver outcomes, we believe that we will positively change the relationship between the community and the public sector in ways which build and strengthen community resilience.

We are still at the beginning of this journey and the strategy is aspirational, but we are building on solid foundations established through the success of existing early intervention work.



Introduction

Early help and early intervention mean taking action to support a child, young person or their family early on when a problem emerges. It can be required at any stage in a child’s life from pre-birth through to adulthood and applies to any problem or need that the family cannot deal with or meet on their own.

We know from what children and their families tell us that it can be daunting asking for help. Families have told us that they don’t want to have to tell their story more than once to lots of different people. This strategy will help us to make every contact count.

The Strategy supports ‘right help, from the right person at the right time’ principles being adopted across Sefton which will help ensure a cohesive early help offer. The strategy will be delivered by all partners collectively with a commitment to:

- Working better together in an open, honest partnership approach with consent of the child and their family
- Identifying strengths and needs and working together to find practical and achievable solutions
- Providing the right information and advice to enable children and their families to make positive changes themselves with support tailored to their needs
- Help children and their families to build protective factors and family resilience to prevent situations recurring.



What is it like for Children and Young People living in Sefton?



The number of children and young people living in Sefton (0-25 year olds) is 62,100 a fall of 14% (9,990) since 2001.



Sefton is a good place for children and young people to live and grow up. Most receive their immunisations, with rates being close to - or above - the national average.



On the whole our children and young people achieve in school. However, there are still some that do not reach their full potential which impacts on their ability to go into further education, training and to get a job.



The health of children and young people is generally improving and they have access to a wide range of physical activity opportunities.



Almost 20% of our children are obese when they leave primary school at 11 years.

The number of hospital admissions related to alcohol use in under 18's is also higher (though declining) than the England average and childhood smoking rates are average.



There are fewer teenage mothers in the borough than in previous years. Whilst the total number of births in Sefton is not rising, there has been an increase in the number of babies born to non-British born women. These mothers may need additional support to access maternity and other health services.



Sefton mothers are more likely to smoke during pregnancy and less likely to breastfeed their baby at 6 weeks.



Some of our children and young people cannot live with their parents or families; they live with Foster Carers, in children's homes or are adopted. These children and young people are more likely to experience poor life chances



As of November 2019 there are 550 Looked After Children

If Sefton had 100 children (0-18 years inc.)

As they grown up:

- 19 will live in poverty
- 6 will be low birth weight babies (below (2.5kg)
- 66 will be achieving good development in Early Years Foundation Stage One
- 76 will achieved year 1 phonics
- 93 will make expected progress in primary school in Reading
- 94 will make expected progress in primary school in Writing
- 93 will make expected progress in primary school in Maths
- 58 will achieve A*-C GCSEs including Maths and English
- 25 will be overweight/obese in reception
- 35 will be overweight/obese by year 6
- 16 will be eligible for free school meals
- 5 will be persistently absent from school
- 13 will live with lone parent families

If Sefton’s constituencies had 100 children (0-18 years inclusive)

As they grown up:

	Southport	Central	Bootle
Will live in poverty	15	9	29
Will be low birth weight babies (below (2.5kg)	7	6	8
Will make expected progress in primary school	93	96	92
Will achieve A*-C GCSEs including Maths and English	58	58	52
Will be overweight/obese in reception	22	23	28
Will be overweight/obese by year 6	36	31	39
Will be eligible for free school meals	13	13	28
Will be persistently absent from school	8	7	9
Will live with lone parent families	19	15	31

Detailed analysis of our families and their communities can be found in:

- Joint Strategic Needs Assessment
[https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-\(jsna\).aspx](https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx)

Vision

Our ambition is that **all children, young people and families in Sefton will be safe, healthy and happy, and will aspire to be the best they can be.**

In Sefton, we believe that every child should have the opportunity to reach their full potential. We believe that children should grow and achieve within their own families and communities, when it is in their best interests and it is safe for them to do so. By working together, we will develop flexible services which are responsive to children and families' needs.

Sefton is establishing a vision for the future that will provide:

- A system wide approach, with joint, pooled resources and integrated pathways operating across organisational boundaries
- An outcome focussed, system wide approach delivering long term sustainable solutions for individuals and families that enables (to secure) resilience and independence
- A shift from acute provision to an increase in prevention and early help activity
- Evidence based early help interventions that are built around customer need
- Locality based delivery with a trauma informed workforce

Early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving their wellbeing and life chances.

Early help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. If early help is not offered, there is a very real risk that for some children, their social and emotional development will be irrevocably impaired, they will experience significant harm, or their family life will break down.

Although research shows that the most impact can be made during a child's early years, and in particular their first 1001 critical days, early help is not just for very young children, as problems may arise at any point throughout childhood and adolescence. Early help in pregnancy and supporting parents to be good parents is also important. Early help includes targeted services designed to reduce needs or prevent specific problems from becoming entrenched, and there is substantial evidence that early help can make a difference in improving outcomes.

As a partnership, we will:

- Understand those families where children may be at risk of not reaching their full potential and share concerns
- Build a relationship with the family as early as possible, and work with them to create a family environment that provides children with the best life chances and prevent problems from arising or escalating
- Reduce the number of children and their families requiring support from specialist services.

Sefton's Integrated Early Help Strategy has been developed across the partnership and will align with Sefton's vision for the new operating model. This will enable us to provide a joined up, effective early help offer for children aged 0 to 19 years (up to 25 for children with disabilities) and their families. Support services will be provided at a locality level, will be evidence-based and delivered through a shared partnership approach to delivering universal and early help services.

Early Help Outcomes across the Partnership

Sefton’s Turnaround Programme has been mainstreamed and there is a detailed multi-agency plan in place; the Service Transformation Maturity Plan. This plan will be monitored through the Sefton Early Help Partnership Group and updated regularly. There is strong commitment across the partnership, at all levels, to delivering change which improves the outcomes and experience for children and their families. This maturity model will be used to measure the impact and success of early help alongside **ASPIRE** - the Locality Outcomes Framework.

ASPIRE includes:

Sefton are committed to delivering an effective all age partnership early help offer and a more effective whole family systemic locality-based approach to early help.

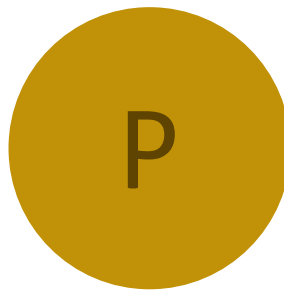
Through **ASPIRE** early help priorities have been identified to support the reduction in demand, and impact, upon statutory services by preventing escalation, where safe to do so, to statutory and specialist services. We also focus on families coming to early help from statutory and specialist services, bringing them down the continuum of need and helping them to access, and remain accessing, universal services.



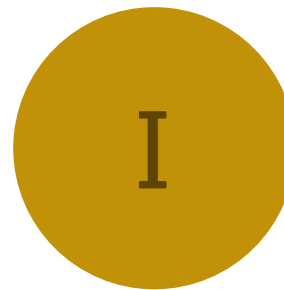
Addressing Worklessness, financial and social exclusions



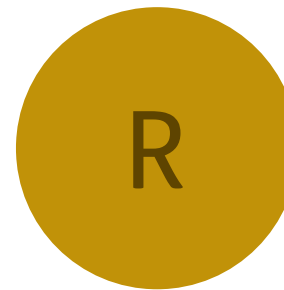
Supporting Families and Individuals in Need by providing the right support



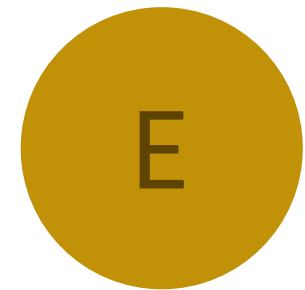
Promoting Education, Training, Employment and Volunteering



Increasing Attendance at schools, improve speech and language development and levels of progress that children and young people make

















Reducing Domestic Abuse, risk of homelessness and isolation



Engaging Children, Families and Individuals with a range of Health and Wellbeing Needs

Our key priorities include:

	Provide play, learning leisure, culture & sporting opportunities			Increase employment opportunities	
Improve financial resilience of families and reduce at risk of financial exclusion			Increase participation, volunteering, voice and influence	Ensure children and families feel safe in their communities by tackling and reducing crime and anti-social behaviour	
	Support children to have the best start in life and be ready for learning	Support schools and settings to improve attendance & develop positive behaviour			Increase the early identification & prevention of neglect
Increase the early identification & prevention of criminal and sexual exploitation			Encourage physical activity & healthy eating	Promote sexual health & positive relationships	
	Minimise the misuse of drugs, alcohol & tobacco	Promote positive inter parental relationships			Improve attainment & close attainment gaps

Guiding Principles for the Early Help Partnership

Problems may emerge at any point through childhood and adolescence. Early help is provided to prevent or reduce the need for statutory or specialist interventions wherever possible. Early help seeks to meet the need, resolve the problem and prevent it becoming entrenched.

Within this context our early help approach is based on a set of shared principles:

- 1. Early help is everyone's responsibility.** All children and young people should have the opportunity to reach their full potential. Parents have the primary responsibility to meet the needs of their children and ensure the wellbeing and prosperity of their family. We recognise that parenting can be challenging and asking for help should be seen as a sign of responsibility rather than a parenting 'failure'. It is essential that when support is required, we all act to provide the right help, from the right worker, at the right time, to improve children's life chances.
- 2. Wherever possible all children and families' needs will be met by universal services.** Universal services working with children and adults have a role to ensure families are achieving positive outcomes, to be aware of potential difficulties and act early to prevent needs escalating. Universal services must remain involved even if a child is receiving additional or specialist support to ensure there is a joined up, whole system response to meeting needs.
- 3. Listen to children and families and treat them as partners.** In most cases it should be the decision of the parents when to ask for help or advice, although there are occasions when practitioners may need to engage parents actively, and with their consent, help them to prevent problems becoming more serious. All services must keep the child at the centre of the solution, encourage families to harness their own resourcefulness and build supportive community networks, thereby enabling families to develop resilience.
- 4. Focus on whole Family working.** Sefton is committed to a culture shift in the way that we engage and work with families. In particular, adopting a 'whole family approach' and strongly encouraging multi- agency working. This requires a workforce development strategy that underpins all work with children and families across thresholds. The principles of 'whole family working', 'sustained outcomes' and building 'progression' into the way that we work with families will help to ensure that education, employment and training are a key feature in families' action plans.
- 5. All services will work together with children and families to promote family strengths, build resilience and independence.** This includes effective information sharing and joint working between professionals in children's and adult's services to reduce the impact that adult's problems have on children's experiences.
- 6. Understanding needs.** We can best understand the needs of children and families within their communities and maximise our multi-agency resources using evidence-based approaches, learning from feedback and listening to the voice of the child and family. With robust performance management in place we will be able to evidence positive, sustainable impact and best value.
- 7. Ensure clear pathways to support.** We want all families to have easy access to support when it is needed. We will set out clearly what support is available and make it easy for families to contact services themselves.
- 8. Everyone will encourage integrated working.** This includes anyone who works with children and families, part or all of the time; whether employed, self-employed or in a voluntary capacity. If you are a nurse, volunteer, teacher, early help worker, sports coach, social worker or any other member of the children's workforce, integrated working and building strong working relationships concerns you. We want the services supporting children and families to work much more closely together, forging lasting and meaningful relationships that improve the lives of the children of Sefton in the short, medium and long term.

OfSTED, Early Help: Whose Responsibility? 2015

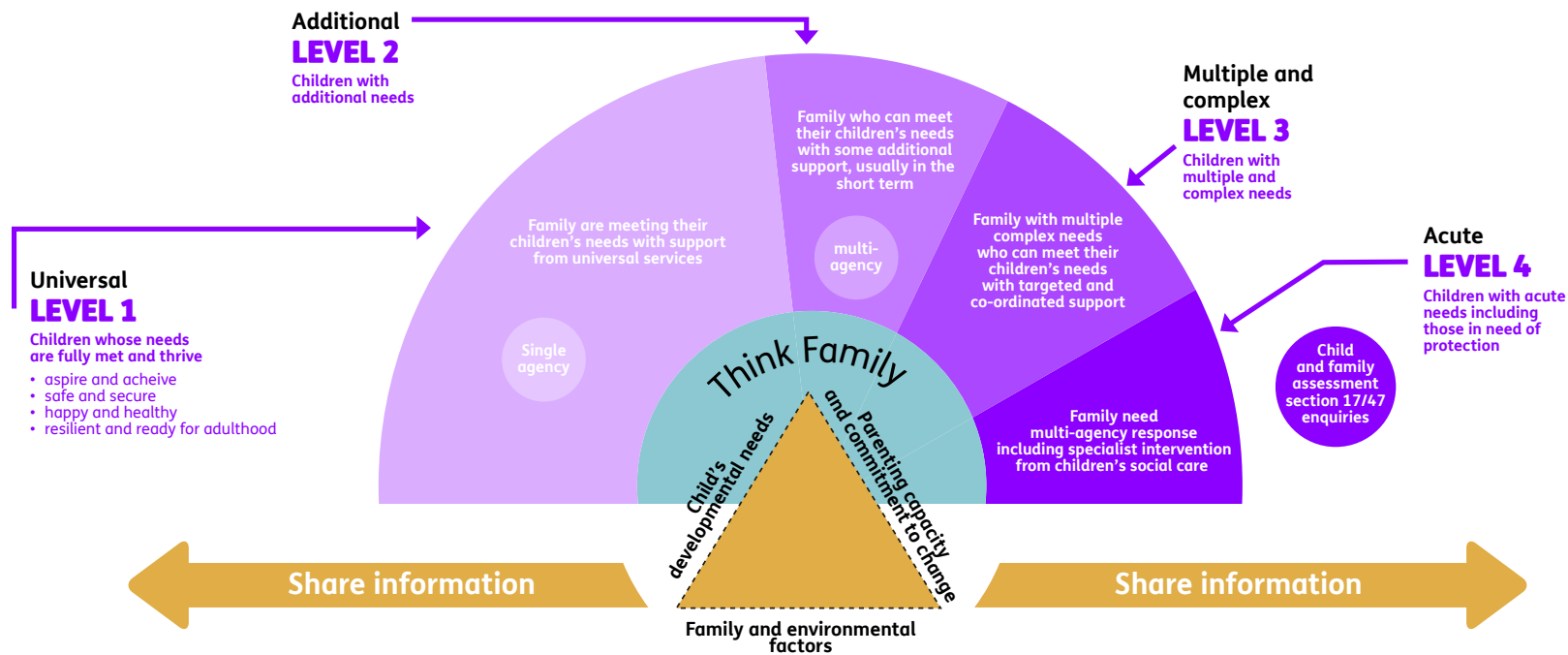
'Local authorities and partner agencies delivering early help to children and families should improve the quality and consistency of assessment and plans by ensuring plans are regularly reviewed and that these reviews evaluate the child's and family's progress'

Our Early Help Approach

Effective support through the ‘right help, from the right worker, at the right time’ principles will improve the relationship between the four levels of need; **Universal, Additional, Multiple and Complex and Acute need.**

‘Where a child and family would benefit from co-ordinated support from more than one organisation or agency there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment...’

Since 2014 we have successfully used a ‘threshold of need’ model to correctly identify the level of need and proportionate support needed. The Level of Need document published in October 2017 is fully implemented across the partnership; this document is however currently under review.



Assessment and planning for children and families in Sefton

Identifying needs at an early stage using the Early Help Assessment gives agencies working with children, young people and their families a common tool to understand the needs of the child or young person and their family. It is only once the full needs are identified that the appropriate support can then be put in place. It is an expectation that where the needs of a family have been identified for additional support, an Early Help Assessment for the whole family will be completed, in partnership with the family.

Working Together to Safeguard Children 2018 makes it clear that safeguarding children and families and promoting their welfare is the responsibility of all practitioners working with children and young people, and that practitioners should understand the criteria for taking action across a continuum of need, including Early Help.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

Early help assessments should be evidence-based and co-produced with families, be clear about the action to be taken, and services to be provided, and focuses on improving outcomes.

Within the assessment it is important to highlight the strengths and resources within the family. This is a useful focus when agreeing the action plan and helping other agencies to understand the protective factors within the family and identify





how they can facilitate change. The more strengths present, the lower the risk will be and as support progresses it would be expected that risk factors decrease, and strengths increase.

It is not expected that practitioners will be experts in all areas of the assessment. During the assessment stage the Team Around the Family (TAF) can begin to be established. The practitioner completing the assessment will act as the lead until their role in supporting the family comes to an end. The Lead Worker can call upon their colleagues supporting the family to assist in the assessment process. This ensures that the intervention is proportionate, appropriate, timely and effective.

The Early Help Family Assessment is designed to help families to develop self-help and self-management skills in order to better meet their long term needs and to reduce their reliance on public services.

If the outcome of this assessment is single agency, the work will be completed by a lead worker. If however, the outcome identifies multifaceted problems and need for more than one agency, then a multi-agency action plan should be put in place through the assess-plan-review process.

An ongoing programme of training will be available for all practitioners regarding the assess-plan-review process and associated tools. Partners will be encouraged to complete assessments, which will be quality assured to maintain a high standard.

Other assessment tools are available to complement Early Help Family Assessment. The Outcome Star tools are a suite of assessment tools that can be helpful in evaluating, areas of, need and strength and supporting families.

For instances where neglect has been identified as the primary factor, the Graded Care Profile 2 should be completed with the contribution of practitioners involved and used as the ongoing assessment tool to measure outcomes.

Sefton's Assess-Plan-Review guidance for practitioners; provides them with a guide of how to deliver effective early help support and explains the criteria for providing help to children, young people and their families.

Sefton Council's Locality Model

Sefton's locality model is a joined-up and collaborative way of working to help our residents achieve improved health, wellbeing and independence.

The locality early help model takes a whole family approach which helps to identify what needs to be done and what action needs to be taken, with a focus on strengths. Together we will look at what is going well, what could be better and what needs to happen to achieve improvement.

The localities delivery networks will help to facilitate much stronger collaboration and integration across universal and targeted services. This will include schools, GPs and other health services, the police, voluntary, faith and community sector agencies and a wide range of Council services such as Housing Options and Children's Social Care.

Working Together to Safeguard Children, 2018

'Where a child and family would benefit from co-ordinated support from more than one organisation or agency there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment...'



Delivery model for Early Help

To ensure we have a mature early help system we need to transform the way professionals work with each other and with families, and to develop the right culture, systems and behaviours that support the delivery of the model across the partnership. We have, through the work of the Sefton Safeguarding Children Board, a strong commitment by partners to undertake this transformation and to develop the right culture, systems and behaviours needed to have a mature early help system in place in Sefton.

The key areas for development during 2020-2025 are:

1. Establish Effective Leadership, Partnership Working and Governance

There are many positive examples of multi-agency working across Sefton to deliver good outcomes for children and their families and we will continue to expand on this to focus on developing more effective streamlined and joined processes. Delivery and accountability for this Early Help Strategy and the Early Help Performance framework will move from Sefton Safeguarding Board to the Early Help Partnership Group, a sub group of the Health and Well-being Board. The Board will also have oversight of:

- Each partner agency's response to implementation of this Strategy.
- Developing an effective outcome-based performance management and quality assurance framework to measure impact.

2. Establish easy to use Early Help online information and advice

In order to help children and their families and practitioners across the partnership to understand the wide range of information and services available we will build on the Sefton local offer website as a central portal to bring information together. This local offer website already provides

information, advice and guidance to the public on a range of family issues, including support from partner agencies. Other online websites, advice centres, telephone helplines or supports and services not linked, will be connected to this so that families and practitioners can access these.

3. Develop a suite of tools for early help practitioners to use – ensuring a whole family strength based consistent approach to working with children and families

To accompany the revised early help assessment and plan we will develop a suite of early help tools to assist practitioners to understand the child and family journey, consistently monitor and review children's progress, evaluate the impact of support and interventions offered to improve outcomes and how to measure a family's engagement and their satisfaction level.

4. Develop effective and timely processes for sharing information between agencies

To enable early help to be more effective and ensuring the right help, at the right time, we will work with partners to remove barriers to effective working and ensure that families don't need to have a series of assessments before receiving the support they need to. We will:

- Ensure we have in place clear information sharing arrangements
- Ensure we are making the best use of IT systems and portals across agencies and departments

5. Refresh structures and pathways that support the access to early help

The Early Help approach is embedded in the Assess-Plan-Review guidance for practitioners and is available to all practitioners through the Sefton Early Help website.

The Council's existing early help services have been realigned to localities and renamed to 'Family Wellbeing' creating a locality based, systemic, family key worker (casework) service to work with children and families deemed as intensive need under the continuum of need, including children deemed on the edge of escalation to statutory services and those stepped down from statutory services.

Parenting programmes will continue to be provided for practitioners working with children and families open to both statutory and early help services.

Locality based Early Help will continue to develop greater integration and alignment with communities and partner agencies, exploring co-location and/or coordination of processes with early years provisions, health, schools, children and adult substance misuse services and emotional and mental health services (those provided by voluntary, community and faith sectors).

This revised strategy also has key links with the approach for children with Special Education Needs and Disabilities (SEND) Sefton Children with SEND should be supported at the most appropriate level for their needs at the earliest point when these become apparent. Early help supports this approach and enables coordinated early support for children with SEND and their families.

We will work with commissioners and providers to ensure that early help informs the interventions required in each locality and across the borough and that these are developed in accordance with need and ensuring impact.

The multi-agency Task and Finish Group will develop and agree clear pathways to support access to early help and ensure children, families and practitioners have clear information on how to access early help.

6. Develop a skilled and competent workforce across the partnership

Delivery of early help requires effective working between professionals and between services including an understanding of each other's role, responsibility, organisational culture and values. A lead worker forum will be launched to strengthen and enhance the Early Help offer, to build on the delivery of evidence-based practice. This includes:

- Awareness raising to ensure that the 'levels of need relating to risk' are clearly understood and communicated between professionals so that families can move between early help and specialist statutory services at the right time and when required.
- Information sharing and conversations between professionals to identify families who would benefit from early help.
- Implementing whole family approaches whilst keeping the child at the centre and undertaking strength-based assessments of families including effective engagement and conversations with children and their families.
- Holding and managing risk.
- Working with difficult to engage families.
- Embedding evidence-based approaches and interventions across the partnership – including sharing good practice and developing online resources for practitioners.
- Building relationships with and getting to know families.
- Reducing the number of 'hand-offs' and ensuring consistency of lead workers.

- Identifying and engage family support networks.
- Reflecting on their work with families and get different perspectives from managers and peers.
- Access training and learning opportunities to develop skills across the partnership.

The practice models include:

- Restorative based work across the children’s workforce building relationships with children, young people and their families.
- Family Group Conferencing in Early Help and Children’s Social Care.
- Motivational interviewing, focussing on strengths in the individual, and help them explore their own solutions to their behavioural issues.
- Understanding attachment and trauma informed practice across the workforce.
- Adverse Childhood Experiences training.

7. Develop a joint commissioning framework for early help

More joined up commissioning will achieve economies of scales savings and reduce duplication of services. The resources saved can be applied to any gaps in service delivery. This will include:

- Enabling, through established governance mechanisms, pooled resources to develop a broader joint commissioning framework across partner agencies to direct the commissioning intentions for early help whole family approaches and maximise best value.

- Develop an intelligence led approach to commissioning that draws together key public funding streams to develop a broader joint commissioning framework across partner agencies to direct the commissioning intentions for prevention and early help
- Ensure all stakeholders, including children and families, have a voice at every stage of the commissioning cycle and provide feedback to measure and review impact and enable redesigned services that better meet the needs of our children and families.



Conclusion

Our integrated strategy for early help builds on our previous achievements and takes us on a journey with families in Sefton to maximise their opportunities for the future. An implementation plan that supports it will help us to deliver success. Our early help journey will continue in partnership with statutory and voluntary partners, communities, and partnership with children, young people and their families.

Working Together to Safeguard Children, 2018

'A lead practitioner should undertake the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role.'

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/17	Author of the Paper: Geraldine O'Carroll Senior Manager – Commissioning & Redesign Geraldine.o'carroll@southseftonccg.nhs.uk 0151 317 8457						
Report date: January 2020							
Title: Transforming Care for people with Learning Disabilities - Update							
<p>Summary/Key Issues:</p> <p>People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services</p> <p>The purpose of this paper is to update the Governing Body on the Transforming Care Programme which is aimed at improving the lives of people with a learning disability and or Autism programme for the registered population of NHS Southport & Formby CCG who have a Learning Disability (LD) and/ or Autism, which includes updates on:</p> <ul style="list-style-type: none"> • Helping People Live in Homes not Hospitals • Improving Community Infrastructure • Improving people's health, quality of care and quality of life • Learning Disabilities Mortality Review Programme (LeDeR), • Children and Young People with a of children and young people with learning disabilities and or autism <p>These aims are to be achieved by collaborative working and this paper aims to update the Governing Body on the work being done by NHS Southport & Formby CCG to deliver the aims of Transforming Care Programme.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note progress being made • Endorse the continuing work on the Merseyside Transforming Care Partnership 	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Receive	X	Approve	X	Ratify	
Receive	X						
Approve	X						
Ratify							

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.
	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.

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

Report to Governing Body February 2020

1. Executive Summary

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

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

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

- Reducing learning inpatient admissions
- Improving community support infrastructure to support people in the community including
- Improving access to mainstream physical health services through annual health checks
- Reducing health inequalities.
- Co-production with patients, their families and carers is central to the Transforming Care Programme.

A recent bid to the Transforming Care Programme Board was successful in securing funding for Autism Spectrum Disorder waiting times and a post Diagnostic Support Pilot.

2. Introduction and Background

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

outlines what services need to be in place by March 2019 when the programme is due to finish.

Building the Right Support included the development of Transforming Care Partnerships across England which are each made up of clinical commissioning groups, NHS England's specialized commissioners and local authorities. NHS Southport & Formby CCG forms part of the Cheshire and Merseyside Transforming Care Partnership, which is subdivided into three local hubs; North Mersey, Mid-Mersey and Cheshire/Wirral. The two Sefton CCGs form part of the North Mersey Hub, along with Liverpool CCG to jointly deliver the three programme outcomes in their areas:

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

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

3. Key Issues

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

Helping People Live in Homes, not Hospitals

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

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

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

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

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

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

Table 1: S&FCCG Inpatient Position

CCG and Spot Purchase	Adults Specialised Commissioning	CAMHS Specialised Commissioning	Total Inpatients	Inpatients with LOS > 4 years
0	2	1	5	2

Currently we have no inpatient.

The other 3 patients are commissioned by Specialised Commissioning and the CCGs maintain regular updates to support planned discharges.

Reducing inpatient activity

The Transforming Care Programme is committed to reducing unnecessary admissions and planning safe and sustainable discharges. Local performance is intensively monitored by NHS England. Southport and Formby CCG is required to:

- Regularly update the Assuring Transformation data on individual patients status and new admissions - weekly
- Submit compliance and assurance returns based on NHS Digital data extracts - weekly
- CTR / Blue Light – admission avoidance returns - Bi weekly
- Submit individual patient gantt chart assurance returns – monthly
- Submit ad hoc requests for data / delivery / discharge plans
- CTR reviews in line AT guidance for inpatients
- Desk top reviews – monthly
- New AT guidelines are also recommending that in future all CCGs review out of area placements on a 6 weekly basis.

NHS Southport & Formby CCG bed activity within the Mersey Care FT contract has been under contract plan in recent years for Learning Disability Inpatient beds. There is a proposal with our lead commissioner to discuss with Mersey Care Trust to reduce the number of inpatient beds and possibly shift this resource to support the IST model. Currently the position is that the LD Inpatient beds are part of the total block contract with NHS Mersey Care Trust and this will require further consideration. An initial meeting with commissioners and providers has scheduled for September to begin these discussions.

All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care.

Community Infrastructure

Intensive Support Function (ISF)

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

The Specialist Learning Disability Division in Mersey Care NHS Foundation Trust were successful in a bid for £250k of Transforming Care Partnership monies. In line with the

National Transforming Care Programme, establishing a community-based model of care reduces the reliance on specialist inpatient care for adults with a learning disability and/or autism who have behaviour that challenges, so that these are only used when absolutely necessary.

At present the original money is non-recurrent and posts have been recruited to on a temporary basis to join the Community Learning Disability Teams in Liverpool and Sefton with evidence of impact being reported through the Contract Review Meeting with Commissioners. The ISF Team went live on 01/02/2019 and the ISF Team mobilisation plan has been completed and the impact of this service will be reviewed monthly between Mersey Care and Commissioners.

Funding for this service will end in 2020, as part of the discussions planned for September meeting (as above) to discuss bed utilisation, the discussion to continue the ISF role will also be considered and reviewed.

Positive Behavioural Support training

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

Positive Behavioural Support is an essential component of delivering high quality support for people with learning disabilities living in the community.

Housing Infrastructure

- The Sefton Housing strategy will include a section around planning for the specific needs of people with complex needs (LD and Autism). A Task and Finish group has been established to develop this further.
- Plans are being considered for a short break unit of up to 20 beds, with provision for people with autism on the same site.

Support

- PBS training 52% of providers have taken part in the training, 70 providers in Sefton and 59 providers in Liverpool have completed training. The next step is to include specialist schools, respite provisions and colleges in the training programme. Funded for more providers so additional training being offered to families.
- Health Action Plan has had an increase in uptake. There are plans to evaluate the delivery of Health Checks in day services.
- Development of a group of preferred providers is being considered with specialist skills and training to work as partners to develop a competency framework.

Children and Young People

- Current redevelopment of EHC process and SEN services is underway.
- Funding scheme with Alder hey has been funded around an Intensive Support Services. Model of delivery is being developed.

Introduction

The Long Term Plan published in January of this year (2019) reconfirmed the commitment to reduce the health inequalities faced by people with a learning disability, autism or both so they can live happier, healthier, longer lives. As part of this plan there is a commitment to improving the quality of inpatient care and as part of that we must ensure that it is of the highest quality and closer to home.

Changes in national guidance regarding the oversight arrangements state that commissioners will have to have clear expectations around the quality of care that should be provided within a specialist inpatient setting. They should ensure that there are robust and effective processes in place to identify any issues or concerns relating to quality, in line with Building the Right Support, and that these are acted on in a timely way.

The expectation is that, for CCG- commissioned inpatient care, the host CCG will take responsibility for the oversight of any issues relating to quality and safety from a commissioning perspective.

The Long Term Plan Implementation Framework sets out that adults aged 18 or over with a learning disability, autism or both, placed in an inpatient setting, has a minimum of a 6 or 8 weekly site visit from their commissioner.

In addition to deliver on the new oversight arrangement the named host arrangement has been identified. The host commissioner will have sufficient level of authority to liaise with other CCGs where there are significant quality failings or patient safety issues observed within an inpatient setting. Intelligence from the 6-8 weekly visits should be shared with the host commissioner if it indicates a concern relating to quality or patient safety.

This arrangement is for any specialist commissioned care for people with a Learning Disability and/or autism, including mental health beds.

Southport and Formby do not have any independent specialist inpatient settings however we do have one patient currently in an independent hospital in Birmingham. No discharge date identified as patient as only recently commenced treatment plan.

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

Annual Health Checks

In order to be eligible for a Learning Disability Annual Health Check, patients need to be on the GP Learning Disability Register. Progresses in ensuring patients are offered an Annual Health Check is therefore dependent on them being identified and placed on the GP Learning Disability Register.

Nationally, 0.49% of the GP registered population is on the Learning Disability Register. It has been estimated around 2.5% of the population in England has a learning disability.

The confidential inquiry into premature deaths of people with learning disabilities highlighted the importance of Annual Health Checks.

Southport & Formby (19 practices):

19 practices delivering own LD Checks

Current status (qtr 1 and qtr 2):

S&F –759 (patients registered) - LD checks completed = 178 (23%)

The last quarter is where the GP practices put an emphasis on completion of the outstanding annual health checks as demonstrated in previous years

Learning Disabilities Mortality Review (LeDeR)

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

There are a total of 65 cases on the system for the CCGs.

NHSE have secured backlog monies to complete all the reviews that are registered on the site who have died up until 31st December 2018. NHS E have commissioned North of England Commissioning Support Unit (NECS) to complete these reviews, which have been transferred across to NECS. This will take account of 12 cases.

The CCGs have secured additional LeDeR bids monies for:

- Performance and Sustainability: £37 k the monies being passed through to Mersey Care to support LeDeR reviews to aid with the remaining 21 cases to support the CCGs to be in-line with NHS E targets for all cases to be reviewed and signed off within 6 months of being added to the LeDeR system. Mersey Care have been requested to submit a business case to the CCGs for LeDeR reviews to be embedded as business as usual.
- Learning into Action: £21 k the monies have been passed through to People First to raise awareness and increase demand for, annual health assessment, cancer screening, vaccination and immunisation programmes to young people and adults with an LD, family carers and professional carers.

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

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

The aims of STOMP are to:

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

People First (a group who support people with a learning disability) met with the CCGs medicines management to discuss the use of Easy Read / pictorial information regarding the use of medication. Medicine Management team has been working with People First to develop a video on medication and this will be made available later in the year to be used for professional, family and Carers in understanding some of the issue medication that people with learning disabilities experience and how to get support.

Children & Young People

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

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

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

4. Conclusions

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

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

5. Recommendations

The Governing Body is asked to:

- Note progress being made
- Endorse the continuing work on the Cheshire and Merseyside Transforming Care Partnership.

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
August 2019

MEETING OF THE GOVERNING BODY February 2020

Agenda Item: 20/18	Author of the Paper: Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk
Report date: 17 January 2020	
Title: Sefton Transformation Programme Update	
Summary/Key Issues: This paper presents the Governing Body with an update as to the work of the Sefton Health and Care Transformation Programme.	
Recommendation 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.

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	

Programme update

1. Background

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

2. Progress update

The following is a summary of the work undertaken recently:

- There was a development session with Mike Farrer held in December 2019 which considered the future landscape for health and care delivery in terms of system architecture and the key areas to progress in support thereof (copy output at Appendix 1). A follow-up meeting with Mike is in the process of being arranged and the proposed date is Thursday 19 March. Refreshed governance arrangements are under development in response to this.
- The Programme continues to progress towards programme close by the end of March and transition into business as usual.
- A Blueprint and Transition Plan was agreed in principle by the STB which allows recruitment to a number of posts to support the system in the next financial year.
- The Provider Alliance has commenced a review of its scope, purpose and programmes of work in response to three high level priorities of the Sefton Health and Wellbeing Strategy, which align in broad terms with those identified by the Provider Alliance:

Sefton Provider Alliance - Priorities	Sefton Health and Wellbeing Strategy – Top 3 ambitions
Children	<u>Start Well</u> – To create the best first 1001 days possible for our Children
Complex Lives	<u>Live Well</u> – Focus on prevention and early intervention (particularly Mental Health, Drug and Alcohol misuse)
Falls	<u>Age Well</u> – Social Connection and Falls Prevention

- Emphasis continues on the development of the Primary Care Networks (PCNs) and Integrated Care Teams (ICTs) being piloted in Southport & Formby and South Sefton with an emphasis on the out of hospital model which is to be confirmed.
- Project initiation documents (PIDs) for Comms and Engagement and Workforce were agreed.
- Consideration is being given to the continuation of a Senior Leaders' Meeting from April to provide an opportunity to consider the transition of the programme
- The next Joint Committee (West Lancs CCG and Southport & Formby CCG) is on 23 January to discuss acute sustainability further and is being discussed separately on the Governing Body agenda.

- The draft strategies for Digital and Business Intelligence have been delivered, with the draft Workforce strategy being developed and they will be finalised for agreement at the next formal STB meeting.

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

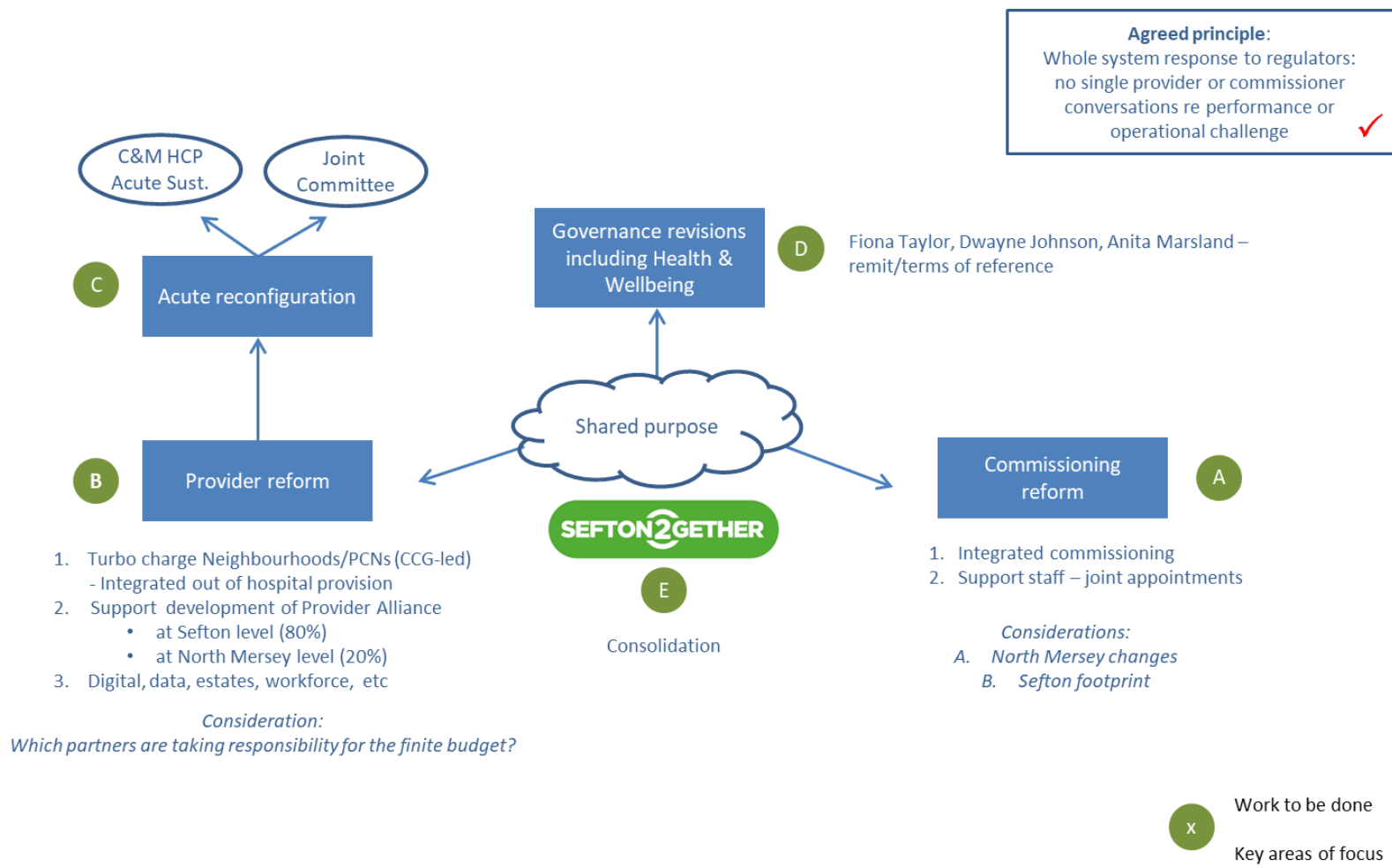
3. Recommendation

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

Appendices

























Appendix 1	Output from STB session with Mike Farrer, December 2019
Appendix 2	Workstream Update

Appendix 1 - Output from STB session with Mike Farrer, December 2019



Appendix 2 - Workstream Update

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Acute Sustainability	Suzy Ning						<p>Preparatory work is underway to consider quality, workforce and finance requirements for acute services for the populations of Southport, Formby & West Lancashire.</p> <p>A Joint Committee has been established by Southport & Formby CCG and West Lancashire CCG who will be working with Southport & Ormskirk Hospital, NHS England/Improvement, Cheshire & Merseyside Health & Care Partnership and engaging with the public on future services including out of hospital services.</p>
Primary Care Networks (South)	Tracy Jeffes	n/a	n/a				High level plan developed.
Primary Care Networks (North)	Jan Leonard	n/a	n/a				High level plan developed.
Provider Alliance	Therese Patten						The Provider Alliance has commenced a review of its scope, purpose and programmes of work in response to three high level priorities of the Sefton Health and Wellbeing Strategy, which align in broad terms with those identified by the Provider Alliance.
Strategic Commissioning	Stephen Williams	this is ICG		n/a	n/a		Prioritised joint implementation plan in relation to both the Health and Wellbeing Strategy and Sefton2gether (Five Year Plan) to be developed where appropriate. Joint commissioning approach being considered and developed.
Digital	Mel Wright						Draft strategy produced and baseline exercise completed. Preparation for handover under way for March 2020.

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Workforce, OD & Culture	Cameron Ward						Work has been externally commissioned. Attain to prepare a baseline assessment of workforce issues relating to Sefton. This has been completed in draft and is being used to prepare the draft Sefton workforce strategy.
Finance	Rebecca McCullough						Discussion on key efficiency schemes for focus in 2020/21 across the Sefton system. Working on system financial planning, draft system recovery plan, detailed financial baseline for all partners and how to consider contractual arrangement for 2020/21
Estates	Louise Halloran						Sefton Estates Strategy produced and baseline exercise completed. Preparation for handover under way for March 2020.
Comms and Engagement	Dan Grice						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						Draft strategy produced and baseline exercise under way. Data sharing arrangements being developed in partnership with Primary Care. Preparation for handover under way for March 2020.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 23rd October 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit is £9.5m although this is reliant upon the return of £2.4m overspend pending the outcome of a legal challenge nationally. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year. 	<ul style="list-style-type: none"> 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. 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. 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.

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

- The following policies were approved:
 - Family Leave Policy
 - Volunteer Policy
 - Travel and Expenses Policy
 - Harassment and Bullying Policy

- The following policies were approved subject to minor changes / clarification:
 - Learning and Development Policy
 - Work Experience Policy
 - Disciplinary Policy
- The Health & Safety Policy was approved subject to the resolving of queries from the Head of Medicines Management and a correction to section 1.4.
- Further review required of the Management of Organisational Change Policy by the Chief Officer and / or the Leadership Team.
- The committee noted the protocol for changes to an in-year financial forecast.
 - A full discussion regarding the 2019/20 forecast financial position is required with the Governing Body ahead of the deadline for the month 9 submission.
- The committee requested an independent post implementation review be undertaken for the Adam DPS.
- The F&R Committee Risk Register was approved.
- The committee received an update regarding GP pensions. Issue raised regarding communications with PCSE and NHS Pensions.
- The committee received an update on prescribing and noted that work is ongoing regarding High Cost Drugs.
- The committee approved the Pan Mersey APC recommendation to commission the following medicine: Ciclosporin eye drops (Verkazia®) – for Vernal keratoconjunctivitis in children and adolescents.
- The committee approved the recommendation for the CCG to sign-up to the Clenil Modulite and Longtec prescribing rebate schemes.
- The committee noted the Quality Premium will not be continued in 2019/20 and agreed to have the quarterly update removed from the committee work plan.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 27th November 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit is forecast to be £11.9m at the end of the financial year unless additional mitigations are identified. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year. 	<ul style="list-style-type: none"> 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. The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. It must identify 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. The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach to enable our membership to support implementation of our recovery plan.

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

- The committee agreed that the F&R risk register accurately reflected the risks experienced by the CCG.
- The committee asked the PCCCiC to review access / communications and engagement work in relation to increased paediatric activity. The committee asked the PCCCiC to ensure that there was contact with local schools / school nurses to ensure that the correct advice is being given out.
- CHC benchmarking review has been undertaken.

- The committee noted that the pressure from Category M prescribing has been estimated at £600k.
- The committee approved the Pan Mersey APC recommendation to commission the following medicine: Botulinum Neurotoxin Type A injection (Xeomin®) – for Chronic Sialorrhoea.

Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 26th September 2019

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> • 12 hour breach process flow chart - approved; • IPA Operational and Performance Meeting Terms of Reference - approved; • Safeguarding Adults and Children Annual Report - approved; • Pension issue to be added to the Risk Register. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

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

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Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 31st October 2019 **Chair:
Dr Gina Halstead**

Key Issue	Risk Identified	Mitigating Actions
North West Boroughs Healthcare NHS Foundation Trust Health Visiting model and difficulties being experienced by GP practices. To be raised with Local Authority	Heath Visiting model post code as opposed to GP practice not currently making an impact on children and families	Fiona Taylor to discuss with Dwayne Johnson.

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

Children in Care Annual Report 2018/19 was approved.
 IPA Programme Board Terms of Reference was approved.

Key Issues Report to Governing Body

Audit Committees in Common: Thursday 14th November 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)

- The decisions made for items recommended for approval at the last Audit CiC meeting on 10th July 2019 (which was inquorate) were ratified at this meeting.
- Further to recent quoracy issues, the committee proposed that the Practice Manager Governing Body member role be included back in the membership in the Terms of Reference. The appropriate governance arrangements are to be undertaken in relation to this proposed amendment to the Terms of Reference.
- The committee received the Primary Care Commissioning Committees in Common (PCCCiC) Scheme of Delegation.
- The committee approved the Risk Management Strategy subject to clarification on a number of points.
- The committee received the Losses, Special Payments and Aged Debt report.
- The committee agreed changes for the CCG's Q3 submission of the annual self-assessment template on financial planning, control and governance.
- The committee ratified the sign-off of a single tender action form for the Primary Eye Care Services Contract.
- The committee received the Register of Interests.

- The committee requested a formal process to ensure that the CCG is satisfied with and approves the current Infertility Policy and Commissioning Policy as they stand, given the significant length of time elapsed since the review date for the policies.
- The committee received the MIAA Internal Audit Progress Report.
- The committee received the Anti-Fraud Progress Report.
- The committee received a briefing paper on primary care arrangements for fraud investigations.
- The committee received the External Audit Progress Report.
- The committee received a draft report on the CCG's Mental Health Investment Standard Compliance Statement.
- The committee approved the updates to the Governing Body Assurance Framework, Corporate Risk Register and Heat Map subject to changes agreed at the meeting.
- The committee agreed to undertake a self-assessment workshop in relation to the committee's effectiveness.

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, 19th December 2019

Chair:
Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

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

The Committee received an update on the development of the Primary Care Quality dashboard.

The Committee noted the proposed investment in IT for Primary Care and asked that a detailed paper regarding the financial impact of this to be presented to the Finance & Resource Committee.

The Committee supported the Joint Operational Groups recommendation for a formal list closure for Ainsdale Medical Centre for 6 months.

The Committee noted that the new Social Prescribing roles which form part of the Network Contract Directed Enhanced Service are now in post.

Key Issues Report

Southport & Formby Localities

September 2019 – January 2020



Southport & Formby		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Overarching key issue in relation to the draft PCN Core specifications; particularly the Enhanced Health in Care Homes specification.</p>	<ul style="list-style-type: none"> • Delivery of specifications. • Continuing sign up of practices to PCN DES. 	<ul style="list-style-type: none"> • All practices/PCNs/GPs encouraged to feedback on consultation with NHSE. • CCG to develop offer of support to PCNs to deliver the specifications. • CCG undertaking work to understand existing commissioning for care homes across Sefton (linking with local authority) and how this can support delivery of Enhanced Health in Care Homes spec.

Key Issues Report

Southport & Formby Localities

September 2019 – January 2020



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Ongoing key issue lack of visibility from community nursing teams.	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. GP query email inbox established by LCFT to deal with issues as they arise. DN Team leader has now attended the locality meeting to discuss at operational level and plans made to meet with each practice and share team contact details and work to improve relationships/comms.
2. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy.	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. Increased workload for practices; GDPR issues – pt would have to be contacted before records could be shared. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are continuing to look into this. Further escalated through Contract meetings. Commissioning Manager to explore with Trust Midwifery lead for local solution.
3. Health Visiting Teams	<ul style="list-style-type: none"> HV practice 'link workers' lack of knowledge of practices' families due to change of alignment to geographical cover. 	<ul style="list-style-type: none"> Escalated through CCG Quality Committee with Commissioners. Commissioning Manager to monitor feedback from practices through locality meetings and escalate specific concerns through proper channels.

Key Issues Report

Southport & Formby Localities

September 2019 – January 2020



CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy. Jan 19 Further issue raised that one practice has received a number of standard letters to inform pregnant but also asking for PMH/Meds.</p>	<ul style="list-style-type: none"> • Risk of information not passing to practices regarding pregnant ladies. • Increased workload for practices; • GDPR issues – pt would have to be contacted before records could be shared. 	<ul style="list-style-type: none"> • Interoperability meeting has now been held and outcomes are awaited. • CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are continuing to look into this. • Further escalated through Contract meetings. • Commissioning Manager to explore with Trust Midwifery lead for local solution.
<p>2. Lack of visibility from community nursing teams</p>	<ul style="list-style-type: none"> • Risk that patient care could be affected 	<ul style="list-style-type: none"> • Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. • LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. • GP query email inbox established by LCFT to deal with issues as they arise. • Commissioning Manager to pursue at local level with DN Team leaders attending January locality meeting.

Please note January's locality meeting has not yet taken place.

Key Issues Report

Southport & Formby Localities

September 2019 – January 2020



FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
<ol style="list-style-type: none"> Lack of visibility from community nursing teams Various issues raised with clinical care within community teams 	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. Commissioning Manager to pursue at local level with DN Team leader to improve relationships/comms. Health Visiting team have met with locality group with view to improve relationships/communications. Issues with HV Team have been escalated via the Quality Committee.
<ol style="list-style-type: none"> PCNs – one practice declined sign up to the Network DES. 	<ul style="list-style-type: none"> Formby in unique geographical location, population under “hard bottom” of 30,000 at 27,601 which had been agreed however this has been further impacted by Formby Village Surgery not signing up to DES with approx. 12,000 pts. Remaining practices/CCG challenged to ensure stability of PCN in order to provide coverage to whole population of any Network services. 	<ul style="list-style-type: none"> NHSE support provided CCG support provided to work with the remaining practices and FVS. Network Manager also supporting PCN development in Formby.
<ol style="list-style-type: none"> Integrated Performance reports 	<ul style="list-style-type: none"> Sep 2019 - IPR June 2019 discussed including Primary Care highlights. The Locality specifically requested that the attention of the locality be confirmed to the CCG - furthermore, there is a sense of frustration within the locality in terms of the actions to address red indicators and a desire to see demonstrable improvement. 	<ul style="list-style-type: none"> Raised with Quality Committee in September 2019.

Key Issues Report

Southport & Formby Localities

September 2019 – January 2020



NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Lack of visibility from community nursing teams; new Frailty service means that community matron caseload discharged back to GPs.	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. Assurance received no caseload being discharged; no services have been decommissioned. These pts will be picked up through frailty services. Commissioning Manager to pursue at local level with DN Team leader attending locality meeting to improve relationships/comms.
2. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are continuing to look into this. Further escalated through Contract meetings. Commissioning Manager to explore with Trust Midwifery lead for local solution.

January 2020's locality meeting has not yet taken place.

Key Issues Report to Governing Body



Joint Committee (of S&F CCG and West Lancs CCG) Key Issues following the inaugural meeting held 23rd January 2020, Maghull Town Hall	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
The meeting was the inaugural meeting in public of the Joint Committee – no key issues requiring escalation were identified.	None	N/A

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

- Terms of Reference of the Joint Committee were reviewed and a number of recommendations for updates have been submitted to the respective governing bodies.
- Overview of the history of Sefton Transformation Programme was provided.
- A presentation on the development of the draft outline pre-consultation business case was delivered – each governing body and membership will receive the presentation
- An approach to stakeholder engagement and involvement was discussed - further work will now take place to finalise the approach
- The Joint Committee received a draft outline work plan which was discussed. The final work plan will be submitted to the governing bodies for approval.

Finance and Resource Committee Minutes

Wednesday 23rd October 2019, 10am to 12pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown (items FR19/128-139)	Lay Member (F&R Committee Vice Chair), S&F CCG	GB
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch (item FR19/131 onwards)	Head of Medicines Management, S&F CCG	SL
Colette Riley (item FR19/131 onwards)	Practice Manager & Governing Body Member, S&F CCG	CR
Martin McDowell (items FR19/128-138)	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
In attendance		
Gill Roberts (items FR19/128-132)	Senior HR Business Partner, People Services, ML CSU	GR
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Gill Brown	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	A	✓	A	✓	✓	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	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	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	✓	✓	✓	✓	A	✓	✓
Karl McCluskey	Director of Strategy & Outcomes							✓	✓	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	✓	*	✓	*	✓	*	*	*	*

No	Item	Action
General business		
FR19/128	<p>Apologies for absence Apologies for absence were received from Karl McCluskey.</p>	
FR19/129	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • 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. • <i>FR19/139: GP Governing Body Members and Clinical Lead Pay & Pensions – Update</i> HM declared that as GP Governing Body member who is part of the NHS Pensions Scheme, he is affected by the issues to be discussed under this item. The Chair reviewed the declaration and decided that HM could be present during this item and participate in discussion, as the item did not require a committee decision. It was noted that input of his experience with this issue would provide valuable insight. 	
FR19/130	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 18th September 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>	
FR19/131	<p>Action points from the previous meeting</p> <p>FR19/82 Sefton Continence Prescription Service - 2018/19 Review It was noted the due date for the action relating to Coloplast Ltd and analysing future forecast projections and trends is November 2019.</p> <p>FR19/90 Action points from the previous meeting FR19/79 Revised GPIT and ETTF Bids for 2019/20</p>	

No	Item	Action
	<p>MMcD confirmed he would raise committee members' concerns about appointment telephony services at GP practices at the next IM&T Steering Group (scheduled for 12th November 2019) and ask for feedback. MMcD to report back at the next F&R Committee meeting.</p> <p><i>CL joined the meeting.</i></p> <p>FR19/97 CHC Benchmarking - Q4 2018/19 In reference to concerns raised by committee members about levels of CHC fast track numbers compared with CCG peers – MMcD reported that the high level of CHC fast track numbers seems to be an issue which has been seen in other local CCGs as well as in Sefton. An extensive discussion followed regarding understanding cost behaviours in relation to CHC fast track expenditure. Members requested further analysis of types of fast track packages in Southport & Formby against benchmarking data; this analysis is to include case studies of patient journey. AOR to action. This action is to supersede the current action on the tracker.</p> <p><i>SL joined the meeting.</i></p> <p>FR19/109 Apologies for absence As the F&R Committee meeting on 18th September was inquorate, the committee ratified the decisions made for the following items recommended for approval at that meeting (as detailed in the minutes of the meeting). Action closed.</p> <ul style="list-style-type: none"> • FR19/111: Minutes of previous meetings and key issues (17th July 2019 and 21st August 2019) • FR19/117: Finance & Resource Committee Risk Register <p>FR19/112 Action points from the previous meeting MMcD confirmed that the issues raised at the F&R Committee meeting in August 2019, regarding Independent Sector Activity referral trends, are being reviewed by the CCG's Planned Care team and would be discussed further under item <i>FR19/133: Finance Report - Month 6 2019/20</i>. As the review of the issues is ongoing at the CCG, it was agreed to close this action.</p> <p>FR19/115 Finance Report - Month 5 2019/20 It was noted the over extrapolation issues noted in Appendix 1 and Appendix 2 of the month 5 finance report have been resolved in the month 6 finance report. Action closed.</p> <p>FR19/115 Finance Report - Month 5 2019/20 The detail behind the figures in the CCG Risk Adjusted Position has been included in the month 6 finance report. Action closed.</p> <p>FR19/116 Continuing Healthcare Update Report Further information on the FNC Reconciliation table (included as Appendix 4 in the month 4 finance report) is included in the report for item <i>FR19/134: Funded Nursing Care Update – October 2019</i>. Action closed.</p> <p><i>It was noted that all other actions on the action tracker for the September 2019 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	<p>MMcD</p> <p>AOR</p>

No	Item	Action
<i>Policies / frameworks for approval</i>		
FR19/132	<p>HR & Corporate Policies GR presented a number of HR and corporate policies, which had all been reviewed by the Corporate Governance Support Group and recommended for approval by the F&R Committee. The updates made to each policy were shown via track changes on the documents, and summarised on the cover sheet for this item. The following comments and decisions were made.</p> <p><u>Family Leave Policy</u> The committee approved this policy.</p> <p><u>Management of Organisational Change Policy</u> SL referred to section 5.1 of the policy and commented that this is open to interpretation and requires clarification in order for managers to follow. HN noted that this issue also applied to section 5.2 of the policy. This issue with both sections had been identified following a recent case at the CCG, which required guidance from this policy. HN asked for the wording of these sections to be reviewed by the Chief Officer and / or the Leadership Team to ensure that they are clear before the policy can be approved; MMcD to action.</p> <p><u>Volunteer Policy</u> The committee approved this policy.</p> <p><u>Learning and Development Policy</u> This policy was approved subject to the addition of the word 'electronic' to where there is mention of the 'employee's personal files'. GR to action.</p> <p><u>Travel and Expenses Policy</u> The committee approved this policy. GR informed the committee that the remuneration framework would be presented to the Remuneration Committee in due course; she noted that there may be future changes required to the Travel and Expenses policy depending on what is agreed regarding the framework. The committee noted this update and approved the policy as it stood at this point in time.</p> <p><u>Work Experience Policy</u> The committee noted that the Flow Chart for Work Experience on page 11 of the policy was blank. The committee approved this policy subject to the text in the chart being visible. GR to liaise with the CCG's Corporate Governance Manager to ensure the chart is visible in the policy when uploaded to the intranet.</p> <p><u>Harassment and Bullying Policy</u> The committee approved this policy.</p> <p><u>Disciplinary Policy</u> GR informed the committee that since the policy was included within the meeting pack, an addition has been made which notes 'Covert Recording of information or formal meetings and discussions may be deemed as Gross Misconduct.' The committee approved this addition. Members noted that there are references to the 'Commissioning Manager' in the policy and that the accompanying guidance document explains that this role would usually be undertaken by the 'Functional Head of Department or Service Director'. Although there was an explanation of</p>	<p>MMcD</p> <p>GR</p> <p>GR</p>

No	Item	Action
	<p>this role in the guidance document, members requested that a sentence be added to the policy itself which notes the Commissioning Manager role referred to in this policy is 'not to be confused with commissioning roles within the CCG'; GR to action. The policy was approved subject to this addition.</p> <p><u>Health & Safety Policy</u></p> <p>SL noted she had queries in relation to the 'Bomb (real or hoax)' section of this policy and confirmed she would raise these directly with the Corporate Governance Manager. SL also noted that section 1.4 has a sub-heading which refers to the 'LT' (Leadership Team) but the text below it refers to the 'SLT' (Senior Leadership Team). She confirmed she would ask for this section to be corrected (depending on which team it should be referring to) when she contacts the Corporate Governance Manager with her queries. The committee approved this policy subject to SL's queries being resolved and subject to a correction in section 1.4.</p> <ul style="list-style-type: none"> • The committee approved the following policies: Family Leave Policy; Volunteer Policy; Travel and Expenses Policy; and Harassment and Bullying Policy. • The committee approved the following policies subject to minor changes / clarification: Learning and Development Policy, Work Experience Policy and Disciplinary Policy. • The Health & Safety Policy was approved subject to the Head of Medicines Management's queries being resolved and subject to a correction in section 1.4. • Further review required of the Management of Organisational Change Policy by the Chief Officer and / or the Leadership Team. <p>GR left the meeting.</p>	<p>GR</p> <p>SL</p> <p>SL</p>
<i>Finance</i>		
FR19/133	<p>Finance Report - Month 6 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 30th September 2019. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG's likely case position at month 6 is a deficit of £9.5m. • Forecast overspends at Aintree, Royal Liverpool and Warrington Wigan and Leigh hospitals are offset by forecast underspends at Southport & Ormskirk Trust and St Helens & Knowsley Hospitals. • 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. • MMcD and the Chief Officer will be attending a system wide meeting with the NHSE/I North West Regional Director of Finance this afternoon to discuss the System Financial Recovery Plan. <p>MMcD provided explanation on the CCG's likely case position and noted that the likely case deficit of £9.5m was reliant upon £2.4m return of overspend, pending the outcome of a legal challenge nationally. The committee had an extensive discussion about the CCG's financial position, including the £2.4m mitigation that has been built into the CCG's likely case position.</p> <p>AOR reported that she and SL attended a C&M Health & Care Partnership Medicines Optimisation Steering Group meeting on 21st October 2019. The</p>	

No	Item	Action
	<p>information presented at this meeting on High Cost Drug savings and further opportunities raised queries and highlighted the need for further work locally.</p> <p>Members referred to Appendix 2 of the finance report which shows a detailed breakdown of provider costs. Members noted increases in Independent sector costs and requested a review of this against block contract arrangements with Southport & Ormskirk Trust to assess any financial implications; AOR to action.</p> <p>Members referred to <i>Phoenix Health / Other Providers</i> in Appendix 2 and noted a typographical error which is to be corrected. Members also requested a review of Phoenix Health / Bariatrics to determine future financial impact; AOR to action.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>AOR</p> <p>AOR</p>
FR19/134	<p>Funded Nursing Care Update – October 2019</p> <p>AOR presented a report regarding issues identified in relation to Funded Nursing Care (FNC) charges for the financial years 2017/18 and 2018/19. The report summarised the outstanding issues, the causes and consequences along with actions being taken to rectify the issues and to mitigate the risk of such issues arising again in the future.</p> <p>The committee had a detailed discussion about the report and the issues identified, with a number of queries raised which were answered by AOR and MMcD. AOR noted that fortnightly meetings have been taking place between representatives of the CCG finance team and Sefton Council regarding outstanding FNC issues. Future meetings will include representation from Midlands & Lancashire CSU.</p> <p>AOR reported that a joint CCG / Council letter regarding evidence of assessment and payment of invoices will be sent out to care providers once the CHC operating procedure (which is to accompany the letter) is finalised.</p> <p>The committee discussed the implementation of the Adam DPS and requested an independent post implementation review to be undertaken. MMcD confirmed he would liaise with MIAA to discuss the commissioning of an independent review and what the scope of this review would be.</p> <p><i>The committee received this report.</i></p>	MMcD
FR19/135	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register. The committee agreed that no changes were required at this stage.</p> <p><i>The committee received the F&R Committee risk register and agreed that no changes were required at this stage.</i></p>	
FR19/136	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's finance strategy and noted that the key objective remains the delivery of a recurrent breakeven position in the next five years across the Sefton system. The current focus is on the System Financial</p>	

No	Item	Action
	<p>Recovery Plan and how partners work together to achieve this.</p> <p><i>The committee received this verbal update.</i></p>	
FR19/137	<p>Financial Improvement Trajectories and Indicative Financial Recovery Fund Allocations</p> <p>MMcD presented a letter from Bill McCarthy (Executive Regional Director - North West, NHS England and NHS Improvement), dated 4th October 2019, regarding financial improvement trajectories and indicative Financial Recovery Fund allocations. He noted that the trajectories assume that the QIPP plans will be delivered in full in 2019/20.</p> <p>Members discussed the contents of this letter and noted the importance of progressing system wide QIPP savings.</p> <p><i>The committee received and noted the contents of this letter.</i></p>	
FR19/138	<p>Protocol for Changes to an In-Year Financial Forecast</p> <p>MMcD presented a protocol for changes to organisational forecasts during 2019/20, which was sent by NHS England and Improvement on 4th October 2019. He confirmed that a full discussion regarding the 2019/20 forecast financial position is required with the Governing Body ahead of the deadline for the month 9 submission.</p> <p><i>The committee received and noted the contents in the protocol.</i></p> <p><i>MMcD left the meeting.</i></p>	
FR19/139	<p>GP Governing Body Members and Clinical Lead Pay & Pensions – Update</p> <p>HM had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/129: Declarations of interest regarding agenda items</i>).</p> <p>AOR presented a report with an update on the steps undertaken by the CCG to address the national issue relating to GP Governing Body Members and Clinical Lead pay and pensions.</p> <p>AOR provided an overview of the steps undertaken to date as well as the next steps, as detailed in the report. She noted that the CCG's Chief Accountant has recently joined a GP Pensions working group, which has representatives from all CCGs within Cheshire & Merseyside. This group has representation from both NHS Pensions and PCSE. AOR reported that CCG management are to meet with business advisors to progress individual impact assessments and noted that a remuneration framework will be presented to the Remuneration Committee for consideration / approval.</p> <p>The committee noted and discussed the update provided. HM raised concerns and issues in relation to communication with PCSE and NHS Pensions; AOR confirmed she would ask the Chief Accountant to raise these issues at the GP Pensions working group. AOR also noted that she would arrange an SLA meeting with the CCG's payroll provider to review processes.</p>	<p>AOR</p> <p>AOR</p>

No	Item	Action
	<p><i>The committee received this report.</i></p> <p>GB notified the committee that she needed to leave the meeting due to another appointment. HN noted that this was GB's last F&R Committee meeting as she was leaving her CCG Governing Body role at the end of October 2019. HN thanked GR for her work on the committee and offered the committee's best wishes for her future endeavours.</p> <p><i>GB left the meeting.</i></p>	
Estates		
FR19/140	<p>Estates Update</p> <p>It was noted there was no update to provide for this item.</p>	
Prescribing		
FR19/141	<p>Prescribing Spend Report – Month 4 2019/20</p> <p>SL provided an overview of the prescribing report for month 4 2019/20, noting that Southport & Formby CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She reported that the use of FreeStyle Libre for glucose monitoring continues to be a significant cost pressure compared to guidance published by NHS England. She also reported that work is ongoing to understand the cost pressure with High Cost Drugs.</p> <p><i>The committee received this report.</i></p>	
FR19/142	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation to commission the following medicine:</p> <p>Ciclosporin eye drops (Verkazia®) – for Vernal keratoconjunctivitis in children and adolescents.</p> <p>It was noted that Verkazia® is a licensed product. The committee discussed the recommendation and approved the commissioning of this medicine.</p> <p><i>The committee approved the Pan Mersey APC recommendation to commission the following medicine: Ciclosporin eye drops (Verkazia®) – for Vernal keratoconjunctivitis in children and adolescents.</i></p>	
Minutes of Steering Groups to be formally received		
FR19/143	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – August 2019 <p>The committee received the minutes of the SPEP Steering Group meeting (August 2019).</p>	

No	Item	Action
Closing business		
FR19/144	<p>Any Other Business</p> <p><u>Prescribing Rebate Schemes - Clenil and Longtec</u> SL presented a paper with a recommendation to approve sign-up to the following rebate schemes:</p> <ul style="list-style-type: none"> • Clenil modulate (Beclometasone Dipropionate) inhaler • Longtec <p>The committee discussed the rebate schemes and approved the recommendation for the CCG to sign-up to both schemes.</p> <p><u>Quality Premium</u> JL reported that NHS England have informed the CCG that the Quality Premium will not be continued in 2019/20. The committee noted this and agreed to have the quarterly update removed from the committee work plan; TK to action.</p>	TK
FR19/145	<p>Key Issues Review AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting Wednesday 27th November 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 27th November 2019, 10.30am to 12.30pm
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Colette Riley (items FR19/146 – 153)	Practice Manager & Governing Body Member, S&F CCG	CR
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	Dec 18	Jan 19	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Gill Brown	Lay Member (Vice Chair) [Left CCG at end of Oct 2019]	✓	✓	✓	✓	A	✓	A	✓	✓	✓	
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	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	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	A	✓	✓	✓	✓	A	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes						✓	✓	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	✓	*	✓	*	*	*	*	*

No	Item	Action
General business		
FR19/146	<p>Apologies for absence Apologies for absence were received from Karl McCluskey.</p>	
FR19/147	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting 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.</p>	
FR19/148	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 23rd October 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>	
FR19/149	<p>Action points from the previous meeting</p> <p>FR19/82 Sefton Continence Prescription Service - 2018/19 Review SL reported she has discussed forecast catheter spend projections with Coloplast, who have shared what they have learnt nationally from centralised prescribing services they provide elsewhere in the country. Coloplast have confirmed that spend tends to plateau two to three years after introduction of the service. SL will continue to monitor the spend and meet with Coloplast regularly to discuss spend and quality outcomes related to the service. She confirmed that any updates to note would be reported via the monthly prescribing report. Action closed.</p> <p>FR19/131 Action points from the previous meeting FR19/79 Revised GPIT and ETTF Bids for 2019/20 In reference to the committee's concerns in relation to telephony services at GP practices - MMcD reported that the CCG and iMerseyside are working to establish whether telephony at practices is a prioritisation issue and what resources / funding opportunities are available to address the concerns raised. He confirmed the issue would be monitored by the IM&T Steering Group. CR and HM provided feedback on telephony issues at their respective practices. The committee noted that concerns regarding telephony at practices will be monitored by the IM&T Steering Group and agreed to close the action on the F&R action tracker.</p>	

No	Item	Action
	<p>The committee discussed GP practice appointments in relation to increased paediatric activity. Members requested the Primary Care Commissioning Committees in Common (PCCCiC) review access / communications and engagement work in relation to paediatric activity. The committee requested that contact is made with local schools / school nurses to ensure that the correct advice is being given out. JL to take forward this action with the PCCCiC.</p> <p>FR19/131 Action points from the previous meeting FR19/97 CHC Benchmarking - Q4 2018/19 The action regarding undertaking further analysis of types of fast track packages in Southport & Formby against benchmarking data is still open. The committee discussed causal factors regarding the increase in fast track packages. HN requested to liaise with AOR outside the meeting regarding this issue and the objectives of the further analysis work that is to be undertaken.</p> <p>FR19/132 HR & Corporate Policies <u>Health & Safety Policy</u> SL confirmed that her queries in relation to the Health & Safety Policy have been resolved. Section 1.4 of the policy has also been corrected. The committee had approved the policy at the last F&R Committee meeting subject to SL's queries being resolved and subject to section 1.4 being corrected. Action closed.</p> <p>FR19/133 Finance Report - Month 6 2019/20 The action to understand the reasons behind the increases in independent sector costs against contract arrangements with Southport & Ormskirk NHS Trust is still open.</p> <p>FR19/133 Finance Report - Month 6 2019/20 AOR confirmed the typographical error in relation to <i>Phoenix Health / Other Providers</i> in Appendix 2 of the Month 6 finance report has been corrected. Action closed.</p> <p>FR19/133 Finance Report - Month 6 2019/20 The action regarding a review of Phoenix Health / Bariatrics to determine future financial impact is still open.</p> <p>FR19/134 Funded Nursing Care Update – October 2019 MMcD reported that he and AOR have met with MIAA to discuss a potential audit / post implementation review of the Adam DPS. He noted it is yet to be confirmed as to whether resources will allow for the review to take place in the current financial year. It was agreed to keep this action open until a decision has been made.</p> <p>FR19/139 GP Governing Body Members and Clinical Lead Pay & Pensions – Update AOR confirmed she has asked the CCG's Chief Accountant to raise the concerns (raised by HM) in relation to communication with PCSE and NHS Pensions, at the GP Pensions working group. Action closed.</p> <p>FR19/139 GP Governing Body Members and Clinical Lead Pay & Pensions – Update AOR confirmed an SLA meeting with the CCG's payroll provider to review</p>	<p>JL</p> <p>HN / AOR</p>

No	Item	Action
	<p>processes has been arranged. Action closed.</p> <p><i>It was noted that all other actions on the action tracker for the October 2019 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	
<i>Finance</i>		
FR19/150	<p>Finance Report - Month 7 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st October 2019. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • At month 7, the CCG's likely case deficit is forecast to be £11.9m at the end of the financial year unless additional mitigations are identified. • The main financial pressures relate to Continuing Care packages and cost pressures in the independent sector. The latter is due to an increase in activity during the year, notably with iSight in respect of Ophthalmology activity and Renacres for Trauma and Orthopaedic activity. • The year to date financial performance for the Acting as One providers shows an under performance against plan, which would represent an underspend of £0.341m under PBR contract arrangements. <p>The committee had an extensive discussion regarding the finance report and the CCG's financial position.</p> <p>The committee discussed the increasing cost pressures in the independent sector and causal factors. MMcD confirmed a discussion regarding cost pressures in the independent sector would take place at the CCG Wider Constituent Group meeting scheduled for this afternoon.</p> <p>MMcD briefed the committee on discussions at the Southport System Financial Recovery meeting with NHSE / I, which took place on 26th November 2019. He noted the challenges of meeting the recommended system control total.</p> <p>The committee discussed Southport & Ormskirk NHS Trust's financial position. MMcD confirmed that this would be discussed further at the Governing Body Development Session scheduled for 4th December 2019. MMcD also confirmed that a letter will be sent from the CCG to the Trust's Director of Finance to address outstanding aged debt, which was an action from the last CCG Audit CiC meeting.</p> <p>MMcD reported that AOR and SL will work on a reconciliation between the figures in the finance report and the figures in the prescribing report as part of the month 8 closedown. This reconciliation will be presented at the Governing Body Development Session scheduled for 4th December 2019.</p> <p>Members referred to section 3 of the finance report (entitled CHC Fast Track Referrals) and queried the accuracy of the two graphs; AOR to review and ensure the graphs are correct.</p> <p>HN commented that information on run rates had not been included within the finance report and asked for this to be included within future finance reports; AOR to action.</p>	<p>AOR</p> <p>AOR</p>

No	Item	Action
	<p>HN referred to Appendix 1 of the report which details the financial position at month 7 and queried the basis for extrapolation in forecast outturn figures for Commissioning – Non Acute and Non Recurrent Programmes. AOR to review as part of the month 8 closedown procedures.</p> <p>MMcD and AOR provided detailed commentary on Appendix 4 which shows the risk adjusted position for month 7. MMcD confirmed that an updated version of the table showing the risk adjusted position for Month 7 will be presented at the Governing Body Development Session scheduled for 4th December 2019.</p> <p>HN referred to financial pressures associated with Personal Health Budgets (PHBs). She noted there is anecdotal evidence that packages of care have been transferring into PHBs at a higher rate than previous package costs and asked for this to be reviewed with Tracey Forshaw (the CCG's Assistant Chief Nurse); MMcD to action.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>AOR</p> <p>MMcD</p>
FR19/151	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register. The committee agreed that no changes were required at this stage and that the risk register accurately reflected the risks experienced by the CCG.</p> <p><i>The committee received the F&R Committee risk register and agreed that no changes were required at this stage.</i></p>	
FR19/152	<p>CHC Benchmarking – Q1 2019/20</p> <p>AOR tabled and presented a Quarter 1 2019/20 report on CHC Benchmarking. This was an updated version of the report that had been included within the meeting pack. The information included in this report is an extract of the NHS CHC tableau report as at Quarter 1 2019/20 (June 2019).</p> <p>The following data had been extracted for information and included within the report.</p> <ul style="list-style-type: none"> • CHC - expenditure per 50k population • CHC children - expenditure by 50k population • CHC fast track - expenditure by 50k population • FNC - expenditure by 50k population <p>It was noted that the incorrect graph had been included in error for <i>Table 1 - Continuing Healthcare expenditure to quarter 1 2019/20 per 50k population</i>. AOR confirmed she would circulate an updated report with the correct graph for Table 1.</p> <p>The committee had a detailed discussion regarding the report. HN queried why only 50% of care home packages are procured via the Adam DPS, as noted in the report; AOR to liaise with the CCG's Deputy Chief Nurse to obtain clarity on this issue.</p> <p>The committee discussed the graphs and potential factors for the CCG's position</p>	<p>AOR</p> <p>AOR</p>

No	Item	Action
	<p>against peers, including process issues. It was noted that work is ongoing to understand the CCG's position in terms of fast track cases. Members requested benchmarking information around Personal Health Budgets and Section 117 packages of care. AOR confirmed she would include this information in the next benchmarking report that is due to be reviewed by the committee in March 2020, as per the committee work plan.</p> <p><i>The committee receive this report.</i></p>	AOR
FR19/153	<p>Individual Funding Request Service Report - Q2 2019/20</p> <p>JL presented the Individual Funding Request Service Report Q2 2019/20. She noted that 16 of the 27 applications that were received for restricted treatments were for patients who met the policy criteria.</p> <p><i>The committee received this report.</i></p> <p><i>CR left the meeting.</i></p>	
<i>Prescribing</i>		
FR19/154	<p>Prescribing Report – Month 5 2019/20</p> <p>SL provided an overview of the prescribing report for month 5 2019/20, noting that Southport & 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 reported that the increase in Category M prices has had a significant impact on the financial position this year. She noted that if Category M drugs continue at current prices, the year-end estimated cost for the CCG could be £4.95m, which is an increase of £610k against the previous year and is a contributing factor to the forecast overspend.</p> <p>SL circulated a graph showing the Category M cost pressure trends for CCGs in Merseyside (from April 2017 to January 2019) alongside the England metric for comparison.</p> <p>The committee discussed the high cost drugs pressure. SL confirmed she would liaise further with the CCG finance team to review the expected savings in Age Related Macular Degeneration (AMD) drugs, as a result of a price reduction being applied due to critical volume usage.</p> <p><i>The committee received this report.</i></p>	
FR19/155	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation to commission the following medicine: Botulinum Neurotoxin Type A injection (Xeomin®) – for Chronic Sialorrhoea.</p> <p>It was noted that this medicine is recommended for use in the treatment of chronic sialorrhoea, caused by neurological conditions, in accordance with NICE</p>	

No	Item	Action
	<p>TA605. The committee discussed the recommendation and approved the commissioning of this medicine.</p> <p><i>The committee approved the Pan Mersey APC recommendation to commission the following medicine: Botulinum Neurotoxin Type A injection (Xeomin®) – for Chronic Sialorrhoea.</i></p>	
Minutes of Steering Groups to be formally received		
FR19/156	<ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – July 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (July 2019).</p>	
Closing business		
FR19/157	<p>Provisional F&R Committee Meeting – December</p> <p>Members noted that a provisional committee meeting is scheduled for 18th December 2019. It was agreed for this meeting to proceed with a single item agenda focussed on the month 8 finance report. Members agreed that the meeting should be arranged for 1 hour, 15 minutes (10.30am-11.45am); TK to update the calendar invitation for this meeting. MMcD and JL provided apologies for this meeting. All other members in attendance confirmed they were available to attend this meeting.</p> <p><i>The committee agreed that the provisional F&R meeting on 18th December 2019 should take place.</i></p>	
FR19/158	<p>Any Other Business</p> <ol style="list-style-type: none"> 1) HM raised a query regarding the number of beds in the new Hartley Hospital in relation to current inpatient provision. MMcD confirmed this matter would be discussed at the CCG / Mersey Care Exec to Exec meeting scheduled for 5th December 2019. 2) HM requested further information on the Transformation Fund included within the CCG's Financial Recovery Plan for 2020 / 21. MMcD confirmed that the fund would be discussed at the Governing Body Development Session scheduled for 4th December 2019. 3) HM raised queries regarding investment monies in relation to Mersey Care. MMcD confirmed this would be a matter for discussion at the CCG / Mersey Care Exec to Exec meeting scheduled for 5th December 2019. 	
FR19/159	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meetings</p> <p>Wednesday 18th December 2019 10.30am to 11.45am Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

No	Item	Action
	Wednesday 22 nd January 2020 10.30am to 12.30pm The Marshside Surgery, (Room: the Library) 117 Fylde Road, Southport, PR9 9XL	

Approved

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

Date: Thursday 26th September 2019 at 09.00 – 12.00

Venue: 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

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 (up to and including agenda item 19/170)	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott (for agenda item 19/165 only)	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
In attendance		
Tracey Forshaw	Assistant Chief Nurse (SSCCG)	TF
Mel Spelman (for part of meeting)	Programme Manager Quality and Performance (SSCCG)	MS
Jennie Piet	Programme Manger Quality and Performance (SSCCG)	JP
Lynne Savage	Deputy Head of Quality and Safety(SSCCG/SFCCG)	LS
Karl McCluskey	Director of Strategy and Outcomes (SSCCG/SFCCG)	KM
Helen Roberts	Pharmacist (SSCCG)	HR
Apologies		
Karen Garside	Designated Nurse Safeguarding Children (SSCCG)	KG
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
Debbie Fairclough	Interim Programme Lead, Corporate Services (SSCCG)	DF
Minutes		
Michelle Diable	PA to Deputy and Chief Nurse	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	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19
Dr Rob Caudwell	GP Governing Body Member	✓	A	✓	N	L	✓	✓	N	✓	A	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	A	A	✓	N	✓	✓	A	N	✓	✓	✓	A	✓
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	A	N	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	✓	N	A	A	✓	N	✓	✓	A	✓	✓
Billie Dodd	Head of CCG Development	A	A	A	N	✓	A	A	N	✓	✓	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	N	A	✓	A	N	-	D	D	D	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	✓	N	✓	✓	A	N	✓	-	✓	A	A
Martin McDowell	Chief Finance Officer	A	✓	✓	N	✓	A	✓	N	✓	D	✓	A	A
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	A	N	A	A	-	N	-	-	-	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	✓	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
19/161	<p>Welcome, Introductions & Apologies</p> <p>Brendan Prescott welcomed all to the meeting.</p> <p>Apologies were noted from Fiona Taylor, Debbie Fairclough, Martin McDowell, Karen Garside and Dr Gina Halstead.</p> <p>Brendan Prescott advised that due to a Joint Targeted Area Inspection Children's Mental Health (JTAI) being undertaken he was unable to attend the full Committee Meeting. He explained that he would present the Deputy Chief Nurse Report before leaving the meeting. He advised that the agenda had been reduced to accommodate a workshop to discuss the future format of the meeting and the format of the Integrated Performance Report. However Debbie Fairclough was unable to attend so the workshop was deferred to the next Committee Meeting.</p>	
19/162	<p>Declarations of Interest</p> <p>Gill Brown advised that she has commenced a new position at St Helens and Knowsley Hospitals Teaching NHS Trust.</p>	
19/163	<p>Minutes & Key Issues Log of the previous meeting</p> <p>The minutes and key issues from the previous meeting held on 29th August 2019 were approved as an accurate record.</p>	
19/164	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • Action 19/36 GP Quality Lead Update <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>Previous Update: Margaret Jones was invited to the June 2019 Committee meeting but was unable to attend. Margaret to attend a future meeting.</p> <p>Previous Update: 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.</p> <ul style="list-style-type: none"> • Action 19/81 Chief Nurse Report <p>(i) ERS SOPs to be presented at a future Joint Quality and Performance Committee meeting to provide assurance.</p> <p>Previous Update: To be presented at a future Committee meeting.</p> <p>Action to remain on the tracker and to be presented at the November 2019 Committee Meeting.</p>	<p style="text-align: center;">BP</p> <p style="text-align: center;">BP</p>

	<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>Previous Update: 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>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"> • Action 19/108 Safeguarding Quarterly Report <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"> • Action 19/121 Deputy Chief Nurse Report <p>(i) 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 to provide an update at the next Committee Meeting following a meeting at the Trust on 29th August 2019.</p> <p>Update: Tracey Forshaw advised that there is a Contract Performance Notice in place. Brendan Prescott had written to Trust to seek assurance. She advised that she would be meeting with the Trust for an update in due course. Action to remain on the tracker.</p> <p>(ii) Assurance required from Mersey Care NHS Foundation Trust on data quality/data capacity.</p> <p>Brendan Prescott to provide an update to the Committee following the September 2019 CCQRM Meeting. Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/122 Clinical Director Quality Update <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"> • Action 19/145 Matters Arising/Action Tracker 	<p>BP</p> <p>HC</p> <p>BP</p> <p>TF</p> <p>BP</p> <p>GH</p> <p>GH</p>
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	<p>Dr Doug Callow to provide details of a patient with a grade II ulcer who was declined by LCFT to Brendan Prescott who will raise the issue at the next LCFT Operational Meeting.</p> <p>Dr Doug Callow did not have a note of the patient's name but informed Claire Touhey of the issue and asked for it to be raised accordingly. Action to be removed from the Action Tracker.</p> <ul style="list-style-type: none"> • Action 19/146 Deputy Chief Nurse Report <p>(i) A paper to be presented at the next CCQRM in relation to the management of clinical engagement on from the Southport and Ormskirk non RTT lost to follow up action plan for Southport and Ormskirk Hospital NHS Trust.</p> <p>Tracey Forshaw advised that there is clinical engagement. She had met with the Trust and there are fortnightly executive meetings taking place. Action closed and to be removed from the tracker.</p> <p>The Committee queried the enquiry outcome and not seen evidence of any assurance. Tracey Forshaw advised that she would request an update at the next Executive Meeting and would email Steve Christian – Chief Operating Officer at Southport and Ormskirk Hospital NHS Trust to inform him of the concerns raised by the Committee.</p> <p>(ii) Dr Doug Callow to raise the issue in relation to notifications of biopsies not being shared with GP's at the monthly meeting with the Medical Director.</p> <p>Dr Doug Callow noted that episodes of care should be completed. He informed that patients should be asked if they wish to have a copy of their results but some do not appear to be asked. Action to be removed from the Action Tracker.</p> <p>(iii) Dr Rob Caudwell to discuss the gastroenterology electronic referral issues with Dr Hilal Mula on 9th September 2019.</p> <p>Dr Rob Caudwell advised that he has spoken to Dr Hilal Mulla who informed that that there had been a user error and the issue was now resolved. Action to be removed from the Action Tracker.</p> <p>(iv) 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.</p> <p>Dr Rob Caudwell advised that he had contacted John Cain who confirmed that he would attend the Mortality Operational Meetings and provide feedback. Action closed and to be removed from the Action Tracker.</p> <ul style="list-style-type: none"> • 19/148 Integrated Performance Report <p>(i) Brendan Prescott to share the Sefton SALT Children's Service Recovery Plan and to provide narrative against RCA's and to ensure there is consistency in relation to compliance percentage data.</p> <p>Action to remain on the tracker.</p> <p>(ii) 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.</p>	<p style="text-align: center;">TF</p> <p style="text-align: center;">BP</p>
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	<p>Action completed and to be removed from the Action Tracker.</p> <ul style="list-style-type: none"> • Action 19/150 Serious Incident Report <p>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.</p> <p>Mel Spelman advised that it will be included in the Serious Incident Report. Quarter 2 is due in October 2019.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/152 Safeguarding Children and Adults Declaration <p>Natalie Hendry – Torrance to speak to Jan Leonard regarding GP compliance.</p> <p>Tracey Forshaw advised that she would chase up this action in the absence of Natalie.</p> <ul style="list-style-type: none"> • Action 19/154 North West 111 Commissioning Report <p>Brendan Prescott to ask the questions raised at the JQPC of Ian Davies and raise them at the NWAS Quality Forum.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/158 Any Other Business <p>(i) 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.</p> <p>It was noted that this action is on-going.</p> <p>(ii) Brendan Prescott 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.</p> <p>Action to remain on the tracker.</p> <p>(iii) Brendan Prescott to raise waiting times and communications at Aintree University Hospital NHS Foundation Trust with Terry Hill.</p> <p>Action to remain on the tracker.</p>	<p>MS</p> <p>TF</p> <p>BP</p> <p>BP</p> <p>BP</p> <p>BP</p>
19/165	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which provides an update on the key issues since the last report presented in August 2019. The Committee noted the following:-</p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>It was noted that a workshop is to take place on 3rd October 2019 to plan for assurance and to monitor quality, safety and performance of the new Trust following the merger. There are currently dual contracts but will move to 1 contract from April 2020.</p>	

<p>Referral to Treatment Performance – Contract Performance Notice issued and more specifically in relation to gastroenterology.</p> <p>62 Day Breaches –Contract Performance Notice has been issued.</p> <p>AED Performance – Contract Performance Notice has been issued.</p> <p>A Never Event was declared regarding a methotrexate administration error on 10th September 2019. No harm was observed. The Medicines Management Team has oversight of this.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>The Trust continues to be monitored on the Open Contract Performance Notice – breach of national serious incident framework. The Trust has expressed a concern how they would manage if they experienced a repeat of the situation.</p> <p>Referral to Treatment Lost to Follow up - an action plan is in place. The Committee requested sight of the action plan. The Trust has raised this as a national issue with NHS Improvement.</p> <p>Action: Brendan Prescott to circulate the Southport and Ormskirk NHS Trust Referral to Treatment Lost to Follow Up Action Plan to the Joint Quality and Performance Committee.</p> <p>Southport and Ormskirk Hospital NHS Trust Adverse Discharges – A meeting group has been convened which will feed in to the sub-group of the AED Delivery Board.</p> <p>Estates work on the Regional Spinal Injuries Unit continues with a plan to reopen admissions.</p> <p>Diagnostics – there is a 40% vacancy factor in radiology and issues in endoscopy also. The CCG has requested the Trust to share the improvement plan with a revised trajectory and details of subcontracts with 5 working days. If the CCG does not receive assurance by this a Contract Performance Notice will be issued.</p> <p>Cancer – the CCG has requested sight of the Trust’s action plan to recover its trajectory. If the CCG does not receive assurance then a Contract Performance Notice will be issued.</p> <p>The Committee queried the impact of the pension issue and the mitigation plan.</p> <p><u>Mersey Care NHS Foundation Trust – Community</u></p> <p>Dr Bill Kirkup visited the Mersey Care NHS Foundation Trust Executive Team in July 2019. It was noted that Incidents will be reviewed. The investigation will be owned by NHS England/Improvement.</p> <p>Workforce – Trust to provide a paper to the CCG on apprenticeship development at the Trust given a recent article in the Health Service Journal where apprentices were highlighted as making insufficient progress in their training.</p> <p>NHS South Sefton CCG to issue a Contract Performance Notice to Mersey Care NHS Foundation Trust in relation to on-going poor performance for waiting times across several services.</p>	<p>BP</p>
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	<p><u>One to One Northwest Ltd</u></p> <p>Following the closure of One to One Northwest Ltd in July 2019, NHS England and Lead Commissioner Wirral CCG have taken legal advice on a number of issues. The advice will be shared and discussed with the relevant associate commissioners in due course.</p> <p><u>Joint Targeted Area Inspection Children's Mental Health</u></p> <p>NHS Southport and Formby CCG, NHS South Sefton CCG, Sefton MBC and Merseyside Police are subject to a JTAI week commencing 23rd September 2019. Various CCG employees and executives will be taking part in the inspection with feedback to partnership executives to be provided on Friday 27th September 2019.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	
19/166	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow advised that there is a long wait for musculoskeletal physiotherapy appointments at Aintree University Hospital NHS Foundation Trust; communication is poor' patients receive a letter advising them to attend an initial assessment at Burlington House. He noted that joint health works well at Southport and Ormskirk NHS Hospital.</p>	
19/167	<p>Integrated Performance Report</p> <p>Karl McCluskey presented the Integrated Performance Report which seeks to provide an overview of provider performance for both NHS South Sefton and NHS Southport and Formby CCGs. The report provides both quality and performance metrics by exception and current actions to provide assurance.</p> <p><u>NHS South Sefton CCG</u></p> <p>It was noted that there was an E-referral data quality error. Local validation reports are continuing to be ran.</p> <p>Diagnostics performance has improved, measures have been put in place by Aintree University Hospital NHS Foundation Trust but will remain on the exception dashboard for 3 consecutive months.</p> <p>Referral to Treatment - impacted by pension issues for consultants and Waiting List Initiatives.</p> <p>Gastroenterology – significant workforce challenges and vacancies were reported. Agency and locum cover was sought. In the summer months there were 3 consultant sickness absences but they have now returned to work.</p> <p>A system workshop with providers led by the CCGs is to be scheduled with a view to developing a programme of work for gastroenterology, concentrating on managing outputs, referrals and endoscopy by pooling resources.</p> <p>Cancer 62 day – The CCG's are working with Aintree University Hospital NHS Foundation Trust on a recovery plan.</p> <p>Graham Bayliss referred the Committee to the Summary Performance Dashboard highlighting that the boxes with "n/a" in are shown in green which is confusing. He suggested changing the colour to be able differentiate between the RAG rating colours.</p>	

	<p>It was noted that Improving Access to Psychological Therapies year to date explanation of actuals target appears as being 1% but it is 4.5%.</p> <p>Outcome: The Committee received the Integrated Performance Report.</p>	
19/168	<p>Corporate Risk Register – Quality Update</p> <p>Mel Spelman presented the Corporate Risk Register Quality Update paper providing an update on the Joint Quality Risk Register for both NHS South Sefton and Southport and Formby CCGs.</p> <p>It was noted that there are 43 open risks, 2 commissioning related risks were added in September 2019. No risks have been closed.</p> <p>Mel informed that Fiona Taylor has queried why the number of risks is not decreasing and Mel advised that she will be undertaking a piece of work with Billie Dodd to investigate this and will include narrative against the findings.</p> <p>It was suggested adding the pension issue on to the Risk Register.</p> <p>Action: Mel Spelman to include pension issue on to the Risk Register.</p> <p>Outcome: The Committee received the Corporate Risk Register Quality Update.</p>	MS
19/169	<p>Locality/Network Update</p> <p>Tracey Forshaw provided a verbal locality update and the following issue was noted highlighted at Seaforth and Litherland - Brexit Planning: NHSE have not addressed primary care (consumables). Risk register to be set up and escalate to NHSE and SSCCG.</p> <p>The Committee suggested having a locality report presented at the Primary Care Commissioning Committee.</p> <p>Gill Brown requested a copy of the locality updates email sent by the Locality Managers.</p> <p>Action: Michelle Diable to send Gill Brown the Locality Update email sent by the Locality Managers.</p> <p>Outcome: The Committee received the verbal Locality Update.</p>	MD
19/170	<p>IPA Operational and Performance Meeting – Terms of Reference</p> <p>Tracey Forshaw advised the IPA Operational and Performance Committee Terms of Reference have recently been amended following to a change in title, from CHC Operational and Performance Meeting to IPA Operational and Performance Meeting which better reflects the meeting purpose. The IPA Operational and Performance Meeting reports directly to the IPA Programme Board.</p> <p>It was suggested having the frequency of meetings reviewed yearly and to reflect that in the Terms of Reference.</p> <p>Action: Brendan Prescott to amend the IPA Operational and Performance Meeting Terms of Reference to state that the frequency of the meetings be reviewed yearly.</p>	BP

	Outcome: The Committee approved the IPA Operational and Performance Meeting Terms of Reference.	
19/171	<p>Safeguarding Adults and Children Annual Report</p> <p>Tracey Forshaw presented the report which seeks to provide assurance that the Clinical Commissioning Groups are fulfilling their statutory duties in relation to safeguarding adults, children and young people in Sefton.</p> <p>The Committee queried if this report should be presented to Governing Body for approval but it was noted that the governance arrangements had been previously be queried. Debbie Fairclough - Interim Programme Lead - Corporate Services had confirmed that approval from Governing Body was not required.</p> <p>Outcome: The Committee approved the Safeguarding Adults and Children Annual Report.</p>	
19/172	<p>Safeguarding Training Strategy and Training Needs Analysis</p> <p>Tracey Forshaw presented the report which seeks to provide an update in line with changes to national safeguarding training frameworks.</p> <p>It was noted that due to the changes in the national safeguarding training frameworks some staff competency requirements have changed. As a consequence there is a funding gap of £41k. A business case has been submitted and will be discussed at the next Clinical QIPP Meeting in October 2019.</p> <p>Outcome: The Committee ratified the Safeguarding Training Strategy and Training Needs Analysis Report.</p>	
19/173	<p>Safeguarding CCG Safeguarding Team Quarter 1 (2019-20) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update</p> <p>Tracey Forshaw presented the report which seeks to provide the analysis of commissioned health services in respect to the revised Quarter 1 2019-2020 Safeguarding Quality Schedule. The report also advises of any developments and updates in respect of the safeguarding adults and children agendas.</p> <p>It was noted that new Key Performance Indicators have been introduced for all providers in relation to Children in Care training. A data collection is now required for Children in Care. Quality site visits have been introduced.</p> <p>Graham Bayliss expressed a concern in relation to Looked After Children's health assessments. Tracey Forshaw advised that Helen Case has the detail and evidence required. It was noted that this report had been presented at Leadership Group. The Committee suggested including in the report that it has been presented at other forums.</p> <p>Outcome: The Committee received Safeguarding CCG Safeguarding Team Quarter 1 (2019-20) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update.</p>	
19/174	<p>Controlled Drugs Quarterly Report</p> <p>Helen Roberts presented the report which seeks to provide the Committee with an update on the controlled drug report for quarter 1.</p>	

	<p>It was noted that practice names have been included in the report which had previously been requested by the Committee and that the appendix format has been changed.</p> <p>It was also noted that the consultant based at a Bootle GP Practice has left the practice the impact of which will be discussed at the next Joint Medicines Operation Group meeting.</p> <p>The Committee queried the reason why Ketamine injections are being prescribed and also why a patient has been having Tramadol injections for a long period of time. Helen Roberts advised that she would express the Committees concerns at the next Joint Medicines Operation Group Meeting.</p> <p>Outcome: The Committee received the Controlled Drugs Quarterly Report.</p>	
19/175	<p>CCG 12 Hour Breach Process Flowchart</p> <p>Mel Spelman presented the CCG 12 Hour Breach Process Flowchart which was developed in order to support and provide clarity to the CCG, Provider and NHSE in terms of roles and responsibility around the 12 hour breach process.</p> <p>It was noted that the flowchart has been approved by Performance and Quality Investigation Review Panel and will run alongside the Standing Operating Procedure.</p> <p>It has not been shared with the Provider as there are no changes currently but when it had been approved it will be shared with them.</p> <p>Outcome: The Committee approved the CCG 12 Hour Breach Process Flow Chart.</p>	
19/176	<p>Any Other Business</p> <p>None to note.</p>	
19/177	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues:-</p> <p><u>NHS Southport and Formby CCG</u></p> <ul style="list-style-type: none"> • 12 hour breach process flow chart - approved; • IPA Operational and Performance Meeting Terms of Reference - approved; • Safeguarding Adults and Children Annual Report - approved; • Pension issue to be added to the Risk Register. <p><u>NHS South Sefton CCG</u></p> <ul style="list-style-type: none"> • 12 hour breach flow chart – approved; • IPA Operational and Performance Meeting Terms of Reference - approved; • Safeguarding Adults and Children Annual Report – approved; • Pension issue to be added to the Risk Register. 	

19/178	<p>Workshop to discuss the future format of the Joint Quality and Performance Committee</p> <p>It was noted that Debbie Fairclough has been invited to attend the next Joint Quality and Performance Committee where the future format of the Committee will be discussed.</p>	
19/179	<p>Date of Next Meeting:</p> <p>Thursday 31st October 2019, 9am – 12noon, Library, Marshside Surgery, 117 Fylde Road, Southport, PR9 9XP.</p> <p>Advance Notice of Apologies:</p> <p>Gill Brown, Karl McCluskey, Brendan Prescott and Dr Rob Caudwell.</p>	

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

Date: Thursday 31st October 2019 at 09.00 – 12.00

Venue: 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

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 (Chair)	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
In attendance		
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman	Programme Manager Quality and Risk(SSCCG/SFCCG)	MS
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Ellora Moore	Student Nurse (SSCCG/SFCCG)	EM
Debbie Fairclough	Interim Lead for Corporate Services (SSCCG/SFCCG)	DF
Jane Lunt	Chief Nurse (Secondment) ((SSCCG/SFCCG)	JL
Helen Case (for agenda item 19/188 only)	Designated Nurse Children in Care	HC
Apologies		
Karen Garside	Designated Nurse Safeguarding Children (SSCCG)	KG
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Martin McDowell	Chief Finance Officer (SFCCG/SSCCG)	MMcD
Gill Brown	Lay Member (SFCCG)	GB
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SSCCG/SFCCG)	BD
Karl McCluskey	Director of Strategy and Outcomes (SSCCG/SFCCG)	KMc
Dr Jeffrey Simmonds	Secondary Care Doctor (SSCCG/SFCCG)	JS
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Brendan Prescott	Deputy Chief Nurse (SSCCG/SFCCG)	BP
Minutes		
Michelle Diable	PA to Deputy and Chief Nurse (SSCCG/SFCCG)	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	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19
Dr Rob Caudwell	GP Governing Body Member	A	✓	N	L	✓	✓	N	✓	A	✓	✓	✓	A
Graham Bayliss	Lay Member for Patient & Public Involvement	A	✓	N	✓	✓	A	N	✓	✓	✓	A	✓	✓
Gill Brown	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	A	N	✓	✓	✓	✓	✓	A
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	A	A	✓	N	✓	✓	A	✓	✓	✓
Billie Dodd	Head of CCG Development	A	A	N	✓	A	A	N	✓	✓	A	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	A	✓	A	N	-	D	D	D	D	-
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	A	N	✓	-	✓	A	A	✓
Martin McDowell	Chief Finance Officer	✓	✓	N	✓	A	✓	N	✓	D	✓	A	A	A
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	-	N	-	-	-	-	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	A	A	A	N	A	✓	A	A	✓	A

✓ Present

A Apologies

L Late or left early

N No meeting held

D Deputy attended

No	Item	Actions
19/178	<p>Welcome, Introductions & Apologies</p> <p>Dr Gina Halstead welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were received from Martin McDowell, Brendan Prescott, Karl McCluskey, Dr Rob Caudwell, Gill Brown, Fiona Taylor, Billie Dodd, Dr Jeffrey Simmonds, Helen Roberts and Karen Garside.</p> <p>Dr Gina Halstead confirmed that the meeting was quorate.</p> <p>It was noted that Gill Brown leaves the organisation today. The Committee wished to formally thank Gill Brown for her dedication and input over the years and wished her well in her future endeavours.</p> <p>Debbie Fairclough advised of a slight change to agenda item 19/196; Workshop to discuss the future format of the Joint Quality and Performance Committee, due to the absence of key members. Debbie explained that a discussion around the Committee's views on the current meeting format would take place instead.</p>	
19/179	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting:-</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. • It was noted that Jane Lunt is on secondment from NHS Liverpool CCG covering the Chief Nurse role in the absence of Debbie Fagan. 	
19/180	<p>Minutes & Key Issues Log of the previous meeting</p> <p>With the following amendments to be made, the minutes and key issues from the previous meeting held on 26th September 2019 were approved as an accurate record:-</p> <ul style="list-style-type: none"> • Page 6, agenda item 19/164 Matters Arising /Action Tracker <p>Action in relation to the Deputy Chief Nurse Report to read <i>A paper to be presented at the next CCQRM in relation to the management of clinical engagement on from the S&O non RTT lost to follow up action plan for Southport and Ormskirk Hospital NHS Trust.</i></p> <ul style="list-style-type: none"> • Page 6, agenda item 19/164 Matters Arising/Action Tracker <p>Action in relation to Integrated Performance Report to read <i>Sefton SALT Children's Service Recovery Plan.</i></p>	

	<ul style="list-style-type: none"> Page 10, agenda item 19/167 Integrated Performance Report <p>First paragraph to read <i>Rob Caudwell highlighted that there are coding issues in relation to urosepsis.</i></p> <ul style="list-style-type: none"> Page 10, agenda item 19/167 Integrated Performance Report <p>Under the heading of NHS Southport CCG to read <i>Gill Brown highlighted that improvements are required in relation to non-elective hospital admission.</i></p> <ul style="list-style-type: none"> Page 12, agenda item 19/173 Safeguarding CCG Safeguarding Team Quarter 1 (2019-20) Safeguarding Quality Scheme Update and Quarterly Safeguarding Update. <p>Third paragraph to read <i>Graham Bayliss expressed a concern in relation to Looked After Children's health assessments.</i></p>	
19/181	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> <i>Action 19/36 GP Quality Lead Update</i> <p>An action was noted for 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. A further action was noted for 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>Margaret Jones was invited to the June 2019 Committee meeting but was unable to attend. Margaret was invited to attend a future meeting but this had not happened. It was noted that the Committee's issues were to be addressed at the Safeguarding Leads Meeting on 18th September 2019. Feedback was then to be presented to the Committee.</p> <p>It was noted that the Committee's issues had not been addressed at the September 2019 Safeguarding Leads Meeting. After discussion it was suggested that Fiona Taylor contact Dwayne Johnson, Director Social Care and Health at Sefton Metropolitan Borough Council directly.</p> <p>A new action was noted for Debbie Fairclough to ask Fiona Taylor to contact Dwayne Johnson, Director Social Care and Health at Sefton Metropolitan Borough Council directly in relation to the concerns raised by the Committee.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> <i>Action 19/81 Chief Nurse Report</i> <p>(i) ERS SOPs to be presented at a future Joint Quality and Performance Committee meeting to provide assurance.</p> <p>It was noted that ERS protocols were already reviewed by joint Sefton CCG's with Liverpool CCG when SOP's were received by providers following a meeting with NHSE in July 2019.</p> <p>It was noted that the action can be closed and removed from the tracker as a presentation would be a duplication of work.</p>	DF

	<ul style="list-style-type: none"> • <i>Action 19/84 Performance Highlight Report</i> <p>(i) Contract Meeting to be convened after the Joint Quality and Performance Committee.</p> <p>It was noted that Brendan Prescott had discussed this action with Martin McDowell and was not considered practical. An action was then noted for a Contracts Query and Performance Flow Chart to be circulated to the Committee members.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS</i> <p>An action was noted for Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and she would provide an update to the Committee.</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". The Committee advised that further information is required. Brendan Prescott advised that he would request further information from Billie Dodd.</p> <p>Billie Dodd and Brendan Prescott were not in attendance to provide an update. Therefore the action was deferred to the next meeting.</p> <ul style="list-style-type: none"> • <i>Action 19/87/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report</i> <p>An action was noted for the plan to be presented at the next Joint Quality and Performance Committee Meeting, however further information was awaited from Jane Lunt.</p> <p>It was noted that the action be closed and 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; how many paramedics are on the road at any one time and how does NWS manage their performance internally. Brendan had noted that an NWS Quality Forum has been scheduled for September 2019 where the above questions would be raised.</p> <p>The Committee had noted an update from Ian Davies which has been recorded on the action tracker which remains open for further discussion.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/104 Performance Highlight Report</i> <p>An action was noted for 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 NHS Liverpool CCG and NHS Knowsley CCG's reports going forward.</p>	<p>BP/BD</p> <p>BP</p>
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	<p>Brendan Prescott was to present the report at the next Quality Surveillance Group Meeting in September 2019 and in turn the outcome be presented to the Committee in October 2019.</p> <p>It was noted that that Quality Surveillance Report was on the agenda, therefore action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 10/108 Safeguarding Quarterly Report</i> <p>(i) Looked After Children Action Plan to be presented to the Committee at a future meeting.</p> <p>An action was noted for the Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> • <i>Action 19/121 Deputy Chief Nurse Report</i> <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>Tracey Forshaw advised that there is a Contract Performance Notice in place. Brendan Prescott had written to the Trust to seek assurance. She advised that she would be meeting with the Trust for an update in due course.</p> <p>The Committee noted that an offer of support on behalf of Aintree University Hospital NHS Foundation Trust was made to Southport and Ormskirk Hospital NHS Trust by Brendan Prescott but was declined. Concerns were raised around maintaining compliance and it is not anticipated that the performance notice will closed due to lack of evidence and assurance. Dr Doug Callow advised that he would speak to Dr Terry Hankin about the concerns raised.</p> <p>A new action was noted for Dr Doug Callow to speak to Dr Terry Hankin about the concerns raised by the Committee in relation to lack of evidence and assurance.</p> <p>(iii) Assurance required from Mersey Care NHS Foundation Trust on data quality/data capacity.</p> <p>An action was noted for Brendan Prescott to provide an update to the Committee following the September 2019 CCQRM Meeting. The Committee noted that Mersey Care NHS Foundation Trust are expecting an improvement in the quality of data or quarter 2 indicators. This would be presented at the next CCQRM.</p> <p>Action closed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/122 Clinical Director Quality Update</i> <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>Dr Gina Halstead advised that she had been informed by Dr Jim Anson that some samples from Sefton had been rejected but the changes in relation to them not accepting blood samples without being dated and signed are not being rolled out to Sefton.</p> <p>Action closed and to be removed from the tracker.</p>	<p>HC</p> <p>DC</p>
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	<p>It was noted that the Serious Incident Quarter 2 report was on the agenda, therefore action completed and to be removed from the tracker.</p> <p>Dr Gina Halstead highlighted that there is Root Cause Analysis (RCA's) Assurance training scheduled for 11th November 2019. Dr Halstead advised that she would be attending the training session.</p> <ul style="list-style-type: none"> • <i>Action 19/152 Safeguarding Children and Adults Declaration</i> <p>An action was noted for Natalie Hendry – Torrance to speak to Jan Leonard regarding GP compliance.</p> <p>Tracey Forshaw advised that Natalie Hendry-Torrance is in the process of liaising with Jan Leonard.</p> <p>Action closed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/154 North West 111 Commissioning Report</i> <p>An action was noted for Brendan Prescott to ask the questions raised by the Joint Quality and Performance Committee of Ian Davies and raise them at the NWS Quality Forum. It was noted that this action relates to Action 19/87/88 and can therefore be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/158 Any Other Business</i> <ul style="list-style-type: none"> (i) 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. <p>The Committee noted that the concerns highlighted had been raised with Sarah McGrath and to contact Dr Doug Callow. They had also been discussed at Senior Management Team Meeting.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> (ii) Brendan Prescott 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. <p>Action deferred to the November 2019 Committee meeting.</p> <ul style="list-style-type: none"> (iii) Brendan Prescott to raise waiting times and communications at Aintree University Hospital NHS Foundation Trust with Terry Hill. <p>The Committee noted that Terry Hill would pick up the issue with Dr Doug Callow.</p> <p>Dr Gina Halstead advised that there are 2 musculoskeletal pathways at Aintree University Hospital NHS Foundation Trust; MCAS and Aintree Physiotherapy Department and that patients should receive an OPD letter within 1 week which is a national standard. Dr Doug Callow advised that there are long waits and poor communication from MCAS. Dr Halstead advised that she would raise Dr Doug Callow's issues at the next Planned Care Meeting.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/165 Deputy Chief Nurse Report</i> 	<p>BP</p> <p>BP</p> <p>GH</p>
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	<p>An action was noted for Brendan Prescott to circulate the Southport and Ormskirk Hospital NHS Trust non Referral to Treatment Lost to Follow Up Action Plan to the Joint Quality and Performance Committee.</p> <p>It was noted that this action relates to 19/146. To avoid duplication, action to be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/167 Integrated Performance Report</i> <p>(i) Karl McCluskey to change the “n/a boxes” on the Summary Performance Dashboard to a different colour to the RAG ratings.</p> <p>An action was noted for Michelle Diable to email Billie Dodd in the absence of Karl McCluskey to request that the “n/a boxes” on the Summary Performance Dashboard are changed to a different colour to the RAG ratings.</p> <p>(ii) Following discussion in relation to the Integrated Performance Report. The Committee asked if the E.coli data in the report is the perceived position. Helen Roberts to advise.</p> <p>It was noted that Helen Roberts was not in attendance. Susanne Lynch agreed to follow up the action.</p> <p>(iii) Lynne Savage to request E.coli update at the next Gram Negative Blood Stream Infection Control Steering Group and feed back to the Joint Quality and Performance Committee.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • <i>Action 19/168 Corporate Risk Register – Quality Update</i> <p>An action was noted for Mel Spelman to include the pension issues on to the Risk Register.</p> <p>Following discussion the Committee did not consider pension issues as being an item for the Risk Register as the CCG does not have any control over them. It was suggested that the pension issues be discussed at the Quality Surveillance Group. Dr Doug Callow agreed to provide narrative for Tracey Forshaw to take to the Quality Surveillance Group.</p> <ul style="list-style-type: none"> • <i>Action 19/169 Locality/Network Update</i> <p>The Committee had suggested placing Locality/Network Update on the Primary Care Commissioning Committee Meeting agenda. Gill Brown had asked Michelle Diable to send her the Locality Update email which had been sent by the Locality Managers. This action was undertaken.</p> <p>Dr Gina Halstead suggested that the Committee receive locality network key issues. It was agreed that this Committee is not the correct forum for operational issues, these would need to be picked up via the Joint Operational Group Meetings and the Primary Care Quality role when recruited to and links through to the Quality Team.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • <i>Action 19/170 Individual Patient Activity (IPA) Operational and Performance Meeting Terms of Reference</i> 	<p>MD</p> <p>SL</p> <p>LS</p> <p>DC/TF</p>
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	<p>An action was noted for Brendan Prescott to amend the IPA Operational and Performance Meeting Terms of Reference to state that the frequency of the meetings be reviewed yearly.</p> <p>Action completed and to be removed from the tracker.</p>	
<p>19/182</p>	<p>Deputy Chief Nurse Report</p> <p>Tracey Forshaw presented this item on behalf of Brendan Prescott. The report seeks to present the Committee with an update regarding key issues that have occurred since the last report presented in September 2019.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>It was noted that for the remainder of this financial year, monitoring will be based on the former Trust's activity and performance targets agreed for 2019/20 prior the merger. Monitoring of the new Trust as one organisation will commence from April 2020.</p> <p>It was noted that there had been 2 serious incidents relating to ophthalmology lost to follow up patient in October 2019. The Deputy Chief Nurse at Liverpool University Hospital NHS Foundation Trust has been contacted over the incidents to determine if this is an emerging them.</p> <p>Dr Gina Halstead explained that she has a patient with Barrett's at her practice that had not been recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls. Dr Halstead was advised to email her concerns to the Sefton CCG Quality and Safety inbox.</p> <p><i>Action: Dr Gina Halstead to email her concerns to the Sefton CCG Quality and Safety in box regarding her patient with Barrett's who had not been recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls.</i></p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>The Committee noted that the Trust continues to be monitored by the Open Contract Performance Notice on serious incident reporting with a recovery date by the end of November 2019.</p> <p>The Trust has completed RCA's on all outstanding 12 hour breaches and has declared another 14 breaches over the weekend of 19th and 20th October 2019.</p> <p>The CCG Deputy Chief Nurse has contacted the Director of Nursing at NHSE/I on the declaration.</p> <p><u>Joint Targeted Area Inspection (JTAI) Children's Mental Health</u></p> <p>The Committee noted that a JTAI letter was received by agencies for factual accuracy on findings and recommendations for the Health and Wellbeing Partnership. The letter will be published on 8th November 2019. It was also noted that a number of strengths were highlighted in the report and the Designated Nurse for Children in Care Helen Case, was sighted in the report as being strength. The Committee wished to formally thank Helen Case for her hard work.</p>	<p>GH</p>

	<p><u>Closer working with NHS Liverpool CCG Quality Team</u></p> <p>It was noted that a Quality Team Away Day was held on 21st October 2019 with NHS Liverpool CCG colleagues on close working arrangements and alignment of processes given the executive nurse function being provided by the Chief Nurse across both CCGs until March 2020.</p> <p>It was also noted that working collaboratively and making efficiencies will also assist with the work to be undertaken in relation to the 20% reduction efficiency savings as outlined by NHSE/I.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	
19/183	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow noted the following:-</p> <ul style="list-style-type: none"> • Two week waits - clinical questions posed by GPs are not being answered. Test results are being sent to the GP and patients are being advised to see their GP for further management which further increases GP's workload. • Electronic Referral System presents a challenge as NICE guidelines state that a patient should be seen within 48 hours. Dr Gina Halstead suggested liaising with Aintree University Hospital NHS Foundation Trust to open up a clinical discussion focussing on gastroenterology to support and manage the risk. • GP's and patients are not always getting biopsy reports from Secondary Care. This results in patients returning to their GP which in turn, increase's GP's workload and patients are anxious as their episode of care is not completed. • A suggestion which could be offered to Southport and Ormskirk NHS Trust, to ask GP's sending patients in for elective surgery to include previous blood pressure readings with the referral letter, to help prevent patients being bounced back, as in pre op clinics many will have white coat elevated readings. • Requests for smoking cessation primary care scripts should be done by Public Health commissioned smoking cessation services. • Dr Doug Callow raised with Dr Terry Hankin on behalf of Dr Rob Caudwell the issue around receiving requests from radiology for patients requiring sedation to undertake MRI scans at Southport and Ormskirk Hospital NHS Trust. It was noted that this is a Trust issue not a GP issue. • Death verification BMA guidance to GPs not to have expected death to verify challenged locally as apparently an "agreement" that only trained nurses can do the death confirmation. This has been raised with LMC. <p>Dr Doug Callow advised that he had responded to an email in relation to attending a Gastroenterology workshop organised by Sefton CCG, but has not received any further communication.</p> <p>Dr Gina Halstead noted a 40% increase in Consultant to Consultant referrals. She advised that there seems to be long delays in both routine and urgent Walton Neurology appointments, further confirmation from localities to be sought.</p>	

	<p>Jane Lunt informed that some work had been undertaken in relation to this issue liaising with Spec Com. She advised that she would revisit the issue and suggested that it be raised via the Quality Surveillance Group. Tracey Forshaw suggested requesting that this issue be placed on the locality meeting agendas with a view to obtaining a total picture.</p> <p>Action: Tracey Forshaw to request issues on the referral to treatment time at WCNN to be raised at the locality meetings.</p> <p>Outcome: The Committee noted the Clinical Director Quality Update.</p>	TF
19/184	<p>Quality Surveillance Report September 2019 with Mersey System Exceptions</p> <p>Jennie Piet presented this report which seeks to provide the Committee with an overview of provider performance for both CCG's incorporating wider issues from across the Merseyside system which were presented to Cheshire and Mersey NHSE/I Quality Surveillance Group.</p> <p>Jennie Piet advised that she will present the usual monthly Integrated Performance Report at the next Committee meeting.</p> <p>It was highlighted that when Trusts are issued with performance notices it does not necessarily relate to the whole Trust it can relate to specific systems.</p> <p>It was noted that the impact following the cease of One to One Midwifery Service is on-going.</p> <p>Outcome: The Committee received the Quality Surveillance Report September 2019 with Mersey System Exceptions</p>	
19/185	<p>Commissioning for Quality and Innovation (CQUIN) Update</p> <p>Jennie Piet presented this report which seeks to provide an update of CQUINs to the Committee.</p> <p>It was noted that for providers within both CCG's, six of the providers have agreed the CQUIN targets.</p> <p>Following 4 national CQUIN's not being achieved in quarter 1 (2 at Aintree University Hospital NHS Foundation Trust) and (2 at Southport and Ormskirk NHS Hospital Trust) letters of confirmation of funding have been sent to each of the providers outlining the remuneration.</p> <p>Further information regarding the CQUINs has been circulated via the National CQUIN Team which acknowledges the difficulties experienced.</p> <p>The yearly allocation will be removed from quarter 1 and then the finance allocated across quarter 2 – quarter 4.</p> <p>Outcome: The Committee received the CQUIN update.</p>	
19/186	<p>NHS South Sefton CCG Quarter 2 2019/20 Serious Incident Report.</p> <p>Mel Spelman presented this item which seeks to provide the quarter 2 update on the performance of serious incident management for the CCG's in line with the National Serious Incident Framework.</p> <p>It was noted that Aintree University Hospital NHS Foundation Trust had recently won the "Proud of Aintree Excellence Award".</p>	

	<p>The Quality Team had been sighted as part of the award. The Chair suggested noting the award at Collaborative Commissioning Forum scheduled for the following week.</p> <p><u>NHS South Sefton CCG</u></p> <p>It was noted that as of quarter 2 2019/20 there are a total of 36 serious incidents open on StEIS. Of the 36, 20 are attributed to Aintree Hospital and 16 attributable to other providers.</p> <p>Mel Spelman advised that a change had been made in how they review incidents. They now review Datix 3 times each day and report even if in any doubt.</p> <p>Dr Gina Halstead queried the possibility of having a mutual trust model. Tracey Forshaw advised that it was discussed at the Quality Surveillance Forum and that it was considered not feasible currently.</p> <p>Mel Spelman advised that she continues to note any lessons learned. Tracey Forshaw suggested adding lessons learned to the Trust's serious incident meeting agendas. Mel advised that actions plans can be viewed via Safety Pin.</p> <p>It was noted that the quality of RCA's at Mersey Care NHS Foundation Trust are improving. There is an issue around serious incident processes, investigations and learning.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>It was noted that as of quarter 2 2019/20 there are a total of 57 serious incidents open on StEIS, 39 are attributed to Southport and Ormskirk Hospital NHS Trust, 7 attributed to Lancashire Care NHS Foundation Trust and 13 are attributed to other providers. RCA's are of good quality. A high number of non RTT lost to follow up cases were reported. There has been an improvement in relation to the 48 hour timescale.</p> <p>Tracey Forshaw advised of a meeting scheduled the following week to discuss the progress of the serious incident improvement plan.</p> <p>Outcome: The Committee received the NHS South Sefton CCG Quarter 2 2019/20 Serious Incident Report.</p>	
19/187	<p>Individual Patient Activity (IPA) Programme Board Terms of Reference</p> <p>The Committee received the IPA Programme Board Terms of Reference which were presented to the Committee for approval.</p> <p>Outcome: The Committee approved the IPA Programme Board Terms of Reference</p>	
19/188	<p>Children in Care Annual Report</p> <p>Helen Case presented this report which is the CCG's fourth annual report for Children in Care. Helen advised that she presented this report to the Local Authority and had received positive feedback. However it was noted that the report is lengthy. Helen had been asked to draft a letter to Sefton Children in Care advising them about her role and what has been undertaken over the last year to support and improve the health of the Sefton Looked After Children and those placed in borough by other Local Authorities.</p>	

	<p>It was highlighted that an amendment to the report is required on page 20, item 13 Nation Health Indicators – Sefton Children under point 13.1. The last sentence which starts with “Graph 6 provides....” requires completion.</p> <p>Action: Helen Case to amend the Children in Care Annual Report and include the letter to Sefton Young People in Care from the Designated Nurse Children in Care in next month’s Committee Meeting pack.</p> <p>Tracey Forshaw advised that a business case was submitted in relation to capacity issues at North West Boroughs Healthcare NHS Foundation Trust’s Children in Care Team. The business case was successful. The amount of funding to be allocated is to be confirmed.</p> <p>Tracey Forshaw advised that she would request an update from the Leadership Team and will copy Jane Lunt in to her email request.</p> <p>Action: Tracey Forshaw to request an update on the business case funding outcome relating to the capacity issues at North West Boroughs Health Care NHS Foundation Trust from the Leadership Team.</p> <p>Dr Gina Halstead noted that the report was comprehensive and displays that progress is being made albeit not at the desired pace. Helen Case advised that this has been due to the lack of resource for the team at North West Boroughs Healthcare NHS Foundation Trust. Helen assured the Committee that they now have a better understanding of the required nursing establishment.</p> <p>Dr Gina Halstead requested sight of the Special Educational Needs and Disability (SEND) re inspection report. It was noted that it would be circulated as part of the Governing Body meeting pack.</p> <p>The Committee noted that Initial Health Assessments (IHA’s) are required to be completed within 20 working days of a child entering care. All IHA’s are completed by a qualified doctor which is a requirement set out in statutory guidance. Helen advised that NHSE had undertaken an audit across England, the compliance was 35% within 20 working days. The CCG’s compliance was 47% last month and 57% the previous month which is better than the national average.</p> <p>Dr Gina Halstead queried who can undertake home visits to Looked After Children for example, to visit a teenager if they refused to attend the clinic. Helen Case advised that the assessments must be undertaken by a Consultant Paediatrician.</p> <p>Helen Case explained that having a nurse led assessment is better than having no assessment albeit that nurse led assessments do not meet the statutory requirements.</p> <p>Helen noted that she had raised this issue with NHSE suggesting nurse led assessments be undertaken subject to prior approval from herself. An example of a nurse led assessment had been shared with a Joint Targeted Area Inspection (JTAI) assessor recently who stated that it was the best assessment he had seen.</p> <p>Tracey Forshaw wished to formally thank Helen Case for all her hard work.</p> <p>Outcome: The Committee approved the Children in Care Annual Report.</p>	<p>HC</p> <p>TF</p>
19/189	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> NHS South Sefton CCG – 8th August 2019 	

	<ul style="list-style-type: none"> NHS Southport and Formby CCG – 7th August and 4th September 2019 <p>Outcome: The Committee noted the Serious Incident Review Group Minutes.</p>	
19/190	<p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> South Sefton CCG and Southport and Formby – 24th July and 28th August 2019 <p>Tracey Forshaw highlighted that there are challenges in relation to the lack of engagement and meeting attendance from the Sefton CCG's Commissioning Team. Tracey advised that she would raise this issue with Brendan Prescott.</p> <p>Action: Tracey Forshaw to discuss the issue around lack of engagement and meeting attendance from Sefton CCG's Commissioning Team at the PQIRP meetings with Brendan Prescott.</p> <p>Tracey Forshaw informed the Committee of 2 successful LeDer bids made to NHSE/I; improving outcomes i.e. passport to good health and safe sustainability.</p> <p>Outcome: The Committee noted the Performance and Quality Investigation Review Panel Minutes.</p>	TF
19/191	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>Graham Bayliss noted that EPEG was encouraged by Southport and Ormskirk Hospital NHS Trust's efforts, in particular following an increase in responses from Friends and Family Tests due to the introduction of using SMS texts.</p> <p>It was noted that the data provided by Mersey Care NHS Foundation Trust does not enable the CCG to drill down and examine specifics. A request has been made to Mersey Care NHS Foundation Trust requesting them to break down their data by CCG. The Sefton Team will be attending the next EPEG meeting.</p> <p>Outcome: The Committee noted the EPEG meeting key issues held on 9th October 2019.</p>	
19/192	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted that there had been 2 locality updates presented at the last JMOG meeting.</p> <p>JMOG had received Datix updates up to and including August 2019.</p> <p>Outcome: The Committee noted the key issues from the JMOG meeting held on 4th October 2019.</p>	
19/193	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee received the Key Issues from the Corporate Governance Group Meeting held on 19th September 2019 chaired by Debbie Fairclough.</p> <p>Outcome: The Committee noted the Key Issues from the Corporate Governance Group Meeting held on 19th September 2019.</p>	

19/194	<p>Any Other Business</p> <p>Jennie Piet informed that a Quality Team Mersey Internal Audit (MIAA) Inspection had recently been undertaken. The final report has not been received. When received it will be presented to this Committee and also to the Audit Committee. However it was noted that substantial assurance has been received to date.</p>	
19/195	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues for both CCG's Governing Body:-</p> <p><u>Key Issue</u> North West Boroughs Healthcare NHS Foundation Trust Health Visiting model and difficulties being experienced by GP practices. To be raised with Local Authority.</p> <p><u>Risk Identified</u> Heath Visiting model post code as opposed to GP practice not currently making an impact on children and families.</p> <p><u>Mitigating Action</u> Fiona Taylor to discuss with Dwayne Johnson.</p> <p><u>Information Points</u> Children in Care Annual Report 2018/19 was approved. IPA Programme Board Terms of Reference was approved.</p>	
19/196	<p>Workshop to discuss the future format of the Joint Quality and Performance Committee</p> <p>Debbie Fairclough advised that she would liaise with Jane Lunt separately on the function of the Committee going forward.</p> <p>Debbie Fairclough reflected on the meeting and highlighted that a lot of the meeting time was spent further updating the action tracker. The agenda items were pertinent. At times the Committee's discussions became operational. She noted that the Committee needs to ensure that there is a mechanism for locality issues to be discussed at the Quality Surveillance Group meetings.</p> <p>Debbie Fairclough asked the Committee for their reflections of the meeting in general. The following points were highlighted:-</p> <ul style="list-style-type: none"> • More emphasis required on primary care issues; • Would welcome the chance to see what difference the CCG is making to issues raised; • Agendas are too long; • Reports to be more streamlined with less repetition, highlight key issues; • Action Tracker development, inclusion of themes was suggested; • Role and function of the meeting to be clearly defined providing a sense of purpose; • Clear escalation process required; • Clear actions need to be set at each meeting; • Strategic system wide discussions to take place rather than operational. 	

19/197	Date of Next Meeting: Thursday 28 th November 2019, 9am – 12noon, Meeting Room 5A, 5 th Floor, Merton House, Stanley Road, Liverpool L20 3DL.	
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Audit Committee Southport and Formby CCG Minutes

Thursday 18th April 2019

3pm to 4.30pm

Room 5A, South Sefton CCG, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member (Vice Chair)	GBr
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell (Items A19/29-38, A19/45 and A19/51 onwards)	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Adrian Poll	Audit Manager, MIAA	AP
Michelle Moss (Items A19/29-57)	Anti Fraud Specialist, MIAA	MM
Robin Baker	Audit Director, Grant Thornton	RB
Georgia Jones (Items A19/29-49)	Manager, Grant Thornton	GJ
Debbie Fairclough (Items A19/37-44)	Interim Programme Lead – Corporate Services, SFCCG & SSCCG	DFair
Apologies		
Laura Teaney	Information Governance Officer, MLCSU	LT
Lisa Gilbert	Corporate Governance Manager, SFCCG & SSCCG	LG
Minutes		
Tahreem Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	April 19	May 19	July 19	Oct 19	Jan 20
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓				
Gill Brown	Lay Member	✓				
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓				
In attendance						
Martin McDowell	Chief Finance Officer	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓				
Leah Robinson	Chief Accountant	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Robin Baker	Audit Director, Grant Thornton	✓				
Georgia Jones	Manager, Grant Thornton	✓				

No	Item	Action
General Business		
A19/29	<p>Introductions and apologies for absence Apologies for absence were received from Laura Teaney (Information Governance Officer, Midlands & Lancashire CSU) who was due to attend to present items A19/33 and A19/35. It was noted that MMcD would present these items in her absence.</p>	
A19/30	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies and Audit Committees of Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A19/31	<p>Minutes of the previous meeting and key issues The Southport and Formby minutes of the Audit Committees in Common meeting on 16th January 2019 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p> <p>HN referred to item <i>A19/19: Bribery Compliance Strategy 2018</i> and enquired about progress with the four questions that still required actions to be undertaken to ensure compliancy. LR confirmed this issue is still outstanding and that she would add it to the Audit Committee Recommendations Tracker.</p>	LR
A19/32	<p>Action points from previous meetings</p> <p>A18/137 (S&F and SS) Action points from previous meetings (A18/115 NHSE CCG Financial Planning, Control and Governance Self-Assessment Template) LR reported that the finance team is reviewing the financial training needs for the CCG, which will include Governing Body members. The committee noted this action is ongoing and agreed to close it.</p> <p>A19/04 (S&F and SS) Action points from previous meetings (A18/130 (S&F and SS) Governing Body Assurance Framework, Corporate Risk Register and Heat Map) It was noted that the Governing Body has been briefed on the additional work of the CCG, outside the scope of usual CCG business. Members</p>	

	<p>agreed that concerns about the flow of information sharing with Governing Body members in relation to the additional work of the CCG had now been addressed and no longer needed to be captured in the Corporate Risk Register. Action closed.</p> <p>A19/04 (S&F and SS) Action points from previous meetings (A18/130 (S&F and SS) Governing Body Assurance Framework, Corporate Risk Register and Heat Map) As concerns about information sharing in relation to the CCG's external environment had now been addressed, it was agreed that there was no longer a need to consider increasing the frequency of Governing Body meetings. Action closed.</p> <p>A19/11 (S&F and SS) Single Tender Action Forms – Southport & Formby CCG It was noted that the consultant role at the PMO (Stanley Powell Associates) would be discussed under item A19/45: Single Tender Action Forms. Members agreed to close this action.</p> <p>Members noted that all other actions from the Audit Committees in Common meeting in January 2019 have been completed, with updates provided on the action tracker which were taken as read. No queries were raised on the updates provided.</p>	
Governance		
A19/33	<p>Information Governance Annual Report MMcD presented the Information Governance Annual Report for the Sefton CCGs. He noted this was published on 8th March 2019 prior to the sign off of the Data Security and Protection (DSP) Toolkit which took place on 26th March 2019.</p> <p>MMcD referred to the General Data Protection Regulation and noted there are ongoing discussions between the CCG and LMC regarding data security. The report notes that the legislative requirement for there to be written contracts between the CCG and processors that it uses has been partially implemented, as further evidence is required. MMcD confirmed that this is near to completion.</p> <p>The committee received this report.</p>	
A19/34	<p>MIAA Data Security and Protection Toolkit Assurance Report 2018/19 MMcD presented the MIAA Data Security and Protection Toolkit Assurance Report 2018/19. He noted this formed part of the assurance process to sign off the Data Security and Protection Toolkit.</p> <p>It was noted that based on the opinions detailed within the report, the overall assurance level provided in relation to information governance within the CCG (and within the limits of the scope outlined in the report) is Substantial Assurance.</p> <p>HN requested that issues raised in this report be broken down and captured in the Audit Committee Recommendations Tracker; LR to action.</p> <p>MMcD reported that the CCG is undertaking an information asset review.</p> <p>The committee received this report.</p>	LR
A19/35	<p>MLCSU Information Governance Statement of Assurance MMcD presented the Information Governance Statement of Assurance for Midlands and Lancashire CSU. Members noted the contents of the report.</p>	

	<p>HN queried whether this report was required for presentation to the Audit Committee and if so, whether other organisations providing a service to the CCG should also send an IG Statement of Assurance. HN and MMcD to discuss further outside the meeting.</p> <p><i>The committee received this report.</i></p>	HN / MMcD
A19/36	<p>Annual Governance Statement 2018/19 AOR presented the draft Annual Governance Statement (AGS) 2018/19, noting that this forms part of the CCG Annual Report. She noted that there have been minor amendments to this document since it was issued in the meeting pack but that the changes are not material.</p> <p>Members noted that no significant internal control issues have been identified in 2018/19 and that all CCG internal audit reviews have concluded either high or substantial assurance.</p> <p>GB noted that she would provide her comments and feedback on the report to AOR and DFair after the meeting.</p> <p><i>The committee approved the Annual Governance Statement 2018/19 subject to comments and feedback from GB being addressed.</i></p> <p>DFair joined the meeting.</p>	GB
A19/37	<p>Un-audited Annual Report and Accounts 2018/19 DFair and LR presented the headlines within the un-audited annual report and accounts 2018/19.</p> <p>It was noted that the draft annual report has been updated since it was issued in the meeting pack and was submitted to NHS England today in line with their deadline. HN noted that the Chairs of both of the Audit Committees of the Sefton CCGs had reviewed the respective annual reports and communicated feedback and changes to the team. AOR confirmed these changes were made prior to submission to NHS England. GB and JS noted they would send their comments and amendments to DFair. Members provided positive feedback on the progress to date with the draft annual report.</p> <p>Copies of the draft accounts for 2018/19 were tabled at the meeting. LR presented the accounts and explained any large balances.</p> <p>LR referred to note 22: <i>Financial Performance Targets</i>. She reported that as the CCG is an expenditure organisation with allocations distributed centrally, it is not clear from the Statement of Comprehensive Net Expenditure whether the CCG has delivered its duties. Note 22 informs the reader of the accounts and reports the CCG has achieved a surplus of £1m in the 2018/19 financial year.</p> <p>LR confirmed the NHSE deadline for submission of the draft accounts is 9am on Wednesday 24th April 2019. She asked the committee to send her any comments in relation to the accounts after today's meeting.</p> <p><i>The committee received the draft annual report and accounts 2018/19.</i></p>	GB / JS
A19/38	<p>Scheme of Reservation and Delegation DFair presented the CCG Scheme of Reservation and Delegation (SORD), which has been updated to reflect recent changes to the portfolios and remit</p>	All

	<p>of Leadership Team members.</p> <p>Members identified a number of areas where corrections were required, which were noted by DFair to action. MM also asked for references to NHS Protect to be changed to NHS Counter Fraud Authority.</p> <p>JS referred to point 5.4 in Appendix A, which notes that the matter of approving 'disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group' is delegated to the Remuneration Committee, and queried whether this was correct. DFair confirmed this to be accurate.</p> <p>Due to the corrections and amendments discussed at the meeting, the committee provided delegated authority to the Audit Committee Chair to review and sign off the SORD once it has been updated.</p> <p><i>The committee provided delegated authority to the Audit Committee Chair to review and sign off the SORD once it has been updated with the corrections noted at the meeting.</i></p> <p>MMcD left the meeting.</p>	<p>DFair</p> <p>DFair / HN</p>
A19/39	<p>Whistleblowing Policy</p> <p>DFair presented the CCG Whistleblowing Policy which has been reviewed and recommended for approval by the Corporate Governance Support Group.</p> <p>DFair noted that the issue date and document version number needs to be updated and confirmed this will be actioned after the meeting. Members noted that Tracy Jeffes' job title in section 6.5 needs to be updated to her current title. The formatting of the bullet points in section 7.8 also needs to be reviewed and amended. DFair to action these amendments.</p> <p>HN reported that she is the Governing Body Lay Member with responsibility for whistleblowing but requires training for this role; DFair confirmed she would arrange training.</p> <p><i>The Whistleblowing Policy was approved subject to the minor amendments noted at this meeting.</i></p>	<p>DFair</p> <p>DFair</p>
A19/40	<p>Accounting Policies Update</p> <p>LR provided an update on changes to the accounting policies in 2018/19 (set out by the Department of Health Group Accounting Manual 2018/19) and the impact on the CCG Annual Report and Accounts. She noted there have been three key accounting policy changes in 2018/19 in relation to IFRS9 – Financial Instruments; IFRS15 – Revenue; and Provisions. Further details are contained within the report in the meeting pack. She noted that the changes in relation to Provisions do not apply to the CCG but have been included in the report for completeness.</p> <p><i>The committee received this report.</i></p>	
A19/41	<p>Losses, Special Payments and Aged Debt</p> <p>LR provided an update on losses, special payments and aged debt for Southport and Formby CCG since the last report was presented to the Audit Committee on 16th January 2019. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 31st March 2019. Of the total debt</p>	

	<p>outstanding (£2,403,915), there is one invoice above the £5k threshold which is greater than 6 months old. This relates to Southport & Ormskirk NHS Trust and MRET recharges for 2016/17. The Trust has disputed this invoice as part of the NHS agreement of balances exercise. Actions are ongoing to resolve this issue.</p> <p><i>The committee received this report.</i></p>	
A19/42	<p>Liaison Accounts Payable Review 2018 – Update LR provided an update to the committee on recoveries made as part of the Liaison Accounts Payable Review 2018, since the last report to the committee in January 2019.</p> <p>LR noted that a summary of the overpayments in progress (£2,539.12) and overpayments recovered (£10,757.94) are detailed in Appendix 1 and 2 of the report. Actions are ongoing to recover the overpayments in progress.</p> <p><i>The committee received this report.</i></p>	
A19/43	<p>Macpherson Report LR presented a report providing information on the Macpherson review, its recommendations and their implications for the quality assurance of the CCG's analytical models. The report notes the current estimation techniques utilised in order to ensure that the CCG meets the Macpherson recommendations on an on-going basis.</p> <p>LR reported that to date the CCG has identified two business critical models in use that provide material accounting estimates for both the monthly management accounts and the year-end financial accounts. These are in the areas of prescribing and individual packages of care, which arise due to the significant time lag between the financial year end and receiving the real time information. The report includes further detail on each area to provide assurance that the CCG has robust processes in place. RB confirmed that both areas will be reviewed as part of the external audit.</p> <p><i>The committee received this report.</i></p>	
A19/44	<p>Service Auditor Reports LR presented a paper on Service Auditor Reports (SAR), noting that the CCG receives these reports from organisations that provide the CCG with a service.</p> <p>LR reported that Midlands & Lancashire CSU provided an update on the status of their SAR as at February 2019. Deloitte, the service auditor for the CSU, have identified no exceptions in the period 1st April 2018 – 31st August 2018. Self-testing has been performed up to 31st December 2018 with no exceptions identified. These findings are subject to change and will only be confirmed when the final SAR is received in April 2019.</p> <p>LR reported that a SAR has not previously been received from the CCG's payroll provider, St Helens & Knowsley NHS Trust, but that she has requested a controls report or confirmation / provision of a copy of their latest internal audit inspection. An update will be provided at the next Audit Committee meeting.</p> <p><i>The committee received this report.</i></p> <p>MMcD rejoined the meeting.</p>	LR

**	<p>CCG Constitution</p> <p>DFair raised a non-agenda item for the committee's attention before leaving the meeting. She advised the committee of an error that had been identified in the CCG's constitution regarding the membership of the Governing Body. The constitution details that there should also be another nurse in addition to the statutory registered nurse post held by Debbie Fagan, the CCG's Chief Nurse. The issue of an additional nurse had been debated significantly in 2014 and it had been agreed that there should not be an additional nurse post on the Governing Body. That agreement, however, was not reflected in the updated constitution, resulting in the composition of the Governing Body being inconsistent with the erroneous constitution.</p> <p>DFair has discussed this issue with NHS England and for completeness has proposed that a nurse is identified to fill a casual vacancy, and as part of the usual annual review of effectiveness, will arrange for the ratification of previous decisions as appropriate. It was noted that the CCG has not made any significant decisions that would likely pose a risk of adverse publicity to the CCG. She also noted that Governing Body meetings (with the exception of the meeting held in April 2019) have been quorate. DFair agreed to update the constitution to reflect what had been agreed previously and arrange for re-approval via the wider group and NHSE.</p> <p>DFair advised that this issue had been reported to the Chief Officer, Chief Finance Officer, the two lay members and will be reported to the CCG Chair. DFair agreed to report back to the Audit Committee when the action has been completed and the Governing Body have met to ratify previous decisions.</p> <p><i>The committee noted this update.</i></p> <p>DFair left the meeting</p>	DFair
A19/45	<p>Single Tender Action Forms</p> <p>MMcD presented the following Single Tender Action (STA) forms, noting that the contract values are in his delegated limits as Chief Finance Officer to sign off.</p> <ol style="list-style-type: none"> 1) Consultancy Support for PMO. This STA was presented to the last Audit CiC meeting in January 2019. A number of issues regarding the form were raised at this meeting. A revised form, which has addressed these issues, had been included within the meeting pack. 2) Occupational Health Contract with Aintree University Hospital. 3) Consultancy Support for QIPP /Governance. <p>MMcD provided an overview of all three STAs, noting that they have been reviewed and approved, and provided the rationale for approval. Members noted the contents in each of the STAs. MMcD emphasised that the consultant working on PMO support has the necessary expertise and past experience to undertake the required role.</p> <p>MMcD recommended the Audit Committee ratify the approval of the Single Tender Action forms.</p> <p><i>The committee ratified the sign-off of the Single Tender Action forms.</i></p> <p>MMcD left the meeting.</p>	

A19/46	<p>Register of Interests HN presented an updated Register of Interests as at 31st March 2019. Both the unpublished and published versions of the register had been included in the meeting pack. The committee noted the contents in both versions of the register as well as the cover report, which provides an update on the process for the quarterly refresh as well as online training for conflicts of interest.</p> <p><i>The committee received this report.</i></p>	
A19/47	<p>Policy Tracker HN presented the policy tracker. It was noted that the following four policies are out of their review dates: Infertility Policy, Commissioning Policy and Attendance Management Policy. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p><i>The committee received this report.</i></p>	
A19/48	<p>Draft Audit Committee Annual Report 2018/19 HN presented the Chair's Audit Committee Annual Report 2018/19, the final draft of which will be presented to the Governing Body. The committee noted the contents of the report and agreed that no changes were required.</p> <p><i>The committee received this report, which will be presented to the Governing Body.</i></p>	
A19/49	<p>Audit Committee Terms of Reference AOR presented the Audit Committee Terms of Reference which are due for review in April 2019. The committee reviewed the Terms of Reference and discussed the Practice Manager Governing Body Member role currently listed within the membership. It was noted that there had been a recent Practice Manager Governing Body member on the committee but she had been unable to attend the scheduled Audit Committee / CiC meetings prior to leaving the Governing Body in 2018. The committee discussed quoracy at meetings and agreed to remove this role from the membership list providing the CCG constitution does not state otherwise; TK to action.</p> <p><i>The committee approved the Audit Committee Terms of Reference subject to removal of the Practice Manager Governing Body Member role from the membership list providing the CCG constitution does not state otherwise.</i></p> <p>GJ left the meeting.</p>	TK
Risk		
A19/50	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map HN presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the Heat Map as at 29th March 2019. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above.</p> <p>It was noted that a review of the GBAF and CRR risks will be carried out for Q1 2019/20. HN commented that a number of the risks on the CRR and heat map seem to be scored highly when compared to the level of consequence for the CCG, and noted that this would need to be considered when the risks are reviewed.</p>	

	<p>GB commented that she had found it difficult to read the Heat Map at the same time as the CRR and queried whether there could be links on the Heat Map that lead to further information on each of the risks. TK to raise this query with the CCG's Corporate Business Manager.</p> <p>The committee reviewed the CRR, GBAF and Heat Map and approved the updates.</p>	TK
<i>Audit and Anti-Fraud Specialist</i>		
A19/51	<p>Audit Committee Recommendations Tracker LR presented the Audit Committee Recommendations Tracker.</p> <p>In reference to the Provider Contract Management review, LR reported that all provider contracts are agreed with the exception of Southport & Ormskirk NHS Trust, which is currently under negotiation. The CCG is in the process of completing formal sign off.</p> <p>MMcD rejoined the meeting.</p> <p>MMcD provided an update regarding the Southport & Ormskirk contract, indicating that at this stage it is considered unlikely that an arbitration process will be undertaken.</p> <p>In reference to the Financial Systems Controls review, LR reported that 2019/20 opening budgets have been set and approved by budget holders and the finance team in March 2019. These have been formally adopted by the CCG's Governing Body.</p> <p>The committee received this report.</p>	
A19/52	<p>MIAA Internal Audit Plan 2019/20 AP presented the MIAA Internal Audit Plan for 2019/20. He provided an overview of the plan and audit reviews, a number of which are mandated. He reported that NHS England have published the <i>Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups</i>, which has helped inform this plan.</p> <p>The committee approved the Internal Audit Plan 2019/20.</p>	
A19/53	<p>MIAA Internal Audit Progress Report AP presented the MIAA Internal Audit Progress Report. He reported that since the last report to the Audit Committee in January 2019, the following reports have been finalised:</p> <ul style="list-style-type: none"> • Conflicts of Interest – All scope areas are fully compliant • Risk Management – Substantial Assurance • Data Security & Protection – Substantial Assurance • Assurance Framework Opinion – Meets Requirements <p>Further details on each area are within the report and were noted by the committee.</p> <p>Members referred to the Conflicts of Interest audit and the section entitled 'Proactive Fraud Element' in the report. In reference to the text under the bullet points for 'Disclosure UK database' and 'NAFN and Open Source Media Checks', members requested a report for the Audit CiC meeting in July 2019 which is to detail what has been done about the findings and how the CCG can guard against the issues that have been reported. TK to ask</p>	TK / DFair

	<p>DFair to action.</p> <p>GB commented that declarations of interest should take into account subsidiaries of a company in addition to the company itself. This feedback is to be provided to the CCG's Corporate Business Manager.</p> <p><i>The committee received this report.</i></p>	TK
A19/54	<p>MIAA Head of Internal Audit Opinion 2018/19</p> <p>AP presented the MIAA Head of Internal Audit Opinion 2018/19. He confirmed the following overall opinion for the period 1st April 2018 to 31st March 2019:</p> <p><i>Substantial Assurance</i> that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.</p> <p><i>The committee received this report.</i></p>	
A19/55	<p>Internal Audit Charter</p> <p>AP presented the Internal Audit Charter, which is mandated through the Public Sector Internal Audit Standards (2016) and is a formal document that defines the internal audit activity's purpose, authority and responsibility. He noted that MIAA confirms ongoing compliance with the Public Sector Internal Audit Standards; the report outlines how MIAA operates within these standards. AP confirmed that this report will be presented to the committee on an annual basis.</p> <p><i>The committee received this report.</i></p>	
A19/56	<p>MIAA Anti-Fraud Services Annual Report 2018/19</p> <p>MM circulated copies of the MIAA Anti-Fraud Services Annual Report 2018/19, which had been updated since the version included within the meeting pack. She provided an overview of the anti-fraud activities that have been undertaken.</p> <p>MM reported one referral was opened for Anti-Fraud Specialist (AFS) investigation in 2018/19. The case has been closed from a criminal perspective; the CCG continues to review the claim and will seek AFS advice if required.</p> <p>MM reported that the CCG is required to comply with the Standards for Commissioners issued by the NHS Counter Fraud Authority (CFA). She noted a submission needs to be made to the NHS CFA by 30th April 2019, which requires formal review by the Chief Finance Officer and the Chair of the Audit Committee. MM reported that standard 1.4 has changed this year, which is why the CCG is currently rated amber against this. MIAA are in discussions with the NHS CFA to ascertain the actions required to change this to a green rating.</p> <p><i>The committee received this report.</i></p>	
A19/57	<p>MIAA Anti-Fraud Services Work Plan 2019/20</p> <p>MM presented the MIAA Anti-Fraud Services Workplan 2019/20 and provided a summary of the headlines and four strategic areas.</p> <p><i>The committee approved the MIAA Anti-Fraud Services Work Plan 2019/20.</i></p> <p>MM left the meeting.</p>	

A19/58	<p>Review of NFI Matches LR presented a paper providing an update on the National Fraud Initiative (NFI) matches identified in 2018/19. She noted that further work is required to streamline the data and that a full report will be presented to the Audit CiC meeting in July 2019, which will include a comparison with data from the previous financial year.</p> <p><i>The committee received this report.</i></p>	LR
A19/59	<p>External Audit Progress Report RB presented the progress report for external audit, highlighting the progress to date and noting that Grant Thornton are on track with audit deliverables. He reported that an interim audit was undertaken in January and February 2019, the findings of which are in the progress report.</p> <p>RB provided an update on the Mental Health Investment Standard (MHIS), noting that NHS England are expected to require external auditors to carry out validation procedures to confirm CCGs' reported figures. Grant Thornton are working with NHS England to pilot this work at a number of CCGs to inform the approach that will be taken.</p> <p>MMcD reported that Cheshire & Merseyside Health and Care Partnership have undertaken a review in relation to the MHIS and concluded that all 12 CCGs in Cheshire & Merseyside have met the standard although there are areas of concern for individual services.</p> <p><i>The committee received this report.</i></p>	
Key Issues of other committees to be formally received		
A19/60	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees November and December 2018 and January and February 2019 • Joint Quality Committee November 2018 and January and February 2019. • Joint Commissioning Committee December 2018 and February 2019 <p><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings for the months detailed above.</i></p>	
Closing business		
A19/61	<p>Any other business No items of other business were raised at this meeting.</p>	
A19/62	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
	<p>Date and time of next meeting Southport & Formby Audit Committee Thursday 23rd May 2019, 3pm-4.30pm Room 5A, Merton House</p>	

Audit Committee Southport and Formby CCG Minutes

Thursday 23rd May 2019

3pm to 4.30pm

Room 5A, South Sefton CCG, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member (Vice Chair)	GBr
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Georgia Jones	Manager, Grant Thornton	GJ
Apologies		
Robin Baker	Audit Director, Grant Thornton	RB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	April 19	May 19	July 19	Oct 19	Jan 20
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓			
Gill Brown	Lay Member	✓	✓			
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓			
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	✓	✓			
Leah Robinson	Chief Accountant	✓	✓			
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Robin Baker	Audit Director, Grant Thornton	✓	A			
Georgia Jones	Manager, Grant Thornton	✓	✓			

No	Item	Action
General Business		
A19/63	<p>Introductions and apologies for absence Apologies for absence were received from Robin Baker.</p>	
A19/64	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies and Audit Committees of Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
Formal approval/receipt by Audit Committee		
A19/65	<p>External Audit Report 2018/19 (ISA 260 Report)</p> <p>GJ presented the audit findings report for 2018/19. It was noted that the report was in draft form and may be subject to minor amendments. GJ provided an overview of the headlines as well as the further work required before conclusion of the audit.</p> <p>GJ reported that subject to minor outstanding queries being resolved, the external auditors anticipate issuing the following audit conclusions for the CCG:</p> <ul style="list-style-type: none"> • An unqualified audit opinion on the 2018/19 accounts. • An unqualified Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2018/19 and has proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. <p>GJ reported on the audit adjustments within Appendix A of the report. She noted there is one unadjusted area concerning related parties. The disclosure issue relates to the names of Governing Body GP members not</p>	

	<p>being identified in connection with their practices; only the name of the relevant member practices have been disclosed in related party transactions. Members discussed this issue and agreed that as the required information is within the public domain, existing reporting arrangements would be kept for 2018/19 and would be reviewed ahead of the 2019/20 audit. HN requested that a formal process to gain consent from Governing Body GP members to disclose the required information be commenced as soon as possible, and asked for the issue to be included in the Audit Committee Recommendations Tracker.</p> <p>HN queried whether a referral that was opened for Anti-Fraud Specialist investigation in 2018/19 should be captured within the external audit findings report. Members discussed this and agreed that as fraud has not been proven, the issue is not to be included within the report.</p> <p>HN identified an error in the CCG 2019/20 target / control total figure detailed within the conclusion of the Value for Money section of the report. GJ confirmed this would be corrected.</p> <p>GJ commented that the CCG external audit process for 2018/19 was completed successfully from Grant Thornton's perspective.</p> <p>The Chair thanked Grant Thornton on behalf of the committee in carrying out their work on the audit.</p> <p><i>The committee received this report.</i></p>	<p>LR</p> <p>GJ</p>
<p>A19/66</p>	<p>Annual Report and Accounts 2018/19</p> <p>AOR presented the draft annual report 2018/19 which includes the Annual Governance Statement. She reported that feedback from NHS England (since submission of a draft on 18th April 2019) has been addressed; an updated draft was submitted to NHS England on 22nd May 2019. A hardcopy of the updated draft, which was a more recent version to that circulated to the committee, was available for members although AOR noted further formatting work was required.</p> <p>A number of checks and minor amendments were noted at the meeting to ensure clarity and completeness; AOR to action.</p> <p>LR presented the annual accounts and accounts briefing paper, which contains supporting information relating to movements in the Southport & Formby CCG accounts between 2017/18 and 2018/19 (HFMA Introductory Guide – CCG Annual Report and Accounts). She noted that the CCG reported a £1m surplus at the end of the 2018-19 financial year.</p> <p>HN raised queries in relation to the annual accounts and accounts briefing paper, which were answered by LR.</p> <p>In reference to note 22: <i>Financial Performance Targets</i> in the annual accounts, HN requested a statement be added to confirm that the CCG has complied with requirements of statutory directions; LR to action.</p> <p>HN thanked the CCG team that have been working on the annual report and provided positive feedback on the report.</p> <p><i>The committee agreed the following:</i></p> <ul style="list-style-type: none"> • <i>Approved the CCG's 2018/19 Annual Report and 2018/19 Annual Governance Statement subject to the checks and minor amendments noted at the meeting and subject to any final</i> 	<p>AOR</p> <p>LR</p>

	<p>amendments that may be required upon proofreading.</p> <ul style="list-style-type: none"> • Approved the 2018/19 Annual Accounts subject to any final amendments that may be required prior to final submission. 	
A19/67	<p>Draft Letter of Representation 2018/19 MMcD presented the draft Letter of Representation 2018/19 and brought key points to the committee's attention.</p> <p>Further to a query raised by HN, it was noted that the directions referred to in paragraph iii were related to statutory directions, as noted in the letter, and not legal directions.</p> <p>A minor error in the numbering of the paragraphs was noted; TK to rectify.</p> <p>GJ confirmed that electronic signatures could be used on the letter providing approval in writing is received from the signatories – the Chair of the Audit Committee and the Chief Officer. HN confirmed approval for her electronic signature to be used in the letter and noted she would send confirmation in writing after the meeting.</p> <p>The committee approved the Letter of Representation 2018/19 subject to correcting the error in the numbering of paragraphs.</p>	TK
A19/68	<p>Service Audit Reports LR presented a paper on service audit reports. She reported that the CCG has received service audit reports for 2018/19 from NHS Midlands & Lancashire CSU and NHS Shared Business Services. In addition, a copy of an Internal Audit report 2018/19 has been obtained for St Helens & Knowsley NHS Trust (in the organisation's capacity as the CCG's payroll provider). LR brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> • NHS Midlands & Lancashire CSU – there were no exceptions identified in testing of the identified controls, which impact the service delivered by Midlands & Lancashire CSU to the CCG. • NHS Shared Business Services - there were no exceptions identified in testing of the identified controls, which impact the service delivered by Midlands & Lancashire CSU to the CCG. • St Helens & Knowsley NHS Trust – the latest HR & Payroll (ESR) review undertaken by Mersey Internal Audit Agency (MIAA) concluded a substantial assurance level. <p>GJ noted that Grant Thornton receive copies of the service audit reports. She commented that although the reports inform the external auditors, full reliance is not placed on them as Grant Thornton undertake their own testing for assurance.</p> <p>The committee received this report.</p>	
Closing business		
A19/69	<p>Any other business MMcD thanked the team that have been working on the annual report and accounts and thanked TK for ensuring the Audit Committee papers were issued on time.</p>	
A19/70	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	

	<p>Date and time of next meeting Audit Committees in Common Wednesday 10th July 2019, 1.30pm-4pm Room 5A, Merton House</p>	
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Approved

Audit Committees in Common Southport and Formby CCG Minutes

Wednesday 10th July 2019, 1.30pm to 4pm
Room 5A, South Sefton CCG, Merton House, Stanley Road, Bootle, L20 3DL

Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
South Sefton CCG Members present		
Graham Bayliss	Lay Member (Vice Chair)	GBa
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
Apologies (Southport & Formby CCG Members)		
Gill Brown	Lay Member (Vice Chair)	GBr
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Apologies (South Sefton CCG Members)		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Apologies (In attendance)		
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Georgia Jones	Manager, Grant Thornton	GJ
Minutes		
Tahreem Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

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

Name	Position	April 19	May 19	July 19	Oct 19	Jan 20
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓	✓		
Gill Brown	Lay Member	✓	✓	A		
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A		
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓		
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A		
Leah Robinson	Chief Accountant	✓	✓	✓		
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓		✓		
Robin Baker	Audit Director, Grant Thornton	✓	A	✓		
Georgia Jones	Manager, Grant Thornton	✓	✓	A		

No	Item	Action
General Business		
A19/71	<p>Introductions and apologies for absence Apologies for absence were received from the following Southport & Formby Audit Committee members: Gill Brown and Jeff Simmonds.</p> <p>Apologies for absence were received from the following regular attendees: Alison Ormrod and Georgia Jones.</p> <p>It was noted that the meeting was inquorate as at least one other member was not present in addition to the Audit Committee Chair. It was noted that an email would be issued to members not present to request comments / approval for items recommended for approval at this meeting. The decisions for these items will need to be formally ratified at the next quorate Audit CiC meeting, which is in line with advice received from the CCG's governance lead. This matter is to be raised by the Chair of the committee at the next meeting.</p> <p>The committee noted that Helen Nichols, Chair of the Southport and Formby Audit Committee, would chair this CiC meeting.</p>	HN
A19/72	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting 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.</p>	
A19/73	<p>Minutes of the previous meeting and key issues The minutes of the Southport and Formby Audit Committee meeting on 18th April 2019 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 this meeting.</p> <p>The minutes of the Southport and Formby Audit Committee meeting on 23rd May 2019 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 this meeting.</p> <p>The approval of the minutes and key issues logs for this item is to be ratified at the next quorate meeting.</p>	

No	Item	Action
A19/74	<p>Action points from previous meetings</p> <p>A19/31 (S&F) Minutes of the previous meeting and key issues In reference to item A19/19: <i>Bribery Compliance Strategy 2018</i> - LR confirmed the four questions that still required actions to be undertaken to ensure compliancy have been added to the Audit Committee Recommendations Tracker. Action closed.</p> <p>A19/34 (S&F) MIAA Data Security and Protection Toolkit Assurance Report 2018/19 LR reported that the issues raised in the MIAA Data Security and Protection Toolkit Assurance Report 2018/19 have not yet been added to the Audit Committee Recommendations Tracker, as she requires clarity on the specific issues. She has contacted Mike Bennet (Technology Risk Assurance Auditor, MIAA) to request clarity and confirmed the tracker will be updated for the next Audit CiC meeting in October 2019. Action still open and to be updated on the action tracker.</p> <p>A19/35 (S&F) MLCSU Information Governance Statement of Assurance HN and MMcD have discussed whether the Midlands and Lancashire CSU Information Governance Statement of Assurance report was required for presentation to the Audit Committee and if so, whether other organisations providing a service to the CCG should also send an IG Statement of Assurance. The committee discussed this further and agreed that the committee should receive an IG Statement of Assurance from the following organisations that provide a service to the CCG: Midlands and Lancashire CSU, Shared Business Services, iMerseyside and St Helens & Knowsley NHS Trust (as the Sefton CCGs' payroll provider). It was agreed that the committee should plan to receive these at the April meeting. TK to add to the committee workplan. Action closed.</p> <p>A19/38 (S&F) Scheme of Reservation and Delegation HN confirmed she has been sent a revised Scheme of Reservation and Delegation (SORD), which has been updated with the corrections identified at the Southport & Formby Audit Committee meeting on 18th April 2019. It was noted that the committee had provided delegated authority to the Audit Committee Chair to review and sign off the SORD once it had been updated. HN confirmed approval of the revised SORD that she has been sent. Action closed.</p> <p>A19/39 (S&F) Whistleblowing Policy HN noted that the CCG has experienced issues with sourcing training for her role as Governing Body Lay Member with responsibility for whistleblowing. The CCG's Corporate Governance Manager is continuing to work on this and will update TK. Action still open and to be updated on the action tracker.</p> <p>** (S&F) CCG Constitution The committee noted actions were in progress in relation to the error that had been identified in the CCG's constitution regarding the membership of the Governing Body. The committee requested a report be brought to the next Audit CiC meeting in October 2019, which details the issue, the actions that have been undertaken and how the issue has been resolved / closed. TK to request a report from the CCG's Interim Lead – Corporate Services. This action is to supersede the current action on the tracker.</p> <p>A19/65 (S&F) External Audit Report 2018/19 (ISA 260 Report) LR confirmed that the disclosure issue relating to the names of Governing</p>	<p>LR</p> <p>TK</p> <p>TK</p>

No	Item	Action
	<p>Body GP members not being identified in connection with their practices has been included in the Audit Committee Recommendations Tracker. This issue will be managed via the tracker. Action closed. A formal process to gain consent from Governing Body GP members to disclose the required information is yet to be commenced and remains outstanding.</p> <p><i>It was noted that all other actions on the action tracker for the April and May 2019 meetings have been completed; updates are provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	
Governance		
A19/75	<p>Conflict of Interest Internal Audit – Management Response MMcD presented a report and management response to the Conflict of Interest Internal Audit undertaken in early 2019; in particular to the issues identified by the Anti-Fraud Specialist relating to the Disclosure UK Database and National Anti-Fraud Network (NAFN) and Open Source Media Checks. An extensive discussion took place about the issues identified and recommendations. It was agreed for LR to add the recommendations detailed in the report to the Audit Committee Recommendations Tracker.</p> <p><i>The committee received and recommended approval of the management response, noting that the recommendations within the report would be added to the Audit Committee Recommendations Tracker. The approval for this item is to be ratified at the next quorate meeting.</i></p>	LR
A19/76	<p>Losses, Special Payments and Aged Debt LR provided an update on losses, special payments and aged debt for Southport and Formby CCG since the last report was presented to the Audit Committee on 18th April 2019. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 30th June 2019. Of the total debt outstanding (£1,660,881), there are two invoices above the £5k threshold which are greater than 6 months old, amounting to a total of £174,155. Both invoices relate to Southport & Ormskirk NHS Trust; further details are within the report received by the committee. LR reported that she has received written confirmation from the Trust that both invoices should be settled by October 2019.</p> <p><i>The committee received this report.</i></p>	
A19/77	<p>Liaison Accounts Payable Review 2018 – Update LR provided an update to the committee on recoveries made as part of the Liaison Accounts Payable Review 2018, since the last report to the committee in April 2019.</p> <p>LR noted that a summary of the overpayments in progress (£2,539.12) and overpayments recovered (£10,757.94) are detailed in Appendix 1 and 2 of the report. Actions are ongoing to recover the overpayments in progress. A further update will be provided at the next Audit Committees in Common meeting scheduled for 30th October 2019.</p> <p><i>The committee received this report.</i></p>	LR

No	Item	Action
A19/78	<p>Register of Interests MMcD presented an update report on the Register of Interests which included the following:</p> <ul style="list-style-type: none"> • Full and unpublished register of governing body members, employees and contractors as at 28th June 2019. • Published register of governing body members, employees and contractors as at 28th June 2019. <p>The report provides an update on the process for reminders and submission of information to refresh the register, as well as training to support the CCG to manage conflicts of interest.</p> <p>HN provided positive feedback on the administrative process involved in updating the register, which has been managed by Judy Graves, the CCG's Corporate Business Manager.</p> <p><i>The committee received this report.</i></p>	
A19/79	<p>Policy Tracker MMcD presented the policy tracker. It was noted that the following three policies are out of their review dates:</p> <ul style="list-style-type: none"> • Infertility Policy • Commissioning Policy • Personal Health Budgets for NHS Funded Packages of Care for Adults and Children Policy & Practice Guidance. <p>A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p>Concerns were raised about the significant length of time since the Infertility Policy and Commissioning Policy were due to be reviewed. It was agreed for MMcD to request an update on timescales for the Infertility Policy and Commissioning Policy.</p> <p><i>The committee received this report.</i></p>	MMcD
A19/80	<p>Audit Committee Terms of Reference MMcD presented the Southport & Formby Audit Committee Terms of Reference which have been approved by the Governing Body.</p> <p><i>The committee received the approved Southport & Formby Audit Committee Terms of Reference.</i></p>	
<i>Audit and Anti-Fraud Specialist</i>		
A19/81	<p>Audit Committee Recommendations Tracker LR presented the Audit Committee Recommendations Tracker. The committee agreed that completed actions for 2018/19 are to be removed from the tracker; LR to action.</p> <p>HN asked LR to check that all recommendations from anti-fraud reports (that have been presented to the Sefton CCG Audit Committees) had been captured in the tracker. LR confirmed she would check this against previous audit committee meeting packs, to ensure all anti-fraud recommendations are included in the tracker.</p>	LR

No	Item	Action
	<i>The committee received this report.</i>	
A19/82	<p>MIAA Internal Audit Progress Report AP presented the MIAA Internal Audit Progress Report. He reported that an internal audit regarding primary care commissioning governance arrangements is in progress. MMcD asked AP to check and confirm that the scope of this internal audit covers the specific areas that have been delegated to the CCG, noting that there are still areas that are under the authority of NHS England.</p> <p>HN reported that a Development Session is scheduled to take place for the Primary Care Commissioning Committee on 18th July 2019; she asked AP to send any relevant documentation regarding Primary Care Commissioning and governance. AP to action via TK.</p> <p><i>The committee received this report.</i></p>	<p>AP</p> <p>AP / TK</p>
A19/83	<p>Review of NFI Matches LR presented a paper providing an update on the National Fraud Initiative (NFI) matches identified in 2018/19. She reported a preliminary review of the 440 errors identified for Southport & Formby CCG has been undertaken to identify which of these errors can be discounted; these are shown in the true matches column within the report. A prior year comparative had also been included in the report. LR confirmed she would update the Audit Committee Recommendations Tracker to take account of the true matches, which will be monitored via the tracker going forward.</p> <p><i>The committee received this report.</i></p>	LR
A19/84	<p>Annual Audit Letter 2018/19 RB presented the Annual Audit Letter, which provides a high level summary of the findings of the external audit of the CCG for 2018/19. He confirmed that the following conclusions had been issued for the CCG:</p> <ul style="list-style-type: none"> • An unqualified audit opinion on the 2018/19 accounts. • An unqualified Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2018/19 and has proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. <p>As the Annual Audit Letter is a public document, RB advised that it be displayed on the CCG website; TK to request this be actioned via the CCG Communications Team. MMcD confirmed the Annual Audit Letter 2018/19 will be presented to the Governing Body at its meeting scheduled for 4th September 2019.</p> <p>RB provided an update on the Mental Health Investment Standard (MHIS), noting that Grant Thornton will be undertaking validation procedures to confirm CCGs' reported figures.</p> <p><i>The committee received this report.</i></p>	TK
Risk		
A19/85	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map MMcD presented the Corporate Risk Register (CRR) and the Heat Map as at 27th June 2019. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. It was noted that the Governing Body</p>	

No	Item	Action
	<p>Assurance Framework (GBAF) was not included within the meeting pack as further review of content is required by some of the risk leads. HN stressed that as the GBAF would not be reviewed by the Audit Committee at this stage in the financial year, it would need to be reviewed by the Governing Body at its next meeting in September 2019; TK to ensure this is on the Governing Body meeting agenda. MMcD requested that the Corporate Business Manager provide him with an update on the current status and form of the GBAF; TK to request this update.</p> <p>MMcD reported that a risk regarding non-delivery of recommendations for Special Educations Needs and Disability (SEND) has been added to the CRR, further to the findings of the SEND inspection revisit in April 2019. He provided a background to the SEND revisit and confirmed there is an action plan in place to address the findings. MMcD confirmed he is now the Senior Responsible Officer for this area and that he will be attending a meeting with senior officials from the Department of Health and Education with Dwayne Johnson (Chief Officer at Sefton Council) in London regarding SEND progress on 18th July 2019.</p> <p>The committee discussed the Heat Map. MMcD noted that the risk of not delivering the CCG's control total / statutory duty is the highest risk facing the CCG subject to moderation. He confirmed the CCG held a QIPP week on 1st-5th July 2019 and a joint financial recovery plan with Southport and Ormskirk NHS Trust has been submitted to NHS England.</p> <p>HN raised the following comments on the risks detailed on the Heat Map.</p> <ul style="list-style-type: none"> • <i>Risk 6: Patient care - lack of assurance and capacity within commissioned LAC Health Team [Score 16: 4X4]</i> HN queried whether this is an issue within the CCG or the providers. She also queried the period of time this has been recorded as a risk. • <i>Risk 12: Quality of care - AUH challenging performance [Score 15: 3X5]</i> HN queried the period of time this has been recorded as a risk. She also requested clarity on the risk and whether the consequence should be as high as 5. • <i>Risk 19: Non delivery of GP medical services [Score 16: 4X4]</i> HN queried whether the total risk score should be as high as 16, given the positive feedback received on GP services. She also queried whether the consequence score had been re-assessed given recent updates regarding the situation in Southport and Formby. <p>MMcD confirmed he would review the above queries with the relevant CCG staff and report back to the committee.</p> <p><i>The committee recommended approval of the updates to the Heat Map and CRR but raised a number of queries on individual risks as detailed above. The committee noted that the GBAF was not presented to the committee as further review of content is required by some of the risk leads; it was noted that the GBAF would be presented at the Governing Body meeting in September 2019. The approval for this item is to be ratified at the next quorate meeting.</i></p>	<p>TK</p> <p>TK</p> <p>MMcD</p>

No	Item	Action
<i>Other</i>		
A19/86	<p>Lancashire Care Clinical Audit Plan 2018/19 – Q3 Update (Southport & Formby CCG) MMcD presented a quarter 3 update on the Lancashire Care Clinical Audit Plan 2018/19, on behalf of the CCG's Deputy Chief Nurse. The paper had been brought to the committee to provide assurance that the Clinical Audit Team at Lancashire Care NHS Trust is delivering the Network Priority Audit Programme on time and to the expected standards.</p> <p>The committee discussed the report. Concerns were raised about the number of low compliance ratings detailed in the report as well as the timeliness of the report given that it is a Q3 2018/19 update. HN also commented that she had a lack of understanding of the audits that had been undertaken. The committee were satisfied that an audit process exists but agreed that this report and the concerns raised be presented to the Joint Quality Committee for discussion; feedback from this discussion is to be reported back to the Audit Committee. TK to request this item is added to the agenda for the Joint Quality Committee meeting.</p> <p><i>The committee received this report and agreed for the report and the committee's concerns to be presented to the Joint Quality Committee for discussion and feedback.</i></p>	TK
Key Issues of other committees to be formally received		
A19/87	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees March and May 2019 • Joint Quality and Performance Committee March and May 2019 • Joint Commissioning Committee March 2019 • Primary Care Commissioning Committee April and May 2019 <p><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee, Joint Commissioning Committee and Primary Care Commissioning Committee meetings for the months detailed above.</i></p>	
Closing business		
A19/88	<p>Any other business</p> <p><u>ME Update / CHC Retrospective Claims Report – S&F CCG</u></p> <p>HN requested an update on ME. MMcD confirmed a letter was sent in June 2019 from the CCG to the specialist firm acting on behalf of the client; a response is awaited. The firm and the client have been invited to meet with the CCG to discuss options to reach a satisfactory conclusion to the claim.</p>	
A19/89	<p>Key Issues Review</p> <p>The approved key issues from this meeting will be circulated as a Key Issues report to Governing Body.</p>	

No	Item	Action
	<p>Date and time of next meeting Audit Committees in Common Wednesday 30th October 2019, 2pm-4.30pm Room 5A, South Sefton CCG, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Approved

Audit Committees in Common Southport and Formby CCG Minutes

Thursday 14th November 2019, 2.30pm to 5pm
Room 3A, South Sefton CCG, Merton House, Stanley Road, Bootle, L20 3DL

Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
South Sefton CCG Members present		
Alan Sharples	Lay Member (Chair)	AS
Graham Bayliss	Lay Member (Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell (item A19/102 onwards)	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Michelle Moss	Anti Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
Georgia Jones	Manager, Grant Thornton	GJ
Apologies		
Robin Baker	Audit Director, Grant Thornton	RB
Debbie Fairclough	Interim Programme Lead – Corporate Services, SFCCG & SSCCG	DFair
Minutes		
Tahreem Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

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

Name	Position	April 19	May 19	July 19	Nov 19	Jan 20
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	
Gill Brown	Lay Member (Vice Chair) [Left CCG in October 2019]	✓	✓	A		
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	
Leah Robinson	Chief Accountant	✓	✓	✓	✓	
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	
Robin Baker	Audit Director, Grant Thornton	✓	A	✓	A	
Georgia Jones	Manager, Grant Thornton	✓	✓	A	✓	

No	Item	Action
General Business		
A19/90	<p>Introductions and apologies for absence Apologies for absence were received from Robin Baker and Debbie Fairclough. It was noted that Alison Ormrod would present items A19/94-96 in Debbie Fairclough's absence.</p> <p>The committee noted that Martin McDowell would be arriving late to this meeting, as he was in attendance at a system assurance meeting which coincided partly with the Audit CiC meeting.</p> <p>It was noted that Helen Nichols, Chair of the Southport and Formby Audit Committee, would chair this CiC meeting.</p>	
A19/91	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies and Audit Committees of Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A19/92	<p>Minutes of the previous meeting and key issues The Southport and Formby minutes of the Audit Committees in Common meeting on 10th July 2019 were approved as a true and accurate record subject to the following: LR to check and ensure that the second monetary figure detailed under item A19/76 (<i>Losses, Special Payments and Aged Debt</i>) is correct.</p> <p>The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	LR
A19/93	<p>Action points from previous meeting</p> <p>A19/71 (S&F and SS): Introductions and apologies for absence As the Audit CiC meeting on 10th July 2019 was inquorate, the decisions for the following items which were recommended for approval at that meeting were ratified. Action closed.</p> <ul style="list-style-type: none"> • A19/73 - Minutes of the previous meetings and key issues (18th April 	

No	Item	Action
	<p>2019 and 23rd May 2019)</p> <ul style="list-style-type: none"> • A19/75 - Conflict of Interest Internal Audit – Management Response • A19/85 - Governing Body Assurance Framework, Corporate Risk Register and Heat Map <p>A19/39 (S&F): Whistleblowing Policy TK reported that Lisa Gilbert (the CCG's Corporate Governance Manager) is in the process of arranging training that is required for Governing Body Lay Members with responsibility for whistleblowing. It was noted that MIAA will provide this training. The committee agreed to keep this action open on the tracker until the training has taken place.</p> <p>A19/49 (SS) Audit Committee Terms of Reference This action was in reference to recruitment of a Practice Manager Governing Body member onto the South Sefton Audit Committee (an update on this action is detailed within the South Sefton minutes of this meeting). It was noted that the Southport & Formby Audit Committee had agreed to remove the vacant Practice Manager Governing Body Member role from the membership, when the Terms of Reference were reviewed in April 2019. This amendment was made and the Terms of Reference were subsequently approved by the Governing Body.</p> <p>At today's meeting, further to recent issues with quoracy, the Southport & Formby Audit Committee proposed that the Practice Manager Governing Body member role be included back in the membership and requested that the CCG recruit this role onto the committee. TK to liaise with the CCG's Interim Lead for Corporate Services to check the governance process for amending the Terms of Reference at this point in the year (given that the next review is not due until April 2020) and put forward the request to recruit this role onto the committee.</p> <p>A19/85 (S&F): Governing Body Assurance Framework, Corporate Risk Register and Heat Map This action was related to queries and comments raised by HN in reference to risks detailed on the Heat Map presented to the committee in July 2019. HN confirmed she would raise this action under item A19/109: <i>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</i>. It was agreed to close this action on the tracker; any further actions in relation to the Heat Map would be recorded under item A19/109. Action closed.</p> <p><i>It was noted that all other actions on the action tracker for the July 2019 meeting have been completed; updates are provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	TK
Governance		
A19/94	<p>Primary Care Commissioning Committees in Common – Scheme of Delegation AOR presented the Scheme of Delegation for the Primary Care Commissioning Committees in Common (PCCCiC), which has been agreed by NHS England and the Sefton CCGs. The Scheme of Delegation sets out the matters that have been delegated to the Sefton CCGs and which will be the responsibility of the PCCCiC. It was noted the PCCCiC received this Scheme of Delegation in April 2019.</p> <p>AS noted that the CCG's Interim Lead for Corporate Services has been working on a Terms of Reference for the PCCCiC; he asked that the matters</p>	

No	Item	Action
	<p>delegated to the PCCCiC, as detailed in the Scheme of Delegation, are also included in the Terms of Reference. TK to forward AS's comments to the Interim Lead for Corporate Services.</p> <p><i>The Audit CiC received the PCCCiC Scheme of Delegation.</i></p>	TK
A19/95	<p>Risk Management Strategy</p> <p>AOR presented a risk management strategy for the Sefton CCGs. It was noted that historically each of the Sefton CCGs have had their own risk management strategy. The strategies, however, are identical in content and all reporting arrangements are undertaken by the joint Leadership Team, joint Senior Management Team and Audit Committees in Common. It was noted that the exception is the submission of separate Governing Body Assurance Frameworks (GBAF) and Corporate Risk Registers (CRR) to the respective Governing Bodies. It has therefore been proposed that the Sefton CCGs agree a single risk management strategy but retain the reporting requirements at Governing Body level which is relevant for the separate statutory bodies. It was noted that the enclosed single risk management strategy showed the updates made via track changes for ease of reference.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> AS commented that the track changes were useful but noted that there are a number of instances where 'Audit Committee' has been replaced with 'Audit Committee'. TK to ask the CCG's Interim Lead for Corporate Services to review this and clarify the change that has been made. AS referred to the table in section 13, which indicates the authority levels required to act in accordance with the quantification of risk. He queried the column for CCG Governing Body Level Management, commenting it was not clear as to whether this referred to Governing Body level management on the Leadership Team or whether it referred to the Governing Body as a whole. <ul style="list-style-type: none"> If it referred to the latter, members queried whether it is correct that the Governing Body is required to act for moderate risks (score 8-12), as only risks of score 12 or above are presented to the Governing Body through the Corporate Risk Register. If it referred to the former and the column was in relation to Governing Body level management on the Leadership Team, members requested that an additional column is added to indicate the level of risk that the Governing Body is required to review. <p>TK to feedback the Audit CiC's comments regarding the table in section 13 to the CCG's Interim Lead for Corporate Services and ask her to take the appropriate action.</p> <ul style="list-style-type: none"> AS referred to Appendix G and queried the rationale behind the membership composition of the Serious Incident Review Group, noting that there are only two core members of the group. TK to contact the Sefton CCGs' Assistant Chief Nurse and Deputy Chief Nurse to enquire about the rationale behind the membership composition and whether it was correctly reflected in the risk management strategy. <p><i>The Audit CiC approved the Risk Management Strategy subject to clarification regarding the above points.</i></p> <p>HN referred to the review of the GBAF and the CRR, which was noted on the cover sheet for this item. She raised concerns as to whether now was the best time to action this review given staff capacity and the proposed</p>	<p>TK</p> <p>TK</p> <p>TK</p>

No	Item	Action
	merger between the Sefton CCGs, Liverpool CCG and Knowsley CCG; she commented that if the merger did take place, the various risk documents would need to be consistent between the four CCGs. She asked for this issue to be discussed by the Leadership Team to decide whether it is a current priority. TK to provide this feedback to the Sefton CCGs' Interim Lead for Corporate Services.	TK
A19/96	<p>S&F CCG: Review and Ratification of Governing Body Decisions – 2018/19</p> <p>AOR presented a report on the review and ratification of Southport & Formby Governing Body decisions during 2018/19, following an error that had been identified in the CCG's constitution regarding the membership of the Governing Body. The report provided a summary of the actions undertaken to address this issue. It was noted that for completeness, the Southport & Formby Governing Body were asked to ratify all decisions taken by the Governing Body during 2018/19; this was undertaken on 4th September 2019 and the matter is now closed.</p> <p><i>The Southport & Formby Audit Committee received this update report and noted that the matter is now closed.</i></p>	
A19/97	<p>Losses, Special Payments and Aged Debt</p> <p>LR provided an update on losses, special payments and aged debt for Southport and Formby CCG since the last report was presented to the Audit Committee on 10th July 2019. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 31st October 2019. Of the total debt outstanding (£1,963,992), there are four invoices above the £5k threshold which are greater than six months old, amounting to a total of £1,547,817. All four invoices relate to Southport & Ormskirk NHS Trust; further details were within the report received by the committee. LR reported that although the Trust had provided written confirmation that outstanding debts would be settled by October 2019, this has not been the case. HN requested that MMcD write to the Trust's Director of Finance for an explanation as to why the outstanding debts were not settled by October 2019 as had been confirmed, and obtain a commitment to when these will be paid.</p> <p><i>The Southport & Formby Audit Committee received the Losses, Special Payments and Aged Debt report.</i></p>	MMcD
A19/98	<p>Liaison Accounts Payable Review 2018 – Update</p> <p>LR provided an update on recoveries made as part of the Liaison Accounts Payable Review 2018, since the last report to the Southport & Formby Audit Committee in July 2019. She reported that the total overpayments identified for Southport & Formby CCG (£13,297.06) have now been recovered.</p> <p><i>The Southport & Formby Audit Committee received this update report.</i></p>	
A19/99	<p>Financial Control Planning and Governance Assessment 2019/20</p> <p>LR presented Q2 and annual self-assessment completed templates on financial planning, control and governance for Southport & Formby CCG; these were submitted to NHS England by the deadline of 18th October 2019.</p> <p>LR and AOR explained the rationale behind the answers provided to a number of the assessment criteria on the templates. The committee discussed the submission and raised queries. The following was noted / agreed:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • <i>Q2 assessment criteria 19: Is year to date QIPP delivery in line with planned profile?</i> It was agreed that the answer to this criteria should be changed from 'partial' to 'no' for the Q3 submission. • <i>Q2 assessment criteria 25: The CCG can confirm they have no identified / outstanding contractual disputes (formal or informal)</i> LR to request clarification from NHSE as to what is considered to be a dispute. • <i>Annual assessment criteria 39: All Journals are fully documented and approved by appropriate level supervisor</i> It was agreed that the answer to this criteria for the next submission should be 'No', with an explanation that Internal Audit have agreed the current arrangements that are in place. • <i>Annual assessment criteria 68: The Finance & Investment Committee chair/s report to the governing body following each meeting and have an annual review of the committee's performance?</i> It was noted that the Finance & Resource (F&R) Committee do not currently undertake an annual review of the committee's performance. The Audit Committee agreed that this should be undertaken on an annual basis after year-end. TK to add to the F&R Committee work plan for July. <p>Members noted that there were sections in the submitted templates for Southport and Formby that were not visible in the submission for South Sefton and vice versa. It was noted that this may be due to a technical error within the meeting pack. LR to send the original files (submitted to NHS England) to the Audit Committee after the meeting.</p> <p><i>The Southport & Formby Audit Committee received this report.</i></p>	<p>LR</p> <p>LR</p> <p>LR</p> <p>TK</p> <p>LR</p>
A19/100	<p>Single Tender Action Forms - Primary Eye Care Services Contract</p> <p>AOR presented a Single Tender Action (STA) form for the Primary Eyecare Services (PECS) contract. The contract date of the STA is 1st December 2019 – 30th November 2020. It was noted that the STA has been reviewed and approved by the Chief Finance Officer, as the value is within his delegated limits.</p> <p>The committee noted the rationale behind the STA for this contract, as detailed on the cover sheet and STA form.</p> <p>The Southport & Formby Audit Committee ratified the sign-off of the Single Tender Action form.</p>	
A19/101	<p>Register of Interests</p> <p>AOR presented an update report on the Register of Interests which included the following:</p> <ul style="list-style-type: none"> • Full and unpublished register of governing body members, employees and contractors as at 28th October 2019. • Full and unpublished register of member practices as at 28th October 2019. 	

No	Item	Action
A19/104	<p>MIAA Internal Audit Progress Report AP presented the MIAA Internal Audit Progress Report for Southport & Formby CCG. He reported that since the last report to the Audit Committee in July 2019, the following reports have been finalised:</p> <ul style="list-style-type: none"> • Primary Care Commissioning: Governance – Substantial Assurance • Commissioning for Quality – Substantial Assurance <p>Further details on each audit were within the report and were noted by the committee. It was noted that the recommendations from this report would be added to the Audit Committee Recommendations Tracker.</p> <p>Members referred to the Primary Care Commissioning Governance audit and a low risk action that had been raised in relation to encouraging broader attendance at Primary Care Commissioning CiC (PCCCiC) meetings. HN commented that it would be useful to have more representation from the Local Medical Committee (LMC) and Healthwatch; she noted that although they are not members of the PCCCiC, it would be helpful to have their external input. Members commented that Healthwatch could be invited to present reports where relevant. MMcD noted that the LMC have a monthly meeting and that a standing agenda item could be incorporated in relation to 'Issues to raise with the PCCCiC'; any issues could then be forwarded for consideration by the PCCCiC.</p> <p>The above comments raised regarding representation from the LMC and Healthwatch at PCCCiC meetings are to be forwarded to Jan Leonard (the CCG's Director of Place – North).</p> <p>AP thanked the teams at the CCG for their help and input for the two internal audit reports; this was noted by the committee.</p> <p>MMcD reported that he and AOR have met with AP to discuss a potential audit / post implementation review of the Adam DPS following a request from the Southport & Formby Finance & Resource Committee. He confirmed that this will be incorporated into a future internal audit plan if resources do not allow for it to take place in the current financial year.</p> <p><i>The Southport & Formby Audit Committee received the MIAA Internal Audit Progress Report.</i></p>	TK
A19/105	<p>Anti-Fraud Progress Report MM presented the MIAA Anti-Fraud Progress Report for Southport & Formby CCG, which sets out the work undertaken during the period of April to October 2019 and highlights activities and outcomes.</p> <p>MM notified the committee about fraud incidents in relation to ESR and the work that has been undertaken by MIAA to target and address this, as detailed in the report.</p> <p>MM referred to Appendix B, which shows the detailed plan delivery, and noted that the completion of the NHS Counter Fraud Standards for Commissioners Checklist is yet to be completed.</p> <p><i>The Southport & Formby Audit Committee received this report.</i></p>	
A19/106	<p>Anti-Fraud Briefing Paper – Primary Care Arrangements for Fraud Investigations MM presented a briefing paper on primary care arrangements for fraud</p>	

No	Item	Action
	<p>investigations. An NHS England document entitled, 'Tackling Fraud, Bribery and Corruption: Economic Crime Strategy 2018-21' had been included as an appendix for the Audit CiC's attention. The committee noted that this paper would also be presented to the Primary Care Commissioning CiC.</p> <p><i>The Audit CiC received this report.</i></p>	
A19/107	<p>External Audit Progress Report</p> <p>GJ presented an external audit progress report and sector update. The report includes a summary of emerging national issues and developments that may be relevant to CCGs, as well as a number of challenge questions in respect of these emerging issues which the Audit Committees may wish to consider.</p> <p>Members of the CiC agreed that short answers to challenge questions should be presented to and considered by the Audit Committees. MMcD referred to the 'Insights from the spread of the Primary Care Home' report mentioned in the external audit progress report; he made a recommendation that a paper be brought to the next CiC meeting, answering the following challenge question: 'What are the CCG's views on the four key lessons in the report and how these could be implemented to help reduce emergency admissions in your locality?' The Audit CiC agreed this recommendation; MMcD to action.</p> <p><i>The Audit CiC received this report.</i></p>	MMcD
A19/108	<p>Draft Report on MHIS Standard Compliance Statement</p> <p>GJ presented a draft report on Mental Health Investment Standard (MHIS) Compliance Statement, which summarises the results of Grant Thornton's independent reporting accountant's assurance engagement on Southport & Formby CCG's MHIS Compliance Statement.</p> <p>GJ explained the context and rationale behind the findings and noted that the CCG's statement on mental health expenditure is yet to be published. She noted that this is the first time that this area has been audited by Grant Thornton and has involved the testing of guidance.</p> <p>GJ confirmed a debrief of the audit procedures for the MHIS would take place with CCG management after the statement is published; outcomes from the debrief will be reported back to the Audit Committee.</p> <p>GJ, HN and MMcD thanked LR and the finance team for their work to support this audit. HN also thanked GJ and the Grant Thornton team for their work on the audit.</p> <p>The committee agreed to maintain the delegation to the Senior Leadership Team to approve the report on MHIS Compliance Statement, as the next Audit CiC meeting would not take place until January 2020.</p> <p><i>The Southport & Formby Audit Committee received this report.</i></p>	GJ
Risk		
A19/109	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>AOR and MMcD presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and the Heat Map for Southport & Formby CCG as at 10th October 2019. The Heat Map summarises all the</p>	

No	Item	Action
	<p>mitigated risks for the CCG with a score of 12 and above.</p> <p>The committee had an extensive discussion on the heat map and noted / agreed the following:</p> <ul style="list-style-type: none"> • <i>Risk 2: Sustainability of S&O Hospitals - financial pressures, clinical staff shortages [Score 20: 5X4]</i> MMcD commented that this risk needed to be reworded to update and reflect current issues, noting that the key focus should be on fragile services. MMcD to discuss with the risk lead to update the risk wording. • <i>Risk 6: Patient care - lack of assurance and capacity within commissioned LAC Health Team [Score 16: 4X4]</i> MMcD reported that a business case has been presented to the CCG via the Leadership Team regarding additional funding to increase the capacity of the Enhanced Vulnerable Young Person's Team. A commitment has been made to provide funding but there are ongoing discussions to agree the value of funding. • <i>Risk 12: Quality of care - AUH challenging performance [Score 15: 3X5]</i> HN requested input from the Quality Team on whether patients are being adversely affected, as the consequence post mitigation for this risk has been rated as 5. • <i>Risk 19: Non delivery of GP medical services [Score 16: 4X4]</i> HN requested that the wording of this risk be amended to show that it is a future risk as opposed to a current risk. • Members discussed the readability of the heat map and referred to risks that apply to both of the Sefton CCGs, which are listed on each of the respective CCG heat maps. They requested that these risks have the same corresponding number on each heat map to make it easier to compare the two maps. This was agreed by both Audit Committees of the Sefton CCGs. TK to forward the committees' request to the CCGs' Corporate Business Manager to action. <p>HN referred to the GBAF and queried the current risk score of 20 for strategic objective 3 ('To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan'). MMcD confirmed the main risk focus of this strategic objective is the failure to deliver the overall QIPP plan due to lack of financial and human resources, which is why it has been scored at 20. HN commented that the principal risk identified for this strategic objective, as detailed on the GBAF, suggests that the main focus is the failure to deliver the Sefton transformation programme. It was agreed for the wording of the principal risk to be reviewed and amended to reflect that the main issue is the failure to deliver the overall QIPP plan.</p> <p>MMcD reported on recent updates regarding the CCG's work on Special Educational Needs and Disability (SEND), and Autistic Spectrum Disorder (ASD) pathways, which was noted by the committee. He noted that ASD pathways will be a key upcoming focus for the Governing Body.</p> <p><i>The Southport & Formby Audit Committee approved the updates to the Heat Map, CRR and GBAF, subject to the changes noted above.</i></p>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p> <p>TK</p> <p>MMcD</p>

No	Item	Action
<i>Other</i>		
A19/110	<p>Self-assessment of committee's effectiveness HN introduced this item, noting that the Audit Committees undertook a self-assessment of the committee's effectiveness in October 2018; the results of this assessment were discussed at the next meeting in January 2019.</p> <p>Members discussed undertaking another self-assessment and agreed on a workshop approach to be facilitated by MIAA, where progress against the Terms of Reference could be reviewed. It was agreed to allow half an hour for this session and for it to take place on 15th January 2020 at 12.30pm, before the start of the next scheduled Audit CiC meeting. AP informed the committee that he may not be able to attend the next meeting and would confirm in due course. It was agreed that if AP is unable to attend the meeting in January 2020, then this workshop should be arranged to take place before the Audit CiC meeting in July 2020. TK to liaise with AP and arrange accordingly.</p> <p><i>The Audit CiC discussed this verbal item and reached a decision as noted above.</i></p>	TK / AP
Key Issues of other committees to be formally received		
A19/111	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees June, July, August, and September 2019 • Joint Quality and Performance Committee June, July, August and September 2019 • Primary Care Commissioning CiC June, August and September 2019 <p><i>The Southport & Formby Audit Committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee and Primary Care Commissioning Committee meetings for the months detailed above.</i></p>	
Closing business		
A19/112	<p>Any other business AS referred to a recent HR case at the Sefton CCGs and enquired about progress on the follow up actions and a response from Midlands & Lancashire CSU. If a response has been received, he asked for this to be brought to the next Audit CiC meeting. MMcD confirmed he would follow up on progress and inform the Audit Committee Chairs.</p>	MMcD
A19/113	<p>Key Issues Review The approved key issues from this meeting will be circulated as a Key Issues report to Governing Body.</p>	
	<p>Date and time of next meeting Audit Committees in Common Wednesday 15th January 2020, 1.30pm-4pm Room 5A, South Sefton CCG, Merton House, Stanley Road, Bootle, L20 3DL</p>	

**117NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Draft Minutes – Part I**

Date: Thursday 19th December 2019. Time 10.00am – 11.00am

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

Members		
Graham Bayliss	S&F CCG Lay Member (Chair)	GB
Alan Sharples	SS CCG Lay Member (Vice Chair)	AS
Helen Nichols	SS 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
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
Non- Voting Attendees:		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
Colette Page	Practice Nurse Lead SS SF CCG	CP
Minutes		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance
C= Cancelled

Name	Membership	Sept 19	Oct 19	Nov 19	Dec 19	
Members:						
Graham Bayliss	SS CCG Lay Member (Chair)	A	✓	C	✓	
Alan Sharples	SS CCG Lay Member	✓	A	C	✓	
Helen Nichols	S&F CCG Lay Member	✓	✓	C	✓	
Fiona Taylor	S&F SS CCG Chief Officer	✓	A	C	A	
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	A	C	A	
Jan Leonard	S&F CCG Director of Place (North)	A	✓	C	✓	
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	N	C	N	
Angela Price	S&F SS CCG Programme Lead Primary Care	A	✓	C	✓	
Alan Cummings	NHSE Senior Commissioning Manager	A	✓	C	✓	
Non- Voting Attendees:						
LMC Representative		N	N	C	N	
Health Watch Representative		✓	A	C	A	
Health & Well Being Representative		N	N	C	N	
Dr Craig Gillespie	GP Clinical Representative	✓	✓	C	✓	
Dr Kati Scholtz	GP Clinical Representative	A	✓	C	✓	

Name		Membership		Sept 19	Oct 19	Nov 19	Dec 19
Jane Elliott		SSCCG Localities Manager		N	✓	C	N
Richard Hampson		SSCCG Primary Care Contracts Manager		N	✓	C	✓
Colette Page		SS SFCCG Practice Nurse Lead		N	N	C	N
No	Item						Action
PCCiC19/110	<p>Apologies for absence Apologies were received from Fiona Taylor, Dr C Gillespie, Diane Blair, Martin McDowell and Alison Ormrod.</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>						
PCCiC19/111	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>						
PCCiC19/112	<p>IT Investments A presentation was presented to the Committee by Paul Shilcock from Informatics Merseyside on the current IT projects and investments for IT within primary care. AS requested that the IT investment budget be presented at the F&R Committee.</p>						PS
PCCiC19/113	<p>Minutes of the previous meeting 17th October 2019 – The minutes of the meeting were accurate and agreed.</p>						
PCCiC19/114	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated</p>						

<p>PCCiC19/115</p>	<p>Report from Operational Group and Decisions made</p> <p>November 2019:</p> <ul style="list-style-type: none"> • The group recommend the Committee support applications for list closures at Ainsdale Medical Centre and Blundellsands Surgery. It was noted that Blundellsands Surgery are overwhelmed with new patient registrations when they have an open list. • A changed area map was received from North Southport PCN as a result of a recent boundary change. • The group reviewed an update on an ongoing lease issue for a South Sefton Practice and supported NHSEs plans to progress, also added to the risk register. • The group received an update on progress of the Medicines Management Hubs and the impact reviewing discharges from Acute Trusts. • The Group reviewed a proposed process for the management of Serious Incident reporting, complaints and incidents relating to General Practice. • The CQC report for High Pastures Surgery was received and the group acknowledged the 'good' rating. • A letter was received from a PCN regarding the provision of extended hours over the Christmas period, the group discussed the contents and will respond to the PCN re-iterating the position regarding extended hours as per NHSEs Winter Assurance letter dated 22nd October 2019. • The survey regarding PCSE issues was discussed. • The group reviewed the risk register. <p>December 2019:</p> <ul style="list-style-type: none"> • It was agreed to develop a local process for supporting practices who were operating an informal list closure. • There is work ongoing around the Out of Area Directed Enhanced Service and implications for practices signing up. • Care homes were discussed in relation to expectations on practices. A small amount of resilience funding has been secured from NHSE to support this work. • NHSE reported back on workforce development plans. • An update on LEDR reports was received. • The Primary Care Dashboard was reviewed in relation to proposed content. • Telephony issues in practices which had been raised via the F&R committee was discussed and a plan to scope out implications agreed. 	
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PCCiC19/116	<p>Primary Care Network update KS reported to the Committee that a first update meeting would be taking place today (19.12.19) regarding the social prescribing post for North PCN. Dr Simon Tobin will be looking at how the service will be utilised and clinical engagement. PCNs have submitted plans with a maturity matrix to NHSE who are collating the information on delivery needs.</p>	
PCCiC19/117	<p>Healthwatch Issues There was no representation at the Committee meeting today, however, a paper was provided for the Committee to review on a recent GP Access Comparison Table. AS requested clarification on the tables as it was unclear if the tables review was for in or out of hours activity. Tables to be reviewed at the next meeting</p> <p>GP patient survey results corresponding to the Health Watch reports will be provided for the next meeting</p>	<p>DB</p> <p>AP</p>
PCCiC19/118	<p>Primary Care Quality Dashboard RH presented a paper on the new Primary Care Quality Dashboard which will be used by the CCG to record various metrics presented by Practices. This will be used as a supportive and monitoring tool for highlighting areas where practices may need additional support from the CCG. The dashboard is a work in progress and can be amended accordingly at any point. KS requested type 2 diabetes is recorded for disease prevalence along with severe mental illness. It was noted that the discussion around the workforce element of the dashboard, it was agreed that workforce is a difficult measure to capture. The roll out of Apex Insight will support practices and CCGs in measuring appointment activity including the 'did not attend' rates within primary care.</p>	

PCCiC19/119	<p>Performance</p> <p>RH presented a paper on performance for both CCGs. Utilisation of the 7 day access service for Southport and Formby is now at 56.92% due to a change in the working model, the service have reduced the number of provides health care assistants appointments, and converted them into ANP appointments. More recent data has indicated that utilisation of the service has increased. Practices are being supported to increase utilisation of the service through the digital champion programme.</p> <p>Direct Enhanced Service utilisation rates show 100% uptake for learning disability health checks which is in line with the current LQC specification. Out of Hours utilisation remains consistent over the last 12 months. Breach Notices – there are currently no breaches in contractual contracts from primary care practices.</p> <p>Utilisation of the 7 day access service for South Sefton is now at 78.75% and steadily increased over the last 12 months. Did not attend rates have improved but still remain an issue</p> <p>Direct Enhanced Service utilisation also shows 100% take up for learning disability health checks in line with the current LQC specification.</p> <p>KS raised the issues of practice staff are experiencing logging into 2 systems for booking regular and extended access appointments, it has been suggested that having 2 screens in practice would resolve the issues. Norwood Surgery are currently piloting this option.</p>	
PCCiC19/120	<p>Key Issues Log</p> <p>Primary Care Quality Dashboard IT Investments List closures Social prescribing update</p>	
PCCiC19/121	<p>Any Other Business</p> <p>There were no other items raised.</p>	
PCCiC19/122	<p>Date of Next Meeting: Date of Next Meeting: time date 16th January 2020 Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle, L20 3DL</p>	
<p>Meeting Concluded.</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>		

Transforming Care Strategic Board

5th December 2019

2.00pm-4.30pm

Board Room, Liverpool CCG, The Department, Lewis's Building

2 Renshaw Street, Liverpool, L1 2SA

Present:

(Name)

(Role/Team/Organisation)

Simon Banks Maddy Lowry Sheena Hennell Norma Currie Marie Boles Andrew Brown Dr Christine Wee Jane Lunt Tony Youds Andy Styring Michael Jones Pauline McGrath Lisa Birtles-Smith Lisa Cooper Gavin Butler Alan Griffiths Deborah Butcher Ged Jennings	SRO and Accountable Officer, Wirral CCG Programme Director, TCP, Cheshire and Merseyside Lead Nurse, TCP, NHSE&I Senior Lead Commissioning Manager for LD and A, Wirral CCG Director of Nursing, Cheshire and Merseyside, NHSE&I H&CP Digital Lead, Alder Hey Consultant Child Psychiatrist, Cheshire and Wirral Partnership Chief Nurse, Liverpool CCG Liverpool CCG Director of Strategic Partnerships, Cheshire & Wirral Partnership NHS Foundation Trust Business Support Assistant to Transforming Care Assistant Director Mental Health and Learning Disabilities Commissioning, NHS St Helens CCG and Local Authority Lead Commissioner, NHS Halton CCG Divisional Director for CAMHS, Alder Hey Cheshire West and Chester Council Parent/ Carer representative Sefton Council Acute Learning Disabilities Liaison Nurse, Liverpool Foundation NHS Trust
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Apologies

(Name)

(Role/Team/Organisation)

Jonathan Hurley Fiona Taylor	Expert by Experience, Pathways Associates CIC Chief Officer, NHS South Sefton CCG and NHS Formby and Southport CCG
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Item	Discussion Point, Decision and Action	Action Owner
1	<p>Welcome and Introductions</p> <p>SB welcomed everyone to the meeting. SH was moving to a new job in NHSE&I. SB thanked SH for her hard work and commitment as this would be her final meeting with the board.</p>	
2	<p>Minutes of the Previous Meeting and Matters Arising</p>	

	<p><u>Minutes</u></p> <p>The Board confirmed that the minutes from the previous meeting represented a true and accurate record.</p> <p><u>Matters arising</u></p> <p>ML went through the matters arising from the previous meeting:</p> <ul style="list-style-type: none"> - <u>5/24.06.19</u> ML stated out of area guidance is still waiting to be given by national team. In the interim local Cheshire and Merseyside arrangements have been developed to test and evaluate the process. This has been presented to the national team. A briefing paper to Accountable Officers is due to go out soon (open). - <u>5/24.09.19</u> The NW ODN Model of Care for Autism had been circulated (closed). - <u>4/ 24.09.19</u> Tier 4 CAMHS stakeholder event information had been circulated (closed). - <u>6/24.09.19</u> ML reiterated to NHS providers that the offer from Confirm and Challenge to support development of LD Improvement Standards plans remains available (closed). - <u>7/24.09.19</u> PMc reported that recent discussions indicated that uptake of AHCs had increased and there was no requirement for re-modelling for St Helens at present (closed). - <u>8/24.09.19</u> <ul style="list-style-type: none"> o Members of the Board were unable to report any changes to local governance following discussion of the Rotherham model (closed). o ML to chase up Jane Bellwood around linking in with GM work. LeDeR bids are an item on today's agenda (open). - <u>9/24.09.19</u> on the Agenda for today's meeting (closed) 	
<p>3</p>	<p>Patient Stories: Children and Young People in Liverpool</p> <p>Tony Youds gave a presentation detailing the support currently provided to Children and Young People identified on the CYP Dynamic Support Database in Liverpool.</p>	

	<p>JL explained that the role evolved from the creation of the CYP Dynamic Support Database to providing more bespoke care co-ordination for individuals on the CYP DSD.</p> <p>Liverpool CCG are now looking at moving the support offer from the CCG to a provider organisation such as Alder Hey. It was recognised that this was gap in current service provision.</p> <p>Discussion covered the following points:</p> <ul style="list-style-type: none"> • Each CCG has a CYP DSD in place and is required to undertake Community CETRs for children at risk of admission to hospital. • The way this is co-ordinated differs between organisations • Liverpool CCG is now looking at commissioning an outcomes-based service to support DSD and CETR work through Alder Hey • The work in Liverpool is now moving from thinking about children who have reached crisis point, to trying to identify them earlier. • Sharing good practice supports development across Cheshire and Merseyside 	
<p>4</p>	<p>Health & Care Partnership: Digital Programme</p> <p>Andrew Brown gave a presentation on the Health and Care Partnership Digital Programme to share good practice and take learning for the Cheshire and Merseyside Digital Strategy (available online).</p> <p>Discussion covered the following points:</p> <ul style="list-style-type: none"> • Experience at the Royal Hospital, Liverpool has indicated that flagging people with a LD/ and or A on hospital records makes their journey through services better quality and saves time and resource. 1,600 patients are currently flagged as vulnerable on the Royal's system. • Concerns about how organisations would merge their data were raised. • The digital programme would be looking to integrate all care records in the longer term • The Board asked for a list of the stakeholders involved in the Digital programme work. AB confirmed he would circulate this with the Minutes. 	

	<ul style="list-style-type: none"> • AB to confirm whether there would be integration of the safeguarding records between agencies moving forward. • The Board were keen to be an early adopter of the LD Digital Flag. ML to pick this up with AB. • TCP to put forward names to represent LD/A on the clinical and patient advisory groups of the Digital Programme • Views about the lack of integration of care records between health organisations, and also health and social care were raised. • The opportunities that the Digital Programme offers to identify vulnerable people in need of reasonable adjustments were highlighted. • It was also recognised that patients should be offered choice in whether to be flagged on the system. In the Royal's experience, only 3 patients have chosen not to be supported in this way. <p>ACTION 4.1/ 05.12.19 – Circulate list of Digital Programme stakeholders with minutes</p> <p>ACTION 4.2/ 05.12.19 - ML to request the H&CP ask to be an early adopter of the LD Digital Flag</p> <p>ACTION 4.3/ 05.12.19 - ML to invite nominations for interested parties to join the clinical and patient advisory groups of the Digital Programme</p>	<p>AB/ MJ</p> <p>ML</p> <p>ML</p>
<p>5</p>	<p>Sustainable Funding: reports from hub areas</p> <p>Updates were given from North Mersey, Mid Mersey and Cheshire and Wirral areas.</p> <p>The sustainable funding stream in most areas is being identified from a release of funding due to a planned reduction in ATU beds. This was the result of reduced demand, evidenced across the Cheshire and Merseyside footprint since the development of Intensive Support.</p> <p>ML reiterated that there would always be a need for a number of ATU beds across Cheshire and Merseyside and that there would therefore remain a need for some commissioned ATU beds moving forward.</p> <p>There was a request that ATU bed reconfiguration be considered on a C&M wide footprint, given the merger of North West Boroughs and</p>	

	<p>Mersey Care, with clarity about whether beds were being closed, or being commissioned by other bodies (eg CCG 1 no longer pays for 2 beds, but these are now commissioned by CCG 2).</p> <p>The need for alternatives to admission (ie crisis support and strong community services) and options to deliver inpatient services closer to people's homes (ie. to avoid admission out of area) were highlighted.</p> <p>The Board noted the progress made.</p>	
<p>6</p>	<p>Community Infrastructure Bid SB talked through the Warrington Adult Intensive Support bid and asked the Board if they agreed to support the bid.</p> <p>The board agreed to give its support.</p> <p>Decision: The Board funded the Warrington Adult Intensive Support proposal in 19/20.</p>	
<p>7</p>	<p>CYP Model of Care: Audit Findings</p> <p>Dr Christine Wee gave a presentation on the findings of the audit, noting that there were concerns that geographical areas may not have fully represented current services commissioned.</p> <p>Discussion covered the following points:</p> <ul style="list-style-type: none"> • The need to reflect findings back to local areas, alongside their recent SEND reports and the NHS Long Term Plan • The poor level of services that the audit demonstrated which may be the cause for C&M being an outlier for CYP Tier 4 admissions • The need for Transforming Care to link better with the Mental Health programme and the Women and Children programme to ensure all work is well aligned. <p>-</p> <p>ACTION</p> <p>7.1/ 05.12.19 – presentation to be circulated to Strategic Board members</p> <p>7.2/ 05.12.19 - write up findings to clearly show self-assessment in the audit, together with recent SEND assessment outcomes. Reflect back to local areas at senior level.</p> <p>7.3/ 05.12.19 – TCP to consider how best to engage with the wider Mental Health and Women and Children Programmes.</p>	<p>MJ</p> <p>CW</p> <p>SB/ ML</p>

8	<p>LeDeR bid requests</p> <p>Following discussion at the September Board, ML wrote to all unsuccessful regional LeDeR bidders to ask them to resubmit their bids to the TCP. Two bids were submitted as follows:</p> <ul style="list-style-type: none"> • Epilepsy support, Alder Hey • Learning Disability Liaison Nurse, St Helens <p>Board members confirmed that they had received requests to resubmit.</p> <p>The board were asked to agree in principle for support from ML to look at funding part or whole funding from Transforming Care budget and the board agreed.</p> <p>Decision: The Board approved funding for both bids</p>	
9	<p>6 Big Questions for TCPs from people who use services</p> <p>The C&M Confirm and Challenge group had asked the TCP to respond to 6 Big Questions (paper attached to meeting papers). The Board discussed the questions to help inform the TCP response.</p> <p><u>Question 1:</u></p> <p>Response should include:</p> <p>TCP Control and Restraint audit process</p> <p>Response to 6-8 week reviews.</p> <p>Role of independent advocacy/ experts by experience in quality</p> <p><u>Question 2:</u></p> <p>Similar answer to Q1, but need for vigilance as full assurance cannot be provided. AS offered to support narrative on this answer. PMc commented that new legislation regarding DoLs may have an impact on people already in the community,</p> <p><u>Question 3:</u></p> <p>ML said there was a whole range of issues and she would be able to put a response together for this one.</p> <p><u>Question 4:</u></p> <p>ML stated admissions had been reduced to 71% and would be able to answer on behalf of each hub area.</p> <p><u>Question 5:</u></p> <p>ML reminded the Board that all inpatient units should be considered. It was noted that Whorlton Hall was not a secure unit. It was agreed</p>	

	<p>that a number of Board members would work together to shape the response to this question taking into account the fact that some people who abuse know how to act around people in authority. ML to ask for a member of Confirm and Challenge to work with the Board so that any response was easy to understand. The need to involve CQC and Specialised Commissioning in the response preparation was discussed.</p> <p><u>Question 6:</u></p> <p>ML stated that the information requested can be collected and provided. The Board considered that the response needed to cover quality and standards and not the issues raised around profit.</p> <p>ACTION</p> <p>9.1/05.12.19 – ML to work with Board members to shape narrative response to 6 Big Questions for TCP, involving CQC, Spec Comm and a rep from Confirm and Challenge</p>	ML
10	<p>TCP progress update</p> <p>Due to time constraints, only the slides around inpatient position and length of stay were shown. Slides to be circulated with Minutes of the meeting.</p> <p>Key points made were:</p> <ul style="list-style-type: none"> • CCG inpatient figures were now on target – the first time during the lifetime of the programme. • Improvement required on CETR/CTR compliance – this is considered a must-do by region • Annual Health Check compliance remains an area of concern. Investment has been made in an AHC roadshow for people who use services, targeting the Sefton area in particular. <p>ACTION 10/ 05.12.19 – MJ to circulate TCP progress update slides with Minutes</p>	MJ
11	<p>Any Other Business</p> <p>There was no further other business to be discussed. SB closed the meeting by thanking everyone for their attendance and stating that challenges remain and issues will need to be addressed but we are making good progress.</p>	
	<p>Date of next meeting: 9th March 2019, Location TBC</p>	