

Governing Body Meeting in Public Agenda

Date: Wednesday 3 April 2019, 13:00hrs to 15:20hrs

Venue: Family Life Centre, Southport, PR8 6JH

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

13:15 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body Members

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

Co-opted Members

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

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

“Implementing the 'Healthier You' NHS Diabetes Prevention Programme across Sefton”
presentation by Dr Nigel Taylor

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:30hrs
GB19/36	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB19/37	Declarations of Interest	Chair	Verbal	Receive	
GB19/38	Minutes of previous meeting 6 February 2019	Chair	Report	Approve	
GB19/39	Action Points from previous meeting 6 February 2019	Chair	Report	Approve	
GB19/40	Business Update	Chair	Verbal	Receive	
GB19/41	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					13:50hrs
GB19/42	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	45 mins
GB19/43	Integrated Performance Report - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse - Finance: Chief Finance Officer	Karl McCluskey DCF MMcD	Report	Receive	
GB19/44	Improvement and Assessment Framework: Q2 2018/19 Exception Report	Karl McCluskey	Report	Receive	
Governance					14:35hrs
GB19/45	Primary Care (General Practice) Development Strategy	Jan Leonard	Report	Approve	20 mins
GB19/46	Merseyside Safeguarding Adults Board (MSAB) Annual Report	Natalie Hendry	Report	Receive	
Service Improvement/Strategic Delivery					15:55hrs
GB19/47	Transforming Care for People with Learning Disabilities: Update	Geraldine O'Carroll	Report	Receive	15 mins
GB19/48	Cheshire and Merseyside Transforming Care Partnership: Year End Report 2018/19	FLT	Report	Receive	
For Information					15:10hrs
GB19/49	Key Issues Reports: a) Finance & Resource Committee (F&R) b) Quality Committee c) Audit Committee - None d) Joint Commissioning Committee PTI e) Locality Key Issues	Chair	Report	Receive	5 mins
GB19/50	Approved Minutes: a) F&R Committee (F&R) b) Joint Quality Committee c) Audit Committee - None d) Joint Commissioning Committee e) CIC Realigning Hospital Based Care	Chair	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Closing Business					15:15hrs
GB19/51	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB19/52	Date of Next Meeting Wednesday 5th June 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH <u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2019/20 are as follows: 4 th September 2019 6 th November 2019 5 th February 2020 1 st April 2020 3 rd June 2020 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				
Estimated meeting close					15:20hrs

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 6 February 2019, 13:10 hrs to 15:30hrs
Venue: Family Life Centre, Southport, PR8 6JH

The Governing Body Members

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

Co-opted Member (or deputy) In Attendance

Maureen Kelly	Chair, Healthwatch (co-opted Member)	
Charlotte Smith	Consultant in Public Health	CS

In Attendance

Lyn Cooke	Head of Communications and Engagement	LC
Tracy Jeffes	Director of Corporate Services	TJ
Jan Leonard	Director of Commissioning and Redesign	JL
Judy Graves	Minute taker	

Apologies

Dwayne Johnson	Director of Social Services & Health, Sefton MBC	DJ
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

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

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19
Susan Lowe	Practice Manager	✓	✓	✓	A			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	A	✓	A	✓	✓	✓
Dr Tim Quinlan	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	✓	✓	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	✓	✓	A	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	A	✓

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No	Item	Action
Questions from the public	<p>1. On the understanding that the planned new build of Southport Hospital was now not going ahead, clarification was requested on the work streams and services, potential changes and any planned consultation relating to such.</p> <p>FLT informed the member of the public that any substantive change has to be consulted on, regardless of whether or not a new build was involved.</p> <p>FLT reported back on some recent work carried out by the Trust and the Clinical Senate which looked at services and how they are delivered. The information from this work is due to be released. This will be carried out in a planned way across all organisations involved. This information will be reviewed over the following months and, should any substantial service change be required, then there will be a duty to consult.</p> <p>The member of the public referred to the capital monies that had been available from NHSE. FLT confirmed that some of the considered service changes would have been assisted with a new build. FLT provided an update on the bids submitted to NHSE for capital funding, noting that Southport & Ormskirk's bid was unsuccessful.</p> <p>FLT highlighted the need to ensure that the service delivery should focus upon the need of the population and not the building from which they were delivered. Furthermore, such should be configured appropriately across the area and ensure quality care is available to all residents.</p> <p>FLT explained that a successful capital build would have provided an opportunity to explore different options. Any substantive change as a result of from this would have gone through due process for consultation.</p> <p>13:20hrs EB and CR arrived.</p>	
GB19/1	<p>Apologies for Absence</p> <p>Apologies for the meeting were given on behalf of Dwayne Johnson who was unable to attend and Kati Scholtz who would be arriving late.</p> <p>Dr Jeff Simmonds and Fiona Taylor. Apologies had also been received from Charlotte Smith, who attended on behalf of the Director of Public health.</p> <p>Charlotte Smith attended on behalf of the Director of Public Health.</p>	

No	Item	Action
	Helen Nichols will present item GB19/10 on behalf of Debbie Fairclough who had been unable to attend due to sickness.	
GB19/2	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell and Debbie Fagan. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB19/3	<p>Minutes of Previous Meeting 7 November 2018</p> <p>The members approved the minutes of 7 November 2018 as a true and accurate record of the meeting.</p>	
GB19/4	<p>Action Points from Previous Meeting 7 November 2018</p> <p><u>GB18/146: IPF</u></p> <p>Planned Care</p> <p>It was agreed that some areas had seen improvement although the impact on improving 2-week waits needed clarification as to whether patients were still in the system; FLT offered to clarify with Silas Nicholls (1).</p> <p>1. MMcD would be picking up in a meeting to be held week commencing 12th November.</p> <p>MMcD advised that the situation had now moved on from this and would be reported on in the main body of the meeting.</p> <p>A discussion was had in relation to MRI. Clarification was requested on whether Southport & Ormskirk were prioritising the urgent cases. It was understood that they were however, assurance of this was requested. This was in addition to clarification of how long it was taking for patients to be seen once they had been referred to the Trust. FLT to obtain clarification.</p> <p>Mental Health</p> <p>A discussion was held in relation to the access and recovery targets for IAPT. HM, CCG Mental Health Clinical Lead, updated on the work being done to make improvements. It was understood that the reduced GP referrals was likely due to the self-referral system. FLT noted the outcome of the deep dive in this area and updated on the discussions with Sue Gough, HM counterpart (in South Sefton), on the further work being undertaken that the CCG will be able to utilise. It was noted that despite the work being done and the service open to self-referral, it was still below target. Clarification was requested on access to Psychiatry services.</p> <p>HM updated in relation to the action plan put in place to manage the targets. A further meeting is planned with Mersey Care. HM assured the members that he will continue to closely monitor on an on-going basis.</p> <p><u>GB 18/178: IPR</u></p> <p>Planned Care</p> <p>The CCG failed the two week wait cancer targets for patients referred urgently</p>	<p>Completed</p> <p>FLT</p> <p>Completed</p>

No	Item	Action
	<p>with breast symptoms. Seven patients breached the target, all breaches related to patient choice. The Trust have recognised the issues relating to demand management and have put actions in place to address accordingly. The GP members explained the process for patient referral, all of which have to be deemed as 'two week' as no other option is available. It was considered that the 'two week' option was not always appropriate and a 'non' two week option would be beneficial and would help ensure that those that were urgent cases were appropriately. The members were asked to note that a prior process that had given an option of either 'two week' or 'urgent' was no longer available. Further enquiries were to be made regarding the potential for an additional referral option.</p> <p>JL advised that the potential for re-introducing two referral options had been discussed with the Trust. The Trust were now looking into this. The CCG will continue to monitor on an on-going basis.</p> <p><u>GB18/182: Strategy for Primary Care (General Practice)</u></p> <p>JL offered to strengthen the document and re-circulate outside of the meeting, following discussion at the governing body and the noted support of the local authority, especially in relation to premises issues.</p> <p>Members were information that the strategy was is the process of being updated and there were plans for sign off by the end of the financial year.</p>	<p>Completed</p> <p>Completed</p>
GB19/5	<p>Business Update</p> <p>The Chair highlighted the following areas, In addition to that already covered within the Chief Officer Report, QIPP and Finance:</p> <p>The NHS England Long Term Plan has been published. The plan looks at how the NHS provides care, aim being to deliver a NHS that is fit for the future and is based on the experiences of patients and staff. It was considered that the plan outlined a positive approach for development.</p> <p>https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf</p> <p>Information on the new GP contract was in the public domain. The contract had been discussed within the Primary Care Networks where the significant changes to the contract had been highlighted. It was noted that further information was expected regarding the GMS areas in relation to funding.</p> <p>The Chair highlighted to GP colleagues the 360^o feedback survey. The members were requested to complete the document and encourage their colleagues to do the same. The Chair reminded all that the outcome of the survey provided a source of valuable information. The relevance of which can be seen in the Organisational Development plan (item 19/14).</p> <p>Resolution: The governing body received the update.</p>	
GB19/6	<p>Chief Officer Report</p> <p>The governing body received the Chief Officer report. FLT noted that QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementing schemes and identifying new opportunities.</p> <p>The following areas were highlighted:</p>	

No	Item	Action
	<p>1. Guidance has been issued by the Department of Health to commissioners, providers and local authorities on the steps that should be taken to ensure the risks associated with a “no deal” brexit are understood and as far as practical mitigated.</p> <p>Susanne Lynch, Head of Medicines Management, has been involved in some of the national discussions and has reviewed the Business Continuity Plan in light of such.</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf</p> <p>2. NHSE have set CCGs the challenge of reducing management and administration costs to meet a reduction of 20% in Running Cost Allowances (RCA) in the year ending 31st March 2021.</p> <p>5. The CCG were currently working through the Long Term Plan recently published by NHSE, updated under agenda item GB19/5. This will include consolidation of CCG plans and wider system plans.</p> <p>https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf</p> <p>6. Dementia and Mental Health received a rating of “outstanding” and “good” from NHSE following a 2017/18 assessment. Learning Disabilities and Diabetes received a “requires improvement” rating. FLT highlighted an “outstanding” rating for South Sefton CCG in terms of Diabetes, this of which provided an opportunity for learning.</p> <p>FLT notified members of two additional items:</p> <p>12. Royal Liverpool University Hospital: New Build Contractor</p> <p>MMcD informed members that Laing O’Rourke had been named as the new contractor for the RLH new build.</p> <p>13. New Residential Housing and Care Homes: Health Infrastructure</p> <p>FLT highlighted a discussion at Finance & Resource Committee in relation the health infrastructure for new residential buildings and care homes. Concern had been raised regarding the lack of notification to the CCG when applications for such are submitted to the local authority. The CCG is keen to understand the potential impact on health facilities available surrounding the proposed sites, and the ability of those health services to be able to meet the needs of the population.</p> <p>The members agreed with the concerns raised by the Finance & Resource Committee. FLT to raise the concerns with the local authority.</p> <p>Resolution: The governing body received the report.</p>	FLT
GB19/7	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the domains.</p>	

No	Item	Action
	<p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 9. The revised annual plan total is £6.7m from an initial £5.2m. The year to date delivery at month 9 is £2.4m which is short of the year to date plan of £4.6m.</p> <p>The members discussed the RAG breakdown and forecast position of schemes on pages 29 and 30 of the meeting pack. A number of schemes were highlighted including Urgent Care which remained difficult to deliver and which will require significant cross organisational work to achieve.</p> <p>It was recognised that it would be unlikely that any newly identified schemes would impact on the CCGs current year QIPP position however, there was potential for impact on the plan from April 2019 going forward. It was noted that the CCG had delivered large savings in the first two quarters of 2018/19 however it had not been possible to deliver at a similar level in the last two quarters of 2018/19 due to the increased pressures on health services.</p> <p>It was highlighted that the CCG continues to take a cautious view to QIPP so as to ensure no adverse impact on the quality and safety of services.</p> <p>Resolution: The governing body received the report.</p>	
GB19/8	<p>Integrated Performance Report (IPR)</p> <p>The governing body were presented with a report which provided summary information on the performance, quality and finance for Southport & Formby and highlighted the Executive Summary on pages 43 to 45, with the summary performance dashboard from page 38 of the meeting pack.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>The A&E 4-hour waiting time had seen an improvement, achieving 89.14% against a 95% target. An improvement from 88.13% that was seen in the prior month.</p> <p>Although still below target, there had been a marked increase in e-referral utilisation, pending November and December data. Concern was raised in relation to the accuracy of the data presented and whether the target of 100% was realistically achievable given that 100% of the services were not offered through the e-referral system. This was being looked at further in relation to statistics, accessibility and service lines.</p> <p>The CCG failed the less than 1% target for Diagnostics in November recording 2.6%, a significant improvement on the previous month. Southport and Ormskirk was also highlighted as failing the same target for November, but again had demonstrated an improvement on the previous month.</p> <p>The members reviewed the RTT performance over a two year period as shown on page 59 of the meeting report. With December 2016 showing the only month where the 92% target was not met.</p> <p>The members were reminded that NHS England set the CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. However the figure has now been revised to include a proxy of Southport & Formby CCG patients waiting at St Helens and Knowsley Trust, based on 2018/19 data. The overall impact has resulted in an increase of 1329 on the achieved figure for March 2018 of 7100. It was noted that the CCG's performance for March 2018 was considerably better than national average and meant that the</p>	

No	Item	Action
	<p>CCG target for March 2019 will be difficult to maintain.</p> <p>Reference was made to the long waiting data in figure 23, page 63 of the meeting report. The members referred to the lack of data provided in the assurance document, specifically for: gynaecology – 3 patients (52+, 49 and 51 weeks); Dermatology – 2 patients (37 and 41 weeks); Ophthalmology – 1 patient (36 weeks). Clarification was requested on the reasons and actions for each of these patients and asked that more information be included within the report as a matter of course, especially when a patient has been discharged or a pathway stopped. FLT made reference to Dermatology and noted that there had been a shift in the service in the last six months and that further review of the service was needed in order to ascertain the reasons for the shift.</p> <p>Mental Health</p> <p>The members were referred to Improving Access to Psychological Therapies data on pages 41, 45 and 95. The members were reminded that referral into the service had initially been via the GP. However, the service was now open to self-referral. It was questioned whether there were any other social prescribing services in the area that might be having an impact on the IAPT referrals. The members discussed the service and the good levels of resource and accessibility currently in place. The location of services was questioned as a potential issue and whether placement within local practices would be a better option. Reference was made to the use of historic data in relation to the targets and the potential for impact on such if overestimated. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with HM as Clinical Lead. It was noted that the service recovery times had again improved, achieving 63.5% against the monthly target of 50%.</p> <p>TQ and HM reminded members of the local pilot “Prevent” supported in 2018. The pilot was established to look at the increase in local suicides rates. The members discussed the increased local suicides rates, although the accuracy of the data was queried given that some data had shown an increase of 50% in male suicides in Sefton. The members were concerned regarding the increase and questioned whether low level preventative services could assist. The members were asked to note that the recently re-established Crisis Team by Mersey Care will be discussed in more detail at the next Mersey Care meeting. HM to feedback.</p> <p>Extended Access</p> <p>A verbal update was provided on the developments in extended access to general practice. The service commenced October 2018 and offered more bookable appointments with GPs covering evenings and weekends. This had resulted in an additional 800+ appointments per month for the area. It was noted that updates on extended access will be included in future IPR reports. In relation to GP appointments, the members were asked to note the reduction in DNAs since the introduction of text reminders.</p> <p>Quality</p> <p>The members were asked to note the Friends and Family Test Results on page 67 of the meeting pack. Maternity services were showing a declining response rate which now compared unfavourably against the England average. The CCG concerns had been raised with the Trust who have been requested to attend the Engagement and Patient Experience Group (EPEG) to present their improvement plans.</p> <p>Reference was made to Personal Health Budgets on page 73 of the meeting</p>	<p>JL</p> <p>JL</p> <p>TJ & HM</p> <p>HM</p> <p>JL</p>

No	Item	Action
	<p>report which detailed the areas of concern and the actions being undertaken to resolve them. This included the work being done with a local provider which is hoped would result in the improved uptake of PHBs.</p> <p>The figure presented for CHC in figure 39 (page 75) of the report was noted as incorrect due to a data error. The figure should read 81%. This then shows the target as being met for this period.</p> <p>An improvement had been seen in Mixed Sex Accommodation performance for Southport & Ormskirk Trust.</p> <p>DCF reminded members of prior discussions regarding an MIAA review of the CCG's Serious Incident management process. MIAA had now presented the Joint Quality Committee with the outcome of their review which had rated the CCG as "substantial assurance" for its process. The members relayed their thanks to DCF and those involved in the review.</p> <p>DCF advised members of the reports received by the Serious Incident Group on suicide related deaths and, referring to the earlier discussion under Mental Health, DCF offered to feedback any Lessons Learnt from the reviews.</p> <p>A Contract Performance Notice has been issued to Southport & Ormskirk Trust in relation to their management of serious incidents.</p> <p>Child and Adolescent Mental Health Services (CAMHS)</p> <p>The members were asked to note the Child and Adolescent Mental Health Services update provided on page 97 to 99 of the meeting report, specifically the waiting times detailed in figure 70. A recent presentation by Alder Hey has shown that the additional funding they have received for the service is starting to have a positive impact, despite a 35% increase in referrals. This information is being looked at in more detail and is expected to be evidenced through future reports and data.</p> <p>EB and RC highlighted the difficulties being experienced by GPs in referring children and young people to the CAHMS service. It was recognised that children who are able to access the service seemed to improve. However, it was noted that clarity is required on referral criteria. TQ referred to the work of the Alder Hey Crisis Team for young people and commended the service following a recent experience of a referral. The members raised concern regarding the increase in children suffering from anxiety in the last five years. It was thought that some of this was a result of the impact of social media on children and young people. Members agreed there was a need to look at ways of working with and supporting schools. FLT informed members that such discussions were currently being had with the local authority in relation to what the issues are and how future services may be developed.</p> <p>The members agreed that a full review relating to CAHMS be presented at a governing body development session and include the issues discussed.</p> <p>Community Health</p> <p>DCF referred to page 100 of the meeting pack in relation to Community Health and the data issues with Lancashire Care Trust. The CCG have formally written to the Trust regarding the issue. A response has been received and is being reviewed by the Quality Team.</p> <p>Finance</p> <p>MMcD updated members on the financial aspects of the report as presented on</p>	<p>DCF (Peter Wong)</p>

No	Item	Action
	<p>pages 48 to 57 and asked GB to note the following areas, in addition to that previously discussed:</p> <p>The financial data provided an update on performance as at 31 December 2018.</p> <p>The year to date financial position is a deficit of £0.778m, this represents under-delivery against the planned surplus of £0.200m.</p> <p>As at 31 December, the full year forecast financial position is £1m surplus. It was noted that this position is reliant on QIPP plans of £5.210m to be achieved in full. It was noted that significant risk exists in delivering the plans in full.</p> <p>MMcD reported that the most likely financial out turn position for the CCG, as assessed at 31 December 2018, was a deficit of £3.019m before mitigation. This includes the predicted QIPP delivery during the year forecast to be £2.697m. Agreed mitigations of £2.019m and required additional actions of £1m will reduce this position to breakeven, and deliver the CCG's statutory duty.</p> <p>The members discussed additional cost pressures to the CCG. This included over performance by Trusts and the difficulties being experienced as a result of reduced stock availability for certain drugs.</p> <p>Resolution: The Governing Body received the report and finance update and, as detailed on pages 43 and 46 through to 55 of the report, noted:</p> <ul style="list-style-type: none"> • The full year likely financial position for the CCG is a deficit of £3.019m. The governing Body have agreed mitigating actions to reduce the level of deficit to £1m and it is anticipated that further action will be required to enable the CCG to deliver the statutory duty of breakeven. • QIPP delivery at month 9 is £2.397m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP original target for 2018-19 is £5.210m. • The month 9 financial position is a £0.778m deficit against a planned deficit of £0.200m. The year to date financial position is a variance from plan of £0.978m due to losses in month of £0.295m and not being able to deliver the planned surplus. • The CCG's commissioning team must support member practices in reviewing their arrangements to identify areas where clinical variation exists, and address accordingly. • In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP. All members of the CCG must contribute to the implementation of QIPP plans which delivery the required level of savings to meet its statutory financial duties into 2019-20 and in future years. 	
GB19/9	<p>Improvement and Assessment Framework: Q1 2018/19</p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q1 performance. This included exception commentary regarding indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.</p> <p>TQ highlighted the issues being experienced in the recruitment of GPs for the Southport & Formby localities. TQ suggested whether increased promotion of the area and increased engagement through the Primary Care Network would assist. The members discussed in relation to the potential for including as part of the GP strategy, shared good practice across areas and the use of any studies. It was</p>	

No	Item	Action
	<p>suggested that the Primary Care Network (PCN) look into the issues raised and bring back to a development session for further discussion.</p> <p>Resolution: The governing body received the report and noted the progress.</p>	JL
GB19/10	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map Q3 2018/19</p> <p>The paper presented the members with an update on the Governing Body Assurance Framework, Corporate Risk Register and supporting Heat Map as at 31 December 2018.</p> <p>The report has been presented to the Audit Committee and provided an overview of discussion and agreement at that meeting, as identified in section 4 of the report.</p> <p>The committee had recognised that moderation of the document by the leadership team would normally have been carried out prior to being presented to the Audit Committee. However in this instance it had not been possible due to the Christmas and New Year break</p> <p>Furthermore the committee had highlighted the need for the GBAF to be reviewed in light of the changing environment in which the CCG is operating, and agreed for this to be carried out as part of the GBAF review due in March 2019.</p> <p>Resolution: The governing body received the report and noted the review, scrutiny and approval of the Audit Committee, with no further recommendations made.</p>	
GB19/11	<p>CCG Safeguarding Children and Adults at Risk Policy</p> <p>The members were referred to the separate item for approval. The item would be added into the public pack and published on the website after the meeting.</p> <p>The members were presented with the policy as presented to the Joint Quality Committee. The committee had approved the document subject to (a) the inclusion of the word 'legitimate' within Appendix 2 and (b) re-submission to named individuals for approval. It was confirmed that such had been carried out and approved.</p> <p>Resolution: The members agreed the decision of the Joint Quality Committee and approved the policy.</p>	
GB19/12	<p>Children in Care Policy</p> <p>The purpose of the policy presented was to demonstrate how CCGs meet their corporate responsibilities, with Sefton MBC, and provide guidance to CCG employees to enable them to fulfil their responsibilities towards children in care, as set out in section 2.</p> <p>DCF informed the members that the paper is as presented to the Joint Quality Committee. I was noted that this was the first time that the policy had been a separate policy which is a positive step.</p> <p>Resolution: The governing body approved the policy.</p>	
GB19/13	<p>Establishing a Sefton Acute Sustainability Joint Committee</p> <p>The members were presented with a proposal to establish a Joint Committee between NHS Southport and Formby CCG and NHS West Lancs CCG.</p>	

No	Item	Action
	<p>The paper has been subject to prior discussion by the governing body, with approval given for the establishment of a joint committee. Following this there was a request from a neighbouring CCG regarding potential involvement in the work of the committee and the agreement was put on hold until clarity was obtained on their involvement.</p> <p>Those discussions have now been held and it had been proposed that the Joint Committee is supported by an operational sub group in which relevant CCGs are able to participate. It was noted that the sub group will not have any decision-making authorities delegated to it but instead will create a forum to enable commissioners and providers to be effectively engaged and involved in proposals.</p> <p>A discussion was held in relation to the membership of one Healthwatch representative and whether this was sufficient, especially given that 2 areas are covered and whether being a non-voting member is appropriate.</p> <p>Further discussion was had in relation to the functions of the joint committee on page 168 of the meeting pack. It was suggested that wording should be included that makes reference to the CCG's constitution and delegated authority by the Wider Membership to act on their behalf. It was recognised that this additional wording would need to accommodate the differing constitutions.</p> <p>HN proposed the following wording changes:</p> <ul style="list-style-type: none"> - removal of 'Party's' from the sixth bullet on page 168 of the meeting report so that it reads '...as determined by each CCG's....' - Deputies, page 169: second line, last word 'one' to be replace by 'them' <p>FLT agreed to discuss the suggestions with Debbie Fairclough. The members confirmed the wording suggestion did not alter the decision on the committee.</p> <p>It was noted that the committee will provide assurance to the governing body on discharging its duties through the submission of approved minutes from each meeting and an annual report.</p> <p>Resolution: The governing body supported the establishment of a Sefton Acute Sustainability Joint Committee and recommended approval by the Wider Constituent Group on the Terms of Reference for the Joint Committee.</p>	FLT
GB19/14	<p>Organisational Development Plan</p> <p>The members were presented with the updated Organisational Development Plan. The document had been refreshed to reflect the priorities for the CCG and discussions held with members at the December development session and identified 5 key areas for development:</p> <ol style="list-style-type: none"> 1. Locality Development 2. Commissioning, Capability and Capacity 3. Programme Management Approach to Transformation 4. Leadership, Team, Succession and Talent Management 5. Public Engagement and Partnership Working <p>It was considered a comprehensive and relevant document which looks to build on the successes of the previous 12 months.</p> <p>TJ was thanked for the work in compiling the plan.</p> <p>Resolution: The governing body approved the plan.</p>	

No	Item	Action
GB19/15	<p>Key Issues Reports:</p> <p>a) Finance & Resource Committee (F&R): September, October, November, December 2018 b) Quality Committee: September, October 2018 c) Audit Committee: October 2018 d) Joint Commissioning Committee PTI: October, December 2018 e) Localities: December 2018 – January 2019 RC updated members on the rotation of the Ainsdale and Birkdale Locality Chair until the position had been filled.</p> <p>Resolution: The governing body received the key issues reports</p>	
GB19/16	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee (F&R): September, October, November, December 2018 b) Joint Quality Committee: September, October 2018 c) Audit Committee: October 2018 d) Joint Commissioning Committee PTI: October 2018 e) CIC Realigning Hospital Based Care: October 2018</p> <p>RESOLUTION: The governing body received the key issues reports</p>	
GB19/17	<p>Any Other Business</p> <p>None.</p>	
GB19/18	<p>Date and Time of Next Meeting</p> <p>Wednesday 3 April 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <p>5th June 2019 4th September 2019</p> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>	
Meeting concluded		15:30hrs
<p>Meeting concluded with a motion to exclude the public:</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

Governing Body Meeting in Public Action Points

Date: Wednesday 6 February 2019

No	Item	Action
GB19/4	<p>Action Points from Previous Meeting 7 November 2018</p> <p><u>GB18/146: IPF</u></p> <p>Planned Care</p> <p>A discussion was had in relation to MRI. Clarification was requested on whether Southport & Ormskirk were prioritising the urgent cases. It was understood that they were however, assurance of this was requested. This was in addition to clarification of how long it was taking for patients to be seen once they had been referred to the Trust. FLT to obtain clarification.</p>	FLT
GB19/6	<p>Chief Officer Report</p> <p>13. New Residential Housing and Care Homes: Health Infrastructure</p> <p>FLT highlighted a discussion at Finance & Resource Committee in relation the health infrastructure for new residential buildings and care homes. Concern had been raised regarding the lack of notification to the CCG when applications for such are submitted to the local authority. The CCG is keen to understand the potential impact on health facilities available surrounding the proposed sites, and the ability of those health services to be able to meet the needs of the population.</p> <p>The members agreed with the concerns raised by the Finance & Resource Committee. FLT to raise the concerns with the local authority.</p>	FLT
GB19/8	<p>Integrated Performance Report (IPR)</p> <p>Planned Care</p> <p>Reference was made to the long waiting data in figure 23, page 63 of the meeting report. The members referred to the lack of data provided in the assurance document, specifically for: gynaecology – 3 patients (52+, 49 and 51 weeks); Dermatology – 2 patients (37 and 41 weeks); Ophthalmology – 1 patient (36 weeks). Clarification was requested on the reasons and actions for each of these patients and asked that more information be included within the report as a matter of course, especially when a patient has been discharged or a pathway stopped. FLT made reference to Dermatology and noted that there had been a shift in the service in the last six months and that further review of the service was needed in order to ascertain the reasons for the shift.</p> <p>Mental Health</p> <p>The members were referred to Improving Access to Psychological Therapies data on pages 41, 45 and 95. The members were reminded that referral into the service had initially been via the GP. However, the service was now open to self-</p>	JL JL

No	Item	Action
	<p>referral. It was questioned whether there were any other social prescribing services in the area that might be having an impact on the IAPT referrals. The members discussed the service and the good levels of resource and accessibility currently in place. The location of services was questioned as a potential issue and whether placement within local practices would be a better option. Reference was made to the use of historic data in relation to the targets and the potential for impact on such if overestimated. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with HM as Clinical Lead. It was noted that the service recovery times had again improved, achieving 63.5% against the monthly target of 50%.</p> <p>TQ and HM reminded members of the local pilot "Prevent" supported in 2018. The pilot was established to look at the increase in local suicides rates. The members discussed the increased local suicides rates, although the accuracy of the data was queried given that some data had shown an increase of 50% in male suicides in Sefton. The members were concerned regarding the increase and questioned whether low level preventative services could assist. The members were asked to note that the recently re-established Crisis Team by Mersey Care will be discussed in more detail at the next Mersey Care meeting. HM to feedback.</p> <p>Extended Access</p> <p>A verbal update was provided on the developments in extended access to general practice. The service commenced October 2018 and offered more bookable appointments with GPs covering evenings and weekends. This had resulted in an additional 800+ appointments per month for the area. It was noted that updates on extended access will be included in future IPR reports. In relation to GP appointments, the members were asked to note the reduction in DNAs since the introduction of text reminders.</p> <p>Child and Adolescent Mental Health Services (CAMHS)</p> <p>The members agreed that a full review relating to CAHMS be presented at a governing body development session and include the issues discussed.</p>	<p>TJ and HM</p> <p>HM</p> <p>JL</p> <p>DCF (Peter Wong)</p>
GB19/9	<p>Improvement and Assessment Framework: Q1 2018/19</p> <p>TQ highlighted the issues being experienced in the recruitment of GPs for the Southport & Formby localities. TQ suggested whether increased promotion of the area and increased engagement through the Primary Care Network would assist. The members discussed in relation to the potential for including as part of the GP strategy, shared good practice across areas and the use of any studies. It was suggested that the Primary Care Network (PCN) look into the issues raised and bring back to a development session for further discussion.</p>	<p>JL</p>
GB19/13	<p>Establishing a Sefton Acute Sustainability Joint Committee</p> <p>The members highlighted a number of areas for clarity with Debbie Fairclough:</p> <ul style="list-style-type: none"> - A discussion was held in relation to the membership of one Healthwatch representative and whether this was sufficient, especially given that 2 areas are covered and whether being a non-voting member is appropriate. - Further discussion was had in relation to the functions of the joint committee on page 168 of the meeting pack. It was suggested that wording should be included that makes reference to the CCG's constitution and delegated authority by the Wider Membership to act on their behalf. It was recognised that this additional wording would need to 	

No	Item	Action
	<p>accommodate the differing constitutions.</p> <p>HN proposed the following wording changes:</p> <ul style="list-style-type: none"> ○ removal of 'Party's' from the sixth bullet on page 168 of the meeting report so that it reads '...as determined by each CCG's....' ○ Deputies, page 169: second line, last word 'one' to be replace by 'them' <p>FLT agreed to discuss the suggestions with Debbie Fairclough.</p>	<p>FLT</p>

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/41	Author of the Paper: Fiona Taylor Chief Officer
Report date: March 2019	fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.	
Recommendation	
The Governing Body is asked to:	Receive <input checked="" type="checkbox"/>
- To formally receive this report.	Approve <input type="checkbox"/>
	Ratify <input type="checkbox"/>

Links to Corporate Objectives *(x those that apply)*

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

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

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

Report to Governing Body April 2019

General

1. EU Exit Operational Readiness Guidance

The CCG is continuing to risk assess the impact of a “no deal” Brexit and has been providing routine assurance reports to NHS England. An internal team comprising the Chief Officer, as SRO for exit planning, the Interim Lead for Corporate Services (the operational lead for exit planning) and the Head of Medicines Management are monitoring the impact on a daily basis. The operational lead has attended a planning event in Manchester where leads from across the North were invited to receive an update on planning at a national level.

There is a continued focus on ensuring there is an uninterrupted supply of medicines and devices in the event of a no deal and there has also been a focus on understanding the impact on the workforce where employees are EU nationals.

The CCG has identified those staff that are EU nationals and written to them with advice about applying for settled status and also risk assessed the impact that it would have on the CCG core business if those staff were affected. The risk assessment demonstrated there would not be an adverse impact on the CCGs operations.

All providers were contacted to seek assurances that they had received and were implementing the EU Exit Operational Readiness Guidance published in January 2019¹. All providers have written to the CCG confirming that they are following the guidance.

The CCG will continue to monitor and report on any EU exit related issues and will ensure the governing body is alerted to any risks that may emerge. The finance teams will also be monitoring any financial impacts that may arise

2. Building the case for primary legislative change

In May 2018 the Health and Social Care Select Committee concluded that there were strong arguments for amending primary legislation, where it is a problem at a local level and acts as a barrier to integration in the best interests of patients. Following those deliberations the Prime Minister invited the NHS to come forward with proposals for legislative change. There then followed an engagement process that preceded the publication of the NHS Long Term Plan and generated helpful suggestions for legislative change.

On 28th February 2019, the boards of NHS England and NHS Improvement met to discuss the outcome of that consultation and the impact that the current legislative framework would have on the ability to implement the NHS Long Term Plan. As requested by the cross-party House of Commons Health and Social Care Committee and the Prime Minister, NHSE and NHSI have drawn up proposals for legislative change that could help the NHS organisations work collectively, in the best interests of patients.

¹ Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf

A summary of the core proposals, that are focussed on making it much easier to integrate services, are listed below

- A number of changes to both the Competition and Mergers Authority (CMA) and NHS Improvement roles in respect of competition as well as changes to the Public Contract Regulations;
- It is proposed that commissioners are able to arrange for trusts to provide service without having to advertise, however, regulations relating to patient choice should remain;
- Proposals relating to flexibilities on tariff prices and payment models
- New powers to be given to the Secretary of State to establish new NHS trusts for the purpose of providing integrated care;
- New powers for NHSI to direct mergers or acquisitions where clear patient benefits have been shown
- Powers for NHSI to agree annual capital spending for foundation trusts
- The responsibility for planning and funding the provision of health services is split across different organisations by removing legal barriers that limit the ability of CCGs, local authorities and NHSE to work together to take decisions jointly.
- Changes to the way in which joint committees can be established
- Enabling governing bodies to appoint designated nurses and secondary care doctors from local providers
- Shared duty of commissioners and providers to promote “triple aim”
- Closer working between NHSE and NHSI, with a possible merger.

The full report, detailing all proposals is available at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2019/02/02-MiCIE-28-02-2019-building-the-case-for-primary-legislative-change.pdf>

3. NHS England – North West senior appointments

On 15th March NHSE wrote out to the local NHS announcing the new senior appointments which are detailed below:

- Medical Director and Chief Clinical Information Officer – Dr. David Levy
- Finance Director – Jonathan Stephens
- Director of Strategy and Transformation – Clare Duggan
- Director of Performance and Improvement – Graham Urwin
- Director of Public Health (Public Health England) Prof. Melanie Sirotkin
- Director of Nursing – vacant

The governing body is also asked to note that Bill McCarthy commenced his role as the North West Regional Director on 1st February.

4. CCG Accountability Framework

During Q4 the leadership team have been reviewing existing portfolios and discussing the ways in which roles and responsibilities can be aligned to ensure we can meet the demands of the new emergent system changes and continue to commission high quality services for our local populations. The revised accountability framework will be shared at the next development session. The framework brings together all the commissioning and transformation programmes into the portfolio of the Director of Strategy and Outcomes that will also have responsibility to establishing a PMO to support delivery of our key objectives; there are also now two directors that have responsibility for overseeing delivery of our “place base” programmes (North and South) and other changes have also been made to the portfolio of the

Chief Nurse and Quality Officer and the Chief Finance Officer is now the director responsible for contracting.

As part of the on-going review of responsibilities, the team also assessed the resources, capability and capacity to deliver the Sefton Transformation Programme, QIPP and other key priorities. A number of gaps were identified and to address this, the CCG is now recruiting to a number of posts. This is a blend of short term secondments, fixed term and substantive roles. The revised structure will be shared with the governing bodies once all posts are in place.

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

5. QIPP and Financial Recovery Update

The CCG is forecasting delivery of its control total of £1m surplus in 2018/19, a full detailed report from the Chief Finance Officer is available later on the agenda. Financial recovery will remain a key objective for 2019/20 but with a much greater focus working with our commissioning and provider partners on system wide sustainability in the short, medium and long term.

The CCG will be facing continued financial challenge in 2019/20 and a QIPP plan has been developed to enable the CCG to meet that challenge. However, it will be essential that these plans are aligned to those of our providers to ensure every opportunity to exploit efficiencies is optimised.

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

6. Approach to planning 2019/20

The NHS Operational Planning and Contracting Guidance was published on 10th January 2019² and sets out the requirements for a much more collaborative approach to planning in 2019/20 and beyond. Specifically, it requires every NHS trust, NHS foundation trust and CCGs to agree organisational-level operational plans which combine to form a coherent system-level operational plan. For our CCGs, these will then be incorporated into the Cheshire and Merseyside Health and Care Partnership wider plans.

The key objectives of the 2019/20 CCG Operational Plan are summarised below:

- Alignment of plans between CCGs and providers setting out how they will collectively make best use of the financial resources available
- Payment reform, national tariff, contracting and CQUIN requirements
- **System architecture** – work towards every area being part of an integrated care system (ICS)
- **Health inequalities** – continuing to reduce health inequalities
- **Maternity** – improving outcomes for babies and mothers
- **New financial framework for providers and for CCGs** – additional funding to be used to continue to meet Mental Health Investment Standard (MHIS) and increase investment in primary and community services.

² <https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf> January 2019

- **Reduction in CCG administration costs** – CCGs are expected to deliver a 20% real term reduction by 2020/21.
- **Specialised services and other direct commissioning priorities:**
 - **Cancer** – innovative treatments, improved pathways, new standards
 - **Mental health** – high quality, integrated services closer to home and reducing inappropriate out of area placements
 - **Learning disability and autism** – reducing the number of those treated in an in-patient setting
 - **Cardiovascular** - meeting standards 24 hours a day
 - **Babies, children and young people** - reducing mortality and treatments received in most appropriate environment
 - **Long Term Conditions** – aiming to eliminate disease ahead of World Health Organisation (WHO) goals.
 - **Genomics and personalised medicine** – enabling patients to access latest advances
- **Mental Health Investment** – CCGs must continue to increase investment in mental health (adults and children and young people) in line with MHIS. Compliance with this requirement is to be externally audited.
- Continued focus on **productivity and efficiency**
- Implementation of **Personal Health Budgets (PHBs)**
- **Improving Emergency Care**
- Improving **waiting times and choice for patients**
- **Workforce** – ensuring providers have appropriate workforce strategies in place to enable them to provide safe sustainable services to our patients
- **Data and technology** –improving the quality of data and reporting

The majority of these objectives are not new but do require the CCG to demonstrate how it will continue to raise standards during 2019/20 across a number of areas as set out in previous year's guidance.

The CCG's 2019/20 Operational Plans were due for submission to NHS England on 4th April 2019. Thereafter, the CCGs priority focus in collaboration with Sefton Borough Council and others will be the development of a new five year partnership plan for the place of Sefton that will flow from the refreshed Sefton Health and Wellbeing Strategy.

That five year plan will be our updated Shaping Sefton Strategy II which will also set out our response to the NHS Long Term Plan.

NHS Long Term Plan (LTP): *Making sure everyone gets the best start in life; Delivering world-class care for major health problems; Supporting people to age well*

The Government announced a five-year funding settlement for the NHS in June 2018. The new settlement is stated to provide an additional £20.5 billion a year in real terms by 2023/24.

In response to that settlement the NHS has developed a Long Term Plan³ with the expectation that 2019/20 will be the foundation year and planning during that year will set out how the NHS will meet the LTP objectives.

NHS LTP aims to make the NHS fit for the future and to get the most value for patients out of every pound of investment. It comprises seven chapters and the key points are summarised below.

³ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> January 2019

A new service model for the 21st century: The NHS LTP sets out the pathway for a new service model fit for the 21st century that focuses on population health. The aim is for patients to receive more options, better support and properly joined-up care at the right time in the optimal care setting by enhancing out of hospital care.

Emergency care services will also be expanded and reformed to help ensure patients get the care they need faster, relieve pressure on A&E departments and better offset pressures in demand over winter months.

There is a focus on increasing the support for people so that they have more control over their own health and personalised care when they need it and to improve access to services it is intended that digitally enabled primary and outpatient care will become mainstream.

More NHS action on prevention and health inequalities : The renewed NHS prevention programme includes the following programmes:

- To cut smoking
- To reduce obesity
- To limit alcohol related A&E admissions
- To lower air pollution

In addition to preventing ill health, the plan continues to focus on previous plans in addressing unwarranted variations in care and reducing health inequalities and includes the following priorities:

- continuity of carer models for the most vulnerable mothers and babies and specialist smoking cessation support offered to all women who smoke during pregnancy
- ensuring at least 390,000 people living with severe mental health problems have their physical health needs met by 2023/24
- ensuring people with learning disability and/ or autism get better support
- investing up to £30 million extra on meeting the needs of people experiencing homelessness
- continuing to support carers and their health needs, particularly those from vulnerable communities and young carers
- expanding NHS specialist clinics to help more people with serious gambling problems.

Further progress on care quality and outcomes: The NHS LTP sets out two clear areas for further progress on care quality and outcomes, firstly enabling a strong start in life for children and young people and secondly providing better care for major health conditions. Children and young people represent a third of the population. The LTP sets out measures to address their current and future needs including: maternity and neonatal, mental health, learning disability, autism and cancer.

The LTP also goes further on cancer, mental health, diabetes, multi-morbidity and healthy ageing including dementia and extends to providing better care for major health conditions such as cardiovascular and respiratory conditions.

NHS staff will get the backing they need: This describes the commitment to increasing the medical, nursing, midwifery and allied health professional workforce and to better support the NHS existing staff.

Digitally-enabled care will go main stream across the NHS: More convenient access to services and health information for patients and improvements to the planning and delivery of services based on analysis of patient and population data.

Getting the most out of the tax payers' investment in the NHS: There is a continued focus on productivity and efficiency, reducing unwarranted variation, better use of procurement and purchasing power and reducing spend on administration.

The CCGs are required to produce a five-year plan for submission to NHS England in the autumn setting out how it intends to respond to and meet the requirements of the LTP.

In addition to those requirements the CCGs five-year plan will become the refreshed Shaping Sefton Strategy II that will flow from the updated Sefton Health and Wellbeing Strategy.

Supporting wider social goals: The plan also sets out the way in which the NHS can support wider social goals in respect of the following areas

- **Employment** – mental health support and retention of employment, more opportunities for people with a learning disability or autism (e.g supported internships)
- **Health and justice system** – e.g. mental health crisis support, address health related offending behaviours, care after custody etc.
- **Veterans and armed forces** – support for veterans and families as they transition out of armed forces
- **Care leavers** – improving outcomes by targeting adults living in households with vulnerable children, improving access to target support.
- **Health and environment** – expansion of Healthy New Towns programme, Putting Health into Place guidelines.

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

7. Liverpool Community Health – Look Back Exercise

The CCGs was invited to a meeting by Mersey Care, with Minister for Health Stephen Hammond, Dame Dido Harding, Ian Dalton Chair and Chief Executive NHS Improvement, Jan Ledward Liverpool CCG's Chief Officer, Fiona Lemmens, Liverpool CCG's Chair and MP Rosie Cooper, in January 2019 to listen to the further findings of their look back exercise following the review of Liverpool Community Health by Bill Kirkup. We heard about a very significant number of incidents associated with possible harm and about very serious concerns relating to how harm or no harm was recorded by Liverpool Community Health. It is very clear that opportunities for learning and improvement from incidents were not well organised and directly led to incidents of further harm.

Staff and individuals that had raised their concerns were also in attendance at the meeting and the CCGs got to hear first-hand of some of their experiences.

Mersey Care, the provider that acquired the services following the disestablishment of Liverpool Community Health, are working hard to fully implement all of the recommendations arising from the Kirkup Review and the final report on progress will be shared with the CCGs in March.

NHSI and NHSE have also commissioned a two day clinical review of the service to ascertain if improvements have been made and to ensure that they are safe and effective. The CCG will receive the outcome of that review during the Spring.

8. Clinical review of NHS access standards

The [NHS Long Term Plan](#) sets out an ambitious but practical roadmap for the future of the health service that builds on the undoubted success of the last 70 years and ensures it will continue to deliver high quality care for all over the coming decade. The Government has now confirmed the long-term funding settlement – providing the NHS with the sustainable financial basis on which to deliver the Plan.

The history of the National Health Service is one of evolution and innovation, with each generation using the latest technology and treatments to meet the changing needs of patients and the public.

NHS access standards review

With all of this in mind, the NHS National Medical Director was asked by the Prime Minister in June 2018, to review the core set of NHS access standards, in the context of the model of service described in the NHS Long Term Plan, and informed by the latest clinical and operational evidence, recommend any required updates and improvements to ensure that NHS standards:

- promote safety and outcomes;
- drive improvements in patients experience;
- are clinically meaningful, accurate and practically achievable;
- ensure the sickest and most urgent patients are given priority;
- ensure patients get the right service in the right place;
- are simple and easy to understand for patients and the public; and
- not worsen inequalities.

The review is being undertaken in three phases:

1. Consider what is already known about how current targets operate and influence behaviour
2. Map the current standards against the NHS Long Term Plan to examine how performance measures can help transform the health service and deliver better care and treatment
3. Test and evaluate proposals to ensure that they deliver the expected change in behaviour and experience for patients prior to making final recommendations for wider implementation

To support this work a Clinical Oversight Group was established, which includes members from the Academy of Medical Royal Colleges, the Royal College of Surgeons, the Royal College of Physicians, the Royal College of Nursing, Healthwatch, and senior members of NHS England and NHS Improvement clinical teams. The group met regularly during the initial two phases of the Review and will continue to meet and input during phase three.

Interim report

The interim report published in March 2019⁴ sets out the initial proposals for testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care. These proposals will now be field tested at a selection of sites across England, before wider implementation. The approach and timeframe for this testing varies across the four service areas according to the nature of care and the changes that are being proposed.

During the testing phase and alongside evaluation, we will continue to engage with partners and key stakeholders nationally, and through our test sites to gain expert advice and input locally. The information gathered through field testing, and engagement will inform final recommendations from this Review, and ahead of full implementation beginning spring 2020.

⁴ [Clinical Review of NHS Access Standards Interim Report](#)

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

9. Delegated Commissioning – GP practice

As at 1st April 2019 the CCG became fully delegated for the commissioning of primary medical services and the Primary Care Commissioning Committee will now preside over those arrangements and report to the governing body on progress. In future the governing body will receive a substantive report on all matters relating to our delegated responsibilities.

To ensure the CCG is adequately resourced to support the primary care agenda, new posts were advertised and recruitment is underway, in line with the CCG financial envelope.

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

10. Sefton transformation programme

Significant progress is now being made with the implementation of the programme and the Sefton Transformation Board has now agreed the vision and key objectives for the programme as set out below.

Vision

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

Objectives

- To improve our population's health and wellbeing and reduce health inequalities by working together to enable people in Sefton to start well, live well and age well.
- To ensure that Sefton people get more control over their own health and more personalised care when they need it.
- To improve care outcomes for Sefton people living with long term conditions.
- To dissolve boundaries between primary, secondary, community and mental health services and integrate our health and care systems by 2021.
- To address physical and mental health, including CAMHS, together.
- To boost 'out of hospital' care and digitally enhance care for Sefton people, reducing pressure on emergency hospital services.
- To achieve system financial balance by 2020/21.
- To strengthen quality and reduce clinical variation.

Each programme of work has now been assigned a Senior Responsible Officer (SRO) and programme and project management resources are have been aligned to each area.

The governing bodies will continue receive substantive updates on the programme.

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

CCG and Local Authority approach to planning 2020/21 – 2023/24

Senior members of the Local Authority and the CCG have now met to discuss the approach to planning for 2020/21 – 2023/24. It has been agreed that the CCG's five-year plan (refreshed Shaping Sefton Strategy II) will be a plan that is developed in true partnership to meet the needs of those living in the place of Sefton. The recently refreshed JSNA has indicated that our Sefton priorities have not changed significantly and therefore we should now collaborate and build upon the previous work that has been undertaken to address those needs.

The refresh of the Health and Wellbeing Strategy will commence imminently and will be overseen by the Health and Wellbeing Strategy Group (a sub group of the Health and Wellbeing Board). The group met on Friday 1st March to discuss approach, process and the way in which the strategies will progress through the respective governance processes of the statutory organisations.

The proposed approach to how consultation and engagement should be undertaken is subject to review and discussion by the Consultation and Engagement Panel on 15th March and we will await the outcome of those deliberations before finalising the next steps in our joint planning.

An engagement event is planned for the 10th April to enable relevant stakeholders and partners including colleagues from the Provider Alliance to participate in the refresh of the Health and Wellbeing Strategy so that the local authority and the CCGs can be assured of system wide ownership of the identified priorities.

Further engagement events and process "check points" will take place between May and August with an anticipated sign off of the Sefton Health and Wellbeing Strategy and the Shaping Sefton Strategy II taking place in September 2019.

11. Recommendation

The Governing Body is asked to:

- To formally receive this report.

**Fiona Taylor
Chief Officer
March 2019**

MEETING OF THE GOVERNING BODY APRIL 2019

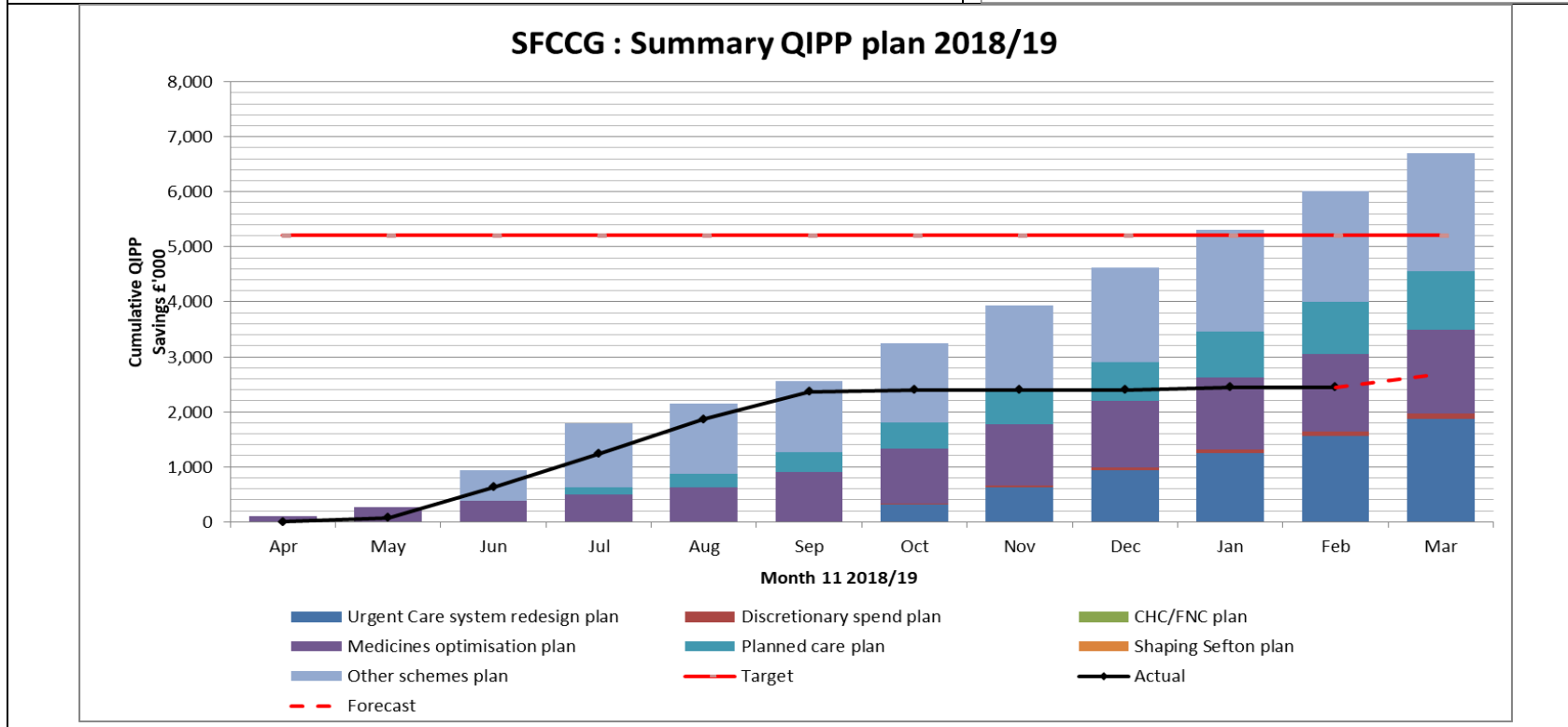
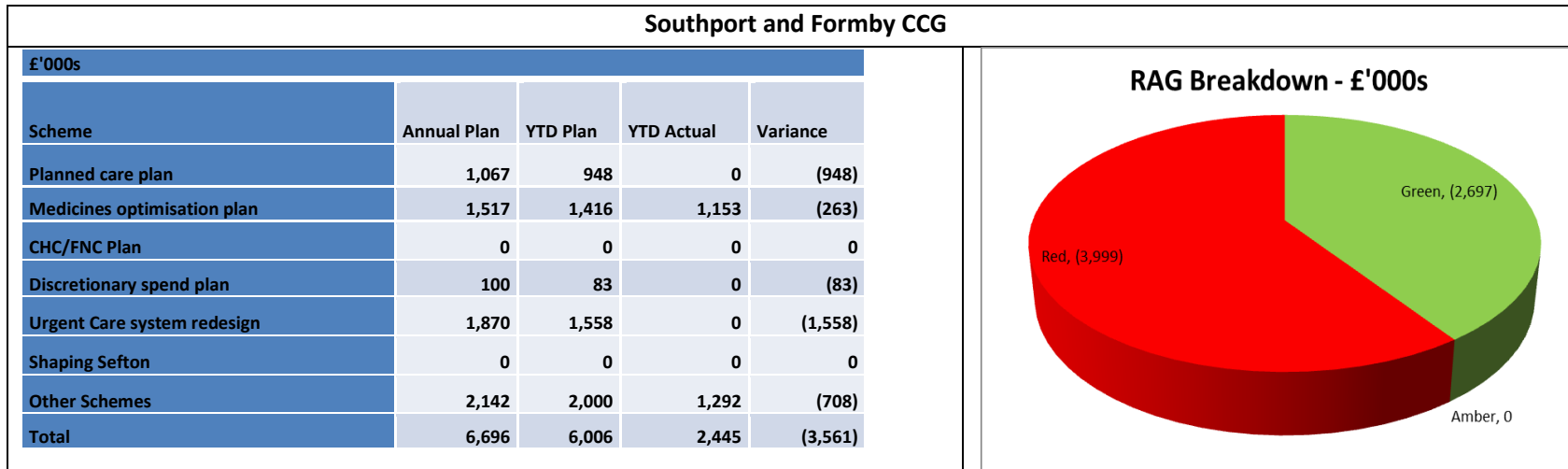
Agenda Item: 19/42	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454
Report date: March 2019	
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
Summary/Key Issues: The QIPP performance dashboard provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the QIPP plan and receives updates across the following domains: planned care, medicines optimisation, CHC/FNC, discretionary spend, urgent care, Shaping Sefton and other schemes.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

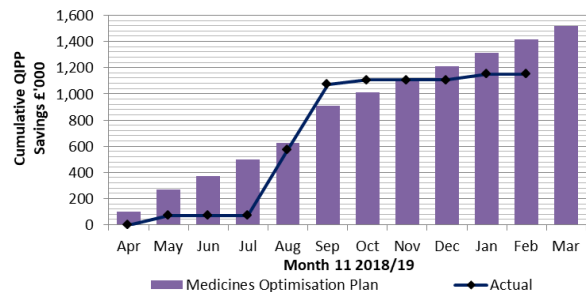
Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			

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

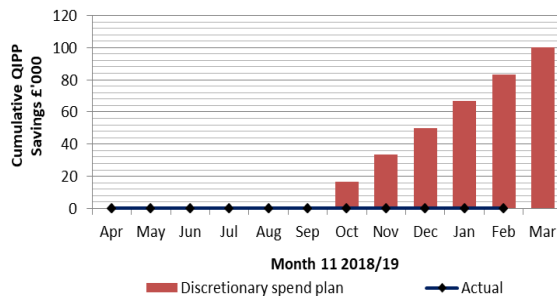
QIPP DASHBOARD – SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 11



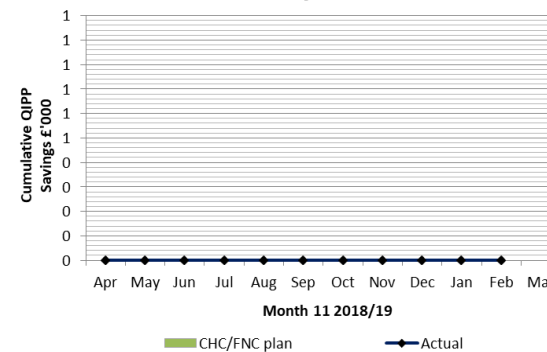
SFCCG : QIPP target - Medicines Optimisation



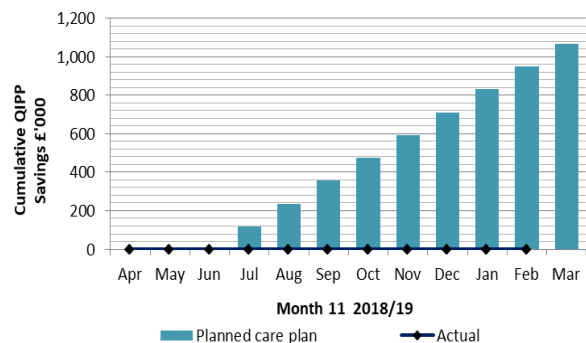
SFCCG : QIPP target - Discretionary spend



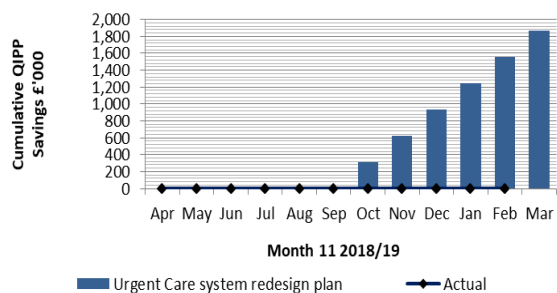
SFCCG : QIPP target - CHC/FNC



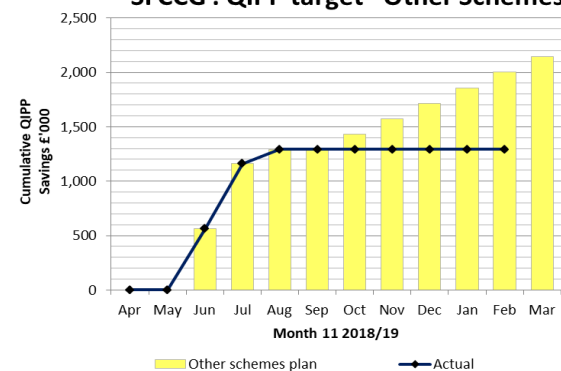
SFCCG : QIPP target - Planned Care



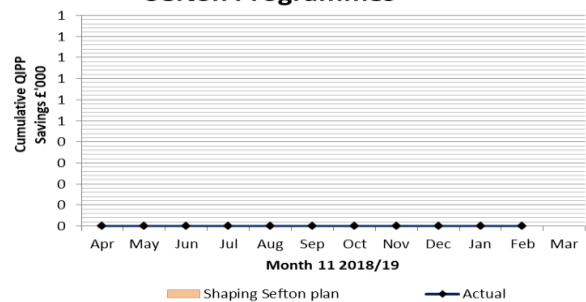
SFCCG : QIPP target - Urgent Care



SFCCG : QIPP target - Other Schemes



SFCCG : QIPP target - Shaping Sefton Programmes



MEETING OF THE GOVERNING BODY

APRIL 2019

Agenda Item: 19/43	Author of the Paper: Name Karl McCluskey Position Director of Strategy & Outcomes Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 317 8468						
Report date: April 2019							
Title: Integrated Performance Report							
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)							
Recommendation The Governing Body is asked to receive this report.	<table style="margin-left: auto;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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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Summary Performance Dashboard

Metric	Reporting Level		2018-19													YTD
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	G	R	R	R	R				R	
		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%	86.45%	80.98%	83.80%				80.43%	
		Target	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	
Referral to Treatment (RTT) & Diagnostics																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R					
		Actual	5.14%	4.67%	4.14%	4.12%	4.20%	4.03%	4.08%	2.57%	2.14%	3.9%				
		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%		
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G					
		Actual	92.47%	93.41%	93.31%	93.03%	93.6%	93.36%	93.81%	94.21%	94.02%	94%				
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%		
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R	G	R	R	G	G			R	
		Actual	0	1	0	1	1	0	2	1	0	0			6	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G				G	
		Actual	0	0	0	0	0	0	0	0	0	0			0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

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	RAG	R	G	G	G	G	G	G	G	R	R		G
		Actual	91.39%	93.46%	94.75%	93.21%	93.42%	94.08%	95.58%	95.43%	91.03%	87.59%		93%
		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%
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	RAG	R	R	R	R	R	G	G	R	R	R		R
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%	74.07%	65%		84.72%
		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%
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	RAG	R	G	G	G	G	R	G	G	R	R		G
		Actual	94.87%	98.73%	97.02%	96.20%	98.53%	90.48%	97.06%	97.02%	93.10%	98.63%		96.29%
		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%
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	RAG	R	G	G	G	G	R	G	G	R	R		G
		Actual	83.33%	100%	100%	100%	100%	91.67%	100%	100%	88.89%	92.86%		96.30%
		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%
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	RAG	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100.00%
		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%
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	RAG	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	100%	96.3%	100%	96.15%		99.13%
		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%
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	RAG	R	G	G	R	R	R	G	R	R	R		R
		Actual	75%	87.50%	91.43%	70.73%	67.74%	81.08%	88%	75.76%	71.43%	77.78%		78.59%
		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%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G	R	R	G	G		G	
		Actual	100%	83.33%	100%	100%	100%	100%	100%	80%	66.67%	100%	100%		92.16%
		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%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R	R	G	R	G		G	
		Actual	100%	92.31%	86.67%	93.33%	94.12%	75%	80%	92.31%	80%	94.44%		89.66%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		85%	

Personal Health Budgets														
2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R			R			R					R
		Actual	12.8			16.9			19.3					
		Target	67.50			77.10			86.70			96.40		

Accident & Emergency														
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%	89.26%	83.8%		87.8%
		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%

Ensuring that People Have a Positive Experience of Care														
EMSA														
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R
		Actual	3	3	4	3	5	11	3	3	9	19		63
		Target	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R			R
		Actual	0.9	0.8	1.0	0.8	1.2	2.5	0.8	0.8	2.25	4.8		
		Target	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	RAG	G	G	G	R	R	R	R	R	R	R		R
		YTD	0	0	0	1	1	1	1	1	2	2		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G		G
		YTD	3	5	6	7	10	12	19	21	23	28		28
		Target	4	7	10	13	16	19	21	25	28	30	34	37

Enhancing Quality of Life for People with Long Term Conditions

Mental Health														
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G			G					G
		Actual	100.00%			100%			100%			95.00%		98.02%
		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	RAG	G	G	G	G	R	G	G	G	G	G		G
		Actual	100%	66.67%	100%	80%	50%	75%	100%	75%	66.67%	80%		79.33%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment	Southport And Formby CCG	RAG	G			R			G					G
		Actual	52.01%			48.13%			60%					53.01%

within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.		Target	50.00%	50.00%	50.00%	50.00%	50.00%
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R		R
Actual		3.32%	3.12%	3.04%		9.49%	
Target		4.20%	4.20%	4.20%	4.20%	16.8%	
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G		G
Actual		99.4%	98.5%	99.8%		99.1%	
Target		75.00%	75.00%	75.00%	75.00%	75.00%	
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G		G
Actual		100%	99.7%	100%		100%	
Target		95.00%	95.00%	95.00%	95.00%	95.00%	

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G		G
Actual		70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%	69.69%	69.8%	76.4%		70.02%
Target		66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders

2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R		R
Actual		81.82%	84%	85.19%		83.78%	
Target		100%	100%			100%	
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R		R
Actual		50%	66.67%	66.67%		62.5%	
Target		95%	95%	95%	95%	95%	

Wheelchairs

<p>2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.</p>	Southport And Formby CCG	RAG	G	R	R		R
		Actual	100%	40%	57.14%		55%
		Target	100%	100%	100%	100%	100%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 10 (note: time periods of data are different for each source).

Financial position This report focuses on the financial performance for Southport and Formby CCG as at 28th February 2019.

The year to date financial position is a surplus of £0.700m, which reflects implementation of mitigating actions to address pressures previously reported to the Committee.

The CCG is on target to deliver the agreed financial plan of £1m surplus in year.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increases the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG is on target to deliver £2.745m savings in 2018/19 which will bring the total QIPP saving to £16.347m over the past three financial years.

The cumulative deficit brought forward from previous years is £10.295m which will reduce to £9.295m if the CCG delivers its current forecast position. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

Planned Care

Year to date referrals at month 10 have increased by 3.6% when comparing to the equivalent period in the previous year. Referrals in month 10 increased to the previous month when referrals dropped to the lowest levels of 2018/19. However, this aligned to a trend identified in the previous year. Month 10 referrals were also above 2017/18 levels and were above a monthly average for 2018/19.

The latest information available for e-Referral utilisation is for December, where the CCG reported 84%, an improvement on 81% reported in November but a decline on 86% achieved in October 2018.

The CCG failed the less than 1% target for Diagnostics in January recording 3.9%, a decline on last month (2.14%). Out of 2,134 patients, 83 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Southport and Ormskirk also failed the less than 1% target for Diagnostics in January recording 2.73%, a decline on last month (1.8%).

For referral to treatment, in January 2019, the CCG had 8,365 incomplete pathways, 1,776 patients more than January 2018. This is the seventh consecutive month in 2018/19 the CCG has not achieved the target with performance steadily declining.

Southport & Ormskirk reported 20 cancelled operations in January, an increase on 3 reported for the previous month. Of the 20 reported in January, 12 were due to no ward beds, 2 anaesthetists unavailable, 2 EMG/Trauma, 1 ran out of theatre time, 2 surgeon unavailable and 1 list over ran.

The CCG are failing 2 of the 9 cancer measures in month 10 year to date. They include 2 week breast symptoms (84.72%) and the 62 days urgent GP referral metric (78.59%). Southport & Ormskirk are also failing the 62 days urgent GP referral (78.75%).

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has again seen a decline in response rates for inpatients, from 12.5% in December to 8.7% in January, the second lowest reported performance reported year to date. The percentage of patients that would recommend the inpatient service in the Trust has decreased further from 95% in December to 94% in January, falling further below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased from 1% in December to 2% in February but is still in line with the England average of 2%.

Performance at Month 10 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.5m/5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.8m/6.2%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for January reached 86.53%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.9% for January, although it shows a decline on last month's performance. The year to date position is also currently achieving the STP target at 88.94%.

In January 2019 there was an average response time in Southport and Formby of 8 minutes 49 seconds against a target of 7 minutes for Category 1 incidents, the slowest response time in Merseyside. For Category 2 incidents the average response time was 26 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Southport & Ormskirk is failing the stroke target with 80% of patients spending at least 90% of their time on a stroke unit, with 78.6%, a decline on last month. In relation to the TIAs the CCG is awaiting an update for October to January. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

The CCG has reported an MSA rate of 4.8, which equates to a total of 19 breaches in January. All 19 breaches were at Southport & Ormskirk NHS Trust.

There were 5 new cases of Clostridium Difficile attributed to the CCG in January, bringing the year to date figure to 28 against a plan of 30. Year to date 5 cases were apportioned to an acute trust and 23 to the community. Southport & Ormskirk had no new cases in January; therefore the total for the year remains at 8 against a plan of 29.

The CCG had no new cases of MRSA in January, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.1% in January, a slight improvement on last month but remaining significantly below the England average of 12.2%. The Trusts A&E department has seen a slight increase in the percentage of people who would recommend the service from 70% in December to 74% in January, but remains below the England average of 86%. The percentage not

recommended has decreased slightly to 22% in January, from 23% in December, remaining significantly above the England Average of 8%.

Performance at Month 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £7m/25.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £6.1m/22.5%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 203 Southport & Formby patients entering treatment in Month 10. This is a 56.2% increase compared to previous month when 130 patients entered treatment. The access rate for Month 10 was 1.06% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 62% compared to 55.3% in the previous month. This satisfies the monthly target of 50%.

In quarter 3 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 85.19% (23/27) for routine and 66.67% (2/3) for urgent referrals.

Community Health Services

Lancashire Care Trust has undertaken a data validation exercise across all services and is now in the process of building reports to meet the CCG's requirements. A revised activity baseline has been agreed for the purposes of exception reporting to provide assurance to the CCG. The Trust's transformation agenda has begun to impact on activity levels for CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

Better Care Fund

A quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

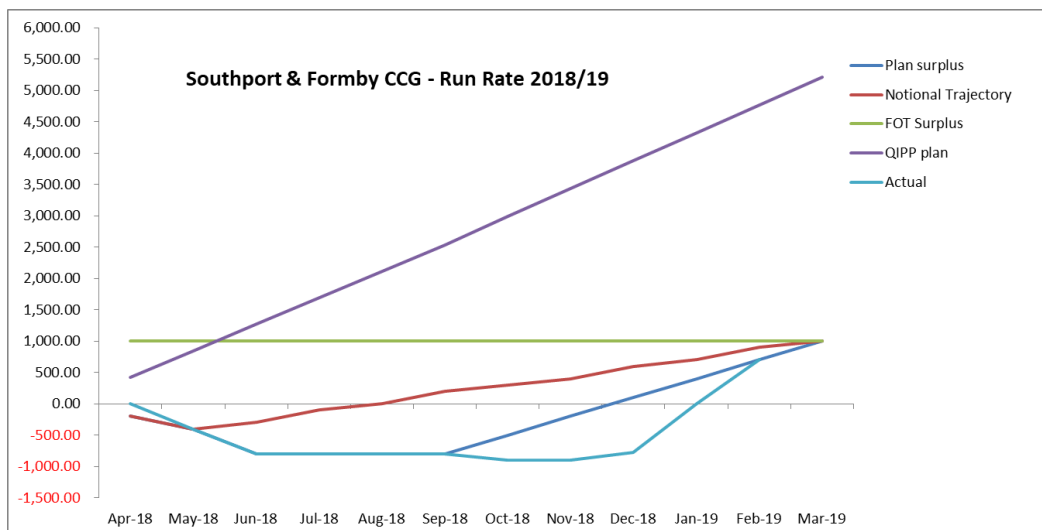
This report focuses on the financial performance for Southport and Formby CCG as at 28 February 2019.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,778	22,677	22,134	(543)	23,982	(796)
Corporate & Support Services: admin	2,622	2,361	2,196	(165)	2,472	(150)
Corporate & Support Services: programme	2,836	2,586	2,528	(58)	2,741	(95)
NHS Commissioned Services	124,081	112,071	115,755	3,684	128,736	4,655
Independent Sector	5,681	5,097	5,359	263	5,959	278
Primary Care	4,097	3,758	4,075	318	4,341	244
Prescribing	22,662	20,912	20,792	(120)	22,835	173
Total Operating budgets	186,756	169,462	172,841	3,379	191,065	4,308
Reserves	1,025	3,379	0	(3,379)	(3,283)	(4,308)
In Year Planned (Surplus)/Deficit	1,000	700	0	(700)	0	(1,000)
Grand Total (Surplus)/Deficit	188,781	173,541	172,841	(700)	187,781	(1,000)

The year to date financial position is a surplus of £0.700m, which reflects implementation of mitigating actions to address pressures previously reported to the Committee. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

Figure 2 – Run Rate 2018/19



The CCG's plan for 2018/19 is summarised as:

- Q1 reported deficit position
- Q2 maintained the same level of deficit
- Q3 plan was to deliver a surplus of £0.100m which was not achieved due to emerging pressures; the actual position was a deficit of £0.778m.
- Q4 plan is to return to a surplus position through delivery of the QIPP plan, mitigating actions and adjustments to the allocation.

The CCG is on target to deliver the agreed financial plan of £1m surplus in year.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increases the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG is on target to deliver £2.745m savings in 2018/19 which will bring the total QIPP saving to £16.347m over the past three financial years.

The QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy to reflect in provider contracts in the new financial year. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue taking account of financial risk across the local health economy. National timescales require contracts to be signed off by both parties by 21st March 2019.

The cumulative deficit brought forward from previous years is £10.295m which will reduce to £9.295m if the CCG delivers its current forecast position. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

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

- Increased costs within continuing healthcare budgets. This is due to a number of individual high cost cases in 2018/19 and an overall increase in activity. This equates to a full year cost pressure of £0.747m.
- Forecast over performance at Southport & Ormskirk Trust of £5.300m for PbR activity which will be offset by the application of appropriate contract sanctions, CQUIN reductions and other mitigations.
- Overspend on other provider contracts mainly in respect of High Cost Drugs and devices.
- Overspend of £0.302m within prescribing due to increased costs mainly in relation to NCSO pressures.
- Over performance of £0.356m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.273m within the Local Quality Contract due to 2017/18 and 2018/19 claims on the main scheme and quarterly activity driven claims being higher than expected.
- Cost pressures of £0.202m within Non Contract Activity (NCA's) due to some recent high cost cases being confirmed as CCG residents.

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

Figure 3 – Financial Dashboard

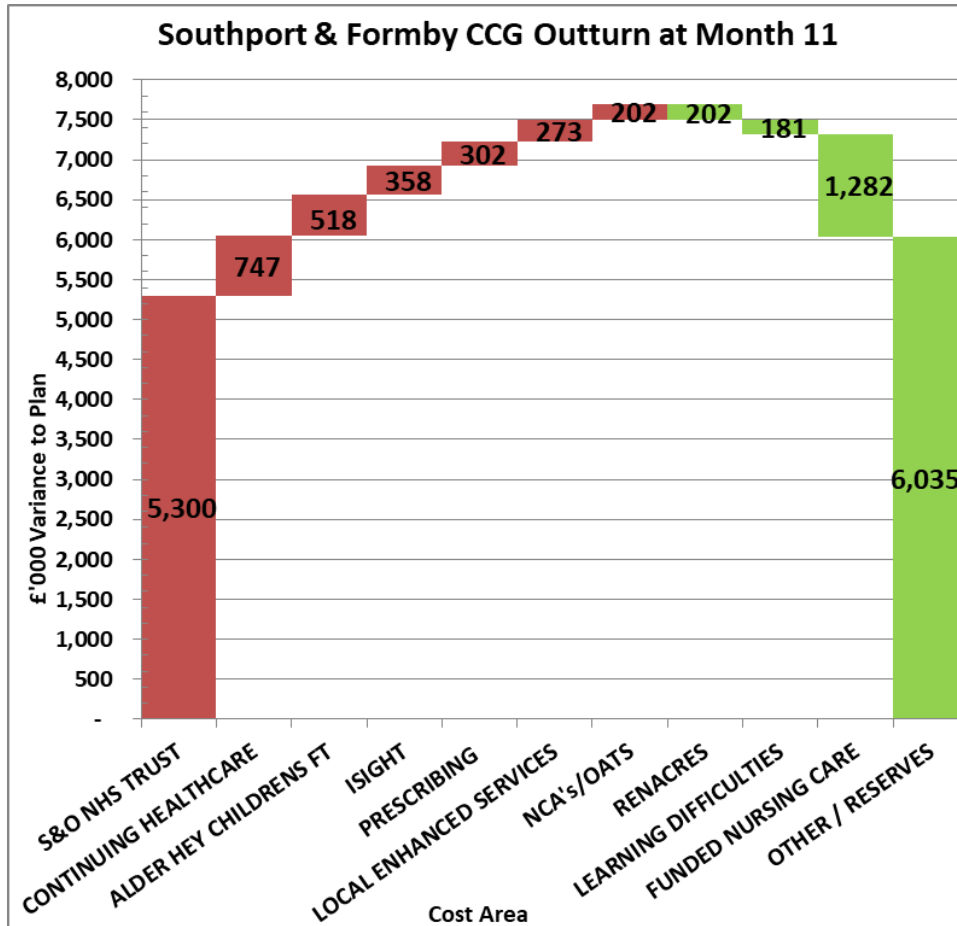
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency	✓
0.5% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.445m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	98.46%
	NHS - Volume YTD > 95%	92.37%
	Non NHS - Value YTD > 95%	95.39%
	Non NHS - Volume YTD > 95%	93.15%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 28 February 2019 for the financial year will achieve this plan.
- The QIPP target for 2018-19 is £5.210m; delivery is £2.445m to date which is £3.561m below the planned delivery at month 11.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.150m.
- BPPC targets have been achieved for by value but by volume they are below the 95% target. This will be reviewed to identify areas of improved performance prior to year end.

2.2 Financial Forecast

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

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year after the impact mitigations is a surplus of £1m.
- The main financial pressures relate to:
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
 - Over spend within prescribing due to NCSO and other prescribing cost pressures.
 - Cost pressures within iSight Clinic.
 - Cost pressures within the Local Quality Contract due to part one and quarterly claims being higher cost than expected.
 - Cost pressures within Community Services due to Contract variations for Neuro-Development, CAMHS & Dietetics.
- The cost pressures are partially offset by underspends in running costs, funded nursing care and the reserve budget due to the 0.5% contingency held.

2.3 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.210)				(5.210)
QIPP Achieved	0.000		2.445		2.445
NCSO Adjustment	(1.100)			1.100	0.000
Primary care additional allocation	(0.500)	0.500			0.000
CAT M expenditure reduction	(0.300)	0.300			0.000
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230			(0.071)	0.159
Community Services investment	0.697			(0.250)	0.447
Intermediate care	0.500		(0.130)	(0.219)	0.151
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	2.271	(0.391)	(0.533)	1.672
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	2.781	1.323	0.027	1.025

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- An additional allocation of £0.500m was received in month 11 in respect of the Primary Care allocation as agreed with NHS England.

2.4 Provider Expenditure Analysis – Acting as One

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

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.880
Alder Hey Children's Hospital NHS Foundation Trust	0.116
Liverpool Women's NHS Foundation Trust	(0.087)
Liverpool Heart & Chest NHS Foundation Trust	(0.191)
Royal Liverpool and Broadgreen NHS Trust	0.197
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.018)
Grand Total	0.897

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.

- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an overspend of £0.897m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018/19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PBR related contract had been in place.

Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk

	Likely Case
	SFCCG £m
Opening Contract Value	64.074
Reported YTD (Under) Overspend at M10	6.411
Less : NEL Price increase	(1.450)
: ACU Activity	(0.213)
: CDU Activity	(1.568)
: ACU/DVT Follow up activity	(0.393)
Revised YTD (Under) Overspend at M10	2.787
Extrapolated to M12	3.344
Less : Non-PbR Review	0.000
: Applicable Sanctions	(1.100)
: CQUIN	(0.300)
: Other Adjustment	2.000
Revised Forecast (over) underspend	3.944
Forecast Contract Payment 2018/19	68.018

- The Month 10 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £6.411m against plan. The CCG have raised a challenge relating to a number of areas of expenditure included in the year to date position:
 - Non-Elective price increase
 - Counting of CDU activity
 - AEC Follow up activity
 - DVT follow up activity

- MIAA have undertaken a review of the AEC pathway and cost, the CCG have proposed to accept a revised unit cost of £769 with the provision that there is an agreed service specification which ensures clinically appropriate activity is recorded under this pathway. The impact of this change is included in each scenario.
- The CCG likely case financial position includes an assumption that the Southport Contract payment will be £68.0m. Any additional payment above this amount will add further pressures to the CCG's financial position.

2.5 QIPP

Figure 8 – QIPP Plan and Forecast

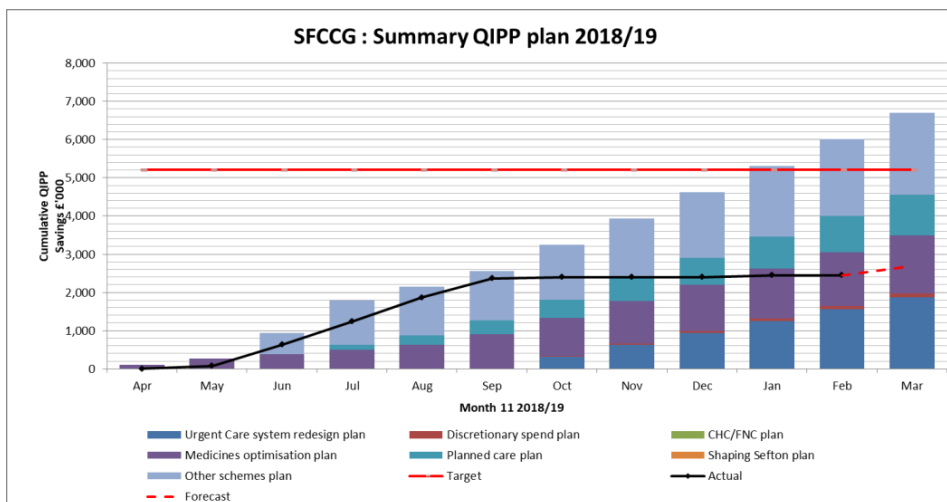


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	0	0	1,067	1,067
Medicines optimisation plan	1,517	0	1,517	1,153	0	412	1,565
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	0	100	0	0	100	100
Urgent Care system redesign plan	1,870	0	1,870	0	0	1,870	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	1,241	2,142	1,592	0	550	2,142
Total QIPP Plan	5,455	1,241	6,696	2,745	0	3,999	6,744
QIPP Delivered 2018/19				(2,445)		0	(2,445)

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £6.696m have been identified; however £3.999m of the schemes are rag rated red which means that there is a high risk of non-delivery in year.
- To date the CCG has achieved £2.445m QIPP savings in respect of prior year technical adjustments and prescribing savings. The full year QIPP achievement is forecast to be £2.745m.

2.6 Risk

Figure 10 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves Budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.621	1.824	2.445
Remaining QIPP to be delivered	4.589	(1.824)	2.765
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

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

2.7 Risk Adjusted Position

Figure 11 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	2.745	2.745	2.745
I&E impact	(3.397)	(3.967)	(4.067)
Forecast Surplus / (Deficit)	(4.862)	(5.432)	(5.532)
Further Risk	(2.371)	(2.371)	(2.531)
Management Action Plan	9.103	8.803	8.103
Risk adjusted Surplus / (Deficit)	1.870	1.000	0.040

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCG's year-end outturn.
- The most likely case is a surplus of £1m and assumes that QIPP delivery will be £2.745m for the year. This position incorporates further risks identified in year in relation to acute over performance and the Sefton Transformation Board. These risks are offset by mitigating actions agreed by the Governing Body in December 2018; contract sanctions and reserves including the CCG contingency reserve.

- The worst case scenario is a surplus of £0.040m and assumes further pressures emerging in year in respect of FNC packages and a reduced level of mitigations.

2.8 Statement of Financial Position

Figure 12 – Summary of working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3	M6	M9	M11	M12
	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	0	31	31	23	0
Receivables	2,241	2,560	1,372	1,258	2,406
Cash	4,687	3,046	1,534	2,725	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(16,574)	(12,162)
Value of Debt > 180 days	1,669	1,729	61	38	672

- The CCG is on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.288m)
- Non-Current Assets balance comprises funding received from NHS England for Primary Care IT. The reduction in balance in month 11 is due to depreciation charge being applied for 2018/19.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old at month 11 is £0.038m. The remaining balance relates to Southport & Ormskirk for £0.037m which has been formally disputed as part of the NHS month 9 agreement of balances exercise. The CCG finance team and NHS Shared Business Services continue work to resolve issues associated with recovering this balance.
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year, previously known as the Maximum Cash Drawdown (MCD). Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £191.237m at Month 11. The actual cash utilised at Month 11 was £167.048m which represents 87.35% of the total allocation. The balance of ACDR to be utilised over the remainder of the year is £24.189m.

2.9 Recommendations

- The CCG is on target to deliver its control total of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation.
- QIPP delivery at month 11 is £2.445m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. Full year QIPP achievement is expected to be £2.745m against a target of £5.210m.
- The month 11 financial position is a surplus of £0.700m against a planned surplus of £0.700m.
- The CCG’s commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to enable delivery of the CCG statutory financial duty in future years.

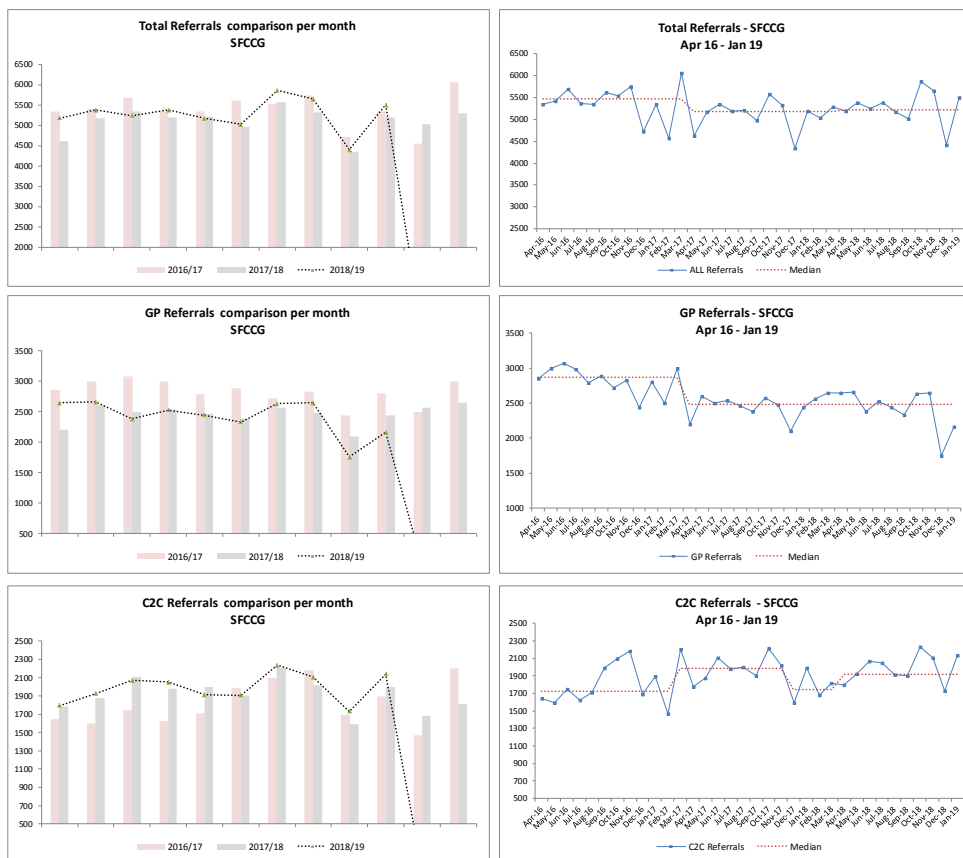
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

3. Planned Care

3.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
	Month											
April	2202	2643	441	20%	1782	1794	12	1%	4628	5190	562	12%
May	2601	2659	58	2%	1876	1924	48	3%	5180	5382	202	4%
June	2500	2379	-121	-5%	2109	2068	-41	-2%	5348	5254	-94	-2%
July	2540	2528	-12	0%	1979	2053	74	4%	5194	5381	187	4%
August	2464	2446	-18	-1%	2001	1912	-89	-4%	5219	5179	-40	-1%
September	2379	2335	-44	-2%	1904	1905	1	0%	4976	5027	51	1%
October	2570	2629	59	2%	2210	2235	25	1%	5577	5864	287	5%
November	2483	2644	161	6%	2017	2105	88	4%	5331	5651	320	6%
December	2099	1754	-345	-16%	1594	1733	139	9%	4340	4410	70	2%
January	2445	2160	-285	-12%	1993	2138	145	7%	5200	5507	307	6%
February	2566				1681				5038			
March	2645				1816				5299			
Monthly Average	2458	2418	-40	-2%	1914	1987	73	4%	5111	5285	174	3%
YTD Total Month 10	24283	24177	-106	0%	19465	19867	402	2%	50993	52845	1852	4%
Annual/FOT	29494	29012	-482	-2%	22962	23840	878	4%	61330	63414	2084	3%

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



Year to date referrals at month 10 have increased by 3.6% when comparing to the equivalent period in the previous year. Referrals in month 10 increased to the previous month when referrals dropped to the lowest levels of 2018/19. However, this aligned to a trend identified in the previous year. Month 10 referrals were also above 2017/18 levels and were above a monthly average for 2018/19.

At provider level, referrals to Southport Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 2.2%. However, there are noteworthy increases occurring at Aintree Hospital, Renacres and ISight.

Within individual specialties, General Medicine, General Surgery and Gastroenterology are reporting a notable increase in referrals during 2018/19 with each linked to referral increases to Southport Hospital. A coding change at Southport Hospital is also apparent with Paediatric Ophthalmology referrals coded throughout 2018/19, which had not previously been coded at this provider. At Aintree Hospital, there have been increases reported across a number of specialties including Breast Surgery, ENT and Ophthalmology with demand linked predominantly to increased GP referrals but also to referrals from a consultant other than in A&E.

GP referrals in 2018/19 to date are comparable to the previous year with a small decrease of -0.4% at month 10. GP referrals to the main hospital provider are currently 1.5% below 2017/18 levels with a notable increase apparent at Aintree Hospital, particularly for Breast Surgery referrals. In the last two monthly periods, GP referrals have been below 2017/18 levels. This may be partly a result of an issue identified with Liverpool Heart & Chest Hospital (see data quality note below).

Consultant-to-consultant referrals are currently 2.1% higher in 2018/19 when comparing to the previous year with increases evident at Southport Hospital and St Helens & Knowsley Hospital. The former has seen increases within a number of specialties including General Medicine, T&O and Cardiology. St Helens & Knowsley increases are within Plastic Surgery and Physiotherapy.

Data quality notes:

A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 have been manually corrected to a referral source of 01.

An issue has been identified with month 9 and 10 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 138 referrals per month to this provider for Southport & Formby CCG patients at month 8.

3.1.1 E-Referral Utilisation Rates

Figure 14 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - Dec	100%	84%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. December 2018 is the latest available data which shows a

performance of 84%, an improvement on 81% reported last month but a decline on 86% achieved in October 2018.

3.2 Diagnostic Test Waiting Times

Figure 15 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times	Period	Target	Actual	Trend
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Jan	<1%	3.90%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Jan	<1%	1.80%	↑

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in January recording 3.9%, a decline on last month (2.14%). Out of 2,134 patients, 83 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in MRI (21), Cardiology (14), CT (11), Non obstetric ultrasound (10) and colonoscopy (8).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in January recording 2.73%, a decline on last month (1.8%). Out of 2,780 patients, 76 patients waited over 6 weeks, and 4 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Cardiology (21), MRI (17) and non-obstetric ultrasound (14).

The Trust has reported the following issues:

- A high proportion of breaches in January were due to patient choice and staffing issues.
- Unexpected staff sickness in Cardiology has resulted in an increase in breaches.
- On-going lack of capacity in cystoscopy (gynaecology).
- MRI has increased significantly from 634 in December to 747 in January.
- Prioritisation of inpatients over routine due to winter pressures to facilitate discharges.

How are the issues being addressed?

The Trust and the CCG has started a programme of work supported by the PMO to review productivity and utilisation of endoscopy sessions. Process Mapping dates have been agreed for January 2019. The Trust is also working with the Cheshire and Merseyside Cancer Alliance to adopt their scheduling/utilisation tool which would provide benchmarking data and highlight areas of improvement. Some of the Treatment Centre management team attend a CMAC event to listen and learn about good practice. The Trust is implementing pathways that should ensure an improvement in diagnostic performance across a number of specialties.

When is performance expected to recover?

Quarter 1, 2019/20.

Who is responsible for this indicator?

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

3.3 Referral to Treatment Performance

Figure 16- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Jan	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)	18/19 - Jan	92%	94.00%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - Jan	92%	94.80%	↓

Figure 17 – RTT Performance & Activity Trend

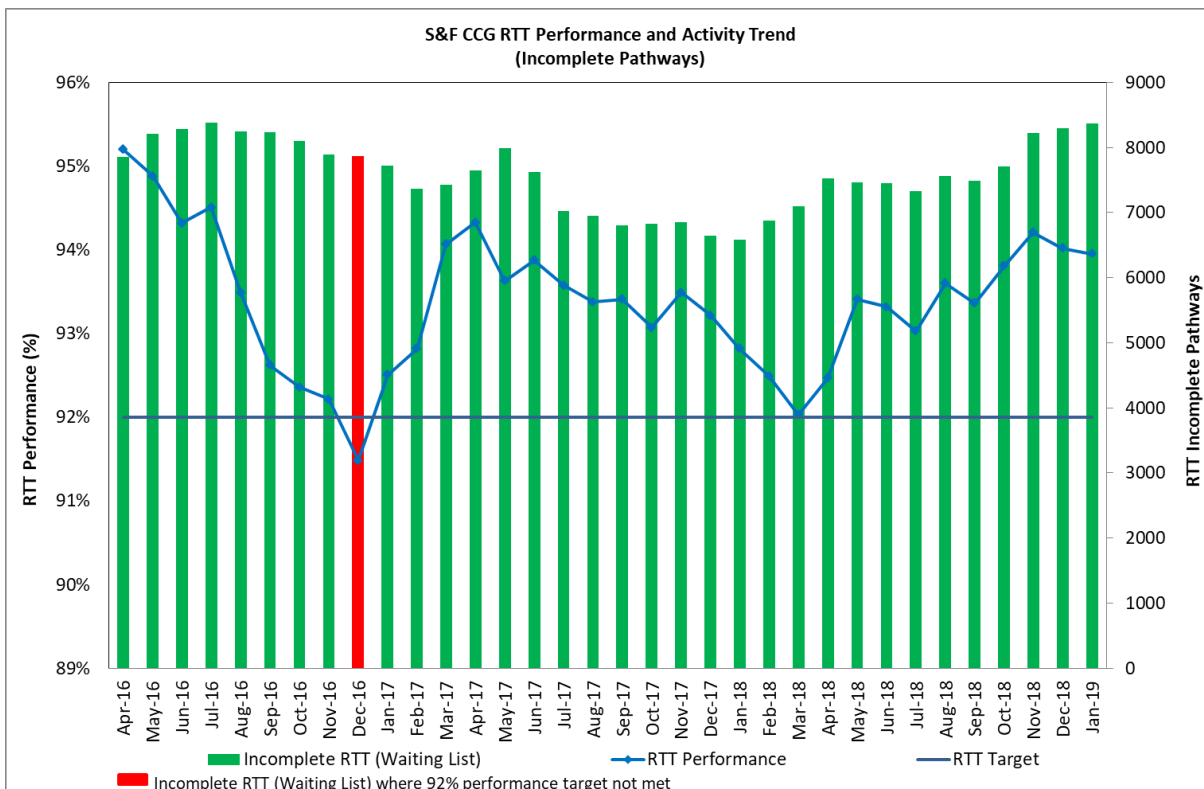


Figure 18 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
2017/18	7,650	7,988	7,628	7,020	6,945	6,799	6,826	6,853	6,648	6,589	6,873	7,100	7,100
2018/19	7,531	7,465	7,448	7,328	7,559	7,487	7,705	8,221	8,297	8,365			8,365
Difference	-119	-523	-180	308	614	688	879	1,368	1,649	1,776			1,265
St Helens 17/18 Actuals	118	135	158	174	192	202	217	208					0
Revised 2018/19 Position	7,649	7,600	7,606	7,502	7,751	7,689	7,922	8,429	8,297	8,365			8,365
Revised Difference	-1	-388	-22	482	806	890	1,096	1,576	1,649	1,776			1,265

Performance Overview/Issues

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 18 (above) was revised for those months to include a proxy of Southport & Formby CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust is now submitting again from December 2018 onwards. In January 2019, the CCG had 8,365 incomplete pathways, 1,776 patients more than January 2018. This is the seventh consecutive month in 2018/19 the CCG has not achieved the target with performance steadily declining.

How are the issues being addressed?

Despite continuing to exceed the 92% referral to treatment target, Southport & Ormskirk’s waiting list is increasing. Challenges remain in Community Paediatrics, Vascular Surgery, Optometry and Oral Surgery.

Trust Actions

- Tracking patients who are likely to fail the RTT target and to reduce long waits
- Continue with waiting List Initiative Clinics
- Continue to roll out A&G across specialities, presently there are seven specialities available. By the end of the financial year there will be ten A&G specialities available.
- A Referral Assessment Service (RAS) for Urology and Lung is in place. This is being expanded into Gastroenterology in quarter 1 2019/20.
- An action plan has been developed for Endoscopy which is the main area of concern and will be shared with the CCG. The action plan will support the reduction in waiting lists and bring Gastroenterology within the RTT target.

The CCG has tried a number of actions to support the target to be met, i.e. education event(s), encouraging better use of Advice and Guidance, EMIS protocols, Local Quality Contract. Work will continue to reduce waiting lists sizes.

When is performance expected to recover?

The CCG has a waiting list target of 7,100. It is unlikely this will be achieved and is expected to be above the March 2018 target at March 2019.

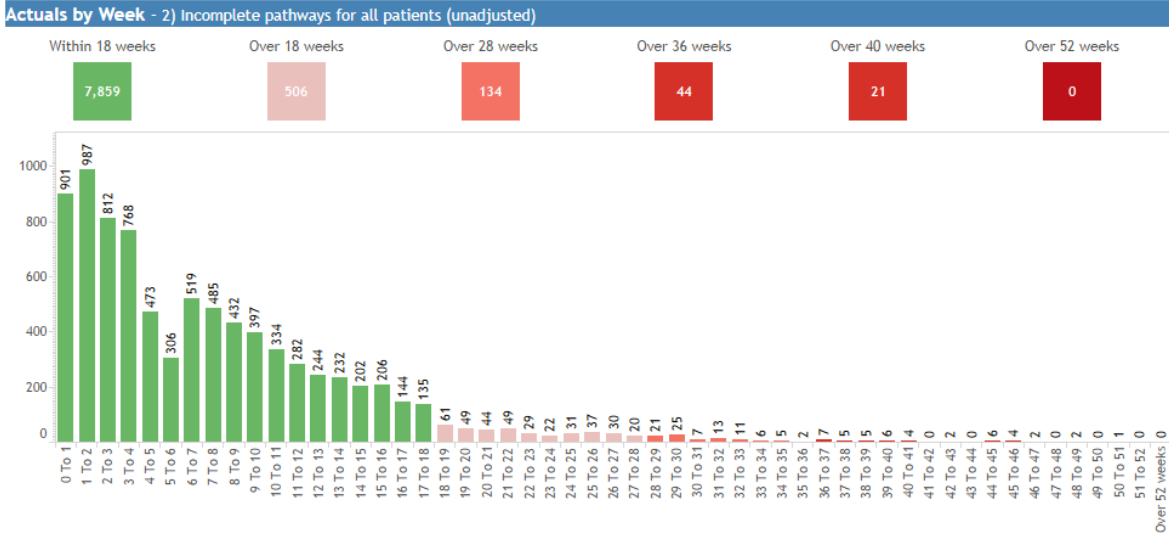
Southport & Ormskirk’s waiting list is increasing and therefore is unlikely to achieve the NHS England target of being no higher than that at March 2018. However, the Trust has advised that they aim to continue to achieve the 92% target and reduce waiting lists throughout 2019/20.

Who is responsible for this indicator?

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

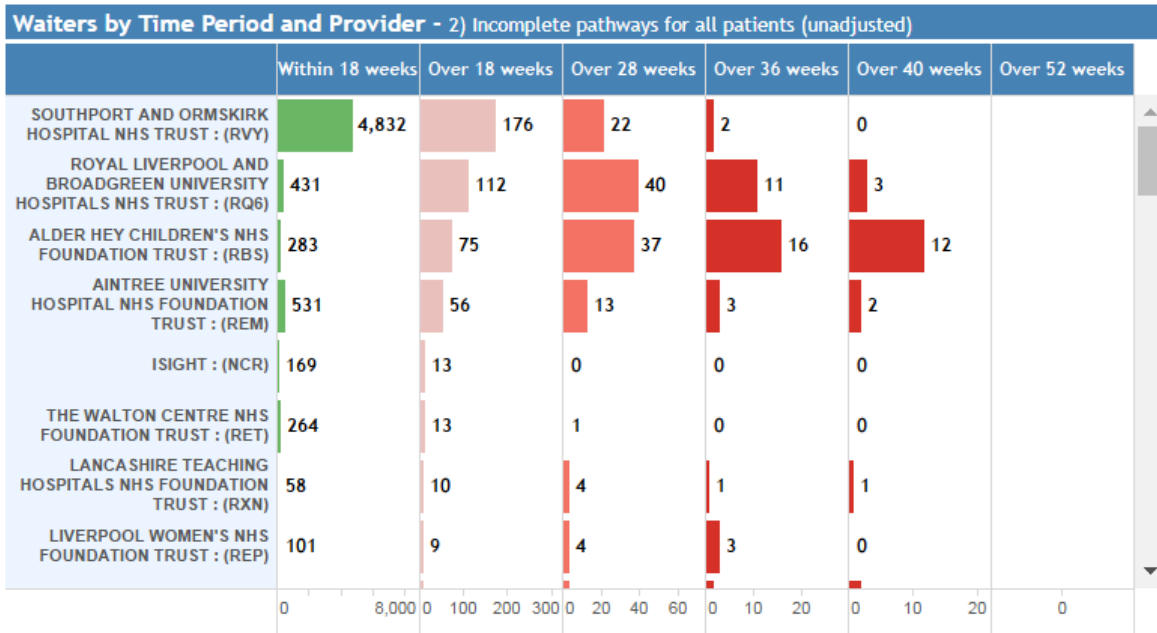
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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

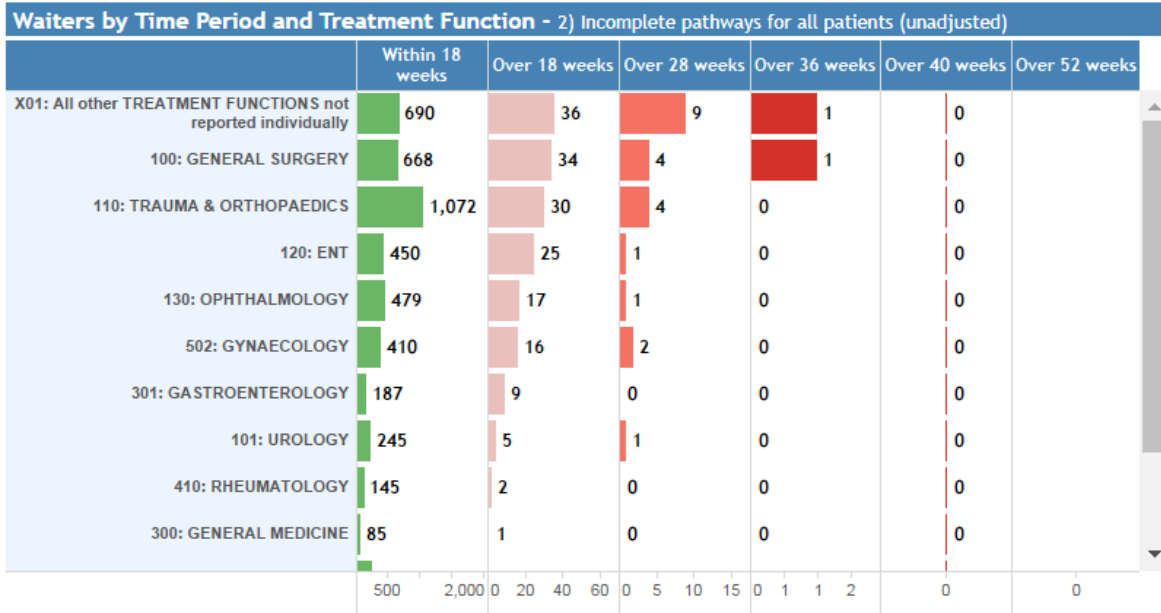
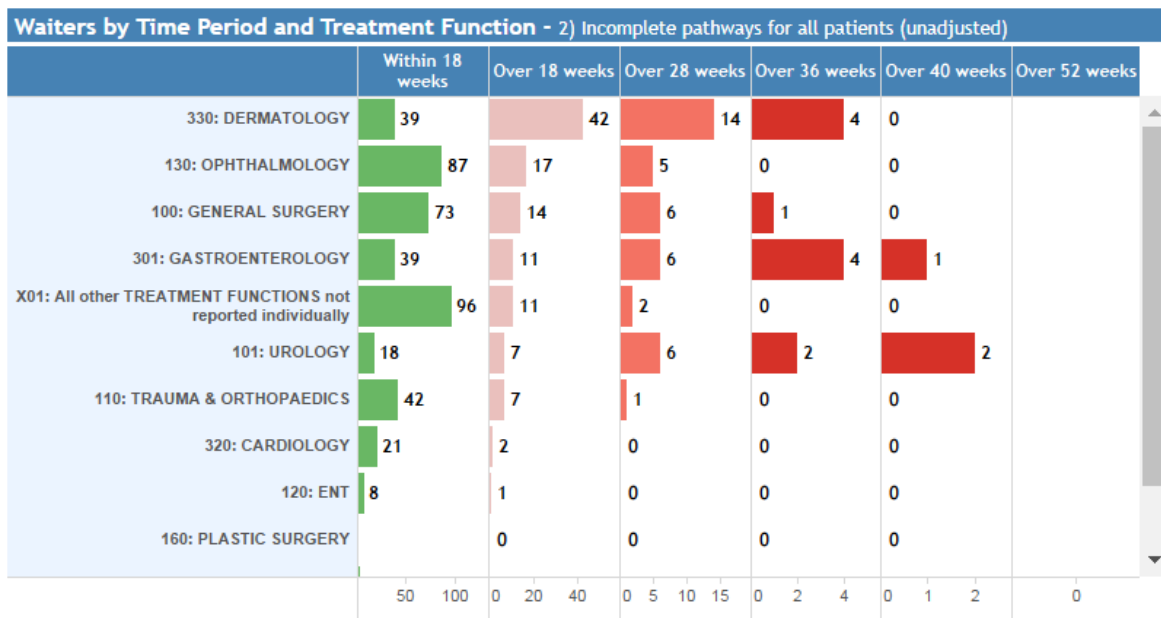


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

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

CCG	Trust	Specialty	Wait band	Details
Southport & Formby CCG	Aintree	Thoracic Medicine	40 weeks	Patient was seen and treated in February.
Southport & Formby CCG	Aintree	Gastroenterology	40 weeks	Patient was seen and treated in March.
Southport & Formby CCG	Aintree	ENT	36 weeks	Patient was seen and treated in March.
Southport & Formby CCG	Alder Hey	Other	36 to 50 weeks	16 patients; 7 seen and treated & 9 sent to service for action.
Southport & Formby CCG	Birmingham University	Cardiothoracic Surgery	39 weeks	Not been seen yet, awaiting TCI date
Southport & Formby CCG	Lancashire Teaching	Neurology	42 weeks	First Appt 20/03/19
Southport & Formby CCG	Liverpool Womens	Gynaecology	36 to 38 weeks	3 patients; Trust only providing updates on 52 week waiters
Southport & Formby CCG	Manchester University	Plastic Surgery	42 weeks	Trust only providing updates on 52 WW
Southport & Formby CCG	Manchester University	General Surgery	48 weeks	Trust only providing updates on 52 WW
Southport & Formby CCG	Morecambe Bay	Ophthalmology	37 weeks	This patient was seen in clinic on 25/02/19 and listed as a result. Awaiting TCI date
Southport & Formby CCG	Royal Liverpool	Gastroenterology	36 to 45 weeks	4 patients; 3 treated, 1 awaiting TCI date at 36 weeks.
Southport & Formby CCG	Royal Liverpool	Urology	44 & 45 weeks	2 patients; 1 pathway stopped & 1 awaiting TCI date. Long waiting list.
Southport & Formby CCG	Royal Liverpool	Dermatology	36 to 39 weeks	4 patients; 2 treated & 2 TCI dates in March
Southport & Formby CCG	Royal Liverpool	General Surgery	37 weeks	1 patient now treated
Southport & Formby CCG	Southport & Ormskirk	General Surgery	38 weeks	Patient was discharged in February following DNA.
Southport & Formby CCG	Southport & Ormskirk	Other	37 weeks	Patient had procedure in February 2019.
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	38 to 40 weeks	3 patients; Awaiting Trust Update
Southport & Formby CCG	St Helens & Knowsley	General Surgery	36 weeks	1 patient; Awaiting Trust Update

3.4 Cancelled Operations

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

Figure 24 – Southport & Ormskirk Cancelled Operations

Cancelled Operations	Period	Target	Actual	Trend
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	18/19 - Jan	0	20	↑

Southport & Ormskirk reported 20 cancelled operations in January, an increase on 3 reported for the previous month. Of the 20 reported in January, 12 were due to no ward beds, 2 anaesthetists unavailable, 2 EMG/Trauma, 1 ran out of theatre time, 2 surgeon unavailable and 1 list over ran.

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

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

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 26 – Two Week Cancer Performance measures

Cancer waits – 2 week wait	Period	Target	Actual	Trend
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - Jan	93%	93.00%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	93%	94.60%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Jan	93%	84.72%	↓

Performance Overview/Issues

The CCG failed the 93% target for breast patients in January reporting 65% and year to date with 84.72%. In January, 14 patients out of 40 breached. 13 breaches were at Aintree and 1 at Royal Liverpool, with 10 due to inadequate capacity and 4 due to patient choice to delay. The maximum wait was 38 days and was due to patient choice.

How are the issues being addressed?

The majority of Southport and Formby breast patients are referred to the Aintree service which has suffered capacity constraints over recent months.

Aintree Breast clinic capacity has now been resolved due to two Associate Specialists being upgraded to Locum Consultants. They will have additional clinic capacity in their job plans in 2019, reducing the reliance on WLIs. A GP with Special interest has also been identified to augment capacity and support interface and referral quality aspects.

There has been system wide communication across providers to work collaboratively around breast capacity including re-issuing information to General Practice on the management of symptomatic but not suspected cancer patients. A direct access mammography pathway for breast pain with normal examination has been proposed.

When is performance expected to recover?

Quarter 1 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 27 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Jan	96%	96.29%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	96%	98.27%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Jan	94%	99.13%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Jan	94%	96.30%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	94%	97.22%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Jan	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 28 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	18/19 - Jan	85% (local target)	89.66%	↑
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	18/19 - Jan	85% (local target)	92.77%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Jan	90%	92.16%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	90%	90.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Jan	85%	78.59%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	85%	78.75%	↔

Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in January with 77.78% and year to date with 78.59%. In January, 8 patients out of 36 breached. 3 breaches had a listed reason of ‘other’. 3 breaches were due to a complex diagnostic pathway, 1 patient choice and 1 health care provider initiated delay.

The Trust failed the 85% target for urgent GP referrals in January with 79.78% and year to date with 78.75%. In January, the Trust reported the equivalent of 9 breaches out of 44.5 patients. 4 breaches had a listed reason of ‘other’. 5 breaches had a complex diagnostic pathway, 1 admin delay, 1 patient choice and 1 health care provider initiated delay.

How are the issues being addressed?

The Trust do not anticipate meeting the 62 day standard in the coming months as they are working to a Cancer Improvement plan which crosses over all specialties within the Trust. They have been successful in a bid for a yearlong Band 7 and project lead to support implementation of the Improvement plan.

When is performance expected to recover?

The Trust hopes to see some sustainable improvement by quarter 2 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath












3.5.4 104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days.

In January, Southport & Ormskirk Trust reported 3 patients waiting longer than 104 days within the 62 day standard metric. One was a urological patient with a delay due to a complex diagnostic pathway, one upper GI with listed reason ‘other’ and one haematological with the health care provider initiating the delay. The longest waiting patient was at 157 days.

3.6 Patient Experience of Planned Care

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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	24.9%	8.7%		96%	94%		2%	2%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	8.0%		97%	81%		1%	6%	
Q3 - Postnatal Ward	-	-		95%	84%		2%	5%	
Q4 - Postnatal Community Ward	-	-		98%	100%		1%	0%	

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has again seen a decline in response rates for inpatients, from 12.5% in December to 8.7% in January, the second lowest reported performance reported year to date. The percentage of patients that would recommend the inpatient service in the Trust has decreased further from 95% in December to 94% in January, falling further below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased from 1% in December to 2% in February but is still in line with the England average of 2%.

For maternity services, in relation to ‘Birth’ the response rate has also declined from 21.3% in December to 8% in January, falling below the England average of 21.1%. The percentage who would recommend the service fell from 100% in December to 81% in January, again falling below the England average of 97%. The percentage who would not recommend the service increased from 0% in December to 6% in January, worse than the England average of 1%. The percentage recommended for the postnatal ward fell from 100% in December to 84% in January, below the 95% England average, and percentage not recommended increased from 0% in December to 5% in January, above the England average of 1% (just 19 responses). The postnatal community ward received 7 responses, with 100% recommending the service.

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

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 10 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.5m/5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.8m/6.2%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 10 with a variance of £679k/74%. This is closely followed by Southport & Ormskirk with a variance of £576/4% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£219k/-26%).

Figure 30 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	15,176	17,461	2,285	15%	£3,284	£3,435	£151	5%	-£151	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,300	6,774	474	8%	£458	£466	£8	2%	-£8	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,049	1,373	-676	-33%	£852	£633	-£219	-26%	£219	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,226	1,612	-614	-28%	£516	£419	-£96	-19%	£96	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	13,276	13,860	584	4%	£2,470	£2,403	-£66	-3%	£66	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,133	2,180	47	2%	£643	£592	-£51	-8%	£51	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	41,160	43,260	2,100	5%	£8,223	£7,949	-£274	-3%	£274	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	337	344	7	2%	£70	£82	£12	18%	£0	£12	18%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	60	60	0%	£0	£6	£6	0%	£0	£6	-
FAIRFIELD HOSPITAL	97	76	-21	-22%	£17	£12	-£5	-27%	£0	-£5	-27%
ISIGHT (SOUTHPORT)	4,764	6,058	1,294	27%	£720	£980	£260	36%	£0	£260	36%
Lancashire Teaching Hospital	0	1,076	1,076	0%	£0	£223	£223	0%	£0	£223	-
RENACRES HOSPITAL	10,747	11,696	949	9%	£3,116	£2,971	-£145	-5%	£0	-£145	-5%
Salford Royal NHS FOUNDATION TRUST	0	192	192	0%	£0	£41	£41	0%	£0	£41	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	86,486	88,576	2,090	2%	£15,776	£16,352	£576	4%	£0	£576	4%
SPIRE LIVERPOOL HOSPITAL	340	307	-33	-10%	£91	£122	£31	34%	£0	£31	34%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,683	4,721	38	1%	£1,021	£1,017	-£5	0%	£0	-£5	0%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	594	804	210	35%	£146	£168	£22	15%	£0	£22	15%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	357	357	0%	£0	£73	£73	0%	£0	£73	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	295	295	0%	£0	£86	£86	0%	£0	£86	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,597	4,124	1,527	59%	£915	£1,594	£679	74%	£0	£679	74%
ALL REMAINING PROVIDERS TOTAL	110,643	118,686	8,043	7%	£21,873	£23,726	£1,854	8%	£0	£1,854	8%
GRAND TOTAL	151,803	161,946	10,143	7%	£30,095	£31,675	£1,580	5.3%	£274	£1,854	6.2%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	9,164	9,211	47	1%	£4,644	£4,691	£47	1%
Elective	1,130	1,015	-115	-10%	£2,719	£2,744	£25	1%
Elective Excess BedDays	176	172	-4	-2%	£42	£41	-£1	-3%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	592	969	377	64%	£103	£209	£106	103%
OPFASPCL - Outpatient first attendance single professional consultant led	9,858	10,370	512	5%	£1,697	£1,804	£107	6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,367	2,071	704	52%	£117	£220	£103	88%
OPFUPSPCL - Outpatient follow up single professional consultant led	31,041	30,615	-426	-1%	£2,531	£2,516	-£15	-1%
Outpatient Procedure	24,373	25,164	791	3%	£3,142	£3,292	£151	5%
Unbundled Diagnostics	8,784	8,989	205	2%	£782	£835	£54	7%
Grand Total	86,486	88,576	2,090	2%	£15,776	£16,352	£576	4%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

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

The main areas of over performance year to date occurred within the outpatient setting, with both first attendance and procedures increasing. General Surgery, General Medicine, Trauma & Orthopaedics, and Rheumatology are the top specialties influencing the variance.

Outpatient procedures have increased across a number of specialties namely Dermatology, Gynaecology, Ophthalmology and Urology. A significant decrease is noted in T&O which is in contrast to the increased levels across other outpatient points of delivery for this particular speciality.

3.7.3 Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	640	868	228	36%	£399	£627	£228	57%
Elective	353	238	-115	-33%	£810	£507	-£303	-37%
Elective Excess BedDays	89	136	47	53%	£22	£33	£11	49%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	122	66	-56	-46%	£25	£15	-£11	-42%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	222	150	-72	-32%	£10	£7	-£3	-29%
OPFASPCL - Outpatient first attendance single professional consultant led	2,418	2,902	484	20%	£420	£498	£78	19%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	138	98	-40	-29%	£13	£10	-£3	-24%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	343	781	438	127%	£8	£19	£11	127%
OPFUPSCL - Outpatient follow up single professional consultant led	6,294	6,428	134	2%	£521	£510	-£11	-2%
Outpatient Procedure	2,241	3,164	923	41%	£331	£445	£114	34%
Unbundled Diagnostics	1,497	1,818	321	21%	£105	£148	£43	41%
Wet AMD	819	812	-7	-1%	£620	£618	-£2	0%
Grand Total	15,176	17,461	2,285	15%	£3,284	£3,435	£151	5%

Aintree performance is showing a £151k/5% variance against plan at month 10. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £228k/57% and £114k/34% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties has seen activity recorded against a number of HRGs with zero plans set. 'Unilateral Major Breast Procedures with CC Score 0-2' also accounts for the majority of over performance within the Breast Surgery specialty.

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

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

3.7.4 Renacres Hospital

Figure 33 – Planned Care – Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,186	1,250	64	5%	£1,190	£1,101	£-89	-8%
Elective	239	193	-46	-19%	£1,031	£836	£-194	-19%
OPFASPCL - Outpatient first attendance single professional consultant led	2,110	2,156	46	2%	£357	£364	£7	2%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,693	2,858	165	6%	£178	£190	£12	7%
Outpatient Procedure	2,228	1,959	-269	-12%	£252	£305	£54	21%
Unbundled Diagnostics	697	894	197	28%	£62	£74	£12	19%
Physio	1,594	1,348	-246	-15%	£47	£40	£-7	-16%
Outpatient Pre-op	0	1,038	1,038	0%	£0	£61	£61	0%
Grand Total	10,747	11,696	949	9%	£3,116	£2,971	£-145	-5%

Renacres performance is showing a -£145k/-5% variance against plan at month 10. Elective and Day case activity are the highest underperforming areas with variances of -£194k/-19% and -£89k/-8% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs with day case underperformance predominantly against major shoulder procedures. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

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

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	18	29	11	65%	£2	£3	£1	67%
Daycase	145	195	50	35%	£193	£276	£83	43%
Elective	91	174	83	90%	£522	£1,012	£490	94%
Elective Excess BedDays	25	23	-2	-9%	£6	£5	£-1	-15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	64	110	46	71%	£5	£8	£3	51%
OPFASPCL - Outpatient first attendance single professional consultant led	334	598	264	79%	£45	£84	£39	88%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	94	165	71	76%	£5	£9	£4	67%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	123	406	283	229%	£3	£10	£7	236%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,246	1,692	446	36%	£75	£101	£26	35%
Outpatient Procedure	227	403	176	77%	£31	£54	£23	75%
Unbundled Diagnostics	229	329	100	44%	£28	£32	£4	13%
Grand Total	2,597	4,124	1,527	59%	£915	£1,594	£679	74%

Wrightington, Wigan and Leigh performance is showing a £679k/74% variance against plan at month 10 with over performance driven by elective activity, principally in the Trauma & Orthopaedics speciality and very major hip procedures for non-trauma. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals

and that activity continues to be specialist. Further monitoring and analysis will be taking place including comparison of GP referred activity to WWL to the Choice Team reports which detail onward secondary referral from MCAS.

3.7.6 iSIGHT Southport

Figure 35 – Planned Care - iSIGHT Southport by POD

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	895	1,250	355	40%	£416	£594	£177	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	698	1,068	370	53%	£101	£150	£50	50%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	70	0	-70	-100%	£5	£0	-£5	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,153	2,618	465	22%	£118	£144	£26	22%
Outpatient Procedure	946	1,120	174	18%	£80	£92	£12	15%
Grand Total	4,764	6,058	1,294	27%	£720	£980	£260	36%

iSight performance is showing a £260k/36% variance against plan with over performance evident against a number of PODs. Day case activity is currently £177k/43% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

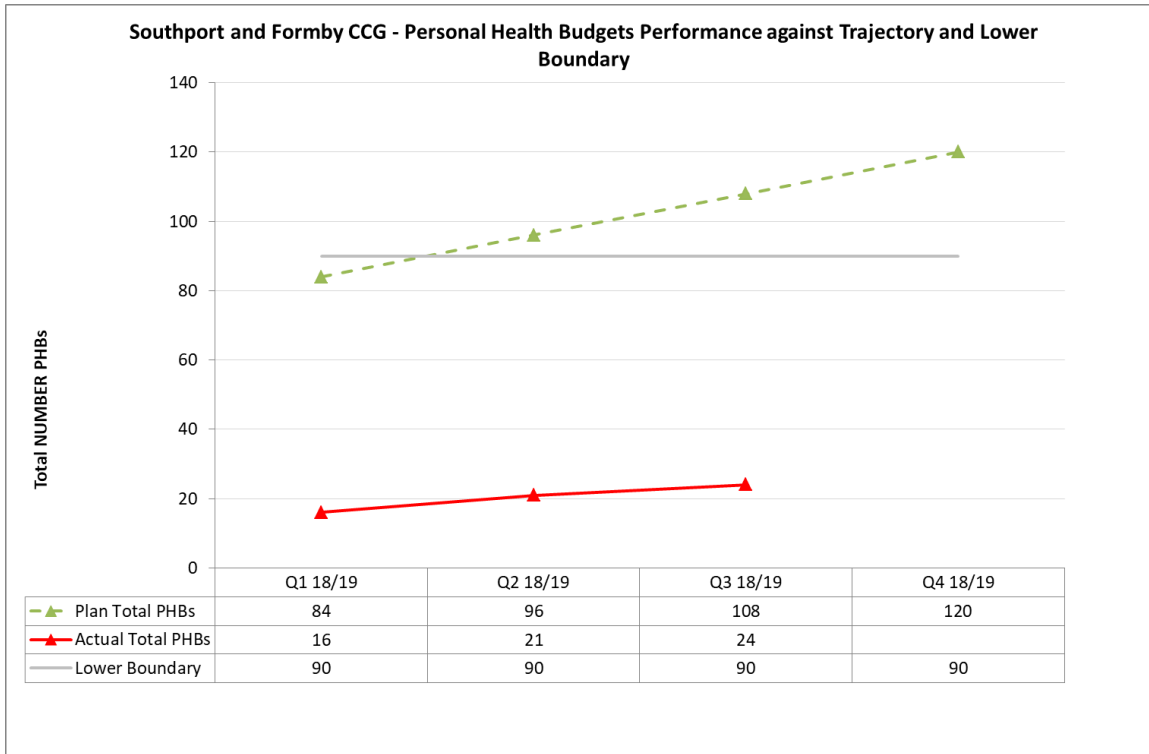
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

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

There is an over performance for AMD; however reports on AMD across providers indicate that activity is reducing at RLBUH and Aintree for Southport & Formby patients. Referrals for cataract surgery indicate that the majority of Southport & Formby CCG patients are opting to be treated by iSIGHT.

3.8 Personal Health Budgets

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



Performance Overview/Issues

In quarter 3 2018/19 a total of 3 new PHBs were reported, bringing the year to date total to 24 against a plan of 108. This equates to a rate of 19.3 per 100,000 population compared to the plan of 86.7. This is under the trajectory set by NHS England, who confirmed the lower boundary of 80 would be acceptable in terms of aspirations.

How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Discussions are on-going with Provider contracts teams in terms of the details with the service specifications to deliver against this element of the contract. A draft process map has been developed with key stakeholders who will support the contracting arrangements. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot, for Sefton Carers Centre to act as a 3rd party PHB support provider for all CCG new PHBs requiring either a direct payment and or managed budget. Processes are in place to support the development of the SLA and reporting requirements with an expectation for the SLA to be signed off in March 2019. This should reduce current response times for PHBs in this cohort.
- **Wheelchairs:** The CCG has identified a commissioning support lead from March 2019 to further progress the developments for specialist wheelchair PHBs.
- **Children Complex Care:** NHS England is unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans.
- **End of Life Fast-track:** The case or change for Southport and Formby CCG involving Queens Court Hospice is yet to be finalised. Clarification is to be sought from Queens

Court Hospice whether they wish to progress as the CCG is not able to delegate the statutory function to approve decision for meeting fast-track eligibility criteria.

- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

When is performance expected to recover?

End of Q3, 2019/20.

Who is responsible for this indicator?

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

3.9 Continuing Health Care (CHC)

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

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

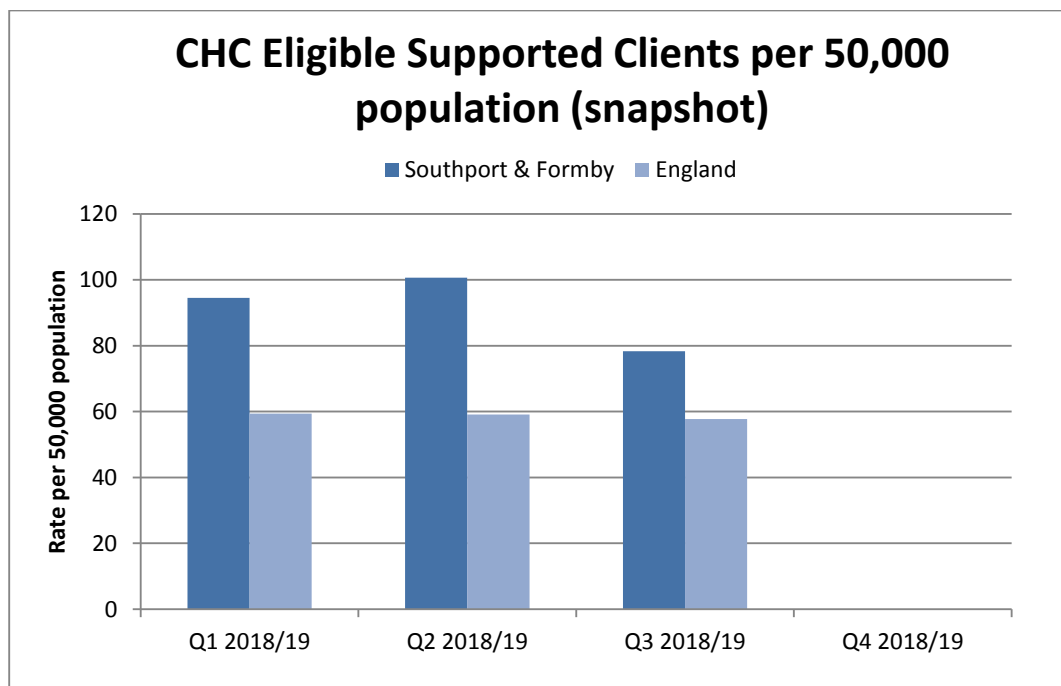


Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

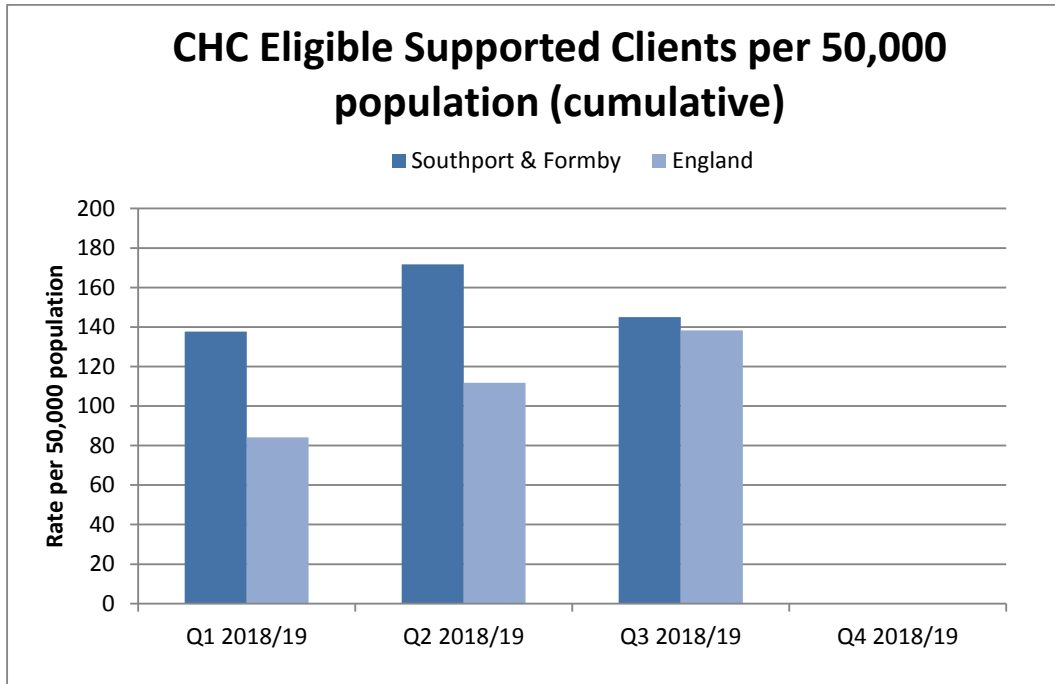


Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

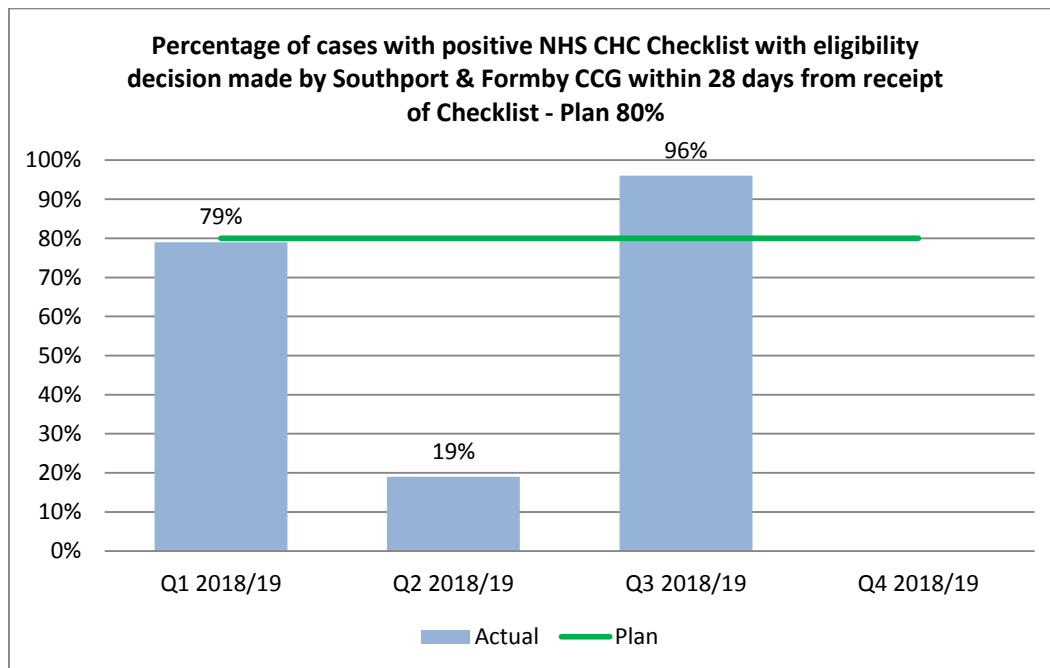
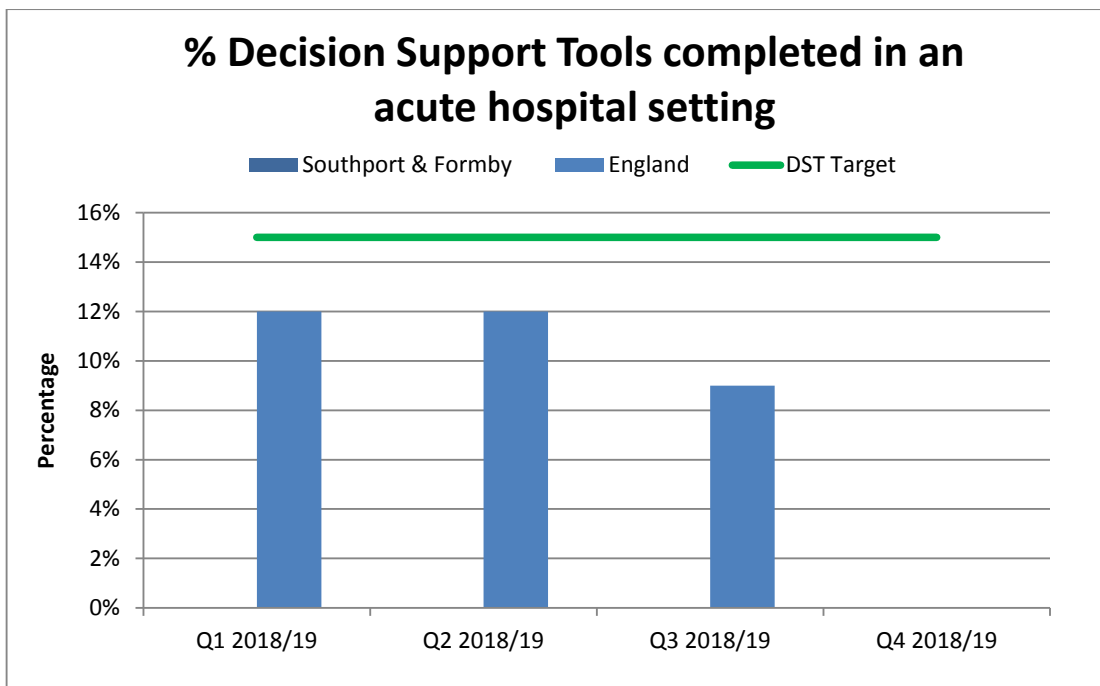


Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



Who is responsible for this indicator?

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

3.10 Smoking at Time of Delivery (SATOD)

Figure 41 - Smoking at Time of Delivery (SATOD)

Quarter 3

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	237	700	933
Number of women known to be smokers at the time of delivery	29	68	91
Number of women known not to be smokers at the time of delivery	208	632	843
Number of women whose smoking status was not known at the time of delivery	0	0	0
Data coverage %	100.0%	100.0%	100%
Percentage of maternities where mother smoked	12.2%	9.7%	9.7%

4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 42 - A&E Performance

A&E waits	Period	Target	Actual	Trend
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Jan	95.00%	87.80%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Jan	95.00%	82.89%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Jan	STP Trajectory Target for Jan 85.9%	88.94%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Jan	95.00%	83.24%	↓

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	88.50%	88.1%	85.90%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	91.05%	86.53%	88.94%

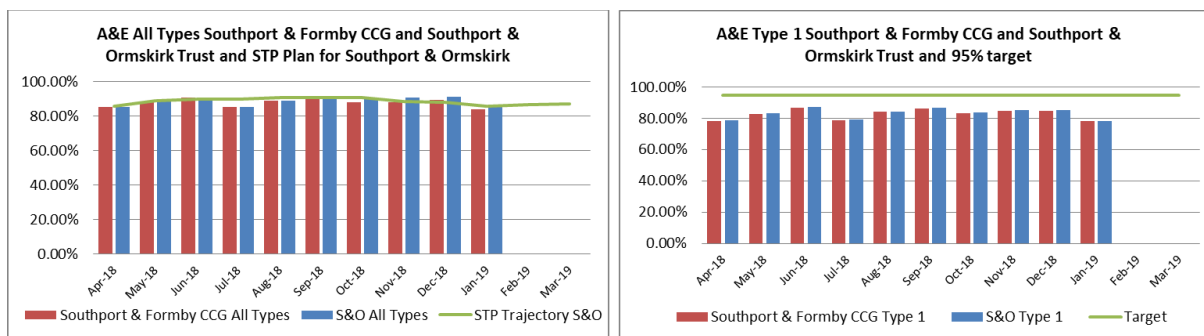


Figure 43 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - Jan	0	30	↑

Performance Overview/Issues

Southport & Ormskirk's performance against the 4-hour target for January reached 86.53%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.9% for January, although it shows a decline on last month's performance. The year to date position is also currently achieving the STP target at 88.94%.

There were 13 12-hour breaches across the month of January, bring the year to date total to 30. 2 of these were due to delays in accessing mental health beds. Timelines have been completed and RCAs are now underway. The other 11 breaches were as a result of bed delays at Southport.

How are the issues being addressed?

The Trust has reported a 4.8% improvement in overall Trust performance compared to January 2018. The Southport site alone saw an increase of 813 patients compared to Jan 2018; of those, an additional 686 patients were classed as majors' category compared to last year, which puts huge pressure on the clinical resources and estate available to meet this increased demand. Performance against the 4-hour standard on the Southport site saw a 14.9% improvement compared to last year, which demonstrates the collective work across the system to address pressures in patient flow and maintain patient safety. 299 fewer patients waited longer than 4-hours in ED compared to Jan 2018 and patients nursed on the corridor reduced from over 1600 in January 2018 to below 400 in 2019. Although there has been some good progress made in recruiting to the agreed ED workforce strategy (with another substantive consultant interview taking place in February along with overwhelming interest in the Physicians Associate posts), challenges remain at middle grade level in developing an expanded Tier 2 workforce. There is another review of ED workforce underway alongside activity levels to consider any further opportunities to support the current rotas, particularly night shifts when patient flow is challenged.

The Trust reported that bed occupancy levels at Southport remain high, coupled with reliance on escalation areas to bridge shortfall in discharges compared to admissions, and on frequent occasions across January a large number of patients were bedded in ED as a result. 9 of the breaches were following bed pressures experienced at weekends. It should be noted that January saw a huge increase in attendances compared to January 2018, which put pressure not only on ED but also the hospital bed base, in addition to some infection control pressures which resulted in bed closures. Significant efforts have been made to improve inpatient flow across the week with MADE reviews, Red to Green, investment in a dedicated Discharge Lounge and an Integrated Discharge Team, a drive for on-going assessments to take place in community beds, alongside enhanced medical staffing models at weekends in medicine. However, the timely release of beds, and aligning discharges and admissions remains a challenge, particularly across weekends. Daily senior medical support continues to in-reach into ED until 9:30pm ensuring that alternative pathways to admission are considered wherever appropriate.

When is performance expected to recover?

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

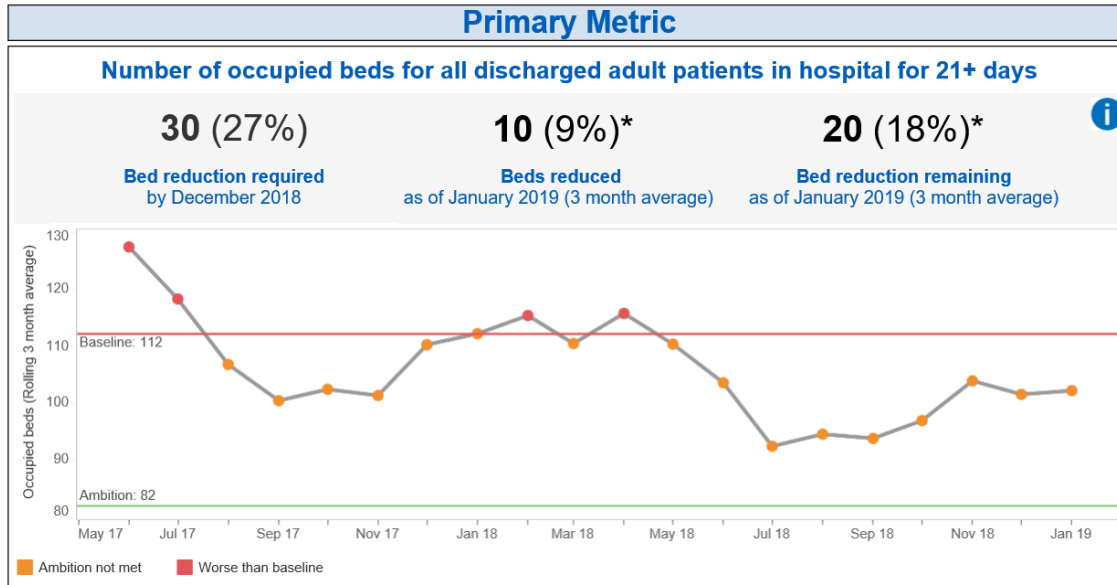
Who is responsible for this indicator?

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

4.2 Occupied Bed Days

NHS England and NHS Improvement expect to reduce long stay patients (as defined by LOS of 21+ days) by 25% and free up at least 4,000 beds by December 2018. The reduction will be monitored on a 3 month rolling basis and success will be judged against the average for Jan-Mar 2019.

Figure 44 – Occupied Bed Days, Southport & Ormskirk Hospitals



Data Source: NHS Improvement – Long Stays Dashboard

The Trust’s target is to reduce total occupied beds by 30 (27%) by December 2018; therefore the target is 82 or less. This target is yet to be achieved as current reporting for January 2019 (rolling 3 months) shows 102 occupied beds (a reduction of just 10 beds). This shows no change in the number of occupied beds compared to last month.

4.3 Ambulance Service Performance

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

In January 2019 there was an average response time in Southport and Formby of 8 minutes 49 seconds against a target of 7 minutes for Category 1 incidents, the slowest response time in Merseyside. For Category 2 incidents the average response time was 26 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Figure 45 - Ambulance handover time performance

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	18/19 - Jan	0	181	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Jan	0	69	↑

Performance Overview/Issues

In January, Southport and Ormskirk reported 181 handovers between 30 and 60 minutes, an increase on last month when 126 was reported. Handovers longer than 60 minutes also saw an increase with 69 in January compared to 26 in the previous month. The Trust has breached these zero tolerance thresholds every month but recent performance has shown significant improvements.

How are the issues being addressed?

The Trust has reported that whilst ambulance handovers completed within 15 minutes fell to 45% compared to the previous month, compared to January 2018, this was a 13% improvement. January 2019 saw an additional 813 patients, 130 of who arrived by ambulance. Ambulance ‘delays over 60 minutes’ continues to show improvements and care delivered on the corridor reduced significantly compared to January 2019. However pressures continue to be experienced as a result of exit blocks from ED (due to bed pressures, results of surges, or staffing shortfalls), which lead to delays in timely transfer of patients from the ambulance cubicles into assessment space. The Trust continues to work with NWS to identify further areas for improvement.

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

When is performance expected to recover?

ARP performance is expected to continued positive progress (incorporating ambulance handover times) against targets by March 2019.

Who is responsible for this indicator?

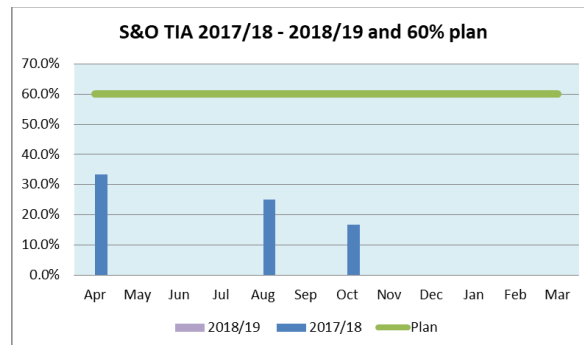
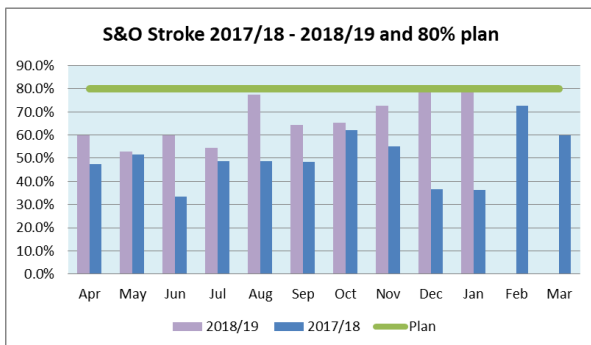
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 46 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	18/19 - Jan	80%	78.6%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Oct	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 78.6% in January; 22 out of 28 patients spent at least 90% of their time on a stroke unit.

In relation to the TIAs the CCG is awaiting an update from Southport & Ormskirk. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

How are the issues being addressed?

The Trust have been unable to submit TIA figures recently due to problems collecting key information on the referral and clinic outcome forms for TIA and problems with the data collection spread sheet in being used to collate the figures. However the Trust would like to provide the following re-assurances regarding the service:

- 3 designated TIA Consultant led clinics per week minimum of 4 slots per clinic
- Flexible/ad hoc clinics set up to accommodate time critical patients if necessary
- TIA referrals are triaged by Consultant to assess clinical urgency of patient and appointments made in-line with this assessment

A task & finish group has been set up to review the current process for recording the outcomes of TIA referrals and the following immediate actions have been agreed:

- Existing clinic outcome form to be revised to ensure all necessary information is recorded
- Working with EPR team for the form to become electronic on Medway
- Redeveloping the data collection spread sheet used to collate the figures in the interim to make it more robust to incomplete data and better at highlighting problems
- Audit to be undertaken on sample of patients over period while Trust has not been reporting performance

When is performance expected to recover?

March 2019.

Who is responsible for this indicator?

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

4.4.2 Mixed Sex Accommodation

Figure 47 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Jan	0.00	4.80	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Jan	0.00	5.90	↑

Performance Overview/Issues

The CCG has reported an MSA rate of 4.8, which equates to a total of 19 breaches in January. All 19 breaches were at Southport & Ormskirk NHS Trust.

In January the Trust had 31 mixed sex accommodation breaches (a rate of 5.9) and has therefore breached the zero tolerance threshold. Of the 31 breaches, 19 were for Southport & Formby CCG, 10 for West Lancashire CCG and 2 for Chorley & South Ribble CCG.

How are the issues being addressed?

January saw a significant rise in DSSA breaches. In total there were 31 patients. Trust actions are:

- Increased focus and surveillance continues at the daily bed management meeting which ensures a discipline is put in place to step patients down within the required timeframe.
- The operational leadership team is assessing estates to determine any opportunities to redesign to support performance improvement.

When is performance expected to recover?

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

Who is responsible for this indicator?

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

4.4.3 Healthcare associated infections (HCAI)

Figure 48 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Jan	30	28	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Jan	29	8	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Jan	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Jan	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Jan	90	121	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Jan	No Plan	187	↑

Performance Overview/Issues

There were 5 new cases of Clostridium Difficile attributed to the CCG in January, bringing the year to date figure to 28 against a plan of 30. Year to date 5 cases were apportioned to an acute trust and 23 to the community. Southport & Ormskirk had no new cases in January; therefore the total for the year remains at 8 against a plan of 29.

The CCG had no new cases of MRSA in January, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In January, 20 new cases were reported (121 YTD), against a YTD target of 90. Southport & Ormskirk reported 28 cases in January (187 YTD). There are no targets for Trusts at present.

How are the issues being addressed?

The E. coli bacteraemia rate at Southport & Ormskirk Hospital remains high and the Quality Committee were advised that this is multifactorial. NW Mersey GNBSI Steering Group is leading on a piece of work regarding E. Coli reduction and working with Local Authority colleagues to strengthen public health messages.

When is performance expected to recover?

Quarter 4, 2019/20.

Who is responsible for this indicator?

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

4.4.4 Mortality

Figure 49 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Jan	100	113.80	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Apr 18 to Jun 18	100	115.50	↓

In January, Southport & Ormskirk Trust has reported HSMR 12 Month Rolling Total to September 2018. HSMR is improving sequentially. The current HSMR of 113.8 is the best figure since the commission of the Reducing Avoidable Mortality project and is the lowest single figure on the reported data since April 2017. This represents an improved position on the comparator period in 2017. This improved position is due to multiple factors improved through the individual work streams.

SHMI Quarter 1 2018/19 - SHMI decreased from 118 in Q4 2017/18 to 115.46 in Q1 2019/20 and is lower than June 2017 which was 117.39.

4.5 CCG Serious Incident Management

There has been progress made with regards to the areas remaining open on the CCGs serious incident improvement programme action plan. The CCG have planned a provider action planning learning session which is due to take place at the end of March 2019 and CCG staff members are scheduled to undertake RCA training in May 2019. Once completed, the action plan will be reviewed for closure to be considered.

There are 69 incidents open on StEIS (up from 66 last month) where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

Figure 50 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs Reported (M10)	SIs Reported (YTD)	Closed SIs (M10)	Closed SIs (YTD)	Open SIs (M10)	SIs Open >100 Days (M10)
Southport and Ormskirk Hospital	5	54	2	64	42	22
Lancashire Care	1	8	0	2	9	7
Southport & Formby CCG	0	2	0	0	2	0
Mersey Care Trust	2	14	3	11	10	3
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	0	2	0	0
Cheshire and Wirral Partnership	0	0	0	0	2	2
Liverpool Womens	0	0	0	0	1	1
North West Boroughs	0	1	0	1	0	0
North West Ambulance Service	0	0	0	0	1	1
5 Boroughs Partnership	0	0	0	1	0	0
Spire Healthcare	0	1	0	1	0	0
Total	8	82	5	82	69	38

Figure 51 - Timescale Performance for Southport and Ormskirk Hospital

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
S&O	21	33	27	27	56	5	4	5	42

*N.B. The trust performance against this target continues to improve following an increased emphasis on submission of 72 hour reports. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

Following the issuing of a Contract Performance Breach Notice in January 2019, the trust has put in place an SI improvement plan which has been agreed by the CCG.

The CCG will continue to monitor performance and improvements have been noted in relation to the number of outstanding breached RCA's. The Trusts Assistant Director of Governance and CCGs Programme Manager for Quality and Risk will continue to meet on a monthly basis to review the progress on the Trusts action plan and timelines for submission of RCA's. The action plan will be submitted to the CCQRM for oversight and on-going monitoring, however the majority of the work to be undertaken outside of the CCQRM.

Figure 52 - Timescale Performance for Lancashire Care Community Trust

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
Lancashire Care	6	2	2	6	-	8	1	5	0	2

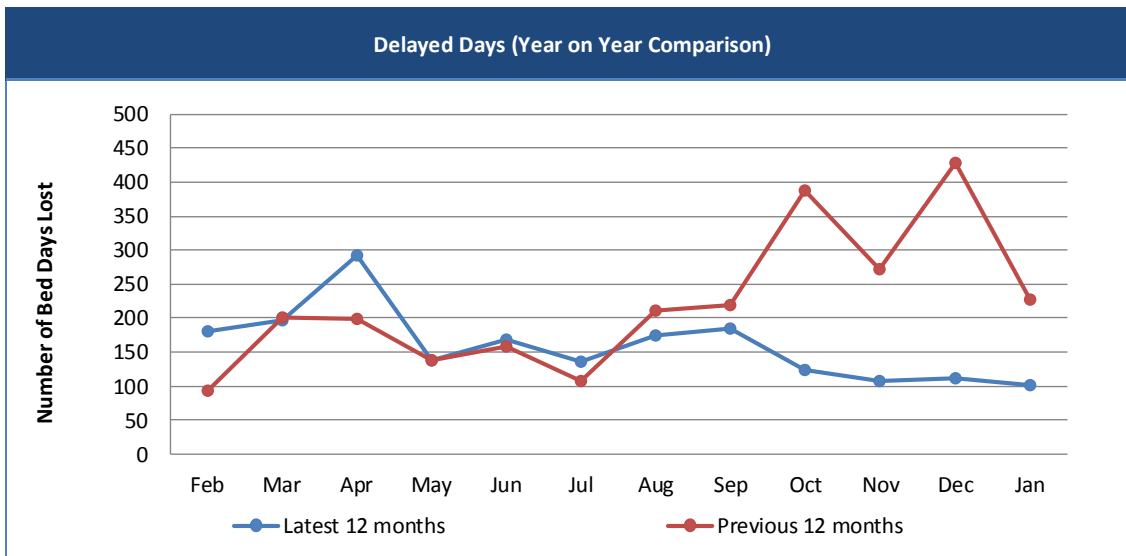
*N.B. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

The trust had undertaken a Pressure Ulcer Thematic Review (covering 6 Pressure Ulcer SIs). This was reviewed by the CCG at SIRG and further assurances were requested in order to support closure. The feedback has since been re-submitted, reviewed and closure has been agreed. The CCG will continue to monitor the aggregated Pressure Ulcer action plan via the provider contract meetings.

4.6 Delayed Transfers of Care

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition patients are reviewed who are delayed over 7 days and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

Figure 53 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-19	Dec-18	Jan-18
Total	102	111	227
NHS	98.0%	100.0%	98.2%
Social Care	2.0%	0.0%	1.8%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

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

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	2.0%
Community Equipment Adapt	7.8%
Completion Assessment	0.0%
Disputes	0.0%
Further Non-Acute NHS	5.9%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	83.3%
Public Funding	0.0%
Residential Home	1.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in January 2019 was 102, a significant decrease compared to January 2018 with 227. Delays due to NHS have remained static at 98%, with those due to social care remaining at 2%. The majority of delay reasons in January 2019 were due to patient family choice.

4.7 Patient Experience of Unplanned Care

Figure 54 - Southport A&E Friends and Family Test performance

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.2%	2.1%		86%	74%		8%	22%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.1% in January, a slight improvement on last month but remaining significantly below the England average of 12.2%.

The Trusts A&E department has seen a slight increase in the percentage of people who would recommend the service from 70% in December to 74% in January, but remains below the England average of 86%. The percentage not recommended has decreased slightly to 22% in January, from 23% in December, remaining significantly above the England Average of 8%.

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

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £7m/25.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £6.1m/22.5%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £5.9m/24% against plan at month 10. Aintree Hospital are also seeing an over performance of £678k/84%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

Figure 55 - Month 10 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,323	2,510	1,187	90%	£803	£1,481	£678	84%	£-678	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	746	767	21	3%	£314	£298	£-15	-5%	£15	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	123	111	-12	-10%	£430	£483	£53	12%	£-53	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	242	237	-5	-2%	£349	£363	£13	4%	£-13	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,387	988	-399	-29%	£719	£807	£87	12%	£-87	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	5	2	47%	£34	£46	£11	33%	£-11	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	3,824	4,618	794	21%	£2,650	£3,477	£827	31%	£-827	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98	91	-7	-7%	£36	£45	£8	22%	£0	£8	-
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	38	38	0%	£0	£10	£10	0%	£0	£10	-
LANCASHIRE TEACHING HOSPITAL	0	173	173	0%	£0	£83	£83	0%	£0	£83	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	39	39	0%	£0	£30	£30	0%	£0	£30	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	48,343	52,900	4,557	9%	£24,525	£30,437	£5,913	24%	£0	£5,913	24%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	435	515	80	18%	£216	£245	£30	14%	£0	£30	14%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	62	48	-14	-22%	£69	£124	£55	80%	£0	£55	80%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	34	34	0%	£0	£13	£13	0%	£0	£13	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	71	71	0%	£0	£31	£31	0%	£0	£31	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	68	62	-6	-9%	£39	£52	£13	34%	£0	£13	34%
ALL REMAINING PROVIDERS TOTAL	49,007	53,971	4,964	10%	£24,885	£31,071	£6,186	25%	£4	£6,186	25%
GRAND TOTAL	52,831	58,589	5,758	11%	£27,535	£34,548	£7,013	25.5%	£-827	£6,186	22.5%

*PbR only

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 56 - Month 10 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	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
S&O Hospital Unplanned Care								
A and E	32,371	34,802	2,431	8%	£4,654	£5,005	£351	8%
NEL/NELSD - Non Elective/Non Elective IP Same Day	8,648	11,222	2,574	30%	£15,694	£21,282	£5,587	36%
NELNE - Non Elective Non-Emergency	1,017	975	-42	-4%	£2,267	£1,993	-£275	-12%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	101	354	253	249%	£29	£9	-£20	-70%
NELST - Non Elective Short Stay	912	1,852	940	103%	£641	£1,281	£641	100%
NELXBD - Non Elective Excess Bed Day	5,293	3,695	-1,598	-30%	£1,239	£868	-£371	-30%
Grand Total	48,343	52,900	4,557	9%	£24,525	£30,437	£5,913	24%

*PbR only

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

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

Over performance related to emergency admissions continues to be seen within month 10 with the majority due to changes made by the trust linked to pathway coding and activity flow. Activity linked to the Ambulatory Care Unit are now included in the NEL and NELSD position which had previously been recorded under GPAU. Also included are Clinical Decision Unit activity levels which are currently driving a national tariff for short stay admissions. The CDU activity has been disputed with the Trust due to the lack of notice given and an impact assessment of the activity and costing changes.

4.9 Aintree and University Hospital NHS Foundation Trust

Figure 57 - Month 10 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

	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 Hospital Urgent Care PODS								
AandE	773	1,280	507	66%	£105	£184	£79	75%
NEL - Non Elective	325	670	345	106%	£574	£1,063	£489	85%
NELNE - Non Elective Non-Emergency	19	22	3	18%	£56	£62	£6	11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	38	38	0%	£0	£9	£9	0%
NELST - Non Elective Short Stay	41	100	59	142%	£29	£67	£38	132%
NELXBD - Non Elective Excess Bed Day	165	400	235	143%	£39	£96	£57	145%
Grand Total	1,323	2,510	1,187	90%	£803	£1,481	£678	84%

4.10 Aintree University Hospital NHS Trust Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to

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be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £678k/84% is mainly driven by a £489k/85% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Accident & Emergency and Geriatric Medicine. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

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

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 58 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Caseload 2018/19 M10	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M10
0 Variance	29	38	-9	-13
1 Com Prob Low Sev	30	5	25	29
2 Prob Low Sev/Need	32	13	19	28
3 Non Psychotic Mod	72	64	8	-4
4 Non Psychotic Sev	173	212	-39	-39
5 Non Psychot V Sev	54	41	13	17
6 Non Psychotic Dis	21	22	-1	-3
7 Endur Non Psychot	129	131	-2	-14
8 Non Psychot Chaot	87	70	17	9
10 1st Ep Psychosis	83	75	8	17
11 Ongo Rec Psychos	215	210	5	7
12 Ongo/Rec Psych	209	246	-37	-32
13 Ong/Rec Psys High	90	106	-16	-13
14 Psychotic Crisis	16	11	5	1
15 Sev Psychot Cris	3	4	-1	-3
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	21	25	-4	-1
18 Cog Impairment	119	159	-40	-87
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	471	482	-11	-107
20 Cognitive Impairment or Dementia Complicated (High Need)	239	370	-131	-110
21 Cognitive Impairment or Dementia (High Physical or Engagement)	152	159	-7	52
97	868	98	770	664
98		156		
Total	3133	2714	575	405

5.1.1 Key Mental Health Performance Indicators

Figure 59 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	100%	100%	100%

Figure 60 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	No Patients	100%	50.0%	100%	No Patients
Cumulative Quarter				100%	100%	100%	100%	100%	85.7%	90.0%	N/A

Figure 61 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
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)	53%	100%	66.7%	100.0%	80.0%	50.0%	75.0%	100%	100%	66.7%	80.0%
Cumulative Quarter				80%	80%	71%	73.3%	100%	100%	77.8%	80.0%

5.2 Out of Area Placements (OAP's)

Figure 62 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	60
	Feb 18 to Apr 18	55
	Mar 18 to May 18	10
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 18	0
	Aug 18 to Oct 18	0
	Sep 18 to Nov 18	0
	Oct 18 to Dec 18	0

5.2.1 Mental Health Contract Quality Overview

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

Transformation Update

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

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

The Trust has confirmed that through a combination of reorganisation and recruitment they are planning to have 50.3 WTE multi-disciplinary staff providing the CRHTT function from March 2020 onwards.

Eating Disorder Service

Treatment commencing within 18 weeks of referrals (Target 95%): Throughout 2018/19, Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal. In Month 10 a performance of 30.77% (4/13) was reported for Southport & Formby CCG patients, which is an improvement from the 22.22% reported in Month 9.

The Trust has reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy.

The Trust are working to address the above and explore alternative interventions to increase resources/capacity including the development of a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

Patients with a score of 2 or more to receive an appropriate care plan – MUST Tool (Target 100%): In Quarter 3 2018/19 a performance of 50% (2/4) was reported for Southport & Formby CCG patients.

Since moving to Rio in June 2018 the Trust's Dietetic team lead and Business Intelligence team have continued to analyse MUST data reports and have carried out deep dives to identify the reasons for reported breaches in collaboration with the ward teams. The Trust is working to adapt the reports and ensure accuracy. The breaches from these reports are sent out on a twice weekly basis to ward managers. The Dietetic lead is working in partnership with the RiO team to adapt the observation form where MUST is reported from. This will ensure the forms are user friendly to aid compliance in completion. The Dietetic team provide MUST training at Local induction and to the wards on an ad-hoc basis. There are a portion of the current breaches which are patient refusals or where the patient is too mentally unwell to obtain height and weight therefore this prevents MUST from being calculated. Wards will now inform dietetic team of the patients who they are unable to obtain the MUST score after 3 attempts.

Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation by CCG (Target 70%): In Quarter 3 2018/19 a performance of 26.81% (100/373) was reported for Southport & Formby CCG patients.

An improvement plan has been agreed and a refresher training programme is in place this is demonstrated in overall Trust improvement from Quarter 2 (30.7%) to Quarter 3 39.4%. The actions agreed aim to achieve the target by the end of Quarter 1 2019/20.

Communication KPIs

The following performance relates to Quarter 3 2018/19:

- Communication - (Inpatients). Appropriate Supply of Medication on Discharge (Target 95%): 50.0% (5/10). There is a Recovery Plan in place to address the improvement of this KPI. The focus of this is to introduce the e-discharge electronic process.
- Communication - All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge (Target 95%): 80.0% (8/10). There is a recovery plan in place to address the improvement of this KPI. This will focus on introducing the e-discharge electronic process.
- Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days, excluding weekends and bank holidays (Target 95%): 12.7% (9/71). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.
- The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days following the service users outpatient attendance and 7 days from 2018 (Target 95%): 12.7% (9/71). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.

Outpatient Appointments and DNA rates

Since the introduction of RiO there has also been an issue whereby appointments that have been booked in have not all been 'outcomed' (as in, classified whether the appointment was attended or did not attend) as a result, this has seen a drop in activity and has a wider impact on some of the local KPIs and also the SLA report which the CCGs receive separately. It is important to note that although the 'un-outcomed' cases will impact on activity they do not affect the clinical entries of the patient record which has been completed.

RiO and KPIs Reporting

The Trust implemented its new RiO patient information system on 1st June 2018. As per the RiO plan agreed between the Trust and CCGs the Trust was required to provide shadow data for Month 5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For Month 6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust reported in November 2018 that there are still some instances in which KPIs are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPIs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by a narrative. There has been extensive work undertaken within the Trust's Business Intelligence team in relation to the rollout of the RiO system, however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified and the trust is working to remedy these issues. Commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4.

The Commissioners has held a series of meetings in January and February 2019 with the Trust to review KPIs for inclusion in the 2019/20 contract and to ensure that the KPIs identified by the CCGs are reflected in Trust Board reports going forward.

Safeguarding

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

5.3 Patient Experience of Mental Health Services

Figure 63 - Merseycare Friends and Family Test performance

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	3.4%	3.6%		90%	88%		3%	3%	

The Trust's response rate for mental health services for January has shown an improvement from 2.8% in December to 3.6% in January and is now above the England average of 3.4%. The percentage who would recommend the service has declined to 88% falling below the England average of 90%.

5.4 Improving Access to Psychological Therapies

Figure 64 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218	220	197	225	184	186	247	204	130	203			2,014
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	1.08%	13.2%
	2018/19	1.14%	1.15%	1.03%	1.18%	0.97%	0.97%	1.29%	1.07%	0.68%	1.06%			10.5%
Recovery % ACTUAL - 50% target	2017/18	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%	48.7%
	2018/19	52.3%	49.7%	54.4%	45.9%	45.5%	53.4%	60.0%	62.1%	55.3%	62.0%			53.6%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%	99.4%	99.3%	97.6%	98.9%	98.3%	100.0%	99.3%	100%	100.0%			99.2%
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%
	2018/19	100%	100%	100%	99%	100%	100%	100%	100%	100%	100.0%			100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	163	140	162	100	118	112	147	78	95			1,282
National definition of those who have entered Below Caseness (KPI6b)	2017/18	7	8	6	9	8	6	3	8	12	8	8	7	90
	2018/19	12	6	4	3	1	2	2	7	2	3			42
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81	78	74	73	45	62	66	87	42	57			665
Referral opt in rate (%)	2017/18	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%	78.3%
	2018/19	89.9%	89.4%	90.9%	89.9%	89.8%	88.8%	88.8%	85.1%	86.1%	76.6%			87.5%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 203 Southport & Formby patients entering treatment in Month 10. This is a 56.2% increase compared to previous month when 130 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is set for Quarter 4 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 10 was 1.06% and therefore failed to achieve the standard.

The percentage of people moved to recovery increased with 62.0% compared to 55.3% in the previous month. This satisfies the monthly target of 50% the 5th consecutive month.

How are the issues being addressed?

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

When is the performance expected to recover by?

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

Who is responsible for this indicator?

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

5.5 Dementia

Figure 65 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535	1540	1687
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7	2206.8	2208.8
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%	69.9%	69.6%	69.7%	69.8%	76.4%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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

Figure 66 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Performance

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	150	335	150	110	150	115	151		450	560
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	17.8%	8.0%	5.9%	8.0%	6.1%	8.0%		24.0%	29.8%

Quarter 3 performance shows the CCG not achieving the 8% target, with just 115 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a performance of just 6.1%.

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

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

Figure 67 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	18	2	21	5	23
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5	27
%	100.00%	81.82%	100.00%	84.00%	100.00%	85.19%

In quarter 3, out of 27 routine referrals to children and young people’s eating disorder service, 23 were seen within 4 weeks recording 85.19% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

Figure 68 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)

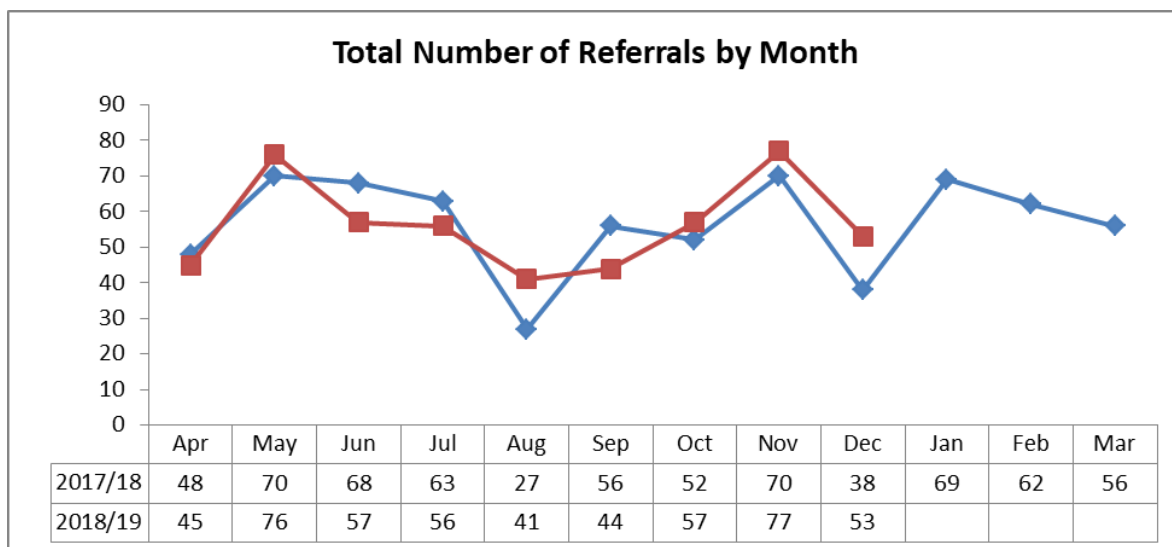
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2	3
%	100.00%	50.00%	100.00%	66.67%	100.00%	66.67%

In quarter 3, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

5.8 Child and Adolescent Mental Health Services (CAMHS)

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

Figure 69 – CAMHS Referrals



Throughout quarter 3 2018/19 there were a total of 187 referrals made to CAMHS from Southport and Formby CCG patients. As with South Sefton CCG patients, there was an upward trend as of August which declined in December.

The remaining tables within this section will focus on only those 81 Referrals that have been accepted and allocated.

Figure 70 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	36	44.4%
2-4 Weeks	7	8.6%
4- 6 Weeks	7	8.6%
6-8 weeks	21	25.9%
8-10 Weeks	7	8.6%
Over 10 Weeks	2	2.5%
(blank)	1	1.2%
Total	81	100%

Of those Referrals during October to December 2018/19 that have been allocated and an assessment taken place, 44.4% (36) waited between 0 and 2 weeks for the assessment. All allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

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

Figure 71 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	8	9.9%	21.1%
2-4 Weeks	8	9.9%	21.1%
4- 6 Weeks	4	4.9%	10.5%
6-8 weeks	6	7.4%	15.8%
8- 10 weeks	6	7.4%	15.8%
10-12 Weeks	2	2.5%	5.3%
Over 12 Weeks	4	4.9%	10.5%
(blank)	43	53.1%	
Total	81	100%	100%

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

53.1% (43) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 43 referrals were discounted, that would mean 42.1% (16) of referrals waited 4 weeks or less from referral to intervention. Collectively 89.5% of referrals where an intervention took place had their first intervention within 12 weeks.

5.9 Learning Disability Health Checks

Figure 72 – Learning Disability Health Checks

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Q1	98	64	65.3%
Q2	76	43	56.6%
Q3	119	83	69.7%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target is 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 3 the total performance for the CCG was 69.7%, above the planned 15.6%. However just 119 are registered compared to the plan of 754, with just 83 being checked against a plan of 118.

6. Community Health

6.1 Lancashire Care Trust Community Services

Since taking over the service from Southport & Ormskirk in June 2017, Lancashire Care Trust has undertaken a data validation exercise across all services. This included reviews of current reporting practices, validation of caseloads and RTT recording as well as a deep dive with the service leads and teams. A revised activity baseline has been agreed to use as an activity monitoring tool for the purposes of exception reporting to provide assurance to the CCG. The Trust has informed the CCG of their transformation agenda which has begun to impact on activity levels for Therapies, CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an ‘ICRAS/Frailty’ pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

6.1.2 Quality




The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators and or measures.

The LCFT work programme is to be reviewed by the provider and updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile). Formal concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and Lancashire Care NHS FT for the delivery of community services.

There have been a number of LCFT quality site visits which have been well received by front line staff.

6.2 Patient Experience of Community Services

Figure 73 - Lancashire Care Friends and Family Test Performance

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	3.3%	0.9%		96%	99%		2%	1%	

Lancashire Care is reporting a response rate of 0.9% in January against an England average of 3.3%, a slight improvement in performance but remaining significantly below average.

6.3 Any Qualified Provider – Audiology

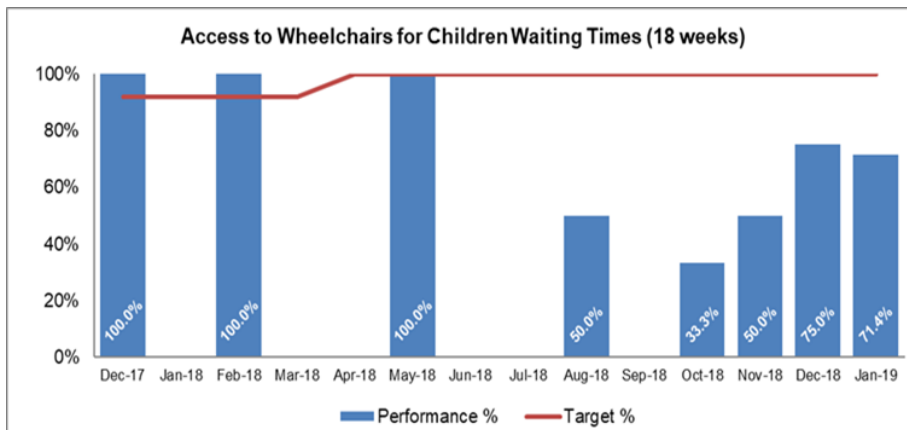
Merseyside AQP audiology contracts expired on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March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

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

Figure 74 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	10	1	10	2	10	8
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	10	1	10	5	10	14
%	100.00%	100.00%	100.00%	40.00%	100.00%	57.14%

Lancashire Care has reported just 8 patients out of 14 receiving equipment within 18 weeks for quarter 3, a performance of 57.14%. This is an improvement on Q2 but still significantly below target.



Trust Actions

- The role of band 3 rehabilitation assistant is due to go out for advert and is a new role to increase capacity
- Administrator now monitoring weekly activity and reporting to service manager and deputy head of operations
- Subcontracts are being reviewed with Ross Care to ensure assurance around delivery of equipment timescales.
- Service reviewing SOP to include more robust timescales and escalation. There is a delay in finalising the SOPs due to a decrease in clinical staffing to support winter pressures and the delay will continue as staffing has now decreased again due to what is likely to be long term sickness. The current timescale will require extending until end of March 2019. Work continues to progress. Further work to be done on stop clocks against national guidance.
- Task and finish group meets weekly to monitor activity and long waits. Deputy Head of operations now supporting service by attendance at the meeting.

7. Third Sector Contracts

Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved, have been collated and analysed. A copy of the resultant Third Sector Quarter 3 2018-19 Report has been circulated to relevant commissioning leads. Providers continue to report that individual service user issues (and their accompanying needs) are increasing in complexity, causing pressure on staffing and resources.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q3 264 service users engaged with the service. 27 cases were closed and 41 referrals received. All referred clients were assessed within 14 days of initial referral and received plans detailing Reablement outcomes, whilst 102 care plan reviews took place within 6 weeks of service commencement. GP's, local NHS Trusts and Community Mental Health Teams accounted for 15% of referrals. Volunteer recruitment also continues apace.

Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q3 (1 in South Sefton and 7 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. Moving forward the Society has a further two new surgeries lined up. During Q3 58 new referrals were received with 46% via the local health economy and 77 cases were closed. The Side-by-Side service continues to progress well. Four new volunteers have been recruited and will be matched with service users during the next quarter to enable them to enjoying a range of activities, conversations and social events. Dementia Community Support conducted 62 Individual Needs Assessments. The Dementia Peer Support Group ran 10 Singing for the Brain, 5 Active & Involved and 10 Reading sessions, plus 11 Memory Cafes.

Citizens Advice Sefton

The Bureau provides advice sessions to in-patients at Clock View Hospital, Walton. During Q3 31 new referrals were received. 55% were from Mental Health Professionals or GPs with 32% Self/Carers and 13% from other sources. 81% of new referrals had mental health problems, 10% long-term health conditions 6% another disability (or type not given), and 3% multiple impairments. 73% of enquiries were for general benefits and tax credits, 26% other benefits and 1% travel and transport issues. 58% of service users were Female, 39% Male and 3% Other. During Q3 17 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase; or following a revision/appeal; or money put back into payments) financial outcomes totalled £213,583.

Crosby Housing and Reablement Team (CHART)

During Q3 the service received 64 new referrals, with the main source being Mersey Care NHS Foundation Trust 91%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care and floating support staff. Case outcomes during the period included accommodating 15 service users and supporting a further 17 people to stay in their current residence. The service helped 2 people avoid hospital admission (and enabled 10 patients to be discharged). It prevented 15 people from becoming homeless; moved 8 into more supported accommodation; assisted 1 person move into independent accommodation; and 1 into accommodation with the same level of support.

Expect Limited

Expect Limited provides a non-judgemental environment for mentally-ill service users, helping them to regain skills lost due to illness, develop new ones, become socially included and gain

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independence. 40% of new referrals were received from Mersey Care NHS Trust whilst 60% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q3 there were 1,789 drop-in contacts (Monday to Friday) and a total of 2,438 structured activities were delivered

Imagine independence

During Q3 Imagine Independence carried forward 35 existing cases. A further 109 were referred to the service via IAPT and 23 cases were closed during the period. Of the new referrals 51% were female and 49% male. All completed personal profiles and commenced job searches. A total of 29 service users attended job interviews; 14 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 56 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 27%, employment courses attended 7%, commenced job search 27%, job interviews attended 22%, employment engagement meetings attended by service 2% and service contact with employers 14% (with 1% requiring interpretation services).

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q3 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 70 people accessing the service. Referral routes included GP practices, mental health professionals, self/carer and solicitors. The vast majority of clients were drawn from either Litherland 49% or Netherton & Orrell 39% electoral wards as well as Birkdale 9% and Harrington 3%. 52% of clients were female and 48% male, with an ethnicity of White British. An example of work undertaken during Q3 included working with a service user with complex development trauma.

Parenting 2000

During Q3 the service received 18 adult and 114 child referrals. A total of 74 service users accessed counselling for the first time. Of the 725 appointments available during this period a total of 660 were booked and 519 were actually used. There were 89 cancellations whilst 52 did not attend their scheduled appointment. 59% of service users were female and 41% male. Referral sources during Q3 comprised GP practice and recommendations to service users 34%, Sefton MBC 2%, CAMHS and Alder Hey 14%, Other health professionals 2%, Self/Carer/Parent 26%, Other VCFSE 8%, Schools 12%, Social Workers 1% and unknown 1%.

Sefton Advocacy

During Q3 228 existing cases were brought forward. A total of 133 new referrals were received. 22 referrals were signposted to more appropriate support, whilst 8 comprised general enquiry /information-only queries. 84 cases were closed, the reasons being Cases completed 73%, Advocacy not wanted 2%, Service user deceased 1% and Unable to contact service user 24%. During Q3 there were a total of 2,080 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included Options explained to service user 20%, Representations made 16%, Information supplied 21%, Client empowerment 13%, Signposted 6% and Support 24%. During Q3 these case outputs resulted in financial outcomes worth a total of £467,927 being achieved.

Sefton Carers Centre

October saw the highest number of carers supported and Carers Assessments completed or closed this financial year. Outstanding ICT issues relating to the training suite have been a key focus along with delivering the National Carers Rights Day in Sefton. Following the successful roll

out of the GPs Carers Charter in the Crosby locality, the scheme has now been rolled out to all practices in Sefton. During the period 160 new carers were registered (21 are Parent Carers). 250 Care Needs Assessments were completed or closed. £208k of additional or maintained annual income was secured, plus £19k back payments. 136 information and guidance contacts were made. 6 new volunteers were recruited during the quarter, 100 hours of sitting service provided, whilst volunteer value at the Centre equated to £14k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 67% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 91 carers, 30 Emergency Cards issued (for peace of mind) and 38 carers signposted to additional support. The Centre made a total of 58 home visits, received 1,440 telephone contacts and delivered 131 counselling appointments.

Sefton Council for Voluntary Service

During Q3 the BME Community Development Worker received 15 new referrals and a total of 62 BME/Migrant people were supported. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, finance, debt immigration and benefits. Every Child Matters (ECM) Forum meetings are currently under review and a consultation is due to be circulated to all providers. During Q3 the ECM Forum shared 10 articles via ECM bulletins, contributed to 1 strategic plan and input to 5 wider consultations. Training delivered during the period comprised Safeguarding Good Governance course and Safeguarding Children course. Health and Wellbeing Trainers saw 156 new referrals during Q3 with service users helped to address accommodation needs 15%, social exclusion 32%, health issues (including smoking and weight loss) 10%, financial problems 14%, family and relationships issues 6%, drug and alcohol problems 2% and attitude/confidence building 21%. The Reablement/Signposting service had 73 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 420 whilst there were 2,532 distinct users of the online service directory. Areas of support included health-related issues 9%, social inclusion 37%, money matters 5%, everyday living/food 16%, volunteering/employment/training 1%, risk management 8%, transport/travel 5% and other 19%.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q3 there were 618 new referrals. 171 assessments were completed and 22 are pending further action; 83 were already active in the service; 79 were placed on the waiting list; 6 were referred to a partner agency and 7 recorded under the Other category; and 16 were found to be not within SWACA's remit. 232 were closed due to support being refused. 191 women and 63 children received support during the quarter. The refuge accommodated 6 women along with 4 children. 92% were female service users and 8% male. Referrals came from various sources, with the top three being Legal (Police - Family Crisis Intervention Unit) 43%, Children & Young People's Services 25% and Self 17%.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. During Q3 there were 87 referrals in South Sefton and 78 in Southport & Formby. Working age stroke survivors and carers figures were 30% and 14% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 97 stroke survivors were discharged. The top 5 outcome indicators for the quarter were better understanding of stroke 20% (and stroke risk 10%), feeling reassured 20%, enabled to self-manage stroke and its effects 7% and reduced anxiety or distress 6%. The service also attends weekly discharge planning meetings with the Early

Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 113 volunteering hours were worked across Sefton during Q3 that equates to £1,472. The Association also assists with applications for grant payments/benefits, securing 4 recovery grants totalling £1,121.88.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During December 69 women were part-way through their 12 allocated counselling sessions whilst 6 have exceeded twelve weeks and are continuing. There were 48 new referrals for Counselling. The main referral sources were GP referral 20%, Self-referral/Carer 55%, Mersey Care NHS Trust 7% and Other Professionals 12%. Of the counselling sessions available during this period 73% were booked and used, 22% were cancelled by the client and just 5% were recorded as Did Not Attend. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. 1 referral was made to the Outreach Service (with 27 people supported and 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 11 new referrals were received during the period with 97 attendances in total.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 75 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans

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

Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements at this stage. A CCG working group have developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018. This information is published bi-annually by NHS England. The next publication is expected in May 2019.

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. The Corner Surgery was inspected on 11th March achieving an overall rating of 'Good'. All the results are listed below:

Figure 76 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	11 December 2017	Good	Good	Good	Good	Good	Good
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	11 March 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017*	Good	Good	Good	Good	Good	Good

*inspection made 13/11/2018 awaiting report to be published

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

9. Better Care Fund

A quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q3 BCF performance is as follows:

Figure 77 – BCF Metric Performance

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement,	Development of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Review of reablement service ongoing. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers care. There are weekly calls between partners, MDT flying

Figure 78 – BCF High Impact Change Model Assessment

						Narrative
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established	This Chg is in already established for SFCCG area and work in place to move to maturity through implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this is being implemented through the ICRAS programme and the discharge lanes system. Work is monitored through ICRAS through to the North Mersey A&E subgroup. On track for established by end Q4.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established	Currently established in Southport and Formby in S&O and system working well to progress to mature. In Aintree the Medworxx system is in development to be used in conjunction with SAFER and discharge lanes approach. On track to be established by March 19.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Making good progress towards mature in South Sefton - robust ICRAS development in place which is supporting Newton Europe work plans on Decision Making around Aintree. E.g daily MDT flying squads with engagement from all providers resulting in improved flow. Also good progress in Southport towards mature with effective MDTs working well and with good progress on complex discharges.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established	Progress in hand with opportunities to work towards development of jointly funded pathway. Financial modelling to be undertaken. Integrated working on short stay enablement beds with model of care now in place.
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established	Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review impact alongside social work activity at weekend to move to more mature assesment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established	Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being developed. Domiciliary Care Trusted assessor established across Sefton footprint.
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established	The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments - this will facilitate it being fully established by end of Q4
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established	Many key components in place such as Telehealth, Care Home Matrons (south Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

11. NHS England Monthly Activity Monitoring

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

Month 10 performance and narrative detailed in the table below.

Figure 79 – Southport & Formby CCG’s Month 10 Submission to NHS England

Jan-19	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,568	2,588	0.8%	An increase in GP referrals occurred in month 10 as expected due to seasonal trends. GP referrals in the previous month had seen a significant reduction due to the extended holiday period. GP referrals in month 10 were in line with planned levels. 'Other' referrals remain high against the plan and increased in month 10. The referral patterns identified in 1819 are due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway. Rebased plans attempted to factor in this change. Discussions regarding referrals are raised at the information sub group with the provider and CCG agreeing to further analyse current variances by speciality.
Other	2,181	2,637	20.9%	
Total (in month)	4,749	5,225	10.0%	
Variance against Plan YTD	46,140	48,104	4.3%	
Year on Year YTD Growth			6.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,822	3,792	-0.8%	Variances against plan year to date are showing total outpatients (first attendances and follow ups) are within the 2% tolerance against planned levels. Appointments in month were also aligned to planned levels. Local monitoring has established that First and follow up appointments have increased in month 10 aligning to seasonal trends. Outpatient appointments in the previous month saw a significant decrease in line with reduced referral numbers - again believed to have been at least partially impacted by the extended holiday period.
Follow Up	8,872	8,819	-0.6%	
Total Outpatient attendances (in month)	12,694	12,611	-0.7%	
Variance against Plan YTD	119,867	119,908	0.0%	
Year on Year YTD Growth			3.4%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,369	1,568	14.5%	The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends, increasing in month 10 as expected. The YTD position for total electives is within the 2% threshold. The CCGs main provider continues to work to increase their Elective offering.
Elective Ordinary spells	229	203	-11.4%	
Total Elective spells (in month)	1,598	1,771	10.8%	
Variance against Plan YTD	16,470	16,584	0.7%	
Year on Year YTD Growth			0.9%	
Urgent & Emergency Care				
Type 1	3,411	4,023	17.9%	Local A&E monitoring has shown that the CCGs A&E activity has increased to the highest levels of the last three years. YTD levels remain high and performance at the main hospital provider has decreased to 86.5%, the first month to have seen performance drop below 90% since Jul-18. CCG urgent care leads and the main hospital provider continue to work together to understand the increase in attendances and also the impact and pressures of other services, such as community based nursing, to see if these are also contributing to the increase.
Year on Year YTD			10.4%	
All types (in month)	3,805	4,609	21.1%	
Variance against Plan YTD	40,076	43,798	9.3%	
Year on Year YTD Growth			11.3%	
Total Non Elective spells (in month)	1,168	1,838	57.4%	The CCGs main provider has implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018. This activity previously hasn't been recorded in this manner and was not fully discussed with commissioners prior to the pathway's implementation. The CCG is querying the non-elective changes with the Trust and has to date conducted a clinical walk-through to establish of the details of the pathway. CDU activity is averaging in excess of 500 admissions a month since May-18. Excluding this newly included CDU activity, the CCG would be below planned levels YTD.
Variance against Plan YTD	12,259	16,109	31.4%	
Year on Year YTD Growth			34.3%	

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/44	Author of the Paper: Luke Garner Interim - Strategy & Outcomes Officer Luke.Garner@southseftonccg.nhs.uk 0151 317 8465						
Report date: April 2019							
Title: Improvement and Assessment Framework 2018/19 Quarter 2 Exception Report							
<p>Summary/Key Issues: This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q2 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">x</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

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

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

Links to National Outcomes Framework (*x those that apply*)

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

Report to Governing Body

APRIL 2019

1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 indicators including 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. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q2 dashboard was released on My NHS in January 2019.

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

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q2 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

2. Introduction and Background

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

Figure 1 – Q2 2018/19 IAF Dashboard: Key Lines of Enquiry

[Cover](#)
[Overview](#)
[Key lines of enquiry](#)
[Variation by geography](#)
[Benchmarking](#)
[Dataset explorer](#)
[Metadata](#)

Key lines of enquiry

This sheet is designed to sign-post to notable changes in performance, at indicator level, for an organisation of interest. [info](#)

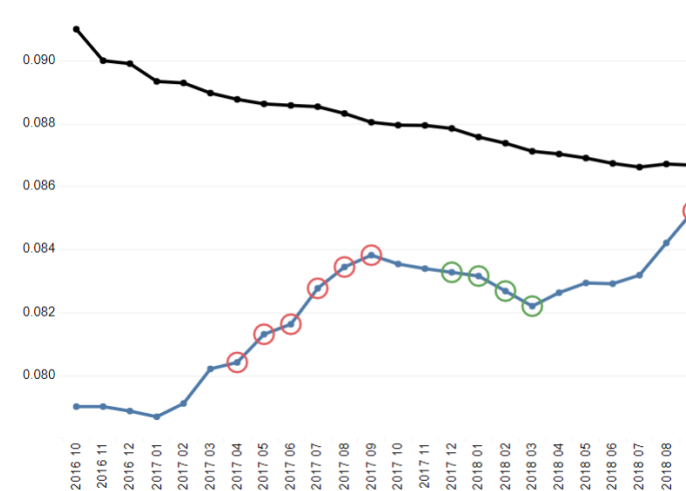
1. Select an organisation to view measures that have repeatedly deteriorated or improved.

Organisation type:
 Organisation:
 Period (lower is more recent):

Indicator	Period	Better Health	Better Care	Sustainability
107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	2018 09	↑		
122c: One-year survival from all cancers	2015	↑		
123c: People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	2018 11	↑		
144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral	2018 10	↑		

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

Indicator:



Key:
■ Deterioration
 ■ Improvement
 ■ Value
 ■ England average

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

Navigation icons: back, forward, search, refresh, print, zoom in, zoom out.

3. Key Issues

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

To note:

107b Appropriate prescribing of antibiotics in primary care has been highlighted in the KLOE for repeatedly deteriorated performance for September 2019.

122c One year survival for all cancers. Top quartile performance (12th best nationally). This is also recognised in the KLOE with an improving position.

123c EIP 2 Week Referral has been highlighted in the KLOE for repeatedly improved performance with 76.9% in November 2018.

124b LD Annual Health checks performance is no longer reporting in the worst quartile nationally with 49.3%.

126b Dementia post diagnostic support is no longer in the worst quartile nationally with 80.2% in 2017/18.

127e Delayed Transfers of Care per 100,000 population is no longer in the worst quartile with 11.3 in November 2018.

127f Hospital bed use following emergency admission was recognised in the KLOE for an improving position, ranking in the intermediate quartile.

144a E-Referral Utilisation has been highlighted in the KLOE for repeatedly improved performance in October 2018 with a performance of 86.4%.

Indicator No.	Indicator Description	Q2 2018/19 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
103b	Diabetes Structured Education	2.24% was reported for 2017-18. This performance ranks the CCG 165 out of 195 CCGs, the worst quartile nationally.	Jan Leonard/ Nigel Taylor/ Tina Ewart	Problems have been identified at a number of points on the referral pathway: <ul style="list-style-type: none"> • High number of patients in care homes. • Possibility of patients being confused by alternative types of education offered in Southport and Formby. • Different approach to 	<ul style="list-style-type: none"> • Lancashire Care have produced press releases and undertaken practice visit and produced information to encourage referral to and attendance at structured education sessions. • Recent appointment of short term project support to look at how to improve the uptake of structured education in Southport and Formby CCG amongst other pieces of work. They have held a meeting with the service lead for diabetes at Lancashire Care and arranged a meeting with the Diabetes Clinical Lead and Deputy Chair for Southport and Formby to look at strategies to improve uptake. • A trial of digital structured education has been 	January 2019

				the delivery of structured education in Southport and Formby. <ul style="list-style-type: none"> • Reduction in staff resources. 	commissioned as a pilot following a suggestion that patients may want to use other modalities for education rather than to attend face to face education. <ul style="list-style-type: none"> • Lancashire Care has started to deliver education to carers for patients in nursing homes but it is not possible to capture this in a way which would influence IAF. • Lancashire Care has recruited replacement staff and staff who had been on different types of leave have returned to work. • Lancashire Care is willing to explore other delivery methods to try to improve uptake. 	
121a	Provision of high quality care in hospitals	Worst quartile and no improvement with a value of 56 in Q1 2018/19	Debbie Fagan/ Doug Callow/ Brendan Prescott	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. It is calculated from the total CQC score for the core services, divided by the total maximum score available.	Hospital quality is monitored through a number of forums including Clinical Quality and Performance Group, and CCG Quality Committee. In these forums, Providers are held to account for their performance and action and improvement plans are agreed and scrutinised. Any unresolved issues may be escalated to Executive: Executive forums. The Care Quality Commission published an inspection report for Southport and Ormskirk Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. The Trust has responded with an action plan to the CQC which has been shared at CCQRM. The CCG contribute information regarding Quality for consideration at the Executive Improvement Board. The new Chief Officer took up the role in April 2018 and the new Executive Director of Nursing came into post in June 2018. The Quality Improvement is monitored via the CCQRM and Quarterly Director meetings between Medical Director, Executive Nursing Director from the Trust and CCG Chief Nurse and Clinical Chair have been established to review quality issues in more detail.	December 2018
122a	Cancers diagnosed at early stage	Worst quartile and decline in performance	Jan Leonard/ Graeme Allen/ Sarah	49.2% was reported for 2016, ranking the CCG 158 out of 195 CCGs	The data relates to 2016. Further analysis being undertaken to understand which tumour groups have seen a decline in early stage diagnosis. A significant	TBC following analysis of which tumour

			McGrath	nationally.	amount of work has been undertaken since 2016 in relation to improved pathways e.g. around embedding of NICE guidance for management of suspected cancer, lung cancer and vague symptoms to facilitate quicker diagnosis.	groups have declined
122b	62 day cancer: GP referral to first definitive treatment	Declined to worst quartile and below constitutional standard	Jan Leonard/ Graeme Allen/ Sarah McGrath	Q2 performance was 73.4% against 85% constitutional standard, a significant decline and now within worst quartile. More recent information available locally for January 2019 shows an improvement at 78% although the YTD position is still failing at 79%.	The CCG seeks assurance from S&O via monthly Performance and Quality meeting S&O and regular meetings with the Trusts planned care lead. The Trust do not anticipate meeting the 62 day standard in the coming months as they are working to a Cancer Improvement plan which crosses over all specialties within the Trust. They have been successful in a bid for a yearlong Band 7 and project lead to support implementation of the Improvement plan.	The Trust hopes to see some sustainable improvement by quarter 2 2019/20.
123b	IAPT Access rate	Worst quartile, and declining performance	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	Q2 18-19 performance (rolling 3 months) of 3.35% was reported in the Q2 IAF release, against the 4.2% target.	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade. Online referral has been refreshed to enable quicker access to treatment. Group work has been developed and the provider has created links with Southport KGV College.	March 2019
124a	LD Specialist Inpatient Care	Worst quartile nationally with a value of 66.	Jan Leonard/ Hilal Mulla	The CCG has underutilised its LD inpatient beds for at least the last 2 years.	All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care.	

125c	Women's choices of maternity services	Worst quartile and declining.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2017 performance is reported in the Q4 2017/18 IAF and at 55.6%. CCG is ranked 176 of 195 CCGs nationally.	<p>Implementation of Saving Babies Lives Care Bundle. Seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits. Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care.</p> <p>The Care Quality Commission published an inspection report for Southport and Ormskirk Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. In Q3 2017-18, the Trust had issues regarding the staffing on the middle grade medical rota for Obs and Gynae services. This has been addressed for the calendar year 2018 as the Trust has confirmed they are able to meet their contractual requirements and again this has been confirmed at a recent contract meeting. The service is part of the wider review for maternity services with declining numbers of births at the Trust.</p>	On-going
127c	A&E admission, transfers or discharges within 4 hours	Interquartile range but performance improving	Jan Leonard/ Tim Quinlan/ Sharon Forrester	December 2018 shows an improvement in performance at 89.3%.	<p>The CCGs performance is heavily influenced by Southport & Ormskirk Trust. The Trust has reported that performance against the 4-hour standard on the Southport site saw a 14.9% improvement compared to last year, which demonstrates the collective work across the system to address pressures in patient flow and maintain patient safety. Although there has been some good progress made in recruiting to the agreed ED workforce strategy (with another substantive consultant interview taking place in February along with overwhelming interest in the Physicians Associate posts), challenges remain at middle grade level in developing an expanded Tier 2 workforce. There is another review of ED workforce underway alongside activity levels to consider any further opportunities to support the current rotas, particularly night</p>	Trust has agreed STP targets to improve performance by March 2019.

128d	Primary Care Workforce	Interquartile range but declining performance	Jan Leonard/ Kati Scholtz/ Angela Price	March 2018 showed a decline in performance at 0.90.	<p>shifts when patient flow is challenged.</p> <p>The work being undertaken to address the recruitment crisis in Sefton is as follows:</p> <ul style="list-style-type: none"> •International Recruitment programme- we held an event in June 2018 which was attended by representatives from 13 Sefton practices. •Targeted Recruitment scheme- there was one Sefton practice who expressed interest in participating in this scheme. •LQC- as part of the Phase 4 LQC, we are asking practices to submit a completed “Wessex Toolkit” which will give us an accurate baseline of current workforce. The completion of this toolkit has been 100% across practices meaning we have a more accurate picture across the area. We have met to discuss the results of this toolkit and any necessary next steps in order to monitor results and support practices. This piece of work may be repeated in the future to monitor workforce across the two CCG areas. •Practices with no workforce data showing on the September 2018 NHS digital dataset have been contacted to ensure that data is updated prior to the December 2018 extraction (some practices who were contacted sent screenshots of data available on the primary care web tool so this needs investigating) •The training tracks across Sefton have increased •All S&F practices are part of primary care network •Primary care networks will be focusing on workforce across each network footprint •There is an opportunity to work with Edge Hill University re medical student placements (to be explored via networks) <p>Other work includes looking at schemes which support practice systems and processes to improve workload, which, it is hoped, will make General Practice more manageable on a day to day basis. This includes</p>	March 2019
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					schemes such as Document Management High Impact Action; Online Consultations software; APEX Insight Tool; and implementing a Digital Programme Training post which will support practices to adopt digital solutions that support efficiencies in workload.	
133a	6 week diagnostics	Worst quartile but improving	Jan Leonard/ Rob Caudwell/ Moira Harrison	Q2 IAF shows performance for November 2018 at 2.57%. This is significantly above the <1% threshold but is a significant improvement.	Performance for diagnostics for the CCG is impacted upon by S&O. The Trust has reported the following issues: <ul style="list-style-type: none"> • A high proportion of breaches in January were due to patient choice and staffing issues. • Unexpected staff sickness in Cardiology has resulted in an increase in breaches. • On-going lack of capacity in cystoscopy (gynaecology). • MRI has increased significantly from 634 in December to 747 in January. • Prioritisation of inpatients over routine due to winter pressures to facilitate discharges. 	June 2019
163a	Staff engagement index	Worst quartile and deteriorating	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.	2018/19
164a	Working Relationship Effectiveness	2017/18 performance shows a decline with 67.71%.	Tracey Jeffes	To identify relationships that need to be strengthened and areas within the system where support may be	Improved relationships with Sefton MBC through progress on a route map for integration and linking of BCF and wider integration strategy. Improved functioning and governance of the Integrated Commissioning Group High level system leadership through Chief Officer	2018/19



Southport and Formby Clinical Commissioning Group

				necessary. Data from NHS England – CCG stakeholder 360 survey 2017-18.	membership of North Mersey LDS and A&E delivery Board. Implementation of system wide intermediate care scheme ICRAS now underway. Development of system wise "Care for You" programme around services for Southport and Formby Residents. Regular collaboration with Healthwatch and the VCF sector through EPEG and a wide variety of other connections.	
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4. Clinical Priority Areas

Assessments have been undertaken by independent panels for cancer and maternity for the CCG. These were based on clinical indicators used in the CCG IAF for cancer and maternity. NHS England shared the outcomes of these assessments with CCGs on 13th August 2018. These were made available publically on the NHS England website on 16th August 2018 and subsequently on MyNHS.

Cancer

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

NHS Southport & Formby CCG 2017/18 Performance

<u>Cancer indicator</u>	<u>Indicator value</u>
Cancers diagnosed at early stage	49.2%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment	82.8%
One-year survival from all cancers	74.8
Cancer patient experience	8.9 out of 10

Maternity

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

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

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

NHS Southport & Formby CCG 2017/18 Performance

<u>Maternity indicator</u>	<u>Indicator value</u>
Stillbirth & neonatal mortality rate	3.1 per 1,000 births
Women's experience of maternity services	81.8 out of 100
Choices in maternity services	55.6 out of 100
Rate of maternal smoking at delivery	10.8%

The CCG are supporting full implementation of the Saving Babies Lives Care Bundle. We seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits). Providers are also engaged within the Children & Maternity Vanguard developments regarding neonatal and maternity care. The CCG are committed to supporting improvements in safety towards the 2020 ambition to reduce still births, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.

Mental Health

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

- Improving Access to Psychological Therapies (IAPT) – recovery
- Improving Access to Psychological Therapies – access
- People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
- Inappropriate out of area placement bed days
- Crisis resolution and home treatment (CRHT) services provision

Dementia

The CCGs overall rating for Dementia is '**Outstanding**'. The 2017/18 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

Learning Disabilities

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

- Reliance on specialist inpatient care for people with a learning disability and/or autism. This indicator is reported at Transforming Care Partnership (TCP) level
- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Proportion of the population on a GP learning disability register (New for 2017-18)

Reliance on specialist inpatient care

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

Diabetes

The CCGs overall rating for Diabetes is 'Requires Improvement'. The 2017/18 rating for diabetes considers two indicators:

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

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

- High number of patients in care homes.



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

Actions to improve

- Lancashire Care have produced press releases and undertaken practice visit and produced information to encourage referral to and attendance at structured education sessions.
- Recent appointment of short term project support to look at how to improve the uptake of structured education in Southport and Formby CCG amongst other pieces of work. They have held a meeting with the service lead for diabetes at Lancashire Care and arranged a meeting with the Diabetes Clinical Lead and Deputy Chair for Southport and Formby to look at strategies to improve uptake. (January 2019)
- A trial of digital structured education has been commissioned as a pilot following a suggestion that patients may want to use other modalities for education rather than to attend face to face education.
- Lancashire Care has started to deliver education to carers for patients in nursing homes but it is not possible to capture this in a way which would influence IAF.
- Lancashire Care has recruited replacement staff and staff who had been on different types of leave have returned to work.
- Lancashire Care is willing to explore other delivery methods to try to improve uptake.

5. Conclusions

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

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

Financial Quarter	Estimated dashboard release by NHSE
Q1	18/10/2018
Q2	24/01/2019
Q3	18/04/2019
Q4	TBC

6. Recommendations

The Committee is asked to note the contents of the exception report.

Luke Garner
April 2019

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/45	Author of the Paper: Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 0151 317 8464						
Report date: April 2019							
Title: Primary Care (General Practice) Development Strategy							
<p>Summary/Key Issues: The document sets out the national and local challenges faced and the transformation required to support General Practice going forward. Despite the very real pressures that exist, there continues to be overall high levels of patient satisfaction with the quality of primary care in Southport and Formby. The publication of the NHS Long Term Plan and recent changes to the GP contract will be factored into the workplan going forward.</p>							
<p>Recommendation The Governing Body is asked to receive this strategy.</p>	<table border="0"> <tr><td>Receive</td><td style="border: 1px solid black; text-align: center;">x</td></tr> <tr><td>Approve</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="border: 1px solid black; text-align: center;"> </td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	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			Big Chat
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Draft to GB

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



Southport and Formby
Clinical Commissioning Group

Primary Care (General Practice) Development Strategy

NHS Southport and Formby CCG

March 2019



Contents

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2.0	National and Local Context	4
3.0	Population and Local Needs	5
4.0	Vision for Primary Care in Southport and Formby	11
5.0	Development Themes	12
6.0	Implementation Plan	25

1.0 Introduction

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

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

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

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

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

2.0 National and Local Context

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

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

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

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

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

The NHS Long Term Plan, published in January 2019 reflects the success and pride in the NHS, the shared social commitment it represents, but also recognises concern about funding, staffing, increasing inequalities and pressures from a growing and ageing population. It also states there has been optimism about the possibilities for continuing medical advance and better outcomes of care. The plan describes the need to tackle head on the pressures staff face while making the extra funding go as far as possible and, in doing so, accelerate the redesign of patient care to future proof the NHS for the decade ahead.

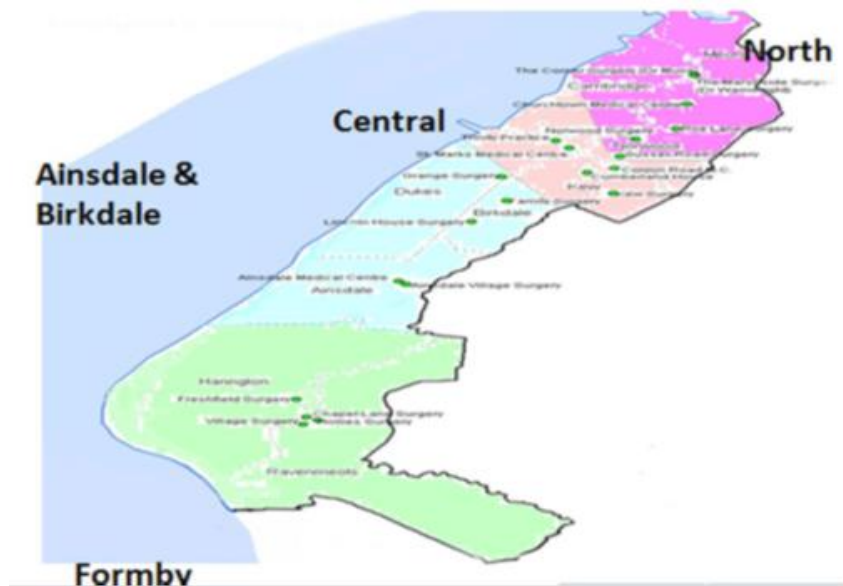
2.1 Delegated Commissioning

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

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

3.0 Population and Local Needs

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



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

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

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

Population

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

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

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

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

Population Projections

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

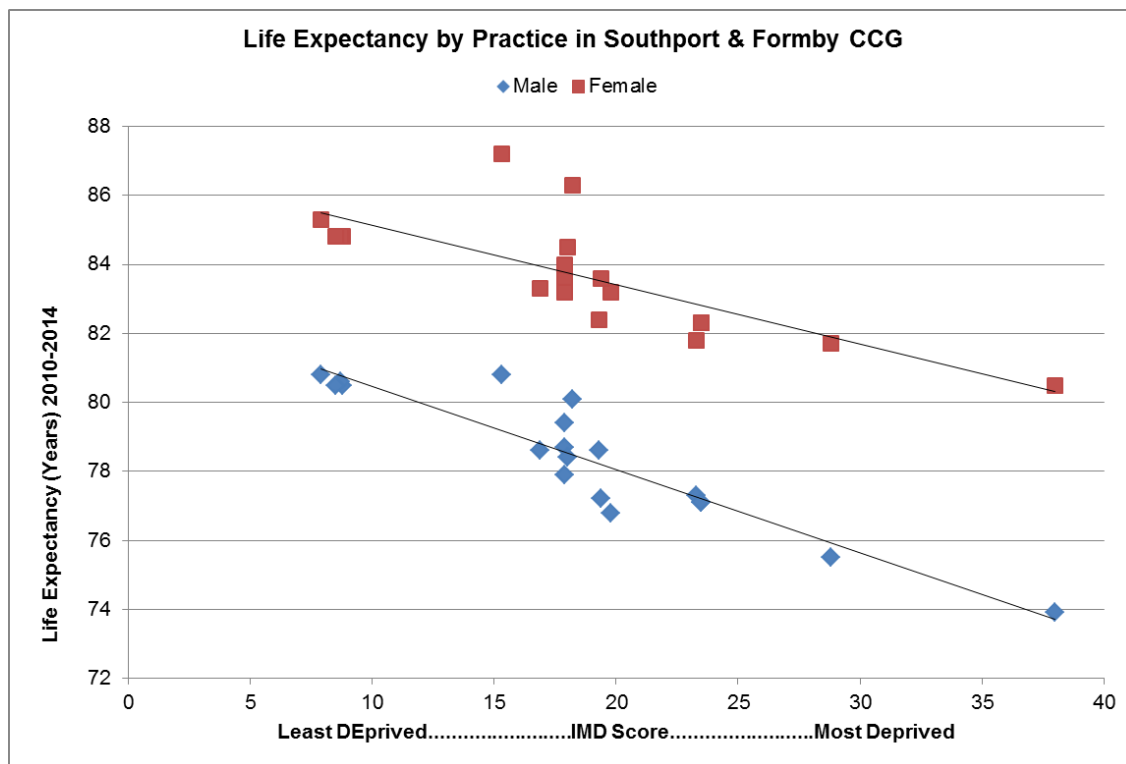
- The overall population of 115,000 residents may increase by approximately 3,000 residents
- The population of 0-17 year olds may increase by 1,000 residents, or 4.7%
- the working age population (18-64) may fall by approximately 3,600 residents, or 5.8%
- and the 65+ population grow by 5,700 residents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

Patients in Nursing / Residential Care Homes

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

Wider Determinants of Health

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



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

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

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

Disease Prevalence

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

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

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

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

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

Health & Wellbeing Indicators in Sefton 2016

Key

Statistical significance compared to England average:



4.0 Vision for Primary Care in Southport and Formby

What GPs and other practice staff in have told us

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

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

What would a good day look like?

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

5.0 Development Themes

These proposed development themes are:

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

5.1 Access

Improving patient access

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

As part of GPFV the 7 day extended access service was operational from 1 October 2018. The service is currently being provided by Southport and Formby Health Limited.

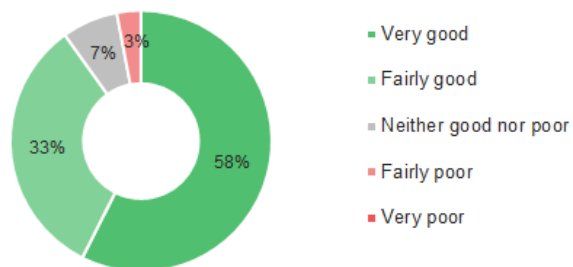
Out of hours services (for urgent problems) operate in the evening, at weekends and over Bank Holidays. It is essential that we review access to all services and ensure that patients understand and can easily access the most appropriate service for their needs.

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

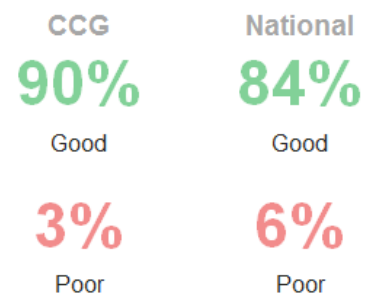
Overall experience of GP practice

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

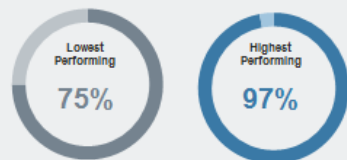
CCG's results



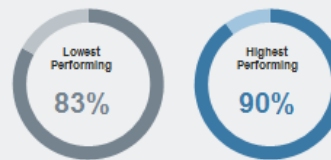
Comparison of results



Practice range in CCG – % Good



Local CCG range – % Good



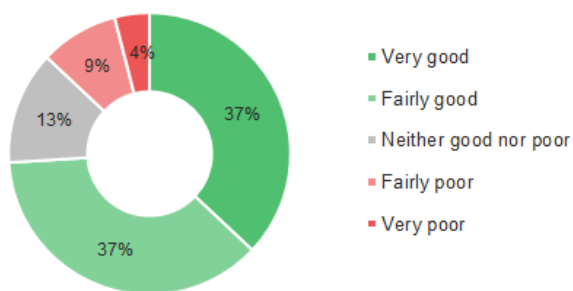
Base: All those completing a questionnaire: National (746,847); CCG (2,021); Practice bases range from 83 to 132; CCG bases range from 1,263 to 8,998

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

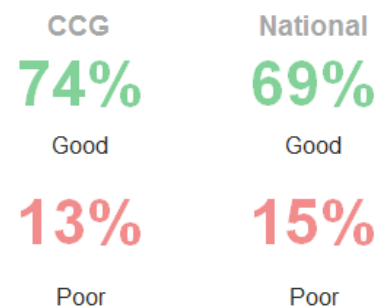
Overall experience of making an appointment

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

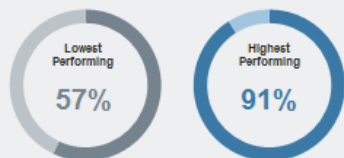
CCG's results



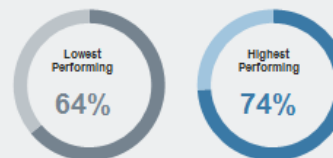
Comparison of results



Practice range in CCG - % Good



Local CCG range - % Good



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

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

5.2 Quality

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

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

- Access
- Medicines management
- Use of resources

CQC inspections

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

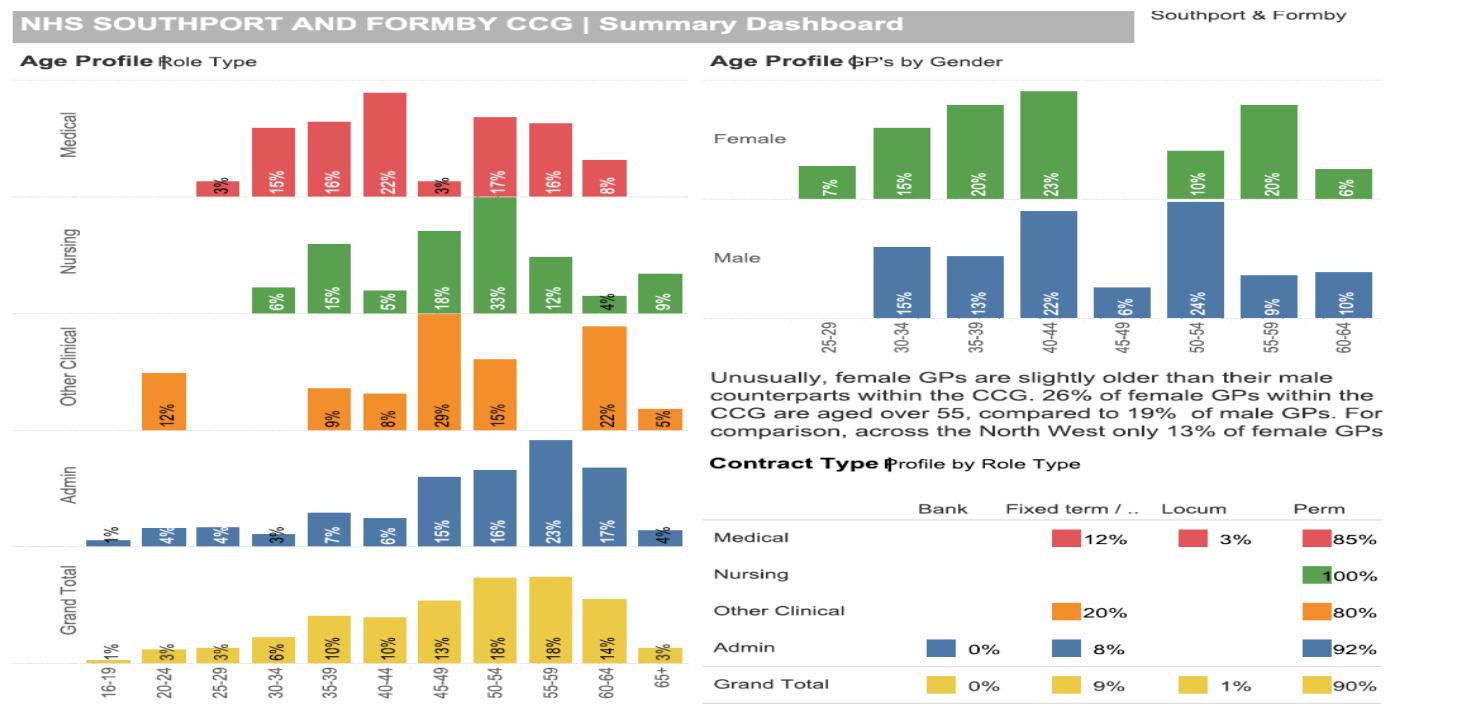
5.3 Workforce

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

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

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

The information below formed part of the HEE report.



In order to support workforce development we are supporting:

5.1 Medical Training

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

5.2 International Recruitment

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

5.3 Clinical Pharmacists

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

5.4 Expanding the Workforce

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

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

5.4 Practice nurses and healthcare assistants

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

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

Education and Training

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

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

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

Training Practices

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

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

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

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

Protected Learning Time

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

5.5 Premises and Estates and Technology

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

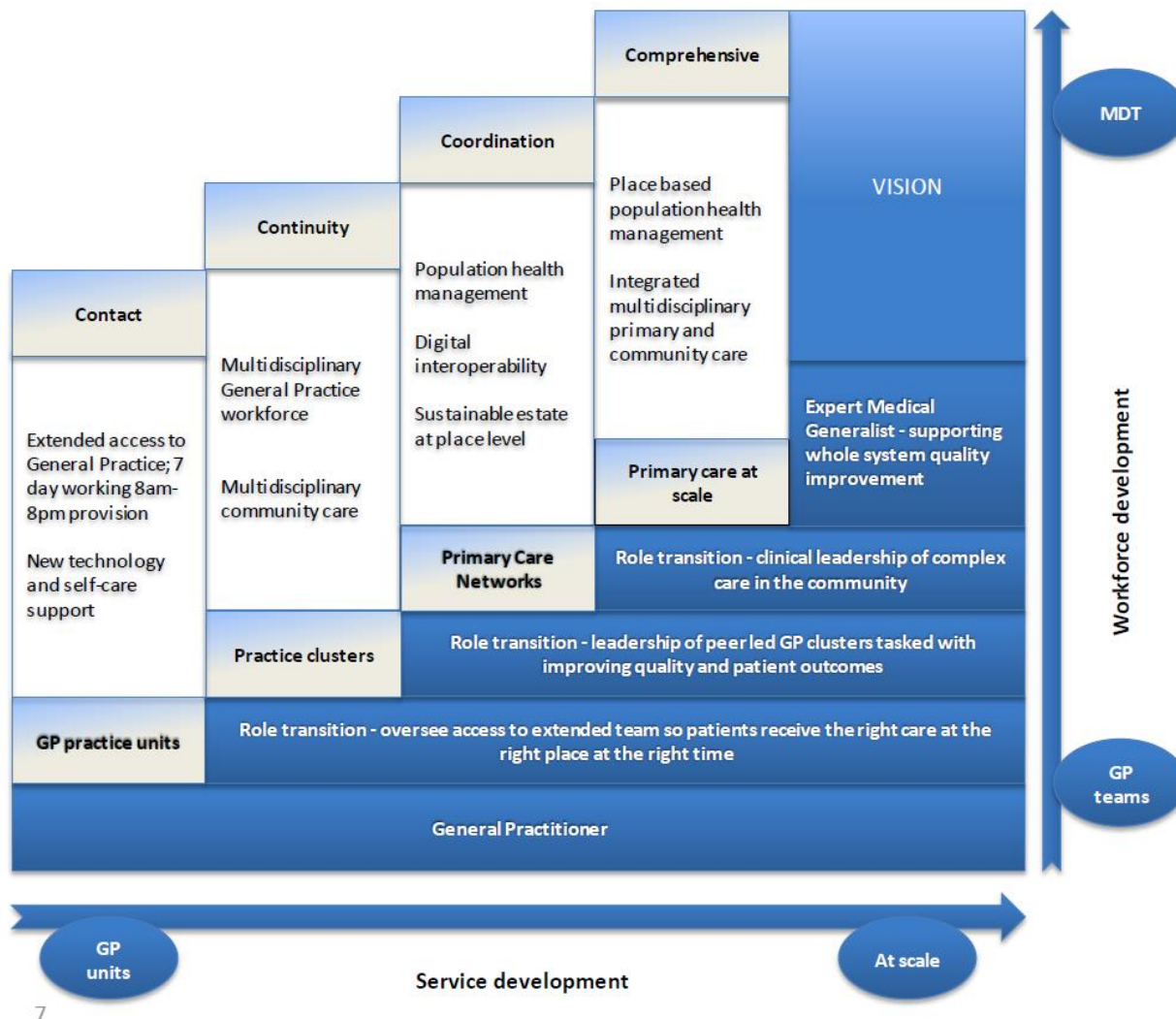
IM&T

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

5.6 Transformation / Collaboration

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

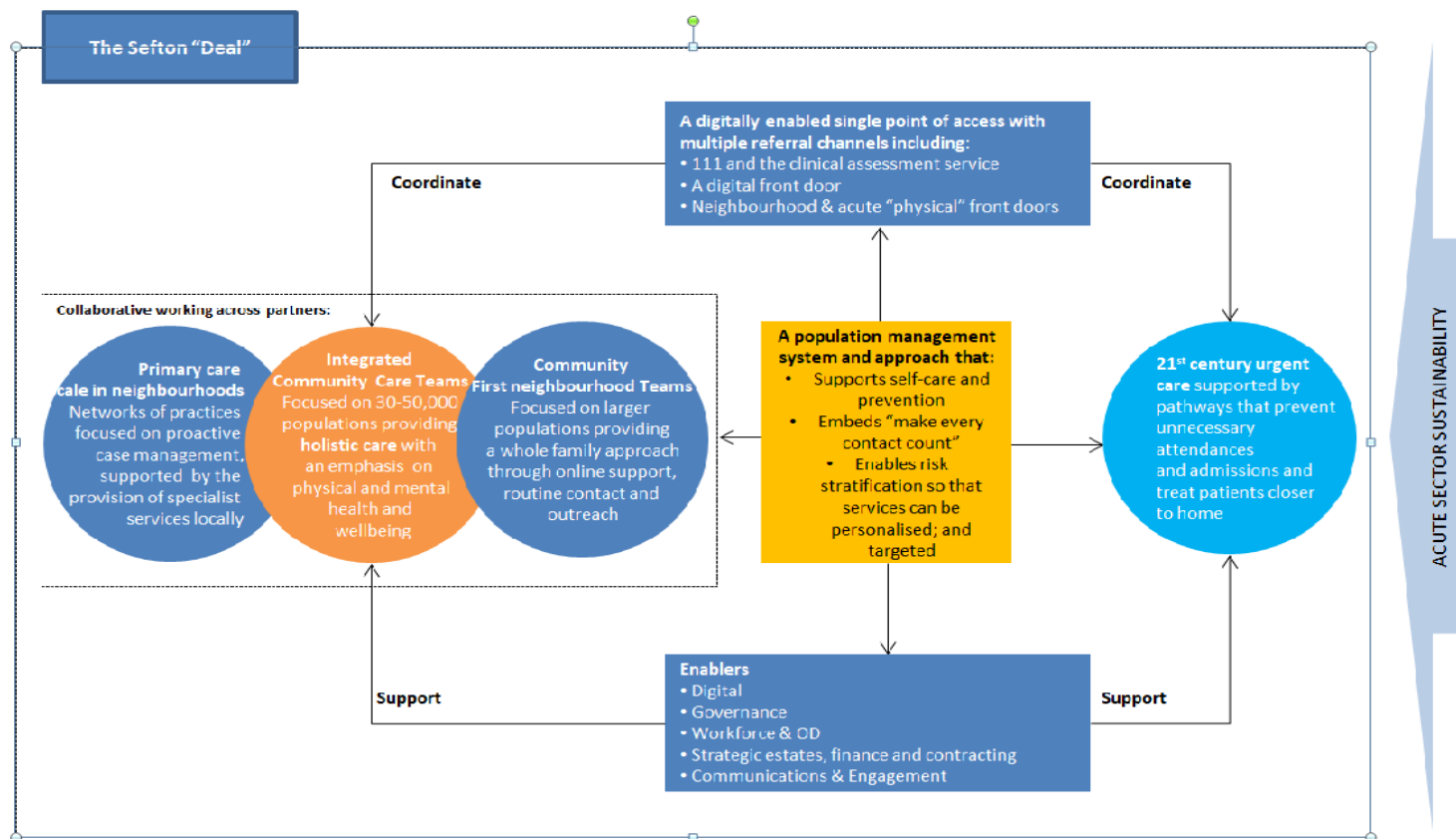
The maturity model below displays the journey required to deliver the vision.



Maturity Model

5.7 Integration of services in Localities

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



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

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

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

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

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

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

The NHS Long Term Plan published in January 2019 supports this vision to further develop and maintaining primary care networks.

6.0 Implementation Plan

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

	GPFV	
	Continue to explore opportunities to expand the skill mix within General Practice with partners	Quarter 3 2018
Transformation	Implement Apex tool as part of national roll out	Quarter 3 & 4 2018
	Support localities with Practice Network Development	Quarter 3 & 4 2018
	Review schemes as part of year 2 development funding and implications for wider role out and impact on collaborative working	Quarter 3 2019-2020
	Review Local Quality Contract Scheme for 2019 / 2020	Quarter 4 2018-2019
	Work with partners to streamline access across in / out of hours	Quarter 1 2019
	Share best practice from 10 High Impact Changes and Productive General Practice across practices and plan for implementation support as necessary	Quarter 4 2018-2019
	Work with colleagues to develop the Cheshire & Merseyside Primary Care Strategy	Quarter 4 2018- 19 into 19/20
	Work through contractual changes as	Quarter 4 2018- 19 into 19/20

	part of new GP contract to understand impact as guidance becomes available.	
Integration	Work within localities to develop plans and pilot collaborative working	Quarter 3 & 4 2018

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/46	Author of the Paper: Natalie Hendry Designated Safeguarding Adult Manager natalie.hendry@southseftonccg.nhs.uk 0151 317 8356
Report date: April 2019	
Title: Merseyside Safeguarding Adult Board: Annual Report 2017-2018	
Summary/Key Issues: <ul style="list-style-type: none"> The Merseyside Safeguarding Adult Board (MSAB) was established in 2017 in accordance with the Care Act 2014. The board has representation from Liverpool, Wirral, Knowsley and Sefton local authority areas and replaces pre-existing individual safeguarding adult boards and sub-group arrangements. The Chief Nurse and the Designated Safeguarding Adult Manager are members of the MSAB as health statutory partner for the Sefton area. The Chief Nurse for South Sefton and Southport & Formby CCG chairs the Performance and Audit sub-group This is the first annual report, and highlights the work undertaken in 2017 / 2018 and the five priorities for the MSAB from 2018 – 2020 	
Recommendation The Governing Body is requested to receive the annual report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		
Clinical Engagement		x		
Equality Impact Assessment		x		
Legal Advice Sought		x		
Resource Implications Considered		x		
Locality Engagement	x			
Presented to other Committees	x			Approved by the Merseyside Safeguarding Adult Board. Received at Joint Quality Committee 28.02.19.

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

Report to Governing Body April 2019

1. Executive Summary

1.1 The Merseyside Safeguarding Adult Board (MSAB) was established in 2017 in accordance with the Care Act 2014. The board has representation from Liverpool, Wirral, Knowsley and Sefton local authority areas and replaces pre-existing individual safeguarding adult boards and sub-group arrangements. There are six subgroups:

- Safeguarding Adult Review
- Communication and Engagement
- Policy, Procedures and Practice
- Performance and Audit
- Quality Assurance
- Workforce Development

The Chief Nurse and the Designated Safeguarding Adult Manager are members of the MSAB as health statutory partner for the Sefton area. The Chief Nurse for South Sefton and Southport & Formby CCG chairs the Performance and Audit sub-group

1.2 This is the first annual report, and highlights the work undertaken in 2017 / 2018 and the five priorities for the MSAB from 2018 – 2020

- 1) Voice of the service user and front line staff
- 2) Assurance and challenge
- 3) Safeguarding Adult Reviews
- 4) Effective communication
- 5) Effectiveness of the Board

2. Introduction and Background

2.1. This is the first annual report from the MSAB which was established in 2017 in accordance to the Care Act 2014. The board operates at a senior level with membership across partners who hold statutory responsibilities to; monitor and evaluate as a collective, to ensure adults are safe from abuse, exploitation and harm, and to promote the welfare of individuals in the cares covered by the MSAB.

2.2. The MSAB is a combined board incorporating; Knowsley, Liverpool, Sefton and Wirral local Authority areas. Agreement exists across all partners to work across the wider footprint utilising better use of resources and providing a consistent approach for partners. The Chief Nurse and the Designated Safeguarding Adult Manager attend the MSAB on behalf of the CCGs

2.3. The annual report highlights the progress and development of the MSAB, the work of the subgroups and the priorities for 2018/20. The annual report has been approved by the MSAB. There are six sub-groups, with the Chief Nurse for South Sefton and Southport & Formby CCG responsible for chairing the Performance and Audit Subgroup.

3. Key Issues

- 3.1 **The MSAB front door arrangements:** were reviewed with variance noted on the number of concerns received and classified across each local authority area. No issues of deficiencies were highlighted. The Performance and Audit subgroup with further consider this to support a consistent approach in classification and recording of information.

Prevalence of Abuse:

- Neglect and acts of omission were the main form of abuse recorded across all 4 areas, followed by
- Physical abuse,
- Financial abuse (lowest recorded form abuse in the Sefton area)
- Psychological abuse (with the exception of Sefton which was ranked 3rd for that area)

MSAB reporting is in line with national reporting for the same time period

The majority of incident were reported from someone's own home (community setting) followed by a residential care home and then nursing home. This doesn't necessarily correlate with where the alleged incident took place. CQC surveillance activity has an associated increase in identification and reporting. The majority of alleged perpetrators were either know to the individual either personally or professionally, in-line with national reporting. Following safeguarding interventions either risk was removed and or reduced, with a small number with risk remaining in place which is the request of the individual with mitigation.

The board engaged with people who have had a lived experience as part of making safeguarding personal. This will be included as one of the MSABs priority in 2018/19.

- 3.2 **Safeguarding Adult Review Groups (SARGs – Subgroup):** four SARGs were in operation, one for each local authority area. The role of the SARG is to conduct a review when an adult with care and support needs has died as a result abuse or neglect. All four SRGS met in the time period. There were zero SARs commissioned for Sefton area in time period. A decision has been taken to move to one single SARG covering all local authority areas.

3.3 **Communication and Engagement – Subgroup:**

- MSAB website has been established
- Engagement with service users and front line staff to inform policy and development
- A directory of service user forums and groups has been compiled to work alongside and support consultation.
- MSAB branding has been developed with supporting materials.
- Identification of expert speakers with experience of the service to share with the MSAB.

The sub-group will separate out to two subgroups moving forward; 'Communication' and 'Engagement' with distinct functions.

- 3.4 **Policy, Procedure and Practice – Subgroup:** successful development of a number of policies:

- Safeguarding Policy
- Persons in Positions of Trust Policy
- Information Sharing
- Escalation of Concerns
- Contributed to the Safeguarding Adults Review Policy and Procedures

- Initiated work of the quality and variance of safeguarding notifications across the MSAB
- Worked alongside John Moore's University to develop a 'tool kit' for professionals to respond to self –neglect.

There will be a focus on the development of consistent response to safeguarding adult concerns during 2018/19 and to develop a model for challenging safeguarding practice in 2019.

3.5 Quality Assurance – Sub-group:

- A review as undertaken of all 'front door' arrangements with a report to board on good practice, variance and opportunities for development
- Multi-agency audit in-line with the Care Act Chapter 14 was developed
- Task and finish group set up to review the % concerns raised progressing to a section 42 safeguarding adult enquiry

The Chapter 14 multi-agency audit is to be completed by summer 2018, with analysis of the findings and recommendations.

The QA assurance group will oversee the recommendations for individual SARs, identifying any trends and themes to inform future strategy.

3.6 Performance and Audit – Sub-group:

- Initial review of performance undertaken for social care data
- Developments on data analysis and data collection
- Review of data to support consistency of approach and unified terminology
- Initial development of a multi-agency data set

The sub-group will be responsible for the MSAB annual audit calendar, further development of the data set and presentation. Quarterly oversight of the social care data for, safeguarding concerns and actions.

3.7 Workforce Development - Sub-group:

- Audit has been undertaken of the multi-agency safeguarding training offer
- Agreement for training resources to be shared across, including access to e-courses previously only available to Wirral staff
- Development of a MSAB members handbook.

In 2018/20 there will be focus on a workforce strategy and annual work plan. Review the 'voice of the front line worker', support training for MSAB members to act effectively to meet the requirements under the Care Act 2014

3.8 Priorities for 2018 – 2020:

To build on the work already undertaken by the sub-groups and business unit, and the five agreed priorities are:

- 1) Voice of the service user and front line staff
- 2) Assurance and challenge
- 3) Safeguarding Adult Reviews
- 4) Effective communication
- 5) Effectiveness of the Board

4. Conclusions

This is the first annual report for the MSAB which was set up in 2017 in accordance with the Care Act 2017. The annual report highlights the work undertaken in 2017 / 2018 and the five priorities for the MSAB for 2018 – 2020

5. Recommendations

The Governing Body is requested to receive this report

6. Appendices

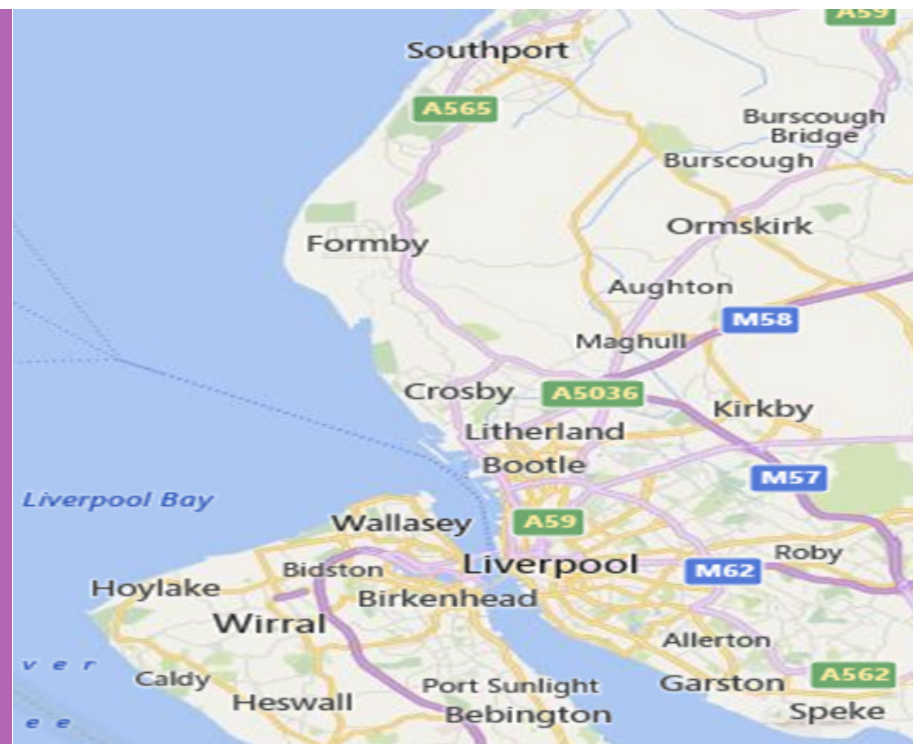
Appendix 1: Merseyside Safeguarding Adult Board Annual Report 2017-2018

Natalie Hendry
Designated Safeguarding Adult Manager
April 2019

Merseyside Safeguarding Adults Board

(Knowsley, Liverpool, Sefton and Wirral)

Annual Report 2017-2018



SAFEGUARDING IS EVERYBODY'S BUSINESS

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Content

Glossary of Terms

MSAB	Merseyside Safeguarding Adults Board
PVP	Protection of Vulnerable People
TEASC	Towards Excellence in Adult Social Care
MSP	Making Safeguarding Personal
SAR	Safeguarding Adults Review
ADASS	Association of Directors of Adult Social Services



Glossary of Terms

One of the most important roles in the community is ensuring adults are safe from abuse, exploitation and harm. That is why as part of The Care Act 2014 all Local Authorities were required to establish a Safeguarding Adults Board (SAB) for their area, to ensure that people who have care and support needs are protected.

The Board operates at a senior level with membership across a wide range of partners and has a statutory responsibility to monitor and evaluate what is done by partner agencies individually and collectively to safeguard and promote the welfare of everyone in the areas covered by the Board

In 2017 Knowsley, Liverpool, Sefton and Wirral Local Authority areas moved from having individual Safeguarding Boards to one combined Board for all 4 areas. This is now known as the Merseyside Safeguarding Adults Board. All partners agreed that, by coming together and working across the wider footprint, better use could be made of resources therefore providing a more consistent approach by all partners to prevention, training and processes and that a greater impact could be made for local people in raising quality in all services across the area.

This short report is the first annual report of the Merseyside Safeguarding Adults Board. It looks at what we have been doing in the first year and I am proud to be part of the development of the work of the board to date. It looks at the work of the sub groups who do much of the work on behalf of the board and details some of the actions that we have completed so far. At every meeting and development session for the Board we have been committed to inviting people who's lives have been affected by experiences they have had of the system or of abuse and all members really appreciate their contributions.

The report also details our priorities for the coming year and our first priority is hearing the voice of people who use services and also the voices of the front line staff who work with them. It is vital that the Board is grounded in real lives and real experiences to enable it to develop responses and actions that can make the most difference and to enable people to be able to live their lives free from fear and harm.

Thank you to those people and groups who have presented and shared their experiences with the Board, to the sub groups chairs and members and to all partners who are fully committed to the work of the Board. Also a huge thank you on behalf of all members to the Boards Business Unit team who do so much behind the scenes to enable us to do our work.



Sue Redmond—Independent Chair



Foreword by the Chair



The Merseyside Safeguarding Adults Board

Safeguarding agencies across Knowsley, Liverpool, Sefton and Wirral are working together to ensure that adults are able to live in safety and free from abuse and neglect. In April 2017 the former Safeguarding Adults Boards in these areas joined together to form the Merseyside Safeguarding Adults Board (MSAB) to work together to achieve more effective and personalised safeguarding.

This new combined board has now been established for twelve months and has built on the work of the previous Safeguarding Adults Boards and the valued contributions of partner agencies.

Using the experiences and advice of our communities together with the expertise of its members, the Board leads adult safeguarding arrangements, overseeing and coordinating the effectiveness of the safeguarding work of its partner agencies.

The purpose of the Merseyside Safeguarding Adults Board is to work in partnership to safeguard adults in Knowsley, Liverpool, Sefton and Wirral; who are experiencing, or at risk of abuse or neglect. It is committed to effective communication between communities, professionals and partners in developing effective safeguarding for those at risk.

The core duties of the Board are set out in Chapter 14 of the Care Act Statutory Guidance issued under S78 of the Care Act 2014 which requires the Board to:

- Publish a Strategic Plan for each financial year detailing how it will meet its main objectives and what members will do to achieve this
- Publish an Annual Report detailing what the Board has done during the year
- Arrange Safeguarding Adults Reviews in accordance with Section 44 of the Care Act 2014

Should anyone have cause to alert us towards incidents of abuse please continue to use the contacts supplied by your local council, which remain unchanged within each local authority area.



About the board

Membership

The following statutory organisations are represented on the MSAB:

Knowsley Borough Council
Liverpool City Council
Sefton Borough Council
Wirral Council
Merseyside Police
NHS Knowsley Clinical Commissioning Group
NHS Liverpool Clinical Commissioning Group
NHS South Sefton Clinical Commissioning Group
NHS Southport and Formby Clinical Commissioning Group
NHS Wirral Clinical Commissioning Group

Terms of Reference

The board meets on a quarterly basis and has two development sessions a year . In order to be quorate the board must include no less than two of the statutory partners and no less than 75% of the agreed membership.

The non-statutory organisations include:

Merseyside Fire and Rescue Service
Healthwatch
Sefton CVS
Merseyside Community Rehabilitation Company
National Probation Service
HM Prisons
Northwest Ambulance Service
Elected members for each constituent local authorities also sit on the board

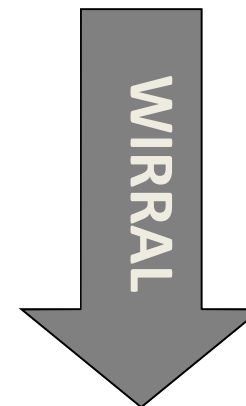
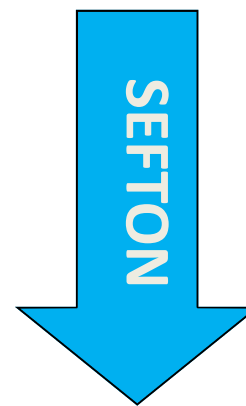
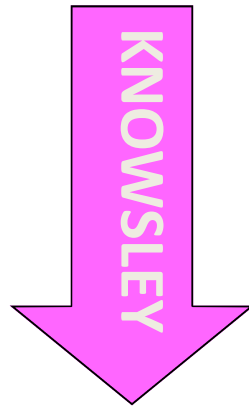


About the board

The MSAB agreed a number of sub groups to take forward various work streams

The subgroups of the MSAB are as follows:

1. Safeguarding Adults Review Sub Group
2. Communication and Engagement Sub Group
3. Policy, Procedure and Practice Sub Group
4. Performance and Audit Sub Group
5. Quality Assurance Sub Group
6. Work Force Development Sub Group



Safeguarding Adult Review Sub-group

Communication & Engagement Sub-group

Policy, Procedure & Practice Sub-group

Performance & Audit Sub-group

Quality Assurance Sub-group

Workforce Development Sub-group



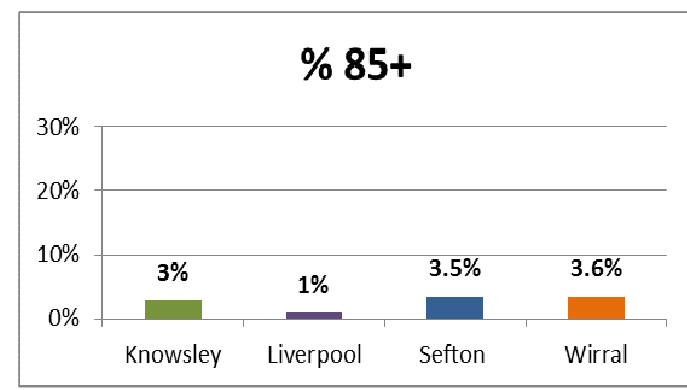
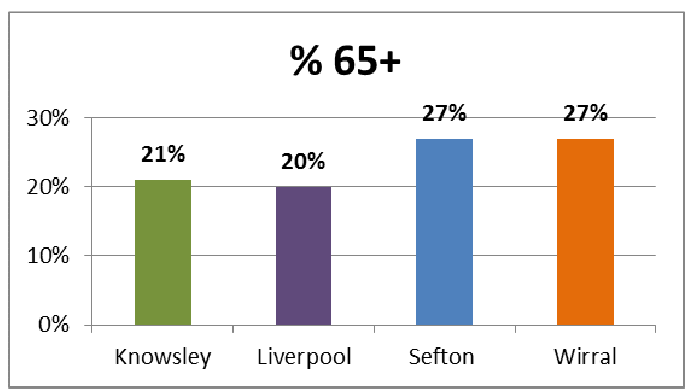
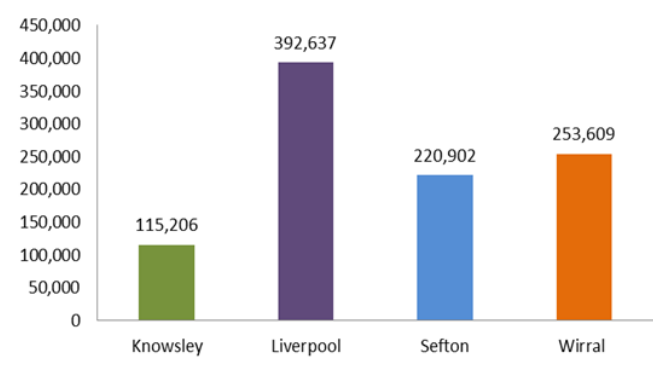


Our Population

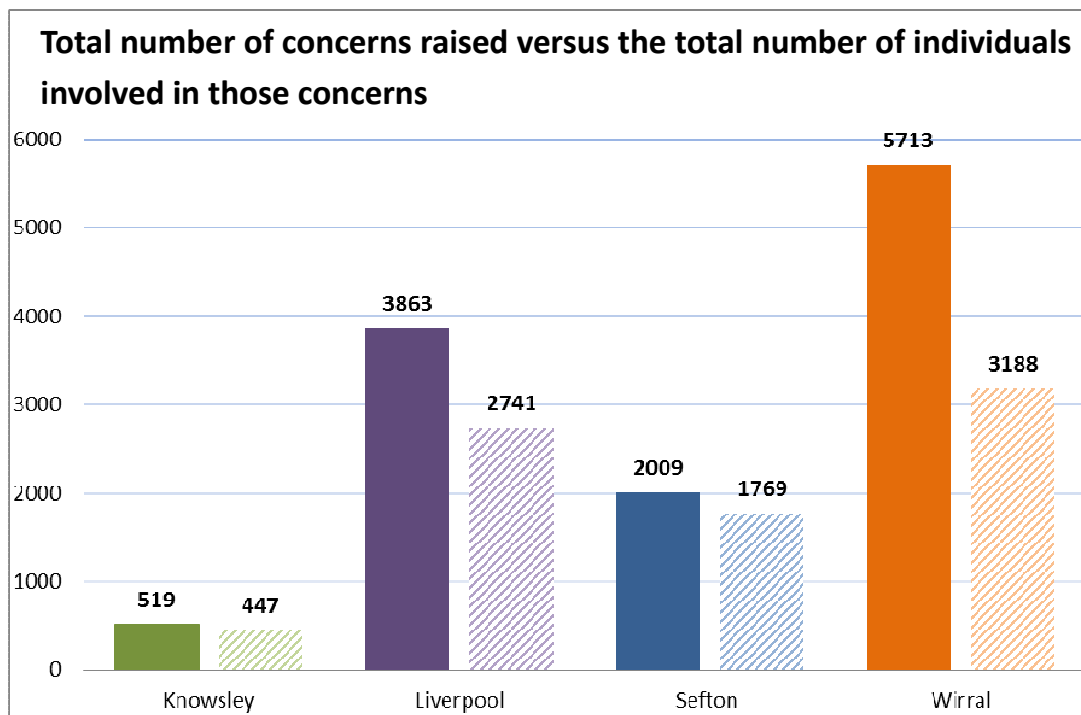
Who lives in our areas ?

The adult population across the geographical areas of Knowsley, Liverpool, Sefton and Wirral is approximately 982,354. This is broken down into Knowsley (115,206), Liverpool (392,637), Sefton (220,902) and Wirral (253,609). Of all four areas Sefton and Wirral have the highest numbers of residents aged 85+.

Number of Population Per Area 18+



Safeguarding Concerns



Key: Solid block shows the number of concerns raised
 Patterned block shows the number of individuals for whom concerns were raised

From 1st April 2017 to 31st March 2018 there were 12,104 adult safeguarding concerns received with the Adult Social Care departments across our 4 constituent Local Authority areas.

It is clear from the accompanying chart that there are significant differences between the four areas with Knowsley showing a significantly lower number of concerns received than the other 3 areas and Wirral showing the highest. This is representative of the national picture which shows the same differentials between Local Authorities across the country.

The board has recognised that there are differences in the way in which each component Local Authority classifies and records data. This is being further considered via the Performance & Audit sub group with the aim of working towards a more consistent approach in the classification and recording of information.

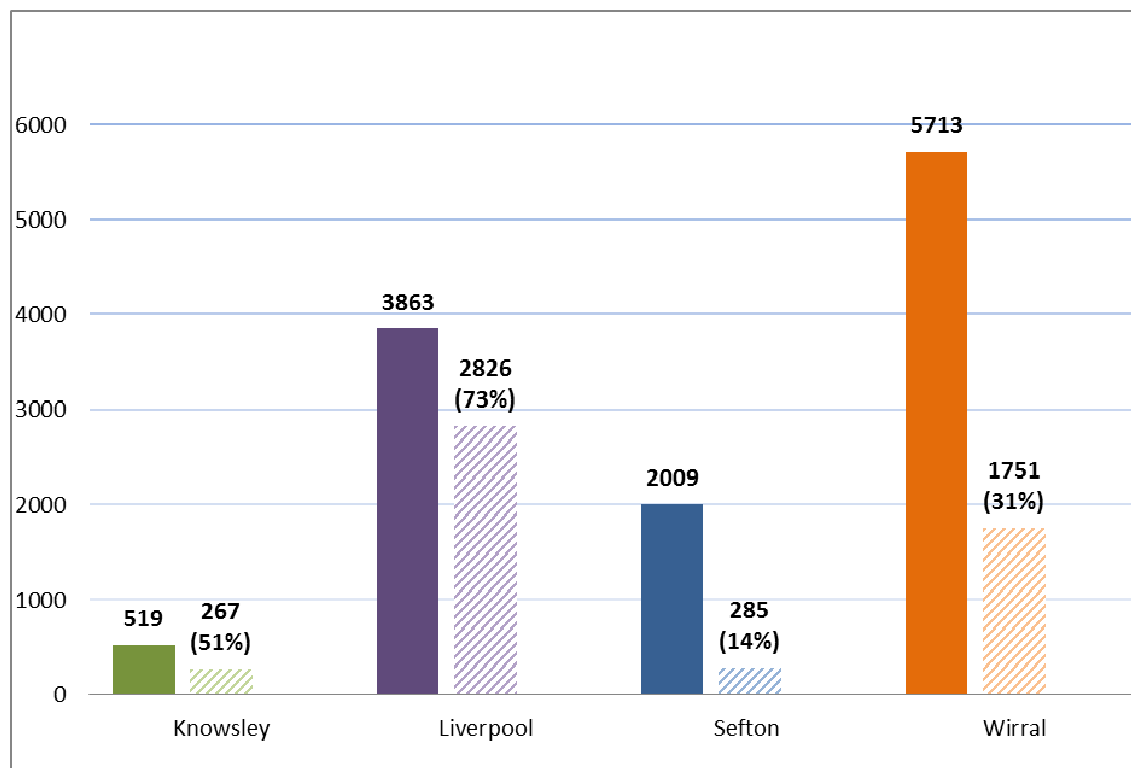
It is important to note that the Front Door arrangements for all 4 Local authorities were reviewed by the board during this time period and there was no indication that these figures highlighted a deficiency in the way that individuals were being safeguarded or that adults with care & support needs were being left at risk. The board were assured that this is a counting and classification issue and highlighted differences in pathways. The front door work also developed a good practice pathway for all councils to follow and work will be ongoing in 2018/19 to assure the board that the recommendations are being implemented.



Safeguarding Data

Safeguarding Concerns and Enquiries

Total number of Safeguarding concerns raised compared to the total number that progressed to some form of Safeguarding Enquiry



Key: Solid block shows the number of concerns raised
 Patterned block shows the number and % of concerns raised which progressed to an enquiry

The total number of concerns which progressed to an enquiry across all 4 areas from April 2017 to March 2018 was 5,129.

The conversion rate across our 4 areas varied between 14% and 73%. In the Northwest as a region the lowest conversion rate was 14% and the highest was 100%. Nationally the lowest conversion rate was 3.9%.

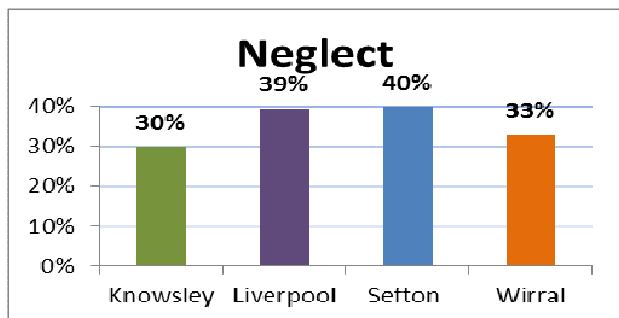
Once again the differences in conversion rates have been investigated and the board were assured that locally defined practices, pathways and triage points could explain the differentials.

A piece of work moving forward for the board is to determine whether the variances are acceptable given their reflection of the national picture or whether a move towards more consistent application of criteria and pathways would better enable the board and partners to understand the adult safeguarding landscape across the areas.

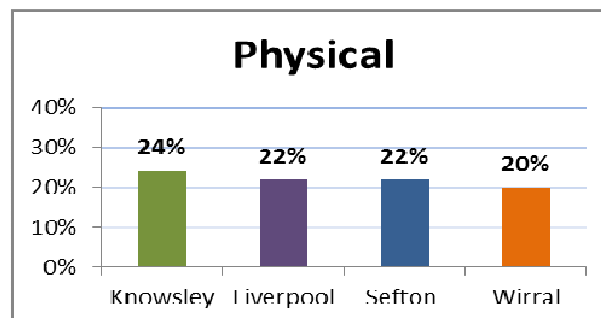


Safeguarding Data

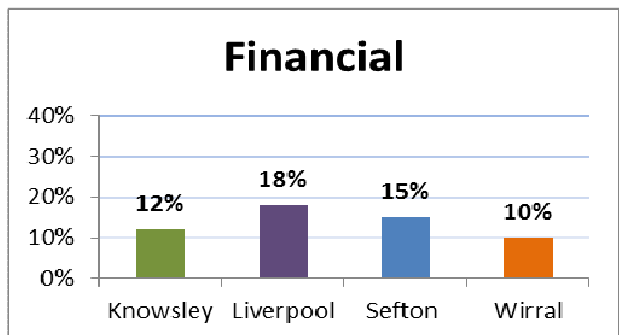
What were the most prevalent types of abuse ?



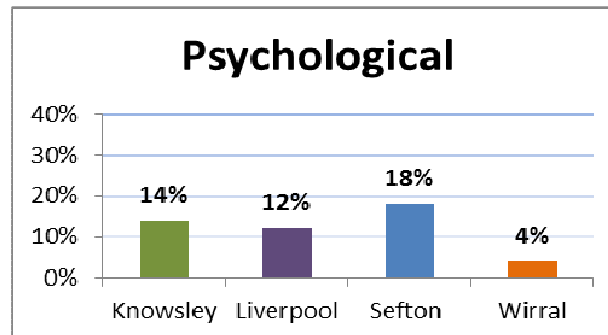
Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, nutrition and heating.



Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.



Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.



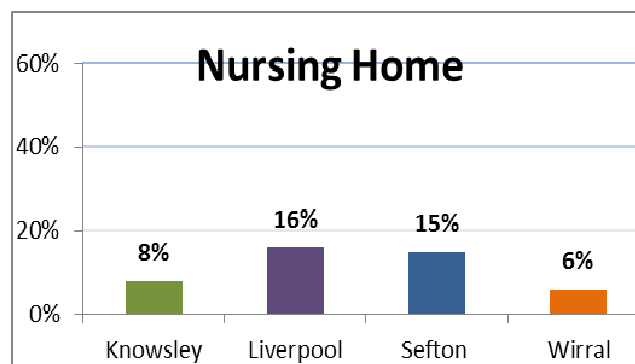
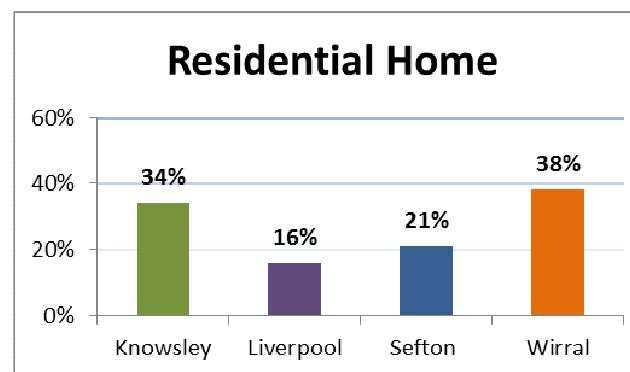
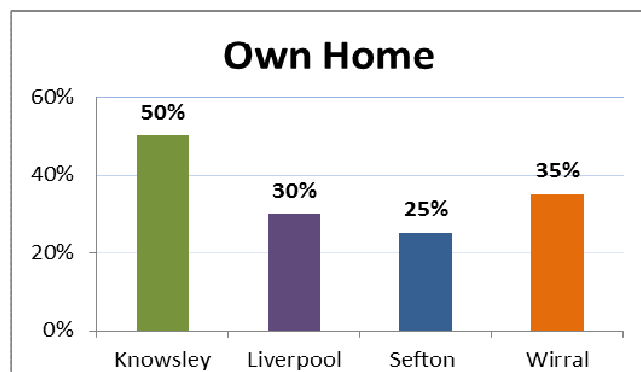
Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Neglect and acts of omission were the main forms of abuse experienced by adults at risk during 2017/2018 across all four local authority areas. This is in line with national reporting for the same time period and accounted for 32.1% of abuse nationally. The same trend followed nationally with Physical abuse at 22.2%, Financial abuse at 14.6% and Psychological abuse equating to 13.1% of all abuse. The lower percentage of Psychological abuse in Wirral is noted but on investigation it is believed that this is due to a more frequent use of the 'Organisational' abuse category.



Safeguarding Data

Where did the Safeguarding incidents take place ?



The accompanying charts show the locations in which the alleged incidents of abuse and/or neglect took place.

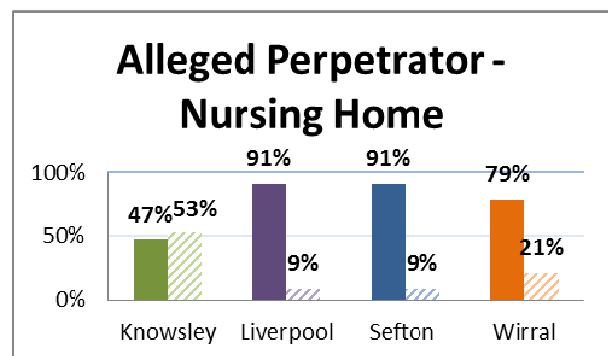
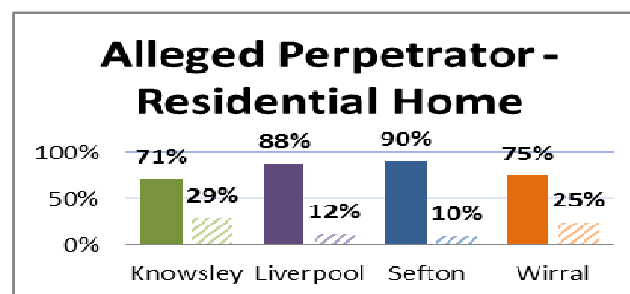
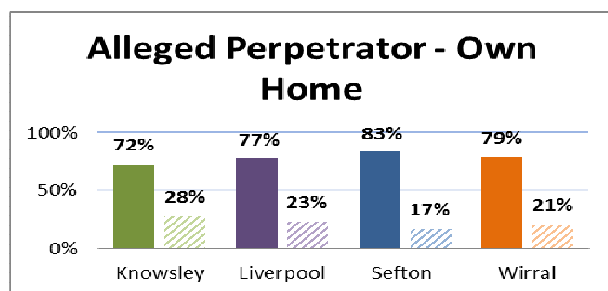
From April 2017 to March 2018 the location most frequently recorded across all four areas was 'Own Home' and 'Residential Home' and once again this reflects the national picture.

It is important to note however that an incident may have occurred in another location but was only identified in these locations. An example of this could be an individual receives unexplained bruising whilst out with family or at a day centre but they are only noted when they return home (own home/ residential or nursing home). It is also important to note that CQC reporting requirements and general surveillance within Nursing and Residential homes can increase the identification and levels of reporting of incidents from those locations.



Safeguarding Data



Who were the alleged perpetrators of the abuse ?



The accompanying charts show the location of the abuse and whether the alleged perpetrator was known to the individual.

Regardless of the recorded location of the abuse the majority of alleged perpetrators were known to the individual either personally or professionally.

Once again this is line with national reporting showing an approximate 80/20 split between own home/ nursing/ residential care against 'Other' locations such as hospitals and community services.

Key:  Solid colour indicates the % of alleged perpetrators known to the individual
 Patterned block shows the % of alleged perpetrators not known to the individual

NB. Not known categorisation is also used when the alleged perpetrator has not been recorded

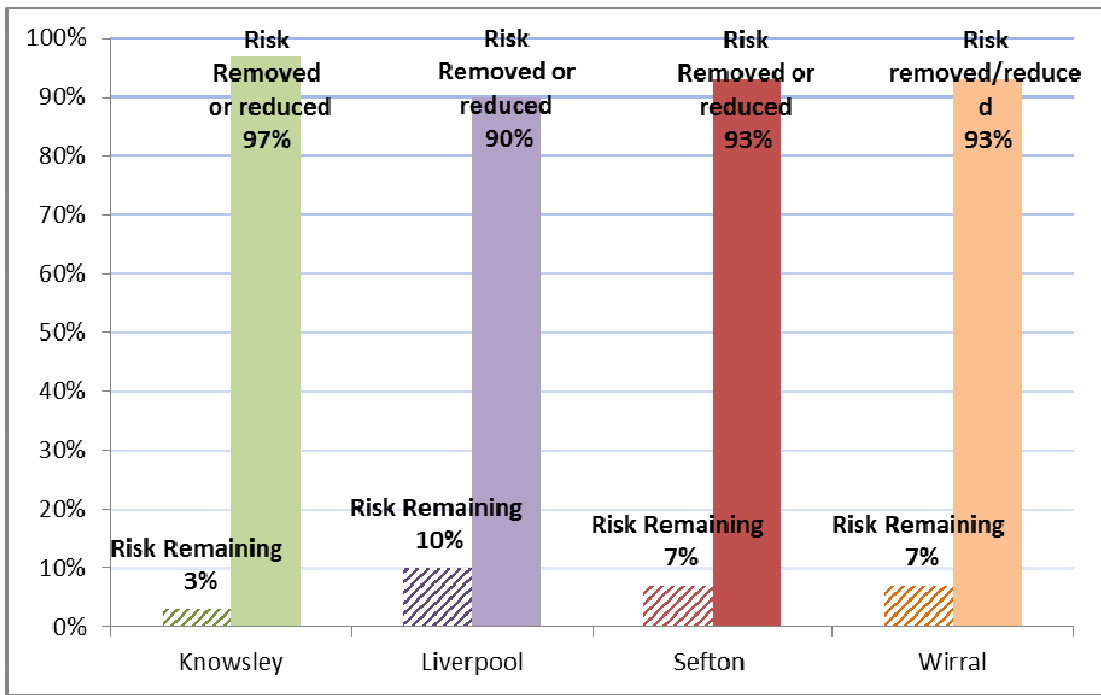


Safeguarding Data

How were the risks managed ?



Safeguarding Data



Key: Solid block illustrates the % of cases in which identified risks were removed or reduced
 Patterned block illustrates the % of cases in which identified risks remained

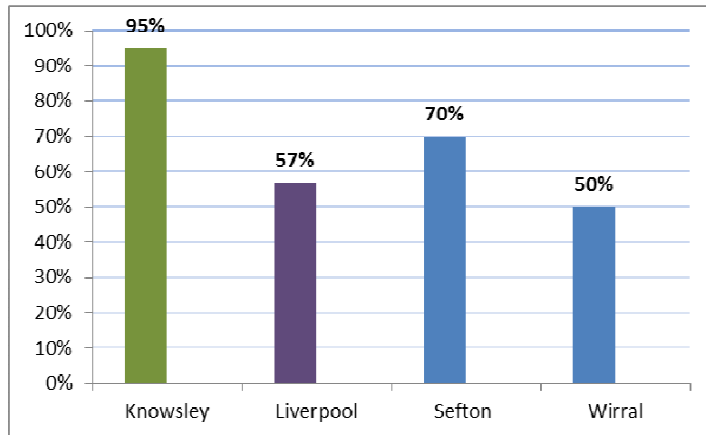
The adjacent chart illustrates the outcomes of all safeguarding enquiries between April 2017 and March 2018 and whether the risk posed to the individual was reduced or removed.

In all four geographical areas the risks in over 90% of cases were removed or reduced. Whilst this does indicate that a small number of risks remained those risks may remain at the request of the individual or will have been mitigated against in consultation with the individual. This can happen in cases whereby the alleged perpetrator is a family member whom the individual wishes to remain in contact with or doesn't wish to implement safety measures. An individual has the right, with support where appropriate, to determine the most appropriate course of action for them. This is central to personalisation within adult safeguarding.

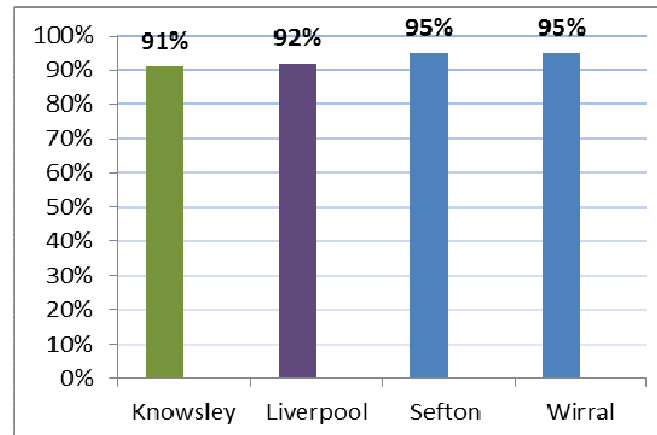


Safeguarding Data

Where the outcomes expressed by individuals met?



The above chart shows the percentage of concluded enquiries where people were asked **and** they expressed their desired outcomes. There are significant variations between all four geographical areas ranging from 95% to 50%. This is believed to be, in part, due to local arrangements put in place by individual authorities along with variances in recording procedures. This is an area of work that is being progressed by the board.



The above chart shows the percentage of individuals in the adjacent chart who felt the outcomes they expressed had been met. For all four areas this was over 90% demonstrating that when individuals are empowered to express the outcomes they desire the vast majority of those are met. Those for whom they were not met may be due to the initial level of expectation, changes in expectations and wishes or the need to intervene for the safety of others.

What have people told us ?

At most board meetings we have heard directly from people who have experience of services about what matters to them.



We are making it our top priority for the coming year to hear more from people directly and to work with them to make a difference.



Safeguarding Adult Review Groups

Chaired by Senior Officer, Merseyside Police



Work of the Sub-Groups

Remit

To date the Board has operated 4 SAR groups, one in each of its Local Authority areas.

As detailed in section 44 of the Care Act 2014 it is the responsibility of the Safeguarding Adults Board to arrange for a review to be undertaken when an adult with care & support needs in its area has died as a result of or experienced serious abuse or neglect (whether known or suspected) and there are concerns that partner agencies could have worked together more effectively to protect the adult.

The remit of each SAR group was to:

- receive referrals, from the public or other professionals, and give consideration to the circumstances of the case. A recommendation along with a detailed rationale is provided to the Independent Chair of the board who makes the final decision as to whether a review should be undertaken
- The groups were also responsible for overseeing any reviews that take place, agreeing the final report prior to board sign off and then the implementation of all action plans
- To ensure that board learnt from reviews and learning was effectively shared.

Achievements

- The SAR groups in all 4 areas met frequently between April 2017 and March 2018
- 23 cases in total were considered. Of those 23 cases 2 have progressed to a full SAR, 1 was progressed as a joint Domestic Homicide Review / SAR and 1 was progressed as a multi-agency learning review under the auspices of the board
- The Board received and signed off 4 completed SARs which had been commissioned by previous individual boards prior to the inception of the new combined board in April 2017
- The board has also undertaken a holistic review of all SAR recommendations received to board in the last 12 months. These were themed across 9 areas and shared with over 70 board and sub group members at a recent development day. This work will inform the boards strategic plan for the next 2 years.

The Coming Year

- The board has made a decision to move to a single SAR group covering all 4 local authority areas with an anticipated implementation date of January 2018
- The board recognised the complexities and associated risks that the continuation of 4 separate groups posed to the board and business unit and moved to remedy this
- A new Learning & Review Officer to be recruited to oversee the work of the group and all reviews
- An online administrative solution is to be purchased to enable more effective tracking and oversight of reviews from referral through to completion of action plans
- Our ambition is to ensure that the views of those involved are central to any review process and all learning from reviews is shared and embedded within practice for all staff.



Work of the Sub-Groups

Communication and Engagement

Chaired by Senior Officer, Merseyside Fire and Rescue

Remit

The remit of the Communication and Engagement sub group in the first year was to:

- lead the development, implementation and evaluation of a multi-agency strategy aimed at increasing the awareness of safeguarding and
- promote the involvement of adults at risk, carers and advocates within the work of Merseyside Safeguarding Adults Board (MSAB) and its partners .

The group committed to the development of practice that not only consults with all relevant agencies but also takes account of the views of adults who have needs for care and support, their families, advocates and carer representatives.

Achievements

- The subgroup has overseen the establishment of a dedicated website, designed to raise awareness of adult safeguarding and support those who may need assistance
- It has also worked to gauge the 'Voice of the Service User', and that of the 'Frontline worker' to inform further policy and service development drawing on the expertise of our Healthwatch partners
- The sub group has compiled a directory of service user forums and groups whom the board can work alongside and consult on various areas of work
- A 'brand' has been developed for the board along with a range of posters and publicity materials to assist in the duty to raise the awareness of adult safeguarding across the public and professionals
- The sub group has also supported the identification of speakers with experience of safeguarding issues to share their experiences with the board.

The Coming Year

Following a twelve month review of its function, it has been decided that the subgroup will split to focus on 'Communications' and 'Engagement' as two distinct functions. Key activities for the forthcoming year are as follows:

- Development of a 'virtual' communications group that will disseminate information from the Board across the wider partnership
- The identification and supporting of service users to tell and share their experiences at future board meetings
- Oversight and monitoring of a commissioned 'Voice of the Service User' and 'Voice of the Frontline Worker' project with Healthwatch
- Planning a series of visits for board members to meet with frontline workers engaged in the delivery of safeguarding activities
- Attendance at community events to raise awareness with the public as well as events for professionals.

Policy, Procedure and Practice

Chaired by the Head of Safeguarding, Knowsley Council



Work of the Sub-Groups

Remit

The remit of the Policy, Procedure and Practice sub group in the first year was to:

- Develop policies for approval by the safeguarding board that reflect key safeguarding functions which are a priority for all Board members and partner agencies
- Begin to develop procedures that support all partners by making sure our safeguarding responses across Merseyside are effective towards a consistent and qualitative service
- Identify areas where our safeguarding responses can be improved, and to support all of our services to deliver responses to deliver safeguarding service based on best practice.

Achievements

- The subgroup has assisted in developing both the Safeguarding Policy and the Persons in Positions of Trust Policy adopted by ADASS. The group has produced policies in respect of Information Sharing and the Escalation of Concerns. It has also contributed to the development of the board's Safeguarding Adults Review Policy and Procedure
- By using a variety of information sources, the group has begun to look at the quality and variance of responses to safeguarding notifications across the four authorities. This work will continue into 2018/19, the overall aim is to ensure good quality responses to safeguarding notifications consistent with the law, research and best practice
- Work with John Moore's University, commenced with the first of three planned workshops taking place with professionals. This was held to explore ways in which the response to self-neglect can be improved. Feedback from staff is the key to informing good practice. A guide to best practice and a 'toolkit' will be available in early 2019.

The Coming Year

- The subgroup will continue to produce requisite board policies on behalf of the board during 2018/19. The focus will be on developing consistent responses to adult safeguarding across board areas.
- The same model of staff learning we have developed in respect of self-neglect will be integrated into other areas of challenging safeguarding practice going forward into 2019 and beyond.

Quality Assurance

Chaired by the Chief Nurse, NHS Liverpool CCG

Remit

The remit of the Quality Assurance sub group in the first year was to:

- lead, on behalf of the Board, on specific projects to better understand the quality of Safeguarding Adults work across the geographical footprint and develop strategies for improvement. This included the development of an annual self assessment
- Undertake activities to gain assurance re the effectiveness of safeguarding adults procedures and professional practice
- Receive all action plans resulting from SARs and other reviews, and undertake a thematic review to look at wider streams of learning.

Achievements

- A full review of 'Front Door' arrangements across the 4 Local Authority areas was undertaken and a report was presented to the Board highlighting good practice, areas of difference and opportunities for development.
These recommendations are now being progressed and reported to board
- A multi agency audit was developed ready for completion in summer 2018
- A task & finish group scrutinised the percentage of Concerns progressing to Enquiries (due to significant variances between the 4 areas) which fed into the review of front door arrangements detailed above.

The Coming Year

- A full safeguarding audit developed by a multi agency task and finish group will take place in the summer of 2018 and annually thereafter
- The QA group will analyse the audit findings and undertake accountability meetings with agencies to discuss their self-assessments and develop individual action plans.
- The sub group will oversee all SAR recommendations identifying themes and trends in order to inform future strategy and work streams of the board and sub groups.



Work of the Sub-Groups



Work of the Sub-Groups

Performance and Audit

Chaired by the Chief Nurse, NHS South Sefton CCG
NHS Southport and Formby CCG

Remit

The remit of the Performance & Audit sub group in the first year was to:

- receive validated data from partner agencies and to scrutinise the data to identify trends and themes to inform priority areas of work
- publish the MSAB performance dataset and supporting narrative and to provide exception reports to the board
- continually review the partnership data indicators to ensure the Merseyside SAB is clearly sighted on the effectiveness of arrangements to safeguard adults
- oversee the provision of performance information for the MSAB Annual Report
- identify areas of risk/escalation, record them in the risk register and escalate concerns to the board.

Achievements

- An initial review of performance information across the partners resulted in a programme of work being undertaken which looked at social care data in the first instance
- A separate piece of work was undertaken with the data analysts who now meet with the MSAB performance lead on a bi monthly basis in order to ensure a better understanding and planning for future data collection
- Monthly reviews of data were undertaken and areas of difference across the 4 areas identified with the aim of moving towards a more consistent approach towards the classification of information and use of terminology
- Initial development of a multi-agency dataset demonstrating the activity of a wide range of partners towards the safeguarding adults agenda.

The Coming Year

- The sub group will be taking responsibility for the annual audit calendar for the board . A schedule of multi agency audits will be undertaken across the partnership and findings will be used to identify areas for development and collaboration
- The multi agency dataset will be further developed and will be used as a means of presenting complex data in an easier format to enable understanding and inform decision making
- The collection and oversight of quarterly Social Care data will continue to identify collective areas for concern and action.

Workforce Development

Chaired by Director of Quality and Safety for Wirral Clinical Commissioning Group

Remit

The remit of the Workforce Development Sub group in the first year was to:

- Undertake a scoping exercise of all multi agency safeguarding adults training delivered across the 4 Local Authority areas
- Identify training resources that could be shared across the areas
- Support the board to better understand the Care Act requirements in relation to training oversight and provision
- Develop an effective approach to the sharing of learning arising from Safeguarding Adult Reviews.

Achievements

- The subgroup has undertaken an audit to establish the level of multi-agency safeguarding training being delivered across the Merseyside area
- Agreement was reached by the board that training resources could and should be shared. This allows staff members, volunteers and individuals to access courses provided by any constituent agency of the MSAB. This includes access to a suite of e-courses which was previously only available to Wirral staff
- The group has also developed and published a members handbook that has been distributed to members of the board in order to provide clear guidance on their role and responsibilities.

The Coming Year

- The group is developing a workforce strategy together with an annual work plan on behalf of the board to ensure that effective training and a competent workforce is established and maintained
- The group will be exploring the results of the “voice of the front line worker” to ensure the work of the board is grounded in not only the voice of those who use services but also those that work most closely with them
- Training for board members will be commissioned by this group to ensure that the MSAB “Is able to lead by example” in all areas of adult safeguarding and act effectively as an entity to ensure it meets its requirements under the Care Act 2014.



Work of the Sub-Groups

What have we achieved?

1. We have heard the experiences of people who use our services
2. Established a sub-group structure that reports to and from board
3. Held a Self-Neglect workshop in collaboration with Liverpool John Moores University
4. Reviewed and drafted Board Policies and Procedures
5. Undertook a review of the Front Door arrangements across the four areas and recommended a good practice model
6. Established a performance framework through the collation of performance data for the four Local Authorities
7. Reviewed the Toward Excellent for Adult Social Care (National Dataset) submission's for all four areas
8. Established a directory of Service User groups and forums
9. Developed an online Safeguarding self –assessment tool for completion annually
10. Undertook a joint Domestic Homicide Review and Safeguarding Adults Review (DHR, SAR) with Liverpool Council
11. Received four completed SAR reports and recommendations
12. Developed a Board Members Handbook
13. Developed a Suite of E-Learning courses made available through the Workforce Development sub-group
14. Visited and established links with all four Safer Communities Partnerships
15. Attended Police Community Action Groups to publicise the work of the board
16. Contributed to Northwest ADASS policy development
17. Linked in with wider forums i.e. PVP group and sub groups
18. Developed a Board Website www.merseysidesafeguardingadultsboard.co.uk



What have we achieved ?

Priorities for 2018 — 2020

Building on the work undertaken by the Sub Groups and the Business Unit in the past year, the board have agreed 5 priority areas for the following two years. These priorities will be the focus of our work and specific actions and timelines for each are detailed in the boards Strategic Plan and Business Plan which can be found on our website.

Priorities

- 1. Voice of the Service User and Front Line Staff**
- 2. Assurance and Challenge**
- 3. Safeguarding Adult Reviews (SAR's)**
- 4. Effective Communication**
- 5. Effectiveness of the Board**



Priorities for 2018-2020



**Merseyside Safeguarding Adults Board
Strategic Plan 2018 – 2020**

The vision of the Merseyside Safeguarding Adults Board is that all citizens live their lives free from violence, abuse, neglect and exploitation and their rights are protected. All safeguarding work is sensitive to and firmly rooted in respect for differences in race, ethnicity, culture, ability, faith and sexual orientation. Engaging with and being responsive to the needs of all stakeholders, including adults at risk, carers, service providers and the wider community, is essential to promote the Board's vision.

Our Aims

Priority 1

The views and experiences of those who use services, their significant others and the people who work directly with them will be heard. They will inform the work of the board and the development of policy and practice.

Priority 2

The MSAB will be assured of the quality of Safeguarding and related services in each of its geographical areas. It will challenge partners to continue to improve the delivery of services and the experiences of those requiring services.

Priority 3

A robust approach to the undertaking of Safeguarding Adult Reviews will be developed. It will ensure the delivery of a consistent approach across all geographical areas and offer the broadest opportunity for learning.

Priority 4

The MSAB will develop effective communication methods to support those working with adults who may be at risk of abuse and / or neglect and to increase the knowledge of adult safeguarding within local communities.

Priority 5

The MSAB will develop as an entity to ensure it effectively meets its duties under 'The Care Act 2014'.

What we will do

1. Commission a 12 month engagement project to capture the voice of those who use services and frontline workers and act on what they tell us
2. Root the work of the board in the experiences of those who use our services, and those who work with them, through board member visits to frontline services and spotlight sessions at every board meeting

1. Undertake a range of assurance activities including self-assessment and multi-agency audits
2. Use a range of intelligence to help us understand what is happening in our areas, to inform standardisation activities and drive improvements in practice and workforce development
3. Develop good practice resources drawing from local, regional and national sources of excellence

1. Encourage a culture of learning and reflection in all reviews undertaken by the board
2. Establish a single Safeguarding Adult Review Group
3. Write and publish a MSAB Safeguarding Adult Review Procedure
4. Embed a comprehensive approach to the dissemination of learning encouraging a culture of learning transfer across all agencies

1. Establish effective sharing of information at all levels of board work
2. Drive a preventative approach to safeguarding adults in its broadest sense
3. Share the work of the board and its partners across a range of media platforms

1. Undertake development activities as a board to build a common approach and sense of purpose
2. Adopt an ethos of continuous evaluation and improvement underpinned by transparency and accountability
3. Take a proactive approach to the satisfying all statutory responsibilities and requirements



Strategic Plan 2018-2020

2018-2019

The Year of Challenge

The first year has been a busy one as we came together as one Board. In addition to the priorities we have agreed the year ahead is also one where members of the Board have committed to work even closer together to deliver real impact across all partners and communities.

All partners will endeavour to work together to:

- ◆ collaborate more across Merseyside
- ◆ share and embed good practice
- ◆ make best use of resources
- ◆ do things once, together
- ◆ implement decisions in member organisations
- ◆ AND Challenge each other



The Year of Challenge

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/47

Author of the Paper:

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
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Tel: 0151 317 8457

Report date: March 2019

Title: Transforming Care for people with Learning Disabilities

Summary/Key Issues:

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

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

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

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

Recommendation

The Governing Body is asked to:

- Note progress being made
- Endorse the continuing work on the Merseyside Transforming Care Partnership

Receive	x
Approve	x
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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body April 2019

1. Executive Summary

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

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

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

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

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

2. Introduction and Background

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

A *Building the Right Support* included the development of Transforming Care Partnerships across England which are each made up of clinical commissioning groups, NHS England's specialized commissioners and local authorities. NHS Southport & Formby CCG forms part of the Cheshire and Merseyside Transforming Care Partnership, which is subdivided into three local hubs; North Mersey, Mid-Mersey and Cheshire/Wirral. The two Sefton CCGs form part of the North Mersey Hub, along with Liverpool CCG to jointly deliver the three programme outcomes in their areas:

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

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

3. Key Issues

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

Helping People Live in Homes, not Hospitals

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

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

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

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

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

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

Currently 3 inpatients are in hospital 2 of whom are in beds commissioned by NHS England specialised commissioning.

Table 1: S&FCCG Inpatient Position

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

Reducing inpatient activity

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

At the time of writing there are plans in place to discharge 1 patients. All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care. NHS Southport & Formby CCG has had a CTR process in place since 2016 to ensure that CTRs are being undertaken by an independent panel of people. The use of CTR has been an effective tool in reducing inpatient activity and informing individual care planning.

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

Community Infrastructure

Intensive Support Team (IST)

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

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

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

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

Since the service went live it has mitigated 3 potential hospital admissions

Positive Behavioural Support training

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

Positive Behavioural Support is an essential component of delivering high quality support for people with learning disabilities living in the community.

This project is focused on increasing capacity to deliver positive behavioural support across community services and has 2 key elements:

1. Commissioning strategy and pathway development.
2. Organisational development.

By adopting an organisational based approach we aim to create system change by implementing a comprehensive workforce and organisational development programme to will embed PBS within the system. The project is led by Liverpool CCG.

110 organisations in Liverpool and Sefton are being targeted:

- Supported living providers
- Special Schools
- Respite/Day Services

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

Housing Infrastructure

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

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

Annual Health Checks

In order to be eligible for a Learning Disability Annual Health Check, patients need to be on the GP Learning Disability Register. Progresses in ensuring patients are offered an Annual Health Check is therefore dependent on them being identified and placed on the GP Learning Disability Register.

Nationally, 0.49% of the GP registered population is on the Learning Disability Register. It has been estimated around 2.5% of the population in England has a learning disability.

The confidential inquiry into premature deaths of people with learning disabilities highlighted the importance of Annual Health Checks.

QOF data 2017/18 Prevalence South Sefton - 0.47% 728 patients

QOF data 2017/18 Prevalence Southport and Formby – 0.61% 761 patients

The CCG is currently working with the Local Authority and the LMC to identify a suitable process to identify patients with a learning disability. The process will be shared with practices once agreed.

In 2019/20 all practices will be offered the opportunity to sign up to deliver the LD DES at practice level.

Learning Disabilities Mortality Review (LeDeR)

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

and signs off individual reviews and supports the dissemination of actions and learning across the CCGs and NHS England.

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

Recognising the difficulties provider organisation had in releasing staff to undertake reviews, some work has been completed by outside agencies and additional 30 cases will be directed through this route...The CCG will notified of their allocation to support the reviews .

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

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

The aims of STOMP are to:

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

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

We will be holding an event in Sefton in October 2019 on STOMP and looking at how we can engage with patients to educate them on the medication they are taken and, recognise changes to their health and wellbeing that they may want to discuss with a health professional.

This event will be coproduced with People First an organisation that works with people with learning disabilities

Children & Young People

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

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

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

4. Conclusions

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

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

5. Recommendations

The Governing Body is asked to:

- Note progress being made
- Endorse the continuing work on the Cheshire and Merseyside Transforming Care Partnership.

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
March 2019

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/48	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 8456						
Report date: March 2019							
Title: Cheshire & Merseyside Transforming Care Partnership: Year End Report 2018/19							
<p>Summary/Key Issues:</p> <p>The paper presents the Governing Body with the Cheshire & Merseyside Transforming Care Partnership 2018/19 Year End Report.</p> <p>Over the past 12 months considerable collaborative working involving service users has taken place to improve services for our service users. The work is overseen by the Transforming Care Partnership Strategic Board, Fiona Taylor is a member of this group representing the commissioners in North Mersey.</p> <p>Work is now being concluded to describe the priorities for 2019/20 and our Sefton Place based partnership plan, Shaping Sefton II as required following the publication of the NHS Long term plan, will capture the priorities as applicable to the Sefton place. The governing body will continue to receive updates.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to note this report.</p>	<table border="0"> <tr> <td>Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
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Links to Corporate Objectives *(x those that apply)*

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			Cheshire and Merseyside Strategic Board Meeting 26 March 2019

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

2018/19 Year End Report

1. Introduction

Transforming Care has clear aims to:

- help people live in homes, not hospitals; and
- improve people’s health, quality of care and quality life

This report provides an overview of the progress made by Cheshire and Merseyside Transforming Care Partnership in 18/19 against its workplan, which is divided into the following areas:

- Inpatient Performance (reducing inappropriate admissions and achieving safe discharges)
- Adult Hospital (non-secure) and Community Services
- Housing and Providers
- Children and Young People
- Workforce and Education

Running through this work has been an emphasis on co-production with people who use services in the discussions, design and implementation of projects across Cheshire and Merseyside.

2. Inpatient Progress

2.1. Reducing Admissions

Chart 1 shows the admission rate across Cheshire and Merseyside during 18/19, demonstrating a trend downwards during the course of 18/19. The Partnership has invested in Intensive Support during 18/19 and this is considered to have had a positive impact, reducing the adult admission rate, particularly in Q4.

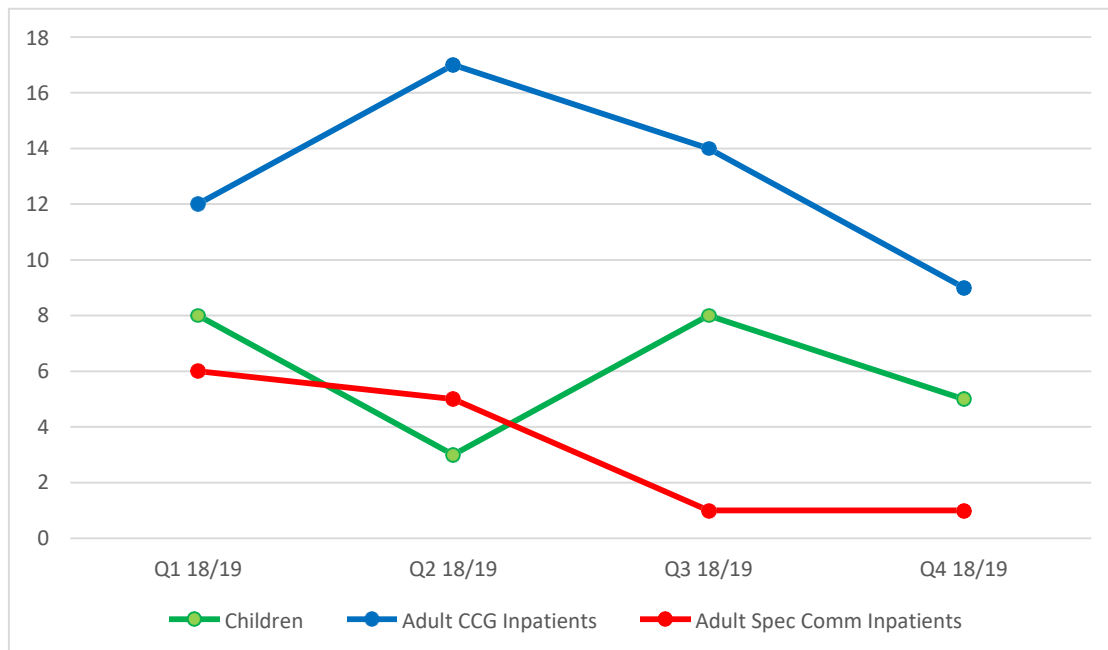


Chart 1: Admissions by Quarter (1st April 2018 to 8th March 2019)

Records held by the TCP office show that 116 admissions avoidance meetings have been held since 1st April 2018, including Pre-Admission Care and Treatment Reviews. Of these, 95 meetings resulted in an avoided hospital admission.

2.2. Achieving discharge and current inpatient position

Between 1st April 2018 and 8th March 2019, 94 people have been discharged from hospital to a community setting. All these individuals will have had person-centred plans and the opportunity to use the C(E)TR process to shape their discharge.

Despite this success, the impact of this work on the numbers in hospital has only reduced the overall inpatient population from 132 to 125 in year. This position is significantly above the target required by NHS England (82 by 31st March 2019).

Professionals across the Partnership continue to struggle to discharge people with a more complex case history with the following issues highlighted as barriers to discharge:

- Available robust market provision for people with complex needs (and/or public safety risks)
- Person centred choice and decision making
- Arrangements for people involving cross boundary or out of area discussions
- Legal Framework: Court of Protection and Ministry of Justice processes
- Funding issues between organisations and transition costs

Appendix 1 outlines some additional actions that the Partnership has undertaken in 18/19 to support complex discharge.

2.3. Current Length of Stay

Length of stay data demonstrates that the challenges around more complex inpatient presentations remain, with a high proportion of inpatients remaining in hospital over 3 years (48% of current inpatients).

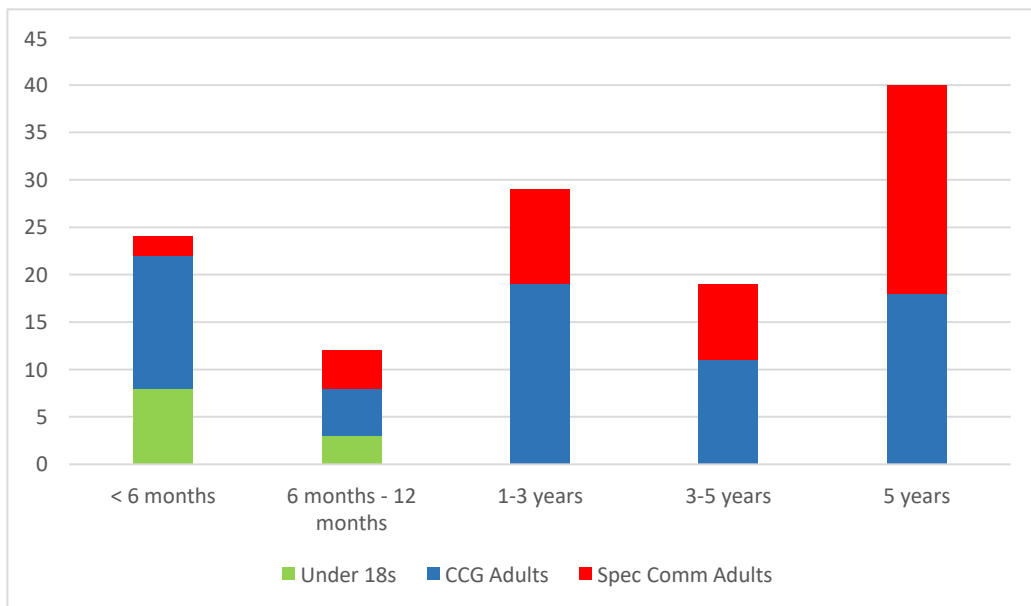


Chart 2: Length of Stay for Current Inpatients (as at 8th March 2019)

3. Adult Hospital (non-secure) and Community Services

3.1. Mobilisation of Intensive Support

Intensive Support for adult services has been implemented in 18/19 and forms part of a package of measures underpinned by standardised service specifications for the Community Learning Disability Teams (incorporating Intensive Support) and for the Inpatient Assessment and Treatment Units across Cheshire and Merseyside agreed in year. Briefly, the measures are:

- Development of skills and additional posts to deliver an Intensive Support Function within the existing Community Learning Disability Teams (CLDTs)
- Care and Treatment Reviews (CTRs) for adults
- Dynamic support database to monitor adults at risk of admission

3.2. Local area priority investment

Aside from Intensive Support, the three hub areas have invested in community infrastructure as follows in 18/19:

Area	Project
North Mersey	Positive Behavioural Support training to community teams, social care providers, special schools and colleges
Mid Mersey	Development of a pre and post diagnostic Autism offer – focused on backlog assessments initially
Cheshire and Wirral	Continued investment in Intensive Support Skills training for more complex care Social care market development activity

3.3. Annual Health Checks and Physical Health Good Practice

The Partnership continues to promote uptake of Annual Health Checks with a target of 75% completed in each CCG area. The TCP's Physical Health lead has been networking across the footprint to support health facilitators and primary care to undertake these. Individual CCGs have created their own plans for increased uptake, and the TCP awaits updated figures to understand whether an improvement has occurred.

2 Physical Health showcase events have been delivered showcasing a range of good practice from across Cheshire and Merseyside. These have included

- Eye health pathway work
- Reasonable Adjustments
- Makaton
- Positive Behaviour Support

3.4. Learning Disabilities Mortality Review (LeDeR): progress and learning

Work to undertake mortality reviews continues. Recognising the difficulties provider organisations have had in releasing staff to undertake reviews, some work has been completed through an outside

agency with excellent results. An additional 30 backlog cases will be directed through this route in order to address the backlog.

Patient Awareness

Learning from completed LeDeR reviews identified two areas as contributory or casual factors in the premature mortality of people with learning disabilities. These were

- the patients ability to recognise the early warning signs of cancer
- respiratory disease

The TCP has funded two projects through the self-advocacy group People First Merseyside (via a bidding process) to raise awareness.

‘Red flag signs of cancer’ is a campaign designed to develop service users understanding and awareness of warning signs of cancer symptoms which would warrant a discussion with their GP. The campaign involves providing education to the people who use People First services, designing a poster and creating a video.

‘Look after your lungs’ is a campaign to develop people’s understanding of respiratory health. It includes a number of issues relating to respiratory care including how to use an inhaler, symptom of lung conditions such as emphysema and COPD, maintaining a healthy weight and stopping smoking.

Each of these campaigns aim to develop patients understanding of common health problems and encourage them to access medical advice earlier if they are concerned about their own symptoms. The group have then organised roadshows to share their learning with other self-advocacy groups across Cheshire and Merseyside.

Dysphagia Pathway

A Dysphagia Protocol and Guidance has been introduced to support Community Learning Disability Teams identify and advise people with dysphagia. This will deliver a consistent approach in terms of diagnosis, clinical management and advice/ support across Cheshire and Merseyside.

Dynamic Support for people with 2 or more chronic conditions

The Partnership is now progressing with a pilot project to create a Dynamic Support Database for individuals with 2 or more chronic conditions which should help improve outcomes including premature mortality.

3.5. Stop Over-Medication of People with a Learning Disability (STOMP)

A STOMP audit of 6 GP Practices has been completed, with the report launched in October 2018. This study concluded that “antipsychotic drugs are being prescribed for people with learning disabilities in the absence of recording of the conditions for which they are known to be effective”. This finding is in line with other studies. As well as number of recommendations, an on-line education tool for GPs has been developed to:

- Increase awareness of STOMP, thereby reducing the use of medication for the management of challenging behaviour
- Act as a repository for peer reviewed STOMP information and resources
- Empower prescribers with decision support tools and aid them in managing challenging behaviour

Following a review of cases where individuals had experienced behaviours that challenge as medication was reduced, the TCP has commissioned a training package around STOMP to support carers.

4. Housing and Providers

4.1. Housing Plan

The TCP's Housing Plan was signed off by the Strategic Board in March 2018. The emphasis was on two key drivers:

- Meeting the requirements of the immediate cohort of inpatients
- Planning for future provision

The Partnership has benefitted from support from the sub-regional Housing Lead (Jane Bellwood), who has provided advice and support to Local Authorities and CCGs.

A number of Local Authorities have moved already to develop a range of supported living accommodation. Mapping the full extent of existing provision across Cheshire and Merseyside has proved difficult and additional support to develop housing provision has been identified as a further need.

4.2. Using small grants to support accommodation adaptations in 18/19

A number of small grant applications have been successful to support adaptations to properties to make them suitable for people leaving hospital. The most recent of these supported a patient to leave hospital after a 10 year length of stay, to a home in Knowsley which was specifically adapted to meet her needs.

4.3. Using the Transforming Care Capital Opportunity

A number of Local Authorities and CCGs have discussed the opportunity of using the capital funding scheme. The following schemes have progressed with scheme completion/ funding allocations during 18/19:

Area	Scheme	Capacity (people)	Capital Used in Financial Year
Liverpool	Besford House step through service.	8	18/19
Halton	Orchard House accommodation for young people	2	18/19
Cheshire West and Chester	Bridgemoor step up/ step down	3	18/19
Warrington	Culceth development		18/19 & 19/20
Warrington	Raymond Avenue, Stockton Heath accommodation	2	18/19 & 19/20

Two further schemes (Knowsley, accommodation for 12 across 4 sites) and Sefton (accommodation for 3) are being worked up to funding proposal level at present.

The capital scheme remains open for further proposals.

4.4. Shaping the social care provider market

Art of the Possible events

The TCP has facilitated 3 market provider events during 18/19, each named "Art of the Possible". These have been opportunities for commissioners and providers to meet and discuss developing the provider market to meet more of the complex needs of individuals who require discharge from hospital. Discussions have outlined the following key points:

- Providers are not always clear of the range of complex care provision required across Cheshire and Merseyside
- The balance of skill mix to complex patients can be prohibitively expensive in single accommodation (where 2:1 needs may fluctuate). Contracting for shared services between individuals on one site might mitigate some of these costs.
- Providers are keen to develop services, but struggle sometimes with finding the right locations to site new developments
- There are a number of technological opportunities which may help reduce long-term staffing costs without compromising care

Considering bespoke Rehabilitation Services in the Community

Following these discussions and responding to concerns that individuals in long-term hospital care struggle to transfer directly to supported living environments, the TCP has developed 3 service specifications for step-through residential unit services. The specifications are for specific groups:

- **Teal:** Men with a forensic history of sexual offending
- **Cyan:** Young people with more complex needs (mental illness/ substance misuse)
- **Cerise:** Younger women with more complex cases of personality disorder

The specifications have been worked up with relevant service users and clinical staff, building on examples of successful services elsewhere in the country. An independent clinical view from a community professional with a history successful discharges of more complex individuals has been obtained as well. The TCP has discussed the proposals with the CQC to ensure that these meet any requirements.

Analysis has shown that there is likely to be demand for small units (no more than 6 people) in the areas of North Mersey and Cheshire and Wirral for the Teal and Cyan groups, with only 1 unit required for Cerise. This analysis has been based on current inpatients. It is clear, from discussions with CCGs and Local Authorities, that there are concerns around the long-term viability of residential units given the increase in supply of supported living options. The Partnership needs to consider whether this work will move forward.

5. Children and Young People (CYP)

5.1. Developing the CYP Network, including work with the North West ODN

Following a baseline analysis in Q4 of 17/18, the Partnership has worked to strengthen links with Children's Commissioners across Health, Social Care and Education. The Local Offer pages of each Local Authority have been updated with information about Transforming Care. A number of CYP events have been held, with parents discussing the challenges they face at these and other events.

Cheshire and Merseyside professionals have been involved in developing the Children and Young People's Model of Care through the North West Operational Delivery Network (ODN). This document highlights good practice and provides commissioners with guidance on how to develop CYP services in their local area. The document was signed off by the ODN in March 2019.

5.2. C(E)TRs: training and support

C(E)TR training has been delivered and a C(E)TR Peer Support network meeting is now well established. However, although there are a number of admission avoidance meetings held, it is clear that the challenge of identifying children at immediate risk of hospital admission remains. Of the 11 individuals in hospital at 8th March, none had received a pre-admission C(E)TR. The Partnership has asked for a Root Cause Analysis to be undertaken on the journey to admission for all admissions from Q4 in order to identify where there may have been opportunities to identify these children earlier. This will help support implementation of the CYP Dynamic Support Database.

Following discussion around difficulties completing post-admission C(E)TRs, Specialised Commissioning have received additional resources to address this.

5.3. Identification of children at risk of admission

Following successful implementation of the Adult Dynamic Support Database, which identifies adults at risk of admission, CCGs across Cheshire and Merseyside have been developing this approach for Children and Young People. This has proved more challenging in terms of triangulating information held by Local Authorities, Education and Clinical Commissioning Groups. Led by Liverpool CCG, the project has gained momentum during the year with the majority of CCGs expected to have individuals recorded on their local registers from the end of March 2019. As with the adult Dynamic Support development, it is recognised that this system will grow and develop over the next 6-12 months as professionals become more familiar with how it can support discussions around individuals in need.

5.4. Support for parents/ carers/ families

Parents often tell us of the lack of support they have experienced caring for their children, particularly support they can access from home. In 18/19, the Partnership secured some money from the Local Workforce Action Board and has commissioned a mix of on-line and face-to-face training specifically aimed at addressing the needs of Children and Young People, as follows:

- Supporting Children and Young People
- Preparing for Adulthood
- Families and Carers as Partners in Support

- Relationships, Sexuality and Sexual Health
- Autism and behaviours that challenge

Mobilisation of these projects is currently underway, with an expected go-live date of end April 2019.

6. Workforce and Education

6.1. Development of the TCP Workforce Plan

The TCP developed its Workforce Plan in 18/19, with the final version signed off by the Strategic Board in February 2019. Five priorities have been identified:

1. Increase the skills of the unpaid and frontline support worker workforce to reduce demand on health and social care
2. Increase supply and retention in terms of support workers
3. Increase supply in relation to higher skilled posts
4. Increase the awareness and skill levels of existing health and social staff in relation to the Physical Health needs of people with Learning Disabilities and/ or Autism
5. Develop employment opportunities for people with learning disabilities and autism

An implementation plan has been developed with milestones in 2019/2020.

6.2. Commissioners Development Programme

A development programme for Commissioners across health and social care was created and delivered during 18/19 with sessions focused on:

- Developing Housing
- Children and Young People
- Making Connections
- Commissioning for Personalised Futures

6.3. Training and Development for frontline carers

A Local Workforce Action Board (LWAB) funding bid has been successful and the Partnership has commissioned a range of training and support for parents, carers and support workers across the voluntary and independent sector, based on the national competency based framework for Learning Disabilities. This will deliver:

- Improved access to training and development for parents and carers who undertake a support worker function from within the voluntary care sector.
- Improved resilience and ability to care for people with learning disabilities and/ or autism in the community (paid and unpaid carers.)
- Improved access to training and development for front line support worker staff across the care sector (NHS, Social Care, Independent.)
- A consistency in approach to training, based on nationally agreed learning outcomes, supporting patient safety and person-centred care.
- Improved experience of care and quality of life for people with learning disabilities and/ or autism.
- Training to meet identified gaps in current prevention, with a prevention agenda in mind.
- Reduction in demand for health and care services for people presenting with more complex needs as a result of poor care.

A number of 3rd Sector and NHS organisations were successful in bidding for funding, with training due to go live by the end of April 2019.

7. Finance

A final breakdown of income and expenditure will be presented to the Strategic Board meeting on 26th March.

8. Conclusion

Building the Right Support requires a range of work across health and social care to achieve its aims. The Partnership has made progress across all areas of its workplan in 18/19, but remains significantly challenged in delivering the infrastructure necessary to support people with more complex needs in the community. Without a wider range of care provision in place, some of those with more complex needs will remain in hospital long-term. Market development and skill mix are key aspects moving forward.

Appendix 1: Additional actions to support complex discharge

The following actions are considered key to supporting complex discharges:

Inpatient C(E)TR compliance

Partners across the footprint have improved the inpatient C(E)TR compliance rate significantly in the last 6 months. Compliance with the C(E)TR target has improved from 47% in August 2018 to 77% at the end of February 2019. Only 12% of inpatients were more than 6 months overdue - these figures include some individuals with capacity who have refused to participate in C(E)TRs.

Clinical Support and Oversight for CCGs

In 18/19, the TCP recruited a mental health nurse to lead the hospital discharge pathway work and provide clinical support and oversight across the footprint. This individual works with CCG commissioners and Specialised Commissioning on more complex cases and provides oversight of the admissions and discharge activity across Cheshire and Merseyside.

Transitional funding

Funding for 9 individuals who were identified a particularly complex hospital discharges was provided in year to support actions to achieve discharge. 2 cases related to independent clinical review with the rest attracting funding to support a longer transition period of leave. 4 of these have been discharged already, with the remaining 3 due to leave by end of Q1 19/20.

Supporting people previously funded by a dowry

Following cessation of the dowry scheme, the TCP supported Local Authorities and CCGs with a contribution to the community care packages for 5 individuals who had previously been in hospital for more than 5 years and for whom higher cost care packages are in place.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on 23rd January 2019	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £3.019m before any mitigating actions. 	<ul style="list-style-type: none"> The CCG is on target to miss both its control total (£1m surplus) and statutory duty to break-even. 	<ul style="list-style-type: none"> The CCG Governing Body agreed planned mitigations of £2m in December 2018. Continue to review all CCG expenditure and implement recovery plan. The CCG will need to review its year-end position with all partners.
<ul style="list-style-type: none"> The committee noted the risks in terms of increased numbers of people due to housing expansion plans in the local area. 	<ul style="list-style-type: none"> Potential increased future costs particularly if increase is related to group with above average health needs. 	<ul style="list-style-type: none"> Ongoing discussions with council members / local politicians to ensure that risk is fully understood and considered during planning arrangements.

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

- The committee requested an update from both the Sefton Transformation Board and the C&M Health & Care Partnership at the next Governing Body meeting to ensure all members are aware of ongoing issues / developments.
- The CCG's 19/20 control total has been confirmed by NHSE as break-even, consistent with CCG planning assumptions.
- The committee received an in-depth analysis on FNC / CHC expenditure, noting concerns that the actual costs invoiced via DPS were much higher than the prices quoted through the bidding system.
- The committee approved the Pan Mersey APC recommendation for the commissioning of Rheumatology high cost drug pathways – sequential options for Rheumatoid arthritis, Ankylosing spondylitis and axial SpA, Psoriatic arthritis and peripheral SpA.
- The committee approved the Pan Mersey APC recommendation for the commissioning of Tofacitinib tablets (Xeljanz®▼) for Psoriatic arthritis.

- The committee noted that the Audit Committee had asked that Brexit arrangements are reported to the F&R Committee in future and this was included within the work plan.
- The committee noted that CHC / FNC issues will be picked up by the CHC Programme Board and asked for a full report back in three months' time.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on 20th February 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £3.000m before any mitigating actions. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty (break-even) or control total (£1m surplus). 	<ul style="list-style-type: none"> GB agreed mitigation plan to be expected for Month 11 report. Continued review of all expenditure to ensure CCG is receiving Value for Money from services.

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

- A number of HR policies approved (listed below) except for Attendance Management Policy, which will be considered further by the Leadership Team and reported back to the committee.
 - Agenda for Change Re-Banding Policy
 - Annual Leave and Bank Holiday Policy
 - Incremental Pay Progression Policy
 - IVF Guidance for Managers
 - Recruitment and Selection Policy
- Brexit – CCG risk centres upon medicines supply / also identified potential risk relating to care home staffing – high reliance upon non-UK residents according to national figures. CCG to seek assurance from the Council regarding local situation.
- The committee agreed to proceed with the following recommendation for CHC fee rates 2019/20, noting the level of risk in the market:
 - provide an uplift of 1% to packages live at 1st April 2019 aged more than one year effective from 1st April 2019;
 - and to implement a floor rate for pre DPS packages (greater than two years old) live at 1st April 2019 effective from 1st April 2019.
- The SPEP Terms of Reference were agreed.

- Individual Funding Request report – the CCG will request a review of CSU performance in terms of KPI.
- Prescribing continues to underspend during the year - FOT underspend 8.7% or £1.966m.
- Finance & Resource Committee Terms of Reference – further review before expected March sign-off. Comments back to CFO / PA to CFO.
- The committee noted that the consultation relating to the 19/20 PbR tariff is to close on 21st February 2019. The committee endorsed the recommendation to reject the tariff on the basis that CCGs had not been adequately funded to support the increased costs.

Key Issues Report to SFCCG Governing Body

Joint Quality Committee Meeting held on 29 th November 2018 Southport & Formby CCG and South Sefton CCG	Chair: Dr Gina Halstead
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Information Points for Southport & Formby CCG Governing Body (for noting)
Aintree - Cancer 62 day wait is lowest in Cheshire and Merseyside. Action plans required.
Lancashire Care – Issue with data flow from the Trust addressed through formal letter and meeting with Trust.
CCG Serious Incident Report – Number of actions remain amber. Action plan will remain open.
CQC Safeguarding Review – Actions notes. Plan to be submitted by 4 th January 2019.
Safeguarding Roles – To present paper to the next meeting.
Joint Quality Committee ToR – Approved.

Key Issues Report to SFCCG Governing Body

Joint Quality Committee Meeting held on 31 st January 2019 Southport & Formby CCG and South Sefton CCG	Chair: Brendan Prescott
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Information Points for Southport & Formby CCG Governing Body (for noting)
Impact on CCG performance due to staff being pulled in to Southport and Ormskirk Hospital.
Concerns on data flow from LCFT for assurance.
LeDeR Review – highlighting the gap in commissioning of a service post adult transition.
YOS Inspection taking place w/c 4 th February 2019.

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 6th December 2018

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
No issues were identified		

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

The committee supported the proposal to run delegated joint commissioning committees as a committee in common with South Sefton CCG.

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 7 th February 2019	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
Publication of NHS Long Term Plan and changes to the GP Contract.	Understanding the financial and workforce impact on General Practice as changes are implemented.	Understand the impact of changes as details are published. Review additional commissioned services in light of changes. Support to developing Primary Care Networks.

Information Points for Southport and Formby CCG Governing Body (for noting)
<p>7 Day Access overall utilisation of appointments is growing.</p> <p>Changes in delivering the Learning Disabilities Health Checks has improved up take figures.</p>

Finance and Resource Committee Minutes

Wednesday 23rd January 2019, 10.30am to 12.30pm
 The Marshside Surgery, (Room: the Library) 117 Fylde Road, Southport, PR9 9XL

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown	Lay Member, S&F CCG	GB
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Brendan Prescott	Deputy Chief Nurse and Head of Quality & Safety, S&F CCG	BP
Apologies		
Debbie Fagan	Chief Nurse, S&F CCG	DF
Debbie Fairclough	Interim Programme Lead – Corporate Services, SF CCG	DFair
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

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

No	Item	Action
General business		
FR19/01	<p>Apologies for absence</p> <p>Apologies for absence were received from Debbie Fagan. Brendan Prescott was in attendance on behalf of Debbie Fagan.</p> <p>Apologies for absence had also been received from Debbie Fairclough, who was due to attend to present item <i>A19/05: HR Performance Dashboard</i>. MMcD confirmed he would present this item in her absence.</p>	
FR19/02	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR19/11: Estates Update</i> CR declared that The Hollies Surgery, where she is Practice Manager, is party to a scheme submitted to NHS England for ETTF funding alongside other local practices, which may be covered within this agenda item. The Chair noted that the item was a general update to be received did not require approval or a decision to be made. The Chair therefore decided that CR could participate in discussion during this item. • <i>FR19/18: AOB</i> MMcD noted he would be raising an item under AOB regarding a successful bid for funding for digitisation of GP practice records. He confirmed this would be a verbal update to be noted by the committee. CR declared the Hollies Surgery has expressed an interest in this scheme and therefore as Practice Manager, she has an indirect-pecuniary interest in relation to this item. HM declared he is a partner GP at The Corner Surgery, which may potentially benefit from this scheme, should an expression of interest be sent. The Chair reviewed the declarations of interest and decided that as the item was for noting only and did not require a decision to be made, CR and HM could participate in discussion. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR19/03	<p>Minutes of the previous meetings and key issues</p> <p>The minutes of the meeting held on 21st November 2018 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p>	

No	Item	Action
	<p>The minutes of the meeting held on 19th December 2018 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p>	
FR19/04	<p>Action points from the previous meeting</p> <p><u>Actions from meeting on 21st November 2018</u></p> <p>FR18/144 Action points from the previous meeting (FR18/118 - Finance Report - Month 4) FLT confirmed she has raised the health infrastructure and cost issues, in relation to planning of new housing developments, with Sefton Council. Members noted the risks in terms of increased numbers of people due to housing expansion plans, particularly if the increase is related to those with above average health needs. GB stressed the need for discussions to continue with council members and local politicians to ensure the risks are fully understood and considered during planning arrangements. FLT confirmed she would raise the health infrastructure and cost risks related to new housing developments at the Governing Body meeting. This action is to supersede the current action on the tracker.</p> <p>FLT left the meeting.</p> <p>FR18/144 Action points from the previous meeting (FR18/139 - Any Other Business) MMcD confirmed he has not yet received a Brexit contingency planning paper from Liverpool Heart & Chest Hospital but also noted that this action has now been superseded. He reported that NHS bodies have been asked to nominate a senior responsible officer to be the primary contact for EU Brexit planning arrangements. He confirmed Debbie Fairclough, the CCG's Interim Programme Lead (Corporate Services), is the lead for the CCG. Action closed.</p> <p>FR18/149 Finance Strategy Update The Planning Guidance for 2019/20 received to date was circulated to the committee in December 2018. Action closed.</p> <p>FR18/160 Action points from the previous meeting (FR18/147 Continuing Health Care – Update Report) A CHC update report is to be presented under item FR19/08. Action closed.</p> <p>FR18/161 Finance Report - Month 7 HN confirmed the options around the current financial forecast were considered at the Governing Body Development Session in December 2018. Action closed.</p> <p>FR18/161 Finance Report - Month 7 HN noted the FNC budget underspend would be discussed under item FR19/06 and confirmed this action could be closed.</p> <p>FR18/161 Finance Report - Month 7 FR18/162 Finance & Resource Committee Risk Register MMcD confirmed concerns regarding management and general staffing capacity in light of balancing delivery of Business as Usual alongside the Sefton Transformation Programme were considered at the Leadership Team Away Day</p>	FLT

No	Item	Action
	<p>in December 2018. He reported a number of staff members who were on secondment roles at the Project Management Office (PMO) have now moved back to CCG core business. He confirmed that there is now more resilience in general staffing capacity and a better understanding of the current gaps within the CCG team.</p> <p>MMcD reported that the staffing requirements supporting the CCG transformation programme had been reviewed and scaled back.</p> <p>GB and HN raised concerns about the level of pressure that had been associated with establishing the PMO and the impact on core CCG business. Concerns were also raised about the flow of information sharing with Governing Body members in relation to the Sefton Transformation Programme and the PMO. It was agreed that a full update was required on the additional work of the CCG, outside the scope of usual CCG business, and that this is to be provided at the Governing Body Part II meeting in February 2019. This action is to supersede the current two actions on the action tracker related to the Sefton Transformation Programme.</p> <p><u>Actions from meeting on 19th December 2018</u></p> <p>FR18/174 Finance Report - Month 8 It was noted that FNC data would be discussed under item FR19/06 and was agreed that the action could be closed.</p> <p><i>FLT rejoined the meeting.</i></p>	MMcD
<i>HR</i>		
FR19/05	<p>HR Performance Dashboard MMcD presented the HR Performance Dashboard, which shows data from April to October 2018.</p> <p>Members referred to the increase in staff turnover from August to October 2018 and noted there may be a link with staff secondments to the Project Management Office.</p> <p>MMcD referred to the data for percentage of days lost due to stress / anxiety / depression and noted that this could be linked to non-work related issues such as bereavement. It was noted that the data did not distinguish between work related and non-work related stress / anxiety / depression.</p> <p><i>The committee received this report.</i></p>	
<i>Finance</i>		
FR19/06	<p>Finance Report - Month 9 AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st December 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> The year to date financial position is a deficit of £0.778m, which represents deterioration against the planned surplus of £0.200m at this stage in the year. 	

No	Item	Action
	<ul style="list-style-type: none"> • The full year most likely financial position for the CCG is a deficit of £3.019m before mitigation. • The CCG's most likely financial position for the financial year after the impact of additional mitigations and required additional support is breakeven. • The main financial pressures include cost pressures relating to CHC packages and cost pressures at Southport & Ormskirk NHS Trust for PbR related activity. • QIPP delivery at month 9 is £2.397m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. • NHS England have provided confirmation that at this stage they are not anticipating any restriction on cash availability to CCGs between now and the end of the financial year. • The Run Rate 2018/19 graph shows the CCG's plan for the year. AOR confirmed that the run rate plan will be updated for next month's report to show the CCG's actual position against the plan in each month. • The month 9 governance return, Agreement of Balances process and the month 9 accounts have all been completed and submitted to NHS England. <p>An extensive discussion took place regarding the finance report with a number of queries raised and discussed.</p> <p>MMcD confirmed the CCG Governing Body agreed planned mitigations of £2m in December 2018.</p> <p>Members discussed the significant underspend in the FNC budget and the potential reasons behind this. FLT confirmed the CCG would undertake a deep dive review to understand the substantial decrease in FNC spend. MMcD referred to work currently ongoing to understand and resolve differences between CCG and council FNC data.</p> <p>MMcD and SL provided an update on the fluctuating prices of Category M drugs and the effect on the forecast.</p> <p>MMcD provided an update on Southport & Ormskirk NHS Trust. He reported the CCG has made a reasonable offer to the Trust to help reach a resolution to the financial matters currently being disputed for this financial year. It was noted that FLT will be discussing this offer with the Trust's CEO.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendations section of the report.</i></p>	<p>AOR</p> <p>AOR / DF</p>
FR19/07	<p>2019/20 CCG Financial Control Total</p> <p>MMcD presented a letter from NHS England, dated 16th January 2019, regarding 2019/20 CCG Financial Control Totals. The letter confirms that the 2019/20 control total for NHS Southport and Formby CCG set by reference to the in-year allocation is to breakeven. The committee noted the contents of this letter and discussed the control total.</p>	

No	Item	Action
	<i>The committee received this letter.</i>	
FR19/08	<p>CHC Update Report</p> <p>AOR presented an update report on the work being progressed around the following areas in relation to Continuing Healthcare (CHC):</p> <ul style="list-style-type: none"> • Retrospective reviews – previously unassessed periods of care. • High Cost Cases – assurance on actions being taken. • Adam DPS – management Information – October to December 2018. • Continuing Healthcare – external review of current processes <p>BP provided an update on retrospective reviews, noting that the CCG is following due process to determine CHC eligibility as per national framework guidance. Work is also ongoing on current case reviews for high cost cases to ensure the appropriateness of care to meet need. He noted the majority of complex cases are related to mental health.</p> <p>Regarding the Adam DPS monthly management information - members raised concerns that the average weekly cost of a CHC patient had increased by circa 4% over the period October to December 2018. Concerns were also raised that actual costs invoiced via the Adam DPS were much higher than the prices quoted through the bidding system. FLT confirmed these issues will be picked up by the CHC Programme Board. Members asked for a CHC update report to the committee in three months' time, which addresses these issues.</p> <p>AOR referred to the MIAA internal audit plan for 2018/19, which includes a planned review covering CHC, and noted this could be used to provide assurance in this area. AOR confirmed she would liaise with MIAA about this.</p> <p><i>The committee received this report.</i></p>	<p>DF / BP</p> <p>AOR</p>
FR19/09	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R risk register and proposed no changes.</p> <p>The committee discussed the overall financial risk (FR006) and agreed the total score post mitigation is to remain at 20.</p> <p>GB queried whether the post mitigation score for risk FR009 related to the delivery of the Sefton Transformation Programme should be changed, given changes to the scale of the programme. MMcD noted he would review this with the Leadership Team.</p> <p><i>The committee approved the F&R risk register.</i></p>	MMcD
FR19/10	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy. He noted the full operational planning and contracting guidance for 2019/20 has been issued. CCG allocations have been published with the CCG receiving less than the national average uplift.</p> <p>MMcD noted that work is ongoing to determine the overall financial plan and that</p>	

No	Item	Action
	<p>an update will be given at the Governing Body meeting in February 2019.</p> <p>Members discussed long-term financial balance and agreed that an effective way to achieve this would be for health economy leaders to agree and work on a joined up approach to cost reduction.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Estates</i>		
FR19/11	<p>Estates Update</p> <p>CR had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/02: Declarations of interest regarding agenda items</i>).</p> <p>It was noted that there was no estates update to report. MMcD confirmed an updated estates strategy will be presented to the Governing Body in due course.</p>	
<i>Prescribing</i>		
FR19/12	<p>Prescribing Spend Report – Month 7 2018/19</p> <p>SL provided an overview of the prescribing report for month 7. It was noted that at month 7, the CCG is forecast to be underspent by £1.95m or 8.7%.</p> <p>SL reported that the Influenza & Pneumococcal vaccination budget has transferred to NHSE but that activity data is still being received by the CCG; therefore manual adjustments have needed to be made to CCG prescribing data. Actions are ongoing to resolve this issue. She reported on other adjustments that have been required due to the current prescribing environment.</p> <p>SL reported on increasing NCSO cost pressures, noting that the current forecast NCSO cost pressure for the year is £924k.</p> <p>A discussion took place regarding the increasing cost pressure in relation to continence. It was agreed for JL to undertake a piece of work regarding related activity in Southport & Formby.</p> <p><i>The committee received this report.</i></p>	JL
FR19/13	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation for the commissioning of <i>Rheumatology high cost drug pathways – sequential options for Rheumatoid arthritis, Ankylosing spondylitis and axial SpA, Psoriatic arthritis and peripheral SpA</i>.</p> <p>SL explained that the recommendation had been discussed at Pan Mersey APC as a result of NICE guidance for individual drugs not covering the sequential use. SL advised that the use of Blueteq to further gain assurance relating to the sequential use would be requested.</p> <p><i>The committee approved the Pan Mersey APC recommendation for Rheumatology high cost drug pathways – sequential options subject to the request for the use of Blueteq to further gain assurance relating to</i></p>	SL

No	Item	Action
	<i>sequential use.</i>	
FR19/14	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation for the commissioning of <i>Tofacitinib tablets (Xeljanz®▼)</i> for <i>Psoriatic arthritis</i>. SL confirmed that this is a NICE recommendation.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of Tofacitinib tablets (Xeljanz®▼) for Psoriatic arthritis</i></p>	
2019/20 F&R Meeting Work Plan and Dates		
FR19/15	<p>Committee Work Plan 2019/20</p> <p>MMcD presented the committee work plan for 2019/20.</p> <p>HN reported that at the Audit Committees in Common meeting on 16th January 2019, the committee agreed to delegate the overseeing of Brexit considerations to the Finance & Resource Committee. This is because the Audit Committee would not be meeting again until April, which is after the date the UK is scheduled to leave the EU. Members agreed to add Brexit Considerations as a standing item to the F&R Committee work plan; TK to action.</p> <p><i>The committee received the committee work plan for 2019/20.</i></p>	TK
FR19/16	<p>Committee Meeting Dates 2019/20</p> <p>MMcD presented a paper listing the F&R Committee meetings scheduled for 2019/20.</p> <p><i>The committee received the committee meeting dates for 2019/20.</i></p>	
Minutes of Steering Groups to be formally received		
FR19/17	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – October 2018 • Information Management & Technology (IM&T) Steering Group – November 2018 <p>The committee received the minutes of the SPEP Steering Group meeting on 9th October 2018 and the IM&T Steering Group meeting on 13 November 2018.</p>	
Closing business		
FR19/18	<p>Any Other Business</p> <p><u>Digitisation of records</u></p> <p>CR and HM had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/02: Declarations of interest regarding agenda items</i>).</p> <p>MMcD reported the CCG has been successful in bidding for additional funding for a digitisation scheme, which allows GP practices to have their paper medical records digitised. The successful bid is for £400k. Practices had already been asked to send expressions of interest to iMerseyside.</p> <p><i>The committee noted this update.</i></p>	

No	Item	Action
FR19/19	<p>Key Issues Review 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 Wednesday 20th February 2019 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Approved

Finance and Resource Committee Minutes

Wednesday 20th February 2019, 10.30am to 12.30pm
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown (Items FR19/20-29)	Lay Member, S&F CCG	GB
Debbie Fagan	Chief Nurse, S&F CCG	DF
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
In attendance		
Gill Roberts (Items FR19/20 – 24)	Senior HR Business Partner, People Services, MLCSU	GR
Kay Walsh	Lead Pharmacist, S&F CCG	KW
Apologies		
Debbie Fairclough	Interim Programme Lead – Corporate Services, SF CCG	DFair
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

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

No	Item	Action
General business		
FR19/20	<p>Apologies for absence Apologies for absence were received from Susanne Lynch, Jan Leonard and Debbie Fairclough.</p> <p>Kay Walsh was in attendance on behalf of Susanne Lynch.</p>	
FR19/21	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. KW declared that since 1st June 2018, she has been employed by South Sefton CCG but has an honorary contract with Southport & Ormskirk Hospital NHS Trust. The Chair reviewed this declaration and decided that this interest did not constitute any material conflict of interest with items on the agenda. 	
FR19/22	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 23rd January 2019 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR19/23	<p>Action points from the previous meeting</p> <p>FR19/04 Action points from the previous meeting (FR18/118 - Finance Report - Month 4) It was noted that the issue of health infrastructure and cost risks related to new housing developments was not raised with the Director of Social Services and Health from Sefton Council at the last Governing Body meeting, as he was not present. It was agreed for the action to stay open and for GB to raise this issue at the next Governing Body meeting.</p> <p>FR19/04 Action points from the previous meeting (FR18/161 Finance Report - Month 7 / FR18/162 Finance & Resource Committee Risk Register) HN and GB confirmed they have received an update on the additional work of the CCG, outside the scope of usual CCG business. Action closed.</p>	GB

No	Item	Action
	<p>FR19/06 Finance Report - Month 9 The run rate plan has been updated for the Month 10 finance report to show the CCG's actual position against the plan in each month. Action closed.</p> <p>FR19/06 Finance Report - Month 9 AOR noted further work is required to understand the substantial decrease in FNC spend. Action still open.</p> <p>FR19/08 CHC Update Report It was noted that the completion date for the action regarding the CHC Programme Board and an update report is May 2019. Action still open.</p> <p>FR19/08 CHC Update Report Members noted a review covering CHC is part of the MIAA internal audit plan and will be carried out accordingly. Action closed.</p> <p>FR19/09 Finance & Resource Committee Risk Register MMcD reported that the Sefton Transformation Board have agreed to a scaled down Project Management Office, following the review of staffing requirements supporting the CCG transformation programme. He commented that he expects the post mitigation score for risk FR009 (related to the delivery of the Sefton Transformation Programme) to be reduced; the risk is to be reviewed and discussed at the next F&R Committee meeting in March 2019. This action is to supersede the current action on the tracker.</p> <p>FR19/12 Prescribing Spend Report – Month 7 2018/19 The action in relation to continence is still open – JL to report at the next committee meeting.</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> KW reported that SL has contacted Midlands & Lancashire CSU regarding the use of Blueteq to further gain assurance relating to sequential use. She is awaiting a response from the CSU. Action still open.</p> <p>FR19/15 Committee Work Plan 2019/20 Brexit Considerations has been added as a standing item to the F&R Committee work plan. Action closed.</p>	MMcD
<i>Policies / frameworks for approval</i>		
FR19/24	<p>HR Policies</p> <p>GR presented the following policies for approval; these policies have been reviewed and recommended for onward approval by the Corporate Governance Support Group.</p> <ul style="list-style-type: none"> • Agenda for Change Re-Banding Policy • Annual Leave and Bank Holiday Policy • Attendance Management Policy • Incremental Pay Progression Policy • IVF Guidance for Managers 	

No	Item	Action
	<ul style="list-style-type: none"> Recruitment and Selection Policy <p>GR reported that all policies have had only minor updates apart from the Attendance Management Policy which has fundamentally changed. The Attendance Management Policy has been reviewed and approved by the Staff Partnership Forum.</p> <p>Members referred to the Incremental Pay Progression Policy and noted that pay progression will be linked to compliance with the CCG's personal development review process and mandatory training requirements. GR noted that to enable this, the PDR process and statutory and mandatory training will move from the Learning Management System to the Electronic Staff Records (ESR) system. GR reported that the changes will come into effect from April 2019 for new starters; the transition for existing employees is to have been completed by April 2020. Members raised concerns about the workload and potential issues for line managers that these changes could involve. GR confirmed Midlands & Lancashire CSU will provide support with the required changes, including updating the PDR paperwork to match the online system.</p> <p>DF stressed that the updated PDR system would need to support the nurse revalidation process; this was noted by GR.</p> <p>Members referred to the Attendance Management Policy and discussed the text in section 17, detailed below: "Routine appointments for example to a GP, dentist, clinic or regular hospital appointment should wherever possible be made in the employees own time. Working arrangements may be changed to allow the employee to make the hours up however if this is not possible time off without pay or annual leave will be given."</p> <p>Concerns were raised about the potential effect on staff health and wellbeing if routine medical appointments need to be taken via leave without pay or annual leave. GR confirmed that this clause is generally standard in attendance management policies and is usually to the line manager's discretion.</p> <p>In light of the concerns raised, it was agreed for the policy to be taken to the Leadership Team for discussion, with GR in attendance. GR noted that if fundamental changes are agreed to the policy, it will need to go back to the Staff Partnership Forum for approval prior to being reviewed by the F&R Committee. The committee agreed for the policy to be brought back to the F&R Committee meeting for consideration / approval when ready.</p> <p><i>The committee approved all HR policies presented at the meeting except the Attendance Management Policy which requires further review, as detailed above.</i></p>	MMcD
<i>Brexit</i>		
FR19/25	<p>Brexit Considerations</p> <p>MMcD provided an update on Brexit considerations, noting that the Audit Committee has delegated the overseeing of Brexit considerations to the Finance & Resource Committee. He presented a Brexit 'no deal' briefing included within the meeting pack, produced by NHS Providers for trust communications leads. He noted the briefing has been included for information and to provide assurance to the committee.</p>	

No	Item	Action
	<p>Members discussed potential implications of a 'no deal' Brexit and noted the CCG risk centres upon medicines supply. KW reported SL is liaising with regional NHS England colleagues regarding medicines supply relating to EU Brexit. She is also working in conjunction with Debbie Fairclough, the CCG's primary contact for EU Brexit planning arrangements.</p> <p>MMcD noted that a potential risk relating to care home staffing has also been identified and has been discussed by the Leadership Team. He reported that according to national figures, there is a high reliance upon non-UK residents for care home staffing. He confirmed the CCG (via Debbie Fairclough) would seek assurance from Sefton Council regarding the local situation.</p> <p>CL reported that all practices are required to produce a Brexit continuity plan.</p> <p><i>The committee received this verbal update and noted the risks and actions being taken in relation to Brexit.</i></p>	MMcD (DFair)
<i>Finance</i>		
FR19/26	<p>Finance Report - Month 10</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st January 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG likely forecast out turn position before mitigation is a deficit of £3.000m. Agreed mitigations of £2.000m and anticipated allocation adjustments of £1.000m will reduce this position to breakeven. • The year to date financial position is breakeven which reflects implementation of agreed mitigating actions. • Predicted QIPP delivery during the year is forecast to be £2.745m. • The year to date performance for the Acting as One providers shows an over performance spend against plan, which would represent an overspend of £0.726m under usual contract arrangements. • BPPC targets have been achieved by value but are below the 95% target by volume. This will be reviewed to identify areas of improved performance prior to year end. <p>MMcD noted that the CCG likely case financial position includes an assumption that the Southport Contract payment will be £65.9m. Any additional payment above this amount will add further pressures to the CCG's financial position. A proposal has been made to the trust and a response is expected tomorrow (21st February 2019). The CCG's year-end action plan will be reported at the Senior Leadership Team meeting scheduled for 26th February 2019 and will subsequently be reported at the Governing Body Development Session scheduled for 6th March 2019.</p> <p>The committee discussed the finance report and the CCG's financial position.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendations section of the report.</i></p>	
FR19/27	CHC Fee Rates 2019/20	

No	Item	Action
	<p>AOR presented a report setting out recommendations for Continuing Health Care fee rates for 2019/20. She provided an overview of four options that are detailed within the report; the financial impact of the options are summarised in section 6 of the report.</p> <p>AOR noted that taking into account the risks and benefits associated with each option, the preferred option is Option 3 as detailed below:</p> <ul style="list-style-type: none"> • provide an uplift of 1% to packages live at 1st April 2019 aged more than one year effective from 1st April 2019 - with costs of approximately £55k per annum; • and to implement a floor rate for pre DPS packages (greater than two years old) live at 1st April 2019 effective from 1st April 2019 - with a cost of £88k per annum. <p>The total cost impact in 2019/20 would be £143k.</p> <p>Members discussed the proposed options and the recommendation in the report. Queries were raised regarding the floor rate, which were answered by AOR.</p> <p>Members agreed to proceed with option 3 but noted the level of risk in the market, which has the potential to result in additional cost.</p> <p>HN referred to the figures in Table 3 of the report ,which shows the financial impact of introducing an uplift of 1% for live packages of care in existence as at 1st April 2019 (which have been live for more than one year), and queried why the majority of packages seem to have not been commissioned via the DPS. DF and AOR to look into this and report back at the next committee meeting.</p> <p><i>The committee agreed to proceed with option 3 as detailed above, noting the level of risk in the market.</i></p>	DF/AOR
FR19/28	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R risk register. He noted the register reflects the current position of the CCG and would propose no changes at this stage. He referred to risk FR006 which is focussed on the risk of non-delivery of the CCG's control total and statutory duty. MMcD confirmed the post mitigation score for this risk would be re-assessed, in relation to delivery of statutory duty, once the Governing Body agreed mitigation plan has been actioned in Month 11.</p> <p><i>The committee reviewed and approved the risk register.</i></p>	MMcD / AOR
FR19/29	<p>Individual Funding Request Service Q3 2018/19</p> <p>MMcD presented the Individual Funding Request (IFR) Service Quarterly Report for Q3 2018-19.</p> <p>The committee discussed the report and CSU performance. MMcD noted he would request a review of CSU performance in terms of KPI.</p> <p>HM queried why Continuous Glucose Monitoring is listed in the report, as it was his understanding that this treatment could not be requested via IFR. KW noted it was her understanding that Continuous Glucose Monitoring will continue to be required as there are patients for whom it is still the most appropriate option and Flash Glucose Monitor (Freestyle Libre®) is not always a suitable replacement.</p>	MMcD

No	Item	Action
	<p>She confirmed she would check this with SL.</p> <p><i>The committee received this report.</i> GB left the meeting</p>	KW
<i>Performance</i>		
FR19/30	<p>Quality Premium Report</p> <p>MMcD presented the Quality Premium Report, which outlines the Quality Premium requirements for 2018/19 and performance to date.</p> <p>It was noted there are there are two key constitution measures. Members noted the contents of the report and acknowledged the CCG would not be eligible for quality premium in 2018/19 if it missed its control total of £1m surplus.</p> <p><i>The committee received this report.</i></p>	
<i>Estates</i>		
FR19/31	<p>SPEP Terms of Reference</p> <p>MMcD presented an updated Terms of Reference for the Sefton Property Estate Partnership (SPEP) group, which were agreed at the last SPEP meeting on 6th February 2019. He reported the updated ToR takes into account recent developments such as the NHS Long Term Plan and key reviews such as the Naylor review.</p> <p>MMcD reported that the North Mersey Estate & FM Workstream meeting is on hold, as strategic requirements are reviewed. The future of this group will be looked at given the number of estates groups in North Mersey.</p> <p><i>The committee approved the SPEP Terms of Reference.</i></p>	
<i>Prescribing</i>		
FR19/32	<p>Prescribing Spend Report – Month 8 2018/19</p> <p>KW provided an overview of the prescribing report for month 8. It was noted that at month 8, the CCG is forecast to be underspent by £1.97m or 8.7%.</p> <p>KW reported there is a plan for prescribing schemes for the next financial year which will be broken down into quarters.</p> <p>MMcD enquired about the coverage of pharmacy hubs. KW reported the hub pilot is ongoing in the North locality. Although the pilot is in the North locality, pharmacies have been able to contact the hub for all GP practices in Southport & Formby CCG for particular stock shortages. KW noted that additional work to pilot GP2GP is underway with one practice in the North locality.</p> <p><i>The committee received this report.</i></p>	
<i>Committee Governance</i>		
FR19/33	<p>F&R Committee Terms of Reference</p> <p>MMcD presented the F&R Committee Terms of Reference which are due for review in February 2019.</p>	

No	Item	Action
	<p>The committee discussed the Terms of Reference and agreed the following:</p> <ul style="list-style-type: none"> • A formatting amendment is be made to the membership list to ensure all titles are on separate lines. • Section 3.7 is to be reviewed and amended to take into account the monitoring of performance of local providers. <p>The above amendments are to be made to the Terms of Reference and to be brought back to the F&R meeting in March for consideration / sign off.</p> <p>MMcD asked for any further comments on the Terms of Reference to be sent to TK and himself prior to the next committee meeting.</p> <p><i>The committee reviewed the F&R Committee Terms of Reference and agreed a further review / amendments before consideration / sign off in March 2019.</i></p>	<p>MMcD / TK</p> <p>All</p>
Minutes of Steering Groups to be formally received		
FR19/34	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – December 2018 <p>The committee received the minutes of the SPEP Steering Group meeting on 5th December 2018.</p>	
Closing business		
FR19/35	<p>Any Other Business</p> <p><u>Primary Care Medical Services Delegated Commissioning</u></p> <p>HM enquired about Primary Care Medical Services Delegated Commissioning and how this will be reflected in CCG financial reporting. MMcD confirmed that funds for delegated commissioning will be consolidated within the CCG accounts but that expenditure will be separately identified. He confirmed that the allocation can only be used for Primary Care Medical Services.</p> <p><u>19/20 PbR Tariff Consultation</u></p> <p>MMcD notified the committee that the consultation relating to the 19/20 PbR tariff is to close on 21st February 2019. MMcD recommended the tariff be rejected on the basis that CCGs had not been adequately funded to support the increased costs. He noted the CCG does not have assurance that the impact on CCGs has been accurately reflected. The committee endorsed this recommendation.</p> <p><u>Local health economy financial position for 2019/20</u></p> <p>MMcD referred to the local health economy financial position for 2019/20. Discussions have taken place regarding the overall financial envelope and the need to operate as a system supporting all parties to achieve notified control totals for 2019/20. MMcD will be participating in a teleconference today regarding a joint Cost Improvement Plan.</p>	
FR19/36	<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>	

No	Item	Action
	<p>Date of next meeting Wednesday 20th March 2019 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Approved

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

Date: Thursday 29th November, 2018, 09.00 – 12.00
Venue: Merton House Conference Room 3a

Membership		
Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
In attendance		
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Graham Bayliss	Lay Member (SSCCG)	GBa
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Apologies		
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Gill Brown	Lay Member (SFCCG)	GBr
Minutes		
Linda Wyness	Temp PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	

For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Membership Attendance Tracker

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

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

No	Item	Actions
18/201	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from GB, BD, JS HR, in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/201	<p>Declarations of Interest</p> <p>Initially no declarations were reported other than those staff holding dual roles within the CCGs. When BP presented his report to the Committee Item no 18/189 RC declared a Conflict of Interest.</p>	
18/203	<p>Minutes & Key issues log of the previous meeting</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection; however a few minor errors were found such as spelling mistakes (18/160) and also recording of member's initials (18/161). GB raised the issue and not GM. (18/169) It was also noted Data Sharing Agreement (DSA) was recorded as ISA. (18/170).</p>	

No	Item	Actions
18/204	<p>Matters Arising / Action Tracker</p> <p>18/43 Chief Nurse Report – Discussion re: Stroke Service at S&O and AUH. Discussions have taken place between S&O Chief Executive, Silas Nicholls and AUH Chief Executive Steve Wharburton.- Action: Closed</p> <p>DF raised at the last S&O CRM/CQPG and those in attendance were unable to provide an update. Discussion with FLT who was advised to contact Therese Patten, a brief summary was provided and a further meeting was to be scheduled. Clinical leads are involved and have been kept up to date. Action: Closed</p> <p>18/83 Month 12 Serious Incident Performance Management BP to liaise with LC to arrange for GP Clinical Leads and Managerial Leads for each contract to be put on the website so GPs know who to contact with concerns. Action: Closed</p> <p>18/97 EPaCCS Update BD contacted Moira Harrison to link in with the ‘End of Life’ and EPaCCS Steering Group Meetings. Action: Closed</p> <p>18/109(iii) C&YP & Maternity Update DF confirmed that she’s spoken to PW regarding liaising with CCG Communications Team. Action: Closed</p> <p>18/116 S&O RTT / Follow-Up Update Trust report has yet to be circulated by FLT. Quality Team to liaise with FLT. Action: On-going to be followed up.</p>	

No	Item	Actions
	<p>18/135 Serious Incident Performance Report</p> <p>DF to meet with FLR to discuss LCCG and SSCCG responsibility to manager Mersey care SIs.</p> <p>Action: On-going.</p> <p>18/137 Deprivation of Liberty Safeguards</p> <p>TF reported that she has had a discussion with Hill Dickinson for advisement – there is no confirmed deadline date for implementation. Designated Safeguarding Adult Manager has been asked to develop an implementation plan. TF informed the Committee of processes that are already in place with providers.</p> <p>Safeguarding team to involve Debbie Fairclough in discussions to embed new processes when known in the CCGs.</p> <p>Action: To remain on the action tracker</p> <p>18/140 CQUIN Performance Reports</p> <p>CQUIN Performance Group is being set up by AG.</p> <p>Action: Closed</p> <p>18/144 LeDeR Briefing Paper</p> <p>TF reported that work was on-going to identify this funding. MMcD stated that he would work with DF on this.</p> <p>Action: On-going TF to contact G O’c.</p>	

<p>18/205</p>	<p>Chief Nurse Report</p> <p>DF presented the report to the Committee which contained information on the AUH. Work is continuing on completion of the draft assurance template in order to de-escalate the surveillance level form for the Trust in December 2018, enhanced to routine as currently the Trust remains on enhanced.</p> <p>On-going quality improvement updates are received at the CQPG.</p> <p>GH raised the issue with SAU and responsiveness of the unit.</p> <p>RCoS –</p> <p>GH attended the feedback from the review. Royal College were impressed at the Trust. GH raised the joint marking process at the Trust to direct surgery operations. Question on SOP’s being followed.</p> <p>GH raised with Medical Director at NHSE Dr Kieran Murphy and advised to come through to Aintree CQPG in order to gain assurance on Joint Marking.</p> <p>AUH Regulation 28 –</p> <p>Updated the committee on the Trust revised action plan and further assurance will be requested in conjunction with LCCG colleagues. This will include a quality walk around in AED.</p> <p>CQC in Mersey care are carrying out an inspection.</p> <p>Kemp Lodge Nursing Home</p> <p>The nursing home is being closed and is in the process of being assessed regarding the management and safe transition of patients to other care homes.</p> <p>SFCCG NHS Improvement Support Telecom</p> <p>There is a planned pilot programme “To dip or not to dip” to be put in place in Care Homes with GP Practices who have a number. Care Homes have been selected to evaluate how the staff are using the pathway “To dip or not to dip” for the residents.</p> <p>Outcome – The Committee received the report.</p>	
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18/206	<p>Provider & Quality Performance Report/Dashboard BP discussed the performance report:-</p> <p>Aintree Cancer 62 day wait is longest in Cheshire and Merseyside. A discussion was held on referrals and impact on performance at the Trust.</p> <p>MMcD requested this issue be placed on the Corporate at Risk Register.</p> <p>Action:- Ask the trust to provide information on the impact on the provision of diagnostic clinics</p> <p>A discussion took place on action plans to meet the change in NICE guidance. It was also discussed the rates of diagnosis after referral.</p> <p>Requires a recovery action plan.</p> <p>Gastroenterology waiting times is still an issue with performance dropping; this too requires an action plan.</p> <p>Southport & Ormskirk</p> <p>TIA treatment still presents an issue DF will speak with the CEO regarding this. RC has already spoken with the medical director at the Trust. Potentially a recovery action plan is needed.</p> <p>MUST tool is not being used and not being actioned. DF informed that this will form part of the external review of the care of older people. And therefore should be getting used.</p> <p>Lancashire Care</p> <p>There is an issue with the Data flow with the Trust. Local data for SFCCG is still required. The group discussed the changes in service transformation which is not of use for primary care, for example Community matrons are having their roles changed. Continence service was discussed over review times, at 5 days.</p> <p>Discussion on the patient survey is being brought forward.</p> <p>Action: - DF to liaise with Jan Leonard & Billie Dodd regarding the changes in the matron's function as a result of the introduction of the frailty model.</p> <p>Mersey Care NHS Trust</p> <p>Mental Health Psychotherapy referral has increased. BP to ask Gordon Jones where the referrals are coming from?</p> <p>Outcome – The Committee received the report.</p>	<p>DF</p> <p>BP</p>
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18/207	<p>CCG's Serious Incident Management Process & Improvement Plan</p> <p>Confirmation has been received that the NHSE report has now been signed off, a number of actions remain amber, The MIA audit has been completed. MIAA audit verbal feedback indicated that there are no issues of concern that need addressing. Report to be received in January for the next committee meeting.</p> <p>Action plan will not close until April 2019.</p> <p>Outcome – The Committee received the report. Revised SIRG ToR was presented at the committee and was approved.</p>	
18/208	<p>South Sefton CCG Quarter 2 Serious Incident Report Aintree</p> <p>TF presented the report which provided the Q2 update in performance of serious incident management for the CCG. Reports received from Aintree state that there have been improvements in the SI processes, all vacant posts have been filled, attendance at the SIRG's and the 72 hours reports have been received at the CCG.</p> <p>Mersey Care</p> <p>Work is on-going with NHS England. Community tend to be Pressure Ulcer reports, the quality of RCS's are improving, however this is escalated through to providers when RCAs are not being received.</p> <p>Outcome – The Committee received the report.</p>	
18/209	<p>Southport & Formby CCG Quarter 2 Serious Incident Report</p> <p>TF presented the report to the Committee.</p> <p>Southport & Ormskirk are still breaching on RCA delivery, this has been escalated to Chief Officer to Chief Officer level. Discussion at CCQRM and papers provided to CCQRM.</p> <p>CCG have sent a letter to DoN regarding a number of outstanding RCA's, illustrating the outstanding RCA's and the Trust performance against the Serious Incident framework. Falls and pressure ulcer cases are common RCA's.</p> <p>Serious Incident management at the Trust will undergo a more detailed review supported by NHSI. A remedial action plan was expected from the Trust, this has not yet been received.</p> <p>Lancashire Care carried out an aggregated review of Pressure Ulcers, the report lacked information on clinical capacity of the DN teams.</p> <p>Mersey Care to start attending future SIRGs due to an issue with Mersey care RCA reports.</p> <p>Outcome – The Committee received the report.</p>	
18/210	<p>The potential Role of Community Pharmacies in Diabetes Prevention</p> <p>BP presented the report to the Committee in relation to research proposal undertaken by the School of Pharmacy at the University of East Anglia. The aim is to investigate the potential role of the community pharmacies in diabetes prevention, involving GP's nurses and pharmacists filing in an electronic way.</p> <p>MMcD queried the issuing of Letter of Assurance.</p> <p>Outcome – The Committee received the report.</p>	

18/211	<p>Adult Safeguarding Intercollegiate Document 2018</p> <p>TF presented the report to the Committee, training levels and competencies for all staff required in order to safeguard adults at risk.</p> <p>Expectation that commissioned services will have the changes implemented by April 2019 and will have achieved the required level of competence by 2021 for statutory footing for adults.</p> <p>Outcome –The Committee received the report.</p>	
18/212	<p>Safeguarding Looked after Children</p> <p>DF presented the report to the Committee; A review was undertaken and the final report was published and received on 28th November. A steering group meeting which will be chaired by FLT and will meet shortly to prepare and present the plan by 4th January 2019.</p> <p>Discussion on communications with Local Authority colleagues and transfer of confidential information and follow up of referrals. The paper will be presented to the LSCB and a further discussion on how the Local Authorities can have their attention brought to the paper. Designated professionals to present a paper on actions of the review which will include the communications with LA colleagues. Discussions on consent of parents for release of health information. DF raised the need to obtain a complete picture of provider practice, in order to address any gaps.</p> <p>Action: - A request to be made for our designated professionals attend the Committee Meeting in the new year if required.</p> <p>Outcome – The Committee received the report.</p>	
18/213	<p>GP Quality Lead Update</p> <p>GH stated all covered on the agenda. DC stated Southport & Ormskirk to review NOAC/DOAC guidance. GP's have been requested to carry out bowel prep. DC received a letter from Consultant Mike Roberts Gastroenterology SDGH and to contact him regarding any problems. Aim is to have a collaborative approach with primary and secondary care. Responsibility lies with the Trust on determination for bowel prep, EMI/Frail patients not suitable.</p> <p>Discussion took place regarding the 'form' and whether it requires redesigning.</p>	
18/214	<p>EPEG Key Issues Log</p> <p>Aintree Hospital is committed and is undertaking patient experience and engagement work which include the development of dedicated patient experience training programme. A full day of patient experience was delivered to preceptors which were well received.</p>	
18/215	<p>Locality Updates</p> <p>BP gave updates on the poor quality discharge information in SSCCG, changes to the Community Matron service in SFCCG and the follow up to safeguarding referrals.</p>	

18/216	<p>JMOG Key Issues Log</p> <p>HR mentioned the serious concerns raised around the quality of discharge letters/information. Direct efforts have been raised at Aintree and now have a facility to monitor. BP mentioned the poor quality of the letters and errors in data.</p>	
18/217	<p>Locality Updates</p> <p>Nil to report.</p>	
18/218	<p>ToR for the Commission Decision Panel.</p> <p>TF presented to the Committee that a group was required for a Commissioning Decision Panel and to meet as and when required, this was to take into account the more complex packages of care and support governance processes.</p> <p>Outcome: - Committee approved.</p>	
18/219	<p>Any Other Business</p> <p>BP to communicate a research proposal to members by email as no JQC meeting in December, 2018.</p>	
18/220	<p>Key Issue Log (issues identified at this meeting)</p> <ul style="list-style-type: none"> • Aintree - Cancer 62 day wait is lowest in Cheshire and Merseyside. Action plans required • Lancashire Care - Issue with data flow from the Trust • CCG Serious Incident – Number of actions remain amber. Action plan will remain open. • CQC Safeguarding review - Actions noted. Plan to be submitted by 4th January, 2019. • Safeguarding Roles - To present paper to next meeting. • ToR – Approved 	
18/221	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 31st January, 2019 Room 3A, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL.</p>	

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

Date: Thursday 31st January 2019 at 09.00 – 12.00

Venue: Conference Room 3a, Merton House

Membership

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

Ex Officio Member

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

Tracey Forshaw	Assistant Chief Nurse	TF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Graham Bayliss	Lay Member (SSCCG)	GBa
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Brendan Prescott	Deputy Chief Nurse (SFCCG/SSCCG)(Chair)	BP
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Susanne Lynch (attended in place of Helen Roberts)	Head of Medicines Management	SL
Helen Case	Designated Nurse (SFCCG/SSCCG)	HC

Apologies

Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM

Minutes

Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD
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For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Membership Attendance Tracker

Name	Membership	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Dr Rob Caudwell	GP Governing Body Member	✓										
Graham Bayliss	Lay Member for Patient & Public Involvement	✓										
Gill Brown	Lay Member for Patient & Public Involvement	✓										
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A										
Billie Dodd	Head of CCG Development	✓										
Debbie Fagan	Chief Nurse & Quality Officer	A										
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓										
Martin McDowell	Chief Finance Officer	✓										
Dr Andrew Mimmagh	Clinical Governing Body Member	A										
Dr Jeffrey Simmonds	Secondary Care Doctor	A										

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

No	Item	Actions
19/1	<p>Welcome, Introductions & Apologies</p> <p>Brendan Prescott chaired and welcomed everyone to the meeting. A round of introductions took place as this was Michelle Diable's first meeting. Apologies were noted from Fiona Taylor, Debbie Fagan, Dr Andy Mimmagh, Dr Jeffrey Simmonds and Dr Doug Callow.</p> <p>The meeting was deemed quorate.</p>	
19/2	<p>Declarations of Interest</p> <p>Initially no declarations were reported however under agenda item 19/21, Dr Rob Caudwell wished to note a declaration of interest as the Coloplast Service rents one of the rooms at his Practice.</p>	

No	Item	Actions
19/3	<p data-bbox="252 226 1278 327">Minutes & Key issues log of the previous meeting</p> <p data-bbox="252 226 1278 327">With the following amendments, the minutes and key issues log for both Governing Body Meetings were deemed to be an accurate reflection of the previous meeting held on 29 November 2019;</p> <ul data-bbox="300 360 1278 1227" style="list-style-type: none"> <li data-bbox="300 360 1278 427">• Agenda Item 18/204, DF rose at the last S&O CRM/CQPG, should read “DF <i>raised</i> at the last S&O CRM/CQPG”. <li data-bbox="300 461 1278 528">• Agenda Item 18/205, GH rose with Medical Director at NHSE, should read “GH <i>raised</i> with Medical Director at NHSE”. <li data-bbox="300 562 1278 629">• Agenda Item 18/205, the abbreviation TDONTD to be written in full, “To dip or not to dip”. <li data-bbox="300 663 1278 797">• Agenda Item 18/206, Cancer 62 day wait is lowest in Cheshire and Merseyside, should read “Cancer 62 day wait is <i>longest</i> in Cheshire and Merseyside”. The same amendment to be made to the South Sefton CCG Key Issues Report. <li data-bbox="300 831 1278 898">• Agenda Item 18/206, TIA treatment still prevents an issue, should read “TIA treatment still <i>presents</i> an issue”. <li data-bbox="300 931 1278 1066">• Agenda Item 18/206, DF to liaise with Jan Leonard and Billie Dodd regarding matron’s function is being moved to frailty and the continence issues should read “DF to liaise with Jan Leonard and Billie Dodd regarding the changes in matron’s functions as a result of the introduction of the frailty model”. <li data-bbox="300 1099 1278 1227">• Agenda Item 18/212, Can ask our designated professionals to come back in New Year to Committee if needs to, to go forward to receive the papers and submit through, should read “A request to be made for our designated professionals to attend the Committee Meeting in the new year if required”. 	

No	Item	Actions
19/4	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</p> <ul style="list-style-type: none"> • 18/83(ii) Month 12 Serious Incident Performance Report – A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee. <p>Brendan Prescott advised that this action had not been completed but would follow it up, therefore the action to remain on the action tracker. Gina Halstead requested roles in relation to NHS providers for the CCGs.</p> <ul style="list-style-type: none"> • 18/116 S&O RTT/Follow-Up Update – Fiona Taylor to circulate to the Committee. <p>Brendan Prescott to follow up if this action had been undertaken, therefore action to remain on the action tracker.</p> <ul style="list-style-type: none"> • 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report – Safeguarding Team to involve Debbie Fairclough in discussions to embed new process when known in the CCGs. <p>Tracey Forshaw advised that an update was contained within her report which is on the agenda, but requested that the action in relation to the proposed changes to remain on the tracker. The reference to Debbie Fairclough can be closed.</p> <ul style="list-style-type: none"> • 18/144 LeDeR Briefing Paper – TL and Geraldine O’Carroll will discuss any disconnect within the CCG. <p>Tracey Forshaw advised that she routinely sends Geraldine O’Carroll relevant briefings, keeping her fully sighted. Action completed and therefore to be removed from the tracker.</p>	<p>BP</p> <p>BP</p> <p>TF</p>
19/5	<p>Chief Nurse Report</p> <p>Brendan Prescott presented the Chief Nurse Report which seeks to present the Committee with an update regarding key issues that have occurred since the last report presented to the Committee in November 2018.</p> <p>The Committee noted that Aintree University Hospital NHS Foundation Trust remains on enhanced quality surveillance due to 2 serious incidents taking place within the operating theatres in November 2018. A review is planned for March 2019.</p> <p>It was also noted that due to system pressures at Southport and Ormskirk NHS Hospital, CCG staff are being pulled across to support with patient flow which may impact on the overall CCG’s performance. It was also noted that work was underway in relation to discharging patients safely and positive feedback has been received from patients and staff advised that it was better planned than last year. One of the issues sighted by Billie Dodd was the lack of acute beds.</p> <p>Brendan advised that the CQC are undertaking a routine inspection, an update from Mersey Care NHS Foundation Trust is awaited.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/6	<p>Provider Quality and Performance Report/Dashboard</p> <p>Brendan Prescott presented the Performance Highlight Report which seeks to provide a summary of Trust keys issues.</p> <p>Dr Gina Halstead questioned whether 2 week wait dermatology referrals are being seen at Aintree University Hospitals NHS Trust and will raise this with Dr Harvey.</p> <p>Dr Halstead also highlighted an issue in relation to a liver patient recall system breakdown. The Trust has raised this as a serious incident and a review is being undertaken.</p> <p>Action: Dr Gina Halstead to discuss the liver patient recall breakdown with Dr Debbie Harvey.</p> <p>Gill Brown raised an issue around the lack of assurance within the report and suggested having more context against the metrics. Gill advised that she would liaise with Amanda Gordon to take this forward.</p> <p>Action: Gill Brown to contact Amanda Gordon in relation to context being added against the metrics to provide assurance.</p> <p>The Committee noted that performance for TIA patients remains an issue at Southport and Ormskirk Hospitals NHS Trust. Dr Robert Caudwell advised that he would raise this with the Medical Director. It was noted that Dr McDonald was currently on a leave however there is a concern in relation to leadership and sustainability in his absence.</p> <p>Action: Dr Rob Caudwell to raise the poor performance for TIA patients with the Medical Director.</p> <p>Brendan referred the Committee to page 36 of the meeting pack in relation to the key concerns at Lancashire Care NHS Foundation Trust and advised that Debbie Fagan had written to the Trust and a response is awaited.</p> <p>Tracey Forshaw advised that staffing issue at Mersey Care NHS Foundation Trust (Community District Services) in relation to District Nursing and Podiatry Services have been highlighted through serious incidents. This is being followed up at the next CCQRM.</p> <p>Dr Gina Halstead referred the Committee to page 40 of the meeting pack in relation to the key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) and wished to note that the lack of provider comment against the local requirements as unacceptable.</p> <p>Action: Lack of provider comments in relation to key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) to be highlighted to Gordon Jones and Sue Gough.</p> <p>Outcome: The Committee received the report.</p>	<p>GH</p> <p>GB</p> <p>RC</p> <p>AG</p>

No	Item	Actions
19/7	<p>Month 10 CCG's Serious Incident Management Process and Improvement Programme</p> <p>Tracey Forshaw presented NHS South Sefton CCG and NHS Southport and Formby CCG serious incident management process and improvement programme for month 10 and subsequent action plan which seek to update the Committee.</p> <p>Tracey advised that provider performance will be reported via the Serious Incident Review Group and the performance reports to Joint Quality Committee.</p> <p>It was noted that the MIAA audit final report has been received with the assessment of "substantial assurance" with recommendations incorporated in to the overarching action plan.</p> <p>A performance notice has been issued to Southport and Ormskirk Hospital NHS Trust. There were 26 serious incidents outstanding as of the beginning of January 2019. Tracey advised that she will be leading on this and will be meeting with the Trust. Dr Halstead wished to note that clinicians should be involved in the meetings.</p> <p>Brendan Prescott advised that he has arranged two sessions with an external consultant in March 2019, these sessions are in relation to developing outcome based plans.</p> <p>Outcome: The Committee received the report.</p>	
19/8	<p>CCG Safeguarding Service Quarter 2 (2018 -19) Safeguarding Schedule Update and Quarterly Safeguarding Update</p> <p>Helen Case and Tracey Forshaw presented the CCG Safeguarding Service Quarter 2 (2018-19) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update. The report seeks to provide analysis of commissioned health services.</p> <p>The Committee noted the limited assurance rating for Aintree University Hospitals NHS Foundation Trust, however upward trajectory was noted. A new Head of Safeguarding has been appointed at Aintree University Hospitals NHS Foundation Trust. Themes in relation to the Mental Capacity Act /Deprivation of Liberty Safeguards have been identified as part of serious incidents and are being addressed with the Trust with supervision from Natalie Hendry.</p> <p>It was highlighted that a doctor's sickness absence was affecting the service performance against LAC health assessment at Alder Hey Children's Hospital NHS Foundation Trust. Dr Gina Halstead queried if she could have sight of the key performance indicators for health assessments in relation to Looked After Children. Helen advised that the data will be incorporated in the report from April onwards as the overall report format is being changed. The data shows an improving picture.</p> <p>Outcome: The Committee received the report.</p>	
19/9	<p>GP Quality Lead Update</p> <p>It was noted that each GP network at NHS South Sefton CCG has received £35k for GP retention and also a resource allocated to set up a new GP mentorship programme.</p> <p>Outcome: The Committee received the verbal update.</p>	

No	Item	Actions
19/10	<p>Locality Updates</p> <p>Brendan provided a verbal update from which following issues were noted:-</p> <ul style="list-style-type: none"> • Dr Gina Halstead is in discussions with Aintree University Hospitals NHS Foundation Trust regarding poor quality discharges. An audit has been undertaken and results are awaited. • There had been a lack of District Nurse attendance at GSF meetings at practices. District Nurse Team Leaders have since been invited to the Team Leader Meetings. • Flaws in the system were noted following a mental health patient not being able to access any services. Numerous messages were left to which no response was received. Upon investigation all the telephone numbers except one were correct. • No EMIS training provided for midwives at Liverpool Women's NHS Foundation Hospital. This is to be escalated to the Liverpool Women's NHS Foundation Hospital CQPG as a risk. <p>Outcome: The Committee received the verbal update.</p>	
19/11	<p>JMOG Key Issues Log</p> <p>The Committee noted key issue updates following two JMOG meetings held on 16th November and 7th December 2018.</p> <p>It was also noted that CCGs have not ratified the use of methadone tablets for pain relief from tertiary services which has been highlighted to localities.</p> <p>Discussed the need for clarity on low molecular weight heparin. It was noted that guidance had been circulated in relation to prescribing Fragmin which was not clear. This is to be discussed at the next LMC meeting.</p> <p>Outcome: The Committee received the key issues.</p>	
19/12	<p>Children in Care Policy</p> <p>Helen Case presented the Children in Care Policy to the Committee which seeks to demonstrate how CCGs meet their corporate responsibilities.</p> <p>Helen highlighted that the Children in Care Policy was for receipt by the Committee and not for approval as stated in the report. The policy will be presented at Governing Body for approval.</p> <p>The Committee referred to page 109 of the meeting pack under item 6 of the policy – Designated Professionals and requested further clarification within the document in relation to the roles of named and designated professional status in the policy.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/13	<p>CQC Children Looked After and Safeguarding Review of Health Services in Sefton Action Plan</p> <p>Helen Case presented the action plan to the Committee which is being progressed and monitored via the Task and Finish Group. The updated action plan is due to be resubmitted to the CQC on 4th July 2019.</p> <p>The Committee noted that the CQC action plan first draft was well received by the CQC. It was presented to the Overview and Scrutiny Committee and Corporate Parenting Board, and added to the CCG corporate risk register. Due to IT issues of the action plan within the meeting pack. It was requested that the action plan be circulated to the JQC membership</p> <p>It was confirmed that the action on when GPs can consent to share information as part of MASH is being followed up by Dr Wendy Hewitt as Named GP and NHS E C&M with LMC.</p> <p>Outcome: The Committee received the report.</p>	
19/14	<p>Learning from a Multi – Agency Learning Disability Mortality Review</p> <p>Tracey Forshaw presented the Multi-Agency Learning Disability Mortality Review Report which seeks to inform the Committee on the learning undertaken following at an event which took place on 23rd November 2018 co-ordinated by the CCG's LeDeR Local Area Contact with key stakeholders. Unfortunately there was a lack of representation from Mersey Care Mental Health/Learning Disability Services at the event. However it was well received and a number of recommendations were made and a draft action plan was presented to SMT.</p> <p>The learning event followed a review which was completed in relation to a 20 year old young adult with complex needs who was known to a number of agencies. Discussion ensued around what support is in place for children with complex needs who become adults and the lack of generalist consultants for them to be aligned. Although Alder Hey Children's NHS Foundation Trust is a Children's hospital, the life expectancy is reduced for certain complex needs therefore it was suggested that Alder Hey Children's Hospital NHS Foundation Trust continue to support such patients in to adulthood, to act as care co-ordinator. It was advised Tracey Forshaw was present at Governing Body, for Governing Body to support decision making for consideration for the CCGs to commission transition services for this small cohort of young people at Alder Hey Children's NHS Foundation Trust.</p> <p>The presentation slides were noted to be difficult to read as part of the meeting pack and for this to be circulated to the Joint Quality Committee.</p> <p>Action: <i>Michelle Diable to circulate the presentation slides to the Committee.</i></p> <p>Outcome: The Committee received the report.</p>	MD
19/15	<p>Practice Nurse Lead Report</p> <p>Brendan Prescott presented the Practice Nurse Lead Report which seeks to provide the Committee with an update involving practice nurse/health care assistant workforce and protected learning time key issues since the last report in October 2018.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/16	<p>Clinical Supervision Policy</p> <p>Brendan Prescott presented the draft Clinical Supervision Policy which seeks to provide the Committee with a policy for endorsement by the CCGs drafted by the Cheshire and Merseyside General Practice Nurse Collaborative.</p> <p>With the following suggested amendments made, the policy is to be the presented back to Joint Quality Committee for approval:-</p> <ul style="list-style-type: none"> • Title of the policy need to reflect the identified cohort of staff. • Scope of policy to reflect the identified cohort of staff • Page 240 of the meeting pack, item 3, second paragraph “It is anticipated that protecting learning time may be used to facilitate these sessions”. The words “may be” to be replaced with “should”. • Clarification on whether supervision is optional and or mandatory • Clarification on when supervision would be expected to take place; PLT, release from practice (expectations cost implications at practice level) • Clarification on where the supervisors would be sourced e.g. from PN cohort (expectations cost implications at practice level) <p>Action: Tracey Forshaw to liaise with Colette Page in relation to the suggested amendments. Following the amendments, Colette to present the amended policy to the Joint Quality Committee.</p> <p>Outcome: The Committee requested for some amendments to be made. The policy will be then be presented back to the Committee.</p>	TF/CP
19/17	<p>Serious Incident Clinical Internal Review Group (SIRG) Minutes</p> <p>The Committee received and noted the following SIRG Minutes; NHS Southport and Formby CCG held on 7th November 2018 and 5th December 2018. NHS South Sefton CCG held on 8th November and 13th December 2018.</p>	
19/18	<p>Safeguarding Children and Adults at Risk Policy</p> <p>Helen Case presented the Safeguarding Children and Adults at Risk Policy which seeks to provide an update on the policy prior to submission for approval at the NHS Southport and Formby CCG and NHS South Sefton CCG Governing Body in February 2019.</p> <p>The Committee referred to Appendix 3 – Information Sharing Guidance, “Have you identified a lawful reason to share information without consent”. The meaning of what is a lawful reason was queried and it was suggested providing further narrative to make it more clear and provide context for GP colleagues. Following the necessary amendments being made, the policy is to be presented at Governing Body for approval.</p> <p>Action: Dr Rob Caudwell and Dr Gina Halstead to liaise with Karen Garside and Dr Wendy Hewitt to produce a clear narrative in relation to the meaning of what is lawful within the guidance document.</p> <p>Outcome: The Committee received the report and requested for narrative to be added to the Information Sharing Guidance with the policy to come back through to Joint Quality Committee for approval.</p>	RC/GH/ KG/WH

No	Item	Actions
19/19	<p>Corporate Risk Register – Quality Update</p> <p>Dr Rob Caudwell highlighted Risk QUA058 which relates to the following risk: “There is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Hospital Trust resulting in compromised quality of care”. Dr Caudwell suggested that the risk be extended to include all clinical staff not specifically to nursing.</p> <p>Action: Risk QUA058 to be amended to incorporate all clinical staff not just specifically to nurses.</p> <p>Outcome: The Committee received the report.</p>	DF
19/20	<p>Quarterly Controlled Drug Report</p> <p>Susanne Lynch presented the Quarterly Controlled Drug Report which seeks to provide the Committee with Quarter 3 2018-19 data.</p> <p>It was noted that NHS Southport and Formby CCG are no longer an outlier for schedule 2 controlled drugs.</p> <p>A request to include practice names within the report going forward was noted. The Committee also noted that on pages 471 and 472 of meeting pack in relation to item 3.1 key issues, the chart titles are to be amended as they are the same.</p> <p>Outcome: The Committee received the report and requested some amendments to be made.</p>	
19/21	<p>Engagement and Patient Experience Group (EPEG) Key Issues Report</p> <p>The Committee received the EPEG Key Issue report relating the NHS Southport and Formby CCG and NHS South Sefton CCG EPEG Meeting held on 9th January 2019.</p> <p>The Committee noted that both CCGs are working jointly with Coloplast to run a catheter service across Sefton.</p> <p>Tracey Forshaw highlighted that Lancashire Care NHS Foundation Trust and Mersey Care NHS Foundation Trust Community Services have noted issues with the management of indwelling catheters for care homes. It was suggested that the service needs to be promoted. Tracey Forshaw and Susanne Lynch advised that a meeting is being convened with Coloplast ad provides to promote pathway.</p> <p>Outcome: The Committee received the report.</p>	
19/22	<p>Any Other Business</p> <p>Tracey Forshaw suggested that the Committee receives an update following the Youth Offending Service (YOS) inspection. An action plan from North West Boroughs Healthcare NHS Foundation Trust and Mersey Care NHS Foundation Trust is expected.</p>	

No	Item	Actions
19/23	<p>Key Issue Log (issues identified at this meeting)</p> <p><u>NHS South Sefton CCG</u></p> <ul style="list-style-type: none"> • Upper GI Cancer Performance – Dr Gina Halstead to raise with Dr Debbie Harvey – Cancer Lead; • LeDeR Review – highlighting the gap in commissioning of a service post adult transition; • YOS Inspection taking place w/c 4th February 2019. <p><u>NHS Southport and Formby CCG</u></p> <ul style="list-style-type: none"> • Impact on CCG performance due to staff from CCG supporting the patient flow in Southport and Ormskirk Hospital NHS Trust and the potential impact on CCG performance; • Concerns on data flow from Lancashire Care NHS Foundation Trust for assurance; • LeDeR Review – highlighting the gap in commissioning of a service post adult transition; • YOS Inspection taking place w/c 4th February 2019. 	
19/24	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 28th February 2019 at 9am – 12noon at Marshside Surgery, 117 Fylde Road, Southport PR9 9XP.</p> <p>Apologies for the next meeting have been received from Martin McDowell and Dr Doug Callow.</p>	

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

Date: Thursday 6th December 2018, 10:00 - 11:00am
 Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ

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

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

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

No	Item	Action
SFNHSE 18/114.	<p>Introductions and apologies</p> <p>Apologies were received as noted above.</p>	
SFNHSE 18/115.	<p>Declarations of interest</p> <p>Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport and Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p><i>KS declared an interest as a local GP.</i></p>	
SFNHSE 18/116.	<p>Minutes of the previous meeting</p> <p>October Minutes were agreed.</p> <p>Note made that register of attendances recorded AC with L, this will be changed to ✓</p> <p>SH left early from the meeting and therefore will be marked with apologies</p>	
SFNHSE 18/117.	<p>Action points from the previous meeting</p> <p>The action tracker was discussed and updated.</p>	
SFNHSE 18/118.	<p>Report from Operational Group and Decisions</p> <ul style="list-style-type: none"> • List pressures in Southport and Formby localities was discussed • Trinity's move to St Marks building was discussed • Churchtown Medical Centres list closure was approved • Ainsdale Medical Centres application to change their boundary was discussed • The 7 day access service was discussed. 	

SFNHSE 18/119.	<p>GPFV Operational Plan / Primary Care Programme Report</p> <p>Clerical and Admin –iMerseyside have 2 staff members to encourage and support practice utilisation of digital software thus reducing administration time. This is being funded via GPFV monies.</p> <p>Document management training will be delivered to practices shortly and a second wave of signposting training will be delivered once practices are canvassed to identify need.</p> <p>International recruitment – A GP from Australia has been identified as part of this process. Discussions took place regarding which practices would be suitable for placement; a training practice would be ideal but a hub model would be considered. SH will collate an email describing the GP and the scheme, this can be sent out via CCG.</p> <p>Learning Disabilities Direct Enhanced Service – Anomalies identified between what is recorded on CQRS and what is recorded by GP practices. (Supporting documentation has not been clear) CCG now collecting information monthly making monitoring easier.</p> <p>Training - currently evaluating training requirements to ensure funding spent effectively.</p>	SH
SFNHSE 18/120.	<p>Delegated Commissioning</p> <p>An application for delegation has been supported by the wider constituents, as had the changes that are required to the constitution to enable this to happen. The CCG is scheduled to be fully delegated by April 2019. In order to maximise use of NHS resources it is proposed that South Sefton and Southport and Formby Joint commissioning committees will be held together as a committee in common. The meetings will become monthly and will alternate between venues in Southport and Merton House. Dates and times will be published on the CCG website.</p> <p>It was agreed that Diane Lewis will be based at Merton House for one day per week to train staff during January and March 2019. NHSE highlighted that queries around enhanced services can be plentiful and generic emails need to be monitored. Any relevant queries will be passed to CCG following delegation.</p>	
SFNHSE 18/121.	<p>Healthwatch Feedback</p> <p>Apologies were received from Health Watch however an update was sent via email:</p> <p><i>We have now completed our Enter and View visits to the 5 GP practices in the Central Southport locality (St Marks, Trinity, Kew, Cumberland House and Christiana Hartley) and are currently drafting the reports which will be available in January 2019.</i></p> <p><i>We continue to have concerns about the impact of new housing across Southport and Formby and are now having a conversation with the local authority about this.</i></p>	JE
SFNHSE 18/122.	<p>Key Issues Log</p> <p>No issues identified</p>	
SFNHSE 18/123.	<p>Any Other Business</p> <p>None Raised</p>	
SFNHSE 18/124.	<p>Date of next meeting</p> <p>Thursday 6th February 2019 at 10am – 11am. Family Life Centre, 83 Southbank Road, Southport, PR8 6QW</p>	

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

Date: Thursday 7th February 2019. 10.00am – 11.00am
Venue: 3A Merton House, Stanley Road, Bootle, L20 3DL

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

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19
Members:							
Gill Brown	S&F CCG Lay Member	✓					
Helen Nichols	S&F CCG Lay Member						
Jan Leonard	S&F CCG Chief Redesign and Commissioning	✓					
Dr Rob Caudwell	S&F CCG Clinical Chair	N					
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓					
Susanne Lynch	S&F CCG Head of Medicines Management	✓					
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N					
Alan Cummings	NHSE Senior Commissioning Manager	A					
Attendees:							
Jan Hughes	NHSE Assistant Contract Manager	N					
Sharon Howard	Programme Manager General Practice Forward View	✓					
Angela Price	Primary Care Programme Lead	✓					
Maureen Kelly	Healthwatch Sefton	✓					
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N					
Joe Chattin	Sefton LMC	N					
Anne Downey	NHSE Finance	N					
Colette Page	SS and S&F CCG Practice Nurse Lead	A					

No	Item	Action
JCCiC 19/1.	<p>Introductions and apologies</p> <p>Apologies were received as noted above.</p> <p>It was noted that the meeting was not Quorate. Clinical Leads had to attend a board to board meeting which was scheduled at the same time. No decisions were made.</p>	
JCCiC 19/2.	<p>Declarations of interest</p> <p>Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport and Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p><i>KS declared an interest as a local GP.</i></p>	
JCCiC 19/3.	<p>Minutes of the previous meeting</p> <p>The minutes of the previous meeting held on 6th December 2018 were agreed.</p>	
JCCiC 19/4.	<p>Action points from the previous meeting</p> <p>The action tracker was discussed and updated.</p>	
JCCiC 19/5.	<p>Report from Operational Group and Decisions made</p> <p>JL reported that the group had discussed:</p> <ul style="list-style-type: none"> • The group supported the request from Roe Lane to reduce their boundary. As a result the practice has agreed to cease their informal list closure. • The group supported the request from Churchtown Medical to close their list • A date was agreed for Trinity to co-locate with St Marks Health Centre • Learning Disability Health Checks have been delivered differently this year and has shown an increase in uptake. 	

<p>JCCiC 19/6.</p>	<p>GPFV Operational Plan/ Primary Care Programme Report</p> <ul style="list-style-type: none"> • Resilience funding. Southport and Formby are in the process putting a bid together to enable Practices to work more collaboratively when dealing with patients in Nursing Homes. • Digital Champion – Two staff have been employed from GPFV funding to work with practices to maximise the usage of IT solutions such as on-line consultations. A presentation will be given at the wider group meeting. • International recruitment – SH would like to draw up a prospectus which focuses more on the local area and what is available. The team would also like to link up with former GP recruits to see if they can offer support in this area. • 7 day access – Contract meetings have taken place. Southport and Formby now have Physiotherapy appointments available. The appointments across the service are not yet fully utilised however the figures show an increase. It is thought the digital champion will support practice utilisation. It was agreed to draft a paper reporting the progress of this service, to present to the Governing Body. • Medicines Management HUB – Recruitment has taken place for further pharmacists to enable the HUB to be rolled out to all practices. Future plans for the HUB is to scope out the potential of working more closely with Networks and considers a rotating pharmacist with a local trust. • Apex insight – There is the potential for Sefton to be part of the next roll out if we can engage interest from enough practices. A presentation will be given at the Wider Group Meeting. • Learning Disabilities – Recent figures have shown an increase in the uptake of health checks. South Sefton Federation is in the process of organising health checks on behalf of the practices who have requested assistance. • Networks – Southport and Formby 100% engagement with Networks. It was noted that one Network Clinical Lead is due to retire from General Practice in the near future. The Network wondered how this would affect the role as Clinical Lead. It was thought that the role could continue if the Network agreed, however the MOU will have to be signed by another GP who is a member. • Nursing projects – CP is leading on Practice nurse 10 point plan, Influenza Vaccinations, co-ordinating PLT events and supporting Nursing in the Practices. • Data Sources –Work is underway to identify different data sources. This will enable the team to standardise reporting. It will assist with supporting Networks and practices to identify and understand their financial position. <p>The 5 year forward view work streams will continue and support the new guidance in the NHS Long Term Plan.</p> <p>The GPFV programme spreadsheet will be reviewed and presented at the next meeting.</p>	<p>AP</p>
<p>JCCiC 19/7.</p>	<p>Delegation</p> <p>Delegation – NHSE have given approval and the CCG will be fully delegated by April 2019. Staffing needs have been identified and recruitment is underway. A training plan has been put together and support will continue from NHSE. Revised Terms of Reference have been presented to the Governing Body.</p>	

JCCiC 19/8.	<p>Healthwatch Feedback</p> <p>GP enter and view reports have been put together and are due to be signed off this week. These will be published shortly.</p> <p>Health Watch have decided to have Promotional publications in local press. This is hoped that it will increase awareness of Health Watch and their work to the general public. There will be different themes, first will be GP Access</p>	
JCCiC 19/9.	<p>Key Issues Log</p> <ul style="list-style-type: none"> • 7 day access utilisation • Noted changes to the NHS 10 Year Plan • Learning Disabilities health checks have increased with the new way of working 	
JCCiC 19/10.	<p>Any Other Business</p> <p>None</p>	
JCCiC 19/11.	<p>Date of Next Meeting:</p> <p>Thursday 21st March 2019. 10.00am – 11.00am 3A Merton House, Stanley Road, Bootle, L20 3DL</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 14TH DECEMBER 2018

PRESENT:

Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Director of Strategy, Communications & Integration	NHS Liverpool CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Ian Moncur (IM)	Councillor	Sefton Council
Michelle Timoney (MT)	Transformation Change Manager - Cancer	NHS Liverpool CCG
Emma Rodwell (ER)	Project Manager, Cancer Team	NHS Liverpool CCG
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Chief Finance & Contracting Officer	NHS Liverpool CCG
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council

1.0	Welcome, Introductions and apologies:
1.1	The Chair welcomed all to the meeting and introductions were made.
2.0	Declaration of Interest:
2.1	GM declared that he was previously the Deputy Chair and Non-Executive Director for Clatterbridge, this was in respect of agenda item 5 Development of Haemato-Oncology Services in North Mersey. However there was no decision being taken and the paper was for noting and consideration only. There were no other declarations of interest made.
3.0	Minutes & Actions of the previous meeting: 12th October 2018
3.1	The minutes of the 12 th October 2018 meeting were agreed as an accurate record of the meeting.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 12th October 2018: <ul style="list-style-type: none"> ➤ From minutes of previous meeting – it was noted that email confirmation had been received from West Lancashire CCG that they did not wish to be a member of the Joint Committee. ➤ From minutes of previous meeting re Shared Care Priorities – it was noted that there had been some confusion on where Shared Care Priorities had been allocated (paper to April 2018 CIC), however the work on this matter had not progressed so this action was to be closed off. ➤ From minutes of previous meeting re Orthopaedic & Trauma Service Business Case – it was noted that CH had spoken to AB at Specialist Commissioning re the Terms of Reference for the CIC and Specialist Commissioning’s requirement to be present for a quorum. The issue of quorum for the CIC in light of the role of the North Mersey Joint Committee still needed to be resolved. ➤ From minutes of previous meeting re Update on Royal and Aintree merger process – CH noted that a joint meeting of the Committee(s) In Common Governing Bodies had taken place to discuss what the commissioners required from the merger process. A further meeting would be convened to discuss the Business Case and propose amendments prior to it going to the

	<p>individual Trust Boards.</p> <ul style="list-style-type: none"> ➤ From minutes of previous meeting Liverpool Women's Hospital Update – CH had provided FL with a briefing in preparation for the Sefton Overview & Scrutiny Committee. ➤ Item 4 Royal Liverpool & Aintree Hospitals Merger Presentation – CH had obtained and shared the Governance Map. CH tabled the Trusts' Governance Map showing how they navigated the NHS England/Improvement requirements but which did not show the governance for service change. ➤ From item 5 Orthopaedic & Trauma Service Business Case Update – FL commented that spinal trauma was unchanged. There would still be some non major spinal trauma dealt with at the Royal for cases not included in the Orthopaedic and Trauma Service, however the vast majority of spinal trauma patients met the criteria for Major Trauma and were already being dealt with at Aintree. ➤ From item 7 North Mersey Joint Committee Inaugural Meeting – the formal public meeting had now taken place.
<p>4.0</p>	<p>Urgent Care Review – Report No: CIC 07-18 – Carole Hill ('CH')</p> <p>4.1 The paper provided an update on progress that Liverpool, South Sefton and Knowsley CCGs had made with the North Mersey Urgent Care Review:</p> <ul style="list-style-type: none"> • Collaboration required with South Sefton, Liverpool and Knowsley CCGs around the Aintree catchment area. • South Sefton and Liverpool had the same scope for the review and it was broader than just Urgent Care Treatment Centres. Knowsley CCG were still working through what they wanted to include in the review. Liverpool CCG would offer support to Knowsley to meet the timescales for planning. • Liverpool CCG had launched the engagement which would continue until the New Year. South Sefton CCG launched on 10th December 2018. There was more work to be done for Knowsley to carry out the engagement before Purdah.

	<ul style="list-style-type: none"> • An options co-design had begun across the CCGs, we needed to ensure the right people were involved and data quality was being worked through. <p>The Committee(s) In Common commented:</p> <ul style="list-style-type: none"> • GM commented that he spoke for South Sefton CCG who were happy to be aligned with Liverpool CCG on his. It was noted that there was no one present from Knowsley CCG which very much limited the value of the discussions. JLe agreed to pick this up with DJ when they met the following week. • JLe noted that an organisation in Liverpool had asked for the “consultation” to stop, she had responded that it was not a consultation and was engagement on urgent care services. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Updates provided on the Urgent Care Review in North Liverpool, South Sefton and Knowsley.
<p>5.0</p> <p>5.1</p>	<p>Development of Haemato-Oncology Services in North Mersey – Report No: CIC 08-18 – Michelle Timoney (‘MT’)</p> <p>MT presented to the CIC to consider the next steps for the integration of haemato-oncology services across North Mersey:</p> <ul style="list-style-type: none"> • Providers had signalled their intention to integrate haemato-oncology services in North Mersey, with management leadership from Clatterbridge for services based in the Royal and Aintree. • From early 2017 Aintree had been transferring acute leukaemia patients to the Royal. • The long term plan was to consolidate all North Mersey haemato-oncology services at the new Clatterbridge Cancer Centre in additional floor in the new centre (Royal site), and then to transfer Aintree haemato-oncology services to the new Clatterbridge Centre which would impact on Southport & Ormskirk. • Formal engagement and consultation for transfer of the current service at the Royal to the new Clatterbridge Cancer Centre was not required.

- Phase One was complete which was the managerial transfer of RLBUHT patients. Phase Two was the transfer of Aintree services to the new Clatterbridge Cancer Centre (smaller than the Royal). Southport would be phase 3.
- A Project Board had been in place for 12 month, South Sefton CCG was the lead commissioner on the Steering Group.
- More work was required around the clinical model and beds would not physically move until the new Clatterbridge Centre was open along with the new Royal Liverpool Hospital.

The Committee(s) In Common commented:

- GM spoke for South Sefton who were fully supportive, however he could not speak for Southport & Formby CCG who may have an independent view. .
- JLe felt the issue was the reviews taking place in Southport. This was not a Liverpool decision and needed to be discussed at the North Mersey Leadership Group, and had emailed FT for this to be on the agenda for discussion at the next meeting on 11th January 2019. It would be useful for MT to attend and Clatterbridge also needed to attend.
- JLe would ensure that Haemato-oncology was on the agenda for the January 2019 North Mersey Leadership Group.
- CH noted that the Southport & Ormskirk Transformation Plan needed to be on the agenda for the North Mersey Leadership Group (with representation from the specialist trusts). It could also come to the next Committee(s) In Common, to support alignment between acute programmes.
- MT agreed to invite the new CEO and Barney Schofield, Director Operations & Transformation at Clatterbridge to attend the North Mersey Leadership Group.
- A response would be sent by letter to Clatterbridge to explain that this would be discussed at the North Mersey Leadership Group on 11th January 2019 and to brief them on the discussions at the CIC. The letter would be drafted by CH to go out in FL's name as Chair of the CIC, early the following week.

	<p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the case for integrating these services; ➤ Were supportive of the transfer of the management of haemato-oncology services from Aintree to CCC; ➤ Considered the governance arrangements required for future proposals for further haemato-oncology service integration. ➤ Noted that this decision needed to be taken by the North Mersey Leadership Group as it was not a purely Liverpool issue.
<p>6.0</p> <p>6.1</p>	<p>North Mersey Joint Committee 28th November 2018 Update re Orthopaedic Decision – Verbal – Carole Hill:</p> <p>CH informed the CIC:</p> <ul style="list-style-type: none"> • The North Mersey Joint Committee had approved the Single Service for Orthopaedics between the Royal and Aintree. • Mobilisation would begin in the new year to go live October 2019. • The Joint Overview & Scrutiny Committee would be convened in January 2019. It would be useful to have an orthopaedic clinician there. FL suggested GM as Chair of the North Mersey Joint Committee should also attend. CH agreed to inform him of the date. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
<p>8.0</p> <p>8.1</p>	<p>Any Other Business</p> <p>JLe commented in respect of the Liverpool Women’s consultation:</p> <ul style="list-style-type: none"> • We needed to rethink our position in light of updates on capital monies applied for and available. • Bill McCarthy had been appointed as NHS England Regional Director and would want to meet with FL and JLe re the options, however commissioners remain convinced that “do nothing” was not an option. • New landscape and options needed to be explored, FL and CH would meet to discuss this.

8.2	FL commented about attendance as discussions today had been curtailed due to lack of representation from Knowsley CCG and Southport & Formby CCG. She asked Paula Jones to draft an email to go out in her name asking for members to prioritise the meeting and send apologies/nominate senior deputies well in advance of the next meeting.
9.0	Date of next meeting
9.1	Friday 8 th February 2019, 12pm to 2pm Boardroom, Liverpool CCG.