

Governing Body Meeting in Public Agenda

Date: **Wednesday 30th November 2016, 13:00 hrs to 15:25 hrs**

Venue: **Family Life Centre, Southport, PR8 6JH**

PLEASE NOTE: we are committed to using our resources effectively, with as much as possible spent on patient care so sandwiches will no longer be provided at CCG meetings.

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

13:15 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

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Vice Chair & Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	NL
Paul Ashby	Practice Manager & Governing Body Member	PA
Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
Dr Emily Ball	GP Clinical Director and Governing Body Member	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director & Governing Body Member	DC
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director & Governing Body Member	HM
Colette Riley	Practice Manager & Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director & Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor & Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Debbie Fairclough	Chief Operating Officer	DFair
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Andrew Woods	Senior Governance Manager	AW
Judy Graves	<i>(Minute taker)</i>	JG

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).

“Sustainability & Transformation Plans” presentation by Fiona Taylor

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
General					13:30hrs
GB16/177	Apologies for Absence	Chair	Verbal	R	3 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
GB16/178	Declarations of Interest	Chair	Verbal	R	2 mins
GB16/179	Minutes of Previous Meeting	Chair	Report	A	5 mins
GB16/180	Action Points from Previous Meeting	Chair	Report	A	5 mins
GB16/181	Business Update	Chair	Verbal	R	5 mins
GB16/182	Chief Officer Report	FLT	Report	Ratify	10 mins
Finance and Quality Performance					
GB16/183	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB16/184	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	10 mins
GB16/185	Looked After Children: Annual Report 2015/16	DCF	Report	A	10 mins
GB16/186	Mental Capacity Act: Annual Report 2015/16	DCF	Report	A	10 mins
GB16/187	Community Services Procurement: Notification of Contract Award	FLT	Report	Ratify	10 mins
Governance					
GB16/188	Corporate Risk Register & Governing Body Assurance Framework Update	DFair	Report	A	5 mins
GB16/189	Appointment of External Auditor 2017/18: Update	HN	Verbal	R	5 mins
GB16/190	Disinvestment Policy and Procedure (Cessation and significant reduction of services) and prioritisation principles.	TJ/AW	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB16/191	North Mersey LDS Plan	FLT	Report	R	10 mins
For Information					
GB16/192	Key Issues reports: a) Finance & Resource (F&R) Committee b) Quality Committee c) Joint Commissioning Committee d) Audit Committee	Chair	Report	R	5 mins
GB16/193	F&R Committee Approved Minutes - July 2016 - September 2016		Report	R	5 mins
GB16/194	Quality Committee Approved Minutes - July 2016 - September 2016		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
GB16/195	Audit Committee Approved Minutes - None (July 2016 are awaiting approval)		Report	R	
GB16/196	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB16/197	Date of Next Meeting Wednesday 25 th January 2017 13:00 hrs, Family Life Centre, Southport, PR8 6JH				-
Estimated meeting close					15:35hrs

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 28th September 2016, 13:00 hrs to 15:30 hrs

Venue: Family Life Centre, Southport, PR8 6JH

The Governing Body

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Vice Chair & Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	NL
Paul Ashby	Practice Manager & Governing Body Member	PA
Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
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Debbie Fagan	Chief Nurse & Head of Quality & Safety	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director & Governing Body Member	HM
Colette Riley	Practice Manager & Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director & Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor & Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Debbie Fairclough	Chief Operating Officer	DFair
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Helen Smith	Head of Safeguarding Adults	HS
Becky Williams	Strategy & Outcomes Officer	BW
Peter Wong	Children's Commissioner	PW
Mel Wright	Planning Lead	MW
Judy Graves	<i>(Minute taker)</i>	JG

No	Item	Action
Public	<p>Questions were given from the public:</p> <p>A member of the public raised a question in relation to the groups held at Practices. It was clarified that it was the decision of each Practice. FLT explained that the Practices were funded by NHS England to set-up the groups, the funding for which had now ceased, although most Practices had continued to run the groups.</p>	
Presentation	<p>Independent Inquiry into Child Sexual Abuses (IICSA)</p> <p>DCF briefed the members and public on the IICSA inquiry as per the presentation with the intention of ensuring the Governing Body were aware of the expectations on the CCG and to highlight actions undertaken to date.</p> <p>DCF informed members and the public that the IICSA, previously known as the "Goddard Inquiry", had been carried out in order to investigate whether public bodies and other non-statutory institutes had taken seriously their duty of care to protect children from sexual abuse in England and Wales</p> <p>Currently the inquiry team had been established with the Terms of Reference agreed. Directions have been received that patient records, irrespective of</p>	

No	Item	Action
	<p>guidance, should be subject to a risk assessment and determined locally whether or no to be kept. Should any of the Chief Officer's be called in as part of an investigation, there was an expectation that they should have access and be able to provide all the relevant records and evidence.</p> <p>DCF highlighted that one of the key areas within the inquiry is ensuring that victims and survivors of sexual abuse are listened to. To assist this, Truth Pilots were set-up, with one situated in Liverpool. More were now to be established nationally.</p> <p>There were a number of issues that organisations needed to consider and included the level of the investigations, whether investigations had been satisfactory, access to evidence and lessons learnt.</p> <p>DCF updated on the CCG actions to date and highlighted:</p> <ul style="list-style-type: none"> • The assurance needed from providers and the inclusion within contracts with expected roll out from Q2 • The updates to policies including the Whistleblowing policy • What needs to be looked at with regards training, including escalation of incidents or issues • Updates previously presented to the Quality Committee • Extracts included within prior Chief Officer reports <p>Clarification was requested on what types of records would be required. DCF confirmed it would be all case records, the message being received was that it would be down to local determination. Clarification was requested on the 13 incidents and whether (a) any local to Merseyside and (b) what areas the investigations were taking place.</p> <p>DCF was thanked for her presentation.</p> <p>RESOLUTION Update to be provided within the Chief Officer report for March 2017. However anything of relevance will be enacted and brought back to the Governing Body.</p>	<p>DCF</p> <p>DCF</p>
GB16/135	<p>Apologies for Absence</p> <p>Apologies were received from Gill Brown and Paul Ashby.</p>	
GB16/136	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Debbie Fagan and Martin McDowell. It was noted that these interests did not create a conflict with any items on the agenda.</p>	
GB16/137	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting were accepted as a true and accurate record subject to the following amendments:</p> <p>GB16/104: Discussions with Edge Hill regarding the Kings Fund.</p>	
GB16/138	<p>Action Points from Previous Meeting</p> <p><u>Question from the Public</u></p> <p>IAPT: Safeguarding Processes for clients that are referred to CAMHS but who are not seen and referred onto a third party</p>	

No	Item	Action
	<p>The Health & Wellbeing Strategy was currently out for review. Although the strategy identified levels of services available to young people, further clarification was needed in relation to processes. This would be picked up as part of the review.</p> <p><i>Update:</i></p> <p>Risk assessment and safeguarding are key features and requirements of existing CCG commissioned CAMHS services and local organisations involved in the Children & Young People IAPT partnership. However, a key aim of the strategy is to increase the accessibility of services which will require a review of referral and access practices/policies to ensure that they are safe, robust and proportionate as part of a wider redesign of the system.</p> <p><u>Presentation: Liverpool Women's Hospital and Neonatal Review</u></p> <p>Engagement Process: Planned Activities</p> <p>Scheduled dates and activities had been organised as part of the engagement process for the Liverpool Women's Hospital and Neonatal Review. Scheduled information on events to be circulated to the Governing Body as available.</p> <p><i>Update:</i></p> <p>TJ advised that updated information had been received from Liverpool CCG. Was currently being reviewed before being put on website.</p> <p>Video Presentation</p> <p>YouTube video presented to the Governing Body is to be placed on the CCG website.</p> <p><i>Update:</i></p> <p>Link is available via the Governing Body minutes. However, also needs to be added as a separate item.</p> <p><u>GB16/104: Action Points from Previous Meeting – July 2016)</u></p> <p>GB 16/75 Key Issues: Kings Fund</p> <p>FLT confirmed Edge Hill University had been approached. FLT to pick up.</p> <p><i>Update</i></p> <p>FLT to discuss with Margaret Jones outside of the meeting.</p> <p>GB 16/84 Integrated Performance Report</p> <p>Becky Williams continued to experience coding issues. JL to pick up and to ensure any issues were raised via contracting.</p> <p><i>Update</i></p> <p>Is an on-going issue. Being picked up via contracting.</p> <p><u>GB16/106: Chief Officer Report</u></p> <p>Co-Commissioning of Primary Care</p> <p>Item had been included within the Chief Officer report in error. Item to be</p>	<p>Closed</p> <p>TJ/LC</p> <p>LC</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>removed from the record.</p> <p><i>Update:</i></p> <p>Item had been removed. Pack updated on website.</p> <p><u>GB 16/107: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</u></p> <p>Funded Nursing Care: National Level Increases</p> <p>Update to be provided to the Governing Body on the significant change in the pricing for Funded Nursing Care was being made on a national level and would impact on the financial position of the CCG.</p> <p><i>Update:</i></p> <p>MMcD confirmed that the consequence had been reported to the Governing Body and added into the CCGs financial position.</p> <p><u>GB 16/108: Integrated Performance Report</u></p> <p>Stroke</p> <p>FLT had highlighted increasing concerns and the consistent failure to meet targets. The Chair and Clinical Director of Southport & Ormskirk Hospital NHS Trust be invited to the September Governing Body meeting to do a presentation on performance.</p> <p><i>Update</i></p> <p>PTII agenda item.</p> <p>Planned Care: Non-referrals</p> <p>All non GP referrals, regarding attendance, to be picked up as part of the overall review and referral management.</p> <p><i>Update</i></p> <p>Is on-going and will be picked up as part of the overall review and referral management.</p> <p>Cost Improvement Plans</p> <p>The CCG have queried through contracting the cost improvement plans and highlighted the importance of greater understanding. HM confirmed that the question had been raised, as well as how it impacts on community services. CCG were awaiting a report from the Nursing Director and Medical Director of Southport and Ormskirk Trust.</p> <p><i>Update</i></p> <p>DCF confirmed that the CCG were still awaiting the report. More meetings were planned. Further information would be available once these meetings had been held.</p> <p>Southport and Ormskirk Hospital NHS Trust: Key Issues</p> <p>DC highlighted 'Elective Bedding' (page 49) and the discussion held at the Information Sub Group. DC was awaiting confirmation on the issues. Members</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>DCF & HM</p>

No	Item	Action
	<p>agreed that the conversation needed to be structured in with the Board.</p> <p><i>Update</i></p> <p>FLT confirmed action was in relation to Elective activity and the need to structure to the Quality Committee. FLT offered to take forward.</p> <p>Serious Incidents</p> <p>DCF referred to the number of incidents currently open. DCF had been informed that the incidents were in relation to pressure ulcers. Members were advised that a member of the CCG's quality team had taken a secondment position with NHSE for six months. Tracy Forshaw has offered to compile a comprehensive report within the next two weeks. DCF emphasised the need to be assured that the systems and processes for reporting were fit for purpose.</p> <p><i>Update</i></p> <p>DCF confirmed that the discrepancy was in relation to years. Action plan was now in place and being discussed at contract meetings. Formal letter will be sent.</p> <p>Waiting Times</p> <p>Concern was raised by members regarding the failed waiting time target. Members said that they were not assured that the failings were being addressed. Members requested further discussion is had at the Board to Board meeting regarding the need for assurance.</p> <p><i>Update</i></p> <p>To be picked up as part of Board to Board discussions.</p> <p><u>GB16/109&110: Corporate Risk Register and Governing Body Assurance Framework Update</u></p> <p>Corporate Risk Register</p> <p>Reference was made to SF027. It was highlighted that a conversation had been had with North Mersey regarding local delivery and this needed to be added to the risk.</p> <p><i>Update</i></p> <p>Updated.</p> <p>GBAF</p> <p>5.1: "monitor quality of services" to be removed and replace with "get some feedback on some services".</p> <p><i>Update</i></p> <p>Updated.</p> <p><u>GB16/111: CCG Committee Terms of Reference: Update</u></p> <p>Remuneration Committee</p> <p>The Governing Body approved a Patient and Public Involvement (PPI) Governing Body representative to be added to the membership. Terms of Reference for</p>	<p>FLT</p> <p>DCF</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>committee to be updated to reflect approval.</p> <p><i>Update</i></p> <p>Updated.</p> <p><u>GB16/113: Key Issues Reports</u></p> <p>Joint Commissioning Committee</p> <p>Terms of Reference for the Joint Commissioning Committee to be presented to the September Governing Body.</p> <p><i>Update</i></p> <p>September Agenda item.</p>	<p>Closed</p> <p>Closed</p>
GB16/139	<p>Business Update</p> <p>RC updated the members and public. It was a busy time for the CCG, with the main focus being QIPP. RC stressed the importance of delivering QIPP savings and highlighted the extra pressures, especially in relation to Funded Nursing Care.</p> <p>RC also updated members and the public on a meeting attended with NHS England.</p>	
GB16/140	<p>Chief Officer Report</p> <p>FLT presented the Chief Officer Report and highlighted:</p> <p><u>QIPP</u></p> <p>The CCG continues to increase its focus on QIPP which has been underpinned by focussed sessions at the Leadership Team, Senior Management Team and Operational Team meetings. The QIPP structure is now more streamlined, enabling robust scrutiny and assessment. The CCG continues to increase its focus on QIPP. The main key focus of recent weeks has been in relation to discretionary and other spend.</p> <p>FLT reminded members of the delegated authority permitted to the Leadership Team in August 2016 (PTII Governing Body meeting) to implement any QIPP related decisions so as to enable pace of decision making between QIPP Committee meetings. FLT highlighted the proposal to jointly fund an Estate Implementation Officer who would lead on a strategic programme of work to ensure best utilisation of estates across 3 CCGs. The cost for the Southport & Formby CCG proposal being £6,000, with an anticipated financial benefit of at least £100,000. The GB ratified that decision and asked that it is also reported to the next meeting of the Joint QIPP Committee, as the lead in this piece of work.</p> <p><u>Transforming Care Plans</u></p> <p>Focuses on transforming care for people with learning disability and/or autism and were published August 2016.</p> <p><u>Macmillan Programme Shortlisted for an Award</u></p> <p>FLT highlighted the nomination in the prestigious Macmillan Professionals Excellence Awards for a cancer recovery package. Package aims to help local residents move on with lie after hospital treatment and brings together a wide range of ongoing activities to support those affected by cancer to improve their</p>	<p>DFair</p>

No	Item	Action
	<p>physical health and mental wellbeing.</p> <p><u>Quality</u></p> <p>Stroke Reviews</p> <p>Stroke reviews have recently been commissioned by the CCG. Draft reports have been received by the CCGs Leadership Team. Paper being presented to the PTII Governing Body meeting.</p> <p><u>Conflicts of Interest</u></p> <p>Was requested that it be noted that Southport & Formby CCG should, in this instance, refer to South Sefton CCG.</p> <p>Members and public were reminded of the new guidance for CCGs issued by NHS England. One of the recommendations from the guidance was the proposal for CCGs to secure additional lay membership to support the Governing Body. Although not a statutory appointment, the third member would serve on the Governing Body. Following consideration by the Conflict of Interest Guardian (Audit Committee Chair), the Chief Operating Officer and Senior Leadership team, it is proposed that the CCG not appoint a third lay member, but seeks support from South Sefton CCG Audit Committee Chair.</p> <p>The Audit Committee Chairs and Senior Leadership Team support this proposal and recommend this as a course of action to the Governing Body. That requirement will be reflected in the respective CCGs constitution and notified to NHSE following confirmation of that approach by the CCG.</p> <p><u>Primary Care Development</u></p> <p>Work has been undertaken in the new ways of working group and is now being translated into potential new models of care. Further discussion with the membership will be shortly underway regarding the second year of the Local Quality Contract, including its affordability.</p> <p><u>Integration Agenda</u></p> <p>Work continues with SMBC to develop the integration agenda with the next deadline for a 2020 blueprint 30th October 2016. Paper would be presented to the Governing Body at a later date.</p> <p><u>Operational Plan</u></p> <p>FLT provided and additional update in relation to the Operational Plan</p> <p>NHS Operational Planning and Contract Guidance had now been received. Document was being reviewed by KMcC and would be scheduled for discussion at the October Development Session.</p> <p>RESOLUTION</p> <p>The Governing Body formally received the report and:</p> <ul style="list-style-type: none"> • ratified the decision in relation to jointly funding an Estates Implementation Officer and the outcome be reported back to the Joint QIPP Committee. • supported the proposal and recommendation to not secure an additional lay membership to support and service the Governing body but to utilise the support from the South Sefton CCG Audit Committee Chair as and when required 	<p>JG</p> <p>DFair FLT</p> <p>GB: Jan 17</p> <p>GB: Jan 17 (TJ)</p> <p>DS: Oct 16</p>

No	Item	Action
GB16/141	<p>CCG Annual Assurance Assessment 2015/16</p> <p>MMcD presented the members and public with an update on the CCGs Annual Assurance Assessment for 2015/16, as presented to the PTII Governing Body in July 2016, and highlighted:</p> <p>The CCG has been rated as inadequate following assessment of its performance in 2015/16 Financial Year.</p> <p>Under the new style assurance progress for CCGs, there are 5 domains which are measured using set criteria. The possible ratings assigned to CCGs are Outstanding, Good, Requires Improvement and Inadequate, reflecting 'Ofsted style' descriptions.</p> <p>Under the assurance process, any CCG with more than one domain rated as 'Inadequate' receives an overall rating of Inadequate. The CCG received an Inadequate rating for finance as a consequence of not delivering its financial plan in 2015/16. The CCG planned for a surplus of £1.8m but recorded a break even position (£0.0m) for the year which it does not meet business rules.</p> <p>The impact of the rating has meant that legal directions will be applied to ensure that the CCG takes action to support an improving position and include:</p> <ol style="list-style-type: none"> 1 Development and implementation of a recovery plan; CCG currently has and is on with. 2 Undertake a Capacity & Capability review and develop an action plan; CCG is on with 3 NHSE involvement with any Executive level appointments <p>MMcD asked it to be noted that the rating was in no way a reflection of the efforts of the CCG.</p> <p>RESOLUTION</p> <p>The Governing Body received the report and noted the legal directions that have been applied by NHS England. In addition, the information was agreed to be clearly posted on the CCGs website.</p>	LC
GB16/142	<p>Emergency Preparedness, Resilience and Response Assurance (EPRR)</p> <p>TJ presented the members and public with a report which updated on the CCGs EPRR assurance and highlighted:</p> <p>The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR). At its meeting in August 2016, the Governing Body delegated approval of these plans to the Chief Officer, due to the urgent timescale required by NHSE. The Chief Officer has subsequently signed the compliance statement and improvement plan on behalf of the Governing Body.</p> <p>The report presented set out the CCGs self assessment statement following a self-assessment carried out against the NHS England Core Standards for EPRR (v4.0). The organisation declared itself as demonstrating "substantial" compliance, detailed on page 45 of the meeting pack. TJ also referred to the improvement plan to September 2017, detailed on page 46 of the meeting pack. The members were informed that additional support from the CSU will assist the CCG in reviewing and developing its position, as well as undertake work on the Business Impact Assessment.</p> <p>TJ asked it to be noted that the CCG were able to demonstrate "full" compliance in 2015 however, this had now dropped to "substantial" for 2016 due to changes and developments in the NHS England standards. FLT added that TJ had taken</p>	

No	Item	Action
	<p>leadership on the role, previously undertaken by Malcolm Cunningham who had left the CCG.</p> <p>RESOLUTION</p> <p>The Governing Body ratified the report decision.</p>	
GB16/143	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>MMcD presented the members and the public with the QIPP report which provided the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p> <p>MMcD highlighted the following:</p> <p>The QIPP plan comprises five strategic domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care and within each domain there are number of schemes or actions that all have savings identified against them.</p> <p>During October the MCAS service will be operational, the repeat prescribing scheme will continue to run and the referral management scheme will be implemented which is a key enabler for ensuring continued application of the approved commissioning policies (PLCP).</p> <p>MMcD further updated on the ongoing work to find opportunities for savings, with a £4.1m planned saving, of which £3.3m had been achieved. The members were referred to page 51 of the report which provided detail, scheme by scheme.</p> <p>FLT referred to a recent meeting with NHS England and NHS Improvement where a conversation was had in relation to the next stage of work, including Intermediate Care and consultant to consultant referrals, Primary Care and concerns regarding deliverability. FLT emphasised the need for the organisation to deliver on its savings and finding areas where this can be done, including the removal of discretionary spend from the Community and Voluntary sector.</p> <p>A general discussion was held in relation to QIPP and the need for the wider forum to understand. An example was given as the consultant to consultant referrals and whether the localities understood the issues and impact. RC stressed the need for a discussion on such at the Wider Group. The members were updated on the topics raised by the public at the Big Chat and AGM in relation to Medicines Management, Gluten Free and Care at the Chemist.</p> <p>RESOLUTION</p> <p>The Governing Body received the QIPP report and dashboard and noted the update.</p>	AC & AJ
GB16/144	<p>Integrated Performance Report (IPR)</p> <p>BW presented the report on behalf of KMcC.</p> <p>Members and the public were presented with the IPR which provided summary information on the activity and quality performance and provided more integrated and triangulated information in relation to performance.</p> <p>BW explained the history and process of the IPF, where previously the Governing</p>	

No	Item	Action
	<p>Body would have received three separate reports however there were overlaps in the reporting and so it was decided to pull together. A number of layouts had been tried and presented. The report was very data driven and the tight deadlines and timescales of when the data is available mean that the report is not available for the first issue of the Governing Body papers. BW further briefed members on the report assessment carried out by MIAA who have considered the report as high assurance.</p> <p>BW took the members and public through the report and highlighted the following areas:</p> <p><u>Planned Care</u></p> <p>Following a data cleansing exercise and refreshing the referrals data, overall referrals at month 4 year to date are flat compared to the same period in 2015/16. Analysis by referrer shows GP referrals are up by 0.6%. The data had been refreshed and included a comparison to 2015/16 (page 72).</p> <p>The Waiting Time target failed, with the majority of the breaches being down to Bridgewater Community Trust and relates to paediatric audiology. An action plan has been received.</p> <p>Cancelled operations a Southport & Ormskirk Hospital were due to shortage of theatre staff as well as anaesthetists and bed pressures, as well as a vacant post in ENT. This has been raised with the provider through contract review.</p> <p>DCF highlighted:</p> <p>The trust has seen an increase in Friend & Family test response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month but is still below the England average.</p> <p><u>Diagnostic Test</u></p> <p>The CCG Waiting Time target had failed. This was due to Bridgewater Trust. An action plan had been received.</p> <p><u>Unplanned Care</u></p> <p>Southport & Ormskirk's performance has fallen below agreed STF trajectory in July reaching 88% (target 90%). In the second half of the month when activity was more stable performance was above 92% and it was the activity in the first half of the month which resulted in a fall in performance. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.</p> <p>At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.</p> <p>At both a regional and county level, Nwas failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.</p> <p>Stroke continues to be challenging. Early indications are that August figures have improved. Further discussion being held in PTII Governing Body.</p> <p>Mixed sex breaches are due to the delay in discharge from critical care. The process for nursing patients in critical care has changed and it is expected that</p>	

No	Item	Action
	<p>this will reduce the number of DSSA breaches due to better use of side rooms across the critical care floor. The CCG Chief Nurse has liaised across with NHSE regarding current national MSA Guidance.</p> <p>DCF referred to the Key Performance Dashboard on page 60. DCF informed the members and the public of a reported MRSA case reported in September at Southport and Ormskirk Hospital. National guidance states that if the case is attributable to the Trust then is the responsibility of the Trust. However, if related to Community Services then becomes the responsibility of the CCG. Has been put to third party to test the system in relation to lessons learnt.</p> <p>DCF highlighted a duplication on the figures that needs to be removed: Oxfordshire University Hospital (page 89 of the report).</p> <p><u>Mental Health</u></p> <p>Current activity levels provide a forecast outturn of 11.7% against the 15% IAPT access standard. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.</p> <p>Dementia diagnosis rates continue to increase and are now exceeding the planned target of 67% at 70.9%.</p> <p>MMcD highlighted the following in relation to the financial position:</p> <p>Key message is the delivery of QIPP, with a forecast delivery of £7.472m (risk adjusted plan) worth of savings compared with £8.832m reported on the opening plan. This would equate to 85% delivery of its QIPP plan in-year. More pressures have emerged which has left the CCG with a stretched target.</p> <p>Reference was made to figure 7 (page 70) and the Risk Rated Financial Position. MMcD updated on the discussions had with NHS England regarding the deficit position.</p> <p>There was an in-depth discussion in relation to the report and the Governing Body being assured that everything that could be done was being done. The following areas were highlighted:</p> <p>NWAS: The continued failure of NWAS to achieve regional and county response time targets.</p> <p>IAPT: Concern was raised in relation to the IAPT service and the 16 week waiting time on referral.</p> <p>FLT requested that the issues regarding access and waiting times be escalated to the Chief Executive of the provider; provider had now been in place for 18 months. CCG needed to be clear on why there were difficulties and what was being done to resolve such.</p> <p>EIP: The lack of uptake for July.</p> <p>Stroke: The continued challenges in relation to Stroke: agenda item for PTII Governing Body.</p> <p>Over performance: There had been a significant shift of over performance at Aintree University Hospital and Alder Hey Children's Hospital who have a</p>	JG

No	Item	Action
	<p>combined over performance of £112k.</p> <p>The members and public were updated on the discussions and work undertaken in relation to over performance, payment on activity and baseline set for 2016/17.</p> <p>Churchtown: Reference was made to the recent inspection published on Churchtown Medical Centre which had been declared as requiring improvement. It was questioned as to whether there was any support that could be offered by the CCG.</p> <p>Further discussion was had in relation to the “Deep Dive” exercise where CCGs give best forecast for the year, the need to balance the books and deliver the best service for the community and the importance of involving the wider membership in the process, direction and understanding implications.</p> <p>RESOLUTION</p> <p>The Governing Body received the report and finance update, noting that:</p> <ul style="list-style-type: none"> • The CCG is currently forecasting a deficit of £5.000m against an agreed deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.566m unless it can deliver further QIPP efficiencies and can access the 1% uncommitted non-recurrent reserve. • Despite remaining on target to deliver 85% of the original plan, additional pressures have emerged which require further QIPP savings for mitigation. • The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year. 	
GB16/145	<p>Corporate Risk Register & Governing Body Assurance Framework Update</p> <p>TJ presented the members and public with the updated CRR and the GBAF as at September 2016, both of which had been reviewed and updated by members of the leadership team.</p> <p>TJ updated on the recent benchmarking exercise carried out on the risk registers. TJ was pleased to report that they complied with best practice.</p> <p>The members and public were referred to page 112 to 114 of the report which highlighted the key risks. Reference was made to SF040, which was in relation to health and social care impacts and had been an amalgamation of two previous risks. HN confirmed that the risks were reviewed by the Audit Committee.</p> <p>Reference was made to risk 1.1:</p> <ul style="list-style-type: none"> ▪ Page 125 and whether it needed reviewing, both in score and wording. For example “...ability to identify schemes that can realistically be delivered”. ▪ Page 127, 4th bullet, wording to be reviewed. <p>RESOLUTION</p> <p>Following review, the Governing Body approved the updates.</p>	DL DL
GB16/146	<p>Joint Commissioning Committee: Revised Terms of Reference</p> <p>The members and public were presented with a report which updated on the changes to the Joint Commissioning Committee Terms of Reference and the</p>	

No	Item	Action
	<p>reasons for the changes.</p> <p>In April 2015 Southport and Formby CCG were granted joint commissioning status with the primary purpose of jointly commissioning primary medical care services with NHS England.</p> <p>In July 2016 the Joint Commissioning Committee held a development session in order to review its role and Terms of Reference which coincided with new Conflicts of Interest Guidance issued in June 2016 by NHS England. As a result the Governing Body were being presented with the revised Terms of Reference.</p> <p>The members were satisfied that the Terms of Reference had been updated as per the needs of the committee and newly published guidance.</p> <p>RESOLUTION</p> <p>The Governing Body approved the report and the revised Terms of Reference.</p>	
GB16/147	<p>Joint Children & Young People's Emotional Health and Wellbeing Strategy 2016-2021</p> <p>PW presented the Children & Young People's Emotional Health and Wellbeing Strategy which was developed via Sefton's Children & Young People's Emotional Health and Wellbeing Steering Group during 2014/2015. Due to issues with the Health & Wellbeing Sub Group Structure this never progressed through to the full Health & Wellbeing Board.</p> <p>Earlier in 2016 a decision was made to revisit this strategy, consult more widely and progress through the appropriate governance structures.</p> <p>The Strategy underpins Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.</p> <p>PW explained that the report provided a background to the strategy and the work that had been done in order to pull the strategy together (Appendix B) and provided an opportunity for the Governing Body to comment before it is finalised.</p> <p>DCF thanked PW on behalf of the CCG for the work that had been done to pull the document together. DCF highlighted that PW had worked with the local authority and the work carried out to underpin the document had demonstrated excellent consultation work. RC seconded the thanks. FLT added that the work had demonstrated the excellent work and involvement of the youth.</p> <p>FLT emphasised the importance of gaining a good standard of local knowledge in order to enable the CCG to work for its community.</p> <p>PW updated on the discussion with the providers which had highlighted differing issues. Historically schools had not been involved however, discussions had been underway and issues of confidentiality had been raised.</p> <p>RESOLUTION</p> <p>The Governing Body received the report and agreed to feedback direct to PW with any comments as soon as possible and no later than 14th October 2016.</p>	ALL
GB16/148	<p>Safeguarding Annual Report 2015/16</p> <p>Helen Smith presented the third annual safeguarding report to NHS Southport & Formby Clinical Commissioning Group Governing Body and highlighted the following:</p>	

No	Item	Action
	<p>The purpose of the report is to assure the Governing Body members and the public that the NHS Southport & Formby Clinical Commissioning Group is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.</p> <p>The CCGs annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.</p> <p>DCF confirmed that the report had been submitted and considered by the Quality Committee. DCF asked for it to be noted that the Quality Committee had commended the team on the level of work undertaken in ensuring the CCG fulfilled its statutory duties.</p> <p>HS took the members and public through the report. The following areas were highlighted:</p> <ul style="list-style-type: none"> • Item 2.2: DCF explained that the outcome of the NHSE process in relation to Safeguarding would feature in the next annual report for 2016/17. • Item 4: progress against last year's priorities, especially in relation to Female Genital Mutilation (FGM) and Harmful Practices, Child Exploitation and Looked After Children (LAC). DCF confirmed that a separate Annual Report for LAC will be presented to the Governing Body. • Item 4.7: Themes and lessons learned from the Jimmy Saville Enquiry: • Section 5: NHS England (NHSE) in February 2016 declaring their intention to formally assess all CCGs against a regionally determined safeguarding framework to determine the safe discharge of safeguarding responsibilities within the North region. HS informed members that this had been added to the Safeguarding Action Plan. • Section 6: Learning and Development. The members discussed in relation to the figures provided for the percentage take up of Governing Body training and were made aware that it was a total Sefton figure. FLT explained that the GPs and Practice Managers undertake practice training. As such it was expected that the figures would be transferred accordingly. FLT requested the figures be checked and detail of what, if anything, is due. Additional training is scheduled for the Governing Body including October and Safeguarding in January 2017. • FLT congratulated the team on the "green" rated risks however requested clarification on the position of those that were "amber" rated. Progress report to be presented to the Quality Committee • Protected Learning Time (PLT) events regularly held and normally well attended. DCF offered to ensure that any attendance by Governing Body members were recorded and mentioned accordingly. <p>RESOLUTION The Governing Body approved the report and agreed updates can be provided via the Chief Officer report.</p>	<p>GB: Nov Agenda</p> <p>TJ/JG</p> <p>HS/DCF</p> <p>DCF</p>
GB16/149	<p>Integration and Better Care Fund: Progress Report</p> <p>TJ presented members with the report which updated the Governing Body on the progress on integration and the latest Better Care Fund submission.</p> <p>TJ highlighted:</p> <p>The CCG continues to work closely with Sefton Council to further the integration of health and social care to improve health and wellbeing of local people. All parties have recently signalled the need to move with more pace and a "route map" for integration is being developed by the end of October 2016 to facilitate this.</p>	

No	Item	Action
	<p>The paper presented highlighted the new governance arrangements, the agreed integration areas which will form the basis of the plan and an update on the recent Better Care Fund (BCF) submission.</p> <p>TJ referred to item 2 page 246, and updated the members and public on the three key areas for integration:</p> <ul style="list-style-type: none"> • Integrated Commissioning: group now established • Multi-Disciplinary Working • Pooled budgets <p>TJ added that significant development was expected in these areas by the end of October.</p> <p>TJ further updated members on a meeting attended with Margaret Jones, Sefton Council, who was happy with the structure (page 246) and progress being made.</p> <p>RESOLUTION</p> <p>The Governing Body received the report.</p>	
GB16/150	<p>Key Issues Reports:</p> <p>a) Finance & Resource (F&R) Committee HN highlighted that, as a collective, the CCG were not doing well in relation to Mandatory and Statutory training. To be looked at.</p> <p>b) Quality Committee First joint meeting held. The committee received an update on the IICSA and there was positive feedback from NHSE in relation to Safeguarding Assurance.</p> <p>c) Joint Commissioning Committee Main areas of review had been APMS and the revised Terms of Reference.</p> <p>d) Audit Committee Significant assurance received from internal audit on Risk Management arrangements</p> <p>e) Locality Meetings Following update as per the key issues presented, members discussed in relation to the support provided to the localities by the CCG and the need to ensure that the wider membership understand the financial pressures and implications, as well as their role as members. FLT confirmed that, diary permitting, she intended to attend each locality meeting.</p> <p>RESOLUTION</p> <p>The Governing Body received the key issues reports</p>	TJ/JG
GB16/151	<p>F&R Committee Approved Minutes:</p> <p>- June 2016</p> <p>RESOLUTION</p> <p>The Governing Body received the approved F&R Committee minutes.</p>	

No	Item	Action
GB16/152	Quality Committee Approved Minutes: - April and May 2016 RESOLUTION The Governing Body received the approved Quality Committee minutes.	
GB16/153	Audit Committee Approved Minutes None.	
GB16/154	Any Other Business None.	
GB16/155	Date of Next Meeting Wednesday 30 th November 2016 at 13:00 hrs, Family Life Centre, Southport, PR8 6JH	
Meeting concluded		15:40hrs

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 **GB 16/180**
Actions from meeting held 28th September 2016

No	Item	Action
Presentation	<p>Independent Inquiry into Child Sexual Abuses (IICSA)</p> <p>DCF briefed the members and public on the IICSA inquiry as per the presentation with the intention of ensuring the Governing Body were aware of the expectations on the CCG and to highlight actions undertaken to date.</p> <p>Clarification was requested on the 13 incidents and whether (a) any local to Merseyside and (b) what areas the investigations were taking place.</p> <p>Update to be provided within the Chief Officer report for March 2017.</p>	<p>DCF</p> <p>DCF</p>
GB16/137	<p>Minutes of Previous Meeting</p> <p>Wording change:</p> <p>GB16/104: Discussions with Edge Hill regarding the Kings Fund.</p>	JG
GB16/138	<p>Action Points from Previous Meeting</p> <p><u>Presentation: Liverpool Women's Hospital and Neonatal Review</u></p> <p>Engagement Process: Planned Activities</p> <p>Scheduled dates and activities had been organised as part of the engagement process for the Liverpool Women's Hospital and Neonatal Review. Scheduled information on events to be circulated to the Governing Body as available.</p> <p><i>Update:</i></p> <p>TJ advised that updated information had been received from Liverpool CCG. Was currently being reviewed before being put on website.</p> <p>Video Presentation</p> <p>YouTube video presented to the Governing Body is to be placed on the CCG website.</p> <p><i>Update:</i></p> <p>Link is available via the Governing Body minutes. However, also needs to be added as a separate item.</p> <p><u>GB 16/108: Integrated Performance Report</u></p> <p>Cost Improvement Plans</p> <p>The CCG have queried through contracting the cost improvement plans and highlighted the importance of greater understanding. HM confirmed that the question had been raised, as well as how it impacts on community services. CCG were awaiting a report from the Nursing Director and Medical Director of Southport and Ormskirk Trust.</p>	<p>TJ/LC</p> <p>LC</p>

No	Item	Action
	<p><i>Update</i></p> <p>DCF confirmed that the CCG were still awaiting the report. More meetings were planned. Further information would be available once these meetings had been held.</p> <p>Southport and Ormskirk Hospital NHS Trust: Key Issues</p> <p>DC highlighted 'Elective Bedding' (page 49) and the discussion held at the Information Sub Group. DC was awaiting confirmation on the issues. Members agreed that the conversation needed to be structured in with the Board.</p> <p><i>Update</i></p> <p>FLT confirmed action was in relation to Elective activity and the need to structure to the Quality Committee. FLT offered to take forward.</p> <p>Serious Incidents</p> <p>DCF referred to the number of incidents currently open. DCF had been informed that the incidents were in relation to pressure ulcers. Members were advised that a member of the CCG's quality team had taken a secondment position with NHSE for six months. Tracy Forshaw has offered to compile a comprehensive report within the next two weeks. DCF emphasised the need to be assured that the systems and processes for reporting were fit for purpose.</p> <p><i>Update</i></p> <p>DCF confirmed that the discrepancy was in relation to years. Action plan was now in place and being discussed at contract meetings. Formal letter will be sent.</p>	<p>DCF & HM</p> <p>FLT</p> <p>DCF</p>
GB16/140	<p>Chief Officer Report</p> <p><u>QIPP: Estate Implementation Officer</u></p> <p>The GB ratified the decision to jointly fund an Estate Implementation Officer and asked that it be reported to the next meeting of the Joint QIPP Committee, as the lead in this piece of work.</p> <p><u>Conflicts of Interest</u></p> <p>Was requested that it be noted that Southport & Formby CCG should, in this instance, refer to South Sefton CCG.</p> <p>The CCGs constitution to be updated to reflect the agreement of the Governing Body to seek support from the South Sefton CCG Audit Committee Chair as needed, rather than an additional Lay Member serve on the Governing Body. This also be notified to NHSE following confirmation of that approach by the CCG.</p> <p><u>Primary Care Development</u></p> <p>Work has been undertaken in the new ways of working group and is now being translated into potential new models of care. Further discussion with the membership will be shortly underway regarding the second year of the Local Quality Contract, including its affordability.</p>	<p>DFair</p> <p>JG</p> <p>DFair FLT</p> <p>GB: Jan 17</p>

No	Item	Action
	<p><u>Integration Agenda</u></p> <p>Work continues with SMBC to develop the integration agenda with the next deadline for a 2020 blueprint 30th October 2016. Paper would be presented to the Governing Body at a later date.</p> <p><u>Operational Plan</u></p> <p>FLT provided and additional update in relation to the Operational Plan</p> <p>NHS Operational Planning and Contract Guidance had now been received. Document was being reviewed by KMcC and would be scheduled for discussion at the October Development Session.</p>	<p>GB: Jan 17 (TJ)</p> <p>DS: Oct 16</p>
GB16/141	<p>CCG Annual Assurance Assessment 2015/16</p> <p>Following the Governing Body receiving the report and noting the directions applied by NHSE, it was agreed to be clearly posted on the CCGs website.</p>	LC
GB16/143	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>A general discussion was held in relation to QIPP and the need for the wider forum to understand. An example was given as the consultant to consultant referrals and whether the localities understood the issues and impact. RC stressed the need for a discussion on such at the Wider Group.</p>	AC & AJ
GB16/144	<p>Integrated Performance Report (IPR)</p> <p>DCF highlighted a duplication on the figures that needs to be removed: Oxfordshire University Hospital (page 89 of the report).</p>	JG
GB16/145	<p>Corporate Risk Register & Governing Body Assurance Framework Update</p> <p>Reference was made to risk 1.1:</p> <ul style="list-style-type: none"> ▪ Page 125 and whether it needed reviewing, both in score and wording. For example “...ability to identify schemes that can realistically be delivered”. ▪ Page 127, 4th bullet, wording to be reviewed. 	DL DL
GB16/147	<p>Joint Children & Young People’s Emotional Health and Wellbeing Strategy 2016-2021</p> <p>The Governing Body received the report and agreed to feedback direct to PW with any comments as soon as possible and no later than 14th October 2016.</p>	ALL
GB16/148	<p>Safeguarding Annual Report 2015/16</p> <ul style="list-style-type: none"> • Item 4: progress against last year’s priorities, especially in relation to Female Genital Mutilation (FGM) and Harmful Practices, Child Exploitation and Looked After Children (LAC). DCF confirmed that a separate Annual Report for LAC will be presented to the Governing Body. • Section 6: Learning and Development. The members discussed in relation to the figures provided for the percentage take up of Governing Body training and were made aware that it was a total Sefton figure. FLT explained that the GPs and Practice Managers undertake practice training. As such it was expected that the figures would be transferred accordingly. FLT requested the figures be checked and detail of what, if anything, is due. Additional training is scheduled for the Governing Body including October (LAC) and Safeguarding in January 2017. 	<p>GB: Nov Agenda</p> <p>TJ/JG</p>

No	Item	Action
	<ul style="list-style-type: none"> • FLT congratulated the team on the “green” rated risks however requested clarification on the position of those that were “amber” rated. Progress report to be presented to the Quality Committee • Protected Learning Time (PLT) events regularly held and normally well attended. DCF offered to ensure that any attendance by Governing Body members were recorded and mentioned accordingly. 	<p>HS/DCF</p> <p>DCF</p>
GB16/150	<p>Key Issues Reports:</p> <p>a) Finance & Resource (F&R) Committee HN highlighted that, as a collective, the CCG were not doing well in relation to Mandatory and Statutory training. To be looked at.</p>	TJ/JG

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY November 2016

Agenda Item: 16/182	Author of the Paper: Fiona Taylor Chief Officer
Report date: November 2016	Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

Southport and Formby Clinical Commissioning Group

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

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

Report to Governing Body November 2016

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

1. QIPP

During October and November the CCG has made good progress implementing its QIPP priorities and staff and clinical leads continue to focus on these. The Clinical QIPP Advisory Group and Joint QIPP Committee continue work well together ensuring there is robust and thorough scrutiny of all QIPP related activity as well as the evaluation of clinical schemes. The assessment of those schemes enables the CCG to test whether or not the schemes are achieving the anticipated objectives and provides a framework for identifying any risks to scheme delivery at an early stage.

Leads are continuing to look across all areas of spend to ensure that every opportunity to make efficiencies is being explored. During November leads will work with localities to align their objectives to that of the CCGs QIPP objectives so that key schemes have a robust clinical focus.

A key activity during October was the development of the Disinvestment Policy that sets out, in an open and transparent way, the approach the CCG will take to any disinvestments in 2017/18. The policy is on the agenda today for approval.

2. Southport & Formby CCG Recovery Plan Progress

A refreshed Financial Recovery Plan (FRP) will be presented to the Governing Body in the private section of its meeting on 30th November.

3. Repeat Prescription Ordering System (RPOS)

The repeat prescription ordering system (RPOS) pilot started on 1st September 2016. Southport and Formby CCG currently has 10 of its 21 GP practices taking part in the pilot. Initial GP clinical system data shows a positive response with regard to reduction in medicines prescribed however further analysis of prescribing data once it is available needs to be undertaken. Feedback from all stakeholders and ongoing engagement continue to happen. An initial evaluation will be produced by the end of November.

Southport and Formby Clinical Commissioning Group

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

4. Strengthening Commissioning for the Future

The Governing Body, with counterparts from NHS South Sefton CCG and NHS Liverpool CCG, has agreed that Accountable Officers, Fiona Taylor and Katherine Sheerin, work together to explore options for more formal joint working arrangements between the organisations in the future.

It should be stressed that whilst this exercise will examine a range of options for future working arrangements, we are a long way from any firm proposal that could lead to a change to our current and separate statutory organisational forms.

There would be many considerations and steps involved in such a move. Normal governance processes will be followed throughout the process, in line with the CCG Constitution, placing the CCG membership at the centre of any proposal for change, which would also be informed by the views of all relevant stakeholders.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the 'Forward View', underpinned by transformation through the agreed strategic blueprints and programmes.

5. Cheshire & Merseyside Sustainability and Transformation Plan (STP)

The Governing Body will recall that the CCG is part of the North Mersey Local Delivery System plan (LDS), which is a component part of the Cheshire & Merseyside STP.

The Cheshire & Merseyside STP was submitted to NHS England on 21 October 2016, who subsequently published the plans on 16th November 2016.

The North Mersey LDS Plan identifies five priorities:

1. Demand Management
2. Hospital Service Reconfiguration
3. Population Health
4. Digital Innovation
5. Acting as One System

The Governing Body will also recall that the 'do nothing' affordability gap within Cheshire and Merseyside is forecast at £908million by 2020/21, with the North Mersey share of this gap standing at £346 million. The drivers of this affordability gap are the low rate of NHS budget growth over the next 5 years set alongside increasing demand for services from an ageing population and an increasing proportion of people living with poor health.

Southport and Formby Clinical Commissioning Group

As part of the STP, financial plans were submitted showing how the LDS aims to achieve financial balance within the available resources from 2017/18 through to 2021. As part of this, the NHS Operational Planning and Contracting Guidance for 2017 to 2019 stated that NHS England would consider proposals to manage health system finances in a joined up way, encouraging collaboration and shared ownership of financial risks and opportunities. To support this system-wide planning and transformation, a financial system control total is sought for the STP, in the first instance, derived from individual control totals for CCGs and provider organisations in that geography. However, it is worth noting that requests will also be considered for system control totals at an LDS level, by agreement with NHS England and NHS Improvement, for system partners to adjust organisational control totals (both for providers and for CCGs), provided the overall system control total is not breached.

The North Mersey system has therefore submitted an application to work to a North Mersey system control total for North Mersey CCGs, local authorities and adult community and acute providers.

Having a system financial strategy would enable a new value-based approach to commissioning. This, together with payment reform, will facilitate a transition from funding individual organisations to funding patients and patient pathways across the system and across organisational boundaries. This will ultimately lead to the dual benefits of:

- improving population and patient outcomes through an emphasis on prevention and a shift in care to the most appropriate setting, while also;
- maximising the effectiveness of total expenditure across the system.

The proposal for a single control total for North Mersey LDS supports the delivery of STP programme priorities at a local level. It also builds on the already established partnerships that are in place in the form of Healthy Liverpool and Shaping Sefton in driving national priorities at a local level.

The North Mersey LDS members (of which the CCG is one) recognise their important role in delivering the wider STP, both in terms of their contribution to cross-cutting priorities and the implementation of the local priorities set out in this document.

A control total at LDS level would allow greater flexibility to adapt pathways, and funding flows, so that the local system can be more responsive to the specific needs of the North Mersey population, who live shorter lives and spend a greater proportion of their life living with disability and poor health.

Public and patient engagement

The North Mersey LDS plan for the transformation of the local health and care system incorporates the work of Shaping Sefton to date. The CCG has involved a range of partners throughout the development of Shaping Sefton – from residents to partners and wider stakeholders.

Therefore, the component proposals contained in the North Mersey LDS plan have been and will continue to be subject to engagement, and in some cases, formal public consultation if required. Specific proposals contained within the North Mersey LDS plan will also be subject to the Public Sector Equality Duty.

Southport and Formby Clinical Commissioning Group

It should be noted that many of the proposals contained in the plan are at this stage both broad and formative. Public conversations that have taken place on developing specific proposals plans through Shaping Sefton and Healthy Liverpool will continue using our established involvement processes, networks and systems as we begin to progress this work.

The North Mersey LDS Plan has a clear vision and there is a strong commitment from partners to work as one to deliver this compelling plan, which will address the wellbeing, quality and financial gap for the local health and care system.

6. A&E Delivery Board

The A&E Delivery Board on 7th October 2016 considered an update from the recent Delayed Transfers of Care event:

- Home First progress
- Community Bed Base development
- Patient Choice and Discharge
- Increased Capacity at LHCH

7. Improved Access to Psychological Therapies (IAPT)

On 18th October 2016, the Chief Officer gave the local authority's Overview & Scrutiny Committee (Adult & Social Care check) an update on the Access Sefton IAPT Service, covering current performance and what we are doing to improve IAPT performance.

An action plan is now in place, the key points from the action plan through which the longest waiters will be "ring fenced" and targeted for interventions which are:

- Extra step 2 Psychology Wellbeing Practitioner (PWP) staff member (extra 20 sessions per week) and three agency PWP staff have recently commenced providing (90 extra sessions per week);
- The service is planning from 31/10/2016 to introduce group work/workshops as an alternative to one to one work. This will provide interventions to those already assessed as having step 3 therapy to reduce internal waits. New member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire;
- One step 3 counsellor has recently commenced (11 sessions per week);
- A step 3 CBT and a further step 2 PWP are currently being recruited to (the latter having being offered employment contract);
- Additional PWP step 2 sessions (12 sessions per week) are being made available from reconfiguring the existing resource along with increased telephone interventions across the wider service;
- A single appointment booking system has been established within the admin function of the service; previously practitioners had undertaken their own appointments which had resulted in variation in practice;
- Robust clinical management and individual performance of practitioners is being put in place to mitigate against long waiters;
- Any individual who is referred into the service and, after assessment is considered appropriate for low level CBT based interventions, will be offered an appointment within 28 days;

Southport and Formby Clinical Commissioning Group

- National IAPT Support Team will be also working with the Access Sefton to improve their processes and performance with review scheduled to take place on 21/10/2016;
- Ongoing Monitoring by commissioners.

8. Contract Agreement for 2017/19

Further to previous Governing Body reports on processes established for the 2017-19 contract negotiation round, this is an updated position to note progress towards agreeing two year contracts in accordance with national timescales.

Contract offers were issued on 4th November to providers where the CCGs are Co-ordinating Commissioner; notably Aintree, Southport & Ormskirk, Renacres and ISIGHT. A contract offer was issued to Mersey Care NHS Trust in conjunction with Liverpool CCG. Neighbouring CCGs have issued contracts where the Sefton CCGs are associate and the CCGs have been involved or copied into the correspondence. These offers are first reasonable offers, largely financially based and providers have until Friday 11th November 2016 to respond. Separate arrangements for making an offer are in place for LCH, recognising that it is subject to a formal acquisition process.

The next few weeks will involve intense contract negotiation in order to reach agreement. The national deadline for signing of contracts is Friday 23rd December 2016. If there is a risk that agreement will not be reached CCGs will need to agree with providers to go to Mediation on Monday 5th December 2016. If contracts are not signed by 23rd December, the parties will be required "to present themselves" to NHSI and NHSE. The arbitration process is automatically triggered in early January.

There is a robust detailed timetable in place to achieve contract sign off with our major providers and to avoid arbitration. This is supported by cross functional teams with identified Executive Leads. In addition the CCG is putting in place Executive to Executive discussions with providers at key points in the next few weeks to address escalated issues and reach agreement on the contract value and a 2 year Finance and Activity Plan.

Neighbouring CCGs will be undertaking their own processes and from 21st November all CCGs are required to submit contract position to NHSE on contract status for contract values over £5million. The Sefton CCGs will be liaising closely with Liverpool CCG on submission of the tracker.

The national 2017-19 contract requires detailed change to key schedules including Quality, Information and Service Development Improvement Plans alongside general governance arrangements. While there is a significant workload involved, there are processes across the CCG in place and agreement to these is not deemed to be at risk. Key risks will be agreement of Finance and Activity Plan.

Southport and Formby Clinical Commissioning Group

2017/18 contract dispute resolution process milestones

Milestone	Description	Date
Milestone 1	Local decision whether or not to enter mediation, and communication of this: <ul style="list-style-type: none"> • to NHS England and NHS Improvement; • to boards / governing bodies as appropriate, as per section 4 	By close of business on 5 th December 2016
Milestone 2	National deadline for signing of contracts	23 rd December 2016
Milestone 3	Parties to present themselves to the Chief Executives of NHS Improvement and NHS England (or their representatives)	3 rd - 6 th January 2017
Milestone 4	Submission of appropriate documentation (see sections 2.3 and 2.4 of Dispute Resolution Guidance)	9 th January 2017
Milestone 5	Arbitration Panel and/or hearing	10 th - 25 th January 2017
Milestone 6	Written arbitration findings issued to both parties	By 2 working days after panel date
Milestone 7	Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 st January 2017

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

9. Stroke Services at Southport & Ormskirk NHS Trust (S&O)

The commissioning of stroke services at S&O was discussed in Part II of the September 2016 SFCCG Governing Body. The Interim Chief Executive of the Trust attended Part II of the October 2016 Governing Body to provide an update for the purposes of assurance. The Governing Body made a decision not to de-commission stroke services at this time and mandated that the CCG Chief Strategy & Outcomes Officer pursue discussions with the necessary pace regarding stroke services as part of the STP / LDS developments.

10. Southport & Ormskirk NHS Trust (S&O) Executive Improvement Board

The Executive Improvement Board met on 25th October 2016. In attendance at the meeting was Margaret Kitching, Director of Nursing for NHSE (North Region) in order for it to also fulfil the function of the Interim Risk Summit Review. It was agreed that the Trust was to remain at the Risk Summit level of **surveillance** and that the Quality Risk Profile Tool will be reviewed in January 2017.

Southport and Formby Clinical Commissioning Group

11. Southport & Ormskirk NHS Trust (S&O) Care Quality Commission (CQC) Chief Inspector of Hospitals Report

The CQC published its recent inspection report on the quality of care at the Trust on 15th November 2016. Overall the Trust has been rated as 'requires improvement' with significant concern for safety identified in the Accident & Emergency Department and the surgical services at the Southport & Formby District General Hospital site. However, there was improvement noted in both the maternity services and the North West Regional Spinal Injuries Centre which both received inadequate ratings in the last inspection.

The summary of the ratings are shown below:

CQC Ratings	
Overall rating for this Trust	Requires Improvement
Are services at this trust safe?	Requires Improvement
Are services at the trust effective?	Requires Improvement
Are services at the trust caring?	Good
Are services at the trust responsive?	Requires Improvement
Are services at the trust well-led?	Requires Improvement

Assurance regarding quality issues within the Trust will continue to be monitored via the existing surveillance processes that are in place and addressed as appropriate via the contracting mechanisms that are in place. Updates will be received by the Joint Quality Committee and Governing Body as required.

12. Care Homes

In October 2016 the Governing Body considered an options appraisal regarding nursing home and domiciliary care fees. The Governing Body revised the previous CCG decision and approved the option to provide an uplift commensurate with those of the Local Authority with effect from 1st November 2016 for appropriate packages of care. CSU colleagues have been asked to notify relevant providers of this decision.

13. Local Area Inspection for Meeting the Needs of Children with Special Education Needs and / or Disabilities

On 14th November 2016, the Local Authority and CCG were notified that an inspection would be taking place by OfSTED and the CQC week commencing 21st November 2016 of the effectiveness in identifying and meeting the needs of children and young people who have special education Needs and / or Disabilities. The Chief Nurse is leading the CCG input into this inspection supported by appropriate team members. The outcome of the inspection will be reported to the Governing Body.

Southport and Formby Clinical Commissioning Group

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

14. Primary Care Support Services

The shadow Joint Commissioning Committee received an update on issues being experienced by GP practices since the contract for Primary Care Support Services was awarded to Capita in September 2015. Since then practices have experienced many issues relating to medical records transfer, payments and customer support. NHSE have been using contractual mechanisms to manage performance and Capita have been working to deliver against an Operational Improvement Plan. The committee was asked to note the measures put in place by NHSE to resolve the issues.

15. GP Forward View

The CCG has been working with NHSE and other Local CCGs to implement the GP Forward View programme. This transformation programme has elements covering workforce, workload, infrastructure and care redesign. Work is underway around training for front line staff, practice resilience and estates.

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

16. New Community Services Provider for Southport & Formby CCG

On 8th November 2016 the CCG announced that from May 2017 Lancashire Care NHS Foundation Trust will be the new provider of community services for its residents.

The new NHS provider was selected through a rigorous re-procurement process, where it demonstrated higher levels of quality and value compared to the other bidders in the process.

Over the next six months Lancashire Care will be working with Southport & Ormskirk Hospital NHS Trust to ensure the change in management of community services - often known as the 'mobilisation' period - happens as smoothly as possible.

17. Locality Development

Despite recently reducing the frequency of locality meetings, the role of localities and the engagement of member practices remains central to the success of the CCG. Alison Johnston has enthusiastically welcomed the opportunity to become the commissioning manager with responsibility for all four localities in Southport and Formby – a role that will enable her to focus on ensuring that localities can further influence commissioning decisions and make best use of local health resources. At a recent informal meeting, governing body members discussed ideas for locality development and Alison will be exploring these further with locality lead GPs. In particular, it has been suggested that Alison work closely with our business intelligence team and data facilitators to assist localities better use the "Aristotle" system. This system provides local practices with user-friendly information on current health service usage, providing an excellent basis for peer discussion in localities and the development of plans for improving services.

Southport and Formby Clinical Commissioning Group

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

18. Integration of Health & Social Care

Since the last Governing Body meeting, progress has been made in relation integrating key areas of work with Sefton Council. The Integrated Commissioning Group has met to develop an overarching strategy and clear priorities for integrated working. Priority pathway areas include obesity, hypertension, COPD, stroke, falls prevention, mental health and learning disabilities. In addition there also a focus on working together on intermediate care, reablement, domiciliary and residential care homes. There has also been further progress in relation to the development of plans for pooled budgets and developing multi-disciplinary teams. Our joint intermediate care strategy is moving further towards implementation through the development of a jointly agreed, cross sector model, which aims to be in place from April 2017. Partnership working, in relation to Well Sefton and other local “prototypes” has been progressing well and plans for wider collaborative working across the public sector as a whole in Sefton, through a small strategic leadership group are in early development but offer great potential.

19. Imagine Sefton 2030

Sefton Council is leading on developing a new and exciting vision for the future of the borough and wants anyone who lives, works or visits Sefton to be involved. Working closely with partners, businesses, private sector organisations, the voluntary, community and faith sector and the wider Sefton community, the aim is to focus on what is important and to be ambitious for the borough and its communities in the future.

Imagine Sefton 2030 engaged the public, local businesses and potential investors in creating a vision that will collectively promote shared prosperity, coordinated public investment, and a healthy environment and population.

Having considered this feedback we have worked with the Council and other partners to develop the Vision and Outcomes Framework which will guide long term planning - helping to collectively stimulate growth, prosperity, set new expectation levels and to help focus on what is important for Sefton. The Council will consider the Framework on 17th November 2016. Please click the link below for a copy of the consultation report:

<http://www.imaginesefton2030.co.uk/wp-content/uploads/2016/09/Vision-2030-Annex-B.pdf>

A particular success in this process has been far greater degree of partnership working in terms of communications activity, over the coming months we intend to build on this to help on the pledges agreed by partners in the framework.

20. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
November 2016

MEETING OF THE GOVERNING BODY NOVEMBER 2016

Agenda Item: 16\183	Author of the Paper: Martin McDowell Chief Finance Officer
Report date: November 2016	Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
<p>Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p> <p>Attached with this report are the QIPP performance dashboard (Appendix 1)</p>	
<p>Recommendation</p> <p>The Governing Body is asked to receive the report.</p>	<p>Receive <input checked="" type="checkbox"/></p> <p>Approve <input type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p>

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

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA
Legal Advice Sought				
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 12 th September 2016.

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

Report to Governing Body November 2016

1. Executive Summary

The Joint QIPP Committee continues to monitor performance against the QIPP plan objectives and is supported by the Clinical QIPP Advisory Group that reviews all cases for change and clinical schemes ensuring robust clinical input at every level.

2. Key Issues

The QIPP plan comprises five strategic domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care and within each domain there are number of schemes or actions that all have savings identified against them.

The QIPP plan is under regular review and as new opportunities are identified they are reflected in the plan. The plan was reviewed at the beginning of November and some changes were made, these are summarised below in the report.

The QIPP dashboard and the QIPP plan were received at a meeting of the Joint QIPP Committee on 8th November.

3. Recommendations

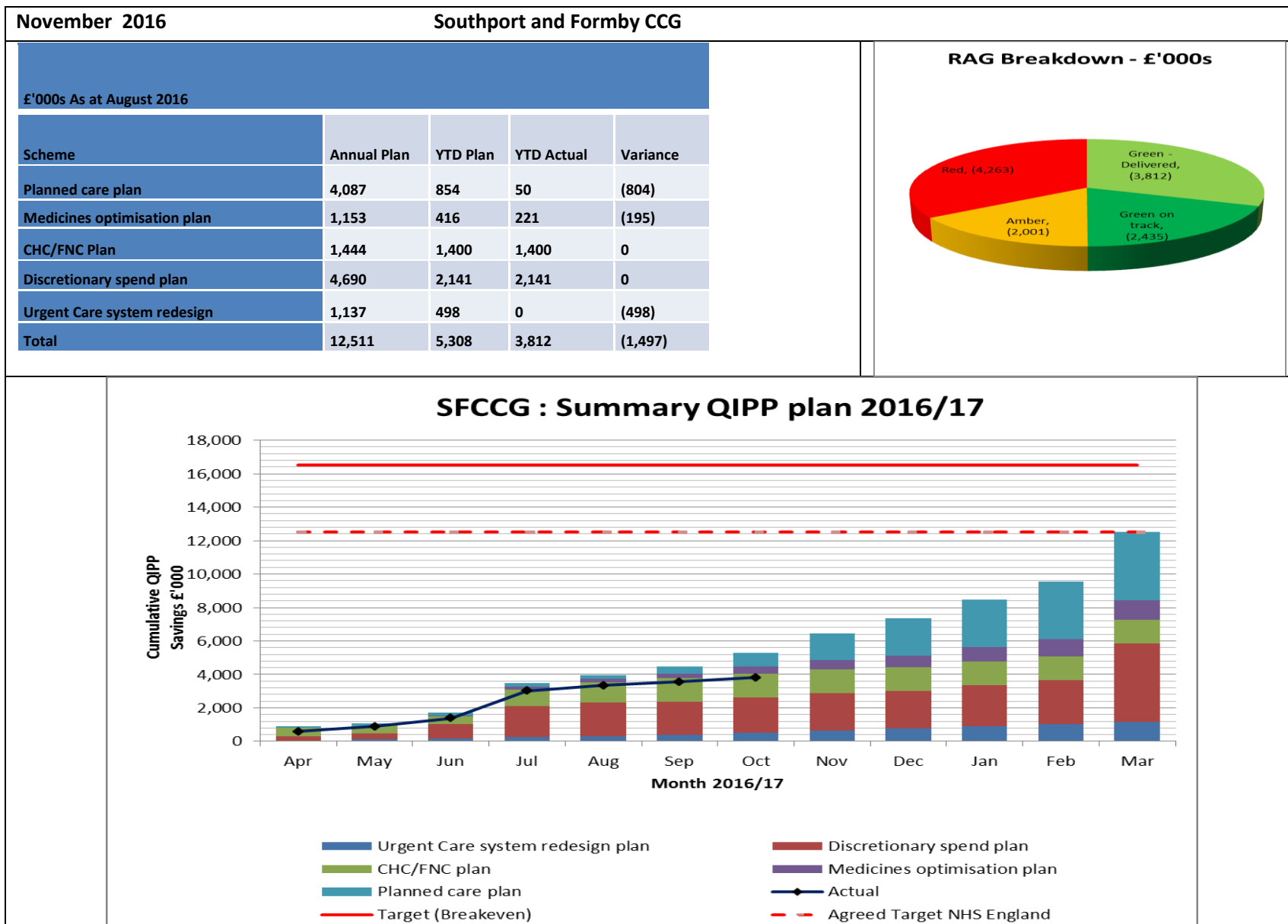
The Governing Body is asked to receive the report and note the update.

Appendices

Appendix 1 – NHS Southport & Formby CCG Month 7 QIPP Performance Dashboard

**Martin McDowell
Chief Finance Officer
November 2016**

QIPP DASHBOARD – SUMMARY SFCCG AT MONTH 7



QIPP DASHBOARD SFCCG – Detail by scheme – Themes 1 & 2

Theme 1: Planned care	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Total PLCP procedures (allowed for 10% activity to go through)	Jan L	M6-M12	0	0	0	●	0	0	0	●	288	288	0
date)	Jan L	M6-M12	93	0	(93)	●	93	0	(93)	●	560	560	0
MCAS / T&O - 6 week delay	Jan L	M1-M12	0	0	0	●	0	0	0	●	330	330	0
Cataracts Policy	Jan L	M1-M12	1	0	(1)	●	1	0	(1)	●	64	64	0
Review of OPP T&O Coding	Martin McD	M6-M12	38	0	(38)	●	263	0	(263)	●	450	450	0
Dermatology - reduce block	Jan L	M1	0	0	0	●	50	50	0	●	50	50	0
Contract Challenges MRET	Martin McD	M12	0	0	0	●	0	0	0	●	300	300	0
Contract Challenges (Phase 1)	Martin McD	M7-12	0	0	0	●	128	0	(128)	●	128	128	0
Contract Challenges (Phase 2)	Martin McD	M7-M12	261	0	(261)	●	261	0	(261)	●	1,565	0	(1,565)
CQUIN - C2C reduction S&O	Jan L	M7-M12	11	0	(11)	●	11	0	(11)	●	63	63	0
CQUIN - 1st:Fup ratio S&O	Jan L	M7-M12	48	0	(48)	●	48	0	(48)	●	289	289	0
Total			451	0	(451)		854	50	(804)		4,087	2,522	(1,565)

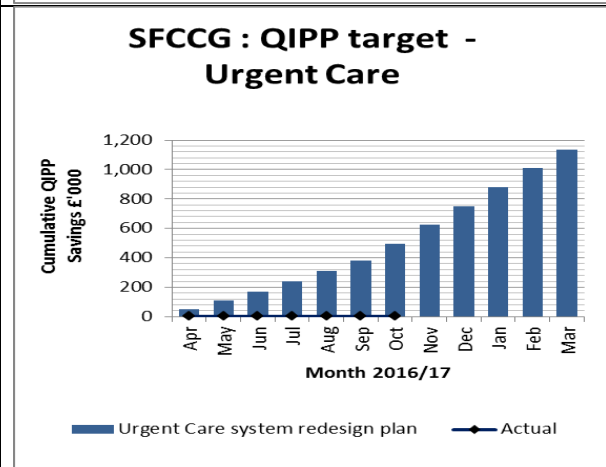
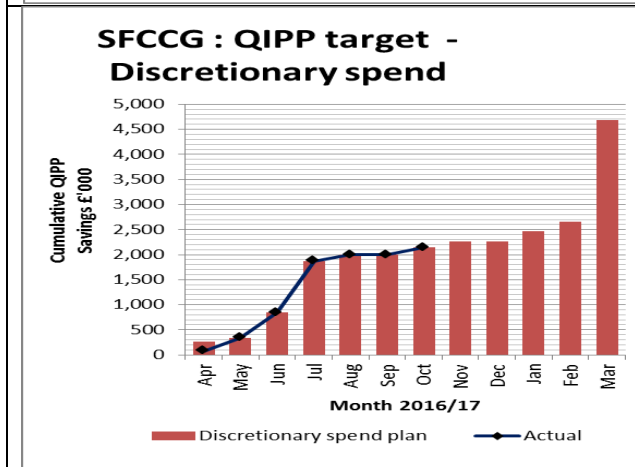
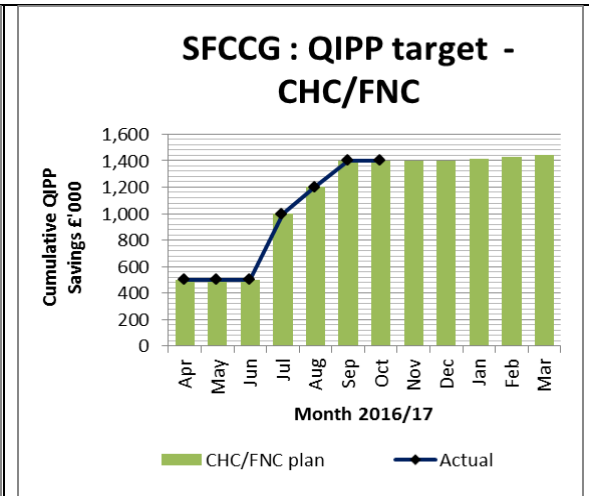
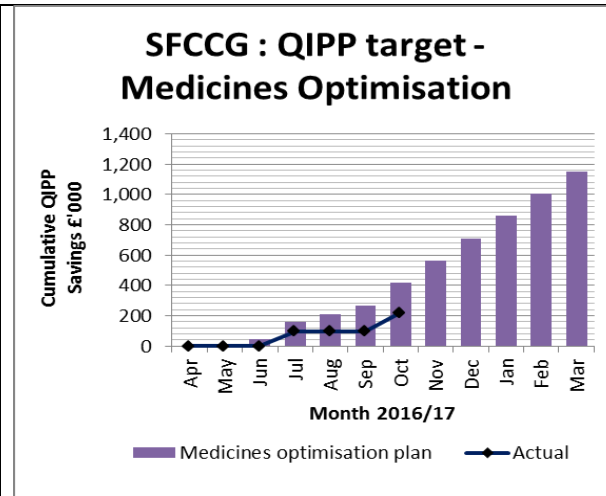
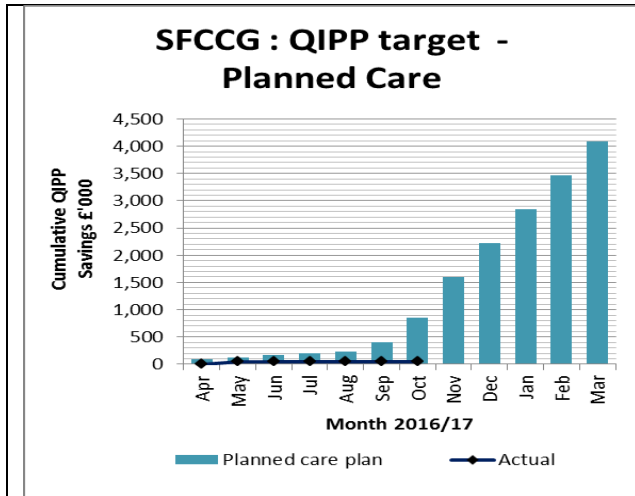
Theme 2: Medicines optimisation	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Focus on reduced waste (repeat prescribing)	Martin McD	M6-M12	77	0	(77)	●	77	0	(77)	●	464	464	0
Individual patient reviews (Generics / Optimise / Quick Wins)	Martin McD	M2-M12	34	124	90	●	165	165	0	●	335	335	0
Additional rebate schemes	Martin McD	M3-M12	18	0	(18)	●	88	0	(88)	●	180	180	0
Blood Glucose Monitoring strips	Martin McD	M7-M12	13	0	(13)	●	13	0	(13)	●	75	75	0
Apixiban Price Reduction	Martin McD	M1-M4	0	0	0	●	56	56	0	●	56	56	0
High Cost Drugs and Biosimilars	Martin McD	M4-M12	5	0	(5)	●	17	0	(17)	●	43	43	0
Review other expenditure - Cease care at the chemist	Martin McD	N/A	0	0	0	●	0	0	0	●	0	0	0
Total			147	124	(23)		416	221	(195)		1,153	1,153	0

QIPP DASHBOARD SFCCG – Detail by scheme – Themes 3 & 4

Theme 3: Individual packages of care	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
CHC reduction -Q4 savings into 16/17	David S	M1	0	0	0	●	900	900	0	●	900	900	0
CHC reduction - No growth	David S	M1-M3	0	0	0	●	500	500	0	●	500	500	0
Outcome of CSU review work (net savings)	David S	M7-M12	0	0	0	●	0	0	0	●	9	9	0
Implementation of ADAM procurement system (net savings)	David S	Q4	0	0	0	●	0	0	0	●	35	35	0
Total			0	0	0		1,400	1,400	0		1,444	1,444	0
Theme 4: Discretionary spend	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Suspend CVS Investment	Tracy J	M1	0	0	0	●	180	180	0	●	180	180	0
Contract Legacy review (Sexual Health/CHIS)	Martin McD	M2	0	0	0	●	392	392	0	●	392	392	0
Review other Expenditure - 3rd Sector	Martin McD / Tracy J	Quarter 4	0	0	0	●	0	0	0	●	121	121	0
Review other Expenditure - Remaining schemes 50% reduction	Martin McD / Tracy J	N/A	0	0	0	●	0	0	0	●	0	0	0
Reduction in iLinks investment	Martin McD	M7	20	20	0	●	20	20	0	●	20	20	0
GPIT - Reduction on IMSLA	Martin McD	M7	40	40	0	●	40	40	0	●	40	40	0
Primary Care Collaborative Fees budget correction	Martin McD	M7	45	45	0	●	45	45	0	●	45	45	0
1% Non-recurrent not required 17/18	Martin McD	Q4	0	0	0	●	0	0	0	●	1,805	1,805	0
Provider CQUIN delivery 2016/17 (S&O) (20% of national)	Martin McD	M12	0	0	0	●	0	0	0	●	187	187	0
Additional Provider CQUIN delivery 2015/16 (S&O)	Martin McD	M1-12	0	0	0	●	320	320	0	●	320	320	0
Provider Sanctions - Aintree	Martin McD	M1-M12	0	0	0	●	0	0	0	●	2	2	0
Provider Sanctions - S&O	Martin McD	M1-M4	0	0	0	●	0	0	0	●	30	30	0
Blue Badge Legacy review 16/17	Martin McD	M1-M12	0	0	0	●	74	74	0	●	74	74	0
LQC under-performance in 16/17	Martin McD	M1-M12	0	0	0	●	0	0	0	●	400	400	0
Estates	Martin McD	M7-M12	0	0	0	●	0	0	0	●	0	0	0
Cease LQC scheme 16/17	Jan L	M7-M12	0	0	0	●	0	0	0	●	0	0	0
Slippage in Transformation Fund / SRG Funding (In year slippage)	Martin McD	M7-M12	0	0	0	●	954	954	0	●	954	954	0
Running Cost Contingency	Fiona Taylor	M1-12	0	0	0	●	80	80	0	●	80	80	0
Move to bi monthly locality meetings	Debbie Fairclough	M7-12	25	25	0	●	25	25	0	●	25	25	0
Reduction of fast transport contract	Martin McD	M7	11	11	0	●	11	11	0	●	15	15	0
Total			141	141	0		2,141	2,141	0		4,690	4,690	0

QIPP DASHBOARD SFCCG – Detail by scheme – Theme 5

Theme 5: Urgent care system redesign	Exec Lead	Phasing	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance
Respiratory Primary Care Scheme	Karl Mc	M1-M12	40	0	(40)	280	0	(280)	480	0	(480)
Telehealth	Jan L	M1-M12	30	0	(30)	170	0	(170)	370	0	(370)
CQUIN - Zero LoS - S&O	Jan L	M7-M12	48	0	(48)	48	0	(48)	287	287	0
Total All Schemes			118	0	(118)	498	0	(498)	1,137	287	(850)



MEETING OF THE GOVERNING BODY NOVEMBER 2016	
Agenda Item: 16\184	Author of the Paper: Name Karl McCluskey Position Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7000
Report date: November 2016	
Title: Southport and Formby Clinical Commissioning Group Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)	
Recommendation The Governing Body is asked to receive this report by way of assurance.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

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

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

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 6 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM

Key information from this report

Financial position

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The financial position on operational budgets as at Month 7 is an overspend of £1.720m and the forecast for the year an overspend of £2.487m. The majority of the cost pressures relate to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increases for Funded Nursing Care and Continuing Healthcare. The value of QIPP savings delivered at the end of Month 7 is £3.812m. At this stage the CCG needs to deliver a further £8.657m in year, in order to achieve the forecast position of £7.000m deficit. It should be noted that the CCG is forecasting delivery of a total £7.247m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 82% delivery of its QIPP plan in year. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year,. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

Planned Care

Referrals for the year to date at month 6 (September) are slightly above 2015/16 levels for the same period (+2%). Broken down by referral source, GP referrals are 0.6% above, consultant to consultant referrals are 3.7% above and Other referrals are 11.8% above 2015/16 levels. A referral management scheme started on 1st October in Southport & Formby CCG.

Diagnostic wait time performance improved for the CCG in September after failing the previous month. Southport & Ormskirk are still achieving against the 99% target.

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in September with a performance of 95.83% but are failing YTD with a performance of 91.89% due to previous months breaches. The reasons for the 2 patients who breached in September were that the patients were unavailable. Year to date out of 259 patients there have been 21 breaches.

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in September with a performance of 83.33% and are failing year to date hitting 83.04%. In September 36 patients were seen 6 breaching the 62 day standard. For the same measure Southport & Ormskirk failed the target of 85% in September recording 80.7%, the previous months are still impacting on the YTD position of 84.01%. In September, 8 breaches occurred out of a total of 41.5 patients. Failing specialities were urology, colorectal, gynaecology, haematology, head and neck. The dominant theme remains lack of radiology capacity for interventional procedures and reporting. There are 2 radiologist vacancies and the Trust is considering a business case for a further 4 posts but recruitment remains a difficulty. Plans are being developed to work with provider partners across the Local Delivery System (LDS) of the Sustainability and Transformation Plan (STP) footprint for improved utilisation of radiology resources. The Trust is also strengthening its policy for transfer between tumour types so that patients are seen within 7 days for the second tumour site.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family Test response rate, % recommended and % not recommended for inpatients. The Trust has seen a minimal increase in response rates for inpatients compared to the previous

month. The percentage of patients that would recommend the inpatient service in the trust has decreased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average.

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £225k/1%. This is predominantly caused by Renacres Hospitals who are showing an over performance of 276k/13%. Over performance can also be seen at Wrightington Wigan and Leigh who are reporting a cost variance of £188k/48% as well as Aintree Hospital at 124k/6%.

If current issues remain and performance doesn't improve it is likely the Trust will begin to fail the RTT incomplete target in the coming months.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for September was 91.5% despite an 8% increase in attendances at SDGH and again exceeded the trajectory agreed with NHSI. Work in the Urgent Care Improvement Board remains ongoing. October performance to date is also in line with the agreed trajectory. The Trust continues to participate in the A&E Improvement Collaborative facilitated by NHSI, and the Emergency Care Improvement Team (ECIP) will be undertaking a full system review w/c 7 November 2016 to identify further areas of improvement.

Southport & Formby CCG failed to achieve all 3 ambulance indicators year to date. September saw an average handover time of 21 minutes across the month. The Trust continues to make sustainable improvements in handover performance. The approval to increase the A&E nursing establishment will contribute significantly towards this as some of the additional resources will support triage and ambulance arrival processes. Exit blocks out of the hospital continue to cause operational difficulties, resulting in bottlenecks in the ED and delays in timely release of cubicle capacity.

Southport & Ormskirk Stroke performance in September again saw some improvement with 64.5% of stroke patients discharged during the month of September having spent 90% of their time on the stroke ward (60% in August). A Stroke action plan has been devised reviewing potential to reconfigure a bay on the unit into 4 side rooms which would minimise the impact of male / female demand as patients could be appropriately managed in side rooms. There has also been a change in pathway and patients now go direct to the Acute Stroke Unit up to 8pm in the evening from the Emergency Department with the support of the Specialist Stroke Nurse.

There were 4 reportable cases for TIA for the month of September with only 1 compliant resulting in performance of 25%. 2 were not TIA's when seen in clinic. The pathway has been discussed at the Operational Stroke Group and is under review to incorporate Specialist Stroke Nurses offering some support in increase capacity available to address TIA performance.

After achieving last month both the CCG and Southport & Ormskirk failed the Mixed Sex Accommodation measure. The CCG had 2 mixed sex breaches these breaches were at Southport & Ormskirk. Southport & Ormskirk had 3 mixed sex breaches, 2 for Southport & Formby CCG and 1 for West Lancs CCG.

One new case of C diff was attributed to the CCG in September, reported by Southport & Ormskirk Hospital Trust (actual 19/ plan 19). Year to date the Trust has had 12 cases (4 upheld), against a

plan of 18, so is under plan. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO.

No new cases have been reported of MRSA in September there remains 1 case of MRSA was reported in August. A PIR was held and the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

In month 6 there were 5 serious incidents raised on StEIS for Southport and Formby CCG patients of which there were 3 from Southport and Ormskirk Hospitals NHS Trust (S&O) and 2 from MerseyCare NHS Foundation Trust. Year to date there have been 30 serious incidents for the CCG.

Delayed Transfers of Care (DTCOC's) increased to 4 during September 2016 from 3 in August (25%). The 4 delays were for awaiting residential care home placement, awaiting care package in own home, community equipment and patient or family choice. Analysis of delays in September 2016 compared to September 2015 illustrates a 55.6% decrease in the number of patients waiting, September 2015 saw 7 patients waiting for reasons of patient or family choice. The CCG Acute Care Commissioning Lead participates in the weekly system wide teleconference to review of DTCOC's, with participation from the acute Trust, Local Authorities and CCG's. This group assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTCOC each week with the aim of identifying key points of learning and improve future systems and processes.

Response rates to the A&E element of the Friends & Family Test have declined in September (1.1%) after seeing an improvement in August (5%). September saw a dip in the percentage of people who would recommend the service to 80% which is lower than the England average (87%). Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. There has been a delay in launching this action plan as the Trust have been waiting for their new Director of Nursing to commence in post. This action plan seeks to address the areas of poor performance. A trust presentation of their Patient Experience Strategy and FFT update is planned for January CQPG.

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £876k/5% which is driven by Southport & Ormskirk Hospital who are reporting a £620k overspend. The CCG continue to challenge the Trust and are investigating further, an initial response from the Trust has been that the activity in 2015/16 was below plan and when the contract for 2016/17 was agreed the activity plan did not include any additional growth due to CCG QIPP schemes.

Mental Health

The Early Intervention in Psychosis (EIP) service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

A number of mental health related 12 hour breaches have occurred in Southport & Ormskirk AED the CCG are working with MerseyCare and the Trust to better understand the interface issues between both organisations and Lancashire Care NHS Foundation Trust.



Southport and Formby Clinical Commissioning Group

The IAPT provider (Cheshire & Wirral Partnership) reported 150 Southport & Formby patients entering treatment in month 6, a further decrease from the previous month. The access standard Current activity levels provide a forecast outturn of 11.1% against the 15% access standard.

Referrals to IAPT saw an increase in month 6 to 223 (from 208 in month 5) with 61% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 52 reported in month 6 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people using the IAPT service and moving to recovery was 34.9% in month 6, which is below the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 47.2% which would fail to meet the minimum standard and is lower than the year-end position of 2015/16 (47.9%).

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. The CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

Dementia diagnosis rates continue to further improve and now stand at 72% - above the year-end target of 67%.

Community Health Services

Since Southport & Ormskirk ICO shifted IT systems from IPM to EMIS, reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of issues and is continuing to work through them service by service but all services have now gone live on the new system. At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor. The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

Primary Care

The latest Southport & Formby practices to receive CQC inspection results were The Village Surgery in Formby with a "good" rating, Marshside Surgery with a "good" rating and Kew Surgery with an "inadequate" rating, these ratings were received in November 2016.

Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

2. Financial Position

2.1 Summary

This report focuses on the Month 7 financial performance for Southport and Formby CCG as at 31 October 2016 (Month 7).

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been amended following agreement with NHS England. Achievement of this position is subject to delivery of the remaining risk adjusted QIPP programme plus delivery of further efficiencies.

The financial position on operational budgets as at Month 7 is an overspend of £1.720m and the forecast for the year an overspend of £2.487m. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increases for Funded Nursing Care and Continuing Healthcare.

The value of QIPP savings delivered at the end of Month 7 is £3.812m. At this stage the CCG needs to deliver a further £8.657m in year, in order to achieve the forecast position of £7.000m deficit.

It should be noted that the CCG is forecasting delivery of a total £7.247m worth of QIPP savings (risk adjusted plan) compared with £8.782m reported in the opening plan. This would equate to 82% delivery of its QIPP plan in year.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	(£7.000m)	(£7.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£3.812m	£3.547m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 7 as follows:

- Avoiding Unplanned Admissions (Directed Enhanced Service) - £0.353m
- CYP Local Transformation Mental Health - £0.030m

These are non-recurrent allocations which will be fully utilised during the financial year.

The allocation for avoiding unplanned admissions is included within the Primary Care budget and forms part of the Local Quality Contract.

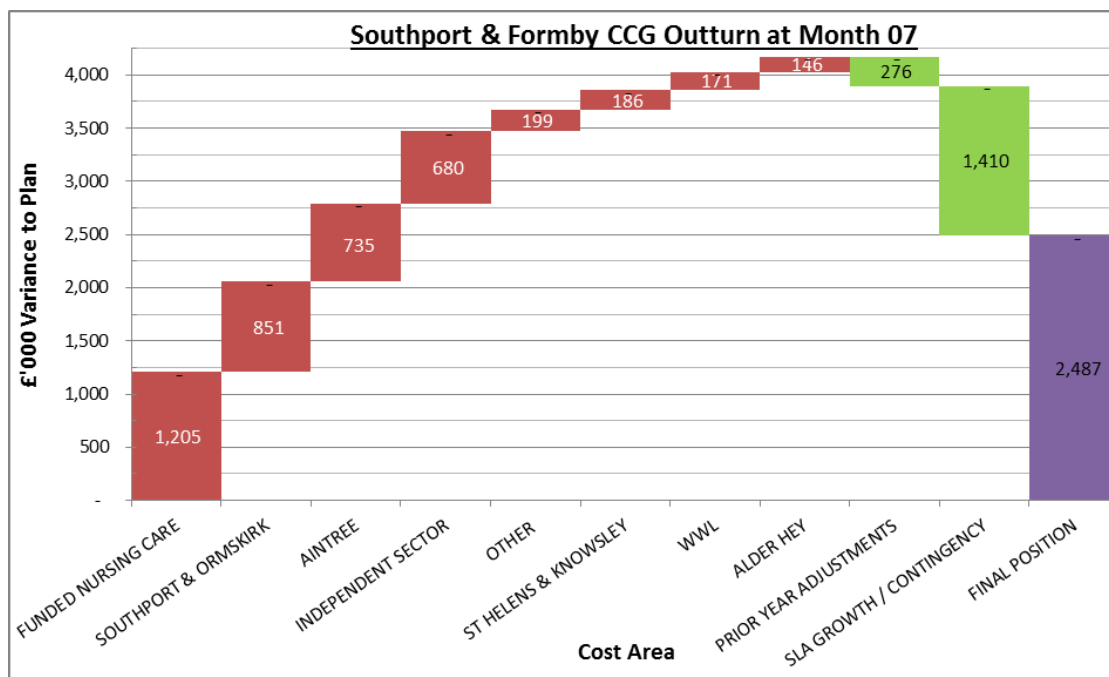
2.3 Financial Position and forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care, and pressure in independent sector budgets. A proportion of this overspend has been mitigated by the CCG contingency and growth reserves included in the original financial plan totalling £1.410m.

It should be noted that whilst the financial report is up to the end of October 2016, the CCG has based its reported position on the latest information received from Acute and Independent providers up to the end of September 2016 and extrapolated to October.

Figure 2 – Forecast Outturn



Prescribing / High Cost Drugs

There is a year-to-date overspend of £0.207m after QIPP savings of £0.221m. The year-end forecast of £0.089m overspend is lower due to the expected phasing of the spend and incorporates the current forecast against the revised budget. The overspend is mainly due to lower than anticipated rebate income against the 2015/16 year end forecast.

The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. Some cost reductions are being realised in the year-to-date expenditure and forecast, as QIPP efficiencies are achieved, the associated budget will be transferred to the QIPP plan.

Continuing Health Care and Funded Nursing Care

The month 7 position for the continuing care budget is a £0.423m overspend, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year. The full year forecast has been calculated at £1.016m, which includes the £1.205m Funded Nursing Care cost pressure due to price increases.

This also incorporates the increased cost relating to the Continuing Health Care price increase agreed by the Governing Body in October. This is predicted to be a maximum of £0.125m for 2016/17.

Year-to-date QIPP savings of £1.400m have been actioned including the element relating to the additional growth budget of 5% included at budget setting and additional efficiencies relating to prior year adjustments. The forecast outturn position has been adjusted to reflect this for the purposes of the report.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £12.469m in total, which has been increased during the year to reflect the increased pressures in operational budgets.

Figure 3 shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 – RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(3,727)	(318)	(4,045)	(1,592)	(930)	(1,523)	(4,045)
Medicines optimisation plan	(1,153)	0	(1,153)	(1,110)	0	(43)	(1,153)
CHC/FNC plan	(1,044)	(400)	(1,444)	(1,400)	(44)	0	(1,444)
Discretionary spend plan	(781)	(3,909)	(4,690)	(2,145)	(740)	(1,805)	(4,690)
Urgent Care system redesign plan	(1,137)	0	(1,137)	0	(287)	(850)	(1,137)
Total QIPP Plan	(7,842)	(4,627)	(12,469)	(6,247)	(2,001)	(4,221)	(12,469)
Risk rated QIPP plan				(6,247)	(1,001)	0	(7,247)

As shown in Figure 4 and 5 below, below, £3.812m QIPP savings have already been actioned at Month 7 against a phased plan of £5.308m.

Figure 4 – Phased QIPP plan for the 2016/17 year

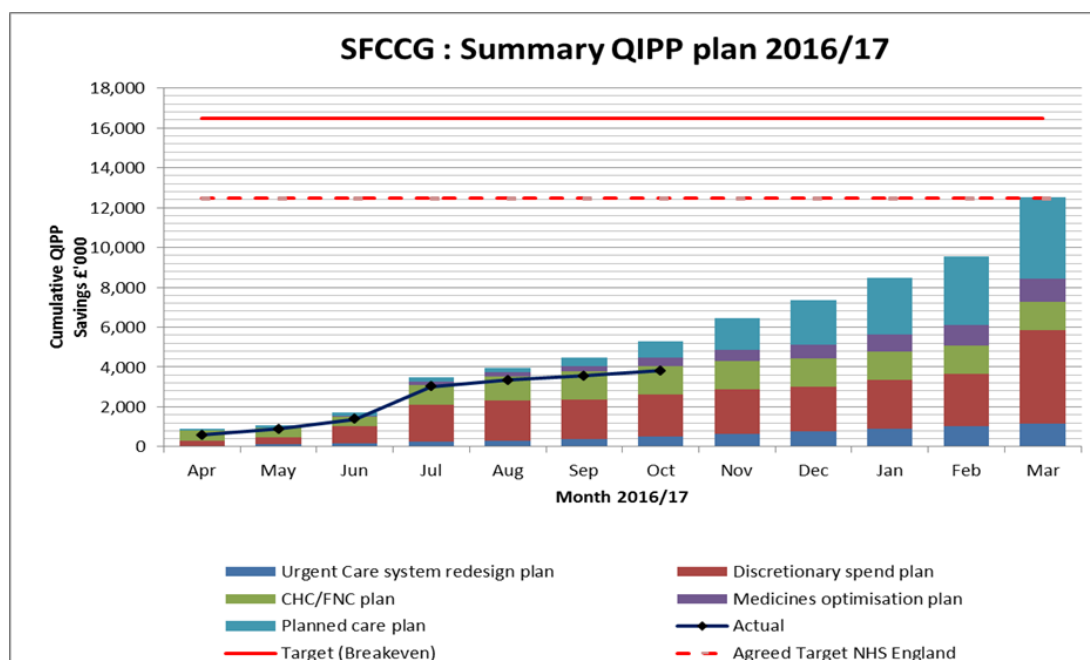


Figure 5 – QIPP performance at month 7

Scheme	Current month (M7)						
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance
Planned care plan	451	0	(451)	Red	854	50	(804)
Medicines optimisation plan	147	124	(23)	Red	416	221	(195)
CHC/FNC Plan	0	0	0	Green	1,400	1,400	0
Discretionary spend plan	141	141	0	Green	2,141	2,141	0
Urgent Care system redesign	118	0	(118)	Red	498	0	(498)
Total	857	265	(592)		5,308	3,812	(1,497)

QIPP delivery is £1.497m below plan at Month 7. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.618m and the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is an underspend of £0.140m of which, the majority relates to prior year adjustments. There is a small contingency budget within running costs which has been actioned in year as part of the QIPP plan.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year. The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 7 position

The Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £185.119m. Up to Month 7, the actual cash received is £109.084m (58.9% of MCD) against a target of £107.986m (58.3% of MCD).

At Month 7, the forecast financial position is a planned £7.000m deficit. The delivery of the planned deficit is reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

The CCGs primary focus is to reduce expenditure in year to achieve the planned deficit of £7.000m. If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus of £7.000m, the CCG will need to develop plans to manage the additional cash requirement.

A full year cash flow forecast, based on information available at month 7. This estimates a cash shortfall of £3.850m. NHS England has been notified of this estimated cash shortfall as part of the month 7 MCD cash submission. This submission requests an additional cash allocation however it cannot be guaranteed.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG continue to be non-delivery of the QIPP target in the year and increased performance within acute care.

QIPP

There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required levels of assurance to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the forecast deficit. Overall management of the QIPP programme is being monitored by the QIPP committee.

Acute Contracts

The CCG has experienced significant growth in acute care year on year and if this continues the CCG will not achieve against the financial plan. The year-to-date performance is particularly high

and further actions are required to mitigate further over performance and maintain the financial recovery trajectory for the financial year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance are currently being implemented and include:

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance and other areas of contested activity.
- Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The Governing Body agreed in October to offer a further increase in rates to providers in line with other local commissioners including the council. This increase will cost a maximum of £0.125m in 2016/17 and is included within 'other risks'.

2.8 Reserves budgets / Risk adjusted surplus

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG needs to deliver a total management action plan of £9.469m in 2016/17 in order to achieve the revised forecast deficit of £7.000m.

Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.841)	0.859	(9.982)
Revised surplus / (deficit)	(10.841)	(3.141)	(13.982)
Forecast Outturn (against operational budgets)	(0.461)	(0.821)	(1.282)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Committed Reserve Budgets	(1.163)	1.163	0.000
Management action plan			
Actioned QIPP to date	1.978	1.834	3.812
Deliver on remaining QIPP plan	5.864	2.793	8.657
Total Management Action plan required	7.842	4.627	12.469
Revision to planned deficit	0.000	(3.000)	(3.000)
Forecast Surplus / (deficit)	(5.828)	(1.172)	(7.000)

Figure 7 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan, plus mitigations of £1.000m and additional QIPP delivery of £1.347m. The most likely case assumes the additional QIPP of £1.347m is not achieved.

The worst case assumes only QIPP schemes rated Green in the current plan will be delivered for the remainder of the financial year.

Figure 7 – Risk Rated Financial Position

**Southport and Formby
Clinical Commissioning Group**

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required (to deliver planned deficit)	(12.469)	(12.469)	(12.469)
QIPP achieved to date	3.812	3.812	3.812
Remaining QIPP requirement	(8.657)	(8.657)	(8.657)
Predicted QIPP achievement (M8-12)	3.435	3.435	2.435
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	(9.222)	(9.222)	(10.222)
Further Risk	(0.125)	(0.125)	(0.125)
Management Action Plan			
Mitigation	1.000	1.000	
Further QIPP delivery	1.347	-	-
Risk adjusted Surplus / (Deficit)	(7.000)	(8.347)	(10.347)

2.9 Recommendations

The Finance and Resource Committee is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £7.000m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.347m unless it can deliver further QIPP efficiencies.
- Despite remaining on target to deliver 82% of the original plan, additional pressures have emerged during the year, which require further QIPP savings for mitigation.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by source

Figure 7 – Referrals by Source across all providers for 2015/16 & 2016/17

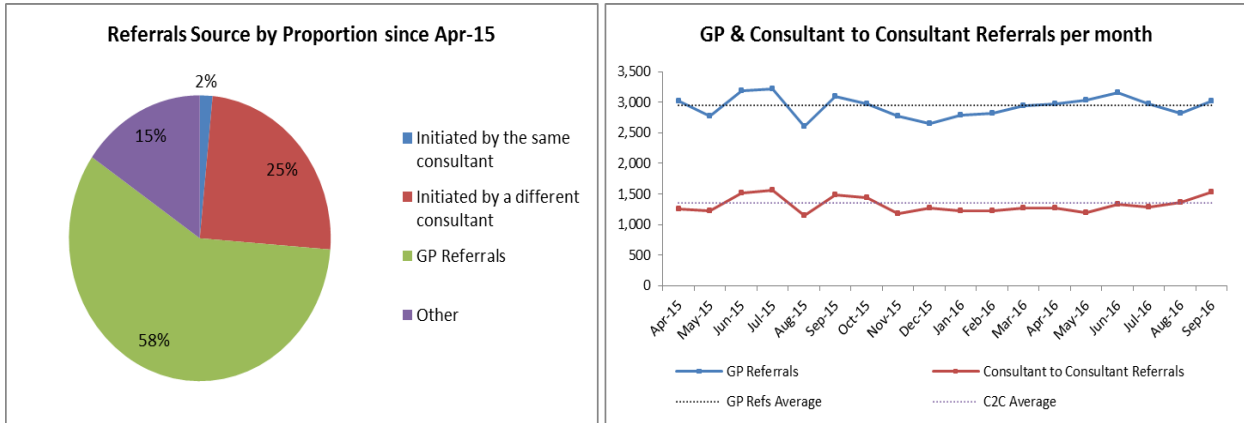


Figure 8 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	17,887	17,989	102	1%
GP Total			17,887	17,989	102	1%
Other	01	following an emergency admission	51	38	-13	-25%
	02	following a Domiciliary Consultation	26	4	-22	-85%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,698	1,663	-35	-2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	6,025	5,797	-228	-4%
	06	self-referral	888	823	-65	-7%
	07	A Prosthetist	2	2	0	0%
	08	Royal Liverpool Code (TBC)	201	246		0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	108	148	40	37%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	280	321	41	15%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	6	2	50%
	13	A Specialist NURSE (Secondary Care)	33	22	-11	-33%
	14	An Allied Health Professional	884	962	78	9%
	15	An OPTOMETRIST	449	560	111	25%
	16	An Orthoptist	57	26	-31	-54%
	17	A National Screening Programme	336	400	64	19%
	92	A GENERAL DENTAL PRACTITIONER	169	249	80	47%
	93	A Community Dental Service	5	0	-5	-100%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,118	1,583	465	42%	
Other Total			12,334	12,850	516	4%
Unknow n			9	1	-8	-89%
Grand Total			30,230	30,840	610	2%

A referral management scheme started on 1st October in Southport & Formby CCG. A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton is recording approx. 80 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

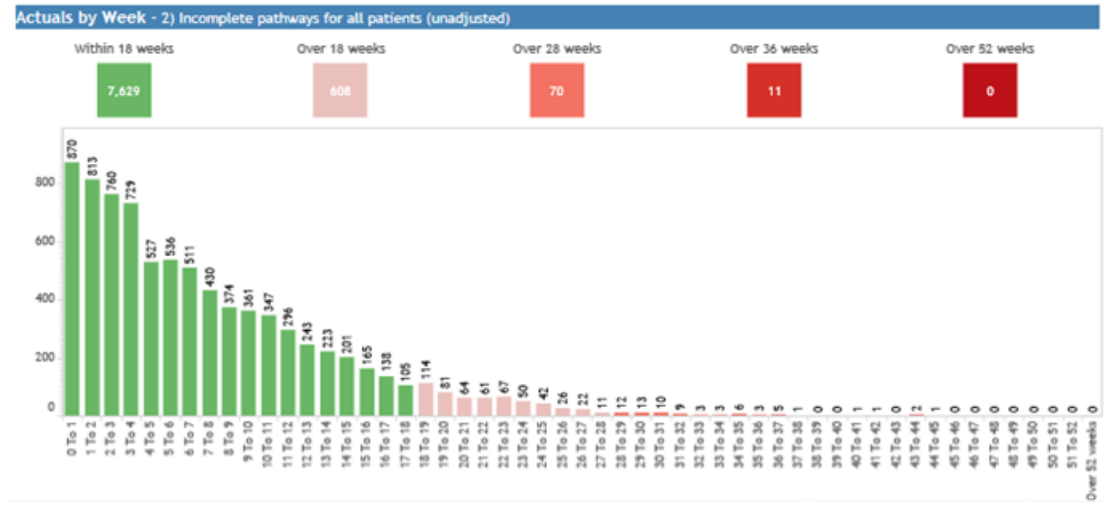
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Sept	<1%	0.30%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - Sept	<1%	0.20%	↓

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - Sept	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - Sept	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - Sept	92%	92.61%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - Sept	92%	92.83%	↓

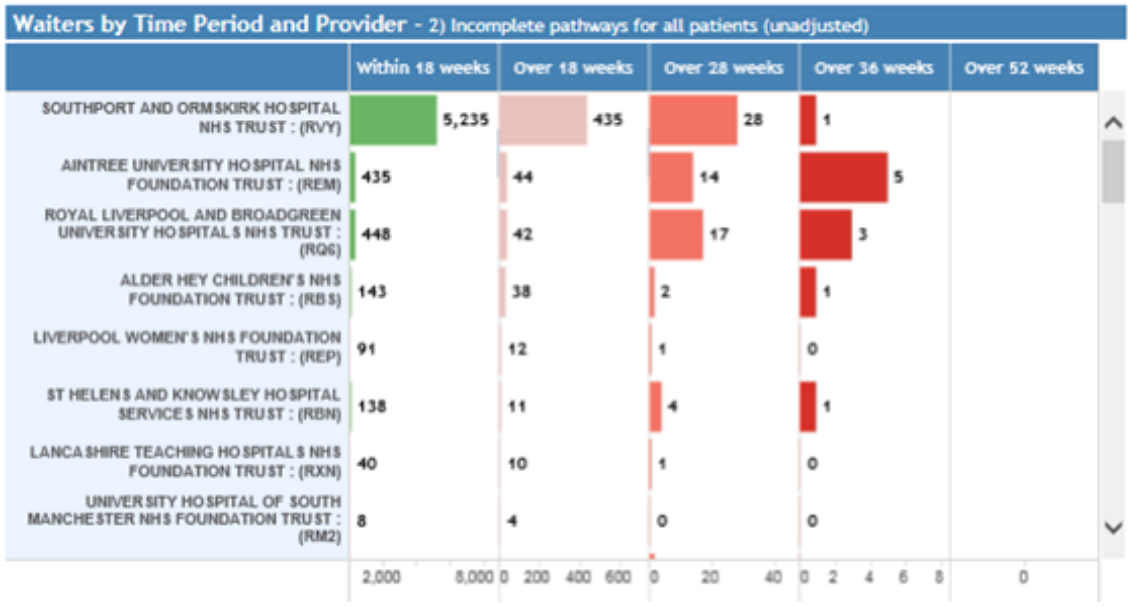
3.3.1 Incomplete Pathway Waiting Times

Figure 9 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 10 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 11 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

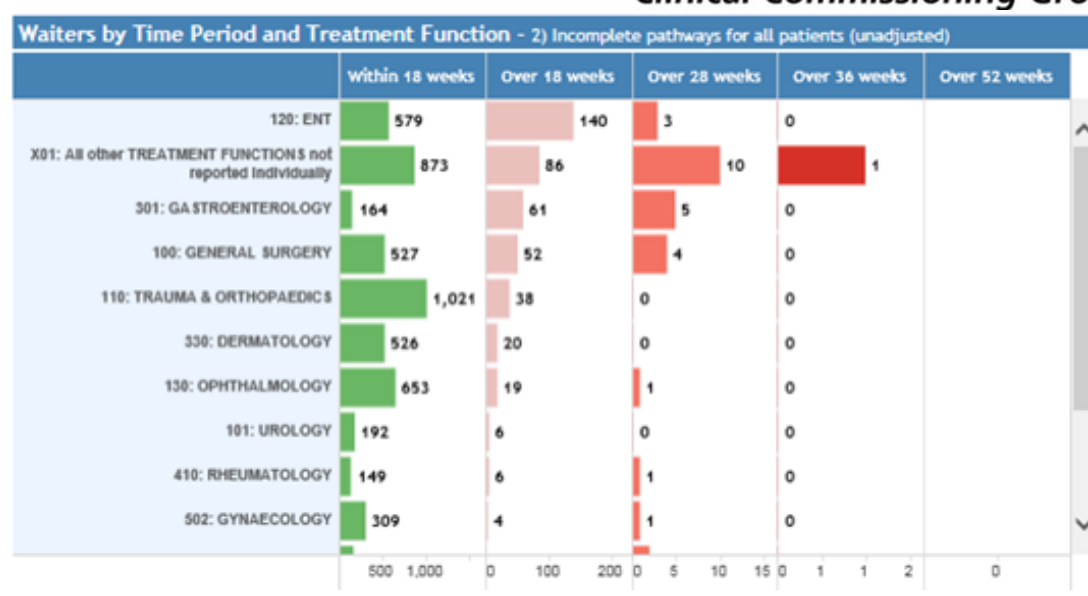
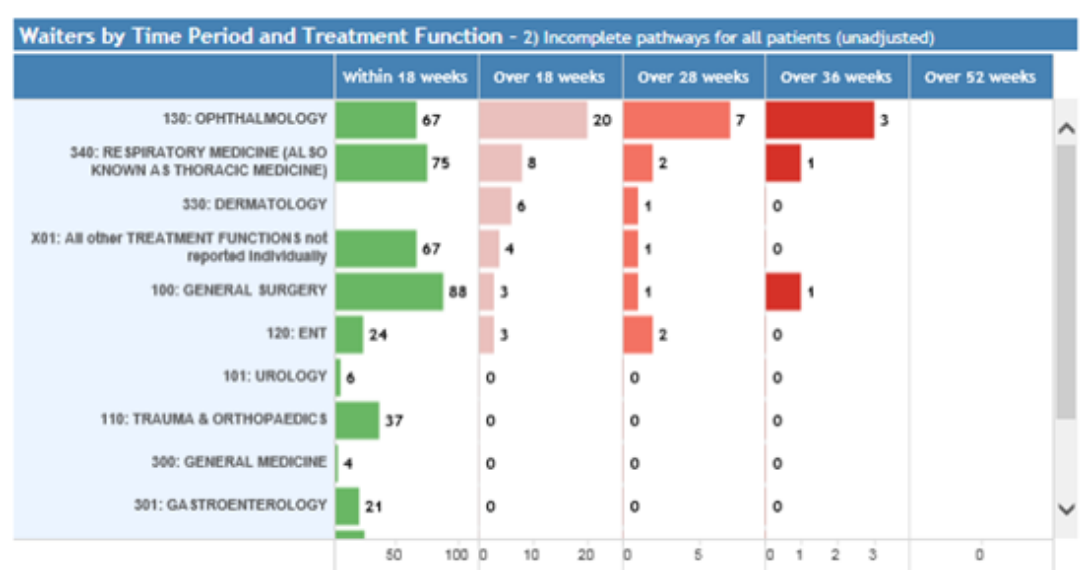


Figure 12 - Patients waiting (in bands) on incomplete pathway for Aintree University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patient	Has patient been seen / has a TCI date?	Reason for the delay
ROYAL LIVERPOOL	General Surgery	40	1	Clock Stop 15-10-16	Capacity issue
ROYAL LIVERPOOL	General Surgery	44	1	Validated - No longer a long waiter	
AINTREE	Ophthalmology	41	1	Appointment 04/11/16	Capacity issue
AINTREE	Ophthalmology	43	1	TCI 03/10/2016	Capacity issue
ALDER HEY	Other	43	1	Pat Choice (2x PC) Capacity	Appt cancelled by parent - No longer required

3.1 Cancelled Operations

3.1.1 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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk				1
	16/17 - Sept	0	0	↔

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk				1
	16/17 - Sept	0	0	↔

3.2 Cancer Indicators Performance

3.2.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Sept	93%	94.67%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	93%	95.28%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - Sept	93%	91.89%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	93%	N/A	↔

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in September with a performance of 95.83% but are failing YTD with a performance of 91.89% due to previous months breaches. Year to date out of 259 patients there have been 21 breaches.

3.2.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - Sept	96%	97.82%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	96%	98.33%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Sept	94%	98.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Sept	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	94%	96.00%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Sept	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	98%	100.00%	↔

3.2.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - Sept	85%	85.37%	↓
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	16/17 - Sept	85% (local target)	87.94%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Sept	90%	91.30%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	90%	94.44%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Sept	85%	83.04%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - Sept	85%	84.01%	↓

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in September with a performance of 83.33% and are failing year to date hitting 83.04%. In September 36 patients were seen 6 breaching the 62 day standard.

For the same measure Southport & Ormskirk failed the target of 85% in September recording 80.7%, the previous months are still impacting on the YTD position of 84.01%. In September, 8 breaches occurred out of a total of 41.5 patients. Failing specialities were urology, colorectal, gynaecology, haematology, head and neck. The dominant theme remains lack of radiology capacity for interventional procedures and reporting There are 2 radiologist vacancies and the Trust is considering a business case for a further 4 posts but recruitment remains a difficulty. Plans are being developed to work with provider partners across the LDS for improved utilisation of

radiology resources. The Trust is also strengthening its policy for transfer between tumour types so that patients are seen within 7 days for the second tumour site.

3.3 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: **Sept-16**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	18.4%		95%	92%		2%	3%	
Q1 - Antenatal Care	N/A	-		96%	80%		2%	0%	
Q2 - Birth	N/A	8.8%		96%	71%		2%	0%	
Q3 - Postnatal Ward	N/A	-		94%	73%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	N/A		1%	N/A	

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.

If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The trust has seen a minimal increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has decreased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average.

FFT % recommended for Birth has continued to decline, however the not recommended is green at 0% below the England Average for Postnatal Ward. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The Trust are booked to present their Patient Experience Strategy and FFT update at the January CQPG

The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

3.4 Planned Care Activity & Finance, All Providers

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £225k/1%. This is predominantly caused by Renacres Hospitals who are showing an over performance of 276k/13%.

Over performance can also be seen at Wrightington Wigan and Leigh who are reporting a cost variance of £188k/48% as well as Aintree Hospital at 124k/6%.

Figure 13 - Planned Care - All Providers

ALL Providers	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
Aintree University Hospitals NHS F/T	8,930	9,755	825	9%	£2,024	£2,148	£124	6%
Alder Hey Childrens NHS F/T	602	3,663	3,061	509%	£293	£370	£77	26%
Central Manchester University Hospitals Nhs Foundation Trust	118	199	81	69%	£22	£72	£50	226%
Fairfield Hospital	39	76	37	94%	£6	£16	£10	174%
ISIGHT (SOUTHPORT)	1,942	2,024	82	4%	£445	£377	£-68	-15%
Liverpool Heart and Chest NHS F/T	1,060	1,190	130	12%	£489	£482	£-6	-1%
Liverpool Womens Hospital NHS F/T	1,222	1,272	50	4%	£351	£342	£-9	-3%
Renacres Hospital	6,633	8,223	1,590	24%	£2,090	£2,366	£276	13%
Royal Liverpool & Broadgreen Hospitals	7,976	8,012	36	0%	£1,732	£1,707	£-25	-1%
Southport & Ormskirk Hospital*	57,149	56,535	-614	-1%	£11,788	£11,352	£-436	-4%
SPIRE LIVERPOOL HOSPITAL	320	177	-143	-45%	£112	£49	£-63	-56%
ST Helens & Knowsley Hospitals	2,340	2,538	198	8%	£558	£637	£79	14%
University Hospital Of South Manchester Nhs Foundation Trust	100	106	6	6%	£18	£24	£6	34%
Walton Neuro	1,083	1,250	167	15%	£241	£269	£29	12%
Wirral University Hospital NHS F/T	156	136	-20	-13%	£51	£44	£-7	-14%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,081	1,601	520	48%	£388	£575	£188	48%
Grand Total	90,752	96,757	6,005	7%	£20,607	£20,832	£225	1%

3.4.1 Planned Care Southport and Ormskirk NHS Trust

Figure 14 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	6,096	6,044	-52	-1%	£3,409	£3,252	£-158	-5%
Elective	820	785	-35	-4%	£2,141	£2,063	£-78	-4%
Elective Excess BedDays	137	210	73	53%	£30	£46	£15	50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	730	494	-236	-32%	£109	£81	£-28	-26%
OPFASPCL - Outpatient first attendance single professional consultant led	7,794	8,049	255	3%	£1,214	£1,235	£21	2%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led).	1,799	1,308	-491	-27%	£185	£145	£-40	-22%
OPFUPSCL - Outpatient follow up single professional consultant led	22,080	23,007	927	4%	£2,091	£2,142	£52	2%
Outpatient Procedure	12,010	11,557	-453	-4%	£2,131	£1,964	£-167	-8%
Unbundled Diagnostics	5,683	5,081	-602	-11%	£477	£425	£-52	-11%
Grand Total	57,149	56,535	-614	-1%	£11,788	£11,352	£-436	-4%

3.4.2 Southport & Ormskirk Hospital Key Issues

Planned care at Southport Trust is reporting an under performance across PbR areas of 436k/4% which is mainly due to the short staffing issues across the Trust in Theatre and Anaesthetics. Although the Trust remains above the national target for consultant led referral to treatment, performance has dropped from the start of the year through to month 6.

If current issues remain and performance doesn't improve it is likely the Trust will start to fail the RTT target in the coming months.

To note: in previous months Southport & Ormskirk planned activity included figures relating to non-PbR areas. This has been removed to show a true reflection of planned care performance as the non-PbR elements are part of a block section of the contract.

3.4.3 Renacres Hospital

Figure 15 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	865	870	5	1%	£883	£926	£43	5%
Elective	123	162	39	32%	£548	£690	£142	26%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,939	1,806	-133	-7%	£285	£266	-£19	-7%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,912	3,812	1,900	99%	£164	£242	£78	47%
Outpatient Procedure	1,182	792	-390	-33%	£153	£157	£5	3%
Unbundled Diagnostics	613	781	168	27%	£57	£84	£27	48%
Grand Total	6,633	8,223	1,590	24%	£2,090	£2,366	£276	13%

Renacres over performance of £276k/13% is largely driven by a £142k over performance in Elective Care, which has been a constant theme in 2016/17. Daycase and Electives are over performing by £43k and £142k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, Major Hip and Major Knee Procedures are causing the over performance. There has been 14 Major Hip Procedures carried out, year to date, in 2016/17. When we consider that the year to date plan is 2 patients, we are seeing a £73k over performance in this one HRG.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - Sept	95.00%	90.27%	↔	Southport & Formby CCG failed the 95% target in September reaching 91.59% (year to date 90.27%). In September, 303 attendances out of 3602 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - Sept	95.00%	83.15%	↑	Southport & Formby CCG failed the 95% target in Sept reaching 85.20% (year to date 83.15%). In September 301 attendances out of 2034 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	16/17 - Sept	STF Trajectory Target for Sept 90.7%	90.39%	↔	Southport & Ormskirk have achieved the STF trajectory target in September reaching 91.49% (but are failing it year to date recording 90.39%). In September 959 attendances out of 11275 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	16/17 - Sept	95.00%	83.02%	↑	Southport & Ormskirk have failed the target in September reaching 85.19% (year to date 83.02%). In September, 953 attendances out of 6436 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%
S&O Actual	88.6%	89.8%	90.92%	88.0%	93.84%	91.49%

The CCG has updated the targets that are within STF accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance against the 4-hour target for September was 91.5% despite an 8% increase in attendances at SDGH. Work in the Urgent Care Improvement Board remains ongoing. Trajectory set by NHS Improvement for September was 90.7%. October performance to date is also in line with the agreed trajectory. The Trust continues to participate in the A&E Improvement Collaborative facilitated by NHSI, and the Emergency Care Improvement Team (ECIP) will be undertaking a full system review w/c 7 November 2016 to identify further areas of improvement.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	71.61%	↓	The CCG is under the 75% target year to date achieving 71.61%. In September out of 31 incidents there were 7 breaches (77.42%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	62.53%	↔	The CCG was under the 75% target year to date reaching 62.53%. In September out of 550 incidents there were 214 breaches (61.18%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Sept	95%	84.86%	↔	The CCG was under the 95% target year to date reaching 84.86%. In September out of 581 incidents there were 93 breaches (84.01%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	72.76%	↓	NWS reported under the 75% target year to date reaching 72.76%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	64.91%	↓	NWS failed to achieve the 75% target year to date reaching 64.91%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Sept	95%	90.80%	↓	NWS failed to achieve the 95% target year to date reaching 90.80%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	16/17 - Sept	0	129	↑	The Trust recorded 129 handovers between 30 and 60 minutes, this is a decline on last month when 115 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - Sept	0	107	↑	The Trust recorded 107 handovers over 60 minutes, this is also a decline on last month when 65 was reported.

Southport & Formby CCG failed to achieve all 3 indicators year to date, (see above of number of incidents/breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

September saw an average handover time of 21 minutes across the month. The Trust continues to make sustainable improvements in handover performance. The approval to increase the A&E nursing establishment will contribute significantly towards this as some of the additional resources will support triage and ambulance arrival processes. Exit blocks out of the hospital continue to cause operational difficulties, resulting in bottlenecks in the ED and delays in timely release of cubicle capacity.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - Sept	80%	64.50%	↑	The Trust failed the 80% target in September with only 20 out of 31 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	16/17 - Sept	60%	25.00%	↓	The Trust failed the 60% target in September with only 1 out of 4 (25%) patients who experienced a TIA being assessed and treated within 24 hours.

Southport & Ormskirk Stroke - Length of Stay on the Acute Stroke Unit (ASU) saw some improvement to 65% for September. A Stroke action plan has been devised reviewing potential to reconfigure a bay on the Unit into 4 side rooms which would minimise the impact of male/ female demand as patients could be appropriately managed in side rooms. There has also been a change in pathway and patients now go direct to ASU up to 8pm in the evening from ED with the support of the Specialist Stroke Nurses.

Southport & Ormskirk had 4 reportable cases of TIA in September with only 1 compliant. 2 breaches were not TIA's when seen in clinic. 2 cases were West Lancs; 1 was Chorley & South Ribble. The pathway has been discussed at the Operational Stroke Group and is under review to incorporate Specialist Stroke nurses offering some support to increase capacity available to address TIA performance.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Sept	0.00	0.50	↑	
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - Sept	0.00	0.50	↑	

After achieving last month, the CCG and Southport & Ormskirk have failed the Mixed Sex Accommodation. In September the CCG had 2 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. The breaches were at Southport & Ormskirk.

In September Southport & Ormskirk had a total of 3 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. Year to date there have been 41 breaches.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Sept	19	19	↑	There was 1 new cases reported in September 2016 , year to date 19 cases against a year to date plan of 19. Out of the 18 cases all were reported at Southport & Ormskirk (9 apportioned to acute trust and 10 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - Sept	18	12 (8 following appeal)	↑	There was 1 new trust apportioned case reported in September 2016 (YTD Actual 12 / YTD Plan 18), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Sept	0	1	↑	There has been no new cases of MRSA reported in September for the CCG there has been 1 case in August year to date against a zero tolerance threshold.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - Sept	0	1	↑	There has been no new cases of MRSA reported at the Trust in September (1 in August) against a zero tolerance threshold.

All C diff cases were reported by Southport & Ormskirk Hospital Trust. Please note: The CCG report on all cases of C.diff (Trust and Community) acquired, the Trust (S&O) only report on hospital apportioned cases. A local appeals panel met 12th August to review hospital acquired cases - of the four cases submitted, all four were upheld. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO.

A case of MRSA was reported in August. A PIR has been held the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Sept	100	99.24	1 ↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for June 2016 as a rolling 12 month figure.

The latest SHMI published (in June 2016) is for the period January - December 2015 and whilst it is above expected, it is not statistically significantly so and in the "as expected" range. No further update for Q2.

4.4 CCG Serious Incident Management

An appointment has been made for the Interim Programme Manager – Clinical Quality and Safety.

Future reporting for serious incidents within the integrated performance report will be in line with CCG reporting schedule, as opposed to a month ahead.

As of the end of September 2016 (Month 6) the position on serious incidents for Southport and Formby CCG:

Southport and Ormskirk Hospitals NHS Trust - 125 open serious incidents on StEIS for the Trust, 90 are pressure ulcers of which 26 are from this financial year. The contract query remains open against this element, with a formal letter being submitted to the Trust on 14th October. It has been requested that the Trust provide an updated thematic analysis to provide reassurance as an interim arrangement, until a composite pressure ulcer action plan has been agreed. Of the 91 incidents which remain open of StEIS for >100 days, the majority are pressure ulcers.

Table.1 Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within Southport and Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	54
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	22	
	GP Practice within West Lancashire	28	
2016	GP Practice within Southport and Formby	10	31
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	20	

MerseyCare NHS Foundation Trust - 37 incidents open on StEIS for either SS and or S&F CCG patients. Of which 15 have been open for >100 days. 3 serious incidents reported in September making a total of 27 year to date. 3 relate to Secure Services which are managed by NHS England Specialist Commissioning (2 – South Sefton CCG, 1 – Southport and Formby CCG).

4.5 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Delayed Transfers of Care (DTC's) increased to 4 during September 2016 from 3 in August (25%). The 4 delays were for awaiting residential care home placement, awaiting care package in own home, community equipment and patient or family choice.

Analysis of delays in September 2016 compared to September 2015 illustrates a 55.6% decrease in the number of patients waiting, September 2015 saw 7 patients waiting for patient or family choice.

Delayed Transfers of Care April 2015 – September 2016

Reason For Delay	2015-16												2016-17					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	1	1	0	1	1	1	1	0	0	0	2	0
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1	1
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	1	1	1	1	9	4	5	1	2	7	5	4	5	7	7	3	4

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.




The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: **Sept-16**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	1.1%		87%	80%		7%	13%	

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

In A&E the percentage of people who would recommend the service has decreased to 80% and is lower than the England average.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. There has been a delay in launching this action plan as the Trust have been waiting for their new Director of Nursing to commence in post. This action plan seeks to address the areas of poor performance. A trust presentation of their Patient Experience Strategy and FFT update is planned for January CQPG.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed.

EPEG are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

4.7 Unplanned Care Activity & Finance, All Providers

4.8 All Providers

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by the CCG shows an over-performance of circa £876k/5%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £620k overspend.

Figure 16 - Month 6 Unplanned Care – All Providers

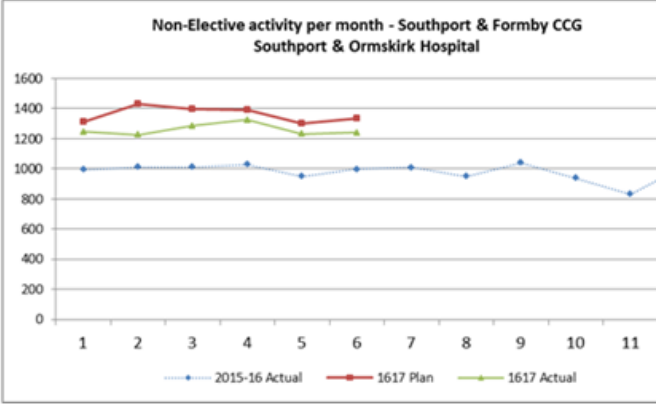
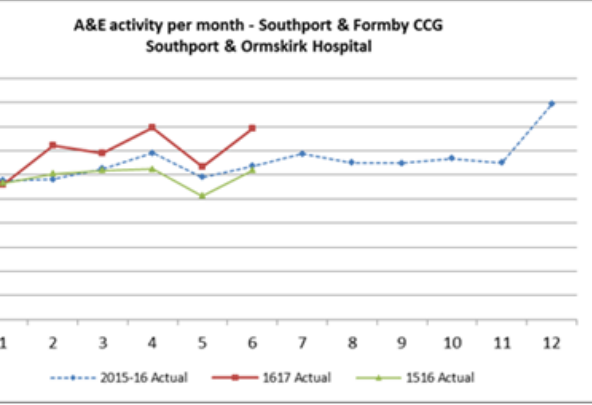
	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	908	895	-13	-1%	£467	£591	£124	27%
Alder Hey Childrens NHS F/T	424	497	73	17%	£211	£212	£1	1%
Central Manchester University Hospitals Nhs Foundation Trust	44	58	14	32%	£15	£18	£3	20%
Countess of Chester Hospital NHS Foundation Trust	0	22	22	0%	£0	£13	£13	0%
Liverpool Heart and Chest NHS F/T	59	73	14	24%	£186	£198	£12	6%
Liverpool Womens Hospital NHS F/T	164	115	-49	-30%	£174	£147	£26	-15%
Royal Liverpool & Broadgreen Hospitals	697	881	184	26%	£396	£487	£91	23%
Southport & Ormskirk Hospital	28,375	30,958	2,583	9%	£14,440	£15,060	£620	4%
ST Helens & Knowsley Hospitals	209	278	69	33%	£104	£127	£23	22%
Wirral University Hospital NHS F/T	55	41	-14	-26%	£22	£29	£7	33%
Wrightington, Wigan And Leigh Nhs Foundation Trust	31	53	22	71%	£26	£35	£8	31%
Grand Total	30,966	33,871	2,905	9%	£16,041	£16,917	£876	5%

4.9 Southport and Ormskirk Hospital NHS Trust

Figure 17 - Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

NHS
Southport and Formby
Clinical Commissioning Group

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	17,570	18,730	1,160	7%	£2,141	£2,303	£161	8%
A and E Type 3	804	1,029	225	28%	£48	£61	£13	28%
A and E GPAU	405	549	144	36%	£253	£343	£90	35%
NEL/NELSD - Non Elective/Non Elective IP Same Day	5,473	5,748	275	5%	£9,797	£10,194	£398	4%
NELNE - Non Elective Non-Emergency	553	746	193	35%	£1,046	£893	£154	-15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	88	102	14	15%	£29	£27	£2	-6%
NELST - Non Elective Short Stay	806	811	5	1%	£566	£551	£15	-3%
NELXBD - Non Elective Excess Bed Day	2,675	3,243	568	21%	£560	£689	£129	23%
Grand Total	28,375	30,958	2,583	9%	£14,440	£15,060	£620	4%



4.9.1 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £600k is driven by a £491k over performance in Non Elective activity. The main speciality over performance is General Medicine which is showing a £638k over spend. Further analysis of this has shown that although activity has been higher this year, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG continues to challenge this and the Trust are investigating this further. The initial response from the Trust is that activity in 2015/16 was below plan, and when the contract for 2016/17 was agreed the activity plan did not include any additional growth due to CCG QIPP schemes.

The Trust is looking into the nature of the current increase in performance with the focus shifted to higher cost patients. The CCG is awaiting the results of the investigation.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 18 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG					
PBR Cluster	Caseload as at 31/09/2016	2016/17 Plan	Variance from Plan	Variance on 31/09/2015	
0 Variance	41	41	-	5	
1 Common Mental Health Problems (Low Severity)	3	3	-	(11)	
2 Common Mental Health Problems (Low Severity with greater need)	7	11	(4)	(10)	
3 Non-Psychotic (Moderate Severity)	101	174	(73)	(93)	
4 Non-Psychotic (Severe)	197	156	41	61	
5 Non-psychotic Disorders (Very Severe)	37	29	8	13	
6 Non-Psychotic Disorder of Over-Valued Ideas	25	22	3	2	
7 Enduring Non-Psychotic Disorders (High Disability)	127	112	15	10	
8 Non-Psychotic Chaotic and Challenging Disorders	72	65	7	12	
10 First Episode Psychosis	75	65	10	12	
11 On-going Recurrent Psychosis (Low Symptoms)	262	291	(29)	(15)	
12 On-going or Recurrent Psychosis (High Disability)	179	153	26	26	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	90	100	(10)	(11)	
14 Psychotic Crisis	17	11	6	3	
15 Severe Psychotic Depression	5	6	(1)	-	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	4	
17 Psychosis and Affective Disorder – Difficult to Engage	24	26	(2)	1	
18 Cognitive Impairment (Low Need)	230	244	(14)	(10)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	743	787	(44)	(7)	
20 Cognitive Impairment or Dementia Complicated (High Need)	242	202	40	54	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	63	53	10	19	
Cluser 99	174	123	51	52	
Total	2,727	2,684	43	117	

5.1.1 Key Mental Health Performance Indicators

Figure 19 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
		The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%

Figure 20 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
		CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	100%	100%

Figure 21 - Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
		Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	50%	50%	50%	0.00%
Rolling Quarter				50.00%	0.00%	40%	60.00%

EIP performance is volatile due to low numbers (circa 1-2 per month). The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it

is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

5.1.2 Mental Health Contract Quality Overview

A number of mental health related 12 hour breaches have occurred in Southport & Ormskirk AED the CCG are working with MerseyCare and the Trust to better understand the interface issues between both organisations and Lancashire Care NHS Foundation Trust.

Commissioners will be involved the Trust's review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway)

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

Psychotherapy Treatment commencing within 18 weeks of referrals - The numbers waiting 18 weeks has risen slightly as has the length of wait. The Trust has recruited 2 new therapists coming into post in the next 6 weeks which will help reduce waits.

The CCG is still awaiting assurance from the Trust that GP communication will improve and be sustained.

5.2 Improving Access to Psychological Therapies

Figure 22 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167	162	150						
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	240	240	240	240	240	240	240	240	240	240	240	240
	Variance	-39	-45	-60	-73	-78	-90						
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%	-37.6%						
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%	0.9%	0.9%	0.8%	0.8%						
Recovery % ACTUAL - 50% target	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	42.9%	52.7%	48.0%	56.3%	53.7%	34.9%						
ACTUAL % 6 weeks waits - 75% target	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%						
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%						
National definition of those who have completed treatment (KPI5)	2015/16	95	85	78	99	83	93	79	115	86	101	98	95
	2016/17	112	103	101	98	84	130						
National definition of those who have entered Below Caseness (KPI6b)	2015/16	7	8	6	9	8	6	3	8	12	8	8	7
	2016/17	7	10	3	2	2	4						
National definition of those who have moved to recovery (KPI6)	2015/16	39	47	35	40	44	39	29	41	41	44	46	42
	2016/17	45	49	47	54	44	44						
Referral opt in rate (%)	2015/16	94.8%	90.1%	80.0%	70.6%	77.5%	70.1%	68.0%	67.0%	71.8%	82.0%	82.0%	82.0%
	2016/17	93.7%	86.5%	84.6%	52.1%	82.7%	76.2%						

The provider (Cheshire & Wirral Partnership) reported 150 Southport & Formby patients entering treatment in month 6, a further slight decrease from the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 11.1% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals saw an increase in month 6 to 223 (from 208 in month 5) with 61% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 52 reported in month 6 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 34.9% in month 6, which is below the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 47.2% which would fail to meet the minimum standard and is lower than the year- end position of 2015/16 (47.9%).

Cancelled appointments by the provider saw a decrease of 36% from 56 in month 5 to 36 in month 6. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs saw a slight decrease in month 6 from 98 in month 5 to 90 in month 6. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 97.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first six months of 2016/17 for Southport & Formby CCG.

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. Southport and Formby CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

Internal waiting lists within the service are impacting on both recovery and access KPIs and the following actions are being planned or put in place:

- The service is planning from 31/10/2016 to introduce group work/ workshops to so as to start tackling the issue. This will provide interventions to those already assessed as having step 3 therapies to reduce internal waits. A new member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire.
- The cohort of longest waiters will be “ring fenced” and targeted for interventions. An extra Psychological Wellbeing Practitioner (PWP) is providing an additional (extra 20 sessions) and three agency PWP staff have recently commenced providing (90 extra sessions). The service communicated to GPs in October that all new referrals who require follow up will be seen within 6 weeks.
- One counsellor has recently commenced (11x sessions/week)
- A Cognitive Behavioural Therapist and a further PWP are being recruited (the latter having being offered employment contract.
- Additional step 2 sessions made available (12x sessions /week) along with increased telephone interventions across the wider service.
- Robust clinical management / individual performance of practitioners to mitigate against long internal waits.
- Single appointment booking system via admin (previously done by individual practitioners which resulted in variation.
- Intensive Support Team involvement session took place on 21st October 2016 which identified services issues including productivity and training which are contributing to internal waits.

- Inclusion of internal waiting list related KPIs for 17/18.

Progress will be monitored via the Quality and Contract meetings.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 30-09-2016

People Diagnosed with Dementia (Age 65+)	1,546
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	644
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	72.0%
National estimated Dementia Diagnosis Rate	67.5%
Target	67.00%

6. Community Health

6.1 Southport and Ormskirk Trust Community Services

EMIS Switch Over

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Activity

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

6.1.1 Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

There are known issues in Southport & Ormskirk Trust with the recording of Podiatry activity on the new clinic system EMIS. This has been discussed at the information sub group meeting and details on these issues are to be shared with the CCG. The Trust also submitted M6 data with no costs. This issue has been raised with data management who are liaising with the Trust to resolve it.

Adult Hearing

The Adult Hearing Audiology budget is £248,000.

At month 6 2016/17 the YTD costs are £217,499, compared to £227,211 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 669 compared to 639 in 15/16, but costs have been reduced.

The Trust carries out quality checks in the data before they submit. However, they have informed the CCG that due to the complexity of how they collate the dataset, some duplicates still appear, and continue to try to resolve the issue.

MSK

The budget for 2016/17 is £76,000. At month 6 16/17 YTD the costs are £40,777, compared to £33,008 at the same time last year. Comparing activity with last year shows that activity is much lower in 16/17 at 268, compared to 684 in 15/16, yet costs have increased. This has been queried with the Trust.

6.2 Liverpool Community Health Contract

There are currently no outstanding activity queries as everything seems in line with previous months.

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. EMIS mobile is not yet available for DNs and so there is a requirement to duplicate information on paper and on EMIS. This is known to impact on the level of information added to the system. The current variance though is within agreed tolerance levels and the Trust is forecasting that activity levels will be higher than last year.

An EMIS mobile app was trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

6.2.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service reported a high rate of 18.8% in Sep-16, however this is an improvement on last month. Adult Dietetics is also high this month at 27.7%, a further decline on the previous two months performance, and Paediatric Dietetics at 27.1%, a slight decline on last month. Total DNA rates at Sefton are green for this month at 7.3%.

Provider cancellation rates remain relatively static this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 2% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for September 2016. Total patient cancellations for Sefton have improved in Sept-16 at 9.9%, compared to 10.9% reported last month and 12.8% in Jul-16.

6.2.2 Liverpool Community Health Quality Overview

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum and CQPGs.

6.2.3 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in August 2016;

Physiotherapy: Waiting times have steadily increased over the past three months, resulting in this service failing the 18 week target in August – 23 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was two patients waiting at 32 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past three months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 26 weeks in August. The longest waiter was at 40 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 23 weeks in August resulting in a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 28 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. On the incomplete pathway the average waiting time (92nd percentile) was 28 weeks, with the longest waiting patient at 39 weeks.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 6 2016/17 the YTD cost for the CCG is £447 with 5 attendances and in 2015/16 the costs for the CCG were £306 with activity at 3. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

7. Third Sector Contracts

Providers of several services in the area have received notice that funding for their service will cease from 1st December 2016. Further letters reminding these providers that funding will cease from this date have been sent.

8. Primary Care



8.1 Primary Care Dashboard progress

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. We are now working with MLCSU to further define the indicators for the dashboard with a further meeting planned to refine these in December.

8.2 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission. CQC publish all inspection reports on their website. Below is the inspection information from the last practices visited in Southport & Formby.

The Village Surgery - Formby Good



 12 Elbow Lane, Formby, Liverpool, L37 4AW
 (01704) 878661
 Provided by: The Village Surgery - Formby

CQC inspection area ratings
 (Latest report published on 10 November 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services
 (Latest report published on 10 November 2016)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

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Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

The Marshside Surgery - Dr Wainwright Good



117 Fylde Road, Marshside, Southport, PR9 9XP
 (01704) 505555

Provided by: The Marshside Surgery - Dr Wainwright

CQC inspection area ratings

(Latest report published on 3 November 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 3 November 2016)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

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Southport and Formby Clinical Commissioning Group

Dr Halina Obuchowicz **Inadequate** (Kew Surgery)



85 Town Lane, Southport, PR8 6RG
(01704) 546800

Provided by: Dr Halina Obuchowicz

CQC inspection area ratings

(Latest report published on 16 November 2016)

Safe	Inadequate	●
Effective	Requires improvement	●
Caring	Requires improvement	●
Responsive	Requires improvement	●
Well-led	Inadequate	●

CQC Inspections and ratings of specific services

(Latest report published on 16 November 2016)

Older people	Inadequate	●
People with long term conditions	Inadequate	●
Families, children and young people	Inadequate	●
Working age people (including those recently retired and students)	Inadequate	●
People whose circumstances may make them vulnerable	Inadequate	●
People experiencing poor mental health (including people with dementia)	Inadequate	●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

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9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way we assess and manage our day to day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

10.1 Q2 Improvement & Assessment Framework Dashboard

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in **BLUE**, this value is in the lowest performance quartile nationally.

KEY
 H = Higher
 L = Lower
 <=> = N/A

KEY
 Nat Average
 Org Value
 Worst Best
 25th Percentile 75th

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better Is...	Range
Better Health						
▼ Maternal smoking at delivery	Q1 16/17	8.5%	10.2%		L	
◀▶ Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.4%	33.2%		L	
▼ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	46.8%	39.8%		H	
▼ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	3.1%	5.7%		H	
◀▶ Injuries from falls in people aged 65 and over	Mar-16	2,303	2,014		L	
▲ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	39.9%	52.0%		H	
◀▶ Personal health budgets	Q1 16/17	10.6	11.3		H	
▲ Percentage of deaths which take place in hospital	Q4 15/16	41.2%	47.0%		<=>	
▼ People with a long-term condition feeling supported to manage their condition(s)	2016	62.2%	64.3%		H	
▼ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	853	929		L	
▼ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,547	2,168		L	
▼ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.2	1.1		<=>	
▼ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	8.1%	9.3%		<=>	
▼ Quality of life of carers	2016	75.6%	80.0%		H	
Better Care						
◀▶ Cancers diagnosed at early stage	2014	49.5%	50.7%		H	
▼ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	80.8%	82.2%		H	
▲ One-year survival from all cancers	2013	72.8%	70.2%		H	
◀▶ Cancer patient experience	2015	8.7	N/A		H	
▲ Improving Access to Psychological Therapies recovery rate	Jun-16	50.8%	48.9%		H	
◀▶ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	50.0%	72.0%		H	

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <=> = N/A</p>						
Better Care						
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SM/A		L	
Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	No Data	47.0%		H	
Neonatal mortality and stillbirths	2014-15	7.9	7.1		L	
Women's experience of maternity services	2015	71.2	SM/A		H	
Choices in maternity services	2015	60.5%	SM/A		H	
Estimated diagnosis rate for people with dementia	Aug-16	71.9%	67.3%		H	
Dementia care planning and post-diagnostic support	2014/15	76.7%	77.0%		H	
Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,619	2,359		L	
Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	93.4%	91.0%		H	
Delayed transfers of care per 100,000 population	Aug-16	11.8	14.1		L	
Population use of hospital beds following emergency admission	Q4 15/16	1.0	1.0		L	
Management of long term conditions	Q4 15/16	820	795		L	
Patient experience of GP services	H1 2016	90.4%	85.2%		H	
Primary care workforce	H1 2016	0.9	1.0		H	
Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	93.5%	91.0%		H	
People eligible for standard NHS Continuing Healthcare	Q1 16/17	62.8	46.0		H	
Sustainability						
Financial plan	2016	Red	SM/A		H	
In-year financial performance	Q1 16/17	Red			H	
Outcomes in areas with identified scope for improvement	Q1 16/17	40.0%	58.3%		H	
Digital interactions between primary and secondary care	Q2 16/17	70.5%			H	
Local strategic estates plan (SEP) in place	2016-17	Yes	SM/A		H	
Well Led						
Staff engagement index	2015	3.8	3.8		H	
Progress against workforce race equality standard	2015	0.0	0.2		L	
Effectiveness of working relationships in the local system	2015-16	69.8	SM/A		H	
Quality of CCG leadership	Q1 16/17	Amber	SM/A		H	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2016-17



Metric	Reporting Level	Information	2016-17												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	R	G						G	
			Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%							94.674%
			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%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G								G	
			Actual	95.297%			93.974%								94.672%	
			Target	93.00%			93.00%			93.00%			93.00%			93.00%
17: % 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	R	R	R	G	G						R	
			Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%							91.892%
			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%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R			G								R	
			Actual	86.607%			95.27%								91.538%	
			Target	93.00%			93.00%			93.00%			93.00%			93.00%
535: % 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G						G	
			Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%							97.821%
			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%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G			G								G	
			Actual	98.354%			97.685%								98.039%	
			Target	96.00%			96.00%			96.00%			96.00%			96.00%

26: % 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	Latest Date: 30/09/2016	RAG	G	G	G	G	G	G										G	
		P = Published	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											100.00%
		U = Unpublished	Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	G			G												G	
		P = Published	Actual	100.00%			100.00%													100.00%
		U = Unpublished	Target	94.00%			94.00%			94.00%			94.00%						94.00%	
1170: % 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	Latest Date: 30/09/2016	RAG	G	G	G	G	G	G										G	
		P = Published	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											100.00%
		U = Unpublished	Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	G			G												G	
		P = Published	Actual	100.00%			100.00%													100.00%
		U = Unpublished	Target	98.00%			98.00%			98.00%			98.00%						98.00%	
25: % 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	Latest Date: 30/09/2016	RAG	G	G	G	G	G	G										G	
		P = Published	Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%											98.00%
		U = Unpublished	Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	G			G												G	
		P = Published	Actual	100.00%			96.491%													98.02%
		U = Unpublished	Target	94.00%			94.00%			94.00%			94.00%						94.00%	
539: % 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	Latest Date: 30/09/2016	RAG	G	R	R	G	G	R										R	
		P = Published	Actual	88.571%	70.732%	80.851%	94.18%	85.714%	83.333%											83.404%
		U = Unpublished	Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) 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	Latest Date: 30/09/2016	RAG	R			G												R	
		P = Published	Actual	80.80%			87.50%													83.966%
		U = Unpublished	Target	85.00%			85.00%			85.00%			85.00%						85.00%	

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	G	G	G	R	R	G								G	
		P = Published U = Unpublished	Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%									91304%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	G			R										G	
		P = Published U = Unpublished	Actual	100.00%			80.00%											90.909%
		Target	90.00%			90.00%			90.00%			90.00%			90.00%			

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/09/2016	RAG	G	R	R	R	R	R									R	
		P = Published U = Unpublished	Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%										72.76%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	R	G	G	R	R	G										R
		P = Published U = Unpublished	Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%										71616%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/09/2016	RAG	R	R	R	R	R	R									R	
		P = Published U = Unpublished	Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%										64.898%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	R	R	R	R	R	R										R
		P = Published U = Unpublished	Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.18%										62.493%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/09/2016	RAG	R	R	R	R	R	R									R	
		P = Published U = Unpublished	Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%										90.803%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
	Southport And Formby CCG	Latest Date: 30/09/2016	RAG	R	R	R	R	R	R										R
		P = Published U = Unpublished	Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%										84.866%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	

Enhancing Quality of Life for People with Long Term Conditions
Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G											G		
			Actual	100.00%	100.00%													100.00%
			Target	95.00%	95.00%	95.00%	95.00%											95.00%

Episode of Psychosis

2099: 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	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G		
			Actual	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%										50.00%
			Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Ensuring that People Have a Positive Experience of Care
EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	G	R								R		
			Actual	11	5	2	5	0	2										25
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	G	G								R		
			Actual	2.95	152	0.61	147	-	0.00										25.00
			Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G								G		
			Actual	95.20%	94.882%	94.317%	94.51%	93.492%	92.619%										94.163%
			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%	92.00%	92.00%

1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G									G
			Actual	0	0	0	0	0	0									0
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	R	R	R	G									R
			Actual	0.374%	0.68%	2.10%	1.91%	1.825%	0.305%									12.19%
			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%	1.00%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	G	G	G	G	G	G									G
			Actual	0	0	0	0	0	0									0
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	Latest Date: 31/10/2016 P = Published U = Unpublished	RAG	G	G	G	G	R	R									R
			YTD	0	0	0	0	1	1									1
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	Latest Date: 31/10/2016 P = Published U = Unpublished	RAG	G	R	R	G	G	G									G
			YTD	5	11	15	16	18	19									19
			Target	6	9	13	13	20	24	27	29	29	29	29	32	38	27	

Accident & Emergency

2123: 4- Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R									R
			Actual	88.638%	89.65%	90.769%	87.866%	93.368%	91.165%									90.205%
			Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
1927: A&E Attendances: All Types Number of attendances at all A&E depts	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST SOUTHPORT	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	R	R	R	R	R									R
			YTD	11,005	22,825	34,106	45,859	56,619	67,894									67,894
			Target	9,604	19,165	28,677	38,910	48,425	57,831	67,792	77,264	87,169	96,339	105,003	115,228	57,831		
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	Latest Date: 30/09/2016 P = Published U = Unpublished	RAG	R	G	G	G	R	G									R
			Actual	1	0	0	0	1	0									2
			Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY NOVEMBER 2016

Agenda Item: 16\185	Author of the Paper: Carmel Farmer; Carlen Baines Designated Nurse Looked After Children
Report date: 30 th November 2016	
Title: NHS Southport & Formby CCG Looked After Children Annual Report 2015/16	
<p>Summary/Key Issues: This is the first Looked After Children Annual Report to NHS Southport & Formby Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding and LAC</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2016/17.</p>	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive and approve this report.	

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

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

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

1. Executive Summary

This is the first Looked after Children Annual Report authored under the revised commissioning arrangements of NHS Southport & Formby Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body that the CCG is fulfilling its statutory duties in relation to children and young people requiring statutory intervention into their lives and are placed in the care of the Local Authority.

The CCG annual report takes account of national changes and influences, local activity, governance arrangements and the challenges for 2016/17.

The CCG makes a significant contribution to embedding the principles, quality and requirements of national frameworks by its partnership work with Sefton local authority and the commissioned health providers.

2. Key Issues

The Annual Report provides the Governing Body with an update of the developing and emerging Agenda for Looked After Children.

The report includes performance data in respect of timeliness of statutory health assessments, challenges faced by commissioned health services to adequately respond to national requirements and also outlines the future implications, challenges and key work streams for 2016/17.

3. Recommendations

The Governing Body is asked to receive and approve this report

4. Appendices

NHS Southport & Formby CCG Looked After Children Annual Report 2015/16

Carlene Baines Designated Nurse Looked After Children
Ann Dunne Head of Safeguarding (Children)

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



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

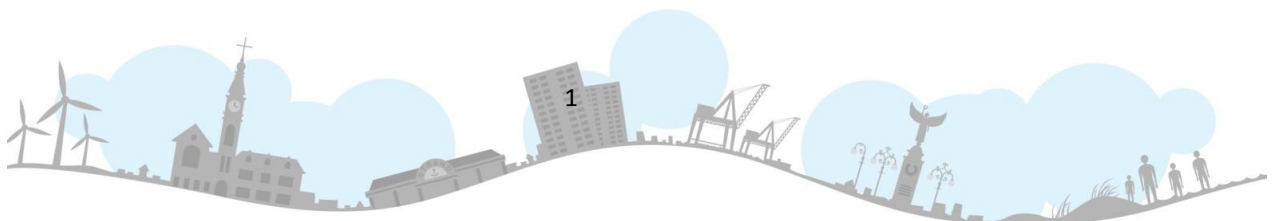
Looked After Children
Annual Report
2015/16

DRAFT

Author: Carmel Farmer

Carlene Baines

Designated Nurse for Looked After Children



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1. Introduction

1.1 This is the first Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter as the CCG). The report is in relation to Looked After Children and is authored under the new arrangements by the CCG Designated Nurse for Looked After Children. The report has been produced in partnership with its main health providers. The report covers the period from 1 April 2015 to 31 March 2016. The purpose of the report is to provide assurances that the CCG is meeting its statutory requirements in commissioning services which are safe, effective, caring, responsive and well-lead in identifying and meeting the health needs of the Looked After Children population of Sefton.

1.2 The term Looked After Children has a specific legal meaning based on the Children Act (1989). A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children Act 1989, or is placed in the care of a local authority by virtue of an order made under part IV of the Act.

1.3 Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of Looked After Children have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (DfE, DH 2015).

1.4 The term 'Corporate Parent' means the collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for the children who are looked after. The LA and partner agencies have a statutory responsibility to act for a child in the same way that a good parent would act for their own child. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

1.5 For 2015/16 the Looked After Children (LAC) health annual report, has been produced by the Designated Nurse with the support and cooperation of the health partners-community nursing team and medical advisors from Liverpool Community Healthcare NHS Foundation Trust (LCH), Alder Hey Children's Hospital Foundation NHS Trust and Southport and Ormskirk Hospital NHS Trust. The shared information has provided an overview of population, outlined the performance of services, evidenced good practice and key achievements, recognised challenges and identified developments for 2016/17.

2. Governance and Quality Assurance

2.1 The NHS has a major role in ensuring the timely and effective delivery of health services to looked-after children. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS



Constitution for England make clear the responsibilities of CCGs and NHS England to looked-after children (and, by extension, to care leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of looked-after children in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child.

2.2 The Designated Nurse for Looked After Children (LAC) for the CCG was appointed in May 2015. The role of the Designated Nurse is to provide expert health advice and clinical leadership to the CCG and local health providers. Strategic oversight of services is essential to this role; to ensure that robust clinical governance of NHS health services for Looked After Children (LAC) are in place. This enables assurance to be given the Governing Body of the CCG and other partners that clear commissioning arrangements are in place and that services are fit for purpose.

2.3 The development and implementation of the Looked After Children Strategy for the CCG has provided the overarching vision and goals for the organisation. To ensure these standards are embedded into practice the CCG has developed a SMART action plan, which is monitored within the Quality Directorate of the CCG.

2.4 The Designated Nurse for LAC works at a strategic none operational level, to lead and support all activities necessary to ensure that organisations within the health economy, meet their responsibilities for LAC in line with Statutory guidance for local authorities, clinical commissioning groups and NHS England.

2.5 The Designated Nurse for LAC has completed a baseline statement with the community provider (LCH). The findings informed the review of the existing Key Performance Indicators (KPI's) for the service within the CGG quality schedule.

2.6 The current KPI's for the providers are monitored quarterly by the Designated Nurse for LAC and reported to the CCG Quality and Performance Group.

3. Joint Working with Local Authorities within Sefton

3.1 Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a local authority to help them provide support and services to LAC. Local authorities, CCGs and NHS England can only carry out their statutory responsibilities to promote the health and welfare of looked-after children if they cooperate. They are required to do so under section 10 of the Children Act 2004 (5).

3.2 In Sefton, the health partners have forged successful professional relationships with all strategic leads for LAC, and are members of the Looked After Children Partnership Board. This has resulted in partnership working on service planning, strategy, commissioning of service for LAC and Care Leavers provision across the borough.

4. National Profile of Looked After Children

4.1 The demographics for Looked After Children nationally are taken from the Statistical First Release (SFR) which provides information about Looked After Children in England for



the year ending 31 March 2016. These figures are based on data from the SSDA903 return collected from each local authority.

Key Findings:

- There were 70,440 Looked After Children as of 31 March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 31 March 2012. The rise this year reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children
- The proportion of children being looked after due to abuse or neglect has fallen slightly from 62% in 2014, to 61% in 2015 and to 60% in 2016. Over the same time period the proportion of children in need due to absent parenting has risen from 5% in 2014, to 7% in 2016, linked to the rise in unaccompanied asylum seeking children.
- There were 31,070 children who started to be looked after during the year ending 31 March 2016: an increase of 2% from the previous year's figure of 30,540 and an increase of 13% from 2011.
- The rise over time reflects the higher number of children starting to be looked after than ceasing. Again, this can be reflected within unaccompanied asylum seeking children in care; 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care.
- The age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012. There has been a reduction in the number and proportion of children aged 1-4 years (from 18% of the looked after population in 2012 to 13% in 2016), and a slight decrease in the number and proportion of children aged under 1 year (from 6% in 2012 to 5% in 2016)
- At 31 March 2016, 56% of children looked after are male, 44% female and these proportions have varied little over recent years.
- The numbers and proportion of children looked after on a care order has continued to increase. In 2016, 65% (45,440) of children looked after at 31 March were looked after under a care order, up from 61% in 2015 and up from 59% in 2012.
- Voluntary agreements under Section 20 of the Children Act 1989, which have fluctuated slightly over recent years, have dipped slightly as of year-end, from 28% in 2015 to 27%.
- There were 2,940 looked after children who were placed for adoption in the year ending 31 March 2016, representing 4% of all looked after children. The number and

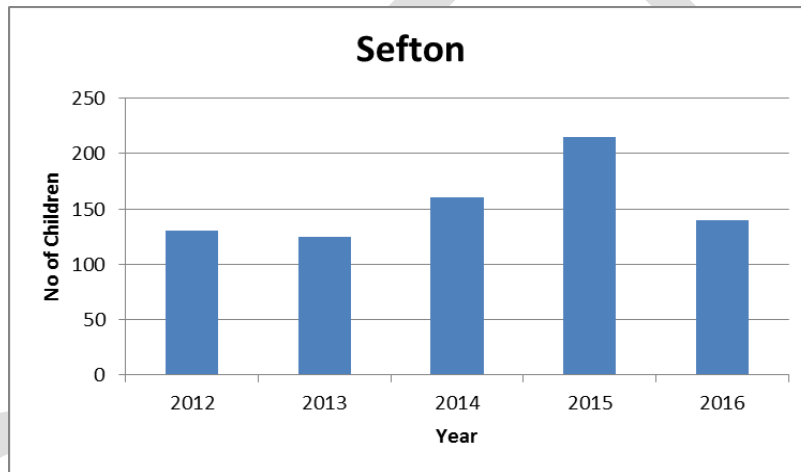


percentage of looked after children placed for adoption rose between 2012 and 2014, but the numbers fell by 9% last year and have fallen a further 18% this year.

- Looked after children are predominantly White, 75% in 2016. Children of Mixed ethnicity were the next largest group (9%) followed by Black or Black British (7%), Asian or Asian British (4%) and other ethnic groups (3%)
- Over the last year there has been a rise in the numbers from some minority ethnic groups, in particular ‘Any other ethnic group’, ‘African’ and ‘Any other Asian background’ (excludes Indian, Pakistani or Bangladeshi). This is likely to reflect the increase in the numbers of unaccompanied asylum seeking children.

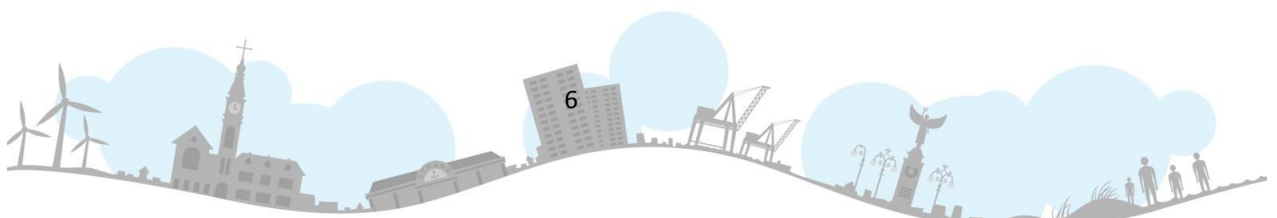
5. Local profile of Looked After Children in Sefton

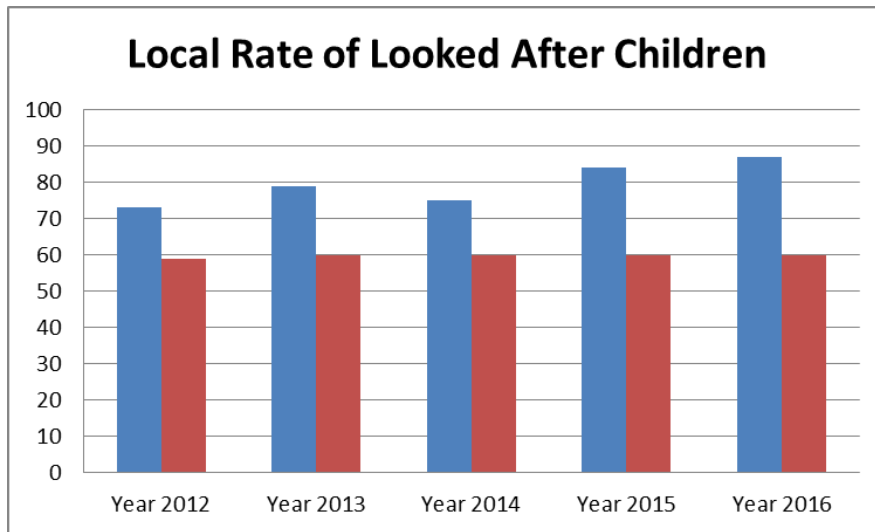
5.1 Sefton was below the average of its North West neighbours for children entering into care in 2015-16 and had the sixth lowest rate of starts per 10,000 population out of the 23 North West local authorities.



5.2 The overall number of children who are looked after by Sefton LA has remained above the national average per 10,000 populations (111), which has been a consistent finding since 2012.

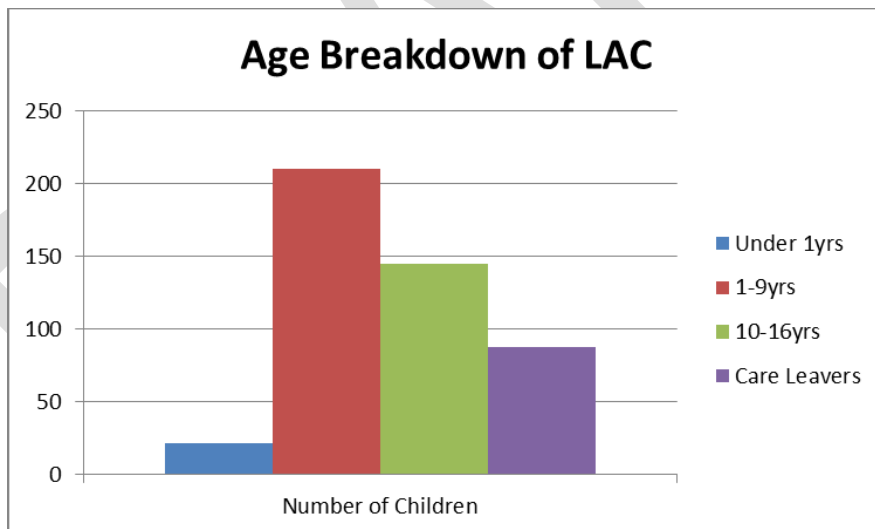
5.3 The Graph (2) below compares the national and Local picture (per 10,000 population of children) from 2012 to 31 March 2016





Graph 2 Local Rate of Looked After Children.

5.3 The age breakdown of the LAC in Sefton is detailed in the graph (3) below. The data has been provided by Liverpool Community HealthTrust and is accurate as of January 2016



Graph 3 LAC Population By Age Group

Mirroring national findings, LAC in Sefton have more boys in care (52%) than girls (48%)

Sefton has a large proportion of Looked After Children, placed within the borough from other local authorities (CiCOLA's). As of, 31 March 2016 an additional 122 children were



placed within the borough by other local authorities, bringing the overall cohort of LAC in need of specialist health provision to 587. Additional work to map and understand this cohort more fully will be undertaken by the Designated Nurse during 2016/17; anecdotal information from provider services indicates that this population generally present with a high level of complex need.

Decisions to place children outside of the originating Local Authority area often relate to placements with family members or children requiring provision to assist in reducing risks related to Child Sexual Exploitation, Missing from Home or offending behaviours.

Sefton Local Authority currently place around 30% of their Looked After Children in 'Distance placements' outside of the authority boundary. As of 31st March 2016, this number related to 138 children; 91 of which were placed within the Merseyside region and 47 further afield.

5.4 LAC should never be refused a service, including mental health and or emotional well-being, on the grounds of their placement being short-term or unplanned, or where they are placed. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for LAC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

6. Ethnicity

6.1 The majority of Looked After Children (as of 31 March 2016) across Merseyside are from a white British background, the same proportion as the general population of all children, and is in line with the national average for LAC. The breakdown of ethnic groups has not been routinely mapped and therefore not available for the LAC population within Merseyside due to the perceived low numbers. Anecdotally, Middle European migrants settling within Sefton is reported to be increasing, however the data has not been collated routinely within health to substantiate this claim. This is the same for unaccompanied asylum seekers. The Designated Nurse for LAC will work with health providers and the local authority, to develop a profile for both ethnic and asylum children entering care to inform future commissioning and quality measures.

7. Commissioning Arrangements of health provision for Looked After Children in Sefton

7.1 The CCG is responsible for commissioning health services for LAC in Sefton. Within Sefton statutory health assessment provision is commissioned from Liverpool Community Health NHS Trust (LCH) and Alder Hey Children's NHS Foundation Trust (AHCT). Child and Adolescent Mental Health Services are also commissioned from AHCT and Sexual Health services from the LCH.



7.2 Liverpool Community Health Looked After Children's Team

7.2.1 The Looked After Children's team are commissioned from Liverpool Community Health NHS Trust (LCH). The team work in partnership with Sefton Metropolitan Borough Council to facilitate the health provision to children and young people new into the care alongside ensuring robust arrangements are in place to maintain provision for the existing cohort of Looked After Children. The team co-ordinate the health care for Sefton looked after children, and those placed in area by other Local Authorities, to ensure that high quality statutory health assessments are completed in a timely manner.

7.2.2 The team have had significant amount of change within the last 12 months, with long standing experienced members of the team retiring and replacement staff commencing. This gave an opportunity to redesign the service and bring together the two small teams covering both Sefton and Liverpool into one in order to provide peer support and cross-cover.

7.2.3 The *Looked after children: knowledge, skills and competence of health care staff* (2015) document outlines roles and responsibilities for key health professionals working with looked after children. The document has been used to assess the current position within the LAC health team.

7.2.4 In November 2015 the organisation was successful in recruiting a Named Nurse, with a joint portfolio for both Looked After Children and Youth Offender Health, to strategically lead the service. This post followed the recruitment of a lead nurse for LAC who commenced in post in June 2015 alongside three LAC link nurses.

7.2.5 Named Nurse Looked After Children and Young Offender Health (1WTE) post involves service planning and line management with the Lead LAC Nurse (1WTE) managing a reduced sized caseload of complex children alongside providing the day to day management of the clinical and administrative team members.

7.2.6 The LAC link nurses manage the 16-18 year old 'care leaver' cohort following transition from school health services. Each nurse holds a caseload of between 50-90 children; 1 nurse is specifically dedicated to the Sefton cohort of care leavers and works closely with social workers to improve health outcomes

7.2.7 Administrative support (2.8 WTE) for the Named Nurse for Safeguarding/Lead Nurse for LAC is in place; 1 WTE is linked specifically to Sefton LAC to manage data flow relating to care status, health assessments and placement changes.

7.2.8 Due to the reorganisation of the service and a whole new team being in post the Named Nurse and Lead Nurse reviewed data collection tools as a priority to enable accurate capture of data to support the commissioning requirement within the key performance



indicators.

7.2.9 On review of the current systems gaps in communication between Liverpool Community Health NHS Trust and Sefton Metropolitan Borough Council were identified. To help bridge this gap, early in Quarter 3 an agreement was made with both that the Looked After Children's team should have access to the Local Authority electronic records via Liquid Logic.

7.2.10 Due to IT infrastructure the solution was not as quick as first thought and the service were only able to 'Go Live' with this in the Autumn of 2016. Despite encountering many challenges throughout 2015/16, the team continued to be proactive and innovative in their approach to improving health outcomes for Sefton Looked After Children.

7.3 Alder Hey Children's NHS Foundation Trust (AHCH)

7.3.1 Alder Hey Children's NHS Foundation Trust delivers the medical services for Children Looked After and adoption. The team consists of a Designated Doctor who works closely with the Designated Nurse in supporting the health agenda for LAC, and 3 Medical Advisors, who together, complete all Initial Health Assessments (IHAs) and adoption medicals for the Sefton area.

7.3.2 The AHCH Looked After Children's team take an active role at Corporate Parenting events and have contributed to Local Authority reports.

7.3.3 The Medical Advisors are involved in all stages of the Adoption Process for children and adults. The clinicians make an effort to offer face-to-face meetings or telephone consultations with potential adopters prior to matching. These meetings provide potential adopters with the opportunity to discuss available medical information and the implications this may have for the child's future.

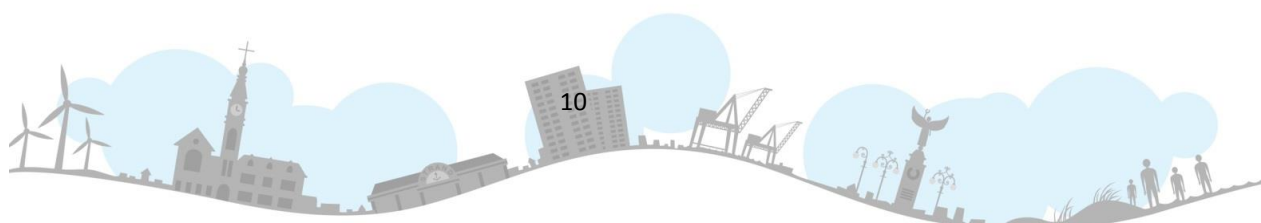
7.3.4 Medical Advisors also have an obligation to attend permanence panels, this provides the opportunity to highlight any medical concerns that have been raised about potential adopters and clarify any medical information for the child which may be unclear or misrepresented at panel.

7.3.5 The AHCH Looked After Children's Team are responsible for 'Adult Health Clearances' for all for foster carer, adoption, Special Guardianship Orders and kinship care applications.

8. Performance

8.1 Initial Health Assessments

8.1.2 In the year April 2015 - March 2016, 140 children were new into care however as indicated in Graph 5, 144 children required Initial Health Assessment during the reporting



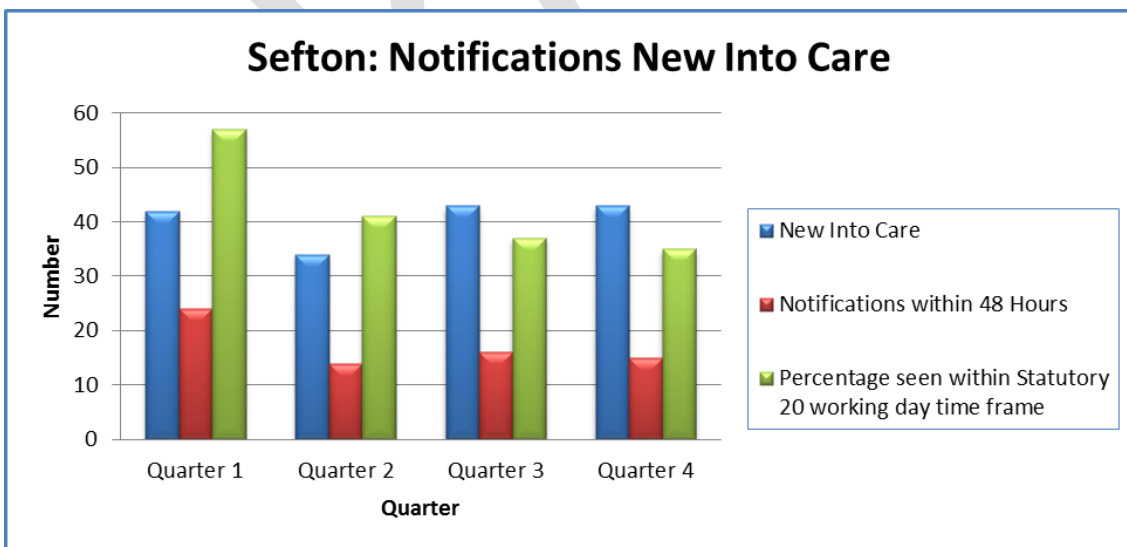
timeframe. This discrepancy can be related to 4 children who became LAC in March 2015 but required assessment in April 2015

8.1.3 Statutory Guidance requires that the Initial Health Assessment (IHA) should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer. That care review must happen within 20 working days from when the child started to be looked after.

8.1.4 To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. The allocated social worker is to notify the NHS Looked After Children’s Team within 48 hours of the child coming into care; delay in notification can have a significant impact on the facilitation of the initial health assessment

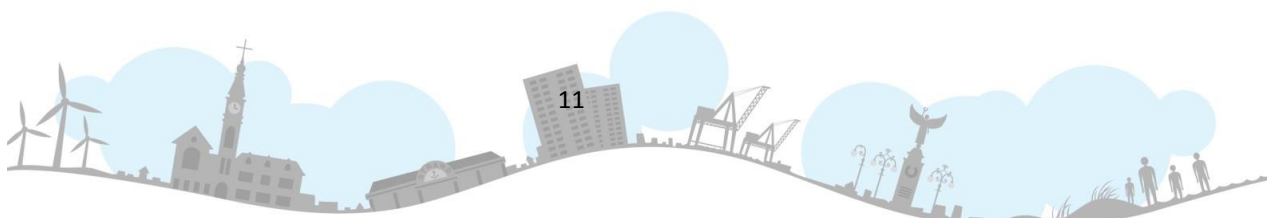
8.1.4 Receiving the notification within 48 hours and meeting the 20 working day target is a requirement within the safeguarding related Key Performance Indicators (KPI’s) for both LCH and AHCH. It is however recognised that achievement of this requirement is dependent on the placing Local Authority providing timely notification to the LAC health team irrelevant of the child being ‘Looked After’ Sefton, another Local Authority, placed in or out of Borough.

8.1.5 If the service has not received notification within 5 working days of the child becoming looked after it is unlikely that the 20 day time frame for returning the completed health action plan will be achieved.



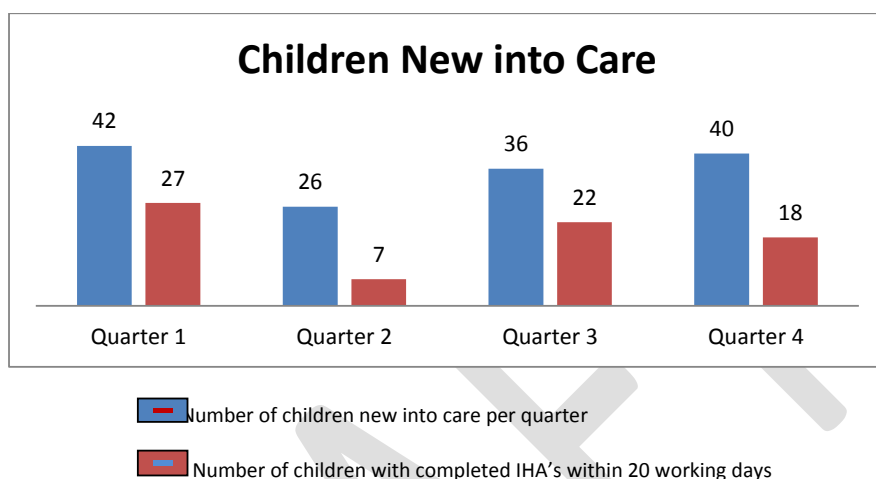
Graph 4 Requests for Initial Health Assessments in Sefton (inclusive of CiCOLA’s)

8.1.6 LCH LAC team, arrange the clinic appointment and ensure that health history is



available for each child for the examining paediatrician. The paediatrician examines the child with the consultation being concluded with the joint development a health plan which incorporates identification of clinical need whilst being reflective of relevant public health concerns.

8.1.6 From the information available 51% of children starting to be looked after in the local authority have had their IHAs completed in a timely manner.



Graph 5 Initial Health Assessment Data Compliance with Statutory Timescales (Sefton LAC only)

8.1.7 Common reasons for delay are:

- Late notification by children social workers.
- Children not brought for health appointment. "Did not attend" (DNA).
- Clinic capacity during periods of increased demand.
- Young people older than 16 are able to refuse to attend for their health assessment.
- Delays associated with requesting IHAs for children placed out of Sefton.

8.1.8 To increase the timeliness of the IHA's completed, early notifications from LA to the LCH LAC team is important. It is hoped that access to the Local Authority Liquid Logic system will improve this process.

8.1.9 Each IHA includes a summary and a health plan. The health plan lists outstanding health issues, recommendations and records who is responsible for completing the recommendation and when.

8.1.10 The local authority that looks after the child must take all reasonable steps to ensure



that the child receives the health care services he or she requires as set out in their care plan. The Independent Reviewing Officer (IRO) should, as part of the child's case review, note any actions and updates to ensure that the health plan continues to meet the child's needs. The IHA Health Plan is reviewed by the professional completing the subsequent Review Health Assessment.

8.2 Review Health Assessments, Key Performance Indicators and Quality Assurance

8.2.1 Review Health Assessments (RHAs) are a statutory requirement for all LAC, which are required to be completed every six months for children under the age of 5 years and annually for children over this age.

8.2.2 The RHA is a holistic assessment including emotional wellbeing and physical health. The recommendations and health plan from all RHAs are shared with the child's social worker (SW) and Independent Reviewing Officer (IRO).

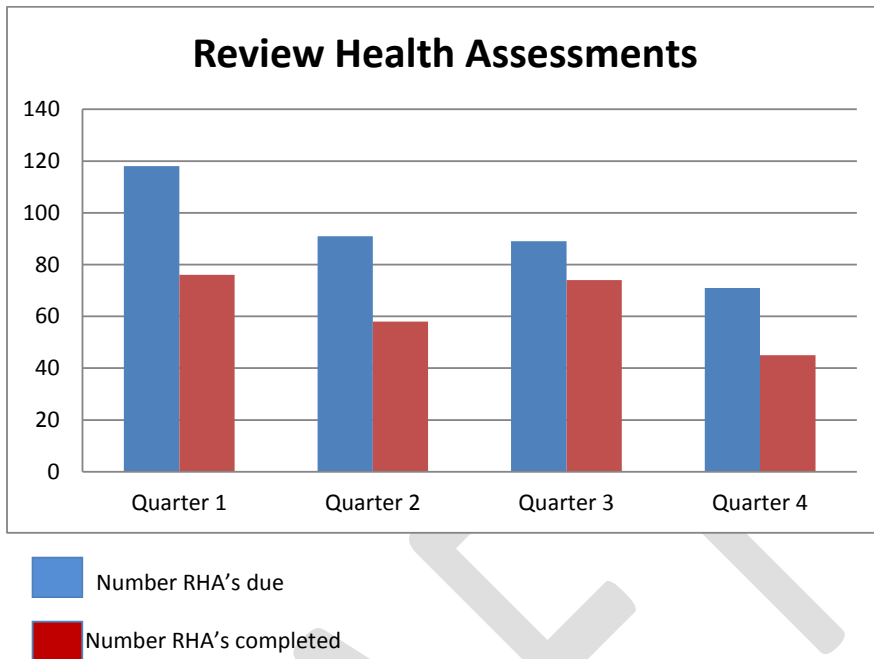
8.2.3 LCH are commissioned by the CCG to deliver this service. This is achieved by the LAC team coordinating the requests. Health visitors and School Nurses complete the assessments for the majority of the children, whilst the LAC Specialist Nurse completes the assessments for young people aged 16-18 years.

8.2.4 The completed RHA's are quality assured by the LAC specialist nurses. Particular attention is given to ensuring that recommendations from the previous health assessment have been completed.

8.2.5 All health practitioners include details of the child's immunisation status on their RHA. This is checked by the LAC specialist nurse using the quality audit tool. If this data is absent the QA tool is returned to the health practitioner requesting the up to date immunisation information is provided



8.2.6 Performance



Graph 6 Review Health Assessment Data Compliance with Statutory Timescales

8.2.7 Completion of the RHA's within a timely manner has been a challenge for LCH staff this year, however from the data submitted it is evident that a significant number of reviews are completed within the expected timescales.

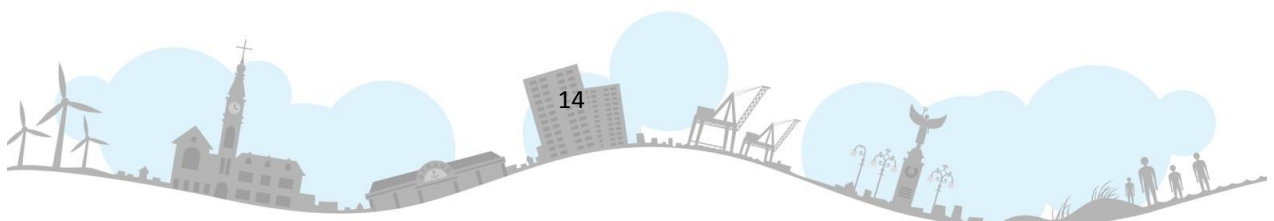
8.2.8 The number of children who have been looked after for a period of twelve months or more, who have received their statutory health assessment, is recorded by the Local Authority as part of the SSAD903 return to Central Government.

8.2.9 Performance for 2014/15 was significantly poorer than hoped therefore oversight by the CCG had been required during this reporting period. An increase in monitoring, scrutiny and assurance was deemed necessary to achieve a more favourable return in 2015/16

8.2.10 Whilst the publication of National SSAD903 data is not available until December 2016 it is possible to provide a projection of the anticipated return using information provided by both LCH and Sefton Corporate Parenting Team

8.2.11 A cohort of 362 children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the 903 return. 313 children had a review health assessment undertaken within the reporting period (86%)

8.2.12 A number of factors have contributed to the 49 children being counted as not receiving statutory review assessment. These include:



- DNA/Non-engagement – A number of children refused to participate in the assessment process despite several attempts to undertake
- Late return – Several children received assessments out of timescale (after 31st March 2016) and therefore are counted as incomplete within the return
- Children placed out of area – There is a reliance on receiving provider health teams to comply with requests for health assessments; often these children will experience delay, inconsistent approach in completion or no offer of a service

8.3 Dental

8.3.1 All LAC are encouraged to register with a local dentist of their choice at all health assessments. The health practitioners completing the child's health assessment must record the dental practice and dates of appointments they attended. This information assists the Local Authority in confirming compliance with routine dental checks as part of the 903 return

8.3.2 Unconfirmed figures suggest that 279 children out of 362 were up to date with recommended dental examination (77%). Unfortunately there is no breakdown of data to indicate if the reasons underlying this figure are due to difficulties with access to dental service, refusal/non-compliance or inaccurate reporting

8.4. Immunisations

8.4.1 Research suggests that children in care often enter the system with incomplete immunisations. It is therefore a priority of the local authority and health care providers to ensure that these children are brought in line with the national immunisation schedule as recommended by the Health Protection Agency and Public Health England

8.4.2 Mandatory reporting on the immunisation status of children looked after for longer than a year also forms part of the 903 return, with authorities detailing the number of children who are immunised appropriately for age

8.4.3 279 (77%) children were identified as being up to date as per current immunisation schedule at the end of March 2016

8.4.4 This data has been collected in the main by the Local Authority with little support regarding the clarification or interpretation of data being requested by health service providers. Again there has been no opportunity to scrutinise this data and it is therefore possible that a number of children have been recorded inaccurately as requiring immunisations due to misinterpretation of a frequently changing, national immunisation schedule



8.5. Strengths and Difficulties Questionnaire

8.5.1 It is important to measure, on a regular basis, the emotional and behavioural difficulties experienced by looked-after children. Commonly this is achieved via the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds or 2-4 year olds. It is internationally validated and simple to administer.

8.5.2 The SDQ provides information to help social workers form a view about the emotional well-being of individual looked-after children. It is a requirement of the SSDA903 that local authorities must ensure that the looked-after child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

8.5.3 In Sefton, the current arrangement for completion of SDQs sits with the Local Authority. Best practice dictates that information in the completed questionnaires is collected by the local authority and the child's total difficulties score is worked out and available to inform the child's health assessment. It has been highlighted however that there is no formal communication process between social care and health providers in regard to the SDQ findings for individual children.

8.5.4 During the 2015/16 reporting period the Local Authority reported that 175 children out of eligible cohort had a Carer's SDQ completed. Figures provided by Liverpool Community Health indicate that 243 children aged 4-16 years should have benefitted from this emotional health measure (72%),

8.5.5 Many regional neighbours include the SDQ process within the Review Health Assessment; this helps to understand the child's SDQ scores in context and may suggest any underlying problems. The SDQ should be used as evidence to support a referral to local targeted or specialist mental health services, where appropriate.

8.5.6 Future discussions between the CCG, Local Authority and provider health services will facilitate a possible move to this process being developed for Sefton Looked After Children.

9. Child and Adolescent Mental Health Service (CAMHS)

9.1 The Sefton CAMHS service is provided by AHCH and they provide a range of support to professionals, children, young people and their families to meet both the mental and emotional needs of those children who reside in Sefton.

9.2 Looked after children present to CAMHS with similar difficulties to the general population though they frequently have more than one problem and a history of significant



adverse early life experiences. Engaging some young people can take time.

9.3 The service offers a range of interventions that are tailored to the needs of the young person and their professional network as the key is to support both care and educational placements.

9.4 Appointments are offered for most young people frequently and there is significant additional input for carers and regular liaison with the professional system.

10. Sexual Health Services

10.1 In the main, young people in Sefton access local sexual health services provided by Southport & Ormskirk NHS Hospital Trust. There is no specific service dedicated to Looked After Children.

10.2 The service is confidential and able to offer a choice of walk-in, or appointment clinics and designated under 25 only sessions. Service users can state a preference to be seen by either male or female staff.

10.3 Services provided include all contraceptive methods, sexually transmitted infection testing and treatments including HIV, free condoms and pregnancy tests. In addition, there are referral clinics for psycho-sexual counselling and erectile dysfunction.

10.4 The clinic service is supported by a clinical outreach service (referral only) and sexual health promotion team. The availability of an outreach service has proved invaluable for some looked after young people who have faced challenges in engaging with, and accessing clinical services

10.5 Sefton C-Card is a community based condom distribution scheme for young people aged between 13 and 19 years of age. All organisations participating in this scheme understand that confidentiality is of utmost importance for many young people whilst maintaining clear processes to deal with any Safeguarding issues such as CSE.

11. Looked After Children Accommodated Out Of Area (OOA)

11.1 Looked After Children may be accommodated outside the Sefton Borough for a variety of reasons. Sefton local authority continues to be responsible for the child's care and the CCG remains the "responsible commissioner" for health services, while the child is accommodated OOA.

11.2 Through local service specifications the CCG commission LCH to coordinate the



statutory health assessments for Looked After Children. LCH LAC team liaise closely with out of area LAC health teams to request, ensure completion and quality assure the assessment documentation to ensure children's health needs are supported. The team are required to follow up all RHAs not completed or returned within set time frames. This area continues to be time consuming and challenging at times.

11.3 It is crucial that any identified complex health needs for OOA children continue to be met. Accessing emotional health support, assessment and treatment from CAMHS is the main area for concerns for these children placed away from Sefton.

11.4 Establishing the "responsible commissioner" and obtaining the cooperation of the local area health service can sometimes prove challenging and cause delays for children. To ensure that these threats are minimised, it is important that processes are robust between the CCG and provider organisations. During 2015/16 the process was refreshed and re-implemented to ensure children placed out of the Sefton borough received a quality service without any delay. This is in line with the statutory national tariff for IHA's "Payment By Results" NHS England Guidance and locally developed quality schedule.

12. Supporting Looked After Children with Disabilities.

12.1 Nationally two-thirds of all LAC have special educational needs (SEN). Of those, a significant proportion will have a statement or a learning difficulties assessment. From 1st September 2014 statements were replaced by Education, Health and Care (EHC) plans, with the transition process to be complete by 2016. The looked-after child's EHC plan works in harmony with their care plan to tell a coherent and comprehensive story about how the child's health needs in relation to accessing education are being met. Health and education professionals should consider how to co-ordinate assessments and reviews of the child's care plan and EHC plan to ensure that, taken together, they meet the child's needs without duplicating information unnecessarily.

13. Adoption

13.1 The Medical Advisers for LAC and Adoption are involved in all stages of the Adoption Process for children and adults.

13.2 Each child adopted had an Adoption Medical, in addition to their Initial Health Assessment as a Child in Care. Following placement for adoption the Medical Adviser is available to advise Social Workers, health professionals and prospective adoptive parents.

13.3. Following placement for adoption the child remains a Child Looked After. The Specialist Nurse for Looked After Children is able to provide information and support for the prospective adopters and for health professionals in the new area.



14. Skilled and Competent Workforce.

14.1 All healthcare staff who comes into contact with LAC should work within the Royal Colleges' intercollegiate framework. This framework identifies the competences that enable healthcare staff to promote the health and well-being of looked-after children. They are a combination of the skills, knowledge, values and attitudes that are required for safe and effective practice. Assurance can be given that the Designated Nurse and Doctor complies with level 5, all medical advisors and specialist nurses are compliant with level 4, Supporting Team Nurse, Health Visitor and School Nurses are compliant at level 3 and all Administrative staff compliant with level one. The CCG monitor compliance against these standards monthly via the Key Performance Indicators within the quality schedule.

15. Summary of Key Areas of Achievement by Providers and Designated Nurse for the CCG 2015/16

15.1 Liverpool Community Health (LCH)

- Complete review of systems and processes related to Initial and Review Health Assessments
- Revised Quality Assurance tool to ensure information provided within statutory assessments is available to inform audit processes and health needs assessments
- Roll out of Level 3 LAC training across LCH footprint to increase skills, knowledge and competencies community practitioners with regard to the health needs of looked after children; 4 sessions completed by March 2016 with 90 staff attending
- Involvement with the Sefton MAD Health group to ensure improvements in health provision to children and young people is driven by the voice of the child
- Improvement in timescales regarding review health assessments and joint working with AHCH to improve clinical pathways for Initial health assessments
- Creation of LAC Champions group to raise the profile of Sefton's Looked After Children population within the organisation

15.2 Alder Hey Children's NHS Foundation Trust (AHCH)

- The Designated Doctor has implemented a change to practice so that training for IHA's and Adoption Medicals are included within all registrar job plans. This change will enable and support the team in meeting demand for extra clinics, as both children requiring IHA or adoption medical will be able to attend the same clinic.
- The team have been working hard over the past year to develop stronger working



relationships with partner organisations (LCH). The Designated Doctor and Specialist Nurse have regular contact with the organisation, which has improved both, communication and practice.

- Revised process for the completion of adult clearance for potential carers has seen a reduction in the timescales this process takes. Feedback from Local Authority colleagues has been positive commending the new 'triage' process and the improved timeliness of the service. The team continue to be flexible with demands for 'urgent' clearances.

15.3 Clinical Commissioning Group (CCG)

- Designated Nurse Role now imbedded within Quality directive for CCG.
- Review of the Service Specifications, Reporting, KPI's and Quality Schedules in place.
- Governance in place to ensure providers delivering commissioned services to meet statutory requirements.
- Contracts and process in place with providers (in line with National Tariff) to ensure LAC placed out of Borough receive their health assessments in a timely manner.
- Looked after Children Strategy developed and implemented
- NHSE baseline tool "Right People, Right Place, Right Time, Right Outcome" completed and action plan in place

16. Key Areas for Development for Providers and Designated Nurse for the CCG during 2016/17

16.1 Liverpool Community Health NHS Trust (LCH)

- Access to Local Authority Liquid Logic system to ensure timely, appropriate information sharing with regard to the health of individual looked after children
- Further development of health training offer to include regular Level 3 LAC specific sessions, training for foster carers and information sessions for social care staff
- Health needs assessment of LAC cohort utilising data extrapolated from review health assessments via improved quality assurance tool
- Integration of SDQs within Statutory Health Assessments

16.2 Alder Hey Children's NHS Foundation Trust (AHCH)

- Continue to review processes and look at ways to improve the child's medical journey through care.

16.3 Designated Nurse for Looked After Children for the CCG

- CCG Action Plan for LAC to be maintained and updated monthly by Designated



Nurse.

- System to be developed to facilitate LA notification to the CCG for all children placed out of area, placed in area by another LA and movement of LAC placements to ensure the CCG has oversight and is able to plan care
- Review of Specialist Nursing provision to inform commissioning arrangements in place to meet CCG statutory responsibility.
- Training for health/social care and foster cares to be reviewed, to ensure statutory requirements are being met.
- To obtain an overview of the ethnicity of the LAC population, to include asylum seekers, to inform commissioning delivery plans
- Actively seek young people in care views to inform future commissioning.

17. Conclusion

The CCG has worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services in line with National guidance and to fulfil the health needs of the group of children.

The performance of commissioned services to deliver the statutory standards for LAC has been good throughout the year.

This is the first combined annual report. Collating data from the various providers has proved difficult as data has not been collected or used in this way before. The narrative the providers have supplied, does support how the CCG is fulfilling its duty to safeguard children and young people and commission services appropriate to national guidance.



18. References

DH/DfE (2015) Promoting the Health and Welfare of Looked After Children
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412486/health_guidance_consultation_response.pdf

HM Gov (2015) Working Together to Safeguard Children
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<http://www.nice.org.uk/guidance/ph28N>

NICE (2013) Quality standard for the health and wellbeing of looked-after children and young people. NICE quality standards [QS31]. April 2013. <https://www.nice.org.uk/guidance/gs31>

NHS England (2014) Outcomes Framework 2014/15: Domain 4: Ensuring people have a positive experience of care, Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

Public Health England (2013) Public Health Outcomes Framework 2013/16: Domain 1 Improving the wider determinants of health, Domain 2 health improvements.
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RCPCH (2015) Looked after children: knowledge, skills and competence of health care staff
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DRAFT



MEETING OF THE GOVERNING BODY NOVEMBER 2016

Agenda Item: 16\	Author of the Paper: Margi Daw Safeguarding and MCA/DoLS Coordinator margi.daw@haltonccg.nhs.uk 0151 495 5469						
Report date: 30 November 2016							
Title: NHS Southport & Formby CCG MCA/DoLS Safeguarding Annual Report 2015/16							
<p>Summary/Key Issues:</p> <p>This is the first annual Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS) report to NHS Southport & Formby Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to people requiring care and treatment in the Borough who lack capacity to make best interest decisions.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2016/17.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive and approve this report.</p>	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.

x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			Joint Quality Committee

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

Report to Governing Body November 2016

1. Executive Summary

This is the first annual Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS) report to NHS Southport & Formby Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to people requiring care and treatment in the Borough who lack capacity to make decisions.

The CCG annual report takes account of national changes and influences, local activity, governance arrangements and the challenges for 2016/17.

The CCG makes a significant contribution to embedding the principles of Mental Capacity Act and DoLS by its partnership work with the National Forum, Sefton local authority and the commissioned health providers.

2. Key Issues

The Annual Report provides the Governing Body with an update of the developing and emerging MCA/DoLS agenda, which the CCG has supported throughout the 2015-16 reporting period.

This includes updates on the National Context (The Deprivation of Liberty Safeguards, Article 5 of the Human Rights Act 1998, Supreme Court ruling P v Cheshire West and Chester and P and Q v Surrey Council, CQC Document "The State of Health Care and Adult Social care in England 2015/16", The Chief Coroners Guidance No 16 in December 2014, Birmingham City Council v D & Another [2016] EWCOP 8 and requirements under the Court of protection) and the Local Context (NHSE North region MCA/DoLS Network, NHSE Designated Professionals Network, Partnership working and Training) and activity for commissioned health providers in relation to DoLS. It also outlines the future implications, challenges and key work streams for 2016/17.


3. Recommendations

The Governing Body is asked to receive and approve this report


4. Appendices

Mental Capacity Act/DoLS Annual Report 2015-2016

Margi Daw Safeguarding and MCA/DoLS Coordinator
Helen Smith Head of Safeguarding Adults

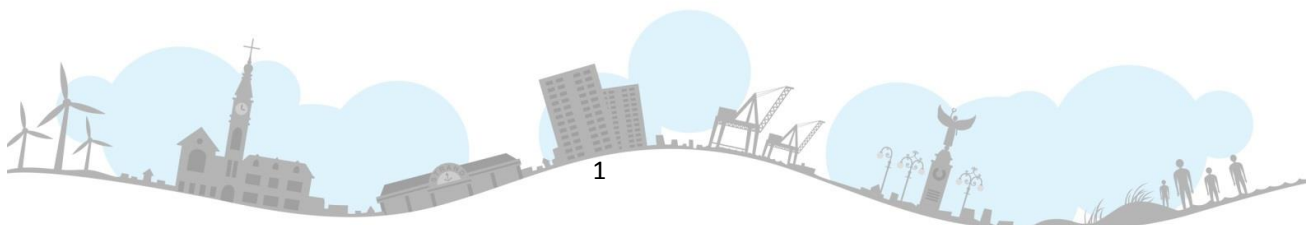


Mental Capacity Act/ DoLS Annual Report 2015-2016



Author: CCG Safeguarding Service

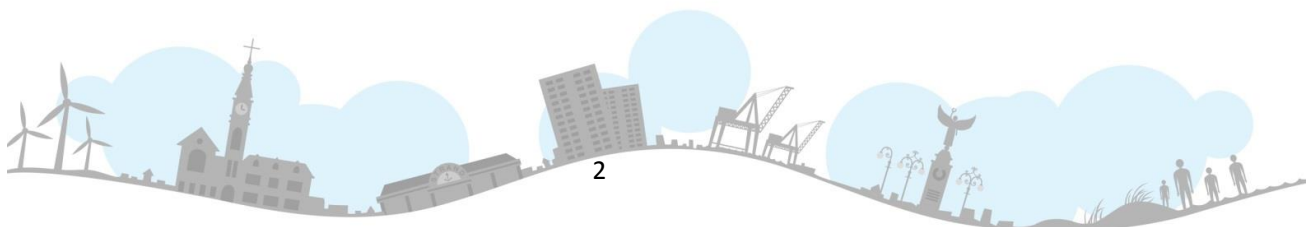
Date: November 2016



Foreword by Chief Nurse for CCG

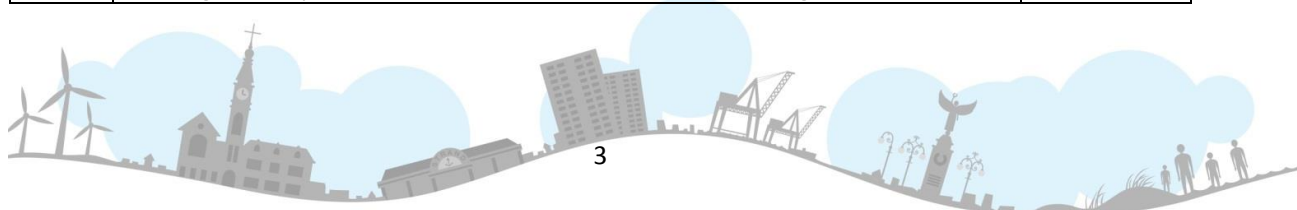
NHS Southport and Formby Clinical Commissioning Group and South Sefton Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding vulnerable adults who lack capacity within the local communities. The commitment to the MCA/DoLS as part of the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCG is to actively improve outcomes for all vulnerable adults and this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.

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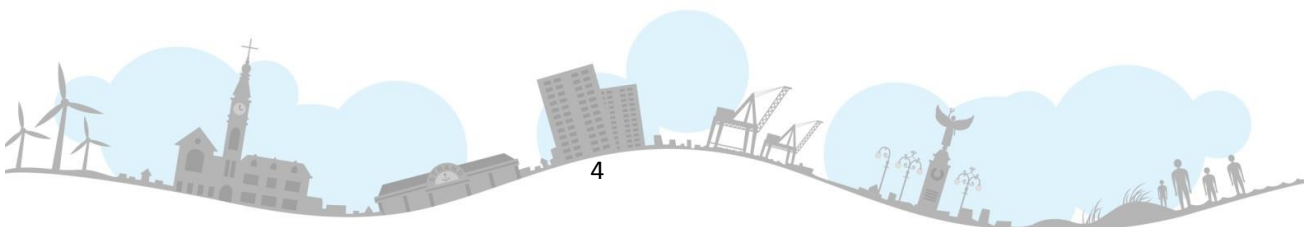
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NHS South Sefton CCG and NHS Southport and Formby CCG

Mental Capacity Act/ DoLS Annual Report 2015-2016

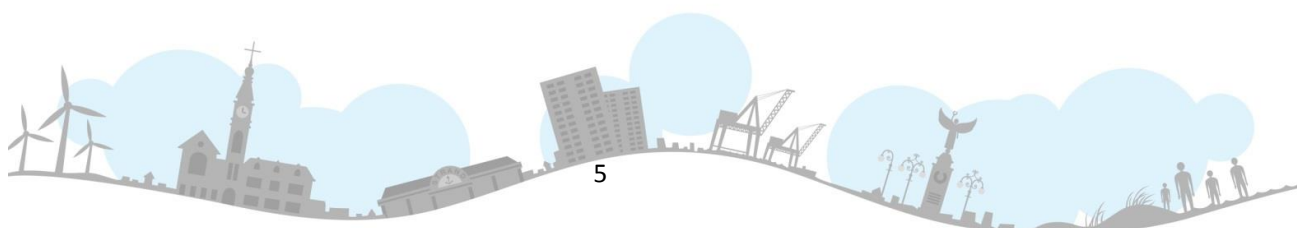
1. Purpose of Report

This is the first annual report presented to the NHS CCG Governing Body for NHS South Sefton and NHS Southport and Formby CCG (thereafter referred to as the Sefton CCGs) Governing Bodies for the reporting year 2015-2016.

This report is intended to provide assurance that the CCG has safely discharged its statutory responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) as a key component of the wider safeguarding agenda.

NHS SeftonCCGS commissions a Hosted Safeguarding Service to support discharge of statutory responsibilities for children and adults at risk. The hosting arrangements remain with NHS Halton CCG as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. The role of the MCA/DoLS Lead is supported within this arrangement

The report provides a summary of the activity undertaken throughout 2015 / 16 in relation to the implementation of the Mental Capacity Act and highlights the key issues with respect to Deprivation of Liberty Safeguards (DoLS) across the Sefton region. The report identifies individual commissioned health providers but the data in relation to DoLS is collated Sefton wide by the Local Authority and as such does not differentiate between the NHS South Sefton CCG and NHS Southport and Formby CCG residents and therefore this report is presented as the annual report for both NHS Southport and Formby CCG and NHS South Sefton CCG.



2. National Context

The Mental Capacity Act was introduced in 2005 and provides a statutory framework for people who lack the capacity to make decisions for themselves. The Deprivation of Liberty Safeguards was the legal framework provided in response to Article 5 of the Human Rights Act 1998 which states ‘everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed within this Act. The aim of the Safeguards is to protect vulnerable people who lack mental capacity, but who need to be deprived of their liberty so they can be given the appropriate care and treatment in a hospital or care home setting. If a person’s right to liberty needs to be infringed in other settings for example within a Supported Living Scheme, then an authorisation must be obtained from the Court of Protection.

On 19th March 2014 a Supreme Court ruling P v Cheshire West and Chester and P and Q v Surrey Council was significant in lowering the threshold in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a Deprivation of Liberty (DoLS) and introduced a new ‘acid test’. The implication being that all people who do not have capacity and are not free to leave their environment need to be supported under the framework of the DoLS.

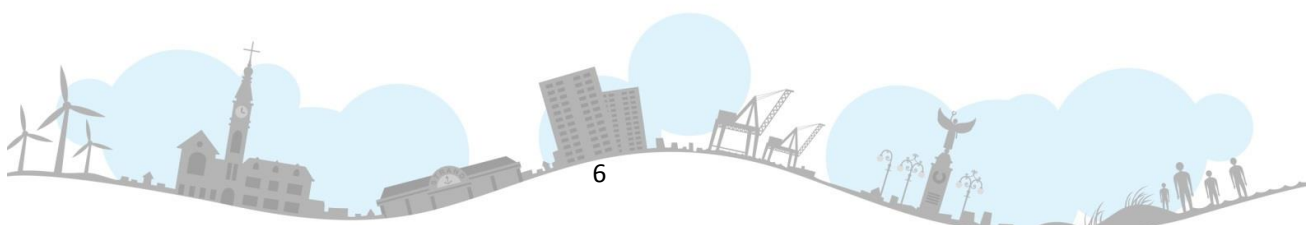
As a result of this judgement there has been significant increase in the applications to the Local Authority Supervisory Body by Managing Authorities, such as hospitals, as they are required to make more applications for DoLS assessments. National Statistics for 2015 / 16 published by Health & Social Care Information Centre (hscic) confirm a 29% increase in applications compared to the data of 2014 / 15

The majority of Local authorities in England are experiencing delays with processing applications and so this means that Managing Authorities will be depriving patients of their liberty without authorisation. The CCG has advised provider organisations to seek legal advice in relation to this judgement and the impact for their organisations.

The judgement has received much criticism as the present process is failing to deliver improved outcomes for those lacking capacity and in March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS were “not fit for purpose” and recommended that they be replaced. The Law Commission was tasked by the Department of Health with undertaking a review of the Safeguards; on 27th July 2015 a consultation was commenced and a response was subsequently published on how the law should regulate deprivations of liberty (DoLS). A final report with recommendations and a draft Bill is expected in December 2016 with a view to achieving legislative reform; implementation is expected in 2019

2.1 Care Quality Commission

The recent CQC Document “The State of Health Care and Adult Social care in England 2015/16” identify that Providers who applied the Deprivation of Liberty Safeguards (DoLS) well had a culture of person centered care, robust policies, documentation of DoLS procedures and good leadership in place to provide a focus to staff understanding of DoLS and how to apply it. It noted that the variation in the effective application of DoLS both between providers and within individual providers could lead to



individual's not receiving care that is in their best interests.

The report finds that not enough providers are applying capacity assessments effectively and that many made assumptions that individuals lacked capacity without having carried out or documented assessments. Some providers used the "blanket approach" to capacity assessments, which suggests that their focus may be more about managing organisational risk than delivering person centered care. Training also remains an issue.

2.2 RPR (Relevant persons representative)

As a result of the volumes of DoLS referrals there has been an increase in the number of 21a challenges. The Relevant Persons Representative (RPR) can refer the issue to the Court of Protection (COP) to challenge or review the urgent or standard authorisation.

There have also been requests for advice to schedule Section 8 reviews. (A Part 8 Review under the DoLS can be triggered by either a managing authority, the relevant person (ie. the detainee) or their representative requesting that the supervisory body (who authorised the detention in the first place) review the authorisation.

The managing authority *must* request such a review if they feel that a person's circumstances have changed and so they may not meet the qualifying requirements for detention under the DoLS.

2.3 Court of Protection (COP)

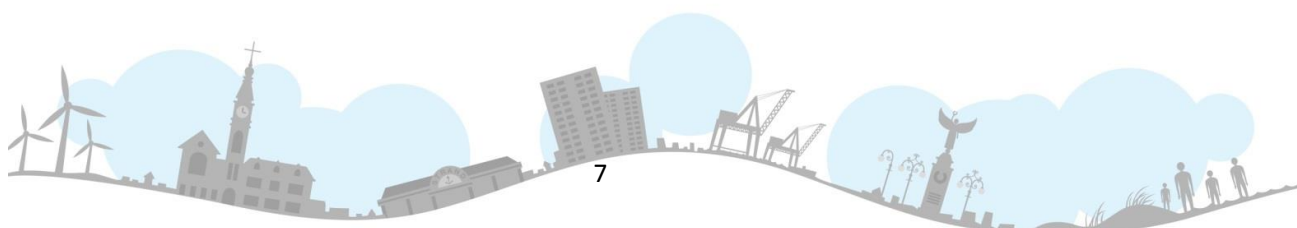
Providers of other health and care services outside of hospitals and care homes, such as supported living services must apply to the Court of protection for authorisation to deprive someone of their liberty in the course of providing care. The requests for DoLS authorisations within the community have dramatically increased following the 2014 Supreme Court ruling. This has continued throughout the reporting year.

2.4 Birmingham City Council v D & Another [2016] EWCOP 8

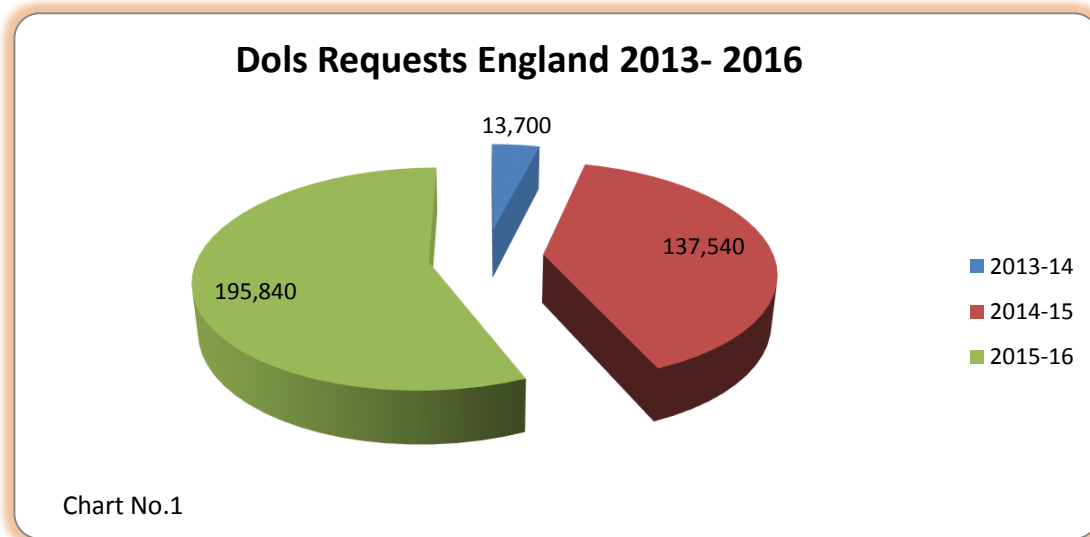
This judgment determined that once a young person reaches the age of 16. It is not enough to rely on parental consent when a 16 year old is under continuous supervision, is not free to leave and such cases will always need a referral to the Court of Protection for authorisations and, inevitably, annual review, at least until the young person falls within the scope of the Deprivation of Liberty Safeguards - DoLS (at age 18, if it is a registered setting). The parent of a 16 or 17 year old young person may not consent to their confinement which, absent a valid consent, would amount to a deprivation of that young person's liberty".

2.5 Chief Coroner Guidance

The Chief Coroners Guidance No 16 in December 2014 set out that any person who dies whilst under a DoLS should be the subject of a coroner's investigation. As a result of this the Coroners Statistics 2015 show a 27% increase in the number of inquests. Almost all of DoLS inquests (94%) recorded a conclusion of death by natural causes. Non-Natural deaths (eg a fall) require a Jury inquest. Some coroners have determined that unless a DoLS has been signed off and authorised they will not treat it as a Deprivation of Liberty. Recent challenges have been made to this guidance from a number of areas.



3. National Statistics 2013-16



The DOLS statistics for the period of 1 April 2015 to 31 March 2016 saw the greatest number of DOLS applications ever: 195,840. 105,055 of these applications were completed: approximately half of which were completed within 35 days. The average duration for completion was 83 days. 4% (4,335) took 365 days or more to be completed. Half (51,330) of those not yet signed off had been awaiting completion for up to 188 days (of which 21,370 originated as urgent authorisations).

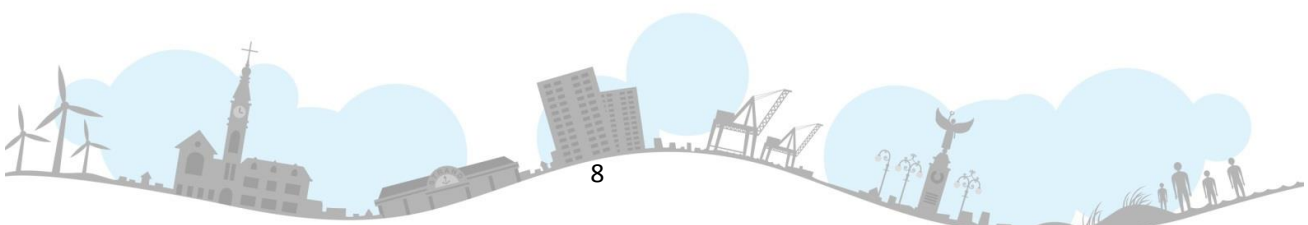
Regional variations differ greatly across England in relation to both numbers of applications made and also of those granted. 84% of standard authorisations were for less than 6 months.

Due to the vast increase and demand for assessments under the Deprivation of Liberty Safeguards the Association of Directors of Social Care (ADASS) has developed a screening tool. This is to be used as an indicative guide only. The aim of this tool is to assist councils to respond in a timely manner to those requests which have the highest priority, so as to safeguard the individuals concerned.

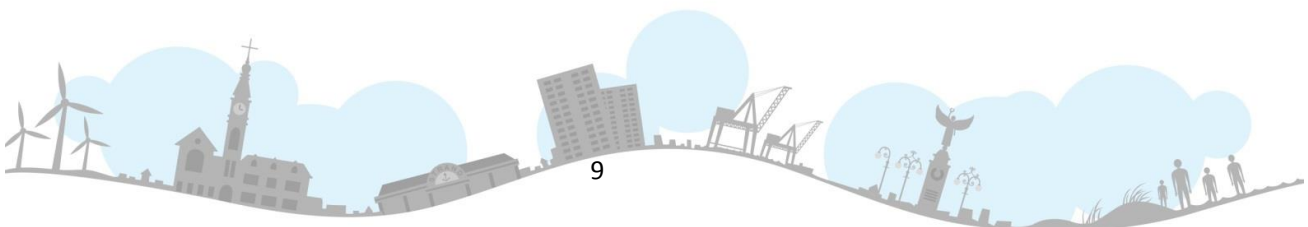
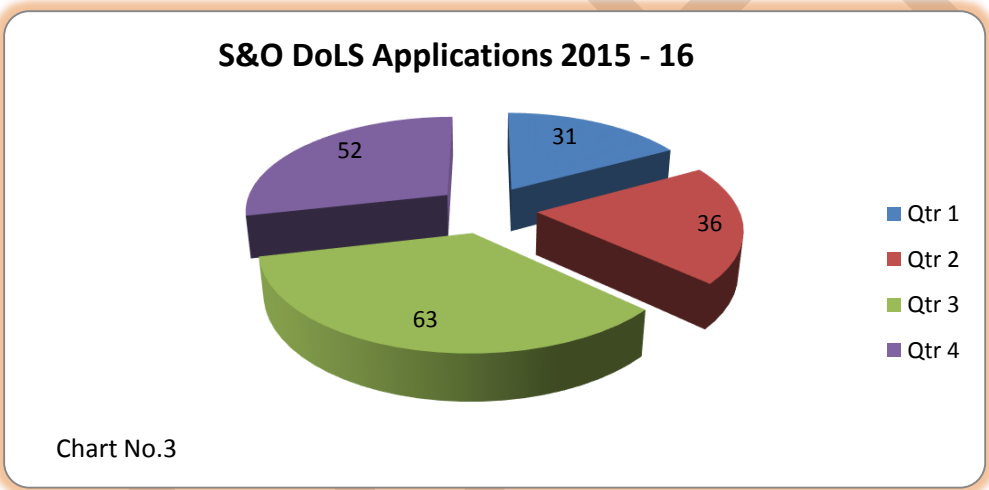
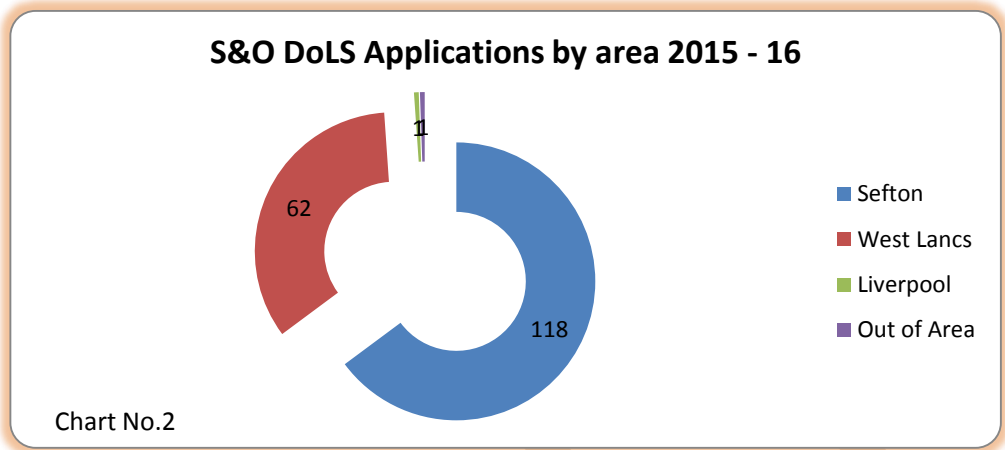
4. Local Context

4.1 Request and Authorisation activity Data per provider

The following graphs identify the Dols requests for authorisation from the CCG health commissioned providers and also Sefton Local authority. There is a variance in the data presented due to the information available from the health commissioned providers. This is being addressed through the work plan for 2016-17



4.2 Southport and Ormskirk Hospital



S&O DoLS Application outcomes by Area 2015 - 16

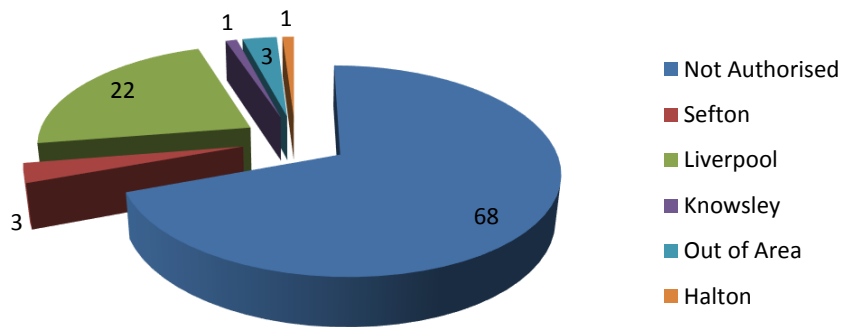


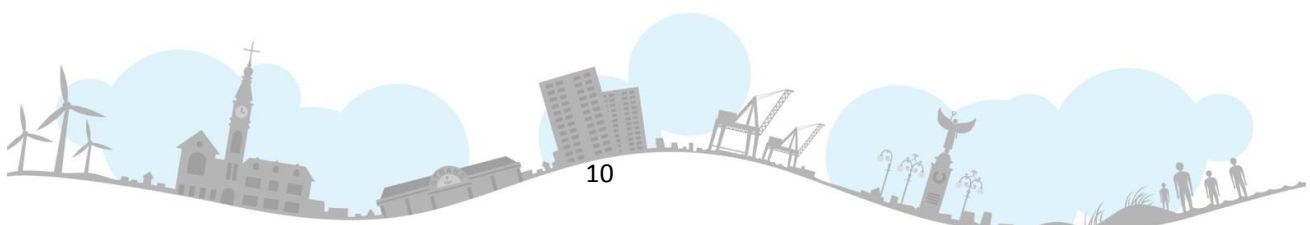
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4.3 Southport and Ormskirk Hospital Summary

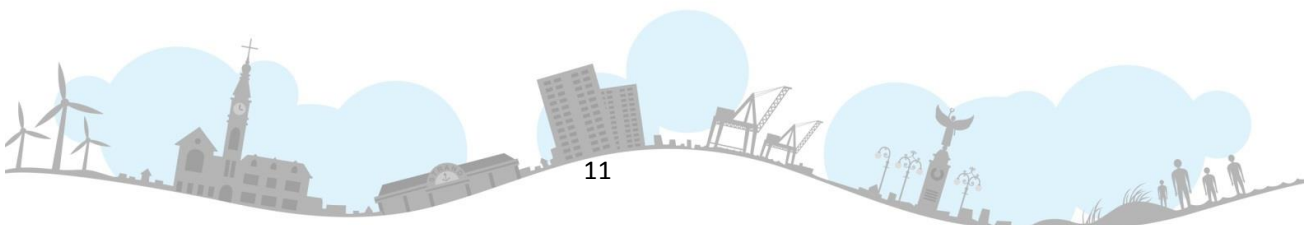
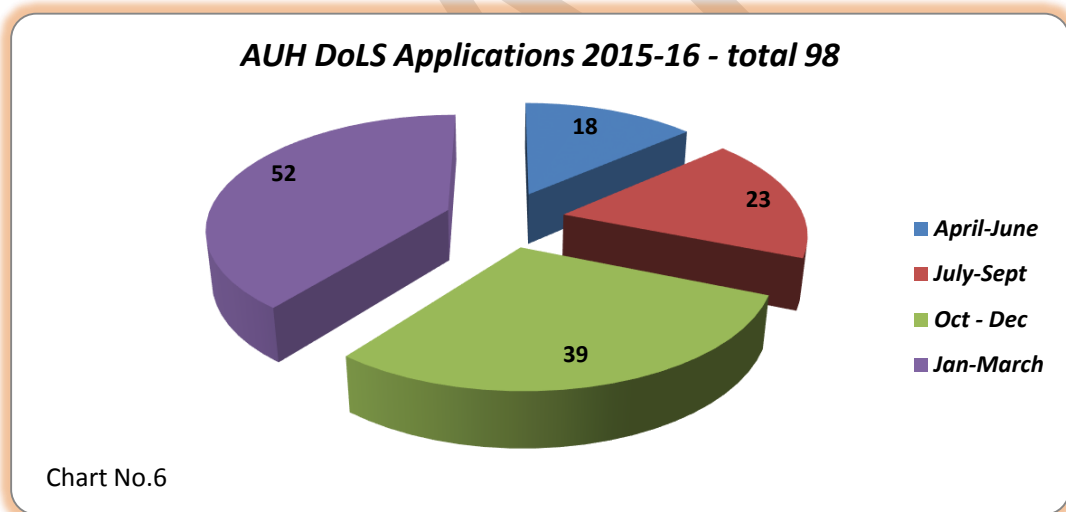
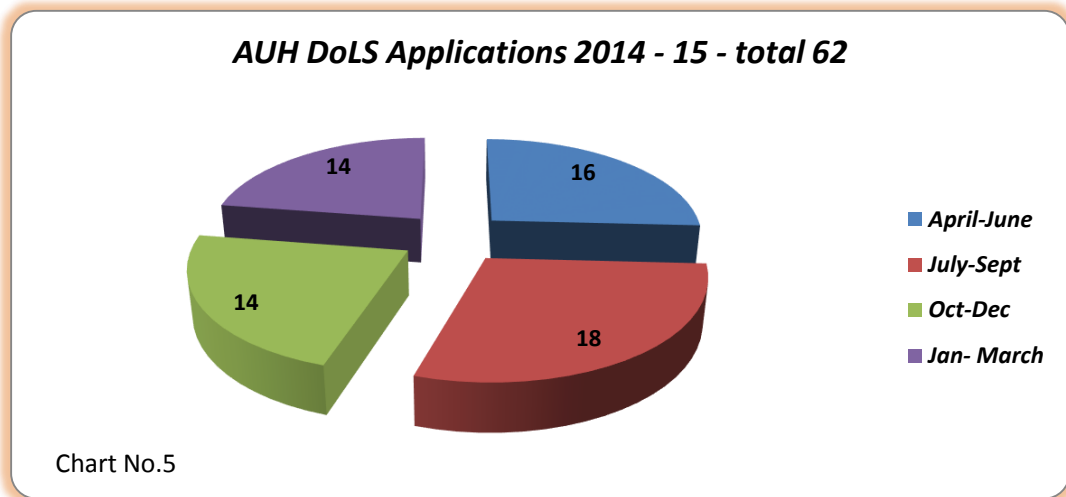
- 182 requests for DoLS Authorisations made in 2015 -16
- 118 of these requests were made to Sefton LA
- 62 were made to West Lancs
- 1 to Liverpool
- 1 out of area

4.4 Reason for non- authorisation

Data not submitted



4.5 Aintree University Hospital



AUH DoLS Applications by Area 2015- 16

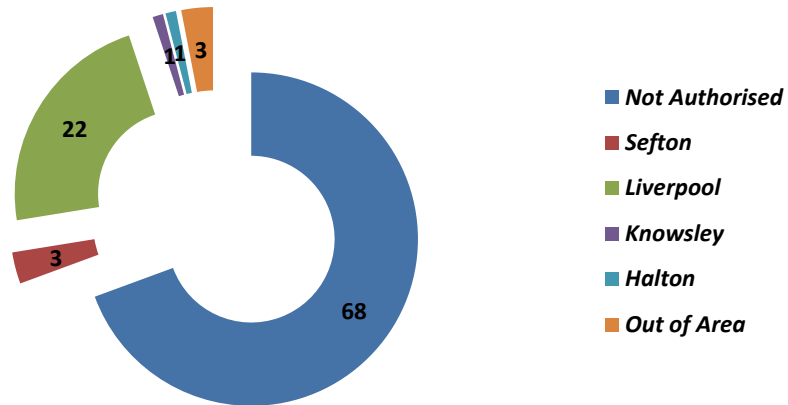


Chart No.7

AUH DoLS Application Outcomes 2015-16

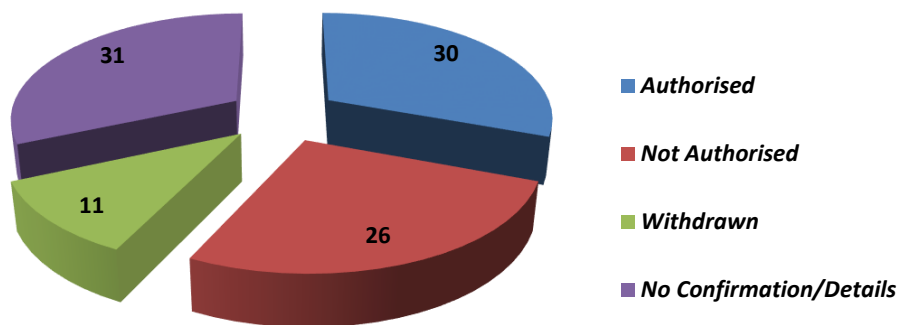
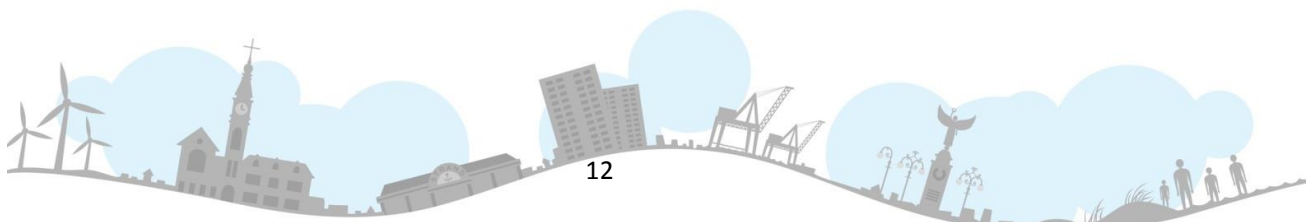


Chart No.8

4.6 Aintree University Hospital Summary

- 98 requests for authorisations made during 2015 – 16
- 30 of these were authorised
- 22 of those authorised were for Sefton patients
- 26 were not authorised.
- 11 requests were withdrawn due to discharge or regaining of capacity and therefore not



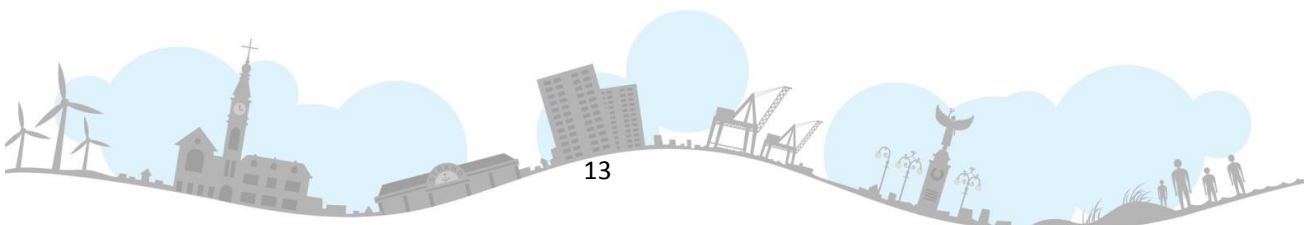
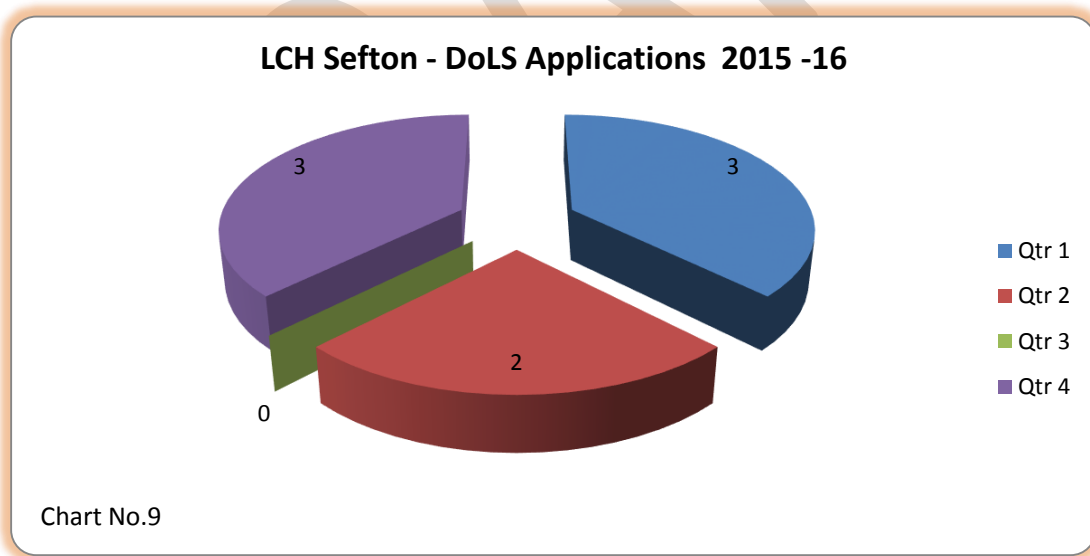
authorised.

- 31 were classed as non-authorisations for the purpose of this data as no confirmation details available
- Some Supervisory Bodies within the Merseyside area are not providing confirmation of outcomes/paperwork following DoLS assessments.

4.7 Reasons for non-authorisation

- The patient regaining capacity
- The patient was discharged prior to assessment
- The application was withdrawn by the hospital
- The outcome of the assessment was deemed to be a restriction not a Deprivation
- The hospital was requested by LA to put on a 7 day extension
- Delay in confirmation of outcome

4.8 Liverpool Community Health (South Sefton)



LCH Sefton - DoLS Application Outcomes 2015 -16

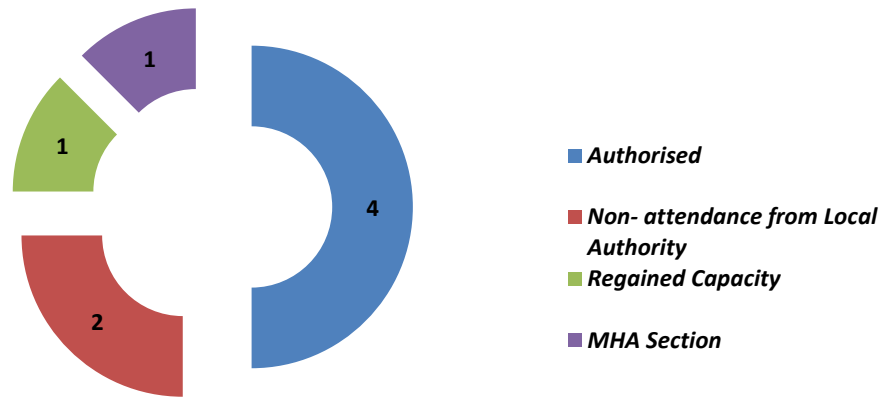
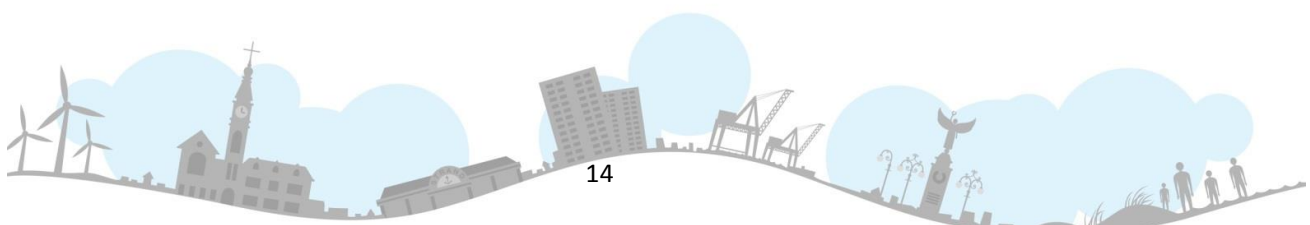


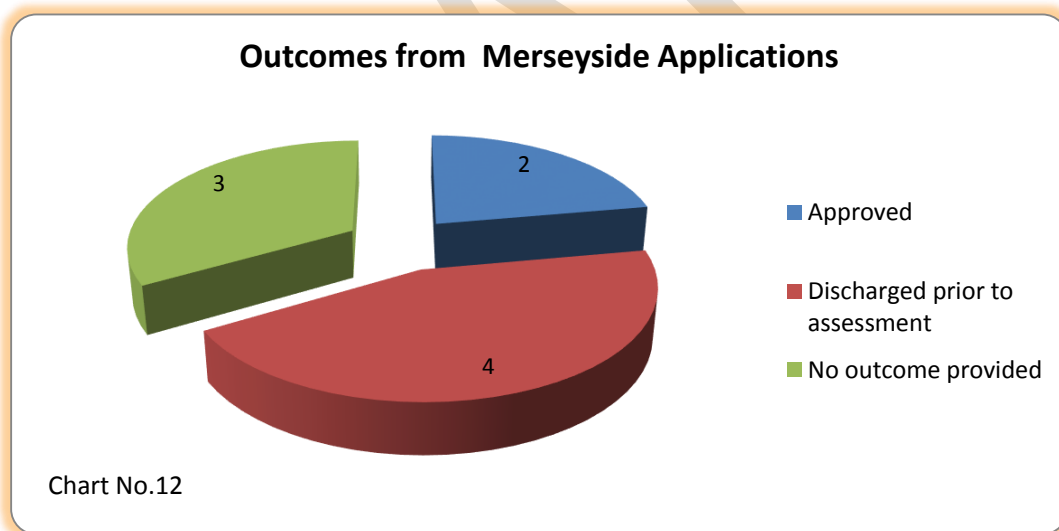
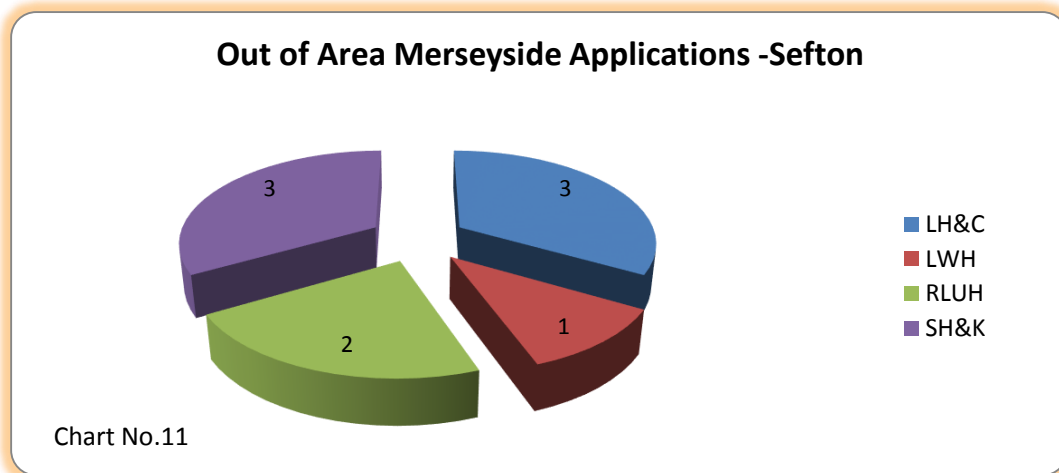
Chart No.10

4.9 LCH Sefton Summary

- 8 requests for assessments made by LCH
- 4 approved
- LA did not attend for 2 assessment (extensions to urgent authorisations given)
- 1 sectioned under MHA
- 1 regained capacity

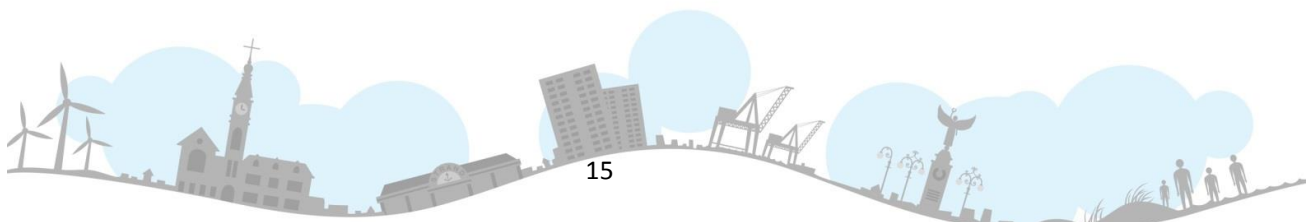


4.10 Out of Area Sefton Patients - DoLS data



4.11 Out of Area Sefton Patients Summary

- 9 requests for DoLS authorisations were made in relation to Sefton residents during 2015-16. 8 were for NHS South Sefton CCG patients and 1 for an NHS Southport and Formby CCG patient.
- 2 were authorised one from LHC and 1 from RLUH.



- 4 were discharged prior to assessment being undertaken. 1 from RLUH and 1 from LWH
- No outcome provided for the 3 remaining patients following assessments. All 3 were patients in SH&K

4.12 MerseyCare – Sefton

No data available as evidence of requests for Authorisations not provided within the Key Performance Indicators (KPIs) between Q1 – Q4 2015 – 2016

5. Identified themes from Commissioned Health Provider MCA/DoLS data

- The increase in requests for DoLS authorisations within NHS South Sefton CCG and NHS Southport and Formby CCG reflect the national increase since the Cheshire West Supreme Court Judgement in March 2014
- MCA/DoLS documentation for request of assessments had not always been completed appropriately thus preventing the request to be processed in a timely manner.
- There is a high proportion of non-authorisations which is due to patients being discharged or regaining capacity prior to assessment.
- The formal confirmation of the outcomes of assessments was not always provided due to the high volume of requests for authorisations since the Cheshire West Supreme Court Judgement 2014 impacting on the capacity of Sefton local authority

6. How the NHS South Sefton and NHS Southport and Formby CCGs have engaged in the MCA/DoLS agenda

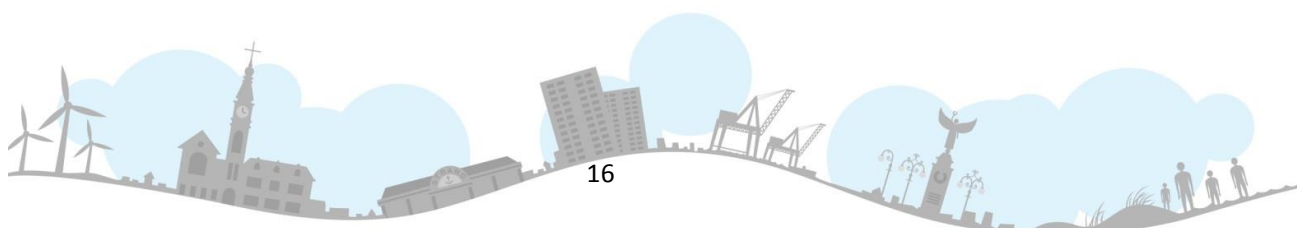
6.1 National Mental Capacity Act Forum

NHS South Sefton CCG and NHS Southport and Formby CCG are members of the National Mental Capacity Act Forum and are represented by the MCA/DoLS Coordinator. A proposal was made and accepted for a piece of joint work by the MCA/DoLS Co-ordinator and the NHS Eastern Cheshire CCG & NHS South CCG MCA/DoLS Practitioner

The proposal “A Life More Ordinary” is logged within SCIE as part of the MCA Directory www.scie.org.uk/mca-directory/ **A Life More Ordinary Margi Daw** margi.daw@haltonccg.nhs.uk

The aim of the audit is to identify the effects a deprivation of stimulation and interaction has on residents living in care homes and how this links to the MCA.

A range of Walkaround visits to Acute, Community Hospitals and Nursing Homes have been completed within Merseyside and Mid Cheshire areas. The report will be available within 2017.



6.2 NHSE North Region MCA/DoLS Network

NHS South Sefton CCG and NHS Southport and Formby CCG are also a member of the North Region MCA/DoLS sub group which was recently established as a sub group of the North Regional Safeguarding Sub Group (NRSSG) to ensure that NHS England delivers on its responsibilities in relation to MCA/DoLS. This includes discharging its direct commissioning responsibilities, demonstrating strong system leadership, working as committed partners and investing in effective co-ordination and robust quality assurance of safeguarding arrangements.

The group supports the delivery of the NSSG work plan specifically related to MCA/DoLS and work closely with the National MCA/DoLS sub-group to implement policy on MCA/DoLS through the commissioning system.

6.3 NHSE Designated Professionals network

The Sefton CCGs MCA/DoLS lead attends the NHSE Designated Professional Network where MCA/DoLS is a standing agenda item

6.4 Partnership work with Sefton Local Authority

The MCA/DoLS Co-ordinator is a member of Sefton Locality MCA Forum. This has resulted in positive relationships between Health and Social Care services resulting in better communication and information sharing. In addition to this the Co-ordinator attends the Sefton LA Best Interest Assessor (BIA) Forum on a bi- monthly basis

6.5 Training

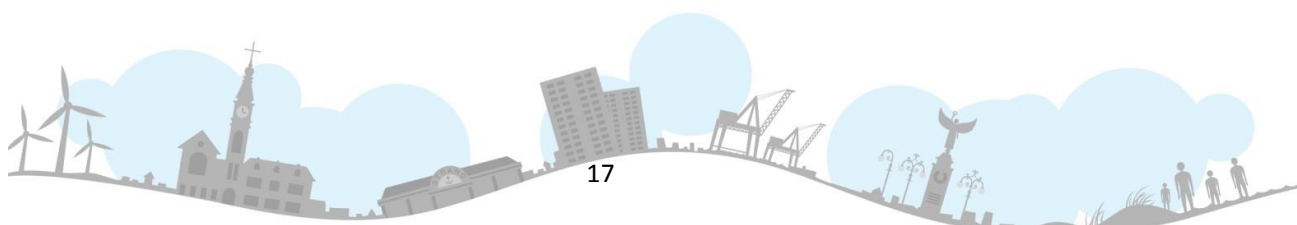
A Coroners training session for the GP Locality Meeting was held in March 2016, this session was arranged to update and clarify the process of a death in a care home when the resident has an authorised DoLS in place

Support was provided by MCA/DoLS Co-ordinator to enable identified local authority staff to access the EMIS system. This is to ensure that all relevant information required in relation to the DoLS authorisation process is considered to assist in determining the outcome of the assessment.

The MCA/DoLS Coordinator facilitated a training session for Best Interest Assessors (BIA) delivered by the Coroner's Investigation Officer.

6.6 Key Performance Indicators

Each of the Sefton CCG Commissioned health providers have compliance with MCA/ DoLS included as part of their quality schedule which are monitored and reported on quarterly.



7. Future implications for NHS South Sefton CCG and NHS Southport and Formby CCGs

The current legislative framework and emerging judgements will impact on the CCGs and there are potential financial implications and areas at risk of non-compliance with legal requirements and will be identified within the work stream for 2016 – 17

The areas of risk relate in particular to:

7.1 Court of Protection

The increase in requests for DoLS authorisations within the community following the Supreme Court ruling and the risk of non-compliance of Article 5 of the Human Rights Act 1998 if people are unlawfully deprived of their liberty.

7.2 Birmingham City Council v D & Another [2016] EWCOP 8 Judgment

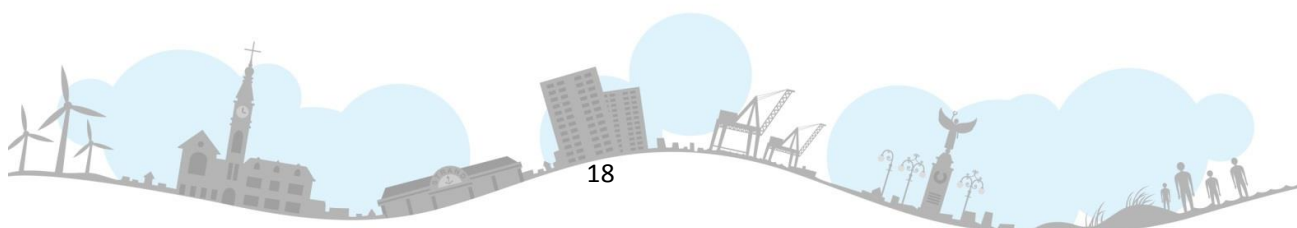
This judgement is presently being challenged but in the interim issues relating to young people who fall into this category may add to the increasing costs of Court of Protection authorisations for Sefton CCGs.

7.3 Relevant Persons Representatives (*paid representatives*).

Due to the increasing number of DoLS assessments/authorisations it is possible that there will be financial implications in relation to the need to commission additional resources to ensure that people who do not have a family relative or friend to support them can be represented appropriately throughout the DoLS process.

8. Conclusions

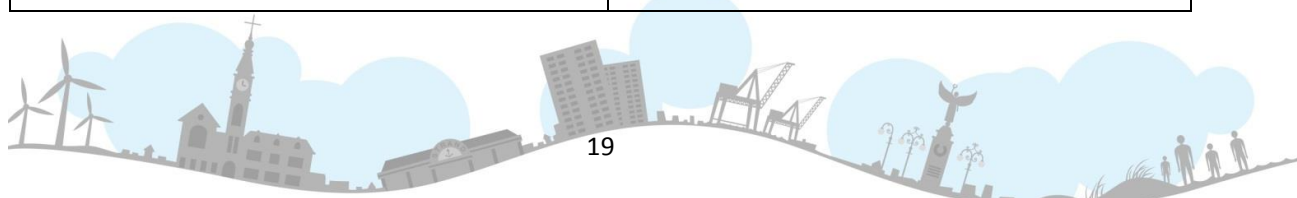
This annual report provides a summary of the engagement in respect of the MCA/DoLS for 2015/16. It demonstrates the contribution by NHS South Sefton CCG and NHS Southport and Formby CCG in safeguarding vulnerable people who lack mental capacity and provides assurance to the Governing Body that the CCG is fully committed to ensuring it meets the statutory duties and responsibilities



Appendix 1

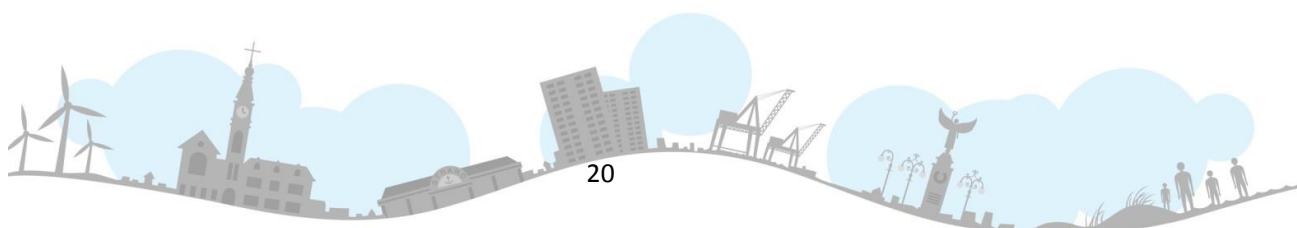
MCA /DoLS Work plan priorities 2016-17

Actions	Progress to date
Completion of joint audit "A life more ordinary" identify actions and share outcomes in relation to National MCA Group proposal	Joint visits to range of Acute hospitals, Community Hospitals and Nursing Homes completed. Work on report, conclusions and recommendations on-going
To identify data relating to COP referrals in both North and South Sefton Areas in relation to Health Funded residents living within the community	Initial requests made
Support to MCA/DoLS leads to Sefton Acute providers Meeting to be held with S&O MCA/DoLS Lead to discuss processes and identify concerns re lack of assessments/authorisations from Sefton LA.	Sessions held with S&O which have resulted in improvement in processes across Managerial and Supervisory bodies. S&O MCA/DoLS representative has now linked into the Best Interest Assessor forum which is enabling good communication and better outcomes for both areas
Support to MCA/DoLS leads to Sefton Acute providers Meeting to be held with AUH MCA/DoLS Lead to discuss processes and identify concerns and actions required and to review quality of DoLS authorisation requests	Not yet commenced waiting for confirmation of initial meeting.
Arrange training session delivered by Speech and Language Team for Best Interest assessors to be to provide advice and support when assessing the capacity of those who may find verbalising difficult.	Action Completed
Link in with Continuing Health Leads to determine how Mental capacity Assessments are embedded within the CHC assessments and reviews	Not yet commenced
Review MCA/DoLS processes to ensure that relevant new case law is reflected within MCA/DoLS policies	On-going work



Glossary of Terms

ADASS	Association of Directors of Social Care
AUH	Aintree University Hospital
BIA	Best Interest Assessor
COP	Court of Protection
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
hscic	Health and Social Care Information Centre
LH&C	Liverpool Heart and Chest
LCH	Liverpool Community Health
LWH	Liverpool Women's Hospital
MCA	Mental Capacity Act
MHA	Mental Health Act
NHSE	National Health Service England
NRSSG	North Regional Safeguarding Sub Group
RLUH	Royal Liverpool University Hospital
RPR	Relevant Persons Representative
SCIE	Social Care Institute for Excellence
SH&K	St. Helens and Knowsley
S&O	Southport and Formby



MEETING OF THE GOVERNING BODY NOVEMBER 2016

Agenda Item: 16/187	Author of the Paper: Danielle Love Programme Lead – Community Services Procurement Email: danielle.love@southportandformbyccg.nhs.uk Tel: 07917 551 806						
Report date: November 2016							
Title: Southport & Formby CCG Community Services Procurement: Notification of Contract Award							
<p>Summary/Key Issues: The purpose of this paper is to note the formal award of the Community Services Contract for Southport and Formby CCG.</p> <p>A paper was taken to the private session of the Southport and Formby Governing Body on 26 October 2016 with a full description of the procurement process. The purpose of the report was to update the members of the procurement process that had been used and seek a recommendation to award the contract. To re-enforce the integrity of the procurement process used, the bidder's identities were anonymised in the report. A recommendation was made to award to Bidder A.</p> <p>Lancashire Care NHS Foundation Trust was the successful bidder.</p>							
<p>Recommendation: The Governing Body is asked to receive the update and note the contract has been awarded to Lancashire Care NHS Foundation Trust.</p> <p>The Governing body is also asked to note service mobilisation has commenced.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px 10px;">Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="padding: 2px 10px;">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 (<i>X those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail (<i>X those that apply</i>)
Patient and Public Engagement	X			Patient and Public views have been sought throughout the process
Clinical Engagement	X			
Equality Impact Assessment	X			An equality assessment has been undertaken and the CCG is engaged in its duties.
Legal Advice Sought	X			Legal advice had been sought before the procurement commenced, legal advice has also been sought due to the issues faced and is described within the update.
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees	X			Updates have been provided to the Governing Body throughout the process.

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

**Report to Governing Body
November 2016**

1. Purpose

The purpose of this paper is to note the formal award of the Community Services contract for Southport and Formby CCG.

The total value of the Community Services contract is £11,446,542 per annum with a total five year contract lifecycle value of £57,232,710 (four year contract, with a possible extension of 12 months). The initial four year period will commence from 1 May 2017.

A paper was taken to the private session of the Southport and Formby Governing Body on 26 October 2016 with a full description of the procurement process. The purpose of the report was to update the members of the procurement process that had been used and seek a recommendation to award the contract. To re-enforce the integrity of the procurement process used, the bidder's identities were anonymised in the report. A recommendation was made to award to Bidder A.

Lancashire Care NHS Foundation Trust was the successful bidder.

2. Procurement Process

The tender for the Community Services contract was advertised on Contracts Finder and on eProcurement tool, and under the pursuance of the Contract Regulations, was not advertised in OJEU. The process was run in accordance with the Restricted procedure as outlined in the Public Contracts Regulations 2006 and met all requirements of the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013.

To express an interest in providing the service, potential bidders were prompted to register on the Delta e-tendering website where they gained access to the tender documentation which they were to complete online.

Expressions of Interest were received from 21 bidders of this; eight bidders submitted a Pre-Qualification Questionnaire (PQQ) submission of which, six bidders were selected to proceed to Invitation to Tender (ITT) stage.

Throughout the ITT stage clarification questions were received from bidders, and due to issues encountered during this stage an extension for bidders to submit their ITT documents was granted. The final timeline for procurement is set out below:

Milestones	Date
Invitation to Tender Issued	Monday 18 April 2016
Deadline for receipt of ITT submissions	Tuesday 9 August 2016
Completion of ITT evaluation and communication of outcome to Bidders	Friday 28 October 2016

Milestones	Date
Standstill period concludes	Monday 7 November 2016
Appoint Successful Bidder	Tuesday 8 November 2016
Mobilisation	Wednesday 9 November 2016
Service Commencement	Monday 1 May 2017

Following this extension period three bidders submitted ITT submissions, a robust evaluation of the bids took place during October 2016 where relevant members of the evaluation panel moderated and agreed consensual scores for the ITT submissions. The moderated scores are noted below; following this moderation a paper was taken to the private session of the Southport and Formby Governing Body recommending the contract be awarded to the highest scoring bidder, Bidder A - Lancashire Care NHS Foundation Trust.

Provider A	Provider B	Provider C
73.40%	68.28%	68.40%

3. Recommendation

The Governing Body is asked to receive the update and note the contract has been awarded to Lancashire Care NHS Foundation Trust.

The Governing body is also asked to note service mobilisation has commenced.

Danielle Love
Programme Lead – Community Services Procurement

MEETING OF THE GOVERNING BODY NOVEMBER 2016	
Agenda Item: 16/188	Author of the Paper: Danielle Love Programme Lead – Community Services Procurement Email: danielle.love@southportandformbyccg.nhs.uk Tel: 0151 247 7009
Report date: November 2016	
Title: Corporate Risk Register and Governing Body Assurance Framework Update	
Summary/Key Issues: The Governing Body is presented with the updated CRR and the GBAF as at November 2016. The CRR and GBAF have both been reviewed and updated by members of the leadership team.	
Recommendation The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

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

Southport and Formby Clinical Commissioning Group

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			Reviewed by Senior Management Team.

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

Report to Governing Body November 2016

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at November 2016.

The CRR and GBAF have both been reviewed and updated by members of the leadership team, risks are also reviewed at a committee level, and those with a score of 12 or above are consolidated onto the CRR. The CRR has been sorted descending by mitigated risk score.

In line with the CCGs Constitution risk management arrangements are delegated to the Audit Committee updates to CRR and GBAF will be received by the Governing Body following scrutiny by the Audit Committee.

2. Position Statements Q2 2016/17 (November 2016)

2.1. Governing Body Assurance Framework (GBAF)

There are a total of 7 risks against the 6 strategic objectives for Southport and Formby CCG:

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	2
High	8-12	4
Extreme	15 - 25	1

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	Risk Rating
1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	<ul style="list-style-type: none"> Contracting team has been restructured and aligned to key business functions of BI, Finance and Quality Continued focus on ensuring all contracting mechanisms are utilised Ongoing review of all potential areas of efficiency Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group 	16 Extreme Risk
3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	<ul style="list-style-type: none"> New management structure put in place with clear lines of accountability and responsibility 	8 Reduced rating

GBAF Highlights	Update	Risk Rating
	<ul style="list-style-type: none"> Identified individuals update monthly through integrated performance meetings 	
5.1 Community Service currently going through procurement process which increasing risk of instability in services	<ul style="list-style-type: none"> Mobilisation Plan being reviewed and managed through Steering Group Procurement Awarded – Lancashire Care NHSFT now mobilising 	6 Reduced rating
6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	<ul style="list-style-type: none"> Route map for integration finalised Joint working with LA regarding CHC Further joint development of intermediate care plans 	12 Reduced rating

2.2. Corporate Risk Register

There are 16 operational risks recorded on the Southport and Formby CCG CRR as at November 2016:

- No new risk has been recorded
- No risks have been closed.

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	10
Extreme	15 - 25	6

CRR Highlights

Please see the following which highlights the risks that are either (a) are extreme risks (b) new risks:

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF006	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	Further measures to control expenditure are required to mitigate risk	20
SF011	Risk that patients could be harmed or receive inadequate care due to failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in poor patient care	Early indications of reduced DNAs and heightened level of self-referral Target remains challenging in terms of patient numbers Requested expert team to support the CCG in improving performance NHSI team have been formally engaged and awaiting report	16
SF021	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in poor patient care	Model shared with GB in September. Engaging with local clinicians to develop a collaborative view of in-hospital services.	16

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF026	There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	Action plan outlined at Oct Governing Body, service to remain under performance scrutiny, mitigated risk scoring to be maintained until performance improves	16
SF027	There is a risk that the Alliance Local Delivery System (LDS) as part of the Sustainability & Transformation Plan (STP) does not fully take account of the patient flows from S&F to Liverpool providers	LDS SROs and North Mersey AOs to meet and consider joint approach between the LDS and North Mersey	16
SF040	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Route map for integration finalised Joint working with LA regarding CHC Further joint development of intermediate care plans	16

3. Recommendation

The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.

4. Appendices

- Appendix A – Corporate Risk Register
- Appendix B – Governing Body Assurance Framework

Danielle Love
November 2016



Corporate Risk Register

Current Version	v3		
Previous Version	N/A	Updated Date	Nov-16
Document File Path	20161121 - SFCCG CRR - v3 - Nov Update.xlsx		

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF006	Revised Q3 2015/16	FIN009	Martin McDowell	Finance	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position	4	5	20	QIPP Committee established and meet monthly. Review of discretionary spend to go to GB end July Monthly review with NHSE Revised control total agreed (£4m deficit) with NHSE	Management responses to PWC report compiled in an action plan - under leadership from DF QIPP Committee is now operating well and receiving regular updates on QIPP progress Leadership Team receives update on QIPP The QIPP Committee received update on discretionary spend in September and will receive additional update in November. Further measures to control expenditure are required to mitigate risk	4	5	20	Nov-16	↑
SF011	Q3+1 January 2015	QUA011	Karl McCluskey	Redesign & Commissioning	Risk that patients could be harmed or receive inadequate care due to failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in poor patient care	2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer	4	3	12	1. Additional focus on Did Not Attends 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	Early indications of reduced DNAs and heightened level of self-referral Target remains challenging in terms of patient numbers Requested expert team to support the CCG in improving performance NHSI team have been formally engaged and awaiting report.	4	4	16	Nov-16	↑
SF021	Apr-15	QUA033	Karl McCluskey	Redesign & Commissioning	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in poor patient care	1. Jointly commissioned independent sustainability review being undertaken by Deloitte in agreement with West Lancs CCG, Southport & Ormskirk Hospital and Southport Formby CCG	5	4	20	Determine CCG requirements for in hospital services Enhance clinical engagement to inform clinical model	CCG now formally part of North Mersey LDS CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end Sept 16.Reports presented to GB in September 2016. Model shared with GB in September. Engaging with local clinicians to develop a collaborative view of in-hospital services.	4	4	16	Nov-16	↓
SF026	Q1 2016/17	QUA043	Karl McCluskey	Redesign & Commissioning	There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	1. Monthly review of stroke performance incl. SSNAP 2. Monthly review of constitutional targets and mortality	4	4	16	External review required	AQUA review on mortality completed and agreed findings Royal College review concluded and report received to be verified Governance review due by 9 Sept 16. Session on 9 Sept 16 to triangulate findings with recommendations to GB end Sept 16. Stroke report presented to GB with Deputy Medical Director in attendance. The Trust is to present their reply by the end of October 2016. Concluded stroke review and considered at Sept Governing Body. Action plan outlined at Oct Governing Body, service to remain under performance scrutiny, mitigated risk scoring to be maintained until performance improves	4	4	16	Nov-16	↔
SF027	Q1 2016/18	QUA044	Karl McCluskey	Redesign & Commissioning	There is a risk that the Alliance Local Delivery System (LDS) as part of the Sustainability & Transformation Plan (STP) does not fully take account of the patient flows from S&F to Liverpool providers	1. CCG formal member of the Alliance LDS 2. Modelling work on patient flows has commenced	3	3	9	Identify gaps and Priorities Confirm CCG stance on LDS membership Agree approach with fellow commissioners to manage provider federation consequences Build a clinical model with S&O clinicians	The mitigated risk has increased due to evolving provider federation views on patient flows, met with strategic lead and agreeing joint approach to ensure commissioner perspective remain at the forefront The CCG is now part of the North Mersey LDS. Revising North Mersey LDS activity and finance plans to reflect inclusion of S&F CCG. LDS SROs and North Mersey AOs to meet and consider joint approach between the LDS and North Mersey	4	4	16	Nov-16	↔

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF040	Sep-16	N/A	Tracy Jeffes	Corporate	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Number of key joint commissioning posts in place 5. New integrated commissioning group now established 6. Initial meeting held regarding development of multi-disciplinary teams	4	4	16	Establish a revised integrated commissioning group Agree joint commissioning priorities Development of a route map for integration Initial pooled budget arrangements within BCF agreed Further develop of pooled/aligned budgets Joint CCG and Public Health Plan	Route map for integration finalised Joint working with LA regarding CHC Further joint development of intermediate care plans	4	4	16	Nov-16	↔
SF001	Prior Q3 2013/14	BUO001	Karl McCluskey	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 5. Clinical meetings with Cancer Leads and Manager. 6. Managerial lead for cancer has action plan in place. 7. Weekly and monthly monitoring through SMT and contractual performance. 8. RCA for any 62 day breaches 10. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team) and SLT (Senior Leadership Team). 11. Integrated Performance Report developed and presented to Governing Body. 12. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews.	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addresses in turn	The likelihood score remains higher than the initial score due to lack of sustained month on month performance. Performance has improved and targets have been achieved in month 4 however due to ongoing consultant vacancies across a variety of specialties and the anticipated junior doctors strikes month on month performance will remain challenged. Issues with consultant vacancies are ongoing. A planned care and RTT group now established with Trust and Commissioners, this will feed through to CQPG and Contract Reviews	4	3	12	Nov-16	↔
SF002	Apr-15	BUO017	Tracy Jeffes	Corporate	CCG Locality working does not lead to greater clinical engagement with CCG plans and objectives resulting in disengaged membership	1. Roles of Locality Managers and Team reviewed 2. Locality Plan in place 3. Key issues reported to Governing Body 4. Wrap around support team identified to support localities 5. Key priority in Organisational Development plan	3	4	12	Clear focus for localities in relation to the QIPP agenda and influence over commissioning priorities Clear role out plan for use of Aristotle	Monthly Locality meetings reinstated, new locality manager appointed across all localities. GB Development session focusing on localities with clear areas for engagement identified.	3	4	12	Nov-16	↔
SF016	Apr-15	QUA024	Karl McCluskey	Redesign & Commissioning	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	1. Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and feed into Governing Body. 2. Operational Service level meetings held: currently weekly. 3. Monthly contractual performance meetings 4. Monthly Integrated Performance Report: reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body	3	3	9	Recovery plan to be agreed and implemented	The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance. S&O have agreed a recovery plan and trajectory to achieve 4 hour target by end March 2017 with NHSI Trust undertaking work to enhance patient flow and enable bed capacity at Southport site Joint risk summit with NHSE held in May 2016 - arrangements put in place for ongoing interim Executive leadership Within RCA 12 hour breaches to refer to Unplanned Care leads re A&E process. To be managed through A&E Programme Board. Now on trajectory for the STP performance	3	4	12	Nov-16	↓

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF028	Q1 2016/17	QUA045	Jenny Kristiansen	Quality	Risk of infection/ hospital admission and harm to patients from poorly maintained nebuliser equipment	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. JK and HRo to raise at quality committee. HRo to add to corporate risk register.	4	5	20	<ul style="list-style-type: none"> All providers informed of risk LCH & Aintree have this on their risk registers Pan Mersey Sub Group informed All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review & education. An update to be presented at the August Quality Committee Meeting A meeting will be held with all providers to work up a longer term solution. 	<p>Data received from Data facilitators. Meetings and discussions have been held with providers separately.</p> <p>Data was reviewed in the September meeting, further information is required to enable patient reviews to take place. An updated data set has been requested from the data facilitators. The information should be back from the facilitators by the end of November and patient reviews will be set up ASAP after that date.</p>	4	3	12	Nov-16	↔
SF034	Jun-16	N/A	Tracy Jeffes	Corporate	There is a risk that changes to services caused by current financial position results in inability to deliver on strategic objectives and the reputation of CCG	<ol style="list-style-type: none"> Clear plans are being created which are going through a rigorous governance and decision making Plans to have full quality and equality impact assessments Effective consultation and engagement with key stakeholder and the public Clear communication of changes to any services 	4	4	16	<ol style="list-style-type: none"> Clear QIPP plans being developed Governance arrangements reviewed to strengthen effective decision making Planning for future communications/ engagement activities if required Clear plans for alternatives if required and clear communication of these 	Proposed disinvestment within the VCF sector now communicated pending consultation and final decision Medicines waste pilot now live - ongoing evaluation and engagement with key stakeholders Work continues on the QIPP plans and governance arrangements have been strengthened	4	3	12	Nov-16	↔
SF035	Jun-16		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	<ol style="list-style-type: none"> Participating in the Health Education North West workforce planning process. Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' 	4	3	12	<ol style="list-style-type: none"> Through STP process seek additional investment to fill identified gaps Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery 	Ongoing work through STP	4	3	12	Nov-16	↔
SF036	Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Capsick's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF CQPG Pro-active comms team	3	4	12	<p>Discussed at QSG regarding plans for lessons learned in May & July 2016</p> <p>Discussions at Quality Committee in May and July 2016 & GB July 2016</p> <p>Meeting of MPs by Chief Officer July & Aug 2016</p> <p>Chronology of CCG involvement in performance management of provider - ongoing to provide assurance of CCG actions</p> <p>Chronology discussed at CCG GB development session Aug 2016</p> <p>Consideration of joint MIAA review Sept 2016</p>	Joint presentation to QSG made in October 2016 regarding recommendations and lessons learnt for Cheshire & Merseyside Commissioning colleagues. MIAA TOR for review to be agreed October 2016. Quality Risk Profile (QRP) meeting planned with providers to agree consistent approach to management of current risks with LCH. MIAA review ongoing - reporting date likely to be spring 2017	3	4	12	Nov-16	↔
SF037	Sep-16	N/A	Debbie Fagan	Quality	Provider quality of care provision for some services (that are provided for SFCCG by LCH) negatively impacted by Transaction process	Transaction Board CQOG CCF CQPG LCH Improvement Plan QSG	3	4	12	Report through to CQPG and Chief Nurse having regular meetings with Director of Nursing on plans and issues	Quality Walkabouts now agreed with Deputy Director of Nursing at LCH and one team visited in October 2016 with highlight on safer working practices and management of staffing levels. Further quality walkabouts planned across localities over rest of the financial year Quality risks reported up to CQOG attended by CCG and risks managed by LCH Current operational risks managed through CQPG	3	4	12	Nov-16	↔

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF038	Sep-16	N/A	Karl McCluskey	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with RTT Lead and Manager. 5. Weekly and monthly monitoring through SMT and contractual performance. 6. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 7. Integrated Performance Report developed and presented to Governing Body.	4	4	16	1. RTT provider/ commissioning group being re-established 2. Completed internal and external audits on RTT to be taken through CQPG	New RTT/Stroke plan workgroup has been established. Reviews of individual specialities being undertaken and escalated through CQPG or Contract Reviews	4	3	12	Nov-16	↔
SF039	Sep-16	N/A	Jan Leonard	Redesign & Commissioning	There is a risk of a gap in service for paediatric audiology due to the current provider serving notice on the service.	Contract has a 6 month notice period	5	4	20	1. Contacted alternative provider 2. Paper on options to go to Leadership Team	Informal discussions have been held with an alternative provider who have indicated that they would be able to provide this service, discussions ongoing and further updates to be provided through Leadership Team	4	3	12	Nov-16	↔

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF004	Revised Q1 2015/16	FIN003	Martin McDowell		<p>Changes in patient flow causes financial issues, due to increases in activity overall and the financial implications on the 15/16. Financial performance of the CCG. Increased activity has resulted in a QIPP saving required of 6.1 million to be delivered for 15/16.</p> <p>Predominant risk areas are: CHC and Urgent Care which have both seen significant growth in demand. Significant QIPP scheme to be delivered during year totalling 6.1million.</p>	<ol style="list-style-type: none"> 1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position 5. QIPP Working Group established and meet monthly. 6. CHC Working Group established 	4	3	12	<p>Monthly QIPP Working Group have robust interrogation from acute provider to identify any inaccuracies in coding.</p> <p>CHC Working Group with robust management of CHC finance team to ensure finances are actioned. Processes in place to eliminate financial waste.</p> <p>Savings totalling £1m have been identified to date with a further £5.124 to be realised recurrently for 2015/16. Financial recovery plan is being developed for submission to NHS England</p> <p>CHC working group has delivered £0.569m savings through pro active case management and additional leadership support. Have seen significant pressures emerging in the acute sector (including Independent Sector), along with unidentified QIPP has resulted in the CCG declaring a nil surplus against a target surplus of £1.8m.</p> <p>Note Q1: Further increase in risk rating requested by Lead. Likelihood increased from 4 to 5. Rationale being that a fully worked up QIPP plan has still not been identified.</p>	CLOSED Financial risks combined into SF006	5	4	20	Jun-16	
SF005	Q3 Dec 2014	FIN008	Martin McDowell		Reductions in local authority expenditure may impact on NHS services and delivery of BCF schemes	<ol style="list-style-type: none"> 1. Monitoring progress of BCF schemes 2. Continued work with local authority 	4	3	12	Further cuts identified in public health on top of previous plans. Joint working has commenced to understand scale of cuts across Sefton. P4P target is not being met at present (6% behind baseline as at July 2015)	CLOSED Financial risks combined into SF006	4	3	12	Jun-16	
SF014	Apr-15	QUA021	Tracy Jeffes		Impact on ability to deliver as a result of not being able to maintain Commissioning Support Services, neither via sustainability of existing services from NWCSU nor suitability of locally responsive Commissioning Support Services through the LPF	<ol style="list-style-type: none"> 1. Working collaboratively with Merseyside and Cheshire CCG's as part of Transformation Board to identify and look at any concerns regarding sustainability. 2. Collaborative working with neighbouring CCGs to secure best value for money from the LPF 	4	3	12	Transition to new CSU achieved, mobilisation complete and new CSU services fully operational Fully mitigated suggest risk closed	CLOSED CSU now transferred to Mids and Lancs CSU.	1	1	1	Jun-16	
SF003	Dec-15	BUO018	Mel Wright		Lack of available resource will lead to the inability to share budgets across health and social care impedes ability to realise benefits of health/social care integration within new Admission Avoidance and Transition from Hospital Scheme (Intermediate Care)	<ol style="list-style-type: none"> 1. Risk identified and shared at BCF Review meetings as part of BCF Risk Register. 2. Full costing of scheme prepared. 3. Ongoing dialogue maintained with SMT and LA leads, appraisal of progress towards wider integration and pooled budget. 	5	3	15	Feasibility test of scheme undertaken by SMT, the decision to not continue with this scheme was made	CLOSED Scheme no longer implemented	5	3	15	Jun-16	
SF007	Prior Q3 2013/14	QUA002	Debbie Fagan		Need for clarity of roles and responsibilities between Safeguarding Hosted Service, CSU CHC team and LCH Provider Safeguarding Team to enable CCG to discharge their safeguarding function. Need for further clarity between health and social care commissioning / safeguarding for vulnerable adults.	<ol style="list-style-type: none"> 1. Regular 1:1 meetings between safeguarding adults lead in hosted service and CHC locality lead. 2. Identified a single point of contact system for Safeguarding Adults between the Safeguarding Service and hosted service. 3. Standard Operating Procedure developed, includes recommendations as per review. 	4	5	20	<p>Awaiting feedback from Quality Committee on draft SOP - April 15</p> <p>Review required on the needs of the Sefton patch in order to determine commissioning responsibilities and necessary specification. - TBC</p> <p>To obtain the recommendations from Liverpool Community Health's internal Safeguarding review that explored the role of the Safeguarding Adults team. Part 1 received: Awaiting part II which looks at progress against ongoing recommendations - March 15</p>	CLOSED delineation of safeguarding services is now clear from commissioning perspective. Opportunity to raise any ongoing issues available via formal and informal meeting structure. Head of vulnerable people in post for CCG who is able to identify any early signs of operational issues	1	5	5	Jun-16	

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF008	Q3 2013/14	QUA006	Debbie Fagan		Providers RAG rating in relation to robust Safeguarding systems and processes presents lack of assurance for CCG based upon validation of information presented by the Trust.	<ol style="list-style-type: none"> Assurance process paper presented to LSCB on processes in place. RAG rating monitored via Quality Contract meetings. Reported to Quality Committee and escalated to Governing Body as required. Chief Nurse informed NHS England (M) and safeguarding will be included in the quality review process with the Trust. Monitored through quality contract meetings with CSU Agenda item for discussion at provider Quality Contract meetings. Safeguarding performance discussed at Quality Committee. Process developed between CSU and Safeguarding service to further develop information flow across the two services. Quality 'Walk Around' carried out with feedback and outcomes reported to Executive Nurse, contract meetings, Quality Committee. Contract reviewed to ensure in line with KPI's Quality Surveillance agenda item for February 2015. 	4	4	16	<ul style="list-style-type: none"> Formal processes now in place and reportedly working well between provider, CSU and Safeguarding Services. Systems in place between CSU and Safeguarding Services which is working well. Quality and performance function in-housed from 1st June which will enable tighter controls. Increased level of assurance reported from CCG Safeguarding Service for the main commissioned providers. One contract query was issued in March 2015 and remains open. Although action plan has already been put in place in response to the contract query. Contract query remains in place with Southport & Ormskirk hospital due to limited assurance still being reported by CCG and Safeguarding Services. Is being closely monitored. Contract Query remains in place with S&O. Discussion of other provider performance where CCG is not the co-ordinating commissioner discussed at QC in September 2015. Chief Nurse in contact with co-ordinating CCG to discuss concerns raised at the QC and for the purposes of assurance that all providers are being performance managed using a consistent approach. Awaiting formal QI 	CLOSED Contract governance mechanisms in place to monitor provider status fed through Quality Committee performance managed at CQPG and QSG	1	4	4	Jun-16	
SF009	Q1 2014/15	QUA008	Debbie Fagan/ Brendan Prescott		Lab results not being communicated to GP practices (from the Lab provider) due to IT system/technical issues that may have an impact on patient safety.	<ol style="list-style-type: none"> Raised as an issue at the Quality Committee and Contract meetings. Director of Public Health notified. CCG comms notified. GP clinical lead identified within CCG Steering group set-up with reps from lab provider, local CCGs, I-Merseyside, Aintree Hospitals, NHS England and St Helens and Knowsley Informatics. Remains agenda item for discussion at Aintree CQPG and Aintree Collaborative forum. Task and Finish Group established and receive progress and lessons learnt are discussed. 	4	5	20		CLOSED Duplication from SSCCG risk register any lessons learned in SSCCG will be fed through to SFCCG providers	1	5	5	Jun-16	
SF019	Apr-15	QUA028	Brendan Prescott		Unable to deliver Personal Health Budgets (PHB) to patients as a result of CCG not having a governance system nor process in place to develop the provision of personal health budgets (PHB) to eligible patients choosing the PHB option.	<ol style="list-style-type: none"> CCG/CHC Steering Group: issue raised with CHC team leads and strategic leads Specification developed for PHB support Fixed term 1 year role Programme Manager Role agreed Regular Local Authority meetings held 	3	3	9		CLOSED Policy now in place and approved by GB in March 16 regular contact at Northern Region level on national developments Proposed PHB in place	1	3	3	Jun-16	
SF032	Jun-15	STA037	Debbie Fagan		Risk that patients could be harmed or receive inadequate care as a result of commissioned provider unable to deliver within statutory timeframes the health outcome information to be inserted into Education & Health Care Plans (EHCP) for children and young people with Special Educational Needs & Disability (SEND)	<ol style="list-style-type: none"> CCG systems and processes in place CCG members of SEND Steering Group Children's Commissioning Manager in regular contact with LA and provider to support system and flow Regular reporting of position to Leadership Team 	5	4	20		CLOSED Provider now continuing to meet statutory timeframe Update to May 2016 GB Continued monitoring of process via Childrens commissioning manager as service transitions to alternative provider Any issues identified will be escalated and mitigated appropriately	2	3	6	Jun-16	

ID	Date Risk Added	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 in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
	Q3+1 January 2015	QUA011	Jan Leonard		The closure of Breast Surgery Service (for new patients) at Southport & Ormskirk poses a risk to the CCG and concerns for local residents.	2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer	4	3	12	1. Additional focus on Did Not Attends 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	CLOSED Meeting held with existing breast providers issues recognised and picked up by breast CNG assurances given by current provider that follow up service will continue.	1	3	3	Sep-16	↓
SF031	Q1 2016/17	REP037	Karl McCluskey		There is a risk that the Local Authority will not agree to a joint Better Care Fund (BCF) plan caused by failure to agree CCG to fund social care	1. Operating structure as part of HWB and BCF	5	5	25	CCG standalone BCF plan to be drafted	CLOSED BCF now agreed	5	5	25	Sep-16	↔

Risks

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	Q2

Risk Ratings

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

Significant Risks ↓

Significant Risks

A risk which attracts a score of 8 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.

Southport and Formby CCG
Governing Body Assurance Framework
2016/2017
Update: November 2016

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 focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to identify schemes that can realistically be delivered and will impact on the delivery of the QIPP plan and the CCGs ability to deliver its statutory duties	Debbie Fairclough	20	16	<ul style="list-style-type: none"> Contracting team has been restructured and aligned to key business functions of BI, Finance and Quality Continued focus on ensuring all contracting mechanisms are utilised Ongoing review of all potential areas of efficiency Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.	2.1 CCG QIPP position reduces the CCGs ability to progress planned transformational schemes	Karl McCluskey	15	12	<ul style="list-style-type: none"> Reviewing transformational schemes in line with Cheshire and Merseyside STP plans Joint work with Liverpool CCG to integrate plans across North Mersey
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 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"> New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	3.2 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 C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> Date for operational team discussion agreed to review Business Continuity Plans
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on transformation agenda	Jan Leonard	9	9	<ul style="list-style-type: none"> Further joint development session on Transforming Primary Care
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through procurement process which increasing risk of instability in services.	Jan Leonard	9	6	<ul style="list-style-type: none"> Mobilisation Plan being reviewed and managed through Steering Group Procurement Awarded – Lancashire Care NHSFT now mobilising
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	16	12	<ul style="list-style-type: none"> Route map for integration finalised Joint working with LA regarding CHC Further joint development of intermediate care plans

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.			
Risk 1.1	Insufficient governance and monitoring of the QIPP plan could result in a failure to identify schemes that can realistically be delivered and will impact on the delivery of the QIPP plan and the CCGs ability to deliver its statutory duties			
Risk Rating Initial Score Current Score	5x4=20 4x4=16	Lead Director Debbie Fairclough Date Last Reviewed 15 November 2016		
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"> Secured senior dedicated support for designing and implementing a PMO approach to QIPP Accountable leads have been identified for each contract and are responsible for ensuring that all QIPP schemes are supported by appropriate contracting mechanisms. Clinical Advisory Group TOR has been updated to enable the group to identify additional areas of improvement and support the CCG in respect of its PSED and other statutory duties associated with any proposed service changes. Schemes have been re-evaluated and risk assessed to allow focus of those that are deliverable in year, as well as looking at medium to long term plans QIPP committee TOR have been revised and the relationship between QIPP and F&R has been formalised. KPIs and monitoring criteria are being designed for every QIPP scheme so that any risks to delivery are identified and mitigated at the earliest possible opportunity. PMO structure now in place and all schemes have supporting “plans on a page” Highlight reports across strategic domains (planned care, CHC/FNC, medicines optimisation, discretionary spend and urgent care) are reviewed by QIPP Committee Contracting team has been restructured and aligned to key business functions of BI, Finance and Quality 		Action	Responsible Officer	Due By
		<ul style="list-style-type: none"> Further work to take place to ensure QIPP embedded in localities 	Debbie Fairclough/ Tracy Jeffes	Nov 16
		<ul style="list-style-type: none"> Further work to ensure QIPP continues to have high profile in CCG 	Debbie Fairclough	Nov 16
		<ul style="list-style-type: none"> Continued focus on ensuring all contracting mechanisms are utilised 	Jan Leonard	Ongoing
		<ul style="list-style-type: none"> Ongoing review of all potential areas of efficiency 	Debbie Fairclough	Ongoing
		<ul style="list-style-type: none"> Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group 	Debbie Fairclough	Ongoing

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	
Risk 1.1	Insufficient governance and monitoring of the QIPP plan could result in a failure to identify schemes that can realistically be delivered and will impact on the delivery of the QIPP plan and the CCGs ability to deliver its statutory duties	
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"> SMT and SLT will review progress on a weekly basis and QIPP Committee, with support from Finance and Resources will monitor all activity on a monthly basis. The QIPP dashboard will be the monitoring tool for all QIPP schemes and will provide assurances to the Governing Body on progress. A reduction in spend will demonstrate the impact of the implementation of the QIPP plan. From November the data from providers will be available to demonstrate impact on activity levels as a result of RMS, MCAS, PCLP, prior approval and the new CQUIN. From November the data showing the impact of the Medicines Management schemes will be available 	<p>Monthly run rate monitoring so that the CCG can mitigate early any risks to delivery of the schemes.</p>	
Additional Comments:	Link to Risk Register:	
	SF006	

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.		
Risk 2.1	CCG QIPP position reduces the CCGs ability to progress planned transformational schemes		
Risk Rating	Lead Director		
Initial Score	5 x 3 = 15	Karl McCluskey	
Current Score	4 x 3 = 12	Date Last Reviewed	
		15 November 2016	
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"> Current transformational schemes under rigorous review to ensure that those progress provide both Transformational change and contribute to QIPP Secured senior dedicated support for designing and implementing a PMO approach - June 2016 STP lead post recruited - to ensure dedicated resource ensures CCG has key role in local planning and transformational scheme development 	Action	Responsible Officer	Due By
	Joining up QIPP and blueprint process, the transformational plans have been recast to align with QIPP plan	Karl McCluskey/Debbie Fairclough	ongoing
	Strengthening links between transformational process and CCG contract management to ensure that all cases agreed link directly to provider contracts.	Karl McCluskey	ongoing
	Review of Rightcare deep dives packs and working with Rightcare partner to ensure CCG identifies opportunities for future transformation and has clear plan for prioritising key programmes.	Karl McCluskey	Sept 2016
	Reviewing transformational schemes in line with Cheshire and Merseyside STP plans	Karl McCluskey	ongoing
	Joint work with Liverpool CCG to integrate plans across North Mersey	Karl McCluskey	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"> Delivery of QIPP targets. CCG vision for Shaping Sefton will be reflected in STP plans. 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating	Lead Director		
Initial Score	4x4 = 16	Karl McCluskey	
Current Score	2x4 = 8	Date Last Reviewed	
		15 November 2016	
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 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 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 	Action	Responsible Officer	Due By
	Providers working on mitigation plans for strikes	Karl McCluskey	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"> 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 Assurance from MIAA review of performance reporting 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.2	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 C responder.		
Risk Rating Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	Lead Director Tracey Jeffes Date Last Reviewed 15 November 2016	
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 Emergency Planning training taken place in last 12 months Corporate Governance Group has responsibility for ensuring compliance CCG Statutory Lead is Chief Delivery and Integration Officer 	Action	Responsible Officer	Due By
	Self-assessment and action improvement developed	Tracy Jeffes	Sept 2016
	Refresh of the business continuity plans and business self-assessment	Tracy Jeffes/ CCG	Jan 2017
	Ongoing training for key staff	Tracy Jeffes	March 2017
	Date for operational team discussion agreed to review Business Continuity Plans	Tracy Jeffes	Dec 2016
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 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.			
Risk 4.1	Current work pressures reduce ability to engage on transformation agenda			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed 15 November 2016		
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"> Joint Commissioning Committee in place LQC in place NHSE workshops for GP five year forward view. 		Action	Responsible Officer	Due By
		Supported Federation.	Jan Leonard	Ongoing
		Working Group on STP	Jan Leonard	Ongoing
		Supporting new ways of working group output to be delivered	Jan Leonard	Sept 2016
		NHSE invited to talk about GP five year forward view	Jan Leonard	Oct 2016
		Further joint development session on Transforming Primary Care	Jan Leonard	Nov 2016
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"> Developing quality reports for Primary Care with NHSE and other CCGs. Transformation agenda is continually monitored through Governing Body and Committee structure. 		Limited funding, to continue ways of working group due to financial pressures.		
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		Community Service currently going through procurement process which is increasing risk of instability in services.		
Risk Rating Initial Score 3x3=9 Current Score 2x3=6		Lead Director Jan Leonard Date Last Reviewed 15 November 2016		
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"> • Community Services contract monitoring meetings • EPEG monitor feedback on services • Quality Committee monitoring of services • Community Services Steering Group 		Action	Responsible Officer	Due By
		Mobilisation Plan being reviewed and managed through Steering Group	Jan Leonard	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"> • Providers have expressed interest in acquiring services <ul style="list-style-type: none"> ○ Bids for Community Service procurement received from Providers ○ Preferred bidder to be announced by Tuesday 8 November 2016 • No increase in complaints/comments on Community Services • Procurement Awarded – Lancashire Care NHSFT now mobilising 		<ul style="list-style-type: none"> • During transaction process we are unable to progress integration. • Vacancies not being filled in incumbent provider possibly resulting in gaps in service. 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working 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 implementation of integration plans		
Risk Rating	Lead Director		
Initial Score	4x4=16	Tracy Jeffes	
Current Score	3x4=12	Date Last Reviewed	
		15 November 2016	
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?):		
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Number of key joint commissioning posts in place 5. New integrated commissioning group now established 6. Initial meeting held regarding development of multi-disciplinary teams 7. Route map for integration finalised 8. Joint working with LA regarding CHC 9. Further joint development of intermediate care plans 	Action	Responsible Officer	Due By
	Establish a revised integrated commissioning group	Tracy Jeffes	Sept 2016
	Agree joint commissioning priorities	Jan Leonard	Sept 2016
	Development of a route map for integration	Tracy Jeffes	Nov 2016
	Initial pooled budget arrangements within BCF agreed	Martin McDowell	Aug 2016
	Further develop of pooled/aligned budgets	Martin McDowell	March 2017
	Joint CCG and Public Health Plan	Tracy Jeffes	Oct 2016
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ol style="list-style-type: none"> 1. Agreed route map for integration signed by all parties and assured by NHSE through BCF team. 			
Additional Comments:	Link to Risk Register:		
	SF040		

MEETING OF THE GOVERNING BODY NOVEMBER 2016

Agenda Item: 16/190	Author of the Paper: Andy Woods Senior Governance Manager (Merseyside CCGs, Equality & Inclusion Service) Email: Andrew.woods3@nhs.net 0151 247 7000						
Report date: November 2016							
Title: Disinvestment Policy and Procedure (Cessation and significant reduction of services and prioritisation principles)							
<p>Summary/Key Issues:</p> <p>The report presents NHS Southport and Formby Clinical Commissioning Group’s Disinvestment Policy (Appendix 1). The policy will supersede all previous policies and procedures in respect of the approach to disinvestment and to connect all key programmes within the CCG, including QIPP, that generate proposals for disinvestment or service reduction with one single process and oversight procedure. This will ensure the CCG’s decision making process operates within legal requirements.</p> <p>The policy includes roles and responsibilities, decision making requirements, stages of disinvestment and prioritisation principles. The main aims of the policy are to ensure that the disinvestment procedure is robust, lawful, open, and transparent and focussed on enabling the CCG to make the necessary efficiencies across the whole system.</p> <p>The policy provides a framework for making sure the CCG continues to allocate its resources on the provision services for the highest priority areas whilst sustaining its focus on the quality and safety of those services.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve the policy and oversight procedure for disinvestment within the CCG.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

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

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		Requires all disinvestment proposals to undergo stringent patient and public engagement and consultation
Clinical Engagement		x		Requires all disinvestment proposals to undergo appropriate clinical engagement
Equality Impact Assessment		x		Requires all disinvestment proposals to consider Public Sector Equality Duty (section 149 Equality Act 2010)
Legal Advice Sought		x		
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees	x			The disinvestment policy has been approved by the joint QIPP Committee.

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

Report to Governing Body

November 2016

1. Background

To ensure that during a period of significant financial challenge to the NHS that limited resources are consistently directed to the highest priority areas, and to ensure that the CCG meets its financial duties, it is essential that the CCG develops a disinvestment (cessation and reduction of services) policy. That policy should set out the agreed procedure for disinvesting in a service or services and the tools required to ensure services that provided meet the highest priority areas.

- 1.1 Disinvestment decisions will be based on a number of prioritisation principles (section 6 Appendix 1) that take account of clinical quality, outcomes, cost effectiveness, usage, duplication, patient satisfaction, priority of service and efficiencies and are made based upon the information and evidence available to the CCG. Distributing NHS resources is a complex activity. To date, it has been carried out mainly according to: historical patterns of activity and spend; demand as expressed by patients and healthcare professionals and ad-hoc service pressures arising during the year. However, allocating NHS resources today requires a different approach. Demand for NHS services now exceeds the current available supply and the NHS is facing unprecedented financial pressures and this is not expected to change in the foreseeable future. This means that not all services can be provided and so prioritisation and decision making has become a pressing consideration.
- 1.2 The decisions will follow a defined process and stages with clear lines of accountability and responsibility. These include consideration around all legal requirements such as: Equality legislation; Human Rights legislation, rationality and consultation with the public, providers and all interested parties

2. Conclusions and Next Steps

- 2.1 Supporting paperwork and documentation will be developed by the PMO to reflect the policy, procedures, prioritisation principles and decision making process.
- 2.2 There will be a full briefing session to the Clinical Quality, Innovation, Productivity and Prevention (QIPP) Advisory Group and the Joint QIPP Committee that has decision making powers in respect of investment, disinvestment and reductions in services
- 2.3 Support to CCG leaders on disinvestment stages (specifically pre disinvestment stages – global mapping).

3. Appendices

Appendix 1

NHS Southport and Formby CCG Disinvestment Policy and Procedure (Cessation and Significant Reduction of Services)

CONTENTS

- 1) Executive summary
- 2) Introduction
- 3) NHS Southport and Formby CCG approach to disinvestment
- 4) Structure, roles and responsibilities
- 5) Disinvestment procedure
- 6) Disinvestment stages
- 7) Prioritisation principles and tools

1. Background

It is important for NHS Southport and Formby Clinical Commissioning Group (CCG) to demonstrate that it is making the most effective use of public money to commission the right care, in the right place, at the right time, within the context of unprecedented financial challenges within the NHS. This policy's main objective is to connect all key programmes within the CCG that generates proposals for disinvestment with one single process and oversight procedure.

To ensure that limited resources are consistently directed to the highest priority areas, the CCG has identified the need to develop a Disinvestment (cessation and reduction of services) Policy and Procedure that sets out the agreed principles for disinvesting in a service, so that either funds can be saved or redirected where appropriate.

Disinvestment decisions will take account of clinical quality and outcomes, cost effectiveness, usage, duplication, patient satisfaction and priority of service and are made on the information and evidence available. The decisions will follow a defined process with clear stages and clear lines of accountability and responsibility. These include consideration around all our legal requirements such as: Equality legislation; Human Rights legislation and consultation with the public, providers and all interested parties.

For the purpose of this policy the following definition has been applied:

Disinvestment: This relates to the withdrawal of funding from a provider organisation such that services are ceased or significantly reduced.

Please note: When a service is going through the normal cycle or decommissioning and re commissioning, without any significant change; this process will be outside this policy and treated as business as usual.

When a programme has been identified as one of significant change but not disinvestment then the principles and process in this policy can be used.

2. Introduction

The CCG's long term commissioning strategy and financial challenges require clarity on when and how services should be disinvested and a robust procedure that will be adopted to ensure these decisions are rational and properly managed.

Where key programme reviews such as QIPP Programmes, contracts cycles or other sources identify the need to disinvest in a service, a number of stages will required to make the case for change. These will include:

- Project Initiation Document (PID) process (identifying potential savings and filtering viable ideas).
- Rightcare – Review commissioning for value
- Business case for change and evidence of usage and performance (prioritisation tool)
- Equality implications (Both pre and post consultation)

- Clinical Quality implications (Quality Impact Assessment and prioritisation)
- Consultation /engagement and communication requirements
- Correct governance and decision making processes

3. The CCG's Approach to Disinvestment

The objective of the policy is to:

- Connect with all the key programmes that generate proposals for disinvestment with one single process and oversight

The aims of this policy are to:

- Provide a lawful, rationale and robust process that demonstrates how the proposal to disinvest has been identified and actioned
- Contribute to the delivery of the CCG's commissioning strategy and priorities.
- Highlight the process in which commissioners need to take when disinvesting
- Ensure the CCG is operating within its legal parameters

4. Structure, Roles and Responsibilities

4.1 The Governing Body

The Governing Body, as the legally accountable body for NHS resources on behalf of the membership of the CCG ultimately take the decision with regard to the disinvestment of any service following the criteria and process set out in this document. The Governing Body has delegated the responsibility for oversight and delivery of QIPP and disinvestment to the Joint QIPP Committee. The Governing Body ultimately has sign off of all decisions.

4.2 Joint QIPP Committee – monitors progress of all schemes and can call in any scheme for additional scrutiny at any time.

No final decision will be made by the Joint QIPP committee on behalf of Governing Body without consideration to:

- Business case for change and evidence of usage and performance
- Equality implications
- Quality implications
- Consultation /engagement findings
- Lawfulness
- Rationality of the process
- Rationality and efficacy (clear thought through process).

4.3 Clinical QIPP Advisory Group – Is not a decision making group. It supports the QIPP Committee by ensuring there is robust clinical input and advice into clinical QIPP schemes.

The Clinical QIPP Advisory Group is the key mechanism for:

- Providing full clinical assessment of all schemes
- Evaluating potential ideas and initial proposals regarding disinvestment
- Ensuring that all legal requirements have been considered
- Reviewing the case for change and weigh the savings against the risks and prioritise accordingly
- Ensuring relevant subject matter experts from equality, clinical quality, consultation and engagement and legal
- Quality assuring and overseeing the disinvestment process
- Making recommendations to the Joint QIPP Committee for those cases the group believe should be progressed
- Advising the Joint QIPP Committee of those cases that shall not be progressed setting out the reasons why
- Reviewing and evaluating full business case (Stage 2), including equality and quality assessments
- Identifying which services will be subject to further work through the disinvestment process
- Overseeing timelines for consultation and engagement and ensure timescales are built into performance and planning
- Providing assurance that proposals are evidence based and are compliant with clinical guidelines (including NICE), the law, good practice and this policy/procedure
- Making recommendations to the Joint QIPP Committee on any other matter relevant to disinvestment or reduction in service provision

4.4 All groups, committees, wider membership and the Governing Body will operate under the following principles:

- Any conflict of interest will be declared in accordance with the CCGs policy (July 2016)
- The process will be clear and transparent
- All areas of spend will be considered
- Consideration will be given to consequences (clinical, quality, financial or otherwise)
- Work will seek to maximise in year savings as well as areas with longer term opportunities
- Proposals must consider the trade-off between scale of benefit and resource required to implement
- Recommendations should not undermine the CCG's longer term plan or Commissioning Strategy
- Recommendations must be evidently reasonable
- Recommendations must be compliant with CCG's statutory duties and responsibilities

4.5 CCG Senior Responsible Officers

4.5.1 Chief Operating Officer (and QIPP Lead)

Has responsibility for creating the governance and reporting structures to enable monitoring of QIPP plans and for providing assurance to the Governing Bodies that appropriate arrangements are in place.

4.5.2 Senior responsible Officers (SRO's)

This includes the CCG's commissioning managers and QIPP work stream leads. SRO's are responsible for the commissioned services.

They are required to undertake the following actions:

- Identify services for consideration of disinvestment or reduction in provision
- Provide an initial case for change of the service to be reviewed

Subject to recommendation by Clinical QIPP Advisory Group to the Joint QIPP Committee for approval, the SRO needs to further develop proposals by:

- Develop the full business case
- Develop equality analysis report and consultation / engagement plan, (in conjunction with subject matter experts)
- Assist the Clinical QIPP Advisory Group and joint QIPP Committee in its recommendation to the Governing Body on the disinvestment or reduction in provision of a service
- Ensure that the evidence behind why the case is being proposed for a disinvestment or reduction in service provision decision is clear and appropriate
- Ensure appropriate communications and engagement with other stakeholders via the Communications and Engagement team
- Secure any appropriate legal advice if necessary

5. Disinvestment Procedures

- 1) Case for change - Identification of service / idea for saving for review
- 2) Review and assessment by Clinical QIPP Advisory Group that will then make a recommendation for approval or advise of rejection to the Joint QIPP Committee
- 3) Approval to proceed, Joint QIPP Committee
- 4) Ratification of approval by the Governing Body
- 5) Full business case
- 6) Pre consultation equality analysis
- 7) Quality Impact Assessment
- 8) Engagement and consultation process
- 9) Final reports including full equality analysis, consultation report and all evidence relied on business case
- 10) Contractual requirements
- 11) Clinical QIPP Advisory Group final recommendations

- 12) Joint QIPP Committee approval or rejection
- 13) Governing Body sign off
- 14) Implementation
- 15) Exit strategy

5.1 Generating the case for change

- 5.1.1 The initial case for change will identify the anticipated or actual impacts of any disinvestment, including legal and reputational risks and anticipated savings.
- 5.1.2 The process must show that the savings will be realistic and achievable.
- 5.1.3 The full business case

In addition to the above, the SRO will consider the following areas:

- Workforce implications
- Market implications
- Geographic implications e.g. impact on transport links etc.
- Over supply of services
- Impact on partner organisations
- Impact on patients and public
- Political implications
- Potential exit strategy

The aim of the business case is to identify if the service:

- is no longer the statutory responsibility of the CCG
- is no longer shown to be a component of the CCG's core provision
- is not linked to a CCG priority
- no longer meets the needs of the population
- is of low or poor quality
- does not demonstrate value for money
- is of high expense and low outcomes (Rightcare)
- is demonstrating ongoing poor performance identified through the contract monitoring process and / or feedback from patients, public and partners, there is evidence of poor patient experience
- is not sufficiently meeting the health needs of the population
- does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- does not meet the standards of a modern NHS as defined by: NHS England / NICE
- is linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.

- Is linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is over supplying due to professional assessments (need for CCG to control quality and quantity of referrals)
- is of limited clinical evidence, quality or safety
- is linked to efficiencies in delivering services (provider Cost Improvement Programmes)
- is linked to oversupply of services (duplication/ market place for patients has changed)
- Is not demonstrating value for money
- was a pilot and funding has been rolled over
- was funded through non recurrent monies and has been rolled over
- benefits and assumptions have not been realised
- is unable to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

5.2 Clinical QIPP Advisory Group recommendations

Once the initial case for change has been prepared it will be presented to the Clinical QIPP Advisory Group for review.

The following will be considered by the Clinical QIPP Advisory Group when developing the case for change:

- Rational process
- Polycentric decision making (whole system approach, which is proportionate across the system)
- Managing the negative impact on the services identified for potential disinvestment and mitigating against them
- The potential destabilising effect on other services and organisations e.g.
- Council or neighbouring CCG commissioned services
- Exit Strategy
- Evidence for the recommendations taken in information such as:
 - Like for like comparisons (comparing apples and apples when considering ceasing one service of many that provide similar services).
 - Gaps in care created by disinvestment
 - Patient experience
 - Cost and performance
 - Any positive or negative impact on patient care and the wider community (i.e. carers)

Until the Clinical QIPP Advisory Group is satisfied that the case for change is robust the case for change will not be considered by any other committee.

Making good decisions regarding health care priorities involves the exercise of fair and rational judgment and at times professional discernment.

Although there is no single objective measure on which such recommendations can be based, these will be fully informed taking into account the needs of individuals and the community, whilst recognising the CCG needs to achieve a financial balance, its discernment will be affected by factors such as the NHS Constitution, Sustainability and Transformation Plans (STP) guidance, NICE technology appraisal guidance and Secretary of State Directions to the NHS.

The Clinical QIPP Advisory Group will adopt a robust approach to its disinvestment or reduction in service provision recommendations by ensuring decisions are lawful and consistent.

This will be achieved by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made
- Assuring that appropriate engagement and or formal consultation has taken place when and where necessary and is fed into the full equality analysis report
- Promoting fairness and consistency in decision making and with regard to different clinical topics, reducing the potential for inequity
- Providing a means of explaining the reasons behind the decisions made
- Managing the risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and adopting a decision making framework so that decisions are made in a manner which is fair, rational and lawful
- Ensuring the vision, values and goals of the CCG are reflected in business decisions
- Ensuring any perceived or actual conflicts of interest are identified

5.3 Criteria for developing proposals for disinvesting services case for change

Legitimate reasons for disinvesting a service may be some of the following:

- The service provided is no longer the statutory responsibility of the CCG
- The service is no longer shown to be a component of the CCG's core provision
- Service not linked to a CCG priority
- No longer meet the needs of the population
- Are of low quality
- Do not demonstrate value for money
- Are of high expenditure and low outcomes (Rightcare)
- Have continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners (poor patient experience)
- Are not sufficiently meeting the health needs of the population
- Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere

- Do not meet the standards of a modern NHS as defined by: NHS England / NICE
- Are linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Are linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is of limited clinical evidence, quality or safety
- Are linked to efficiencies in delivering services (Cost Improvement Programmes)
- Are linked to oversupply of services (duplication/ market place for patients has changed)
- Are possible savings linked to estates
- Are not value for money
- Over supply due to professional assessments (need for CCG to control quality and quantity of referrals)
- The original service was a pilot and funding has been rolled over
- The original service was funded through non recurrent monies and has been rolled over
- The original decision to fund a service was made on assumptions that have not realised
- There is an inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- The service does not deliver value for money, as demonstrated through financial review
- The investment in a service does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- Service fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

No disinvestment of the service will commence until the relevant statutory requirements have been met. This would include the engagement/ consultation report and full equality analysis report and quality impact report presented to the Joint QIPP Committee for their consideration, prior to making a final decision/ recommendation to Governing Body.

5.4 Engagement and Consultation Process

Following the development of a proposal, the engagement and consultation process will commence. Advice on engagement should be sought from the Communications and Engagement Team, and Equality Teams

The CCG will communicate clearly, fully and continuously with the provider of the service and all stakeholders and **all interested parties** following any proposal for potential disinvestment or the reduction in provision of services.

The engagement and consultation will include the appropriate methods and timescales to engage with the public, patients and stakeholders and this will be informed by the pre consultation equality analysis, stakeholder analysis and matrix

An appropriate period of consultation will be undertaken and the outputs fully considered before any decision to disinvest or reduce service provision is made.

The feedback from all statutory and non-statutory consultation will be fully reviewed and analysed and will be used to assist in the decision making process.

Sefton Metropolitan Borough Council's Overview and Scrutiny Committee will be involved in line with current guidance.

5.5 Clinical QIPP Advisory Group final recommendation

Following the engagement and consultation process, the SRO will present a final report to the Clinical QIPP Advisory Group. Once the group has reviewed the information provided, a final recommendation will be presented to the Joint QIPP Committee.

The recommendation will first be shared with the provider so as to enable them to raise any final matters which may then be considered by the Joint QIPP Committee

Following the completion of statutory reports, should any indicate that disinvestment is not viable or appropriate, the outcome will be submitted to Clinical QIPP Advisory Group with a recommendation from the SRO to accept the findings and remove the proposal from the disinvestment programme. The Joint QIPP Committee will be notified and given the reason behind the decision. The Joint QIPP Committee will in turn advise the Governing Body through its key issues reporting process.

5.6 Joint QIPP Committee Approval

The Joint QIPP Committee, as the committee with delegated responsibility for QIPP decisions, will ultimately make the decision with regard to the disinvestment of any service following the criteria and process set out in this policy. The Governing Body will be asked to ratify that decision.

The committee will make the appropriate decision following their review of the information:

1. Non approval to the disinvestment recommendation

If the committee does not agree to the disinvestment of the service, this outcome will be communicated back to the Clinical QIPP Advisory Group, the provider and the local stakeholders. The SRO shall complete these actions.

2. Approval to the disinvestment recommendation

If the Joint QIPP Committee agrees to the disinvestment of the service, this outcome will be communicated back to the Clinical QIPP Advisory group, the Governing Body, the provider and the local stakeholders. The SRO shall complete these actions and implement the exit strategy.

3. Request more information

The Joint QIPP Committee may request more information if they are unable to make a final decision, this will developed and presented back to the committee within the agreed time period. The SRO shall complete these actions.

5.7 Implementation

5.7.1 Actions subsequent to approval to disinvest

Following the Joint QIPP Committee's decision to disinvest, the CCG will commence the disinvestment process.

The responsibility for serving notice to the provider is with the executive lead for that provide contract and will be done via the relevant contract manager or as otherwise determined by the CCG Accountable Officer.

The CCG, in line with the approach for transparency and openness, will provide intelligence to the provider (as part of the notification letter) as to why the service has been ceased or significantly reduced through disinvestment, *for example, the disinvestment of a service has been based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.*

The CCG will also communicate clearly what 'next steps' will be undertaken in the process.

5.8 Exit process

The SRO and contracts team will work closely with the provider (following notification of a decision to disinvest) on delivering the 'Exit Plan' outlining actions required by both parties for smooth service cessation/ significant reduction.

The plan will cover at a minimum:

- Patient continuity of care
- Patient records(if applicable)
- Staff
- Estate
- Equipment
- Stock (where funded by the commissioner)

The commissioner will ensure mechanisms are in place where, in conjunction with the provider, execution of the exit plan is actively managed.

Disinvestment of any service will be managed in line with the "Principles and Rules for Cooperation and Competition" regulation (2012) and related Monitor Guidelines.

<https://www.gov.uk/government/publications/principles-and-rules-for-cooperation-and-competition>

Disinvestment of any service will also be processed in line with the CCG's Financial Polices and contractual requirements.

5.9 Recordkeeping and reporting

An auditable record and trail of all decision making and all communications relating to each disinvestment decision and contract termination will be kept by the CCG.

This is vital, both to demonstrate that the process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

6. Disinvestment: Stages and Flow Charts

The stages outlined below will be addressed via the CCG's QIPP process via relevant documentation (including PIDs, Business case, plans on a page, equality and quality impact assessments and other supporting materials including prioritisation tool, Rightcare, like for like assessments etc.)

The stages will enable the CCG to develop a longer term and SMART disinvestment plan.

Pre-disinvestment: CCG leaders, clinical leads and subject matter experts will produce global costings and a map of cost structure (a financial map). This will be linked with prioritisation or commissioning strategy to demonstrate:

- Where is the CCG currently spending money, across the system?
- How this spend can be explained to the public?
- How savings be identified and to understand the difference between *theoretical* (when a saving can be identified but in reality can never be saved) and *practical* savings- (this is when savings can be made no matter how difficult will be).
- The 'financial map' is designed to show cost centres or subject centres – This is a way of rationalising the spending to make it easier to identify where reductions can be made and where reductions are initially being targeted (this allows for a more controlled action to identify 'hard to get' savings and the process to get them, as well as easy savings and thus avoiding stripping away assets).
- The CCG will run sessions to support the development of the financial map and this will highlight potential targets for savings

Pre-stages to disinvestment

Identify all costing

Can savings be identified (theoretical & Practical)

Financial mapping (Linked to priorities)

Stage 1: Case for change

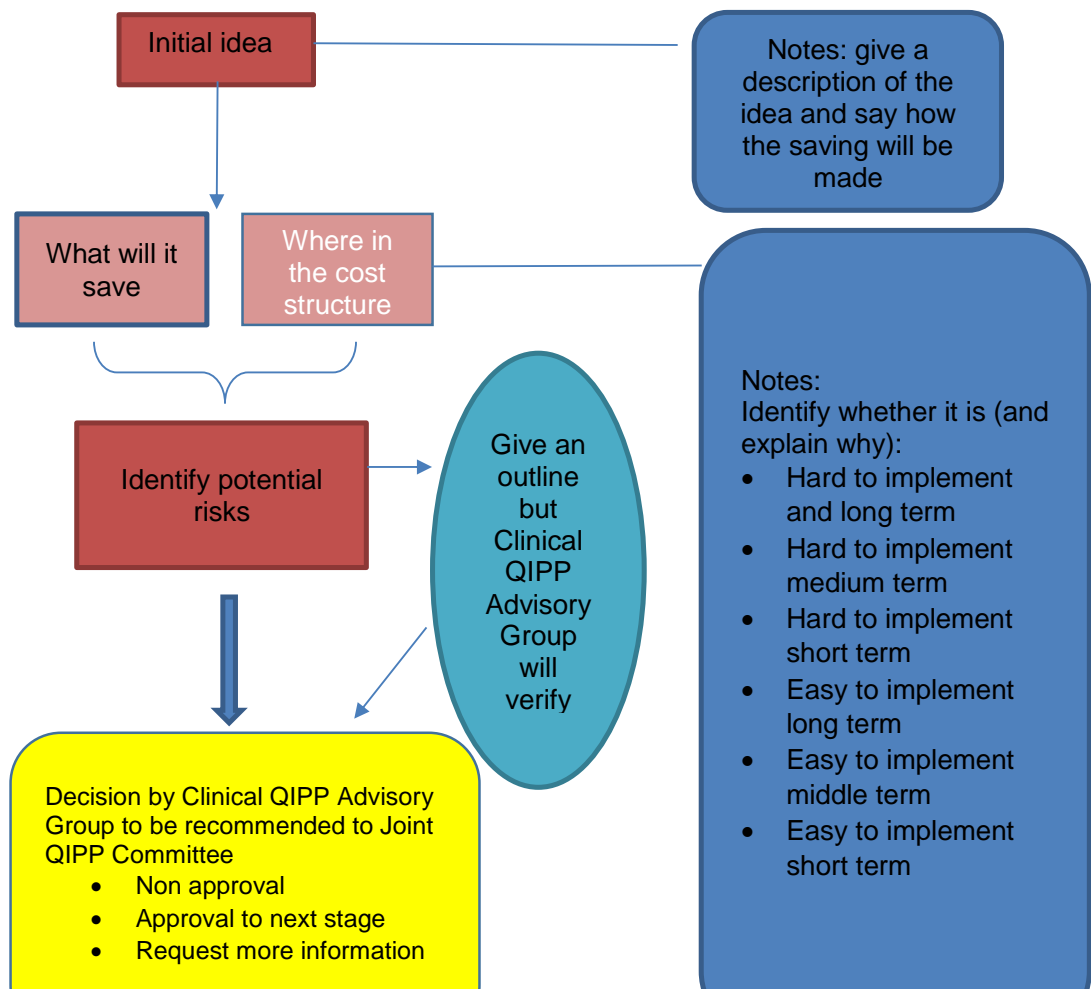
Develop ideas linked to the financial mapping above and or any idea the SRO has identified for savings via case for change process.

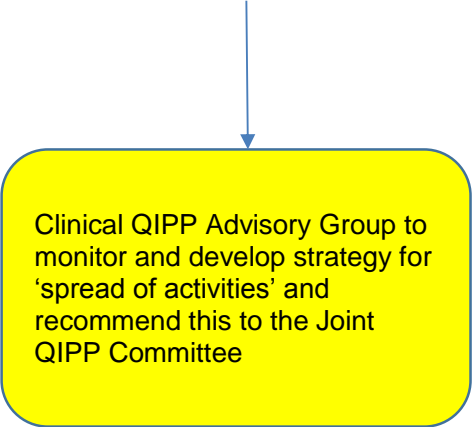
The process must show:

- The initial idea
- The legal position and driver?
- The current contractual position? (is the service being delivered against this)
- The potential savings (general outline Practical over theoretical)-see above
- The proportionate saving across the whole system?
- The potential risks (legal (equality), financial reputational strategic)
- The cost structure it will be taken from?
 - Identify whether it is (and explain why):
 - Hard to implement and long term (e.g. 2 hospital services duplication- move to one service)
 - Hard to implement medium term
 - Hard to implement short term
 - Easy to implement long term
 - Easy to implement middle term
 - Easy to implement short term (recruitment freeze, non-recurrent monies)

Stage 1 Case for Change (SRO's identifying ideas for savings)

This will enable Clinical QIPP Advisory Group (QIPP) to provide over view and authorise ideas





Clinical QIPP Advisory Group to monitor and develop strategy for 'spread of activities' and recommend this to the Joint QIPP Committee

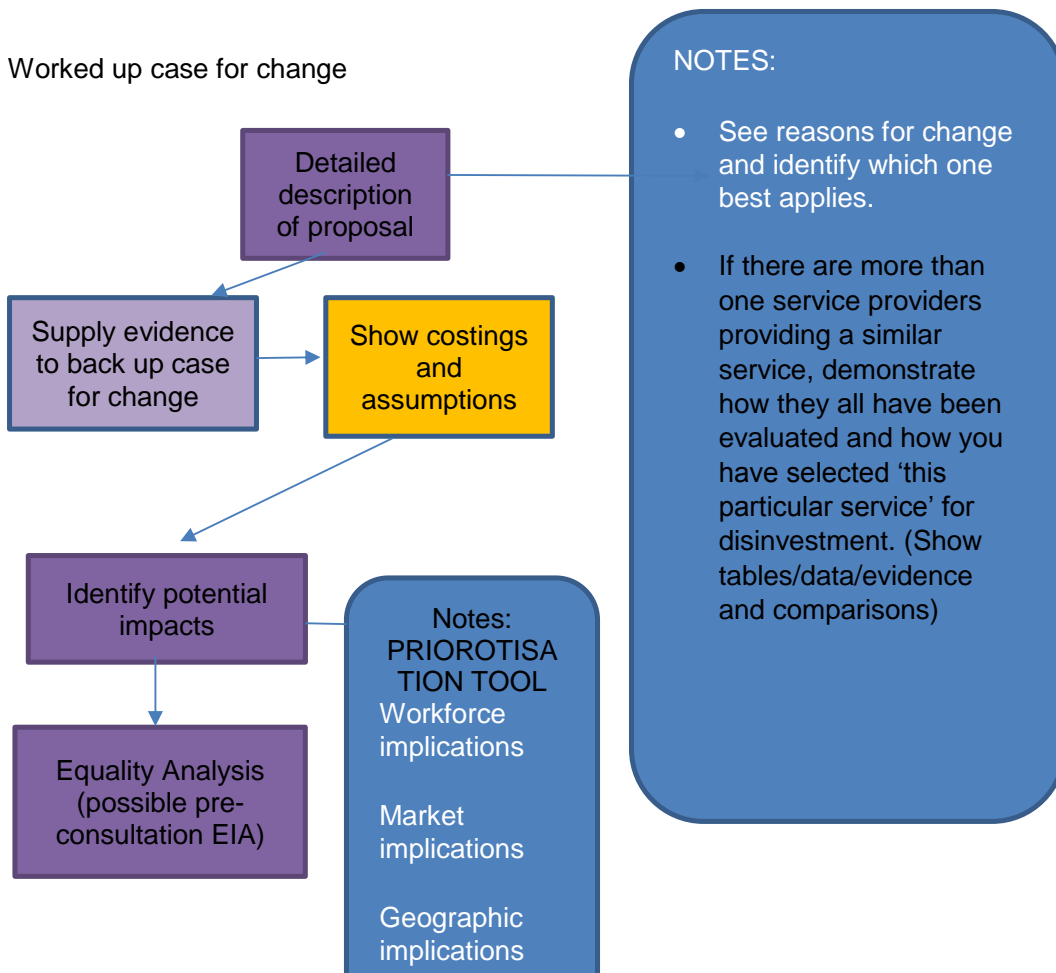
Stage 2: Project Management Office (PMO)

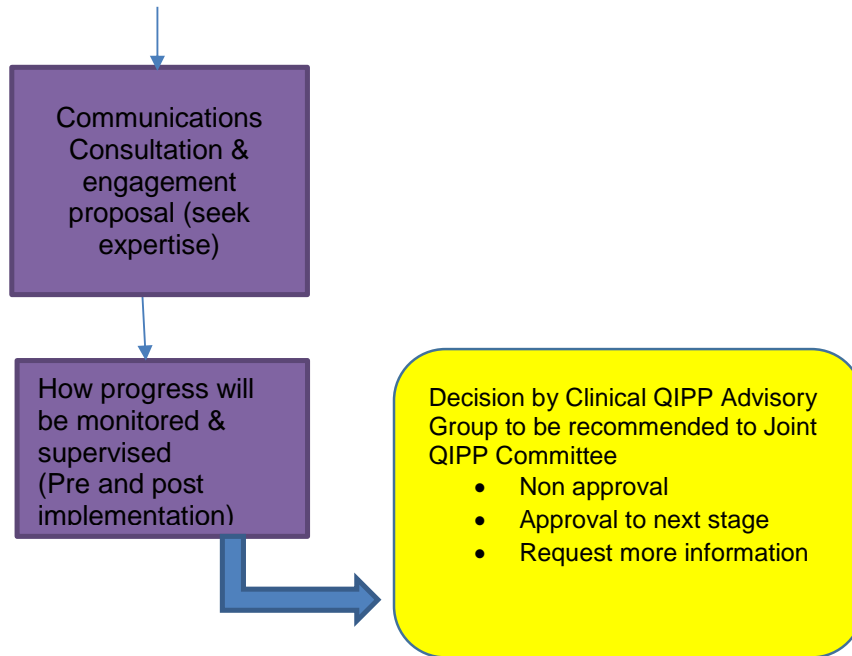
Fully worked up idea and developing into a case for change proposal

- Detailed description of the proposal*
- Evidence to back up case for change inc Rightcare
- Show costings and assumptions
- How process will be monitored
- Identify potential impacts
 - Workforce implications
 - Market implications
 - Geographic implications e.g. impact on transport links etc. / gaps in care
 - Impact on partner organisations
 - Impact on patients and public
 - Political implications
 - Potential exit strategy
 - Equality impact
 - Quality impact
- Pre- Equality Analysis form
- Quality Impact assessment
- Communications Plan
- Consultation/ engagement plan if required (incl: stakeholder analysis and matrix)
- implement consultation process

- analyses and present results
- Full equality assessment
- All presented to decision makers, prior to making the decision

Stage 2: Worked up case for change





*If a service is being disinvested or there is to be a reduction in service provision – explain ‘why this service was chosen’:

A range of legitimate reasons for disinvestment or service reduction is given below. Please note that if one of the reasons below is not given then there is potential that the decision is of higher legal and reputational risk.

Legitimate reasons if the service;

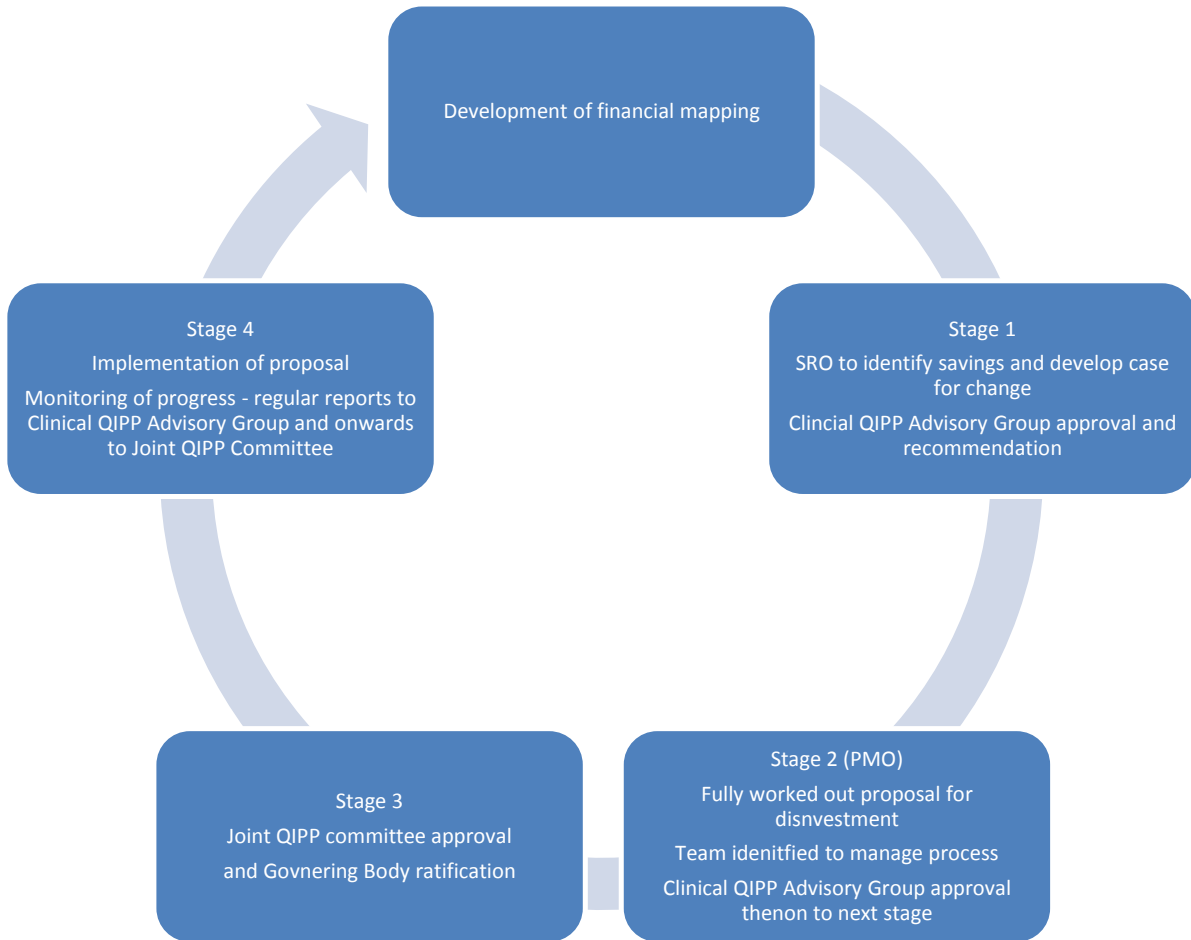
- is no longer the statutory responsibility of the CCG
- is no longer shown to be a component of the CCG’s core provision
- is not linked to a CCG priority
- no longer meets the needs of the population
- is of low or poor quality
- does not demonstrate value for money
- is of high expense and low outcomes
- is demonstrating ongoing poor performance identified through the contract monitoring process and / or feedback from patients, public and partners, there is evidence of poor patient experience
- is not sufficiently meeting the health needs of the population

- does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- does not meet the standards of a modern NHS as defined by: NHS England / NICE
- is linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Is linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is over supplying due to professional assessments (need for CCG to control quality and quantity of referrals)
- is of limited clinical evidence, quality or safety
- is linked to efficiencies in delivering services (provider Cost Improvement Programmes)
- is linked to oversupply of services (duplication/ market place for patients has changed)
- Is not demonstrating value for money
- was a pilot and funding has been rolled over
- was funded through non recurrent monies and has been rolled over
- benefits and assumptions have not been realised
- is unable to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

If all above have been explored and none apply, then explain your grounds for the need to make financial savings.

*If there are more than one service provider, demonstrate how they all have been evaluated and how you have selected 'this particular service' for disinvestment. (Show tables/data/evidence and comparisons)

Work Flow



7. Prioritisation principles and Tools

7.1 Background

Distributing NHS resources is a complex activity. To date, it has been carried out mainly according to:

- historical patterns of activity and spend;
- demand as expressed by patients and healthcare professionals;
- the arrival of new technological and/or service innovations; and
- ad-hoc service pressures arising during the year.

However, allocating NHS resources today requires a different approach; demand for NHS services now exceeds the current available supply and the NHS is facing unprecedented financial challenges. This is not expected to change in the foreseeable future. This means that not all services can be provided and so prioritisation and decision making has become a pressing consideration. It is vital that decisions to prioritise services are not based on intuitive methods, incomplete information or conflict with the CCG's overall strategic goals. It is important that the impact on health is explicit when decisions are made to provide resource for some areas and not others.

Any prioritisation framework must therefore provide a robust, transparent and fair process to:

- maintain or improve (were possible) clinical quality and the health and wellbeing of the population
- be operationally more efficient;
- increase public and patient confidence;
- lawful
- achieve financial balance and ongoing financial sustainability;
- meet the requirements of good corporate governance;
- and be underpinned by a sound evidence base wherever possible

7.2 Application of the prioritisation tools

Ideas to disinvest can be based on a prioritisation tool for each service or intervention under consideration so that the evidence base can be assessed later and comparisons made. The tool sets out four evidence areas for assessing services and interventions:

- Does it work and how close is it to core priority?
- Does it add value to society/ health inequalities?
- Is it a reasonable cost to the public?
- Is it the best way of delivering the service?

Evidence in each of these areas is assessed against 18 criteria or 'factors to consider'; they are defined in the tool and they will be subject of rigorous testing by Clinical QIPP Advisory Group and the Joint QIPP Committee

The completed information for each service/intervention/proposal under consideration will be presented by its compilers in stage 2 .

Prioritisation Tool

Does it work?		
1.	Quality Clinical effectiveness <ul style="list-style-type: none"> • Patient experience • Patient Safety • effectiveness 	If not effective, this does not need to go through further process, can make decision to disinvest. See Quality Impact Assessment
2.	Health gain and outcomes	Life expectancy, healthy life expectancy, quality of life and risk factors Review Rightcare – Performance compared to peer group
3	Is it over subscribed / is there an over demand	<ul style="list-style-type: none"> • Is there any way of controlling through put? • Are providers creating over demand (is this clinically appropriate?) • Is service underfunded?
Does it add value to society?		
4.	Strategic fit with CCG priorities and legal duties	How close is it to core priorities Is there a statutory duty to provide the service/ function? If it is a statutory duty can efficiencies be made?
5	Strategic fit with 5 Year forward view	https://www.england.nhs.uk/ourwork/futurenhs/
6	Strategic fit SDP	
7	Population and individual impact	Proportionality: a balance between the needs of a group of patients, and that of the wider community Does this only affect one particular group?
8	Health Inequities	Reduce or widen?

9	Equality implication PSED	Equality Analysis Report
Is it a reasonable cost to the public?		
10	Affordability/ efficiencies	<p>Can we release resources for alternative uses to achieve the same aim?</p> <p>Can this be bought from a cheaper source?</p> <p>Pooling budgets with partners (What are the opportunity costs for other services or interventions (including those of partners)?)</p>
11	Cost effectiveness and value for money	Expenditure in relation to outcomes Review Rightcare – Performance compared to peer group
12	Is there over supply of services	Duplication of services
13	Through put of patients/ service users	Low through put of patients for service provision?
Is it the best way of delivering the service?		
14	Alternative services	<p>Ward based services compared to community based services</p> <p>Private and Public sector versus Community Voluntary/ Third sector?</p>
15	Impact on services elsewhere	<p>Is there an impact for other health service (For example A&E)?</p> <p>Is there an impact for non-health services? For example, social services</p>
16	Workforce implications	<p>Will it increase or decrease or change human resources and skills mix?</p> <p>Will it have legal HR implications? (TUPE, redundancy, recruitment/ retention)</p>

17	Geography	<p>Is it in the best place to deliver the service?</p> <p>Rural issues</p> <p>Transport issues</p> <p>Parking access</p>
18	Physical buildings and estates	<p>Is it beyond service</p> <p>Does it need decommissioning</p> <p>Is it operating at full potential/ capacity</p>

MEETING OF THE GOVERNING BODY NOVEMBER 2016

Agenda Item: 16/191	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: November 2016	
Title: North Mersey Local Delivery System Plan (NM LDS Plan)	
<p>Summary/Key Issues:</p> <p>The purpose of this report is to update the Governing Body on the content of the NM LDS Plan, which is a component part of the Cheshire & Merseyside Sustainability & Transformation Plan (C&M STP).</p> <p>The C&M STP was submitted to NHS England on 21st October 2016. It is currently being reviewed and until that process has been completed and feedback received NHS organisations have been instructed that they should not publish the NM LDS Plan. However, it is possible to share the three local delivery system plans which represent the majority of the content of the STP.</p>	
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	
	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

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

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

Report to Governing Body November 2016

1. Executive Summary

The purpose of this report is to update the Governing Body on the content of the North Mersey Local Delivery System Plan (NM LDS Plan), which is a component part of the Cheshire and Merseyside Sustainability and Transformation (STP) Plan.

The Cheshire & Merseyside STP was submitted to NHS England on 21st October 2016. It is currently being reviewed and until that process has been completed and feedback received NHS organisations have been instructed that they should not publish the plan. However, it is possible to share the three local delivery system plans which represent the majority of the content of the STP.

2. Introduction and Background

Local health and social care services have improved greatly in recent years. However, the NHS Five Year Forward View, published in October 2014, set out strategic intentions, the opportunities and the challenges facing the NHS and the need to take a longer term approach to planning to ensure the NHS remains clinically and financially sustainable during a sustained period of financial constraint for public services. The Forward View highlighted three key areas:

- The health and wellbeing of the population;
- The quality of care that is provided; and
- NHS finance and efficiency of services.

Subsequently, in December 2015 NHS planning Guidance was published. The document: *'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21'*, set out the steps for local health systems to follow to deliver the Five Year Forward View. This guidance was backed up by a new Sustainability and Transformation Fund intended to support financial balance, the delivery of the NHS Five Year Forward View, and to support new investment in key priorities. As part of the planning process, health and care systems were asked to develop 'Sustainability and Transformation Plans', to cover the period from 2016/17 to 2020/21.

44 areas (or 'footprints') were identified across England to work together as health and care systems to develop Sustainability and Transformation Plans (STPs) that set out how these gaps can be addressed.

Leaders were asked to identify the key priorities for their local area to meet the particular challenges they face and to set out how health and care systems will deliver financial balance by 2021. While the guidance focuses mainly on NHS services, STPs also cover better integration with local authority services.

STPs represent a change in the way that the NHS in England plans its services; with a stronger emphasis on collaboration to respond to the challenges facing local services and a focus on place-based planning for whole systems of health and care. This reflects a growing consensus within the NHS that integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more coordinated services – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

It is also recognised that NHS financial pressures can't be addressed fully at organisational level. Providers and commissioners within health systems were tasked to come together to manage the collective resources available for their local population.

While STPs are primarily being led by the NHS, developing credible plans will require the NHS to work in close partnership with social care, public health and other local government services, as well as third sector organisations and local people.

3. Cheshire & Merseyside STP Footprint

The Cheshire and Merseyside Sustainability and Transformation Plan is the second largest STP in England. It covers a population of 2.5 million, and brings together a partnership of 12 CCGs, 20 providers and 9 local authorities.

Cheshire & Merseyside (C&M) is a diverse area, with poor health outcomes in some parts of the footprint closely linked to high levels of deprivation.

Across the region there are significant financial challenges; either at individual organisational level or across whole economies. Each local delivery system has established its own approach to delivering improved productivity and closing the financial gap, guided by a common set of strategic priorities.

The rationale for a whole-system approach to tackling these challenges is that by working collaboratively across organisations there are opportunities to reduce duplication and unnecessary cost and extend good clinical practice and innovation to improve quality and patient experience.

The Cheshire and Merseyside STP is designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability.

However, the majority of delivery will be through the plans developed by the three local delivery systems (LDS): North Mersey; the (Mid Mersey) Alliance; and unified Cheshire & Wirral. It is anticipated that the emphasis for delivery of the STP will be through LDS plans, delivered collaboratively by local organisations.

4. North Mersey Local Delivery System (NM LDS)

The North Mersey delivery system serves the populations of Liverpool, Sefton and Knowsley.

Although the North Mersey area is in many ways resurgent, with a growing economy, it also has high levels of poor health and it 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. People living in the North Mersey area live shorter lives than the national average, and spend a greater proportion of their life living with disability and poor health.

Life expectancy is increasing at a faster rate than healthy life expectancy, with more people living into old age with multiple long term conditions, disability and care needs. As the proportion of older people increases, a key challenge will be to achieve improvements in healthy life expectancy – keeping more people well for longer.

While there are services offered out of hospital are generally good, they have been fragmented and lacking integration across health and social care. North Mersey has high rates of emergency admissions which would be more effectively treated out of hospital.

The fundamental objective of the strategy for North Mersey is to reduce unplanned hospital care in order to shift the balance towards a pro-active wellness system rather than a system which predominantly treats illness.

The North Mersey commissioning landscape is represented by four CCG commissioners - NHS Liverpool CCG, NHS Southport & Formby CCG, NHS South Sefton CCG and NHS Knowsley CCG, 3 local authorities – Liverpool, Sefton and Knowsley and NHS England Specialised Commissioning. The North Mersey plan incorporates 9 provider trusts:

- Liverpool Community Health NHS Trust
- Aintree University Hospitals NHS Foundation Trust
- The Liverpool Heart and Chest Hospital NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- The Walton Centre for Neurology NHS Foundation Trust
- Alder Hey NHS Foundation Trust
- Liverpool Women's Hospital Foundation Trust
- Mersey Care NHS Trust

The North Mersey local delivery system plan builds upon and joins up Healthy Liverpool and Shaping Sefton transformation plans from neighbouring commissioners within the footprint to develop a compelling place-based, whole-system plan.

5. Shaping Sefton

The CCGs in Sefton have been working on the development over the past 3 years of the Shaping Sefton vision to create a community centered health and care delivery system which is aligned to the overarching Sefton Health and Wellbeing Strategy.

The Shaping Sefton vision describes our aspiration whereby we want all health and social care services to work together and to be more joined up – with as many as possible provided in our local communities, so it is easier to get the right support and treatment first time to help live a healthy life and improve wellbeing.

Community centered health and care brings together eight priority health and transformation programmes, wrapped around our GP practices.

These are Primary Care, Community Care, Urgent Care, Mental Health, Care for Elderly People with Frailty, Intermediate Care, Cardiovascular Disease and Respiratory Disease.

As such, Shaping Sefton with the Healthy Liverpool programme has already begun to answer the questions being addressed by the Sustainability and Transformation Plans. These plans are at the heart of the NM LDS Plan

6. The NM LDS Plan

The NM LDS Plan identifies five priorities:

1. Demand Management;
2. Hospital Service Reconfiguration;
3. Population Health;
4. Digital Innovation;
5. Acting as One System.

5.1 Demand Management

The North Mersey vision is to ***deliver a step change in health, with people living well for more of their lives and an excellent, safe health and care system which is fit for the future.***

This vision is dependent upon strong community services that can enable the effective management of demand by reducing reliance on hospital services, particularly unplanned care. This will drive improved quality, patient experience and maximise the use of financial resources.

Strong, pro-active, person-centred community services will drive the transformation of the wider health system and the improvements in health and wellbeing that will support people to live longer, better lives.

The North Mersey demand management programme will:

- Establish Integrated Community Care Teams serving populations of 30-50,000. These teams will deliver proactive care involving GPs, community nursing, social care and other relevant professionals;
- Strengthen and transform primary care; improving access, reducing variation and broadening skills. This is the cornerstone of the new community model of care;
- Developing new and improved urgent care services in the community through the creation of primary care hubs open 7 days a week, along with the provision of GP streaming at the front door of A&E departments;
- Maximising opportunities from digital technologies to improve care, keep people well and reduce the need for hospital care; particularly through the scale up of telehealth support to people who would benefit;
- Support effective discharge from hospital, through a whole system approach to effectively managing the care of people leaving hospital for home or into care homes;
- Enhanced care home model which delivers proactive care from community multi-disciplinary teams directly into care homes;
- A new model of care which will transform mental health provision, including better integration of mental and physical health services and pro-active, targeted care to support people in community settings;

- A one-system model for cardiology and respiratory conditions, transforming care across prevention, community and hospital services in joined up pathways, with all providers collaborating to improve outcomes;
- Redesigning children's services and infrastructure with a new focus on children and families, offering targeted early help and integrated care between NHS community and hospital services, social care, the voluntary sector, education and specialist provision such as CAMHS.

The current transaction process to secure a new NHS provider for community services in North Mersey provides the opportunity to align community services provision to the North Mersey LDS plan for new, innovative and sustainable partnerships and models of care.

Governing Body members will recognise this as being rated in Healthy Liverpool.

5.2 Hospital Service Reconfiguration

This North Mersey priority is completely aligned with Healthy Liverpool plans for reconfiguration of hospital services, which in turn are aligned to Shaping Sefton and decision making through a Committee in Common.

In 2015 the city's clinicians and NHS organisations agreed a vision for a *“centralised University Teaching Hospital Campus with single service, system-wide delivery, delivered through centres of clinical and academic excellence”*.

This translates into plans to redesign services across the city's adult acute hospital providers which would:

- Establish a combined workforce working delivering standardised patient pathways;
- Ensure high quality services delivered to best practice standards;
- Provide single clinical leadership.

These plans were published in the Healthy Liverpool Blueprint of 2015 and also appear in the NM LDS Plan.

The Healthy Liverpool plan included intentions to establish Aintree Hospital as the single receiving site for Major Trauma for Cheshire & Merseyside, which has now been delivered. This has led to a significant improvement in survival rates and health outcomes, with the area achieving the best outcome performance for any region outside of London.

The Healthy Liverpool Blueprint also signalled the intention to review women's and neonatal services; a process which commenced earlier in 2015 and which is also featured in the North Mersey LDS Plan.

As a further development from Healthy Liverpool plans for single service redesign for adult acute services, in the summer of 2016 the boards of the Royal Liverpool, Aintree and Liverpool Women's hospitals agreed to examine the benefits of creating a new single organisation to facilitate and enable the delivery of the clinical and patient benefits that would accrue from a single service, city wide delivery model.

The North Mersey LDS Hospitals plan also sets out the intention for commissioners to conduct a review of services provided by Southport and Ormskirk NHS Trust. This review has dependencies with plans to redesign adult acute services in Liverpool and with plans contained within the Mid

Mersey Alliance LDS. We will work collaboratively across local footprints to manage these dependencies and align plans.

5.3 Population Health

The NHS Five year Forward View states that the sustainability of the NHS depends on a radical upgrade in prevention and public health to create healthier populations and reduce demand on the NHS.

The STP identifies priorities that will be managed across the whole Cheshire and Merseyside footprint. This includes ambitious schemes to tackle high blood pressure, alcohol harm and anti-microbial resistance.

The NM LDS Plan includes local priorities to address the wider determinants of health, primary and secondary prevention which are pertinent to the needs of the North Mersey population.

The actions in the plan to improve health outcomes are aligned with existing partnership commitments by the NHS and local authorities to collaborate on key schemes. The local population health priorities include:

- The development of a non-communicable disease prevention strategy: This would be focused on policy as a tool to achieve health gain. In order to achieve a population impact on healthy life expectancy and premature mortality, targeted and focused policy interventions will be developed above and beyond strategies to support behaviour change. An example of this approach would be to use planning legislation locally to tackle fast food density as a driver to reduce obesity.
- Making Every Contact Count (MECC): This is about harnessing the millions of contacts between people and professionals, encouraging conversations based on behaviour change, empowering healthier lifestyle choices and self-care. The focus will be on supporting conversations around long term conditions; smoking; falls prevention; alcohol abuse; obesity management; medicines management; physical health; and mental health and emotional wellbeing and onward referral to healthy lifestyle and welfare services. MECC has the potential to be very cost effective. Public-facing staff in LAs and the NHS may meet around 30 people a day so even having just one additional health chat per week could produce real benefits. There are also potential benefits from staff changing their own behaviour and becoming powerful advocates to encourage their family or friends, to follow their example for better health.
- Tobacco Control strategies: Smoking is still the biggest cause of premature death in North Mersey and causes significant ill health. There are over 100,000 households in the area with at least one smoker. When net income and smoking expenditure are taken into account, 30% of households with a smoker are below the poverty line. Over 21,000 people in North Mersey could be taken out of poverty if smoking costs are returned to the household. There are still an estimated 143,000 smokers in the area, costing the local economy over £265m in terms of economic and health impacts. Supporting people to stop smoking is a key element to an overall tobacco strategy, but should be enhanced by broader action to control tobacco. The aim is to reduce smoking rates in North Mersey from the current rate of 18.5% to 13% by 2021.
- Workplace Wellbeing: This programme will focus on engaging successfully with businesses on the issue of the health and wellbeing of employees. The aim is to support and improve business productivity; competitiveness; economic growth and make North Mersey businesses employers of choice. The Workplace Wellbeing Charter is cited as national exemplar practice towards achieving these aims; which is a model that was developed in Liverpool. As an already

established programme, the LDS will use this model initially to achieve accreditation or reaccreditation of all NHS and Local Authority partners by March 2018.

The delivery of these population health plans will improve the health and wellbeing of our population in targeted ways, which will also contribute over time to better managing demand for health and social care services across all settings of care.

5.4 Digital Innovation

North Mersey stands out as a leader in digital care and innovation, with clinically led programmes held in high regard nationally and internationally. This track record originates from the North Mersey iLinks and Healthy Liverpool and Shaping Sefton programmes, which have invested significantly in digital innovation.

Merseyside can already evidence significant achievements, with ground breaking success in information sharing, assistive technology and analytics delivering evidenced-based patient outcomes and improved quality of care.

There is a long established culture of clinical and managerial partnership approach to digital leadership, with an ethos of the 'digital clinician' which unites professionals from the various traditional digital fields around a shared focus on improving the health and wellbeing of the population.

Digital technology is both an enabler to and a transformer of better care and outcomes.

The development of the Merseyside Local Digital Roadmap (LDR) is considered a national exemplar.

The plan envisages a connected health and social care economy where individuals and professionals are supported by integrated systems which support fully informed choices.

The NM LDS plan will deliver three digital ambitions:

1. Digitally Empowered Individuals;
2. A Connected Health and Social Care Economy;
3. Exploiting the Digital Revolution.

These ambitions will be delivered through a clear set of deliverables - the 'Digital Top 10' which will transform the way health and social care services are delivered through a seismic change in the use of digital technology and innovation:

1. Joint Governance & Clinical/Managerial Digital Leadership Partnerships: working together as one health and social care economy;
2. All organisations signed up to shared principles for digitally enabled transformation;
3. Delivery of the Information Sharing Framework: implementing at pace and scale of the single information sharing framework;
4. Digital Maturity transformation of all health and social care providers including primary care, through adoption and use of digital technologies and standardised records at the point of care, including a clinical technology hub embedded in community services;
5. Interoperability Programme; joining up of key systems across the health and care system ;
6. Digital No Wrong Door; enabling people to interact digitally and online with the health and care system, as well as supporting population health initiatives;

7. Single Adult Acute Electronic Patient Record; implementing one system for North Mersey adult acute hospital services;
8. Consolidated Infrastructure; joining together of infrastructure, where it makes sense to do so to enable staff to work across multiple sites and to support patients to interact with services easily;
9. Support significant upscaling of Assistive Technology; with clear plans and timescales to significantly scale up the Healthy Liverpool telehealth programme across North Mersey by ensuring the latest technology and telemetry systems are available across as many disease pathways as possible. Ensuring assistive technology interoperates with clinical systems across primary, secondary and acute systems where deployed.
10. Advanced Analytics Collaborative; a joint approach to maximise the potential benefits of predictive analytics.

5.5 Acting as One System

North Mersey has one of the most complex health systems outside of London; with multiple commissioners and providers, including two major adult acute trusts, a renowned children's hospital and the broadest range of specialist services of any city outside of London.

The complexity of the North Mersey delivery system presents challenges for this health and care economy. Historically, organisations have competed with each other, with high levels of services duplicated, leading to inefficiencies and fragmentation. The priority now is to secure long-term clinical and financial sustainability of services in the city, rather than protect the status quo.

To date, clinicians have led the work to develop a system that can 'act as one'. Clinical leadership has led to the development of a compelling vision for North Mersey; a commitment to shared clinical standards and proposals for transformation of community services and the hospital system.

The system collaboration that has emerged from current transformation programmes, Healthy Liverpool and Shaping Sefton, have provided a sound basis to move to the next level of agreeing new ways of working, future proof governance, strong accountability and potentially new structures to enable delivery of the best care, although it is essential that form follows function.

Acting as One system includes the involvement of our population. The NM LDS Plan has been developed with and informed by the needs of residents and patients across Liverpool, Sefton and Knowsley, through sustained programmes of engagement and involvement which have shaped local transformation plans.

Our priorities within this are of the LDS plan include:

- Single system governance arrangements that will support whole system collaboration;
- Integrated commissioning arrangements that will support the effective delivery of the NM LDS plan;
- A North Mersey 'business as usual' efficiency programme that will reduce waste and costs in non-clinical and clinical support across the footprint;
- Exploring ways in which commissioners and providers could work much more collaboratively to improve health and care and jointly managing the resources available to us over the next 5 years.

A matrix setting out the specific schemes for each of the priority areas in the NM LDS plan is set out at Appendix 1. This matrix also details benefits and timescales for each scheme.

7. Financial Accountability

The financial challenge facing the Cheshire & Merseyside health system is significant. The 'do nothing' affordability gap is forecast at £908million by 2020/21, with the North Mersey share of this gap standing at £346 million. The drivers of this affordability gap are the low rate of NHS budget growth over the next 5 years set alongside increasing demand for services from an ageing population and an increasing proportion of people living with poor health.

STP areas are required to submit financial plans showing how their systems will achieve financial balance within the available resources, with a clear expectation that both the commissioner sector and the provider sector will be in financial balance in both 2017/18 and 2018/19 and through to 2021.

The NHS Operational Planning and Contracting Guidance for 2017 to 2019 stated that NHS England would consider proposals to manage health system finances in a joined up way, encouraging collaboration and shared ownership of financial risks and opportunities.

To support system-wide planning and transformation, financial system control totals will be agreed for all STPs. In the first instance, they will be derived from individual control totals for CCGs and provider organisations in that geography.

Requests will also be considered for system control totals within a smaller geographical footprint than at STP level, by agreement with NHS England and NHS Improvement, for system partners to adjust organisational control totals (both for providers and for CCGs), provided the overall system control total is not breached.

The North Mersey system has submitted an application to work to a North Mersey system control total for North Mersey CCGs, local authorities and adult community and acute providers.

Having a system financial strategy would enable a new value-based approach to commissioning. This, together with payment reform, will facilitate a transition from funding individual organisations to funding patients and patient pathways across the system and across organisational boundaries. This will ultimately lead to the dual benefits of:

- Improving population and patient outcomes through an emphasis on prevention and a shift in care to the most appropriate setting, while also;
- Maximising the effectiveness of total expenditure across the system.

The proposal for a single control total for NM LDS supports the delivery of STP programme priorities at a local level. It also builds on the already established partnerships that are in place in the form of Healthy Liverpool and Shaping Sefton in driving national priorities at a local level.

The NM LDS members recognise their important role in delivering the wider STP, both in terms of their contribution to cross-cutting priorities and the implementation of the local priorities set out in this document.

A control total at LDS level would allow greater flexibility to adapt pathways, and funding flows, so that the local system can be more responsive to the specific needs of the North Mersey population, who live shorter lives and spend a greater proportion of their life living with disability and poor health.

8. Statutory Requirements

Q: Does this require public engagement or has public engagement been carried out?

A: This document sets out North Mersey plans for transformation of the health and care system. The component proposals contained in the plan have been and will continue to be subject to engagement, and in some cases, formal public consultation.

Q: Does the public sector equality duty apply?

A: Specific proposals contained within the NM LDS plan will be subject to the Public Sector Equality Duty.

Q: Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:

- i. **Economic wellbeing;**
- ii. **Social wellbeing;**
- iii. **Environmental wellbeing.**

A: The NM LDS plan addresses all elements of social value, including economic, social and environmental wellbeing. Impact and opportunities will be articulated in each specific proposal.

Q: Taking the above into account, describe the impact on improving health outcomes and reducing inequalities

A: The NM LDS plan is an overarching plan with multiple proposals, many of which are intended to improve health outcomes and reduce health inequalities. The impact on these factors will be clearly articulated within details proposals.

9. Describe how this promotes financial stability

Issues regarding financial sustainability are addressed in section 7 of the document.

10. Conclusion

The NM LDS plan sets out the significant challenges which need to be addressed around poor health, a fragmented NHS infrastructure and the need for broad ranging solutions to address clinical and financial sustainability.

Partners from across the North Mersey system have a good track record for collaboration which has been 'powered up' to develop a detailed and compelling plan to address the challenges to be faced over the next five years. The North Mersey plan aligns with the direction of travel set out in the Five Year Forward View and is complementary with the broader Cheshire & Merseyside Sustainability Plan.

The public conversations that have taken place on developing specific proposals plans through Healthy Liverpool and Shaping Sefton engagements will continue over the whole period of this plan.

The NM LDS Plan has a clear vision and there is a strong commitment from partners to work as one to deliver this compelling plan, which will address the wellbeing, quality and financial gap for the local health and care system.

11. Recommendations

It is recommended that the Governing Body:

- Notes the process to develop the Cheshire & Merseyside STP;
- Notes the content of the NM LDS Plan, a component of the STP;
- Notes that the NM LDS builds upon existing transformation plans within the Healthy Liverpool and Shaping Sefton programmes;
- Notes the commitment of the CCG and health and care partners to continued local engagement and the requirement to meet statutory requirements for public involvement.

Appendices

Appendix 1 – North Mersey Approach and Plans Matrix

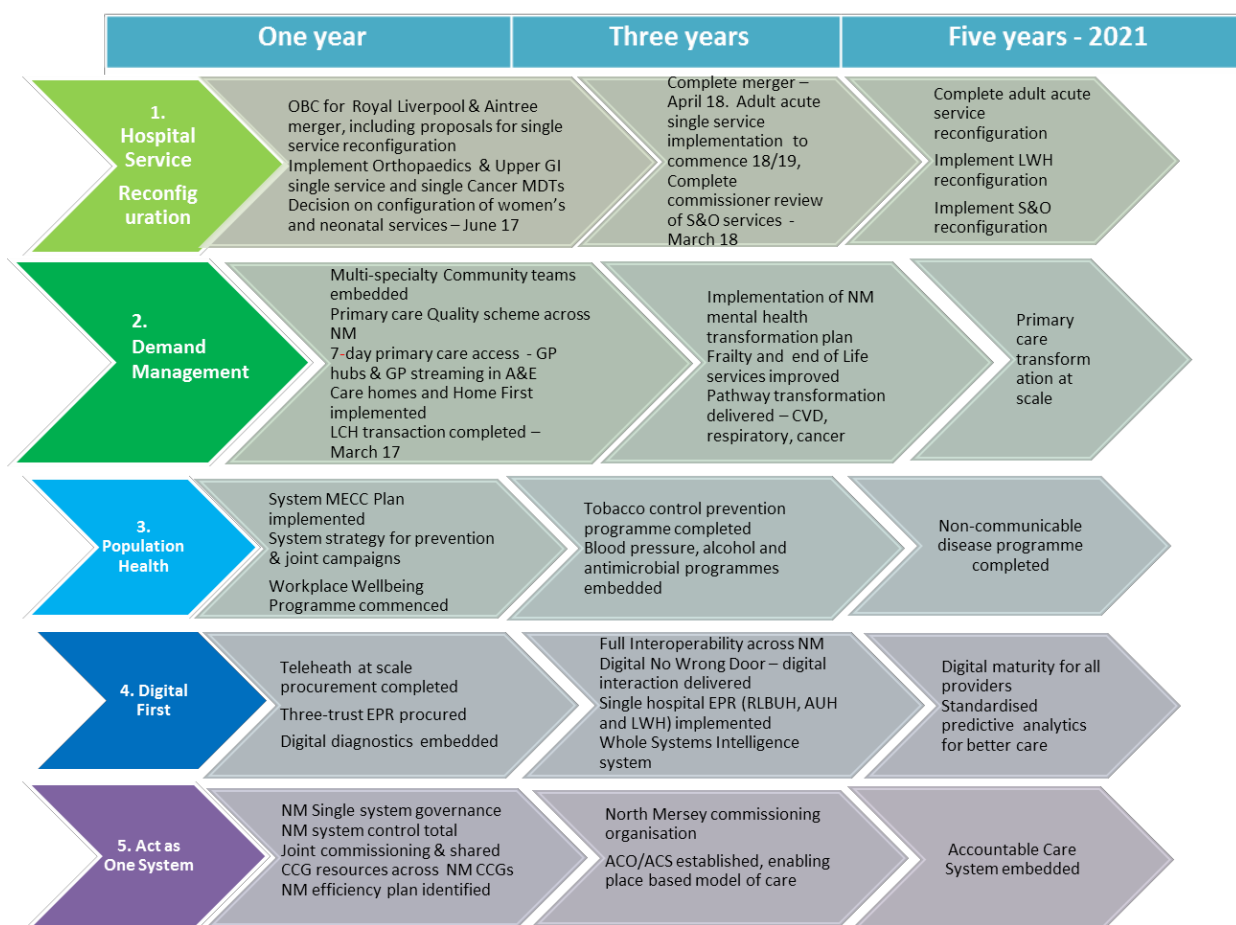
Fiona Taylor
Chief Officer
November 2016



North Mersey approach and plans

The North Mersey plan builds upon and joins-up established transformation programmes; including *Shaping Sefton and Healthy Liverpool*, which was established in 2013 in response to the city’s Mayoral Health Commission. The commission’s ten recommendations recognised that such was the extent of poor health outcomes, and the relentless pressures on resources, that only a whole-system approach to

the transformation of health and care would succeed. The commission’s insight and mandate to the local NHS and partners to deliver change has given the North Mersey delivery system a three year head start in identifying and now delivering the whole system transformation plans that are set out in the Cheshire and Merseyside STP. It is represented by this ‘Plan on a Page’:



Each of the programmes above has a delivery plan that clearly lays out the projects that are being mobilised, the expected outputs and outcomes and forecast benefits.

Overleaf are North Mersey’s plans for each of these programmes

North Mersey plans for hospital reconfiguration

Programmes	Projects	Outputs	Start Date	End date
<p>Single service system- wide delivery for adult acute services</p> <p><u>Plan</u> SOC completed OBC commenced Project plan in development</p>	<p>Reconfiguration of 35 adult acute services across RLBUH, AUH and LHCH, to establish single service, system-wide services. Detailed service reconfiguration plan to be set out in an Outline Business Case, currently in development</p>	<ul style="list-style-type: none"> • Single service pathways across all adult acute services • Single clinical workforce for adult acute services across 3 trusts • Site rationalisation across 4 to 5 hospital sites in the city 	April 2016	March 2021
<p>Merger of the Royal Liverpool, Aintree and Liverpool Women's Hospitals</p> <p><u>Plan</u> As above</p>	<p>Establish a single organisation from 3 NM trusts - RLUH, AUH and LWH</p> <p><u>Milestones:</u></p> <ul style="list-style-type: none"> • Strategic Options Case – approved by boards, June 16 • Outline Business Case – to be completed June 2017 • Joint HLP and trust PMO to be established, Nov 16 <p>Full Business Case and approval by regulators and mobilisation for a new trust by 1st April 2018</p>	<ul style="list-style-type: none"> • Single trust to deliver the majority of adult acute service sin the city from April 2018 	April 2016	March 2018
<p>Reconfiguration of women's and neonatal services</p> <p><u>Plan</u> Project plan completed and delivery on track (see below)</p>	<p>Women's and Neonatal Review. The objective is to achieve clinical and financial sustainability through a reconfiguration of the services provided by Liverpool Women's FT NHS Trust.</p> <p><u>Milestones:</u></p> <ul style="list-style-type: none"> •Pre-consultation engagement – completed Aug 16 •PCBC – Oct 16 – completed •Assurance process – Sept – Nov 16 • Public consultation Jan17 •Decision May/June17 	<ul style="list-style-type: none"> • Reconfiguration of services which address the clinical and financial challenges of delivering these services, as set out in the Review Case for Change • Improved access to essential co-dependent acute services, for example blood transfusion services, associated surgical expertise, diagnostics , interventional radiology etc • Increased scope for involvement in and patient benefits from research and innovation • Reduced transfers of care • Protecting the future delivery of specialist services within the city 	Jan 2016	Decision: May 17

<p>Neuro Network Vanguard</p> <p><u>Plan</u> Programme plan</p>	<p>The programme objective is for a clinically and cost effective comprehensive whole system neuroscience service.</p> <p>People with neuro or spinal problems will receive the appropriate clinically effective care to assured standards, wherever they live, via local access points, and have an efficient and person centred experience.</p>	<ul style="list-style-type: none"> • Integrated, high quality neuro, rehabilitation and pain pathways across Cheshire & Merseyside, delivered via a hub and spoke model of care • More care delivered in community settings 	2016/17	2020/21
<p>Southport & Ormskirk NHS Trust Review of Services</p>	<p>The objective is to achieve clinical and financial sustainability facilitated by a review of the services provided by Southport and Ormskirk NHS Trust.</p> <p><u>Milestones:</u></p> <p>Establish formal commissioner led major service review in a multi-stakeholder partnership.</p> <ul style="list-style-type: none"> • Process, Governance and Stakeholder Mapping (Jan-March 2017) • Case for Change (April-June 2017) • Pre-consultation engagement (July-September 2017) <p>Further milestones will follow in accordance with NHSE published "Planning, assuring and delivering service change for patients"</p>	<ul style="list-style-type: none"> • Expansion of current integrated care organisation strategy. Emphasis on partnership, standardised pathways and self care in the community and primary care setting. • Reconfiguration of services which address the clinical and financial challenges, as determined by the Reviews "Case for Change" • Implementation of specialist commissioned strategy for the North West Regional Spinal Injuries Centre 	January 2017	July 2018

North Mersey plans for demand management – community 1

Programmes	Projects	Outputs	Start Date	End date
Integrated Multi- disciplinary Community Teams	Delivering proactive care through multidisciplinary teams operating on neighbourhood footprints of 30- 50k. MDT to include general practice, community nursing, mental health, social care and a range of relevant care professionals relevant to an individuals' care.	<ul style="list-style-type: none"> Reconfigured integrated multi-disciplinary teams operating on smaller neighbourhood units of 30-50k Shared records platform Single multi-agency assessment process (GATE Framework) Single point of access 	2015	March 2018
Primary Care Transformation	Transformation of primary care aligned to the GP Forward View and forming an essential component of the Community Model of Care Adoption of the Liverpool GP Specification across NM	<ul style="list-style-type: none"> Increased integration of services across primary care Improved workforce capacity and skill mix Improved optimization of prescribing solutions Standardised approach across the NM footprint 	June 2016	March 2019
Primary Care Demand Management in Acute	<ol style="list-style-type: none"> Addressing activity at the front door of NM AEDs through the provision of GP streaming Developing capacity and utilization of primary care through the creation of primary care hubs in the community for routine and urgent care 7 days a week 	<ul style="list-style-type: none"> Increased capacity to provide same day access to routine and urgent primary care 7 days per week Urgent delivered closer to home Increased integration of the urgent care system 	Jun 2016	TBC
Effective Discharge Plan Borough specific plans in operation.	Implementation of whole system approach to support effective discharge for patients into community/home care. Focus on discharge to assess to deliver required assessments and reablement services in the patient's home (or community facility).	<ul style="list-style-type: none"> Agreed pathways across whole system for discharge to home/community Consistent protocols across the NM system Clear system of escalation Increase in levels of domiciliary care provision Integration of health and social care resources Single assessment process 	Oct 2016	Mar 18
Organisational Transition Decision October 2016 New provider in place by April 17	Transition of community services to new provider arrangements, delivering a new specification aligned to the NM community model.	<ul style="list-style-type: none"> Enabler to embed the new model of care for out of hospital services Financial sustainability 	Jan 2015 2016	Apr 17

Programmes	Projects	Outputs	Start Date	End date
<p>Mental Health</p> <p>Plan</p> <p>Implement pan NM approach to Mental Health. Plan to be developed.</p>	<p>North Mersey Mental Health Health Transformation Board has been established.</p> <ul style="list-style-type: none"> • Agreement of approach to implement new model for mental health care including: • Integration with physical health services • Implementation of new national standards/requirements <p>MerseyCare delivery of 5 year financial plan</p>	<ul style="list-style-type: none"> • Integration of mental health into community model of care • Financial efficiencies 	July 2016	Mar 2021
<p>Enhanced Care Home Model</p> <p>Plan</p> <p>Elements in operation within South Sefton. Implementation within Liverpool from November 16.</p>	<p>Delivering proactive care through multi-disciplinary teams to provide regular MDT reviews in older peoples care homes.</p> <p>Introduction of telehealth with 24/7 access to a clinical telehealth hub</p>	<p>Outputs</p> <ul style="list-style-type: none"> • Introduction of telehealth into care homes • Increase in the uptake of telehealth and telecare • MDT approach introduced • Increase in the numbers of people with a Comprehensive Geriatric Assessment 	Nov 2016	Mar 2018

North Mersey plans for demand management – community 32

Programmes	Projects	Outputs	Start Date	End date
<p>Cardiology Plan</p> <p>North Mersey delivery plans in place and on-track</p>	<p>Whole system approach to delivering a single service delivery for cardiology services aimed at improving value from cardiology spend and improving outcomes. Six workstream areas:</p> <ul style="list-style-type: none"> • Chest Pain • Cardiac Rehab • Breathlessness • Heart Rhythm • Healthy Imaging • Prevention 	<ul style="list-style-type: none"> • Reduction in Consultant to Consultant referrals • Reduction in Outpatient appointments • Reduction in duplicate diagnostics • Reduction in inter-hospital transfers • Strengthening business continuity to support 7 day working 	Oct 2015	Mar 2018
<p>Respiratory Plan</p> <p>Plan in place but to be reviewed in line with wider North Mersey delivery arrangements</p>	<p>Development of a new model of integrated respiratory care with city wide delivery</p>	<ul style="list-style-type: none"> • Single service pathways across all adult respiratory services. • Single clinical workforce for all adult respiratory services across the City 	Jan 2016	Mar 2018
<p>Children</p>	<p>Redesign of children's service infrastructure across multiple partners and sectors with a focus on integrated, community based services; primary care / general practice, community services, social care, CAMHS, education and voluntary sector. At the core is a proactive approach to health, wellbeing and care delivery, focused on children and families, utilising the Levels of Need and the Early Help tools. Prime focus on prevention and early identification of need via universal services.</p>	<ul style="list-style-type: none"> • There is a clear set of objectives for this programme and a clinical blueprint is being developed to underpin the integration of teams & services. 	Oct 2016	TBC
<p>Telehealth and Assistive Technologies Plan</p> <p>Delivery plan to be reviewed in line with revised North Mersey delivery arrangements. Currently in procurement to deliver scale requirements.</p>	<ul style="list-style-type: none"> • Significant scale up of the telehealth programme across North Mersey • Telehealth procurement route and specification complete; new contract enabling scale up to be implemented in December 2016 to March 2017. • Clinical technology hub embedded in community service, with amended specification. 	<ul style="list-style-type: none"> • Full telehealth monitoring for patients with COPD, Diabetes or Heart Failure with a risk of admission above 25% and also pass the clinical suitability gateway. • Provision of 'light touch' and self care telehealth systems and apps for patients below 25% risk and for a wider range of diseases. • North Mersey wide clinical engagement and referral routes established to take advantage of economy of scale. 	Apr 2016	Mar 2019

North Mersey plans for demand management – population health

Initiatives	Projects	Benefits	Start Date	End Date
Non- communicable disease prevention strategy for North Mersey	health policy initiatives that make the healthy option the default social option.	<u>Outcomes</u> <ul style="list-style-type: none"> Improved health outcomes Reduced emergency admissions Improved quality of life Reduced years of life lost 	Jan 2017	March 2021
Making Every Contact Count (MECC)	NM MECC Plan to be developed – Dec 16 Phased implementation plan across all providers	<u>Outcomes</u> <ul style="list-style-type: none"> Improved health outcomes Reduced emergency admissions Improved quality of life Reduced years of life lost 	Sept 16	March 17
Tobacco control	Prevention programmes for young people Smokefree areas Reduce outlets selling tobacco and licencing Implementing PH guidance 48 on Smoking: acute, maternity and mental health services	<u>Outputs</u> <ul style="list-style-type: none"> Stop smoking pathway adopted across all disciplines, which includes electronic referral to the stop smoking services Number of staff trained 100% of patients with recorded smoking status & given brief advice 50% of smokers electronically referred to community stop smoking service 50% achieve a 4-week quit <u>Outcomes</u> <ul style="list-style-type: none"> % reduction in smoking-related hospital admissions Improved health outcomes Reduction in smoking prevalence 	Apr 17 Apr 17 Oct 17	Ongoing Mar 18 Sept 18
Workplace Wellbeing Programme	Develop programme, charter and accreditation framework Roll out across NHS and care system first Extend to NM workplaces	<u>Outputs</u> <p>Numbers of accreditations and reaccreditations achieved</p> <p>Evidence within 6 months of accreditation through audit of hospitals as health promoting environments e.g.</p> <ul style="list-style-type: none"> Increase in physical activity programmes at work Increase in vending machines using healthy foods and drinks Longer term measures - 6 months/1 year Reduction from an agreed baseline - sickness absence, staff turnover <u>Outcomes</u> <ul style="list-style-type: none"> Improved health outcomes Reduced hospital admissions 	Dec 16	March 18

North Mersey plans – digital roadmap

Programmes	Projects	Benefits	Start Date	End Date
Digitally Empowered People Digital No Wrong Door & Assistive Technology <u>Plan</u> Digital no Wrong Door plan in development Telehealth scale up in procurement phase	Digital No Wrong Door Digital No Wrong Door; enabling people to interact digitally and online with the health and care system, as well as supporting population health Programmes	Digital No Wrong Door <u>Outputs</u> A single source and platform to access information, advice and services Online consultations with care providers and online appointments. Use their choice of device and app to manage their care Patients to be enabled to use assistive technology to manage their care and interact with professionals, and to access information about their own health and conditions to support them to self care. Establish a workforce that is digitally skilled with the appropriate technology and culture to enable effective working through technology.	16/17	18/19
	Assistive Technology Establish a range of assistive technologies that can be deployed across North Mersey in primary care, community and acute settings. This work supplements the demand management plans for deployment at scale. Support integration and interoperability with clinical systems for improved intelligence, referral mechanisms (to increase scale and sustainability) and clinical decision making.	Assistive Technology <u>Outputs</u> Increase in available technology Wider range of conditions supported by assistive tech Interoperability with clinical systems <u>Outcomes</u> Further reduced emergency admissions Improved patient experience Improved health outcomes Improved access to digital services	16/17	18/19

Programmes	Projects	Benefits	Start Date	End Date
<p>Connected Health and Social Care Economy Plan</p> <p>Plans for all lines developed sharing agreements in place EPR procurement for 3 trusts in progress</p>	<p>To ensure that information is available to the right people, in the right place, at the right time Delivery of Information Sharing Framework</p> <p>Digital maturity transformation of all H&S Care providers Interoperability Programme –joining up key systems to deliver information sharing framework Single Adult Acute Hospital EPR (3 trusts) Maximisation of technology in Community Care Teams Consolidated Infrastructure; enabling work across sites and better patient access</p> <p>Delivered through implementation of the Merseyside Digital Roadmap</p>	<p><u>Outputs</u> Every health and social care practitioner will directly access the information they need, in near real time, wherever it is held, digitally on a 24x7 basis. Consolidated and rationalised Electronic Patient Record systems moving to a common system for out of hospital care and a common system in our hospitals with interoperability between the two. Duplication and paper processes will be removed. Standardised, structured, digital clinical records across all providers in the pathways of care.</p> <p>No patient will need to 'repeat' their story.</p> <ul style="list-style-type: none"> All health and social care professionals record clinical information in a consistent way, digitally, at the point of care, by 2018/19. All clinical correspondence between professionals caring for patients is sent digitally and integrated into core clinical systems by 2017/18. Community care teams can integrate for person-centred care with technology that "just works", by 2017/18. Individuals interact with their care services digitally should they choose to by 2018/19. All clinicians can order diagnostic tests electronically and view share diagnostics results around a patient by 2016/17. Single Service Teams have a single EPR to operate as a team by 2018/19. 	15/16	18/19

North Mersey plans – act as one

Programmes	Projects	Outputs	Start Date	End Date
Single-System Governance	<p>Establish North Mersey system governance for strategic oversight, delivery of the LDS Plan and input into STP delivery. Healthy Liverpool Leadership Group to extend to NM.</p> <p>Financial Governance; establish governance framework for single-system accountability for managing financial risks and benefits, to achieve NM control total and financial balance by 2021.</p>	<ul style="list-style-type: none"> Robust, embedded governance model to enable whole-system accountability and decision-making Financial risk sharing to achieve system control total 	July 16	Oct16
Commissioning Arrangements	<p>Objective: to establish the optimum commissioning arrangements to deliver NM LDS Plan:</p> <ul style="list-style-type: none"> Establish joint commissioning programmes, with clear lead roles and resourcing across NM CCGs, Local Authorities and NHS England New organisational arrangements for NM commissioning; reflecting Devolution and ACS plans. 	<ul style="list-style-type: none"> Integrated commissioning model across health and social care for North Mersey system Single commissioner in organisational form Place-based strategic commissioning plan for North Mersey to enable transformation 	July 16	March 18
BAU Efficiency Programme - Organisational	<p>Develop a detailed NM plan for Level 1 BAU efficiencies for:</p> <ul style="list-style-type: none"> Royal Liverpool Aintree Liverpool Women's Alder Hey Walton Centre Liverpool Heart & Chest Clatterbridge Cancer Centre Merseycare Liverpool Community Health Liverpool CCG South Sefton CCG Southport & Formby CCG 	<ul style="list-style-type: none"> Organisational BAU efficiency plans for every NM provider Merger of three adult acute trusts with associated efficiencies 	July 16	March 2021
Collaborative Efficiency Programme – North Mersey	<ul style="list-style-type: none"> Develop North Mersey plan for back office, clinical support and non-viable services Implementation of plan – prioritised & phased 	<ul style="list-style-type: none"> North Mersey plan aligned for collaborative efficiencies, aligned and part of wider C&M STP plan 	July 16	18/19
Accountable Care System	<p>Explore options for the development of an Accountable Care System to support the radical step change required to manage demand and improve health outcomes.</p> <p><u>North Mersey System Control Total</u></p> <p>The North Mersey Leadership Group has agreed to explore the submission of an expression of interest for a North Mersey system control total, which would be submitted to NHSE by 31.10.2016 in line with the opportunity set out in the NHS Planning Guidance.</p>	<ul style="list-style-type: none"> Establish an accountable care system/organisation with the right geography and scope, providing optimal model for improved outcomes and sustainability. Whole pathways of care managed across provider and commissioner boundaries Establish a sustainable financial model for shared benefit and risk 	Oct 16	Mar19

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 20th July 2016

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Financial pressures emerging in first quarter of year. Likely case scenario projected £8.3m deficit. 	<ul style="list-style-type: none"> Financial target / statutory duty not delivered. 	<ul style="list-style-type: none"> Continued focus on reducing expenditure. Finding additional QIPP schemes.

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

- The Committee was not quorate. Dr Hilal Mulla unable to attend due to pressures at surgery. Dr Emily Ball has picked up Martin Evans' role. Emily, however, was on planned leave for this meeting.
- HR policies approved pending final changes to the Travel & Expenses policy:
 - Section 2. Scope: Clarity sought that 'all staff employed by the CCG' includes Governing Body members. If it does, then this is to be specified in the policy.
 - Section 8.4. Staff Day Subsistence: Committee members in attendance agreed to have this section taken out.
- The Committee approved the approach taken to prescribing budgets.
- Martin McDowell to confirm status of action plan in relation to Workforce Equality & Diversity and Workforce Race Equality Standard (WRES).
- BCF discussions ongoing with intention to submit plan on 22nd July.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 21st September 2016

Chair:
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely financial position is estimated at £8.5m deficit, which exceeds agreed control total. 	<ul style="list-style-type: none"> CCG unable to deliver its financial plan for the year. 	

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

- Utilisation review
 - Ainsdale/Southport – buildings underutilised
 - Will review options – likely savings/improvement in service delivery can be achieved.
- Prescribing – promising results from work done by the medicines management team.
- Pan Mersey APC recommendation approved - ALIROCUMAB (Praluent®▼) subcutaneous injection for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia.
- Approved rebate schemes:
 - Symbicort Inhalers
 - Zoladex injections
 - Firmagon injections
- GB members asked to review mandatory training and ensure compliance - reminders can be given to individual members.
- Contract planning process received. Key changes:
 - CCG to hold separate contract with Renacres.
 - CCG to join with North Mersey CCGs to have single contract for Merseycare.

Key Issues Report to Governing Body

Joint Quality Committee Meeting held on 21st September 2016

Vice Chair:
Dr Gina Halstead

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

- Stroke Services at S&O – The three commissioned review reports will be presented to the Governing Body in September 2016
- Provider Quality Performance Report considered by the Committee
- Safeguarding Annual Report was considered and recommended for presentation to the Governing Body
- IAPT Performance Report – further update requested for the purposes of assurance at October 2016 meeting

Key Issues Report to Governing Body

SF NHSE Joint Commissioning Committee, Wednesday 5th October, 2016

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
Clinical Pharmacists	Unclear as to appropriate workloads	Practices to be reminded about appropriate use of clinical pharmacists.
Primary Care Support- Capita	Ongoing performance management issues	NHSE taking a rigorous performance management approach now. Capita have installed a new management team. A root and branch analysis is being undertaken, results of which should be ready by end October/November.

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

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Key Issues Report to Governing Body

Audit Committee Meeting held on Thursday 14th July 2016

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions
Register of Interests to be taken to the Governing Body meeting in July and to the Audit Committee meeting in October.	GB not appraised of Conflicts of Interest.	To circulate in October.

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

- Internal Audit progress report received – significant assurance on “Risk management arrangements”.
- Anti-Fraud Services report received on Conflicts of Interest:
 - No fraudulent activity identified in sample selected.
 - Small number of recommendations reviewed which officers are working through.
- Auditor presented Annual Audit letter 2015/16 which completes the external audit for the 2015/16 Financial Year.
- Managing Conflicts of Interest and Gifts and Hospitality Policy approved subject to minor amendments.
- Chair of Audit Committee and the Chief Finance Officer have been given delegated authority to approve the “Anti-Fraud, Bribery and Corruption Policy”, following review/comments from committee members.

Finance and Resource Committee Minutes

Wednesday 20th July 2016, 9.30am to 11.30am

Family Life Centre, Southport

Attendees Helen Nichols Gill Brown Martin McDowell Colette Riley David Smith Susanne Lynch Debbie Fagan Jan Leonard Ex-officio Member* Fiona Taylor Apologies Tracy Jeffes Dr Hilal Mulla Minutes Tahreen Kutub	Lay Member (Chair) Lay Member Chief Finance Officer Practice Manager Deputy Chief Finance Officer CCG Lead for Medicines Management Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer Chief Officer Chief Corporate Delivery & Integration Officer GP Governing Body Member Interim PA to Chief Finance Officer	HN GB MMcD CR DS SL DF JL FLT TJ HM TK
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Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓	✓				
Dr Martin Evans	GP Governing Body Member	✓	A	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓	A	✓	A				
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓	✓	✓	✓	✓				
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	A	✓				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓	✓	A	✓				
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A	A	A	A				
Fiona Taylor	Chief Officer	*	*	*	*	*	*				
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓				
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓	✓				
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N	N	N				
Gill Brown	Lay Member				A	✓	✓				

No	Item	Action
	<ul style="list-style-type: none"> HN referred to £1.2m additional pressure in relation to FNC increase. The guidance was confirmed after the finance report had been produced and therefore is excluded from the forecast. CHC/FNC: MMcD gave DS the authority to go ahead with the CSU proposal in CHC/FNC QIPP. DF said the QIPP and Service Improvement plan re. IPA and CHC would be discussed at the next IPA Programme Board meeting on 25th July. QIPP: MMcD said the QIPP plans in the report do not include the contract challenges discussed at this meeting. DS to include. QIPP – prescribing: SL referred to a pilot project the CCG is implementing to stop repeat ordering / waste medicines following a successful pilot run by Luton CCG which led to substantial savings. The pilot will commence in September and will involve practices covering 45,000 patients. Reserve budgets / risk adjusted surplus: GB referred to the presentation of information in Table E (Risk Rated Financial Position – Best Case, Worst Case and Most Likely) noting that it may not be providing a clear message to the public. MMcD suggested that the contingency be drawn out in the table – DS to action. HN asked for the 17/18 forecast to be included in the F&R finance report. <p><u>Run Rate Report</u> DS circulated a run rate report, showing actual spend in relation to forecast. The report was discussed and it was agreed further work needs to be done on this. It was agreed the run rate report would be included as an appendix in the finance report for F&R in month 4.</p>	<p>DS</p> <p>DS DS</p> <p>DS</p>
FR16/81	<p>Prescribing Performance Report SL provided an overview of the Prescribing Report for Month 1 2016/17, noting the importance of the CCG continuing to support practices realise cost savings whilst supporting good patient care.</p>	
FR16/82	<p>Prescribing Budgets 2016/17 SL provided an overview of the Medicines Management team process to determine practice level prescribing budgets for financial year 2016/17. She noted that it has been agreed that GP surgeries in S&F CCG receive a flat 1% uplift in their 2016/17 prescribing budget. Further to background work and research carried out, it was decided that this was the most equitable way of allocating the budget to S&F surgeries.</p>	
	<p>Action by Committee Committee members who did not have a conflict of interest within primary care approved the approach taken for prescribing budgets for the financial year 2016/17.</p>	
FR16/83	<p>HR Policies Committee members agreed on the following changes to the Travel & Expenses policy:</p> <ul style="list-style-type: none"> Section 2. Scope: MMcD to seek clarification with Adam Burgess that ‘all staff employed by the CCG’ includes Governing Body members. If it does, then this is to be specified in the policy. Section 8.4. Staff Day Subsistence: Committee members in attendance agreed to have this section taken out. MMcD to consult with Adam Burgess. <p>** MMcD to approve any revised wording further to the above changes.</p> <p>The rest of the HR policies (listed below) were approved: Shared Parental Leave; Retirement Policy; Management of Organisational Change; Harassment Bullying Policy; Disciplinary Policy; Family Leave Policy; Career Break Policy; Volunteer Policy; Work Experience Policy; and Learning and Development Policy.</p>	MMcD
	<p>Action by Committee</p>	

No	Item	Action
	The committee approved the HR policies subject to the changes agreed for the Travel & Expenses policy and subject to agreement by HM.	
FR16/84	<p>Workforce Equality & Diversity and Workforce Race Equality Standard MMcD provided a brief overview and noted that the recommendation from Andy Woods is for the committee to approve the Workforce Race Equality Standard (WRES).</p> <p>HN asked if there is likely to be an exemption for the CCG due to its relatively small size. She commented that if there is an exemption then the CCG should take it due to other existing priorities and the amount of work that may be required with the action plan.</p>	
	<p>Action by Committee It was agreed for MMcD to provide feedback to Andy Woods and to confirm the status of action plan. The committee gave MMcD delegated authority to approve WRES and continuing with the action plan if he was satisfied there will not be a significant amount of work required.</p>	MMcD
FR16/85	<p>QIPP Update No further update on this in addition to what was discussed under the Month 3 Finance Report item – aside from notifying the committee that an Improvement Plan will be going to Part II of the S&F CCG Governing Body meeting this month.</p>	
FR16/86	<p>Better Care Fund Update DS notified the committee that the CCG is currently finalising what the BCF will look like and deciding whether CHC/FNC is included. Discussions are ongoing with a view to submit the plan on 22nd July.</p>	
FR16/87	<p>Quality Premium Dashboard DS provided an overview of the Quality Premium 2016/17, outlining the indicators included for this year and the process for reporting and accountability. Adverse performance against 4 key NHS constitution measures will result in a 25% reduction to any payment for each indicator failed.</p> <p>MMcD said that we need to confirm the possible scenarios with NHSE for clarity. The question was raised as to whether the CCG can receive an amnesty in respect of A&E. MMcD to check this with NHSE, together with clarity on possible scenarios.</p>	MMcD
FR16/88	<p>Any Other Business <u>Next meeting</u> It was noted that the next F&R meeting would not be until September and a discussion followed about whether an August meeting was required.</p> <p>It was agreed for Finance Performance to be an item (one hour) in the agenda for the S&F CCG Development Session on 31st August. TK to liaise with Judy Graves to add this to the agenda.</p>	TK
FR16/89	<p>Key Issues Review The key issues from the meeting will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting Wednesday 21st September 2016 9.30am to 11.30am Family Life Centre, Southport</p>	

Finance and Resource Committee Minutes

Wednesday 21st September 2016, 9.30am to 11.30am
Chapel Lane Surgery, 13 Chapel Lane, Formby, L37 4DL

Attendees Helen Nichols Gill Brown Dr Hilal Mulla Dr Emily Ball Martin McDowell Colette Riley David Smith Susanne Lynch Debbie Fagan Jan Leonard Guest Attendee Sam McCumiskey Ex-officio Member* Fiona Taylor Apologies Tracy Jeffes Minutes Tahreen Kutub	Lay Member (Chair) Lay Member GP Governing Body Member GP Governing Body Member Chief Finance Officer Practice Manager Deputy Chief Finance Officer CCG Lead for Medicines Management Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer GB Partnerships Chief Officer Chief Corporate Delivery & Integration Officer PA to Chief Finance Officer	HN GB HM EB MMcD CR DS SL DF JL SMcC FLT TJ TK
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Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓	✓	✓			
Dr Martin Evans	GP Governing Body Member	✓	A	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓	A	✓	A	✓			
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓	✓	✓	✓	✓	✓			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	A	✓	✓			
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓	✓	A	✓	✓			
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A	A	A	A	A			
Fiona Taylor	Chief Officer	*	*	*	*	*	*	*			
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓			
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓	✓	✓			
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N	N	N				
Gill Brown	Lay Member				A	✓	✓	✓			
Dr Emily Ball	GP Governing Body Member							✓			

No	Item	Action
FR16/90	Apologies for Absence Apologies for absence were received from Tracy Jeffes.	
FR16/91	Declarations of interest regarding agenda items CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflict of interest.	
FR16/92	Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
FR16/93	Action points from the previous meeting FR16/79 (FR16/71): ETTF (Network Performance) – MMcD said IMT are running diagnostic tests re. network coverage. There appears to be a perception that the system is faster in Liverpool although the configuration all appears to be the same. This will be monitored through the IM&T steering group. Action closed. FR16/80: Month 3 Finance Report – All of the bullet point actions have been completed except the last two which are to stay on the tracker. FR16/80: Month 3 Finance Report – Copies of contract challenge letters to S&O were circulated at the meeting. MMcD confirmed that the next S&F CCG Recovery Checkpoint meeting with NHSE is next week. Action closed. FR16/83: HR Policies - Adam Burgess (Head of People Services) provided a response to the question raised and changes requested re. the Travel & Expenses policy; this response was forwarded to the committee prior to the meeting for comments. CR had sent a query which Lisa Gilbert has forwarded to HR and is awaiting a response; the response will be communicated to CR when received. The committee accepted the response that it is not possible to make changes to the policy as these are national terms and conditions of employment set out in the NHS Terms and Conditions of Service Handbook. Therefore the policy was approved. Action closed. FR16/84: Workforce Equality & Diversity and Workforce Race Equality Standard – MMcD updated that after further discussion with the CSU, it was confirmed that no exemptions were available to the CCG and an action plan needed to be completed to comply with wider areas of good HR practice and to ensure basic compliance across all protected characteristics in terms of workforce. The committee accepted this and therefore approved the Workforce Equality & Diversity and Workforce Race Equality Standard. Action closed. FR16/87: Quality Premium Dashboard – Action still open. FR16/88: Any Other Business – Action has been done – closed.	DS
FR16/94	Estates Working Group SMcC provided an overview of the utilisation report for Ainsdale Health & Well-being Neighbourhood Centre and Southport Health & Well-being Neighbourhood Centre. The findings have shown the buildings are underutilised. SMcC said the utilisation rates in the reports are only for peak hours. An action plan has been generated and a resource is required to implement this. MMcD said there is an option of having a shared resource between Southport & Formby CCG, South	

No	Item	Action
	<p>Sefton CCG and Liverpool CCG to implement the plan.</p> <p>Options for utilisation will be reviewed with a likelihood of achieving improvements and savings in service delivery.</p> <p>Action by the Committee</p> <p>Although the paper asked for approval, it was noted that the report is to be received only. The committee received the report.</p>	
FR16/95	<p>Month 5 Finance Report</p> <p>DS provided an overview of the year-to-date Month 5 financial performance for Southport & Formby CCG as at 31st August 2016. The following was highlighted:</p> <ul style="list-style-type: none"> • The CCG's best case scenario is a deficit of £5m; the only way to achieve this is through delivery of QIPP. • £3.3m of QIPP savings have been delivered which is good progress against the target. • The biggest financial pressure is with funded nursing care, followed by activity pressures at Southport & Ormskirk hospital. • There are significant areas of overspend with non-electives at S&O. The CCG is issuing contract challenge letters in regards to this. • The year-to-date overspend at Alder Hey is £0.104m. The main area of overspend is related to Non-PbR Paediatric Rheumatology. DS to provide further information on this. • Continuing Health Care and Funded Nursing Care – providers have been informed of an expected uplift of 1.1% until the end of the financial year. A local provider has approached the CCG to discuss the level of funding offered. • CCG Cash Position - if expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year. The CCG is working with NHS England to take appropriate action. Further work needs to be done on the CCG's cash position in the next three months to assess the position. • Risk rated financial position – best case deficit is £5m. A further £4.125m worth of additional QIPP savings need to be delivered before the end of the financial year to reach the £5m deficit. <p>The following comments were made in regards to the Finance Report:</p> <ul style="list-style-type: none"> • In reference to the Detailed Breakdown of Provider Costs in Appendix 2 of the report, HN queried what 'Other' is in relation to. DS to confirm. • HN asked for clarity on the figures related to the independent sector. DS to action. • In reference to the prescribing budget, HN asked for GP prescribing to be separated out for clarity. DS to action. • SL commented that Directors of Finance collectively need to be clear with Trusts as to what is required re. QIPP and high cost drugs. MMcD and SL to work on putting a statement together. • MMcD confirmed he will provide an update at the next Governing Body meeting, explaining the rationale behind changing the best case outturn from £4m to £5m. • In reference to the top paragraph on page 166 of the meeting pack which provides an overview of Table F, HN commented that the reference to 'achievement of the remaining QIPP requirement in full' is incorrect as it should be the risk adjusted QIPP. DS to correct. • HN queried how realistic the best and worst case risk rated financial positions were. MMcD said he would take a further look at this. 	<p>DS</p> <p>DS</p> <p>DS</p> <p>MMcD / SL</p> <p>DS</p> <p>MMcD</p>
FR16/96	<p>Q1 Improvement and Assessment Framework</p> <p>MMcD said a meeting was held last week in regards to the Improvement & Assessment Framework and provided an update on this, noting that there were some relevant matters raised which the CCG will be taking on board.</p>	

No	Item	Action
FR16/97	IFR Update Q1 JL is to provide a paper related to this for the next meeting.	JL
FR16/98	Prescribing Performance Report SL provided an overview of this report, highlighting that work continues to address efficiency across all prescribing areas. EB expressed concerns in relation to Stoma and issues around effectiveness of the delivery service. HM expressed concerns in relation to the prescribing of specialist milk formula. SL said she would look into this to ensure prescribers are following the Pan Mersey pathway.	
FR16/99	Prescribing Spend Report SL provided an update on the Southport & Formby prescribing spend for month 3 – June 2016. She highlighted that the CCG is forecasting an under spend overall. The month 3 position is an underspend of £557,138. The committee acknowledged the promising results from work done by the Medicines Management team.	
FR16/100	Pan Mersey APC Recommendations SL said the Pan Mersey Area Prescribing Committee has recommended the commissioning of <i>ALIROCUMAB (Praluent®▼)</i> subcutaneous injection for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia. She asked for the committee's approval of this recommendation. Action by the Committee The Committee approved the commissioning of <i>ALIROCUMAB (Praluent®▼)</i> subcutaneous injection for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia.	
FR16/101	HR Performance Report JL reported on this paper. GB members are asked to review mandatory training and ensure compliance. The committee received the report but agreed that a cover sheet with key points would suffice for future meetings as opposed to the full report.	
FR16/102	Contracting Planning Processes JL provided an update on this and said a report re. contracting would be brought to Leadership Team every other week. She highlighted the following key changes: <ul style="list-style-type: none"> • The CCG is going to contract directly with Ramsay Healthcare in relation to Renacres. • The CCG is to join with the North Mersey CCGs to have a single contract for Merseycare. 	
FR16/103	QIPP Update This was covered in the Finance section FR16/95.	
FR16/104	Better Care Fund Update MMcD said work is ongoing with the local authority and a paper on this will be taken to a Governing Body meeting in the future.	
FR16/105	Terms of Reference Action by the Committee The Committee approved the changes to the updated Terms of Reference in light of the recent staff changes within the Redesign & Commissioning Team. The Committee also agreed the following further changes to be made: <ul style="list-style-type: none"> • Membership, section 2.1 - remove the <i>Head of CCG Corporate Delivery and Integration</i>. • Membership, section 2.1 – Add <i>Head of Medicines Management</i>. 	

No	Item	Action
	MMcD to liaise with Debbie Fairclough to action the above.	MMcD
FR16/106	<p>Any Other Business</p> <p><u>Prescribing Rebate Schemes</u></p> <p>SL recommended that the CCG sign up to three further rebate schemes which will support the CCG in delivery of its financial duties: Symbicort Inhalers, Zoladex injections and Firmagon injections.</p> <p>Action by the Committee</p> <p>The Committee approved the recommendation that the CCG sign up to three further rebate schemes as detailed above and in line with the CCG's existing practices.</p>	
FR16/107	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 19th October 2016</p> <p>9.30am to 11.30am</p> <p>Family Life Centre, Southport</p>	

Approved

Quality Committee - External Minutes

Date: Wednesday 20th July 2016, 11.30 am – 1.30 pm
Venue: Family Life Centre, Ash Street, Southport

S&F Membership		
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Gill Brown	Lay Member for Patient & Public Involvement	GB
Dr Doug Callow	GP Quality Lead S&F	DC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Angela Parkinson	Primary Care Commissioning Manager	AP
Ex Officio Member		
Fiona Taylor	Chief Officer	FLT
In attendance		
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Ann Dunne	Designated Nurse / Head of Safeguarding (Children)	AD
Carmel Hale	Designated Nurse Safeguarding Adults	CH
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Quality & Performance Manager	JS
Helen Smith	Head of Safeguarding Adults	HS
Apologies		
Malcolm Cunningham	Head of Contracting & Procurement	MC
Tracey Forshaw	Head of Vulnerable People	TF
Angela Parkinson	Primary Care Commissioning Manager	AP
Helen Smith	Head of Safeguarding Adults	HS
Minutes		
Vicky Taylor	Quality Team Business Support Officer	VT

Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√	√		√								
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√	A		L								
Gill Brown	Lay Member for Patient & Public Involvement	√	A		√								
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A		L								
Billie Dodd	Head of CCG Development	√	√		√								
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√								
Martin McDowell	Chief Finance Officer	A	A		√								
Helen Nichols	Governing Body & Lay Member for Governance & Audit	√	√										
Angela Parkinson	Primary Care Commissioning Manager	A	√		A								

- √ Present
- A Apologies
- L Late or left early

No.	Item	Action
16/081	<p>Apologies for Absence Apologies for absence were received from MC, TF, AP and HS.</p>	
16/082	<p>Declarations of interest regarding Agenda items CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.</p> <p>Agenda Item 16/091 - HEAT study: Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial Dr RC declared a Conflict of Interest in relation to this agenda item, as his GP Practice will be involved in the study.</p>	
16/083	<p>Minutes of the previous meeting Minutes of SFCCG Quality Committee were accepted as an accurate reflection of the previous meeting, subject to the following amendment: Agenda item 16/074 – Provider Quality Performance Reports Action under S&O in main body of the Minutes and also recorded as Action 16/071(i) on Tracker to read: JS to request the Trust provide a remedial action plan to provide assurance on TIA performance.</p>	
16/084	<p>Matters Arising & Action Tracker There were no matters arising.</p> <p>15/071 Tool Kit to Support NHS Commissioners to reduce poor experience of Patient Care JS advised the Committee that no further response had been received from the national team; however a workshop is scheduled to take place after the holiday period. JS advised that Colette Page would progress this item with the outcome monitored via EPEG. The Committee agreed this item could be managed outside of the meeting and the action could be closed. Outcome: Action completed – remove from the tracker.</p> <p>16/044(i) GP Quality Lead Update – Lab Issues JS confirmed that a new group is to be set up, chaired by Southport & Ormskirk Hospital Trust (S&O) with Emily Ball to be the Clinical Representative. Outcome: Action completed – remove from the tracker.</p> <p>16/052(ii) EPaCCS Update DF provided the Committee with an update on this action which is detailed in the Chief Nurse Report explaining that the Project Manager assigned to EPaCCS from within I-Mersey had left the organisation with their replacement due to meet with the CCG Programme Manager for End of Life Care to review the project. An updated paper and Gantt chart is to be presented to the Governing Body and the Quality Committee in September 2016. Outcome: Action completed – remove from the tracker.</p> <p>16/053(v) NHSE CCG Safeguarding Assurance Exception Report – Accessible support for GPs through NHSE post CQC Inspection DF confirmed to the Committee that an email exchange with NHSE had taken place and included liaison with Dr AM. Dr AM was not assured by the response received and is to be contacted by Glen Coleman. Dr AM will bring any issues</p>	

	<p>back to the Committee if considered necessary. Outcome: Action completed – remove from the tracker.</p> <p>16/054 Southport & Formby CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work) DF advised the Committee that she had progressed this action with Adam Burgess (AB) from the HR Department and the revised policy is to be sent to the CCG next week. AD confirmed she would liaise with AB in relation to safeguarding assurance issues. Outcome: The Committee requested a further update in September 2016.</p> <p>16/056(i) Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) DF confirmed that this action had been addressed following a refresh of the GBAF and Risk Register. DF described the new process that was in place with team risk registers and what risks would be presented to the Committee going forward. Outcome: Action completed – remove from the tracker.</p> <p>16/058(i) Terms of Reference JS had received confirmation from Debbie Fairclough that Emergency Planning will be managed through the Audit Committee. This will be reflected within the new Terms of Reference (TOR). Outcome: Outcome: Action completed – remove from the tracker.</p> <p>16/058(ii) Terms of Reference Dr RC confirmed that Dr Geoff Simmons had agreed to become a member of SFCCG Quality Committee. VT was asked to forward Dr GS the dates of future meetings to ascertain his availability to attend. Outcome: VT to send dates of future meetings to Dr GS.</p> <p>16/059 Primary Care Quality Agenda Dr RC considered this item could now be closed as it had been established that interventions for improvement in primary care would be picked up via the Joint Primary Care Committee. Outcome: Action completed – remove from the tracker.</p> <p>16/070 CSU Care Home Quality Report DF confirmed that an exchange of correspondence had taken place between Dr RC and TF regarding the sharing of information with GP practices on the earlier notification of home closures from the CQC. Permission was currently awaited from the CQC and if received, consideration will be given to the wider circulation of this information in accordance with the legal framework. DF confirmed this would be managed through the Quality Team for assurance purposes with GP practices advised as the team were legally able to do so. Outcome: Action completed – remove from the tracker.</p> <p>16/071 NHS111 The Committee were advised that a breakdown of performance against targets for the CCG would be presented within future reports. JS also advised that NWAS and NHS111 performance data will be incorporated into future Provider Quality Performance reports. Outcome: Action completed – remove from the tracker.</p> <p>16/072 AQuA Safety Report BP advised that the data from the AQuA report was transferred in its entirety.</p>	<p>DF</p> <p>VT</p>
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	<p>Issues on the quality of the data lie with the way in which AQuA presents the safety report. On the understanding that BP will contact AQuA regarding the quality of data, the Committee agreed this action could be closed. Outcome: Action completed – remove from the tracker.</p> <p>16/074(i) Provider Quality Performance Reports – S&O TIA Dr DC advised that he had seen information shared by Southport & Ormskirk Hospital NHS Trust (S&O) with the CCG. However, Dr DC and Dr RC believe delays were still being experienced. Outcome: Dr DC undertook to discuss their concerns further with Dr Patrick McDonald at S&O.</p> <p>DF confirmed that the Provider had been challenged on performance in this area with escalation made through the Contracts Team. Discussions had also taken place at Leadership Team and FLT is to discuss further with Jan Leonard and Karl McCluskey. DF also referred to the recent Walk-around at the Stroke Unit at S&O undertaken by members of the Quality team details of which were included within the Chief Nurse report on today's agenda.</p> <p>BD advised the Committee that she was aware of on-going work across the Stroke Network regarding clinically safe services for the future. This is considered as a long term solution. Dr RC was aware of at least one formal complaint regarding Stroke services and is concerned there could be more. Dr DC was not assured that the current practise of offering an angiogram within 24 hours was sufficient.</p> <p>DF advised she was attending an Executive Improvement Board meeting with the S&O that afternoon where further discussions would take place. DF also believed there was likely to be an Executive to Executive meeting held. The Committee considered whether there was a better operating model in place within other Trusts and recognised that some Stroke services may be reporting better outcomes for patients. Outcome: The Committee requested a further update in September 2016.</p> <p>16/074(ii) Provider Quality Performance Reports – Mersey Care JS confirmed that the spreadsheets within the report had been amended this month. Outcome: Action completed – remove from the tracker.</p>	<p>DC</p> <p>DF</p>
16/085	<p>Chief Nurse Report DF presented the Committee with a number of key issues which had occurred since the Chief Nurse Report submitted in April 2016.</p> <p><u>Ofsted Single Agency Safeguarding Inspection</u> The Committee were advised of the outcome of the above inspection of Sefton Council services for children in need of help and protection, looked after children and care leavers and the review of the Local Safeguarding Children Board with the following outcomes reported:</p> <ul style="list-style-type: none"> • Children's Social Care – Requires improvement • LSCB - Inadequate <p>As a result, several meetings had subsequently taken place between SFCCG, SSSCCG and the LA in relation to the outcome. The next meeting of the Local Safeguarding Children's Board (LSCB) has been cancelled and will now be held in September 2016 with the time utilised as a development session for the Board.</p> <p>Capsticks Report</p>	

Whilst recognising that Liverpool Community Health provide a small number of services to the CCG, the Committee were advised of the recent interest from the Member of Parliament from West Lancashire and the adjournment debate that was held. Following on from that, the Minister had agreed to commission NHS Improvement to undertake or commission the undertaking of an external clinical review which the CCG will willingly participate in as required.

The CCG were supportive of such a review and as part of lessons learnt, a paper is being submitted to the Southport & Formby's Governing Body next week. DF has been asked by the CCG Chief Officer to provide a chronology of the events which have taken place demonstrating the CCGs involvement with the provider and the wider system.

Liverpool Community Health NHS Trust (LCH) – CQC Inspection Report

The Care Quality Commission (CQC) recently published their inspection outcome report following the re-visit to the Trust in February 2016. At the time of the publication the CCG was advised that a Quality Risk Summit was not being held as this inspection was a revisit.

DF advised the Committee that the Quality Risk Profile tool is to be undertaken to support the provision of quality legacy handover information as part of the transaction process of LCH services.

Southport & Ormskirk (S&O) – CCG Walk-arounds

DF updated the Quality Committee on a number of Walk-arounds undertaken in June 2016 as follows:

- 17th June 2016 – The focus was on A&E and open escalation areas within the Southport site and was undertaken by the CCG Quality Team, Commissioning & Re-design Team and colleagues from NHS West Lancashire CCG (WLCCG).
- Whilst at the site on 17th June 2016 the teams also took the opportunity to visit the Critical Care HDU at the Trust which has been the site of the Mixed Sex Accommodation (MSA) Breaches and visited the area where these are occurring. It was recognised during the visit that Estates issues were having an impact on the Trust's ability to provide enclosed units.
- The CCG Chief Nurse was also invited by the Trust to undertake a Walk-around of the Spinal Unit to afford the Trust the opportunity to showcase the improvements that had been made to local commissioners following on from the CQC Inspection which had rated it inadequate. The Chief Nurse was joined on the visit by another member of the Quality Team and a colleague from WLCCG.
- 30th June 2016 – The focus was on the Stroke Unit at the Southport site and was undertaken by the CCG Quality Team and Lay Member for PPI in collaboration with WLCCG. There were no immediate patient safety issues identified that required escalation to the Executive Team at the time of the visit.

A joint report with WLCCG on the outcome of the visit to the Stroke Unit will be submitted to the Quality Committee upon completion and shared with the Trust.

GB considered A&E pressures and delayed discharges were impacting on ring fenced beds. Conditions were cramped and during the visit a patient

	<p>demonstrated their inability to reach the call button with ease from their bed. GB said the unit was very small, many of the staff having worked within the Trust / service for many years and that some practises may benefit from further modernisation. GB understood they had not yet received a visit from a Non-Executive Director of the Trust. DF said that staff had reported that links with the Executives were in place.</p> <p>GB considered the Therapies team were very enthusiastic and would welcome the opportunity to share their experiences with members of the S&O Board.</p> <p><u>Southern Health Report</u> The Committees were advised that the CCG was currently assessing itself against the recommendations of the independent review of Southern Health NHS Foundation Trust, into the deaths of people with a Learning Disability or Mental Health problems. A report on the outcome of the CCG's assessment will be brought to a future Quality Committee meeting.</p> <p><u>Primary Care Quality</u> DF advised that a report with recommendations for a quality dashboard and how it would support the quality agenda would be brought to the next meeting of the Quality Committee.</p> <p><u>Electronic Palliative Care Co-ordination System (EPaCCS)</u> DF shared a brief update from Paul Shillcock, advising that a full report would be submitted to the Quality Committee in September 2016, together with a Gantt chart. Since this update was provided, the project plan had been shared with the Quality Team and would be included in the report due to be submitted in September 2016.</p>	
The Committee received the report		
16/086	<p>Provider Quality Performance Reports JS presented the Provider Quality Performance Report by exception explaining that the new reporting style was being developed in conjunction with the Business Intelligence (BI) team with improvements in the data and commentary expected.</p> <p><u>S&O</u> Cancer Measures – Although the Trust achieved the target in April 2016, performance has slipped below target in May 2016. Since submission of information, JS has received a full list of breaches attributable to the Trust throughout May 2016 with trends, complex pathways and patient choice issues reviewed.</p> <p>ACTION: The email containing details of the breaches at S&O is to be circulated with the July 2016 minutes.</p> <p>DC questioned patient choice being recorded as a reason for a breach. Dr RC asked that this be explored further as he was concerned that a patient diagnosed with cancer would choose to delay treatment. BP undertook to raise through the CQPG but was aware of one such case at Aintree University Hospital NHS Foundation Trust (AUHT). BP also referred to the pathway in relation to the differing gaps between patients receiving treatment at various sites.</p> <p>JS confirmed she would share the outcome of themes within her next report. In addition, the Cancer Team at S&O were to make a presentation at today's CQPG meeting.</p>	VT

	<p>DF asked BD whether she was aware of any audits within the Trust which could help the CCG identify any blocks within the system. BD was not aware but considered such information could be requested.</p> <p>GB referred to delays in blood tests mentioned within the Trusts Board papers which were cited as the cause of some delays. DF will ensure this is explored further with the Trust at the contract meeting.</p> <p>Dr RC expressed concern at the differences in reasons being given to the Trust Board on performance issues and within the CCG Quality Committee reports. DF was also aware of contract queries in months one and two, where elements of reporting narrative were missing. JS explained that the narrative is taken from the Trust reports and the Trust had not provided the necessary information so where possible this had been gained from the Trust Board papers which were in the public domain.</p> <p>ACTION: CCG BI Team to be asked to scope out information shared to identify differences in what is reported to Trust Board and to the CCG BI team.</p> <p>SHMI – The Trust is no longer a statistical outlier for SHMI. The main clinical risk is pneumonia and JS advised that Dr Rob Gillies was proposing to undertake a pneumonia audit. MMcD asked that the reporting period stated as April 2014 – March 2015 on page 25 of the pack be verified with the BI team.</p> <p>ACTION: JS to check the accuracy of Mortality reporting period data on lines 11, 12 and 13 on page 25 of the report with the BI team</p> <p>MMcD said he was aware of an increase in unit costs from S&O and questioned whether this was due to a change in coding practice as this may impact on the SHMI.</p> <p>ACTION: JS to ascertain whether any further changes in coding practice have been made which may impact on the SHMI since December 2014 onwards.</p> <p>Stroke - JS advised the Committee that the Trust failed to achieve the 80% target, achieving 52.9% in May 2016. DF's Chief Nurse Report highlighted a number of issues observed during a Walk-around of the Stroke Unit at the Trust which impact upon performance.</p> <p>TIA – The Trust failed to achieve the 60% target, however the number of patients reported as experiencing a TIA during May 2016 was small.</p> <p>A&E – BD advised the Quality Committee that the Trust has an action plan which is being worked through to bring about improvements in performance. Estates issues were highlighted, together with the need for some capital investment to facilitate relocation to the Ormskirk site. Discussions on alternatives to admissions were also being looked at. The weekend response was 35% which was considered poor.</p> <p>Children's A&E was again reported as being impacted by the pressures at Alder Hey Children's Hospital with deep dives being undertaken.</p> <p>The Committee discussed some of the reasons for the pressures being experienced at S&O and considered patients being seen by the Children's Community Nursing Outreach Team was a way of alleviating the pressures. BD was also aware of a reluctance of some parents to seek medical assistance for their child during daytime hours which resulted in them being taken to A&E in the evening.</p>	<p>JS</p> <p>JS</p> <p>JS</p>
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BD confirmed that going forward the SRG focus will be based on the Workplan.

Ambulance handover times: BD advised that no members of the Trust had attended a recent Workshop, with a similar response to the AQuA flow event. JS undertook to raise this at CQPG today. BD confirmed that this had already been challenged with the Chief Operating Officer.

Mixed Sex Accommodation Breaches – All breaches occurred within critical care, with a focus on step-down of patients from Critical Care to the wards to improve DSSA breaches. Breaches and the actions taken to address them were discussed during the Quality Walk-around of the Critical Care/HDU on 17th June 2016, during which the opportunity was taken to ask a patient whether they had any issues in relation to the mixed sex accommodation. The patient confirmed that they did not have an issue. DF had also raised this at the last two meetings of the Collaborative Commissioning Forum (CCF) and had approached NHSE to determine whether there was anything they could do to support the Trust.

Cancelled Operations and Maternity – JS has chased up both of these aspects but responses are still awaited from the provider. JS had also liaised with the CCG Children & Maternity Services Commissioning Manager in relation to maternity performance with checks being undertaken to ensure data quality.

Health Care Associated Infections: C.Difficile – Performance was discussed and the Trust intention to submit several cases for appeal in August 2016.

DF added that the CCG performance was above trajectory, with several cases relating to the community and not the Trust. DF was aware that Martin Jones, Community Matron Infection Prevention & Control, had secured some funding to undertake a study and review and inform lessons learnt within the community.

Staff sickness – JS advised the Committee of high rates of sickness reported within the Trust and Community. Performance is currently recorded at 5.12% with 4% seen as the national benchmark with only Mersey Care reporting above this. JS reported that this was a focus of discussion at the Contract Meeting with the Trust.

Other – A Quality Surveillance Group meeting is held on a bi-monthly basis Chaired by NHSE with relevant information shared from a quality perspective including the staff 'bleep' system reception issues within the Trust. JS was aware that this is included on the Trust's Risk Register with a solution having been identified.

Mersey Care Foundation Trust

Every Contact Counts – The Trust are experiencing difficulties with data capture. However steps have been taken to bring about improvements by using the new physical health form within ePEX which is under development and awaiting sign off by senior clinicians.

Accommodation – JS advised the Committee that work in the Trust with social landlords was ongoing. Feedback to a query is awaited to ensure August 2016 data is being collected properly which will determine whether a patient is living within settled accommodation. Once captured, this information should be recorded on patient records.

Smoking – Some issues remain in relation to the correct collation of data which is affecting the ability to refer patients for advice where appropriate.

	<p>Psychotherapy and Eating Disorders – JS advised that new Therapists are due to start in post towards the end of August 2016 following which the Trust expected improvements to be seen in waiting times. An internal business case presented within the Trust, once agreed, should also have a positive impact on Psychotherapy waiting times.</p> <p>DNA & Cancellation appointments – An audit is underway to establish patterns and reasons for DNAs. Mersey Care’s policy on DNAs is also being reviewed following a recent Domestic Homicide Review referred to in a Coroner’s report which has received some local media interest.</p> <p>Sickness Absence – A high rate of sickness continues to be reported by the Trust. Discussions at the last CQPG advised that there was a good record of staff recruitment but issues had been experienced lately and some vacancies remained unfilled. Recruitment days in other parts of the UK are taking place and the Trust is aware of the need to plan for some upcoming retirements which would impact on the service.</p> <p><u>Liverpool Community Health NHS Trust</u> Delayed discharge –This item had been referred to and discussed in intermediate care and has been identified as an area the CQC has deemed to have improved.</p> <p>Waiting times: SALT – Work with the Trust is ongoing, with specific data requested in relation to adults and children. JS advised that two deadlines have now been missed by the Trust which will impact upon timelines for commissioning decisions to be made.</p> <p><u>Other providers</u> JS stated that some narrative was missing from the report as Providers had been unable to meet the day15 submission deadline. A review would be undertaken to determine what could be effectively reported to the Committee in future.</p> <p>JS concluded her report by advising that NHSE are to provide a national dashboard for quality in community providers. This is being pursued with NHSE as the dashboard has not been received to date.</p> <p>BD considered there was very little data for community services contained within the report.</p>	
	<p>The Committee received the report</p>	
16/087	<p>Safeguarding Service Quarterly Report The Committee received an update in relation to adults and children’s safeguarding and an analysis of the Safeguarding KPIs for Q4 2015/16 within the quality schedule for the main commissioned NHS Providers.</p> <p><u>Quarter 4 2015/16 KPI analysis</u></p> <p>S&O – This provider remains on limited assurance regarding children and adult safeguarding. DF advised that a contract query remains in place and performance is being monitored. The Committee noted that a new Head of Safeguarding is now in post.</p> <p>The outcome of the Quality Risk Profile Tool has been reviewed with NHSE, the CQC and discussed with the provider. However, although the outcome of the assessment suggests the risk can be downgraded due to the NHSE lock down of the uncontrolled risk, the CCG are not prepared to close down the contract query</p>	

until the Safeguarding service can provide an increased level of assurance on the performance at the Trust.

GB considered the risk should remain as high and had no confidence that safeguarding discharges are managed safely. The Quality Risk Profile Tool downgrading of the Safeguarding risk was queried and DF explained the background and rationale behind this from a NHSE perspective. AD reiterated that the CCG risk in terms of assurance would not be lowered until sufficient assurance could be given. DF stated that the lack of assurance is fully recognised and the CCG contract query will remain open until the necessary level of assurance is received. DF offered to meet with Dr RC and GB outside of the meeting to discuss and show them the NHSE Quality Risk Profile Tool and confirmed that an audit trail is in place to demonstrate the work being undertaken around the risk rating.

Alder Hey Childrens NHS Foundation Trust (AHCH) – This Trust had been identified as providing limited assurance and a contract query had recently been closed. BP conveyed detail of some of the steps taken to address this performance, including the contract query which is in place. AD referred to the new targets which AHCH agreed to have put into their Quality Schedule. The Chair suggested encouraging liaison between S&O and AHCH in relation to the sharing of lessons learnt.

The Committee were advised that a data cleansing exercise had taken place in several Trusts which has given the Safeguarding Team the opportunity to identify and address training needs.

DF referred to the Quarter 4 2015/16 performance noted as 18% in relation to the voice of the child not being heard within initial assessments and mentioned the work undertaken in securing the voice of the child through EPEG. BP confirmed this issue had been raised with the Trust.

LCH – The Trust is rated as providing reasonable assurance in respect of Children’s safeguarding due to the improvements seen in the organisations improved engagement in the Early Help agenda. GB noted the progress but did not consider the report gave the Committee assurance. AD advised that Carleen Baines of LCH had been involved in trying to improve the performance levels in relation to Early Help and that this had been formally raised by Liverpool Local Safeguarding Children Board (LSCB) and although not raised formally by the Sefton (LSCB), Sefton would benefit from this work.

Sefton Local Safeguarding Children Board

AD referred to the changes to the LSCB following the resignation of the Chair; Dwayne Johnson and Kara Haskayne have taken on additional responsibilities until a new appointment can be made.

NHS England Safeguarding Assurance Tool action plan - Appendix 3

The Committee were asked to note that many points of action are RAG rated green, with amber for policies which is being addressed.

Wood Review

The outcome of the review undertaken by Alan Wood at the request of the Prime Minister has now been published; however AD said she was unsure whether this will sit within government. The review suggested each area could make its own arrangements for safeguarding and it was considered the LSCB may continue with this appearing to be the preferred option. Serious Case Reviews (SCR) – The current SCR system is to be replaced with a system of national and local reviews.

DF/JS

	<p><u>Safeguarding Children & Looked After Children Annual Reports</u> DF asked AD when both the Safeguarding Annual Report and the Looked After Children Annual Report would be ready for presentation to the Governing Body. AD reported that this would be available for September 2016 but there may be a delay in presenting the Looked After Children Annual Report due to the need for LCH to take the information through their internal governance processes. AD to let DF or JS know if this becomes a challenge and it can be raised at the CQPG if necessary.</p>	
	<p>The Committee received the report</p>	
16/088	<p>Revised CCG Management of Allegations Policy and Procedures Revisions to the policy updated by the CCG Safeguarding Service, in line with amendments to the Care Act (2014) and changes to terminology within Working Together (2015) were presented to the SFCCG Quality Committee for approval with details provided on page 86 of the pack.</p> <p>DF confirmed she had spoken to Debbie Fairclough to confirm that only amendments needed to be highlighted. The Committee approved the changes.</p>	
	<p>The Committee approved the changes to the policy</p>	
16/089	<p>Continuing Healthcare/Complex Services Quality & Performance Quarter 1 Updates for Southport & Formby CCG JC presented the Committee with the Clinical Quality Report 2016-17 Quarter 1 update.</p> <p>The new style of presentation included:</p> <ul style="list-style-type: none"> • Nursing Home Activity Update • Clinical Quality Review Visit Updates • Care Home Activity Q4 • Partnership Working Update • Care Home Clinical Quality Review Updates • Nursing Home Performance Ratings • Care Home Closure Update <p><u>Nursing Home Update 2015-16 Q4</u> – this was noted as an error in the text and the Committee were asked to note that the report did in fact relate to Q1 2016/17.</p> <p>Clinical Quality Reviews – The Committee were advised that there are 24 nursing homes within the CCG area, 15 of which have contracts in place with the North West Framework with applications received from an additional 4.</p> <p>Of the 14 nursing homes where Clinical Quality Standards have been assessed, 10 are compliant, 3 are partially compliant and one has been determined as non-compliant. To date 17 reviews in total have been undertaken with 10 follow up visits to support care home managers. Necessary escalation action has been undertaken as appropriate to CSU contracts.</p> <p>JC advised that at the time of writing this report, 23 out of 24 nursing homes had been inspected by the CQC under their new inspection regime with the outcomes shared. JC confirmed that no home closures had arisen during the inspection period.</p> <p><u>Nursing Home Closures</u> The Committee were advised of the voluntary closure of two nursing homes during Quarter 4 2015/16.</p>	

	<p><u>CQUIN Performance Data</u> The CSU BI team have been requested to provide a breakdown of quality issues for inclusion in future reports. DF asked whether any CCG support was required. JC confirmed that know further support was required and that she was liaising with TF with regard to this area.</p> <p>In relation to the two incidents involving safeguarding within two local nursing home providers, JC clarified to GB that the monitoring of any further actions would be undertaken through the Safeguarding team.</p>	
	The Committee received the report	
16/090	<p>Revised Terms of Reference for Engagement & Patient Experience Group (EPEG) Dr RC welcomed the extension to the membership of EPEG and the Committee approved the revised Terms of Reference.</p>	
	The Committee approved the changes to the Terms of Reference for the Engagement & Patient Experience Group	
16/091	<p>NWAS Quality Performance Report BP presented this report to the Committee on behalf of MC who had tendered his apologies.</p> <p>The Committee received the report, however due to a number of questions arising at the meeting which could not be answered on the day, DF suggested a further report be compiled by MC's replacement and represented to the Committee in September 2016.</p> <p>ACTION: A further report is to be compiled by MC's replacement and brought back to the Committee in September 2016.</p>	JS/BD
	The Committee received the report	
16/092	<p>Commissioner Quarterly Controlled Drug (CD) Report to NHS England CD Accountable Officer (AO) HR presented this paper to the Committee which provided the Quarter 1 2016-17 Commissioner Quarterly CD Report to NHS England CDAO.</p> <p>In relation to 3.1 – DF asked why the CCG were an outlier in terms of costs. HR explained that the report contained very high level information with discussions to take place at practice levels. HR was to meet with Susanne Lynch, Head of Medicines Management on Friday to ascertain the best way of taking this forward.</p> <p>For clarity, HR talked the Committee through the reasoning behind the reporting of codeine and other controlled drugs included barbiturates under columns 4 and 5 of the schedule included under Appendix 1.</p>	
	The Committee received the report	
16/093	<p>Serious Incident Report BP presented this report on behalf of TF who had tendered her apologies.</p> <p>BP highlighted to the Committee that the CCG had recently transferred over to the new Datix reporting system with some issues having been highlighted as part of the data transfer and brought to the attention of the CCG Corporate Governance Manager. This has impacted on the development of the report.</p> <p><u>Number of Serious Incidents (SIs) reported in period</u> Four SIs were reported by Mersey Care NHS Foundation Trust during June 2016 with details provided within the report.</p>	

	<p><u>Number of Never Events reported in period</u> There were no never events reported in June 2016.</p> <p><u>Number of SIs closed in month</u> BP advised that TF had raised concerns regarding issues relating to the quality of RCAs submitted by S&O further details of which were included within the report.</p> <p><u>Serious Incidents Currently Open</u> DF asked that the team check reported numbers for 2014/15 and asked whether any related to S&O in light of previous assurance from West Lancashire CCG that 2014 SIs had been closed down. DF said if necessary line by line reporting would be undertaken for review by the Quality Team.</p> <p>ACTION: Data under point 11 on pages 120 and 121 in relation to S&O open SIs from 2014 is to be checked with the outcome brought back to the Committee in September 2016.</p>	TF
	The Committee received the report	
16/094	<p>Application for research approval for Evaluation of a complex intervention (Engager II) for prisoners with common mental health problems, near to and after release BP asked the Committee to approve the Engager II study together with excess treatment costs.</p> <p>Fuller details of the study and what it hoped to achieve were included within the report.</p> <p>Dr RC, whilst considering approval of the study, questioned the benefits against the costs. As the Quality Committee were unable to approve the costs, they recommended supporting the study only. MMcD suggested the approval of finances could then be taken through SLT.</p> <p>ACTION: BP to take funding aspect for the Engager II study to SLT for their consideration and approval.</p>	BP
	The Committee supported the Engager II study application, subject to the approval of the costs by the SFCCG SLT	
16/095	<p>HEAT study: Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial RC declared a Conflict of Interest in relation to this study as his GP practice will be directly involved.</p> <p>Whilst the Committee were prepared to support the study, as under agenda item 16/094, the Committee directed that the application be taken to the SLT in relation to the approval of the costs involved as detailed in Appendix 2 of £10.70 per breath test and £214 per patient for excess treatment.</p> <p>ACTION: BP to take funding aspect for the HEAT study to SLT for their consideration and approval.</p>	BP
	The Committee supported the HEAT study application, subject to the approval of the costs by the SFCCG SLT	
16/096	<p>Joint Quality Committee Proposal DF advised the Committee that following the Price Waterhouse Cooper review, the opportunity had been taken to consider how to rationalise time and focus attention on the QIPP challenge which included the need to look at attendance and time at Committees.</p> <p>A proposal had been made to move towards holding a joint Quality Committee for both SSSCCG and SFCCG. Debbie Fairclough had drafted Terms of Reference which will be submitted to both the SFCCG and SSSCCG Governing Body meetings in July 2016 with implementation proposed to take effect from</p>	

	<p>September 2016 subject to agreement by the Quality Committee.</p> <p>The Committee members were supportive of the proposal to merge the two CCG Committees.</p> <p>Further communication will be made with Committee members regarding the outcome of the proposal following the GB meetings.</p>	
	The Committee were supportive of the proposal to merge the SFCCG and SSCCG Quality Committees.	
16/097	<p>EPACCS Update</p> <p>The Committee had received a verbal update as part of the Chief Nurse's report with a written report to be submitted to the Committee in September 2016.</p>	
	The Committee received the verbal update	
16/098	<p>GP Quality Lead Report</p> <p>RC considered that there were no known issues other than those already covered at today's meeting.</p>	
16/099	<p>Locality Update</p> <p>No issues for discussion.</p>	
16/100	<p>Any Other Business</p> <p><u>Section11 Audit</u></p> <p>DF informed the Committee that it was no longer necessary for the Section 11 audit to come to the Quality Committee prior to submission to LSCB as it was within the authorisation of the Chief Nurse and Deputy Chief Nurse to approve with the Safeguarding Team. For assurance purposes, any significant changes to the report would be brought to the Committee.</p> <p><u>EPEG</u></p> <p>GB provided the Committee with an update from EPEG as follows:</p> <ul style="list-style-type: none"> S&O delivered a presentation focusing on patient experience. The DoN or his deputy hadn't been able to attend as requested, but the matron who attended delivered a candid presentation. However, because the presenter wasn't an executive director GB felt this impacted upon EPEG's ability to challenge the Trust regarding the standard relating to levels of patient engagement. The presentation indicated that the main issues relating to poor varied patient engagement / feedback were related to leadership changes over the past 12 months, staff turnover and organisational challenges. The Trust have been asked to return to EPEG in 3 months to report on progress, particularly with collating and publishing informative Friends & Family test data. Liverpool CCG has delivered an interesting and informative presentation on its current pre-consultation exercise as part of its review of services at Liverpool Women's Hospital NHS Trust. EPEG members agreed to support the pre-consultation by distributing engagement materials to key and hard to reach groups. Liverpool Community Health NHS Trust delivered a presentation on its approach to collecting and using patient experience. The session gave an example of podiatry services, and how the trust has, working with Healthwatch, responded to issues raised by patients. The Trust was challenged regarding why calls to PALs were much lower from Sefton residents compared to Liverpool and the trust was asked to update EPEG on reasons and actions when it returns to EPEG to give a further update in 6 months EPEG are developing an engagement and patient experience dashboard. The August 2016 EPEG meeting will be a workshop to gather views and ideas for the dashboard from the group's membership. 	

	<ul style="list-style-type: none"> Healthwatch Sefton has raised concerns in connection with cross boundary issues relating to some S&F patients discharged from AUHT. Jan Leonard has agreed to discuss the issue with the discharge planning team at AUHT. 	
16/101	<p>Key Issues Log</p> <p>DF recorded the Key Issue for submission to the Governing Body as follows:</p> <ul style="list-style-type: none"> Whistleblowing Policy – Amended policy expected from HR at the end of July 2016 / beginning of August 2016 and will then be presented for approval S&O Stroke Performance – Chief Officer to raise CCG concerns at the next S&O Executive Improvement Board which has been set up as a result of the Quality Risk Summit) S&O Commissioner Quality Walkarounds – Recent walkarounds to A&E, Spinal Injuries Unit and Stroke Unit reported to the committee. CCG Lay Member for PPI accompanied the Quality Team on the visit to the Stroke Unit CCG Safeguarding Annual report – Expected for presentation to the Quality Committee and Governing Body in September 2016. Looked After Children Annual Report discussed – CCG Safeguarding Service reported a possible delay as the information first needs to be presented internally within LCH governance processes LCH Capsticks Report – Further update provided following on from an Adjournment Debate at the House of Commons. Paper to be presented to the Governing Body in July 2016. 	
16/102	<p>Date of Next Meeting</p> <p>Wednesday 21st September 2016 – 11.30 am – 1.30 pm Family Life Centre, Ash Street, Southport. Committee members asked to note that this may be subject to change as the September 2016 meeting will be joint going forward with SSCCG.</p> <p>Advanced notice of apologies:</p> <p>None noted</p>	

Chair : Rob Caudwell
PRINT NAME



SIGNATURE

Date : 21.9.16

Joint Quality Committee Minutes

Date: Wednesday 21st September 2016, 11.30 am – 1.30 pm

Venue: Chapel Lane Surgery, 13 Chapel Lane, Formby, Liverpool, Merseyside, L37 4DL

Membership

Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Graham Bayliss	Lay Member	GB
Gill Brown	Lay Member	GBr
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	Vice Chair & Clinical Lead for Quality	GH
Martin McDowell	Chief Finance Officer	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Ann Dunne	Designated Nurse / Head of Safeguarding (Children)	AD
Gordon Jones	Mental Health Programme Manager	GJ
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Paul Shillcock	Primary Care Informatics Manager	PS
Jo Simpson	Programme Manager – Quality and Performance	JS

Apologies

Dr Peter Chamberlain	Clinical Lead Strategy & Innovation
Tracey Forshaw	Head of Vulnerable People
Dr Dan McDowell	Secondary Care Doctor
Dr Andy Mimmagh	GP Governing Body Member
Geraldine O'Carroll	Senior Integrated Commissioning Team Manager
Kevin Thorne	Integrated Commissioning Manager

Minutes

Vicky Taylor	Quality Team Business Support Officer	VT
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Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√	√		√		L						
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√	A		L		√						
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√		A		√						
Gill Brown	Lay Member for Patient & Public Involvement	√	A		√		√						
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A		L		L						
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A						
Billie Dodd	Head of CCG Development	√	√		√		√						
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√						
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√						
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A						
Martin McDowell	Chief Finance Officer	A	A		√		√						
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√		A		A						
Dr Jeffrey Simmonds	Secondary Care Doctor						√						

- √ Present
- A Apologies
- L Late or left early

APPROVED

No.	Item	Action
16/103	<p>Apologies for Absence Apologies for absence were received from Dr PC, TF, Dr DMcD, Dr AM, GO'C and KT.</p> <p>The first Joint Quality Committee (JQC) was chaired by Dr Gina Halstead who welcomed everyone to the meeting.</p>	
16/104	<p>Declarations of interest regarding Agenda items CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.</p>	
16/105	<p>Minutes and Key Issue Logs from the previous meetings The Minutes of S&FCCG Quality Committee were agreed as an accurate reflection of the previous meeting.</p> <p>The Minutes of SSCCG Quality Committee were agreed as an accurate reflection of the previous meeting, subject to the amendment of Dr GH's title to <i>Chair & Clinical Lead for Quality</i>.</p>	
16/106	<p>Matters Arising/Action Trackers There were no matters arising.</p> <p><u>Action Tracker – SFCCG</u></p> <p>16/054 Southport & Formby CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work) DF will liaise with AB on his return from leave and provide the JQC with an update in October 2016. Outcome: An update is to be provided to the JQC in October 2016.</p> <p>16/058(ii) Terms of Reference This action has now been completed and Dr JS attended today's meeting. Outcome: Action completed – remove from the tracker.</p> <p>16/074(i) Provider Quality Performance Reports – S&O TIA Dr DC confirmed he had discussed TIA performance with S&O. DF confirmed discussions had also taken place at the S&O Clinical Commissioning Forum (CCF) re: stroke. DC shared feedback on the three stroke reports being submitted to SFCCG Governing Body (GB) next week.</p> <p>DF stated that the use of Skype with stroke patients and the benefits of Telehealth were discussed at a recent meeting with AUH. DF advised that future commissioning of stroke services would take place at SFCCG's Governing Body meeting. The JQC agreed that this action could be closed with further discussions to be held at S&O Improvement Board and the SFCCG Governing Body. Outcome: Action completed – remove from the tracker.</p> <p>16/086(i) Provider Quality Performance Reports VT to circulate details of Cancer Breaches at S&O (May 2016) which will be sent to JQC members enabling this action to be closed. Outcome: Action completed – remove from the tracker.</p> <p>16/086(ii & iii) Provider Quality Performance Reports JS confirmed she had met with the BI team to review how information is to be presented in future reports; the new Quality Performance Report will use the same data sources as the Integrated Performance Report presented at the Governing</p>	DF

<p>Body. Outcome: Action completed – remove from the tracker.</p> <p>16/086(iv) Provider Quality Performance Reports The Audit around Mortality and Pneumonia will be presented to the S&O CQPG in November 2016 / December 2016 and include details around coding. Outcome: Action completed – remove from the tracker.</p> <p>16/087 Safeguarding Service Quarterly Report DF confirmed this action had been completed. Outcome: Action completed – remove from the tracker.</p> <p>16/091 NWAS Quality Performance Report JS confirmed that links have been made with the new CCG leads to join the BI meeting to enable the provision of updates on NWAS to the JQC. BD considered NWAS was not performing well currently and advised a 90 Day improvement programme was in place. The Committee agreed to review in November 2016. Outcome: The Committee agreed to review NWAS performance again in November 2016. JS to liaise with CCG leads to ensure this performance is reported to the JQC but timeline may need amending subject to leads meeting with NWAS.</p> <p>16/093 Serious Incident Report DF confirmed that the data relating to the open SIs at S&O had been checked and the issue had arisen due to differences in financial year and calendar year reporting. BP referred to a meeting he had attended last Friday where he received assurance that accurate numbers will be reported in future. Outcome: Action completed – remove from the tracker.</p> <p>16/094 Application for research approval for Evaluation of a complex intervention (Engager II) for prisoners with common mental health problems, near to and after release and</p> <p>16/095 HEAT study: Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial BP approached the SLT for approval of the financial support required to undertake the above research studies. However due to the current financial situation, although SFCCG QC supported the Engager II study, financial support was not approved. Financial support for the HEAT Study which was not supported by SSCCG QC was also not approved. BP confirmed he would draft a position statement. Outcome: Action completed – remove from the tracker.</p> <p><u>Action Tracker – SSCCG</u></p> <p>16/008(iii) Provider Quality Reports <i>Mersey Care Provider Trust</i> The Committee agreed that this action could be closed down as discussions were taking place at CQPG to resolve. A further update will be brought to the Committee as and when available. Outcome: Action completed – remove from the tracker.</p> <p>16/054 South Sefton CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work) DF will liaise with AB on his return from leave and provide the JQC with an update in October 2016. Outcome: An update is to be provided to the JQC in October 2016.</p>	<p>JS</p> <p>DF</p>
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16/068 (Originally 16/053 (IV)) 16/053(iv) NHSE CCG Safeguarding Assurance Exception Report – MIAA recommendations re Safeguarding Policies

DF advised that she had checked and could confirm that the CCGs Safeguarding policies on the intranet are accessible within three clicks.

Outcome: Action completed – remove from the tracker.

16/071(i) NHS111 – KPI Failures

DF confirmed that performance was back on track as of July 2016.

Outcome: Action completed – remove from the tracker.

16/074(ii) Provider Quality Performance Reports - Aintree University Hospital Foundation Trust

JS confirmed that a Contract Query letter had been sent to the Trust and a response had been received.

Outcome: Action completed – remove from the tracker.

16/085(i) Provider Quality Performance Reports - Aintree University Hospital Foundation Trust - Stroke

The response received re Stroke is to be circulated to JQC members following this meeting.

Outcome: Action completed – remove from the tracker.

16/085(ii) Provider Quality Performance Reports - Aintree University Hospital Foundation Trust – Cancer Waiting Times

DF advised she had spoken to Dan Seddon (DS) from Public Health England (PHE) regarding the effect on the Trust's performance caused by screening hub delays. DF's intention to discuss further with DS has been formally minuted at AUHT's CQPG.

Outcome: Action completed – remove from the tracker.

16/085(iii) Provider Quality Performance Reports - Mersey Care Foundation Trust (MCFT)

DNA & Cancellation appointments

BP confirmed the response required was incorporated within Mersey Care's performance report on today's agenda.

Outcome: Action completed – remove from the tracker.

16/085(iv) Provider Quality Performance Reports - Other - IAPT Cheshire Wirral partnership

JS confirmed that an update was included within today's meeting.

Outcome: Action completed – remove from the tracker.

16/085(v) Provider Quality Performance Reports - LCH Trust

The Committee were advised that this action had been completed and confirmed its removal from the Action Tracker.

Outcome: Action completed – remove from the tracker.

16/085(vi) Provider Quality Performance Reports - Alder Hey Children's Hospital

JS confirmed that the content of the Liverpool Provider Reports will be reviewed with the development of the new Quality Performance Reports.

Outcome: Action completed – remove from the tracker.

16/086 Safeguarding Service Quarterly Report

AD confirmed this action had been completed.

Outcome: Action completed – remove from the tracker.

	<p>16/087 Revised CCG Management of Allegations Policy and Procedures This policy has been completed with a copy to be sent to VT by AD. Outcome: Action completed – remove from the tracker.</p>	
16/107	<p>Nomination of Committee Chair and Vice Chair DF explained the rationale behind electing a new Chair and Vice Chair following the formation of a Joint Quality Committee. It was agreed that RC would Chair with GH as Vice Chair on a 6 month rotational basis.</p>	
	<p>The Committee approved the appointments of Chair and vice Chair for the JQC.</p>	
16/108	<p>Chief Nurse Report DF presented the Committee with a number of key issues which had occurred since the Chief Nurse report submitted in July 2016.</p> <p><u>SFCCG Commissioned Stroke Reviews</u> The CCG Leadership Team is now in receipt of three SFCCG commissioned reviews of Stroke Care at S&O. Following internal consideration, a paper will be presented to Part II of the SFCCG Governing Body's meeting in September 2016.</p> <p><u>Care Home</u> A Care Home update was provided detailing concerns with quality. Today's report included a table illustrating the current status of nursing home bed capacity.</p> <p>The Head of Vulnerable People had also compiled a separate report at the request of the Chief Officer to ensure she is sighted on the current status of nursing home beds across the Sefton area.</p> <p><u>QIPP</u> CHC/FNC - Partnership work between the Quality and Finance Teams continues to deliver QIPP savings whilst ensuring patient needs are met.</p> <p>Quality Impact Assessments (QIAs) – The Quality Team continue to support the QIA process which forms part of the Case for Change process within the CCGs. BP advised he was also working with the Deputy Chief Nurse of LCCG looking at QIA policy across all local CCGs.</p> <p><u>Liverpool Community Health (LCH) – NHS Improvement Transaction Process</u> DF advised that the transaction process continues, with a meeting taking place with appropriate representatives and CCG Chief Officers yesterday.</p> <p><u>Safeguarding</u> Sefton Safer Communities Partnership (SSCP) – The Committee was advised that the CCGs are now represented by the Deputy Chief Nurse at SSCP meetings.</p> <p><u>MRSA - SFCCG</u> The Chief Nurse recently chaired an MRSA Post Infection Review (PIR) following the notification of a case of MRSA reported in the SFCCG area relating to a patient admitted to S&O.</p> <p><u>LCH Well Baby Clinic Re-alignment (SSCCG)</u> LCH have contacted the CCGs regarding a proposal to re-align the Well Baby Clinics in South Sefton from GP Practices to local Children's Centres. A Pilot is to be undertaken and consultation held with a letter going to practices involved. Conversations asking for assurances have taken place around Well Baby Clinics removal from GP practices and RC stressed that it must be made clear that the service must deliver quality outcomes for both the children and their families - GP practices must also be made aware of who their link Health Visitor is if such a</p>	

	<p>proposal is going ahead. DF confirmed such concerns had already been raised.</p> <p><u>HSJ Awards</u> The Practice Nurses, supported by the Deputy Chief Nurse have been shortlisted for an HSJ Award for the Health & Social Care Apprenticeship Programme.</p>	
	<p>The Committee noted and received the report</p>	
16/109	<p>Provider Quality Performance Reports JS presented the Provider Quality Performance Reports relating to both SFCCG and SSCCG by exception.</p> <p><u>Aintree University Hospital (AUH)</u></p> <p>A&E System issues – BD advised the Committee of KMCC’s attendance at a meeting earlier today and highlighted AUH’s belief that delays and challenges with flow were attributable to delayed transfer of care. The actions being taken by CCG commissioners and the wider system were discussed.</p> <p>JS mentioned two further 12 hour breaches which had occurred in the last month one of which was believed to relate to mental health. A joint provider Root Cause Analysis will be undertaken which will be submitted to the CCGs.</p> <p>Smoking Measures – JS explained the reason that no comment was provided within the report was due to a training issue within the provider team which has now been resolved.</p> <p>Infection Control – A case of MRSA was reported this week, possibly community attributable. Timelines are currently being pulled together with the CCG chairing a post infection review meeting.</p> <p>Dermatology – GH referred to a health economy wide review of dermatology services being undertaken due to a shortage of staff within hospital services in spite of community support. DC expressed concern about the lack of narrative and responses which would support training needs and was urged to forward examples of poor communications to Sara McGrath.</p> <p>GH confirmed that Medical Director from AUH has written to explain the closure of dermatology services to new referrals at the Trust which was distributed to the GP membership. This item is to be added to November 2016s Joint Quality Committee agenda.</p> <p>ACTION: Dermatology to be added to November 2016s Joint Quality Committee Agenda.</p> <p>ACTION: DC to provide data on poor quality responses to Sara McGrath.</p> <p><u>Southport & Ormskirk Hospital NHS Trust (S&O)</u></p> <p>The Committee were advised that issues with timeliness of submission of data by S&O had improved, although there remained a problem with missing narrative around maternity and community. BD agreed that there was room for improvement in relation to information submitted in relation to community services.</p> <p>A&E – JS reported that similar issues to other Trusts were being experienced, which are system wide, however she was aware of a recent 12 hour mental health</p>	<p>VT</p> <p>DC</p>

breach. Updates will be shared with the JQC following completion of the RCA.

DF has recently spoken with the Director of Nursing (DoN) at Mersey Care and NHS E regarding shortages of mental health beds and has been advised that a review of mental health care beds across the system will be undertaken with the DoNs from the 3 main Mental Health Service providers across the area leading on this piece of work.

MSA - Discussions had also taken place at a recent Executive to Executive team meeting in relation to mixed sex accommodation (MSA) following the Trust's decision to re-locate the Stroke Unit to a ward with fewer beds. DF said the CCG had stated that they would be accepting of the fact that MSA breaches may occur if it meant that a patient requiring a stroke bed was admitted to the Stroke Unit rather than onto an outlying ward in order to improve outcomes for such patients. This has been indicated to both the Trust and NHSE.

Cancelled Operations – An increasing number of cancelled operations has been reported for July 2016 believed to be due to increased activity and staff shortages. JS will raise this at the S&O Contract & Clinical Quality Review meeting scheduled for later today. The importance to the Trust of effective workforce planning and profiling in order to support sustainability was raised in relation to staff approaching retirement and what plans were in place to replace them.

The opportunity will also be taken to raise concerns over the number of Grade 4 Pressure Ulcers reported in the past week with the open contract query to be reviewed. RC expressed concern at the lack of levers available once a contract query was in place. DF explained the mechanisms put in place once a contract query has been opened which includes the provision of action plans created to provide improvement. The CQC and NHS E are also aware of these issues.

GBr expressed concern at the quality of comments from S&O and asked that whoever was responsible for providing responses on behalf of Trust is challenged. DF confirmed that challenge was made and that the CCG would expect information leaving the Trust to be reviewed by a member of the senior / executive team to ensure the quality of the narrative. DF will raise GBr's concerns over the inappropriateness of some comments at this afternoon's Contract and Clinical Quality Review Meeting with a request made that future reports contain the Reviewer's name and the date the report was signed off.

DF

ACTION: DF is to raise GBr's concerns over the inappropriateness of some comments in the S&O Performance Report at this afternoon's Contract and Clinical Quality Review Meeting with a request made that future reports contain the Reviewer's name and the date the report was signed off.

AOB – CQUIN

JS advised the Committee of a local CQUIN for first follow up, zero length stay and consultant to consultant for introduction in quarters 3 and 4 2016/17. Consideration will also be given to extending the CQUIN for a further 12 months. A meeting has been held with the Director of Finance as the single point of contact for the Trust.

Mersey Care Foundation Trust

SSCCG

DNA & Cancellation Appointments – JS advised that a new policy is to be put in

	<p>place within the Trust to improve performance. BD asked that Mersey Care breaches are included in future reports. ACTION: JS to ensure DNA & Cancellation Appointments breaches are included in future reports.</p> <p>Sickness Absence – The Committee were advised that additional new staff will commence employment with the Trust in September and October 2016.</p> <p><u>LCH</u></p> <p>Waiting Times – Adult AHP waiting times are an area of focus. Challenges in performance relating to discharge summaries to GPs appear to be becoming apparent once more, although some improvement in delayed transfers of care has been seen.</p> <p>Staff sickness – Sickness absence rates were reported at 6.2% during June 2016, which is an increase on the previous month’s performance. Actions undertaken by the Trust are a subject to discussion at the CQPG.</p>	JS
The Committee noted and received the report		
16/110	<p>Safeguarding Service:</p> <p>CCG Safeguarding Service Quarterly Report AD presented this month’s quarterly report which included a table detailing the new Key Performance Indicators (KPIs) for 2016/17.</p> <p><u>Southport & Ormskirk Hospital NHS Trust</u> The Trust remains on ‘limited’ assurance. Training performance at the Trust was discussed with improvement seen in several areas; however contractual compliance is unlikely to be achieved until Q4 2016/17. In response to DF’s question that the Safeguarding Service made a recommendation as to whether the contract query should remain open, AD suggested awaiting Q2 2016/17 information before a decision was made at the Clinical Commissioning Forum (CCF). RC confirmed his preference that the contract query remains open until the promised actions have been carried out.</p> <p><u>Aintree University Hospitals NHS Foundation Trust</u> The Trust have submitted and reported that there are no outstanding actions on the Audit Tool action plan and it is now completed. An assurance rating of ‘reasonable’ has been attributed.</p> <p><u>The Royal Liverpool and Broadgreen University Hospitals Trust</u> An overall ‘reasonable’ assurance rating has been assigned to the Trust for Q1 2016/17 where strong supporting systems are now in place.</p> <p><u>Liverpool Community Health NHS Trust</u> An overall ‘reasonable’ assurance rating has been applied to the Trust for Q1 2016/17, however it is noted that there is a downward trajectory within specific areas that will be monitored by the team.</p> <p><u>Alder Hey Children’s NHS Foundation Trust</u> An overall ‘reasonable’ assurance rating has been applied, however the Trust failed to submit an audit tool in accordance with Q12016/17 requirements and are known to be experiencing issues with DNAs for Looked After Children Health Assessments.</p> <p>GH asked whether anything could be done to support Looked After Children (LAC)</p>	

<p>16/111</p>	<p>given their vulnerability. AD advised that both the LCH Named Nurse for LAC and the CCGs Designated Nurse for LAC were reviewing this, with a report to be submitted to the Safeguarding service. DF advised that the Corporate Parenting Board also receive regular reports from the Designated Doctor for LAC and that the Pathway work following the 903 returns had also addressed this issue. DF also summarised some of the work being undertaken to bring about improvement.</p> <p>A Named Nurse for Safeguarding Adults is now in post at Alder Hey NHS Foundation Trust (AHCH) with responsibility for young people aged 18+ including transition.</p> <p><u>Mersey Care NHS Foundation Trust</u> An overall 'reasonable' assurance rating has been assigned to the Trust for Q1 2016/17 however the Committee noted that there has been a downwards trajectory in training, supervision and multi-agency working.</p> <p>GBr questioned the non-submission of AHCH's Q1 2016/17 audit tool information and asked whether this contained more than basic information. AD explained how reporting of compliance rates against their assessments is made and GBr expressed concern that this could lead to vulnerable patients not being identified through appropriate training not being undertaken by staff.</p> <p>CCG safeguarding compliance rates were discussed with the JQC noting that performance against Level 1 training should be 100% to be CQC compliant with Level 2 at 80% and 90% for Governing Body members.</p> <p>ACTION: DF asked that AD consider delivering training in a different format at an Operations Team meeting to support improvements with recommendations made to the SFCCG Governing Body and the SSCCG Governing Body.</p> <p>Quarterly Assurance Report – Safeguarding Policy SFCCG The Committee approved the changes to the policy.</p> <p>Quarterly Assurance Report – Safeguarding Policy SSCCG The Committee approved the changes to the policy.</p> <p>Safeguarding Annual Reports 2015/16 for SFCCG and SSCCG The JQC received the annual reports for SFCCG and SSCCG and recommended their presentation to the respective Governing Bodies subject to the inclusion of the Chief Nurse's name in the title of the Foreword and the amendment to page 12 – 4.7 from 'Jimmy Saville' to the 'Saville Investigation'</p> <p>ACTION: The Safeguarding Annual reports for both CCGs are to be amended to ensure the Chief Nurse's name is included next to her title in the Foreword and to amend page 12 – 4.7 from 'Jimmy Saville' to the 'Saville Investigation'. The Annual Reports were recommended for presentation to the Governing Bodies.</p> <p>DF reported that the Safeguarding Team had developed a Safeguarding Children and Vulnerable Adults Training Strategy and Training Needs Analysis which would be getting considered at the next meeting of the Corporate Governance Support Group.</p>	<p>AD</p> <p>AD</p>
	<p>The Committee received and approved the Safeguarding Policies for SFCCG and SSCCG</p> <p>The Committee received the verbal update on Safeguarding Children and Vulnerable Adults Training Strategy and Training Needs Analysis</p> <p>The Committee received the Safeguarding Annual Reports 2015/16 for</p>	

	SFCCG and SSCCG and recommended presentation to the Governing Bodies for approval	
16/112	<p>Serious Incident Report</p> <p><u>SFCCG & SSCCG</u> BP presented this month's reports to the JQC which comprised separate Serious Incident Reports for SFCCG and SSCCG with the Chair noting her thanks for the comprehensive detail within the papers.</p> <p>BP confirmed that TF had recently met with Mersey Care NHS Foundation Trust regarding the quality of their reports which was expected to improve moving forwards. TF will continue to meet with the Trust to ensure quality is improved.</p> <p>Issues relating to the reporting of Pressure Ulcers in relation to both S&O and LCH are being discussed at the CQPG and work continues with S&O in relation to the open Contract Query. Close monitoring will continue.</p> <p>BP confirmed that the 2014 Serious Incident relating to Liverpool Clinical Laboratories will be closed down.</p>	
	The Committee received the report	
16/113	<p>EPaCCS Update PS presented the EPaCCS update to the JQC which contained detail regarding eight key areas and how work is being progressed. PS advised that further organisations are to be scoped re their inclusion in EPaCCS. BD confirmed she had escalated issues with data to Ian Williams.</p> <p>The JQC will receive further updates on a quarterly basis.</p>	
	The Committee received and approved the action plan within the report	
16/114	<p>Improving access to Psychological Therapies (IAPT) Quality Performance Reports GJ presented a report containing the actions being taken to improve the IAPT performance for Sefton residents.</p> <p>However, GH considered the data presented did not reflect what was happening in practice. GJ explained this may be partially due to 'hidden waits' and that further work was being undertaken to improve the quality of data.</p> <p>Concern was expressed that following a GP referral, letters were sent back to them suggesting they may wish to monitor a patient until they receive counselling from the service. GJ understood that two nurses had recently been recruited by the provider of this service.</p> <p>The lack of assurance with regard to this performance issues have been raised by the Quality Committee prior to escalation to Governing Body. GH asked for an explanation of how response times are managed and how treatment of patients is escalated. DF suggested a further update is brought back to the Committee in October 2016.</p> <p>ACTION: GJ is to provide the JQC with an updated IAPT report for their meeting in October 2016.</p>	GJ
	The Committee received and approved the report	
16/115	<p>Dementia Diagnosis Rates – Improvement Plan for South Sefton GJ presented this report asking that the Committee acknowledge and approve the actions being taken to improve the Dementia rates for South Sefton residents.</p>	

	<p>GH referred to the different routes being taken to diagnose Dementia in patients – and how assessments are undertaken in one area by GPs without any financial recompense and by Mersey Care NHS Foundation Trust in another. On this basis, GH felt unable to support the plan. DF suggested financial discussions take place outside of the Quality Committee meeting and requested that Kevin Thorne return to the October 2016 meeting with a fuller report regarding the concerns around quality assurance.</p> <p>ACTION: Kevin Thorne to be asked to attend the October 2016 Joint Quality Committee meeting with a fuller report regarding the concerns expressed around quality assurance.</p> <p>ACTION: MMcD is to raise the issue of payment for the additional work undertaken by GPs in assessing Dementia in patients through the SLT.</p>	<p>GJ/KT</p> <p>MMcD</p>
	<p>The Committee received the report requesting that a further paper be brought back to the JQC in October 2016 to provide the necessary assurance requested.</p>	
16/116	<p>GP Quality Lead / Locality Update The A&E Delivery Board is to submit assurance to NHS E regarding the Junior Doctors' strike planned for October 2016.</p>	
	<p>The Committee received the verbal update</p>	
16/117	<p>Key Issue Logs: EPEG GBr and GB provided the following verbal update from the recent EPEG Meeting:</p> <ul style="list-style-type: none"> • The Patient Experience Dashboard dashboard will come to a future meeting. • Committee members were recommended to visit the Healthwatch website where a ratings system is in place for medical services. • Prescription issue rates feature high as a negative. • 10 South Sefton GP surgeries have been reviewed with ratings on the Healthwatch site. Litherland Walk In responses feature highly. GBr feels results need to show what they were based on e.g. 2 responses or several hundred for example, as this is not the case in all Healthwatch sites. <p>ACTION: GBa asked that JQC members look at the Healthwatch website and submit their feedback to the Communications team.</p>	<p>All</p>
16/118	<p>Any Other Business</p> <p>GBr and GB asked if the ToR could be reviewed re: quoracy as it currently stated that both Lay Members needed to be present. DF stated that she would raise this with DFair.</p> <p>ACTION: DF to raise issue re quoracy of the JQC meeting due to it currently stating that both Lay Members need to be present.</p>	<p>DF</p>
16/119	<p>Key Issues Log</p> <p>The following key issues were raised to be informed to the Governing Bodies:</p> <p><u>South Sefton CCG</u></p> <ul style="list-style-type: none"> • Provider Quality Performance Report considered by the Committee • Safeguarding Annual Report was considered and recommended for presentation to the Governing Body • Dementia Diagnosis Rates – further assurance update requested for October 2016 meeting • IAPT Performance Report – further update requested for the purposes of assurance at October 2016 meeting <p><u>Southport & Formby CCG</u></p> <ul style="list-style-type: none"> • Stroke Services at S&O – The three commissioned review reports will be 	

	<p>presented to the Governing Body in September 2016</p> <ul style="list-style-type: none"> • Provider Quality Performance Report considered by the Committee • Safeguarding Annual Report was considered and recommended for presentation to the Governing Body • IAPT Performance Report – further update requested for the purposes of assurance at October 2016 meeting 	
	<p>Date of Next Meeting The next meeting will be held at 1 p.m. – 3 p.m. on Thursday 20th October 2016 in the Boardroom, 3rd Floor, Merton House, Bootle L20 3DL</p>	

Chair: Rob Caudwell



Signature:

Date: 20th October 2016

APPROVED