NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
Agenda

Date: Thursday, 25th September 2014 at 14.00 – 16.00

Venue: L20 Hotel School, Opposite Hugh Baird College, Bootle, L20

The Governing Body		
Dr Clive Shaw	Chair and Clinical Director	CS
Dr Craig Gillespie	Clinical Vice-Chair, GP	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Roger Driver	Lay Member, Engagement & Patient Experience	RD
Dr Andrew Mimnagh	Clinical Director	AM
Dr Paul Thomas	Clinical Director	PT
Dr John Wray	GP/Clinical Director	JW
Dr Dan McDowell	Secondary Care Doctor	DMcD
Lin Bennett	Practice Manager	LB
Sharon McGibbon	Practice Manager	SMcG
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMcD
Debbie Fagan	Chief Nurse	DF
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	PM
Maureen Kelly	Chair, Healthwatch (co-opted Member)	MK
Margaret Jones	Consultant in Public Health (co-opted Member on behalf of Dr Janet Atherton)	MJ
Apologies		
Also in Attendance		
Minutes	Bronagh Slater	

No	Item	Lead	Report	Receive/ Approve	Time
Governance					
GB14/119	Apologies for Absence	Chair		R	5 mins
GB14/120	Declarations of Interest regarding agenda items	All	-	R	
GB14/121	Minutes of the Previous Meeting	Chair	✔	A	
GB14/122	Action Points from Previous Meeting	Chair	✔	R	
GB14/123	Business Update	Chair	-	R	
GB14/124	Chief Officer Report	FLC	✔	R	
GB14/125	South Sefton CCG – New Case for Change Process	KMcC	✔	A	

AGENDA

No	Item	Lead	Report	Receive/ Approve	Time
GB14/126	Healthy Liverpool Programme – Committee(s) in Common	FLC	✔	A	
Finance and Quality Performance					
GB14/127	Integrated Performance Report	KMcC	✔	R	
GB14/128	Month 5 Finance Report	MMcD	✔	R	
GB14/129	Management of Allegations Policy	DF	✔	R	
Service Improvement/Strategic Delivery					
GB14/130	South Sefton Transformation Programme	KMcC	✔	R	
GB14/131	Better Care Fund (3rd Iteration)	FLC	✔	A	
GB14/132	Breast Services at Southport & Ormskirk NHS Trust	JL	✔	R	
For Information					
GB14/133	Emerging Issues	ALL	-	R	
GB14/134	Key Issues reports from committees of Governing Body: • Quality Committee • CCG Network	 DF Chair	 ✔ ✔	R	
GB14/135	Quality Committee Minutes	-	✔	R	
GB14/136	Finance & Resource Committee Minutes	-	✔	R	
GB14/137	Merseyside CCG Network Minutes	-	✔	R	
GB14/138	Health & Wellbeing Board Minutes	-	✔	R	
GB14/139	Locality Meetings: • Seaforth & Litherland Locality • Bootle Locality • Crosby Locality • Maghull Locality	-	✔	R	
Closing Business					
GB14/140	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting.*				5 mins
GB14/141	Date, Time and Venue of Next Meeting *Thursday 27th November 2014 at 13.00 at Merton House, Bootle*				-
Estimated meeting close					16.00

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
Minutes

Thursday, 31 July 2014 at 1.00pm to 4.00pm
The Boardroom, Third Floor, Merton House, Bootle L20 3DL

Attendees		
Dr Clive Shaw	Chair, Clinical Director & GP	CS
Graham Morris	Vice Chair, Lay Member, Financial Management and Audit	Mr Morris
Dr Dan McDowell	Secondary Care Doctor	DMcD
Fiona Clark	Chief Officer	FLC
Lin Bennett	Practice Manager & Governing Body Member	LB
Martin McDowell	Chief Finance Officer	MMcD
Debbie Fagan	Chief Nurse & Quality Officer	Ms Fagan
Dr John Wray	Clinical Director	JW
Maureen Kelly	Healthwatch Sefton	MK
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	PM
In attendance		
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Lyn Cooke	Head of Communications	LC
Minutes		
Bronagh Slater	Business Manager	BS
Apologies		
Dr Craig Gillespie	Vice-Chair, Clinical Director & GP	CG
Dr Paul Thomas	Clinical Director & GP	PT
Dr Andrew Mimnagh	Clinical Director & GP	AM
Roger Driver	Lay Member, Engagement and Patient Experience	RD
Sharon McGibbon	Practice Manager & Governing Body Member	SMcG
Margaret Jones	Title	MJ

Linda Williams was present to give a presentation on Peer Style Safeguarding Policy

Attendance Tracker

Name	Practice / Organisation	May 14	Jul 14	Sep 14	Nov 14	Jan 15	Mar 15	May 15	July 15	Sep 15
Dr Clive Shaw	Chair	A	✔							
Graham Morris	Vice Chair, Lay Member	✔	✔							
Dr Craig Gillespie	Clinical Vice-Chair, GP	✔	A							
Dr Steve Fraser	GP	R	R							
Dr Andrew	GP	✔	A							
Dr Ricky Sinha	GP	A	-							
Dr Paul Thomas	GP	✔	A							
Dr John Wray	GP	A	-							
Roger Driver	Lay Member,	✔	A							
Lin Bennett	Practice Manager	✔	✔							
Sharon McGibbon	Practice Manager	A	A							
Dr Dan McDowell	Secondary Care Doctor	✔	✔							
Fiona Clark	Chief Officer	✔	✔							
Martin McDowell	Chief Finance Officer	✔	✔							
Debbie Fagan	Chief Nurse	✔	✔							
Peter Morgan	Strategic Director,	A	✔							
Margaret Jones	Public Health	✔	A							
Maureen Kelly	Healthwatch Sefton	A	✔							

✓ Present
A Apologies
L Late or left early
S Sabbatical
R Resigned

No	Item	Action
14/94	**Apologies for Absence** were noted as above. It was noted that Graham Morris is attending although down as apologies and Maureen Kelly was not included in the list of attendees. Quoracy – 3 GPs are away on annual leave and therefore quoracy not achieved Margaret Jones not present Sharon McGibbon sent apologies	
14/95	**Declarations of Interest regarding agenda items** There were no declarations apart from the usual who work for both CCGs.	
14/96	**Register of Interests** was received.	
14/97	**Hospitality Register** was received.	

No	Item	Action
14/98	**Minutes of previous minutes** The minutes of the previous meeting were approved as an accurate record of the previous meeting once the following amendments were made: MMcD page 12 14/72 – the Governing Body actually approved as opposed to received. Mr Morris pointed out that on section 14/76 should say "could have resulted" **The Governing Body accepted the minutes as a true and accurate record of the previous meeting on the understanding that the above amendment are made** *Action: Amendment to be made as per comment above*	BS
14/99	Sefton Strategy for Older Citizens this action has not yet been pulled through to the SLT but will be addressed shortly. **The Action Points were received by the Governing Body**	
14/100	**Business Update** The Chair gave a brief overview of the Business Update The Chair shared some thoughts with the Governing Body about his recent time in the US visiting Dr Pete Chamberlain at IHI Boston. **The Governing Body received the report by way of assurance.**	
14/101	**Chief Officer Report** Ms Clark thanked Ms Cooke for her work on the leaflets and her work in general while part of the CSU and noted that as of tomorrow 1st Aug she would be returning to the CCG. Ms Clark gave an overview of her report to the Governing Body. Ms Clark thanked Maureen Kelly for referencing the CCG in her link Ms Clark added one additional litem, - SSCCG has extended the consultation period P22 of 5.32 – this info on the website is incorrect and this is a national blip in the IT system and this has been challenged – check with Ms Fagan **The Governing Body received the report by way of assurance.** *Action: to check with Ms Fagan why the info on the website for p22 of 5.32 is incorrect.*	DF
14/102	**Governing Body Assurance Framework** Ms Jeffes gave an overview of the papers both for Q4 of 2013 and for Q4 of 2014 These papers receive close scrutiny through SMT/Quality committee and Ms Jeffes asked that the Governing Body allow a summary in future. Mr Morris reinforced this action. Ms Clark emphasised that any red risks would always come to the Governing Body as an exception report. Dr McDowell noted that on p.67 it should read South Sefton not S&F and it was accepted as an administrative error **The Governing Body received the Q4 risk register report by way of assurance. The Governing Body received the Q1 risk register report by way of assurance.**	

No	Item	Action
14/103	**Annual Governance Statement** The paper was taken as read and it was pointed out by Mr McDowell that the statement has already been approved by the audit committee but that it is good practice to bring to the Governing Body. Ms Clark acknowledged the hard work by the finance team **The Governing Body received the report by way of assurance.**	
14/104	**Corporate Performance and Quality Report** Mr McCluskey noted to the Governing Body that it has been agreed that future reports will be an integrated report of Performance and Quality combined. Mr McCluskey gave an overview of the report to the Governing Body P118 The MRSA case was subsequently found not to be attributable to the Trust but to the CCG P122 Service incident – check with Ms Fagan Ms Clark asked the Governing Body to note that there was a 12 hour trolley breach at Aintree Ms Fagan assured the Governing Body that investigations are being undertaken to discuss progress with 'never events' to date, the relevant committees will be updated. The Chair asked if it was pertinent to find out which department was responsible for the breach(s) **The Governing Body received the report by way of assurance.**	
14/105	**Financial Performance Report Month 3** The paper was taken as read and Mr M McDowell gave an overview to the Governing Body. **The Governing Body received the report by way of assurance.**	
14/106	**Annual Audit Letters 2013/14** Rachel McIlwraith the external audit lead from PWC sends apologies that she could not present in person and Mr M McDowell presented the report on her behalf. Mr Morris pointed out that it was very reassuring to receive this level of assurance from the external auditors. Ms Clark asked the Governing Body to note that we have asked to get the same auditors across the two Sefton CCGs and we are awaiting the outcome of this request and will find out in 15th September. **The Governing Body received the report by way of assurance.**	

14/107	**Peer Style Safeguarding Policy** Ms Fagan introduced the paper and Linda Williams. Ms Williams emphasised the main points within the presentation Ms Fagan advised the Governing Body that Ms Clark will chair a steering group which will drive forward the recommendations that are included in this paper. Ms Fagan also advised the Governing Body that the Annual Report is in the process of being completed and will come to the Governing Body in September. In terms of actions the future commissioning of the named GP is under consideration. Ms Fagan gave a general update on the safeguarding project PM acknowledged the work of Ms Williams & Ms Fagan and thanked them for their hard work. He also made comment that there are some very well developed structures in Sefton to undertake the recommendations. PM pointed out that there is at presently one chair in Sefton who oversees both Adult and Child Safeguarding and the aim is to ultimately obtain two chairs. **The Governing Body approved the report recommendation**	
14/108	**Safeguarding Policy** Ms Fagan briefed the Governing Body on the main aspects of the report Ms Fagan noted that an amendment to the flowchart was required and a new version is now available The Quality Committee have asked that we remove the standards on primary care as not applicable and also refers to PCT which needs to amended to CCG P166 also needs a section to be removed. **The Governing Body approved the report subject to the amendments**	
14/109	**Emerging Key Issues - localities** **The Governing Body received the report by way of assurance.**	
14/110	Key Issues from Committees of the Governing Body 1. Quality Committee Ms Fagan clarified that Aintree were given a figure of 81 which is the national set target as their objective the Trust put in place an internal target which is much less and reflects the outcome that they achieved last year. 2. Audit Committee Mr Morris gave a brief overview and confirmed the annual report has been signed off and Ms Clark advised the Governing Body that the annual report would be submitted to the Governing Body in September 3. F&R Committee Mr M McDowell gave a brief overview of the F&R committee key issues if we achieve targets that would equate to £3.75 per head of population. **The Governing Body received the report by way of assurance.** *Action: Feedback requested from the Governing Body regarding the key issues*	All

14/111	**Audit Committee Minutes** Mr D McDowell noted that his title was incorrect in the minutes Ms Clark advised that this had to go back to the Audit Committee as they are the Committee minutes. The proposed amendment was noted. **The Governing Body received the report by way of assurance.**	
14/112	**Quality Committee Minutes** **The Governing Body received the report by way of assurance.**	
14/113	**F&R Committee Minutes** **The Governing Body received the report by way of assurance.**	
14/114	**Merseyside CCG Network Minutes** **The Governing Body received the report by way of assurance.**	
14/115	**H&WWB Minutes** **The Governing Body received the report by way of assurance.**	
14/116	**Locality Minutes** **The Governing Body received the report by way of assurance.**	
14/117	**Any Other Business** There was no other business	
14/118	**Date of next meeting** Time and Venue of Next Meeting of the Governing Body to be held in Public *Thursday, 25 September 2014 at 1.00pm at Merton House*	

Governing Body Meeting in Public
Actions

Date: Thursday 31 July 2014 at 1:00pm to 4:00pm
Venue: The Boardroom, Third Floor, Merton House, Bootle L20 3DL

No	Action	By
14/98	**Section 14/76 of previous minutes should say "could have resulted".** Amendment to be made as per comment above.	BS
14/101	**P22 of 5.32 – info on website is incorrect**. To check with Ms Fagan why the info on the website for p22 of 5.32 is incorrect.	DF
14/110	**Key issues** Feedback requested from the Governing Body regarding the key issues.	All
14/118	**Date of Next Meeting** Thursday 25 September 2014 at 14:00 at Merton House.	

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2014

Agenda Item: 14/124	**Author of the Paper:** Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: September 2014	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report by way of assurance.	Receive [x] Approve [ ] Ratify [ ]

14/124

Links to Corporate Objectives *(x those that apply)*	
	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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

NHS
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Report to Governing Body
September 2014

1. Co-Commissioning

1.1. The Governing Body will recall that expressions of interest for the co-commissioning of primary care were forwarded by CCGs to NHS England centrally in June 2014 and a letter was issued to CCG Leaders and Area Directors by Barbara Hakin on 27th June 2014 outlining the steps which were being taken to progress this agenda.

1.2. As a result of the conversation with the CCG membership at the time we indicated to NHS England, that currently the CCG membership felt unable to support co-commissioning and further discussion needed to be undertaken. At the CCG wider forum on the 11.9.14 it was agreed to work with the Local Medical Committee and share emergent thinking to facilitate further discussion at locality level to shape future informed decision making.

1.3. A response was received from Anthony Leo-Director of Commissioning at NHS England (Merseyside) on the 4th August 2014. This indicated that the team were awaiting further guidance and information on the technical framework which they expect before October.

2. Changes to NHS England

2.1. The CCG has formally been notified by Clare Duggan-Director of NHS England Merseyside of the proposed changes. In relation to the organisational review, the first phase review of the National Directorate structure has now taken place. The second phase to ensure a better focus and alignment of the work of NHSE on the core priorities is underway and as a result NHSE is making some incremental changes to its structure by:-

- Refining the structure to ensure they are best fit for purpose
- Effectively challenging and reducing management costs by 15%

2.2. This will result in some changes to the Area team structure and locally Cheshire, Warrington & Wirral and Merseyside will be a combined Area Team in the future, with the impact of these changes being felt later in this financial year. The CCG will be kept informed of the local impact as more information emerges.

3. Cheshire & Merseyside Commissioning Support Unit (CSU)

3.1. Formal notification has been received regarding the proposed merger of Greater Manchester CSU and the Cheshire & Merseyside CSU.

3.2. Work is currently underway led by Tracy Jeffes-Chief Delivery & Integration Officer to review the CCG model of commissioning support in line with the tenure of the CSU Service level agreement. This work is being undertaken in conjunction with David Smith-Deputy Director of Finance who is preparing the analysis on the future modelling of the CCG running cost allowance in preparation for the Governing body debate and decision making.

3.3. In the meantime the CCG is seeking to extend the current SLA to the end of this Financial Year.

3.4. The Merseyside CCG Network is also working collaboratively to understand this area of work, to contribute the whole strategic view.

4. Continuing Health Care (CHC)

4.1. The Governing Body will be aware of the continued increase in costs associated with CHC, and this has been flagged on the CCG Risk Register in relation to both the CHC Restitution cases and new CHC referrals.

4.2. The Chief Finance Officer and Chief Nurse are working together to lead on the necessary improvements locally which include the integration agenda of CHC across Sefton and restitution cases. A project plan is being finalised to deliver the local integration agenda for CHC with a Project Manager being identified from within the CCG team.

4.3. The CCG Network has recently had a presentation from the Cheshire & Merseyside Commissioning Support Unit in relation to the services they are commissioned to provide which has resulted in the CCG gaining a higher level of assurance in relation to the administrative processes.

4.4. This work will form part of the broader discussions with CSU for the future SLA.

5. CCG Quarter 1 Assurance with NHS England

5.1. The Governing Body will be aware that the CCG is required to attend a quarterly assurance meeting with NHS England (Merseyside) this took place on the 11.9.14.

5.2. The CCG was requested to provide detailed information/assurance against the following assurance domains.

- Domain 1 – Are patients receiving clinically commissioned high quality services?
- Domain 2 – Are patients and the public actively engaged and involved?
- Domain 3 – Are CCG plans delivering better outcomes for patients?
- Domain 4 – Does the CCG have robust governance arrangements?
- Domain 5 – Is the CCG working in partnership with others?
- Domain 6 – Does the CCG have strong and robust leadership?

5.3. Please note on this occasion there were no specific Key Lines of Enquiry on domain 2 and 6.

5.4. The meeting went well and feedback from NHS England colleagues was quite positive. We are awaiting formal feedback.
Work now needs to focus on the delivery of our transformation programmes and our continued focus on improving outcomes for our population.

6. Update on Liverpool Community Health (LCH)

6.1. The CQC carried out an unannounced inspection visit of Liverpool Community Health NHS Trust (LCH) on 28th, 29th November and 2nd December 2013. As a result of the inspection the CQC took enforcement action against LCH to protect the health, safety and welfare of people using this service. Two warning notices were served for outcome 16 and outcome 14. LCH were asked to send a report to the CQC by 6th February 2014 setting out an action plan to meet the standards.

6.2. A single item Quality Surveillance Group (QSG) was convened on 10th February 2014 to address concerns and issues raised by the CQC, CCGs, Local Authorities, NHS England and the NHS Trust Development Authority. Following the QSG a Quality Review meeting was convened on the 18th February 2014 by NHS England to focus attention on the actions to be taken for patient access, workforce, governance, culture and safety. There were significant changes to the Board at LCH in April 2014 and the initial action plan produced by LCH required further development on focus of actions following a visit by the Chief Inspector of Hospitals in May 2014.

6.3. The interim team has now been in place since April 2014 and have worked systematically through the issues in LCH. A full improvement plan for the organisation has been produced and the NHS South Sefton CCG team- Steve Astles and Dr Pete Chamberlain are supporting the work required to deliver change in Sefton.

6.4. LCH have also been subject to a recent single item Quality Surveillance group (QSG) and all actions are linked into the overall action plan which will be monitored by the CCG through the LCH collaborative forum with Liverpool CCG.

7. Update on the Better Care Fund (BCF)

7.1. Over the past six weeks work has been undertaken at pace to meet the 19th September deadline for the BCF submission. The Governing Body will see that there is a separate agenda item on today's Governing body for formally ratifying the decision making.

7.2. The Health and Wellbeing Board has overarching accountability for sign off of the BCF submission and met on the 17th September 2014.

8. Informatics Merseyside Agreement

8.1. Having an effective Informatics system and service is key to an effective CCG. Historically NHS Sefton was a partner in the Informatics Merseyside partnership alongside other NHS organisations in Merseyside. The service is hosted by Merseycare NHS Trust. Since the inception of Clinical Commissioning groups NHS South Sefton CCG have continued with this membership.

8.2. There are six partners who continue to be members, namely;

- NHS South Sefton CCG
- NHS Southport & Formby CCG
- NHS Liverpool CCG
- Merseycare NHS Trust

- Liverpool Community Health Care NHS Trust
- Liverpool Heart & Chest Hospital Foundation Trust

8.3. The six NHS organisations, which are parties to this agreement have agreed to share their health informatics service with the intention of pooling their collective resources and expertise in order to ensure that they have the capacity, capability and flexibility required for a 21st century health informatics service and to be able to respond effectively to multi-agency community wide developments.

8.4. The partner organisations are committed to ensuring that their shared informatics service provides value for money for their respective organisations and to this end the partner organisations will jointly conduct value for money testing.

8.5. Following on from the approval given at the July Governing body the partnership agreement has been signed on behalf of the CCG by the Chief Officer.

9. 111 Procurement

9.1. The NHS 111 service in the North West is being re-procured because the stability partner contracts currently in place are approaching their end dates.

9.2. A market place event for interested providers was held on the 8th September Timescales have been accelerated to ensure that the service can be mobilised before winter 2015.

9.3. A response is required by the 13th October, so a paper due to commercial sensitivity in part 2 of today's Governing body meeting seeking delegated authority for the 111 Lead- Dr Andy Mimnagh, Chair, Chief Officer and Chief Finance Officer.

9.4. The Procurement team have a December timescale for the return of bids, with evaluations to be conducted during January/early February 2015.

9.5. The moderation of evaluations will be conducted by Graham Rose and Yvonne Rispin (Blackpool CCG) who manage the contract on behalf of all 33 North West CCGs.

9.6. There was a NHS111 lay member/ Healthwatch listening event held on Tuesday 23 September 2014.

10. Improving Access to Psychological Therapies (IAPT) Procurement

10.1. On the 20th August 2014 the Engagement event took place for organisations interested in delivering the IAPT service for Southport and Formby CCG and South Sefton CCG.

10.2. On the 29th August 2014 an Invitation to Tender was issued and this closes on Monday the 13th October 2014. Interviews with the successful applicants are to be held on the 12th November 2014.

10.3. In December 2014, the outcome of the bidder interviews to be communicated.

10.4. Contract to be awarded by the 1st April 2015.

11. Resilience Plan Update

11.1. Plans have been presented to NHSE Merseyside and we are waiting formal feedback.

11.2. The plans will be performance managed through the local systems resilience group (SRG) also known as the North Mersey Urgent Care network.

11.3. The CCG will continue to receive updates as the plans aim to improve system performance. This will be mainly through our integrated performance report.

12. Future Models of Care

12.1. Work continues to translate the three key priorities of the CCG strategic plan

- Primary care
- Frail elderly
- Unplanned care

into delivery

12.2. This work includes exploration of the future models of care required to achieve the strategic priorities. Work is underway to understand what these could look like. These will be developed with the wider CCG membership shaping and driving this with Dr Pete Chamberlain and Steve Astles-Head of CCG Development.

12.3. The Quality Team have contacted the NHSE national team requesting information on any areas of emerging good practice that they are aware of being developed in other parts of the country so the CCG can make contact and explore further to inform our local development.

12.4. The CCG Senior Management Team are currently considering the opportunity to become involved in a national pilot of a workforce tool part of which may support the commissioning of services.

12.5. The described approach would include all providers such as CVS, social care, mental health and community care providers, bringing together joint working and delivering desired outcomes.

12.6. The planned November 'Big Chat' will alongside the CCG Engagement & Patient Participation Group (EPEG), Sefton Health Watch, the Sefton Health & Social Care Forum, the Health & Social Care Overview and Scrutiny Committee and Health & Well Being Board help to test out the outcomes of this work.

13. Chief Inspector of Hospital- Visit to Southport & Ormskirk Hospital NHS Trust

13.1. From September 2013, the Care Quality Commission (CQC) introduced a new inspection regime. Southport & Ormskirk Hospitals NHS Trust will have an announced visit undertaken on 10 November 2014.

13.2. The inspection team will be led by an experienced CQC manager and chaired by a senior NHS Clinician or executive. The teams will include professional and clinical staff, experts by experience, patients and carers. The team will make a judgement about whether services are safe, effective, caring, responsive to people's needs and well-led.

13.3. The services the team will always look at are Accident and Emergency, Medical Care (including frail elderly), Surgery, Intensive / Critical Care, Maternity, Paediatrics / Children's Care, End of Life Care and Out-Patients.

13.4. As the Trust is an Integrated Care Organisation (ICO), they are thought to be amongst the first Trusts to have this visit undertaken that will look at both acute and community services.

13.5. The Trust have established a Project Group to manage their preparation for the visit and the CCG have been an extended an invitation to take part in some peer review work within the Trust prior to the formal inspection visit.

13.6. A Quality Summit will be held with the Trust and local partners in order to hear the findings of the inspection and focus on next steps needed if improvement is required.

14. Confirmation of External Auditors

14.1. The Chief Officer has received confirmation on the 9th September 2014 that KPMG LLP has been appointed to audit the accounts of South Sefton CCG from 2015/16 for two years. The appointment will start on the 1st April 2015.

14.2. Originally the proposed appointment was EY LLP and due to the nature of the shared management arrangements with Southport and Formby CCG and therefore the practicalities of the shared finance team having to liaise with two separate audit firms, it was agreed by both Audit Committee Chairs in liaison with the Chief Finance Officer to request alignment.

15. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
Chief Officer
September 2014

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2014

Agenda Item: 14/125	**Author of the Paper:**
Report date: September 2014	Fiona Doherty Transformational Change Manager South Sefton Clinical Commissioning Group Tel: 0151 247 7141 Fiona.Doherty@southseftonccg.nhs.uk

Title: South Sefton CCG – New Case for Change Process

Summary/Key Issues: This paper provides the CCG with a new process for Case for Change and pro-forma for cases up to the value of £50,000.

Recommendation

The Governing Body is asked to approve the contents of this report.

Receive	
Approve	X
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

Case for Change Case Documentation – Guidance

Please complete the proposal checklist (Appendix 1) and then the Case for Change templates (Level 1, 2 or 3) as required. (Additional info/evidence required)

Checklist must be agreed with Locality and submitted to SMT to review for agreement to proceed with Case for Change (Appendix 2) and to identify funding source, if not already identified.

Worked up Case for Changes will not be accepted – All cases must start with proposal checklist.

Checklist is summary document with aim being brief but succinct outline of proposal, to allow SMT to review the merits of scheme. Any additional information should be incorporated as an appendix.

Case for Change proposal – Checklist

No	Scheme Title
1	Outline of Proposal:
2	Key Benefits: 1.Patient 2.Locality 3.CCG 4.Wider System
3	Estimated Cost:
4	Key Risks:
5	Key Priority addressed:
6	Source of funding identified? Yes/No: If Yes please state:

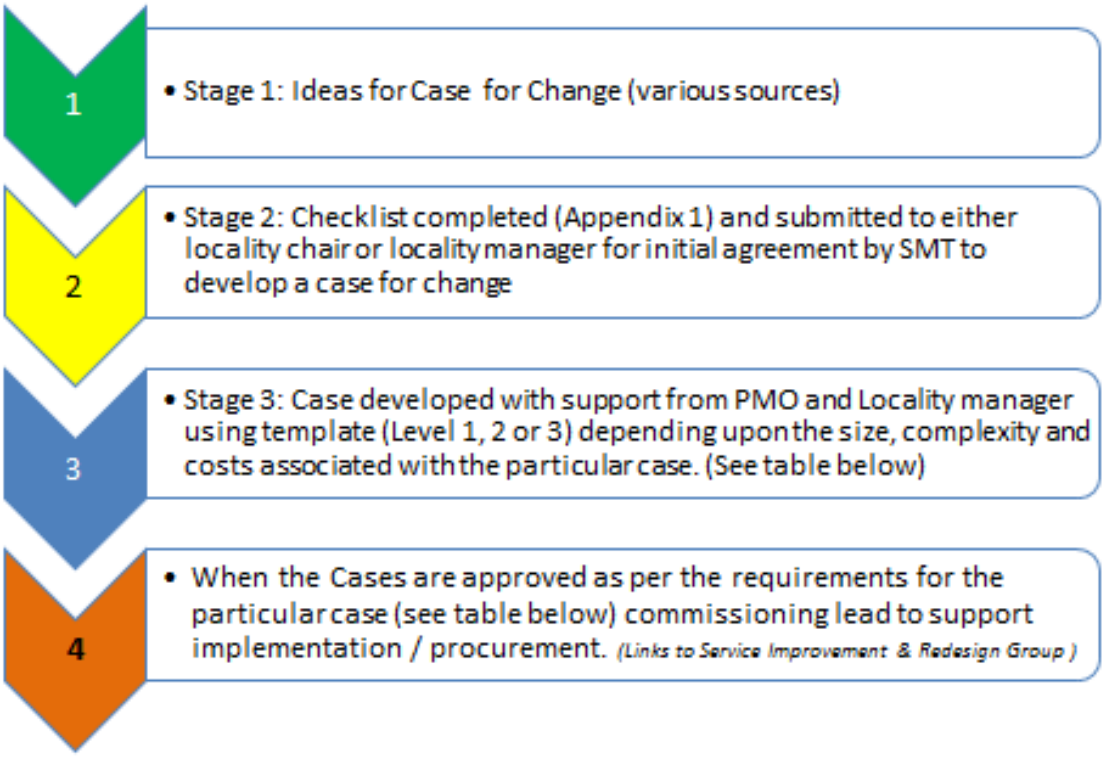
From this Checklist, SMT will determine

a) Whether the idea should be progressed at all? Does it address CCG priorities?

All schemes must address a minimum of 1 priority area from Section A & Section B			
A	**NHS Outcome Framework**		**If relevant state NOF indicator / improvement area**
	1 Preventing people dying prematurely		
	2 Enhancing quality of life those with LTCs		
	3 Helping people recover – ill health or injury		
	4 Ensure positive experience of care		
	5 Treatment in a safe environment, free avoidable harm		
B	**CCG Priorities**		
Tick	**CCG Strategic Priorities**	Tick	**CCG Strategic Priorities – Equity of Access**
	Frail Elderly		Mental Health
	Unplanned Care		Children's
	Primary Care		Cancer
Tick	**CCG Transformational Scheme**	Tick	**CCG System**
	Virtual Ward (Integrated Locality Care)		18 Weeks to Referral
	Primary Care Transformation		Reduce A&E Admissions / Admissions
	Patient Self Care		NHS Constitution (Please state details below)
Tick	**Other (Please state below)**		

b) If it is to be progressed, need to identify the approval route (See below) and potential funding source.

Case for change Process



Business Case Approval Process – All require completion of checklist			
Gross Costs	Level 1 0-50k	Level 2 50-250k	Level 3 >250k (Procurement)
Approval Process	Evidence based approach following existing model	Evidence based with additional analysis required	Large scale system change (Complex)
Sign off	1. Locality 2. SMT	1. SMT 2. Service redesign group	1. SMT/SLT 2. Service redesign group 3. Governing Body

Criteria for Cases	
Improves the quality and delivery of health services to patients (quality / more access / closer to home)	Improve patient outcomes achieved from the provision of health services
Reduce inequalities between patients in terms of their ability to access health services	Schemes cannot be supported that are directly linked to another source of funding
Strengthens collaborative commissioning between practices	Targets areas where locality performs below average to support future improvement
Focus on whole locality development	Supports wider CCG level objectives (Reduces A&E attendance, admissions etc)

Appendix 1

Case for Change Checklist

Programme or Locality Clinical lead	Dr X - Role Locality or Programme
Programme or Locality Area	Y locality / Programme Area
CCG Programme Lead or Locality Manager	A.Zzzzz Locality manager / Programme Lead
SMT – agreement to proceed to case	

No	Scheme Title
1	Outline of Proposal:
2	Key Benefits: List 1.Patient 2.Locality 3.CCG 4.Wider System
3	Estimated Cost:
4	Key Risks:
5	Priority addressed: (Select below and provide brief outline how meets priority area)
6	Source of funding identified? Yes / No: If Yes please state:

Key Priorities

All schemes must address a minimum of 1 priority area from Section A & Section B			
A	**NHS Outcome Framework**		**If relevant state NOF indicator / improvement area**
	1 Preventing people dying prematurely		
	2 Enhancing quality of life those with LTCs		
	3 Helping people recover – ill health or injury		
	4 Ensure positive experience of care		
	5 Treatment in a safe environment, free avoidable harm		
B	**CCG Priorities**		
Tick	**CCG Strategic Priorities**	Tick	**CCG Strategic Priorities – Equity of Access**
	Frail Elderly		Mental Health
	Unplanned Care		Children's
	Primary Care		Cancer
Tick	**CCG Transformational Scheme**	Tick	**CCG System**
	Virtual Ward (Integrated Locality Care)		18 Weeks to Referral
	Primary Care Transformation		Reduce A&E Admissions / Admissions
	Patient Self Care		NHS Constitution (Please state details below)
Tick	**Other (Please state below)**		

Case for Change – Front Sheet

Ref No	Office use
Cost Centre	Office use

Scheme Title	Health Checks for housebound patients
Programme or Locality Clinical lead	Dr X
Programme or Locality Area	Y locality
CCG Programme Lead or Locality Manager	A.Zzzzz Locality manager
Funding Requirement	£ xxxxx
Source of funding identified via checklist	Locality funding

Which national & CCG commissioning priorities does scheme meet?

All schemes must address a minimum of 1 priority area from Section A & Section B			
A	**NHS Outcome Framework**	**If relevant state NOF indicator / improvement area**	
	1 Preventing people dying prematurely		
	2 Enhancing quality of life those with LTCs		
	3 Helping people recover – ill health or injury		
	4 Ensure positive experience of care		
	5 Treatment in a safe environment, free avoidable harm		
B	**CCG Priorities**		
Tick	**CCG Strategic Priorities**	Tick	**CCG Strategic Priorities – Equity of Access**
	Frail Elderly		Mental Health
	Unplanned Care		Children's
	Primary Care		Cancer
Tick	**CCG Transformational Scheme**	Tick	**CCG System**
	Virtual Ward (Integrated Locality Care)		18 Weeks to Referral
	Primary Care Transformation		Reduce A&E Admissions / Admissions
	Patient Self Care		NHS Constitution (Please state details below)
Tick	**Other (Please state below)**		

Authorisation

Checklist MUST be completed and signed off before Case for change referenced document is issued by PMO			
Tick	**Authorisation Gateways Completed**	**Authorised Signatory**	**Date**
Level 1 £0-£50,000	Authorised checklist approved via SMT to proceed to Case for change	Xxxxx(SMT – KM)	
	Case for change – Signed via SMT	Xxxxx (SMT)	
Level 2 & 3 £50,000 +	Additional sign off required – Service Improvement and Redesign committee	Xxxxx (TBC)	

LEVEL ONE – CASE FOR CHANGE

1. Case Outline

1.1 Case of need - Why is the Case for Change being proposed? (Guide 40 words)

Outline rationale for change including evidence of variations or poor health outcomes to illustrate why this proposal is required?

1.2 Describe the new pilot/service/service proposed and its key features? Please include any evidence for similar schemes that demonstrate potential benefits of this scheme. (Guide 40 words)

What will the new service provide and how will case address shortcomings of current provision highlighted in 1.1? If the model is based scheme elsewhere please provide details.

1.3 Describe resources required to deliver proposal? (Guide 40 words)

Describe Level of Clinical time / expertise required? Outline any additional support required. Eg Investment on IT equipment / Staff training

1.4 Proposed implementation timetable.

Milestone	Owner	Date of Completion

2 . Costing & Invest to Save potential

2.1 Provide a summary of current and proposed costs. Also demonstrate any savings and shifts in expenditure across care settings, so that contracts can be adjusted accordingly.

Spreadsheets can be included in appendices

Provide financial information for scheme outlined in section 1.

3. Define Key Benefits / Outcomes

3.1 List the main benefits associated with the Case for Change.

For Patients: **For Commissioners:** **For Providers:** **Quality improvements:**

4. Evaluation

4.1 Describe how project will demonstrate delivery against 2-3 key outcomes. Please state key performance indicators. Please confirm baseline (Previous 12 mths) and quantify planned impact. If proposal is based on scheme elsewhere please use findings to inform KPIs and activity modelling.

	Key Performance Indicator	Baseline	Impact / Target	Activity (+/-)
1	Reduce A&E attendances -5%	100 attendances (13/14)	Target 95 attendances (14/15)	-5 attendances
2	Reduce A&E admissions -5%	100 attendances (13/14)	Target 95 attendances (14/15)	-5 attendances
3				

Reporting requirements depend on value of the case and must include performance against above KPIs.

☐ Level 1 Case - 6 month progress report and full year report must be submitted to PMO

☐ Level 2 & 3 Case – As above, with PMO monitoring above KPIs on monthly or quarterly basis.

5. Patient & Public Involvement

Have patients / patient groups been involved in shaping this case?

YES/NO

If YES who has been involved and how have they contributed to case? (Guide 40 words)

6. Conflicts of Interest

Does this case for change need to go to the Approvals panel?

YES/NO

If YES provide a brief outline of reasons why? (Guide 40 words)

7. Privacy Impact Required?

Will any information be shared outside of NHS?

YES/NO

If YES provide details?

8. Equality Impact Assessment

Please confirm that changes linked to this scheme have been reviewed in line with EIA guidance?

YES/NO

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2014

Agenda Item: 14/126	**Author of the Paper:** Katherine Sheerin Chief Officer – NHS Liverpool CCG Email: Katherine.sheerin@liverpoolccg.nhs.uk Tel: 0151 247 7619
Report date: September 2014	
Title: Healthy Liverpool Programme - Committee(s) in Common	
Summary/Key Issues:	
Recommendation The Governing Body is asked to approve the contents of this paper.	Receive [ ] Approve [X] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	X			Significant engagement is underway in Liverpool. Formal consultation will be required going forward.
Clinical Engagement	X			NHSE, Liverpool CCG Clinical Leads and Trust Clinical Leads extensively involved.
Equality Impact Assessment	X			This will be required for the full Healthy Liverpool Programme (HLP) and not the proposal to establish the Committee(s) in Common.
Legal Advice Sought	X			Yes
Resource Implications Considered	X			Committee(s) will be managed within existing resources.
Locality Engagement				
Presented to other Committees	X			Liverpool Clinical Commissioning Group Governing Body and will be presented to Knowsley CCG Governing Body.

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

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Clinical Commissioning Group

Report to the Governing Body
September 2014

1. Executive Summary

The purpose of this paper is to present a proposal to establish a Committee(s) in Common across South Sefton, Knowsley and Liverpool CCGs, in order to agree options for the future delivery of Hospital Services in Liverpool.

2. Introduction and Background

The Healthy Liverpool Programme was established in the summer of 2013. The Programme is, in essence, Liverpool CCG's way to ensure the transformation of health services in the city over the coming 5-7 years, so that we direct investments to secure high quality, sustainable services which improve health outcomes and reduce inequalities. A full update of the Programme as at July 2014 is attached for information.

The CCG has endeavoured to be as inclusive as possible in the development of the programme, with providers, commissioners and other key stakeholders included at strategic and operational levels. However, in order to move the programme forward, it is now necessary to formalise this involvement and shared leadership. A key part of this is to the establishment of a Committee(s) in Common across South Sefton, Knowsley and Liverpool CCGs, with NHSE as members. This will draw together the key commissioners of hospital services delivered from Liverpool.

It should be noted that the programme covers all health services delivered from with the Liverpool geography. As such, for hospital services, this includes –

Aintree University Hospital Trust
Alder Hey
Liverpool Heart and Chest Hospital
Royal Liverpool and Broadgreen University Hospitals Trust
The Walton Centre

Given the impending move of the Clatterbridge Centre to Liverpool, services delivered by this Trust are also considered as part of the Programme.

3. Key Issues

Please refer to main paper for further details.

4. Conclusions

Significant progress has been made in recent months by the Realigning Hospitals Based Care work stream. In order to see this through, alignment across commissioners on future options is required, with full commitment from commissioners to see through changes through commissioning and contracting going forward.

It is now timely and essential that we establish the appropriate mechanism to build this alignment in order to secure the required changes to improve health outcomes, improve quality of services delivered and secure a sustainable service model for the future.

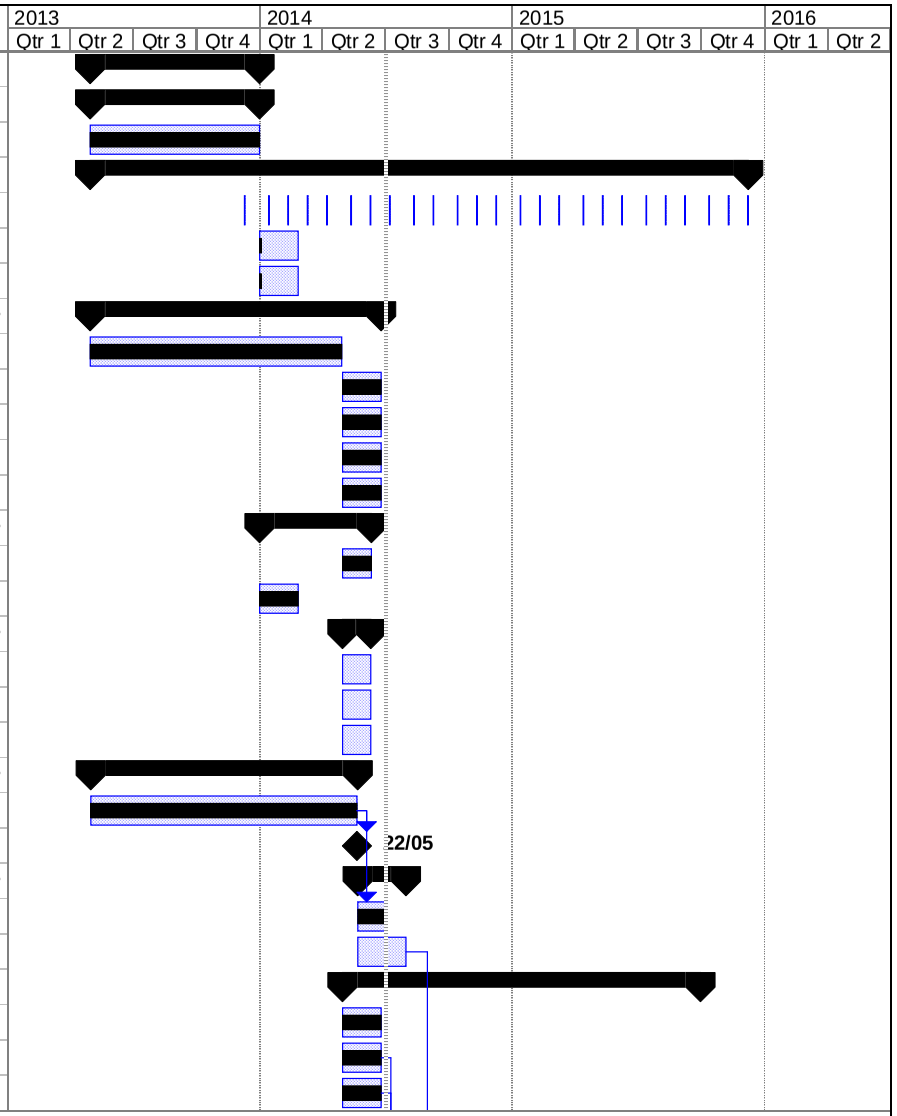
5. Recommendations

That South Sefton CCG Governing Body approves the establishment of a Committee(s) in Common with Liverpool and Knowsley CCGs.

Appendices

Katherine Sheerin
Chief Officer – NHS Liverpool Clinical Commissioning Group
12 September 2014

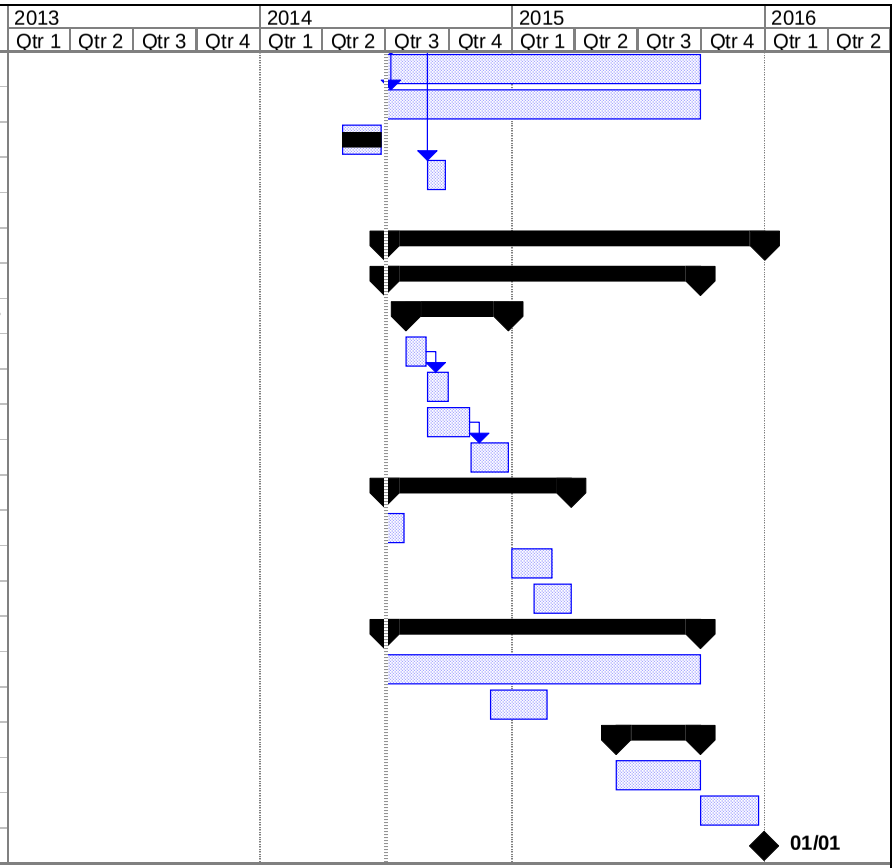
ID	Task Name	Start	Finish
1	**Healthy Liverpool Programme Plan**	**Wed 01/05/13**	**Tue 31/12/13**
2	**Phase 1 - Preparation**	**Wed 01/05/13**	**Tue 31/12/13**
3	HLP Established	Wed 01/05/13	Tue 31/12/13
4	**Phase 2 - Development**	**Wed 01/05/13**	**Tue 08/12/15**
5	**Programme leads & Governing body meetings**	**Tue 10/12/13**	**Tue 08/12/15**
31	Strategic Context	Wed 01/01/14	Tue 25/02/14
32	Case for Change	Wed 01/01/14	Tue 25/02/14
33	**Vision**	**Wed 01/05/13**	**Wed 25/06/14**
34	Intial vision development	Wed 01/05/13	Tue 29/04/14
35	Prevention	Thu 01/05/14	Wed 25/06/14
36	Neighbourhoods	Thu 01/05/14	Wed 25/06/14
37	Hospital Based Care	Thu 01/05/14	Wed 25/06/14
38	Principles	Thu 01/05/14	Wed 25/06/14
39	**Governance**	**Wed 01/01/14**	**Wed 11/06/14**
40	Prevention	Thu 01/05/14	Wed 11/06/14
41	Neighbourhoods	Wed 01/01/14	Tue 25/02/14
42	**Hospital Based Care**	**Thu 01/05/14**	**Tue 10/06/14**
43	Clinical Board established	Thu 01/05/14	Tue 10/06/14
44	Leadership group established	Thu 01/05/14	Tue 10/06/14
45	Commissioning decision making group established	Thu 01/05/14	Tue 10/06/14
46	**Programmes**	**Thu 02/05/13**	**Thu 22/05/14**
47	Development of Models	Thu 02/05/13	Wed 21/05/14
48	Finalise models & investments	Thu 22/05/14	Thu 22/05/14
49	**Settings**	**Fri 23/05/14**	**Thu 31/07/14**
50	Translate programme models into settings	Fri 23/05/14	Mon 30/06/14
51	Define Standards	Fri 23/05/14	Thu 31/07/14
52	**Support**	**Thu 01/05/14**	**Wed 30/09/15**
53	Appoint Key Partners	Thu 01/05/14	Wed 25/06/14
54	Procure and appoint Comms and Engagement partner	Thu 01/05/14	Wed 25/06/14
55	Procure and appoint Economic Modelling partner	Thu 01/05/14	Wed 25/06/14



Project: LCCG HLP Programme Plan (
Date: Tue 01/07/14

Task
Split
Progress
Milestone
Summary
Project Summary
External Tasks
External Milestone
Deadline

ID	Task Name	Start	Finish
56	Comms and Engagement activities	Tue 01/07/14	Wed 30/09/15
57	Economic Modelling activities	Tue 01/07/14	Wed 30/09/15
58	Establish PMO requirements	Thu 01/05/14	Wed 25/06/14
59	Publish Blueprint	Mon 01/09/14	Fri 26/09/14
60			
61	**Hospital Reconfiguration Recommendation**	**Tue 01/07/14**	**Fri 01/01/16**
62	**Phase 3 Pre Consultation**	**Tue 01/07/14**	**Wed 30/09/15**
63	**Preferred Option**	**Fri 01/08/14**	**Fri 26/12/14**
64	Evaluation Criteria	Fri 01/08/14	Fri 29/08/14
65	Sensitivity Criteria	Mon 01/09/14	Tue 30/09/14
66	Define Options	Mon 01/09/14	Fri 31/10/14
67	LHP Assessment of options	Mon 03/11/14	Fri 26/12/14
68	**Assurance**	**Tue 01/07/14**	**Fri 27/03/15**
69	Determine internal & external assurance processe	Tue 01/07/14	Mon 28/07/14
70	Assess against 4 tests	Thu 01/01/15	Fri 27/02/15
71	Assess against commissioning duties	Mon 02/02/15	Fri 27/03/15
72	**Engagement**	**Tue 01/07/14**	**Wed 30/09/15**
73	Engagement Plan	Tue 01/07/14	Wed 30/09/15
74	Build alignment to preferred option	Mon 01/12/14	Fri 20/02/15
75	**Phase 4 Consultation**	**Mon 01/06/15**	**Wed 30/09/15**
76	Formal consultation	Mon 01/06/15	Wed 30/09/15
77	**Phase 5 Post Consultation**	Thu 01/10/15	Wed 23/12/15
78	**Phase 6 Implementation starting from January 2016**	Fri 01/01/16	Fri 01/01/16



Project: LCCG HLP Programme Plan (
Date: Tue 01/07/14

Task
Split
Progress
Milestone
Summary
Project Summary
External Tasks
External Milestone
Deadline

NHS
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MEETING OF THE GOVERNING BODY
September 2014

Agenda Item: 14/127	**Author of the Paper:**
Report date: September 2014	Karl McCluskey Chief Strategic Planning & Outcomes Officer Southport & Formby CCG Debbie Fagan Chief Nurse and Quality Officer Southport and Formby CCG
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 at August 2014 (note time periods of data are different for each source)	
Recommendation The Governing Body is asked to receive the contents of this report.	Receive [x] Approve [ ] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15.
x	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

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South Sefton Clinical Commissioning Group

Integrated Performance Report

August 2014

Contents

Tables

NB: CAVEAT TO THIS REPORT

Not all quality and performance information is available on a South Sefton footprint. Data has been provided at this level where available and Aintree Hospital Foundation Trust level data is used where not.

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at July 2014 (note: time periods of data are different for each source).

CCG key Performance Indicators

NHS Constitution Indicators	Footprint	
Ambulance Category A Calls (Red 1)	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Cancer 2 Week GP Referral	CCG	
A&E 4 Hour Waits	CCG	
Other Key Targets		
A&E 4 Hour Waits	AUHT	
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
MRSA	CCG	
MRSA	AUHT	
C.Diff	CCG	
Stroke	CCG	
Stroke	AUHT	
Cancer 62 Day Urget GP Referral	AUHT	
RTT 52 Week Waiters (Admitted)	CCG	
RTT 52 Week Waiters (Non-Admitted)	CCG	

Key information from this report

Cdifficile - In July 2014 there have been 4 new cases of Cdifficile infection reported for NHS South Sefton CCG patients giving a cumulative total of 21 cases year to date against a tolerance for NHS South Sefton CCG patients of 20. 3 cases were recorded at Aintree Hospitals NHS Foundation Trust, 1 Acute Trust acquired and 2 Community acquired. 1 case was recorded at Southport & Ormskirk Hospital NHS Trust as community acquired.

MRSA - There has been 1 reported case of MRSA for NHS South Sefton CCG in July 2014 giving a cumulative total of 2 due to the case reported in June.

Southport and Ormskirk Hospital NHS Trust have recorded 1 case of MRSA in July 2014. A post infection review (PIR) will identify where this case will be attributed to.

A&E 4 Hour Wait – NHS South Sefton CCG achieved this target cumulatively to June 2014 with 98.27% against the 95% target. Performance cumulatively to July 2014 at Aintree University Hospitals NHS Foundation Trust was below the target of 95% with 91.88% a further fall from the figure cumulatively to June 2014. Year to date, of the 39,091 patients attending, 35,915 were seen within 4 hours. A number of key actions have taken place.

Mixed Sex Accommodation Breaches – NHS South Sefton CCG achieved this target for the month of July 2014 and reported zero MSA breaches.

Ambulance Clinical Quality – NHS South Sefton CCG failed to achieve the Category A (Red 1) 8 minute response time target of 75% for the month of July 2014, reaching 69.40% (cumulative). This is also a drop in performance by 3% since June. NHS South Sefton CCG marginally failed to achieve the Category A (Red 2) 8 minute response time target of 75% at July 2014, reaching 71.54% (cumulative). This is also a drop in performance by 3% since June.

Provider Trust Performance Issues Continued …

The CCG is measured on the NWAS figures which are also under target for the above 2 indicators, Red 1 being slightly under at 72.19% and Red 2 at 73.07% (both of these figures also show a drop in performance since June). NWAS and the CCG are achieving Category 19 Transportation time target.

Cancer Targets - Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers. NHS South Sefton CCG achieved their target for June of 90% for 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers but Aintree University Hospitals NHS Trust narrowly failed the target of 85% in June achieving 83.28% for the maximum 62 day wait from urgent GP referral to first definitive treatment for cancer.

Referral To Treatment – NHS South Sefton CCG has 1 patient waiting for more than 52 weeks in July 2014 on the completed admitted pathway and 2 patients waiting on the incomplete pathway. These 52+ week waiters are at Royal Liverpool and Broadgreen University Hospitals Trust (RLBUHT) The Trust reports that there are two specialities which are failing to achieve the 18 week RTT targets at a speciality level, General Surgery and Trauma and Orthopaedics. There are recovery plans in place with trajectories to recover this position by Quarter 3.

Stroke Indicators – NHS South Sefton CCG did not achieve the target for the Stroke indicator in July 2014. Performance was at 69.23% for the month of July. 18 out of 26 patients admitted spent at least 90% of their time on a Stroke Unit. However, this is an increase in performance of 1% since June.

Aintree University Hospitals NHS Foundation Trust did not achieve the 80% stroke target during July 2014; performance was at 75.51%, however, this is an increase in performance since June. In July 12 patients out of the 49 admitted with a stroke did not spend 90% of their time on a stroke unit. A number of keys actions have taken place.

Aintree University Hospitals NHS Foundation Trust achieved the 60% TIA target during June 2014, performance was 100%.

Friends and Family Test Score The indicator comprises two elements: the test score and the % of respondents who would recommend the services to friends and family – for Inpatient Services and A&E. Providers are now measured against these separately and not combined as previously measured.

Aintree University Hospitals NHS Foundation Trust –

- Inpatient test score in July – 82 compared to England average of 74
- A&E test score in July – 35 compared to England average of 53
- Inpatient % response rate in July – 47.3% compared to a target of 20%
- A&E % response rate in July – 24.1% compared to a target of 20%.

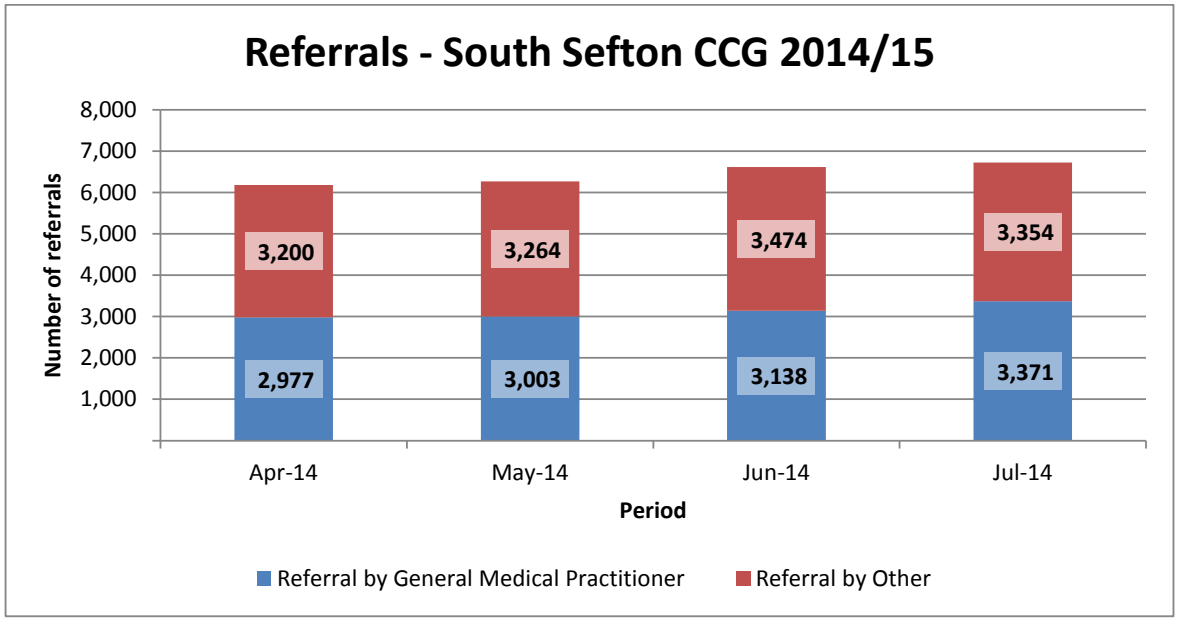
There have been 8 Serious Incidents reported in August 2014 for NHS South Sefton CCG, 43 Incidents reported year to date. The highest number of incidents reported relates to Grade 3 and 4 Pressure Ulcers reported at Liverpool Community Health NHS Trust. Aintree Hospitals NHS FT reported 2 serious incidents in August 2014.

2. Referrals

The following section provides an overview of referrals to secondary care to July 2014.

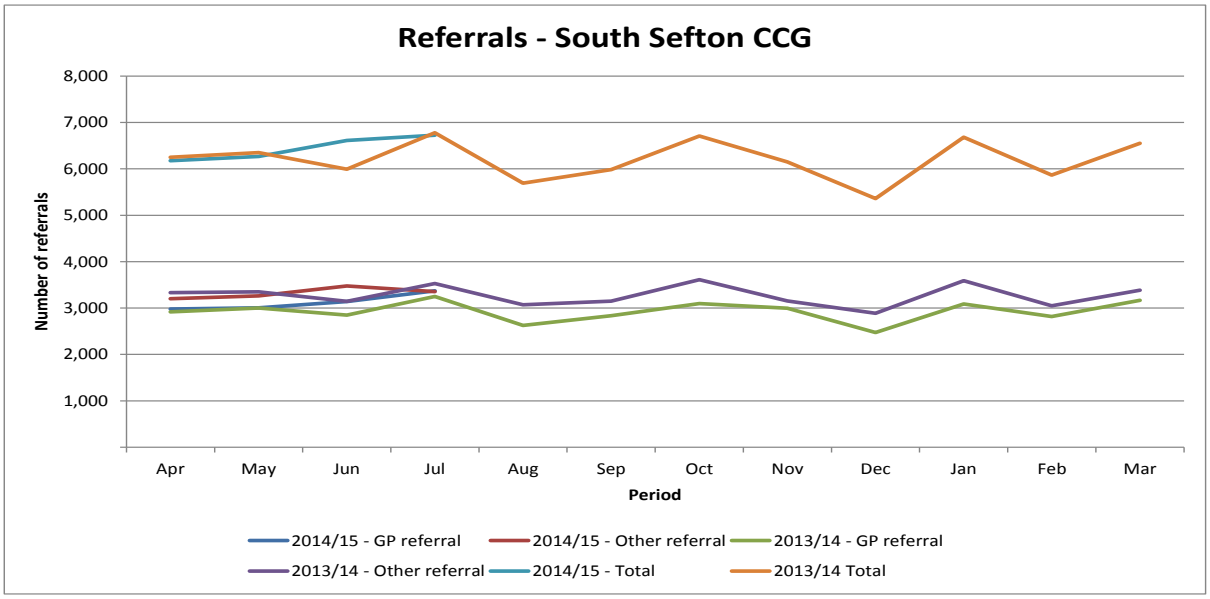
2.1 Referrals by source

Chart A The number of GP and 'other' referrals for the CCG across all providers for 2014/15.



Evidence suggests increase in GP referrals but overall referrals in numbers remaining consistent. NHS South Sefton CCG to review the Primary Care dashboard and explore referral activity by locality and practice.

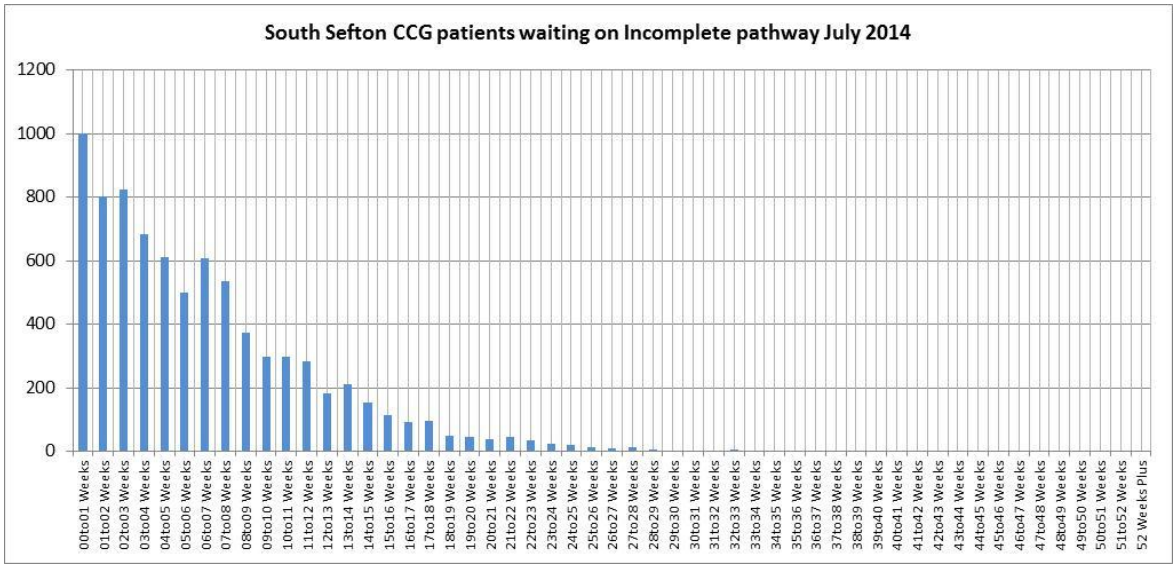
Chart B The number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.



3. Waiting Times

3.1 NHS South Sefton CCG patients waiting

Chart C Patients waiting on an incomplete pathway at the end of July 2014 by weeks waiting



There were 331 patients (4.1%) waiting on incomplete pathways at the end of July 2014 waiting over 18 weeks.

3.2 Top 5 Providers

Table A– Patients waiting (in bands) on incomplete pathway for the top 5 Providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	4113	831	109	25	4	5082
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	677	168	33	12	6	896
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	521	89	15	4	0	629
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (REP)	322	132	18	2	4	478
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	214	99	55	19	8	395

4. Planned Care

4.1 All Providers

Performance to Month 4 against planned care elements of the contract shows an over plan of £556k (3.7%). This is in the main driven by over performance at Aintree University Hospitals NHS Foundation Trust (£435k), Southport and Ormskirk Hospital NHS Trust (£101k) and Liverpool Womens NHS Foundation Trust (£156k).

Table B All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	132,955	44,143	51,350	7,207	16.33%	£27,521	£9,137	£9,573	£435	4.76%
Alder Hey Childrens NHS F/T	15,954	5,343	4,157	-1,186	-22.20%	£2,515	£861	£668	-£193	-22.40%
Countess of Chester Hospital NHS Foundation Trust	0	0	43	43	0.00%	£0	£0	£6	£6	0.00%
Liverpool Heart and Chest NHS F/T	964	320	388	68	21.28%	£480	£159	£169	£10	6.34%
Liverpool Womens Hospital NHS F/T	13,833	4,606	5,000	394	8.54%	£3,127	£1,041	£1,197	£156	15.00%
Royal Liverpool & Broadgreen Hospitals	28,270	9,386	9,447	61	0.65%	£5,653	£1,877	£1,829	-£48	-2.54%
Southport & Ormskirk Hospital	12,412	4,127	5,408	1,281	31.04%	£2,614	£877	£978	£101	11.51%
ST Helens & Knowsley Hospitals	3,564	1,162	1,232	70	6.05%	£965	£316	£326	£9	2.93%
Wirral University Hospital NHS F/T	0	0	153	153	0.00%	£0	£0	£44	£44	0.00%
Central Manchester University Hospitals Nhs Foundation Trust	0	0	33	33	0.00%	£0	£0	£7	£7	0.00%
Fairfield Hospital	137	46	23	-23	-49.64%	£43	£14	£5	-£10	-67.78%
ISIGHT (SOUTHPORT)	361	120	65	-55	-45.98%	£92	£31	£15	-£15	-50.43%
Renacres Hospital	3,042	1,014	1,394	380	37.45%	£1,182	£394	£349	-£45	-11.49%
SPIRE LIVERPOOL HOSPITAL	2,761	920	1,006	86	9.31%	£770	£257	£267	£10	4.09%
University Hospital Of South Manchester Nhs Foundation Trust	102	34	21	-13	-38.89%	£16	£5	£5	£0	-6.73%
Wrightington, Wigan And Leigh Nhs Foundation Trust	760	253	409	156	61.45%	£294	£98	£186	£89	90.44%
Grand Total	**215,115**	**71,476**	**80,129**	**8,653**	**12.11%**	**£45,272**	**£15,068**	**£15,624**	**£556**	**3.69%**

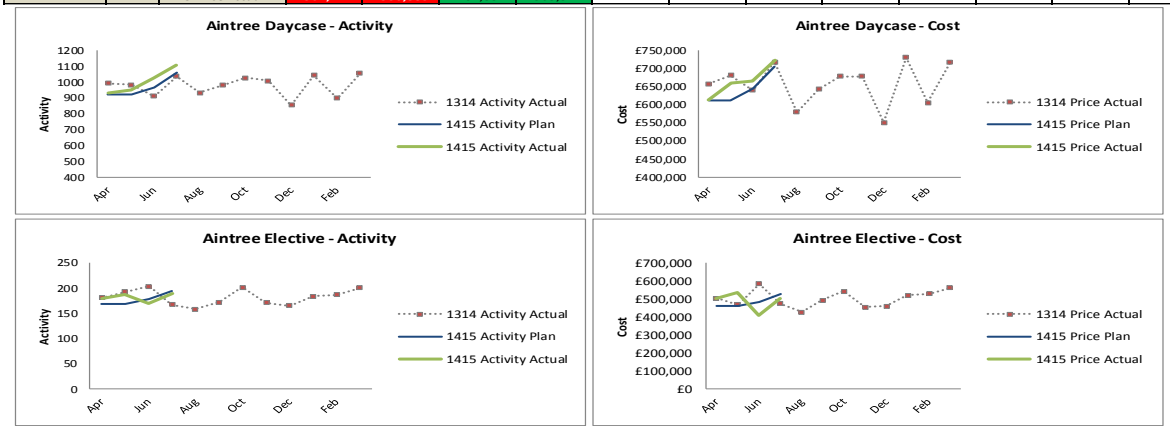
4.2 Aintree University Hospitals NHS Foundation Trust

Table C: Month 4 Planned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
DC	11,670	3,875	4,011	136	3.52%	£7,758	£2,576	£2,665	£89	3.46%
EL	2,139	710	726	16	2.23%	£5,823	£1,933	£1,950	£16	0.85%
ELXBD	1,138	378	457	79	20.95%	£257	£85	£108	£23	26.51%
OPFAMPCL	480	159	259	100	62.52%	£84	£28	£43	£15	53.43%
OPFANFTF	524	174	193	19	10.93%	£22	£7	£9	£1	18.81%
OPFASPCL	26,698	8,864	10,666	1,802	20.33%	£4,304	£1,429	£1,479	£50	3.46%
OPFUPMPCL	1,606	533	524	-9	-1.73%	£178	£59	£57	-£2	-3.34%
OPFUPNFTF	1,416	470	428	-42	-8.96%	£32	£11	£10	£0	-4.00%
OPFUPSPCL	70,680	23,467	27,761	4,294	18.30%	£5,997	£1,991	£2,085	£94	4.73%
OPPROC	16,604	5,513	6,325	812	14.73%	£3,065	£1,018	£1,167	£149	14.68%
	132,955	**44,143**	**51,350**	**7,207**	**16.33%**	**£27,521**	**£9,137**	**£9,573**	**£435**	**4.76%**

Table D: Month 4 Planned Care - Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison.

Aintree University Hospitals NHS F/T South Sefton CCG			2014/15 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	923	923	969	1061								
		1415 Activity Actual	931	949	1024	1107								
	Price	1415 Price Plan	£613,314	£613,314	£643,980	£705,312								
		1415 Price Actual	£613,530	£660,783	£666,670	£723,957								
Elective	Activity	1415 Activity Plan	169	169	178	194								
		1415 Activity Actual	180	188	169	189								
	Price	1415 Price Plan	£460,306	£460,306	£483,322	£529,352								
		1415 Price Actual	£501,422	£536,883	£407,857	£503,547								



4.3 Key Issues

4.3.1 Aintree University Hospitals NHS Foundation Trust:

Gradual increases in referrals over a period of time combined with Aintree University Hospitals NHS Foundation Trust pro-active approach towards keeping ahead of Referral to Treatment targets (RTT) is resulting in planned care increases in day cases and a number of outpatient PODs (point of delivery) namely outpatient firsts, follow ups and procedures. Continuing good performance has the potential to create over performance resulting in cost pressures for CCGs

18 week resilience plans have been submitted to NHSE. The Trust will be working to these plans during the next six months to reduce RTT waiters in line with the plan costed at £400k which is the commitment to Aintree University Hospitals NHS Foundation Trust by CCGs.

Specialties showing an increase include Urology, upper gastro surgery, diabetic medicine, dermatology, chemical pathology, ophthalmology, cardiology and respiratory medicine

Actions:

- Continue to monitor RTT performance
- Methods of recording additional activity to be agreed to avoid any duplication
- Review referral patterns

4.3.2 Liverpool Womens NHS Foundation Trust

NHS Liverpool CCG issued a formal Activity Query Notice relating to variances to activity plan in Antenatal Pathway and Outpatient Procedures causing a significant year-to-date over performance at Month 3.

With specific reference to Outpatient Procedures, this over-performance is driven by activity in Gynaecology and is almost entirely due to a significant increase in HRG *'MA23Z - Lower Genital Tract Minor Procedures - Category 2'*. While some proportion of this increase appears to be genuine growth in the volume of activity, it is worth noting that there has also been a 100% decrease in HRG *'NZ05C - Ante-natal or Post-natal Investigation age between 16 and 40 years with length of stay 0 days'*.

The national tariff (excluding MFF) for HRG MA23Z is £156, while the non-mandatory tariff for HRG NZ05C is £71. This could suggest that activity volumes and the cost of case-mix are *both* responsible for this over-performance.

Referrals to Liverpool Womens Hospital appear to be increasing, with June and July showing exceptionally high numbers compared to previous years.

Actions:

- Monitor and review referral patterns.
- Discussions regarding activity query.

5. Unplanned Care

5.1 All Providers

Performance to Month 4 against unplanned care elements of the contract shows an over plan of £665k (5.2%). This is in the main driven by over performance at Aintree University Hospitals NHS Foundation Trust (£471k), Royal Liverpool and Broadgreen University Hospitals NHS Trust (£126k) and Liverpool Womens NHS Foundation Trust (£69k).

Table E : Month 4 Unplanned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	50,407	16,848	16,940	92	0.54%	£28,075	£9,384	£9,855	£471	5.02%
Alder Hey Childrens NHS F/T	9,195	3,011	2,960	-51	-1.68%	£2,070	£674	£620	-£54	-7.96%
Countess of Chester Hospital NHS Foundation Trust	0	0	22	22	0.00%	£0	£0	£7	£7	0.00%
Liverpool Heart and Chest NHS F/T	108	36	24	-12	-32.48%	£158	£52	£30	-£22	-42.30%
Liverpool Womens Hospital NHS F/T	3,416	1,141	1,224	83	7.28%	£2,786	£931	£999	£69	7.40%
Royal Liverpool & Broadgreen Hospitals	5,641	1,885	2,188	303	16.04%	£1,982	£662	£788	£126	18.97%
Southport & Ormskirk Hospital	6,705	2,269	2,567	298	13.16%	£2,634	£883	£923	£39	4.47%
ST Helens & Knowsley Hospitals	978	333	289	-44	-13.14%	£388	£133	£127	-£6	-4.23%
Wirral University Hospital NHS F/T	0	0	127	127	0.00%	£0	£0	£30	£30	0.00%
East Cheshire NHS Trust	0	0	4	4	0.00%	£0	£0	£1	£1	0.00%
Central Manchester University Hospitals Nhs Foundation Trust	0	0	16	16	0.00%	£0	£0	£3	£3	0.00%
University Hospital Of South Manchester Nhs Foundation Trust	41	14	13	-1	-6.97%	£14	£5	£2	-£3	-54.47%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	14	33	19	135.71%	£15	£5	£10	£4	87.24%
Grand Total	**76,533**	**25,550**	**26,407**	**857**	**3.35%**	**£38,122**	**£12,729**	**£13,394**	**£665**	**5.22%**

5.2 Aintree University Hospitals NHS Foundation Trust

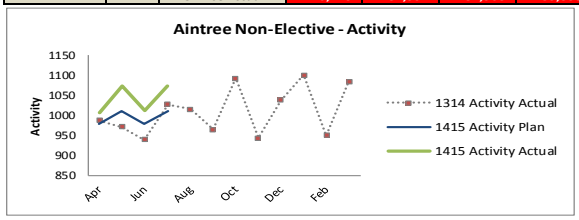
Unplanned care rose from £372km to the £471k seen at Month 4. Although there is a slight increase in A&E attendances this month the significant increases are against non-elective admissions as in month 3. Year to date attendances at A&E and CDU are both down compared to the same period last year.

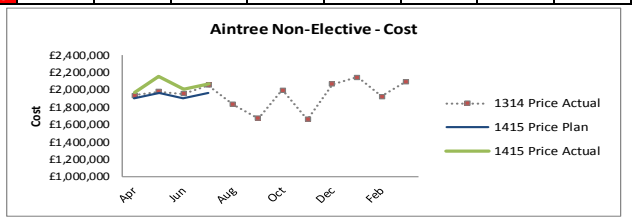
Table F: Month 4 Unplanned Care - Aintree University Hospitals NHS Foundation Trust by POD

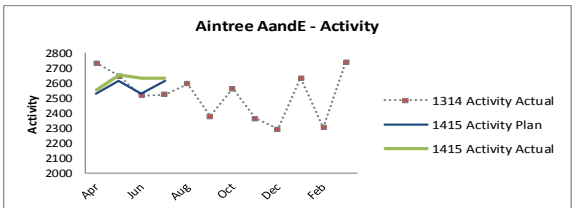
Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	30,748	10,277	10,463	186	1.81%	£3,294	£1,101	£1,135	£34	3.09%
NEL	10,592	3,540	3,667	127	3.58%	£22,135	£7,398	£7,806	£408	5.52%
NELNE	40	13	23	10	72.03%	£117	£39	£62	£23	58.23%
NELNEXBD	34	11	108	97	850.34%	£8	£3	£26	£23	890.65%
NELST	1,270	424	472	48	11.19%	£833	£278	£340	£62	22.23%
NELXBD	7,723	2,581	2,207	-374	-14.50%	£1,689	£564	£485	-£79	-14.03%
Grand Total	**50,407**	**16,848**	**16,940**	**92**	**0.54%**	**£28,075**	**£9,384**	**£9,855**	**£471**	**5.02%**

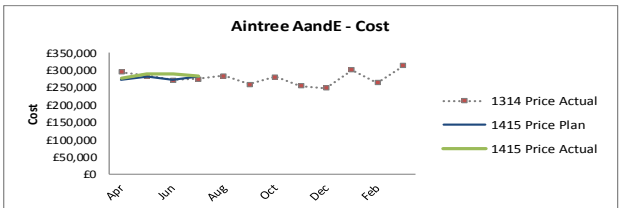
Table G: Month 4 Unplanned Care – Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison.

Aintree University Hospitals NHS F/T South Sefton CCG			2014/15 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	978	1011	978	1011								
		1415 Activity Actual	1007	1072	1011	1072								
	Price	1415 Price Plan	£1,897,370	£1,960,616	£1,897,370	£1,960,616								
		1415 Price Actual	£1,967,154	£2,157,774	£2,012,010	£2,071,805								
AandE	Activity	1415 Activity Plan	2527	2611	2527	2611								
		1415 Activity Actual	2553	2650	2630	2630								
	Price	1415 Price Plan	£270,763	£279,789	£270,763	£279,789								
		1415 Price Actual	£276,143	£287,591	£287,568	£283,838								









5.3 Key Issues

5.3.1 Aintree University Hospitals NHS Foundation Trust:

Significant increases in non-elective admissions, alongside year-to-date accident and emergency attendances slightly below the same period last year, and reduced CDU attendances, could indicate changes to patient flows in the urgent care setting.

Actions:

- Ongoing review of increases in non- elective admissions via a working group reviewing A&E pathways and recording of activity.
- Aintree University Hospitals NHS Foundation Trust Contract and Performance report for Month 3 contains a number of additional analyses to allow further review of activity and trends i.e. non elective admissions 13/14 v 14/15, A&E admissions 13/14 v 14/15, A&E source of referrals, A&E discharge code, CDU attendances 13/14 v 14/15.

5.3.2 The Royal Liverpool and Broadgreen University Hospitals Trust:

The Trust has been issued with an activity query notice relating to over-performance reported in Month 3. In keeping with the terms of the contract, a meeting has been arranged between the Trust and commissioners to discuss this issue (date to be arranged). The outcome of discussions will be reported in a future report.

5.3.3 Liverpool Womens NHS Foundation Trust:

NHS Liverpool CCG issued a formal Activity Query Notice relating to variances to activity plan in Antenatal Pathway and Outpatient Procedures causing a significant year-to-date over performance at Month 4.

6. Mental Health

6.1 Mersey Care NHS Trust Contract

The Expected Annual Contract Value for 2014/15 is £12,694,431 including CQUIN. A number of Contract Variations are in the process of being agreed. An updated expected Annual Contract Value 2014/15 will be provided at Month 5.

Table H NHS South Sefton CCG – Shadow PbR Cluster Activity

	NHS South Sefton CCG			
PBR Cluster	2014/15 Plan	Caseload (May-2014)	Variance from Plan	% Variance
0 Variance	34	35	1	3%
1 Common Mental Health Problems (Low Severity)	23	25	2	9%
2 Common Mental Health Problems (Low Severity with greater need)	48	34	(14)	-29%
3 Non-Psychotic (Moderate Severity)	274	241	(33)	-12%
4 Non-Psychotic (Severe)	169	216	47	28%
5 Non-psychotic Disorders (Very Severe)	32	44	12	38%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	52	9	21%
7 Enduring Non-Psychotic Disorders (High Disability)	133	178	45	34%
8 Non-Psychotic Chaotic and Challenging Disorders	83	79	(4)	-5%
10 First Episode Psychosis	93	103	10	11%
11 On-going Recurrent Psychosis (Low Symptoms)	414	418	4	1%
12 On-going or Recurrent Psychosis (High Disability)	312	317	5	2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	109	(3)	-3%
14 Psychotic Crisis	17	19	2	12%
15 Severe Psychotic Depression	7	7	-	0%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	38	5	15%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	257	(90)	-26%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	605	143	31%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	182	34	23%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	50	5	11%
Reviewed Not Clustered	36	80	44	122%
No Cluster or Review	144	173	29	20%
Total	3,067	3,321	254	8%

6.2 Key Issues

- **Early Intervention and Assertive Outreach Teams –** Reporting over performance, Activity Plan set at a national level.
- **ADHD Service -** Sefton CCGs recurrently commissioned additional service capacity in 2013/14 to reduce the size of the Sefton commissioned ADHD service waiting list. Commissioners are monitoring waiting times, waiting list and DNAs.
- **Care Home In reach –** Commissioners reviewing the current configuration of the service and service delivery model.
- **Delayed Bed Days** 199 Delayed Bed Days attributed to awaiting nursing home placement (122 days) public funding (30 days), patient/family choice (15 days) and Housing – patients not covered by NHS & Community Care Act (32 days) for Sefton Local Authority area at Month 4.
- **Brain Injuries** - over-performance is in line with the over-performance in 2013/14. The plan remains as it was in 2013/14.
- **Community Mental Health and Crisis Resolution Teams** have been combined as a result of patient feedback. The Trust is currently investigating the impact of this change on activity recording, it is expected to increase total activity levels.
- **Personality Disorder services –** reported increased activity. Cheshire & Merseyside Commissioning Support Unit have requested a more detailed report based on a rolling 12 months to reflect service delivery.

- **Learning Disability Inpatients –** The Trust has two patients on the Learning Disability STaR Inpatient Ward, one admitted during May 2014.
- **Rathbone Rehabilitation Service Inpatients-** Rehabilitation activity relates to two patients, one admitted in June and the other who was discharged in June following an 18 month stay on the ward, with a brief overlap period.

6.3 Key Performance Indicators - CPA follow up

Table I - CPA - Percentage of People under followed up within 7 days of discharge

				Apr-14	May-14	Jun-14	Jul-14
	Follow up from inpatient discharge	threshold					
CB_B19	the % of people under adult mental illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%		100%	100%	100%	87.50%

The above Table shows current NHS South Sefton CCG performance achieving 87.5% against the 95% target. This equates to 14 out of 16 patients being followed up within 7 days of discharge.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response. At Quarter 1 Mersey Care NHS Trust reported a catchment position of 98.3% which is above the threshold.

Table J – CPA Follow up 2 days (48 hrs) for higher risk groups

				Apr-14	May-14	Jun-14	Jul-14
		threshold					
MH_KPI.40	CPA Follow up 2 days (48 hrs) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hrs) By Crisis Resolution Home Treatment, Early Intervention, Assertive outreach or Homeless Outreach Team	95%		50%	100%	100%	100%

6.4 Inclusion Matters Sefton

Access to evidence-based psychological therapies is required to increase to 15% by Quarter 4 2014/15. We are currently reviewing the data from our provider around this measure.

Providers of Improving Access to Psychological Therapies (IAPT) are expected to achieve a recovery rate of 50% by Quarter 4 2014/15. Inclusion Matters Sefton are reporting a recovery rate of 46.6% for NHS Southport & Formby CCG patients at Month 4.

Table K- PHQ13_6 Proportion of people who complete treatment who are moving to recovery

Period	Completed (KPI5)	Entered Below Caseness (KPI6b)	Moved to recovery (KPI6)	Recovery
Apr-14	163	14	59	39.6%
May-14	184	8	87	49.4%
Jun-14	140	7	51	38.3%
July 14	208	11	95	48.2%

7 Liverpool Community Health NHS Trust Performance

The Expected Annual Contract Value for 2014/15 is £18,150,221 including CQUIN. A number of Contract Variations are in the process of being agreed. An updated expected Annual Contract Value 2014/15 will be provided at Month 5.

7.1 Key Issues

- The Trust have reported that over and under performance related to one of or a combination of factors; data quality issues relating to reporting onto electronic systems, staffing levels (recruitment issues), the impact of Virtual Ward activity and increased referrals from Aintree University Hospital FT. Cheshire & Merseyside Commissioning Support Unit have highlighted a number of issues relating to performance, non-reported activity against service lines and omitted services with the Contract Statement. They have been discussed with the Trust and are currently being addressed.

- Alignment of the Activity Plan 2014/15 is required to reflect the activity and financial investment for Virtual Ward 2014/15

8 Third Sector Contracts

- NHS Standard Contracts 2014/15 issued for signature. Sign off being progressed.
- Quarter 1 Activity Monitoring submissions are being reviewed and outstanding submissions progress chased
- Commencement of Contract Review Meetings. The following issues have been raised so far; difficulties capturing electoral ward information, support required to complete NHS Information Governance Toolkit assessment and achievement of Level 2 Compliance. Support to address these issues is being discussed.

9. Quality and Performance

9.1 NHS South Sefton CCG Performance Dashboard

Performance Indicators	Data Period	Target	Actual	Direction of Travel	Exception Commentary	Actions
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	14/15 - July	20	21	↓	South Sefton CCG reported 4 new cases of C.difficile in July, 21 cases year to date. 3 of the 4 cases where community acquired and relate to Aintree (2), and Southport (1). The other case was Acute acquired at Aintree.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Aintree)**	14/15 - July	27	22	↑	Aintree reported 6 new cases of C.difficile in July, 22 year to date. Only 1 of the 6 cases relates to South Sefton.	Aintree are meeting their national target, an internal stretch has been set for no more than 37. Cumulatively there have been 22 Trust attributable cases, 6 of which occurred in July. The Trust provided and update regarding actions being taken within the Trust to minimised C.difficile at the September CQPG.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	14/15 - July	0	2	↓	One new case of MRSA has been reported for South Sefton CCG for July, bringing their year to date total to 2. The case in July relates to a community acquired case in Aintree.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Aintree)**	14/15 - July	0	0	↔		
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 13 and Jan-Mar 14		6.56%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		9.52%	New Measure		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - July		74.40	↓		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - July		327.88	↓		
Emergency Admissions Composite Indicator(Cumulative)	14/15 - July		777.52	↓		
IAPT - Prevelance						
IAPT - Recovery Rate						

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data		
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.430	Refreshed data		
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data		
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - July		15.63	↓		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - July		40.30	↓		
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - July		414.85	↓		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit **(CCG)**	14/15 - July	80%	69.23%	↑	South Sefton CCG failed to hit the 80% target for a second month running achieving 69.23% for the month of July, 18 out of 26 patients. June's percentage was 68.18%.	The CCG is monitoring Stoke performance at Aintree and Southport & Ormskirk Hospitals, Action Plans have been submitted are are reviewed at CQPGs.
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit **(Aintree)**	14/15 - July	80%	75.51%	↑	Aintree failed the stroke indicator in July achieving 75.51%, 12 patients out of the 49. June's percentage was 71.43.	75.51% of stroke patients spent 90%+ on a stroke unit, this is below the 80% threshold. This equates to 14 patients not spending 90% of time on a Stroke unit. A number of keys actions have taken place these include - • Consultant of the week continues and has released Stroke Physicians from other commitments and allows for more rapid assessment and transfer of stroke patients. 4hr target has persistently been achieved since the changes took place. • Stroke physician on-call every weekday and on site from 9am to 8pm to further facilitate timely assessment and transfer of stroke patients. Door to needle time achieved persistently. • Audit of every stroke admission continues to take place • Daily consultant ward rounds continue to facilitate timely discharge of patients. There is evidence in reduction of length of stay. • Discharge co-ordinator for the unit commenced in May to improve discharge planning for more effective use of bed capacity.
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(CCG)**	14/15 - July	60%	100%	↔		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Aintree)**	14/15 - July	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) **(CCG)**	14/15 - Qtr1	95%	100.00%			
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2012		165.99			
Under 75 mortality rate from cardiovascular disease	2012		71.75			
Under 75 mortality rate from liver disease	2012		24.40			
Under 75 mortality rate from respiratory disease	2012		32.53			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males)	2012	1,833.68	1,894.30		South Sefton CCG achieved a rate of 1894.30 in 2012 which failed the planned target of 1833.68.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,128.24	2,198.60		South Sefton CCG achieved a rate of 2198.60 in 2012 which failed the planned target of 2128.24.	

Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(CCG)**	14/15 - June	93%	96.31%			
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Aintree)**	14/15 - June	93%	97.23%			
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	14/15 - June	93%	95.62%			
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(Aintree)**	14/15 - June	93%	95.71%			
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(CCG)**	14/15 - June	96%	98.10%			
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Aintree)**	14/15 - June	96%	99.08%			
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	14/15 - June	94%	96.92%			
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Aintree)**	14/15 - June	94%	100%			
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	14/15 - June	94%	94.87%			
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Aintree)**	14/15 - June	94%	100%			
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	14/15 - June	98%	100%			
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Aintree)**	14/15 - June	98%	100%			

Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(CCG)**	14/15 - June		100%	↔		
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) **(Aintree)**	14/15 - June		94.64%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	14/15 - June	90%	90.00%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Aintree)**	14/15 - June	90%	90.48%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	14/15 - June	85%	87.38%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Aintree)**	14/15 - June	85%	83.28%	↓	Target not achieved for the second month in a row, so consequently not achieved year to date. The Trust achieved 79.6% in June, 9.5 breaches out of a total of 51.5. The majority of breaches relate to late referral from referring trust.	The service is currently falling below target for July with 1 confirmed breach in the month. This breach is a result of clinical delays requiring treatment for high blood pressure identified at pre-op assessment on day 45 (2 week delay due to commencement of anti-hypertensive medication). A subsequent Anaesthetic assessment was required where the patient was deemed as high risk for surgery. The patient waited a further 2 weeks to an ENT review for assessment of goitre, before it was deemed safe to operate. Some delay could be attributed to poor communication between the 2 services, whilst the patient was undergoing assessment for surgery.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	14/15 - July	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Aintree)**	14/15 - July	0.00	0.00	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(CCG)**	14/15 - July	0	1	↓	1 patient breach occurred at the Royal Liverpool Hospital, no comments received from the Trust. This is first breach for admitted patients in 2014/15 for a South Sefton patient.	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(Aintree)**	14/15 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(CCG)**	14/15 - July	0	1	↔	1 patient breach occurred at the Royal Liverpool Hospital, no comments received from the Trust. This is second breach for South Sefton, the previous occurring in June again at the Royal Liverpool Hospital.	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(Aintree)**	14/15 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	14/15 - July	0	0	↑		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Aintree)**	14/15 - June	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(CCG)**	14/15 - July	90%	93.60%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(Aintree)**	14/15 - June	90%	94.52%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(CCG)**	14/15 - July	95%	97.70%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(Aintree)**	14/15 - June	95%	98.37%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(CCG)**	14/15 - July	92%	95.87%	↓		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(Aintree)**	14/15 - June	92%	97.63%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG)**	14/15 - July	95.00%	98.27%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree)**	14/15 - July	95.00%	91.88%	↔	The target not achieved in month (91%) and also year to date. The Trust has not achieved for any previous month in 2014/15.	A number of key actions have taken place, following the rapid improvement events in June, and the experience from Operation Future. - A refresh of the Monitor 4 hour action plan . - Commencement of daily breach review, including SBAR analysis with AED and partner teams. - A review of lessons learned in Operation Future . - Changes to the bed management processes - Establishment of task & finish group for level 1 facilities – in progress - Review of A&E job plans; - Preparation for participation for Ambulatory Emergency Care Delivery Network scheme (to start in Sep 14) 2 further significant actions are planned: - A remodelling of the medical assessment process and assessment areas hfollow up to Operation Future, 'Operation Sustainable Future' from 1st Sep for one month.
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	14/15 - July	1.00%	0.46%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test **(Aintree)**	14/15 - June	1.00%	0.84%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	14/15 - July	75%	69.40%	↓	The CCG achieved 65% in July and as such the year to date figure is also below target. Only in May was the monthly target achieved.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	14/15 - July	75%	71.54%	↓	The CCG achieved 64% in July and as such the year to date figure is also below target. Only in May was the monthly target achieved.	
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	14/15 - July	95%	95.76%	↓		
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	14/15 - July	75%	72.19%	↓	68% was recorded in July, as such the year to date figure is below target. NWAS failed to achieved 75% for the past 3 months.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	14/15 - July	75%	73.07%	↓	69% was recorded in July, as such the year to date figure is below target. NWAS failed to achieved 75% for the past 3 months.	
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	14/15 - July	95%	95.35%	↔		

9.2 Friends and Family – Aintree Hospitals NHS Foundation Trust

Table L Friends and Family – Aintree Hospitals NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2014)	RR – Trajectory from Previous Month (June 2014)	Score Target (England Average)	Score Actual (NPS) (July 2014)	Score – Trajectory from Previous Month (June 2014)	Comments
Inpatients	20%	47.3%	↑	74	82	↑	
A&E	20%	24.1%	↓	53	35	↔	

***** *Patient responses are used to calculate a 'Net Promoter Score (NPS)', a figure which is reported nationally. To work out the 'net promoter score', the number of detractors is subtracted from the number of promoters and then divided by the total number of responses. The score can therefore the score can be as low as -100 (everybody is a detractor) or as high as +100 (everyone is a promoter). A score between -100 and-50 is considered to be in the lowest quartile, -50 t0+50 the middle quartiles, and +50 to +100 the upper quartile. There is no literature on what is considered an acceptable NPS, but trusts usually aim for +50 or higher*

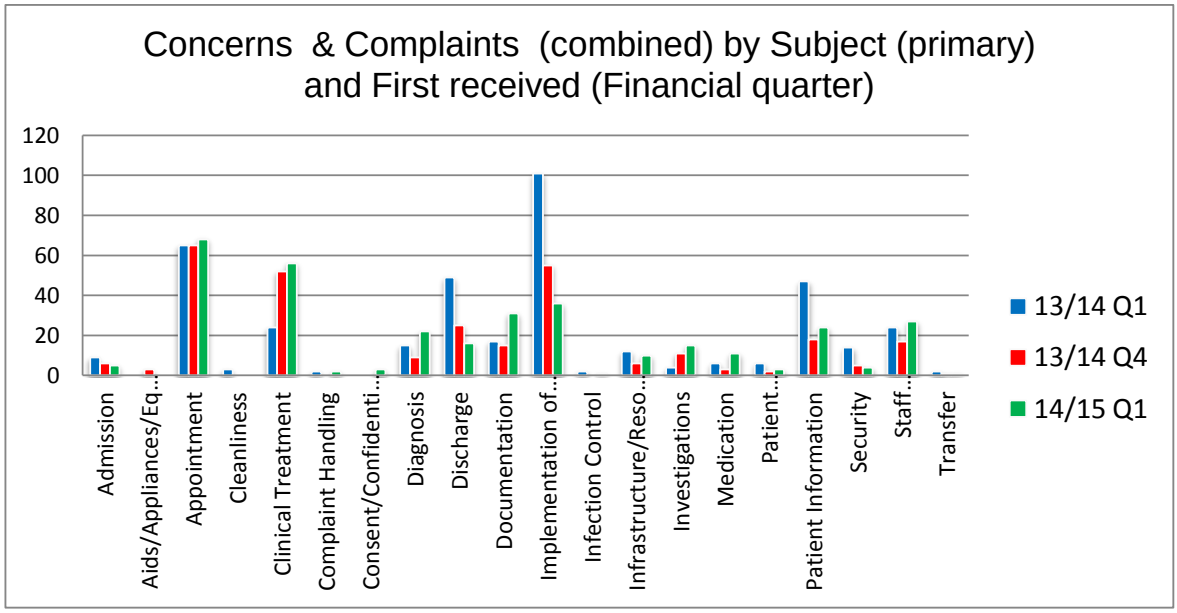
- Aintree continue to score above the 20% CQUIN target for the combined response rate.
- They continue to score above the 20% response rate in A&E and Inpatients
- Their net promoter score is in the top quartiles for inpatients and combined response rate

All wards in Aintree have achieved a Net Promoter Score of 60 and above, a score 50 and above is considered best practice. The Acute Frailty Unit and Ventilation Inpatient Centre have the highest response rates for Friends and Family while Ward 23 and Ward 8 (Cardiology) have the lowest response rates. At a recent EPEG (Engagement and Patient Experience Group) meeting the Trust provided an over view of their Family and Friends performance and have agreed to share bust practice with other Trusts.

9.3 Complaints

9.3.1 Aintree Hospitals NHS Foundation Trust

Table M Comparison of concern & complaints themes for Q1 of this financial year (2014/2015), and Q1 & Q4 of the previous financial year (2013/2014)



The graph above is taken from the Trust's Quarter 1 2C's (Concerns and Complaints Report) and compares concern & complaints themes for Q1 of this financial year (2014/2015), and Q1 & Q4 of the previous financial year (2013/2014). The full report has been approved by the Trust's Board and at the September Clinical Quality Performance Group.

In summary, the following has been highlighted:

- Increase in concerns during this period in relation to Patient Information.
- Appointments is still the most common concern subject
- Significant reduction in concerns relating to Implementation of Care.
- The top three most frequently occurring concerns themes recorded this quarter are:
  - Appointments
  - Clinical Treatment
  - Patient Information

The top three most frequently occurring complaint themes recorded this quarter are:

- Clinical Treatment
- Implementation of Care
- Diagnosis

The top two most frequently occurring themes for quarter 1 were the same as the previous quarter Implementation of Care and Clinical Treatment. There has been a significant increase in complaints in relation to Diagnosis.

The numbers of concerns and complaints received by the Trust have slightly increased for this quarter but still fall within the average of the 2012 to 2014 period. This will be monitored each quarter so that it can be reviewed over a longer period of time.

The overall numbers of formal complaints received remains steady and there has been a significant improvement in complaints being responded to within 60 days with overall response times reducing.

9.4 Serious Untoward Incidents (SUIs)

9.4.1 NHS South Sefton CCG

8 serious incidents reported against NHS South Sefton CCG in August 2014, 43 incidents reported year to date. The highest number of incidents reported relates to Grade 3&4 Pressure Ulcers reported at Liverpool Community Health NHS Trust.

Table N NHS South Sefton CCG reported Serious Untoward Incidents

Row Labels	Apr	May	Jun	Jul	Aug	YTD
Aintree						
Slips/Trips/Falls					1	1
Failure to act upon test results		1				1
Delayed diagnosis				1		1
Drug incident (general)					1	1
Alder Hey						
Child death			1	1		2
Liverpool Community Health						
Pressure ulcer Grade 3	3	3	5	7	5	23
Pressure ulcer grade 4	3	4	4		1	12
Liverpool Women's Hospital NHS Foundation Trust						
Maternity service		1				1
Mersey Care NHS Trust						
Admission of under 18s to adult mental health ward		1				1
Grand Total	**6**	**10**	**10**	**9**	**8**	**43**

9.4.2 Aintree University Hospitals NHS Foundation Trust

2 serious incidents reported at Aintree University Hospital in August 2014 relating to NHS South Sefton CCG patients, 8 incidents reported year to date. The highest number of incidents reported by the Trust relate to the Trust's failure to act upon test results.

Table O Aintree University Hospitals NHS Foundation Trust Reported Serious Untoward Incidents

Row Labels	Apr	May	Jun	Jul	Aug	YTD
Knowsley CCG						
Unexpected Death (general)		1				1
Failure to act upon test results		1				1
Knowsley CCG and Liverpool CCG						
Failure to act upon test results		1				1
Liverpool CCG						
Delayed diagnosis			1			1
South Sefton CCG						
Slips/Trips/Falls					1	1
Failure to act upon test results		1				1
Delayed diagnosis				1		1
Drug incident (general)					1	1
Grand Total	**0**	**4**	**1**	**1**	**2**	**8**

NHS
South Sefton
Clinical Commissioning Group

Meeting of the Governing Body
September 2014

Agenda Item: 14/128	**Author of the Paper:**
Report date: September 2014	James Bradley Head of Strategic Financial Planning James.bradley@southseftonccg.nhs.uk Tel 0151 247 7070

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 5

Summary/Key Issues:

This paper presents the Governing Body with an overview of the financial position for NHS South Sefton Clinical Commissioning Group as at Month 5 and outlines the key financial risks facing the CCG.

Recommendation

The Governing Body is asked to note the finance update.

Note	x
Approve	
Ratify	

Links to Corporate Objectives (x those that apply)	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public
	Implementation of 2014/15 phase of Primary Care quality Strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year on (14/15) to include an intermediate care strategy
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
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	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 the Governing Body
September 2014

1. Executive Summary

This report focuses on the financial performance of the CCG at August 2014 (Month 5), which is £0.860m (£0.904m in M4) overspent on operational budget areas before the application of Reserves.

The CCG is on target to achieve the planned £2.300m surplus by the end of the year. It also meets the other business rules required by NHS England, as demonstrated in **Table A** below. However, there are risks outlined in section 7 that require monitoring and managing in order to manage and deliver the target .

Table A – Financial Dashboard

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non Recurrent Headroom	✓	✓
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	**-3,121**	**-2,668**
4	QIPP	Unmet QIPP to be identified > 0	**493**	**493**
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	**23.68**	**23.73**
6	BPPC	NHS - Value YTD > 95%	**99%**	**100%**
		NHS - Volume YTD > 95%	**88%**	**95%**
		Non NHS - Value YTD > 95%	**87%**	**88%**
		Non NHS - Volume YTD > 95%	**93%**	**90%**

2. Resource Allocation

There have been two changes to the RRL allocation this month:

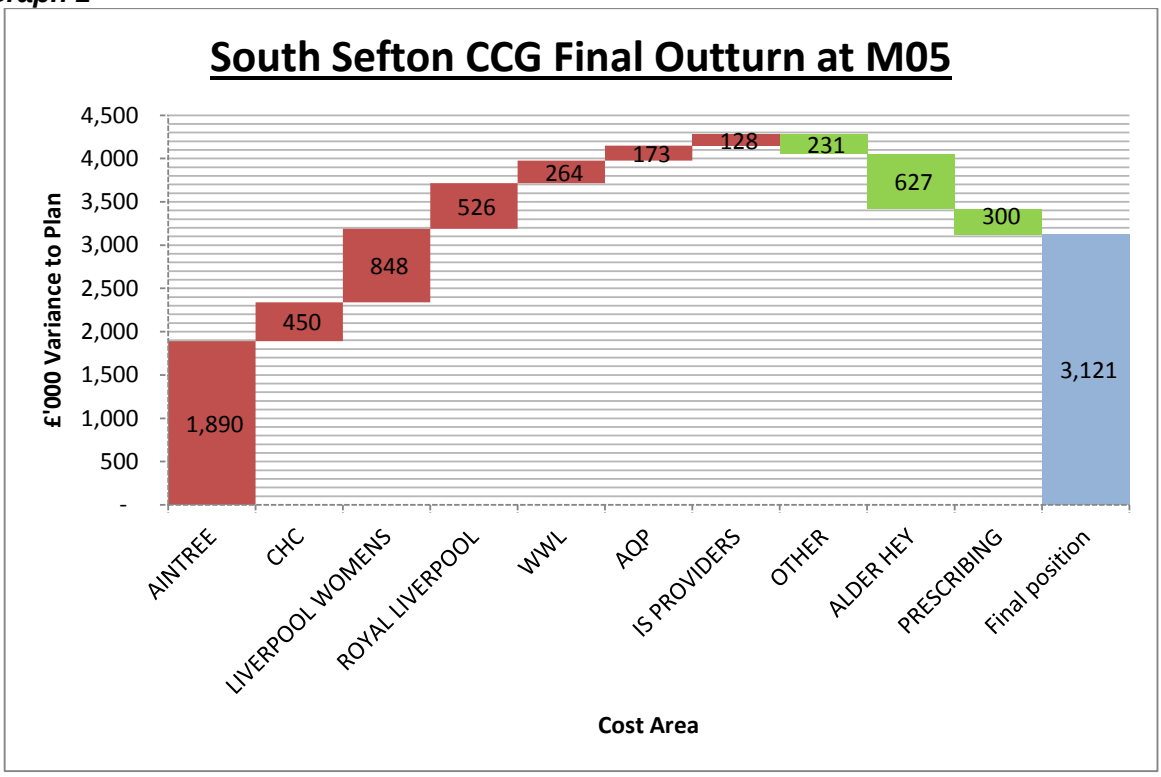
- RTT funding – The CCG received **£0.359m** for payment relating to additional activity associated with the national initiative to address patients who have waited over 18 weeks for treatment.
- GP IT transitional funding – The CCG received **£0.161m** for primary care IT transitional funding, which is the full value of the CCGs application to NHS England. It should be noted that this level of funding is unlikely to be made available in 2015/16 and the CCG's IT partners are assessing options within an affordable financial envelope.

3. Position to Date

The main pressures emerging at this early stage of the year are shown below in **Graph 1**, which is primarily acute care, and in particular Aintree Hospitals. There are also overspends in Continuing Healthcare, Liverpool Women's Hospital and acute care at Royal Liverpool and Broadgreen Hospital. This is offset partly by significant underspends at Alder Hey NHS Trust. A full breakdown of the CCG position is detailed in **Appendix 1.**

Whilst the financial reporting period relates to the end of August, the CCG has based its reported position on information received from Acute Trusts covering activity to the end of July 2014. **Appendix 2** outlines the current financial data broken down by provider, and also includes the forecast for each provider.

Graph 1



Aintree Hospitals Foundation Trust

The forecast overspend at Aintree is £1.890m overspent, which is consistent with that reported last month. The contract value has now been agreed, but the detail of the contract still requires formal sign-off.

Expenditure in month 4 shows an increase in day case, elective and non-elective activity from the prior month. When comparing against the planned figures, the main areas of overspend are:

- Non-elective activity – **£0.427m** over-spend. This is 4.3% higher than planned, and represents a 6.7% increase in activity from the same period last year. This excludes CDU activity which is paid for under a block arrangement. For information, activity in CDU is 10% higher than the contracted levels.
- High cost drugs – **£0.156m** over-spend. This is 11% higher than planned.
- Outpatient procedures – **£0.130m** over-spend.

Continuing Health Care (Adult)

This area continues to be a major risk area for the CCG and the overspend of £200k in the year-to-date, (£2.9m spend YTD), indicates that there will be pressures on this budget over

the coming year. However there has been an improvement in the quality of the data provided by CSU which has enabled the CCG to place greater reliance on the financial information and to reduce its forecast expenditure against this budget. The budget was increased by 4% from last years expenditure levels, but the current data shows growth levels that more than double the initial estimate.
The CCG will continue to work with the CSU to investigate activity and costs in this area and to improve the reliability of the financial information and the forecasting model.

Liverpool Women's Hospital

We have seen increased costs in month 4. This centres on the following areas:

- Antenatal pathway **- £0.050m over-spend**. Activity numbers are 2% lower than plan, but there are much higher numbers in the intermediate and intensive categories.
- Elective - **£0.046m** over-spend
- Deliveries - **£0.070m** over-spend
- Daycase - **£0.022m** over-spend
- Outpatients - **£0.062m** over-spend. Referrals into gynaecology outpatients have increased at the Trust. This may have resulted from national coverage of cervical screening.

Liverpool CCG act as co-ordinating commissioner and have issued an Activity Query Notice specifically focusing on the significant movement in the maternity pathway categorisation from standard to intermediate. It also addresses the increase in outpatient procedures. The CCG will continue to work with the co-ordinating commissioner to ensure that charges are contractually appropriate.

Royal Liverpool and Broadgreen Hospitals

Activity at Royal Liverpool and Broadgreen Hospitals has increased significantly in month 4, moving from a break-even position last month; to a £0.526m over-spend at the Trust. The increases are currently being investigated, but are in the following areas:

- High Cost Drugs **- £0.104m** over-spend.
- Non-elective admissions **- £0.152m** over-spend.
- Unbundled diagnostics **- £0.047m** over-spend. The over spend is the Trust's response to a Contract Query raised in February 2014. The Contract Query related to the Trust's performance against diagnostic waiting times. Waiting times have improved significantly, and it is expected that the activity over-performance will plateau in the coming months.

Alder Hey

The under-spends at Alder Hey remain consistent with those reported last month. Costs are lower than budget primarily due to lower than expected levels of planned care, particularly day cases which are 31% lower than planned. There is a similar trend across other Merseyside commissioners.

4. QIPP

South Sefton CCG has a QIPP savings target of £8.452m in 2014/15. This can be achieved through a reduction in either programme or running costs. The CCG has currently identified a total of £7.959m of QIPP schemes, leaving a shortfall of £0.493m still to be identified in this financial year in order to meet the required budgetary targets in 14/15.

5. CCG Running Costs

The CCG is currently operating within its running cost target which forms part of this budget area. The forecast for the year is a small underspend on Running Costs and other Corporate and Support Services. There are still a number of vacancies in the staffing structure, and it is expected that these will be filled during quarter 3.

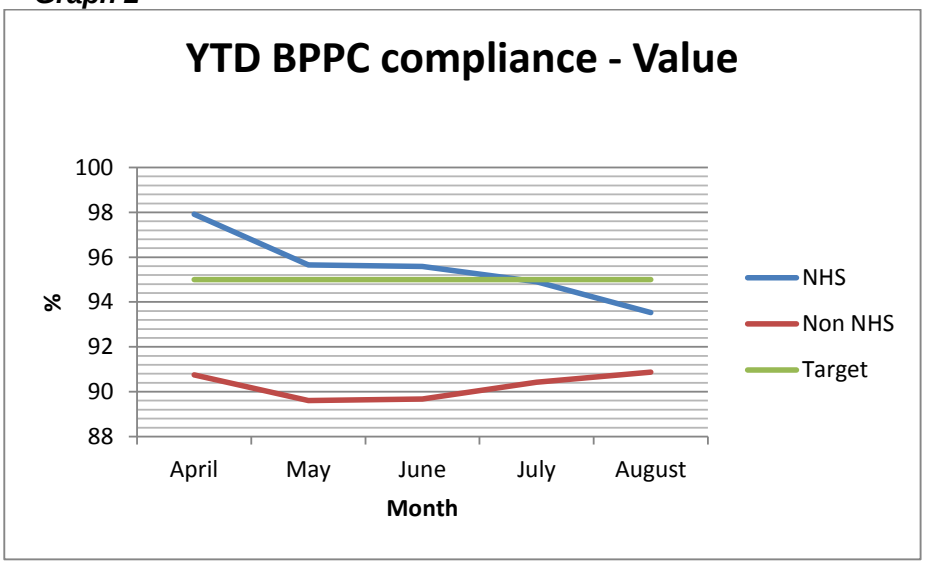
There is a risk associated with estates charges, and this is outlined in more detail in section 5.

It is important to note that although the CCG is operating below the 14/15 national target of £24.78 per head of population, there is an expectation that this will be reduced to £22.11 in 2015/16. Significant work is required in order to ensure this target is met next year. This piece of work on running costs is being led by the Deputy CFO and SMT.

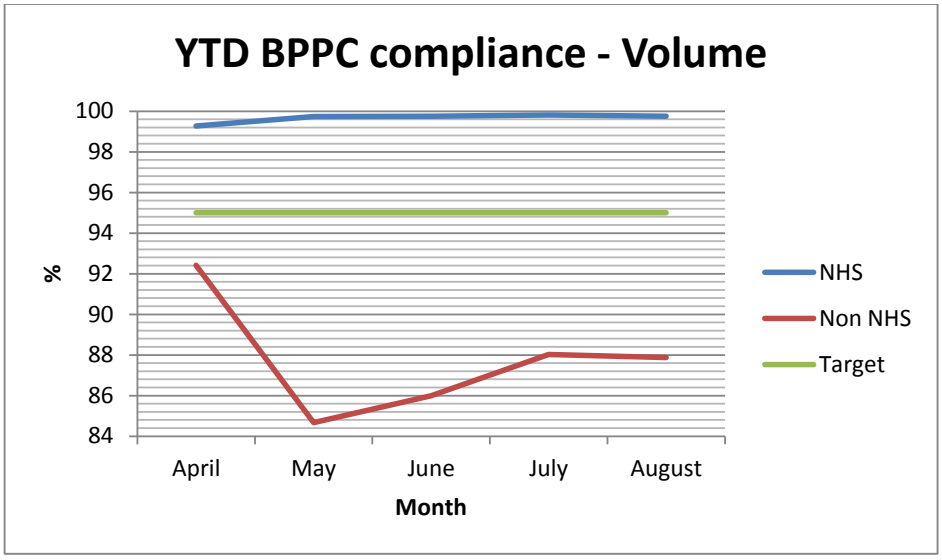
6. Compliance with the BPPC target

The NHS is required to adhere to the Better Payment Practice Compliance Target as part of the wider public sector drive to be a good citizen. The full year performance is reported in the annual report and subject to scrutiny by the external auditors. Our performance to date is below the 95% target for all areas except NHS by volume. This is detailed in **Graphs 2 below and 3** overleaf.

Graph 2



Graph 3



7. Evaluation of Risks and Opportunities

At this early stage of the year, a number of risks have emerged. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has identified some early pressures at a number of providers. This pressure has been calculated at £3.276m (2.6% of the relevant budget).

- Continuing Healthcare restitution claims – there is uncertainty over the process for payment of restitution claims. Provisions made in PCT accounts were transferred to NHS England, but due to technical accounting reasons, they are also expected to top-slice CCG allocations to make these payments in-year. This is still to be confirmed, and in the meantime, CCGs are expected to make payments for restitution claims. These payments have started, and an amount has been set aside in reserves to absorb this cost for this financial year.

- Estates – Payments in respect of estates are still unclear, with further clarity still to be provided, particularly in respect of LIFT buildings. This includes potential liabilities for depreciation. The CCG has set aside an amount in reserves to cover estimated liabilities. We have now received a billing schedule from NHS Property Services, and this is being reviewed with them. The current estimate assumes that costs exceed our set aside reserves, and this is reflected in the forecast this month.

- Prescribing / Drugs costs – Three month's data has been received for this financial year, and the PPA forecast shows an under-spend in respect of prescribing costs. However, prescribing expenditure can vary significantly in the year.

- CSU Service Level Agreement – As yet, prices for services received from the CSU have not been agreed for 2014/15, and the CCG continues to be billed under 2013/14 prices. The initial proposal from the CSU indicates a significant increase in costs. These are being challenged as part of the running costs allocation work.

Reserves are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve. This is summarised in table B and shows that the CCG has sufficient reserves to manage the risks identified.

Table B: Reserves analysis

	£'000
Forecast Overspend	3,121
Available reserves	(3,121)
Surplus Reserves	0

The CCG remains on course to achieve its planned surplus.

8. Recommendations

The Governing Body is asked to note the finance update, particularly that:

- The CCG remains on target to deliver its financial targets for 2014/15.

Appendices

- Appendix 1 – Financial position to Month 5
- Appendix 2 – Provider breakdown

01T NHS South Sefton Clinical Commissioning Group Month 5 Financial Position

Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	Variance to date	End of Year Expenditure Outturn	End of Year FOT Variance
		£000	£000	£000	£000	£000	£000
COMMISSIONING - NON NHS							
598501	Mental Health Contracts	1,058	441	441	0	1,058	0
598506	Child and Adolescent Mental Health	238	99	99	(1)	241	3
598511	Dementia	118	49	49	0	118	0
598521	Learning Difficulties	591	246	246	0	591	0
598531	Mental Health Services – Adults	23	23	23	(0)	23	0
598596	Collaborative Commissioning	521	217	217	0	521	0
598661	Out of Hours	1,321	549	549	0	1,321	0
598682	CHC Adult Fully Funded	5,252	2,188	2,383	195	5,702	450
598684	CHC ADULT JOINT FUNDED	1,420	591	556	(35)	1,420	0
598685	CHC Adult joint funded Personal Health Budget	21	9	15	6	21	0
598687	CHC Children	675	281	255	(26)	613	(62)
598691	Funded Nursing Care	2,346	977	935	(42)	2,246	(100)
598711	Community Services	451	188	197	9	439	(12)
598721	Hospices	1,431	593	608	15	1,444	13
598726	Intermediate Care	211	88	88	0	211	0
598796	Reablement	1,295	540	540	0	1,295	0
Sub-Total		**16,973**	**7,081**	**7,202**	**121**	**17,265**	**292**
CORPORATE & SUPPORT SERVICES							
600251	Administration and Business Support (Running Cost)	169	70	75	5	169	(0)
600271	CEO/Board Office (Running Cost)	785	327	299	(28)	770	(15)
600276	Chairs and Non Execs (Running Cost)	149	62	54	(9)	133	(17)
600286	Clinical Governance (Running Cost)	30	12	12	(0)	30	0
600296	Commissioning (Running Cost)	1,474	614	603	(11)	1,469	(5)
600316	Corporate costs	195	81	65	(16)	192	(3)
600346	Estates & Facilities	193	67	89	22	243	50
600351	Finance (Running Cost)	443	185	180	(5)	438	(5)
600391	Medicines Management (Running Cost)	37	15	19	4	38	1
600266	BUSINESS INFORMATICS	77	32	24	(9)	66	(11)
600426	Quality Assurance	138	57	56	(1)	136	(1)
	Sub-Total Running Costs	**3,690**	**1,524**	**1,476**	**(48)**	**3,683**	**(7)**
598646	Commissioning Schemes (Programme Cost)	797	332	314	(18)	799	3
598656	Medicines Management (Clinical)	663	276	237	(40)	630	(33)
598776	Non Recurrent Programmes (NPfIT)	1,267	0	0	0	1,267	0
598676	Primary Care IT	828	345	389	44	828	0
	Sub-Total Programme Costs	**3,555**	**953**	**940**	**(13)**	**3,524**	**(30)**
Sub-Total		**7,245**	**2,477**	**2,416**	**(61)**	**7,208**	**(37)**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
598571	Acute Commissioning	110,042	45,851	47,406	1,556	113,798	3,757
598576	Acute Childrens Services	8,699	3,625	3,363	(261)	8,072	(627)
598586	Ambulance Services	5,347	2,228	2,236	8	5,366	19
598616	NCAs/OATs	1,371	571	567	(4)	1,351	(20)
598756	Commissioning - Non Acute	34,424	14,343	14,366	23	34,474	50
598786	Patient Transport	12	5	2	(3)	6	(6)
Sub-Total		**159,896**	**66,623**	**67,942**	**1,318**	**163,067**	**3,172**
INDEPENDENT SECTOR							
598591	Clinical Assessment and Treatment Centres	2,304	960	1,013	53	2,432	128
Sub-Total		**2,304**	**960**	**1,013**	**53**	**2,432**	**128**
PRIMARY CARE							
598651	Local Enhanced Services and GP Framework	2,033	847	623	(224)	2,012	(21)
598791	Programme Projects	562	234	234	(0)	562	0
Sub-Total		**2,595**	**1,081**	**857**	**(225)**	**2,574**	**(21)**
PRESCRIBING							
598606	High Cost Drugs	665	277	246	(31)	590	(75)
598666	Oxygen	446	185	147	(38)	408	(38)
598671	Prescribing	28,260	11,878	11,601	(277)	27,960	(300)
Sub-Total		**29,371**	**12,341**	**11,994**	**(346)**	**28,958**	**(413)**
Sub-Total Operating Budgets pre Reserves		**218,384**	**90,563**	**91,424**	**860**	**221,505**	**3,121**
RESERVES							
598761	Commissioning Reserves	9,086	861	0	(861)	5,965	(3,121)
Sub-Total		**9,086**	**861**	**0**	**(861)**	**5,965**	**(3,121)**
Grand Total I & E		**227,470**	**91,424**	**91,424**	**(0)**	**227,470**	**0**
RRL Allocation		(229,770)	(92,382)	(92,382)	0	(229,770)	0
(Surplus)/Deficit		(2,300)	(958)	(959)	(0)	(2,300)	0

01T NHS South Sefton Clinical Commissioning Group Month 5 Contract Summary

Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance			Forecast Variance (Most Likely)		
				Month 5	Month 4	Movement	Month 5	Month 4	Movement
	£000	£000	£000	£000	£000	£000	£000	£000	£000
ACUTE CHILDRENS SERVICES									
ALDER HEY CHILDRENS FT	8,699	3,625	3,363	(261)	(201)	(61) ▼	(627)	(603)	(25) ▼
Sub-Total	**8,699**	**3,625**	**3,363**	**(261)**	**(201)**	**(61)**	**(627)**	**(603)**	**(25)**
ACUTE COMMISSIONING									
AINTREE UNI HOSP NHS FT	80,133	33,389	34,176	787	647	141 ▲	1,890	1,941	(51) ▼
ANY QUALIFIED PROVIDER	479	200	272	72	46	26 ▲	173	139	34 ▲
C MANC UNI HOS NHS FT	45	19	15	(4)	(2)	(2) ▼	(11)	(7)	(4) ▼
COUNTESS OF CHESTER FT	32	13	16	2	(2)	4 ▲	5	(6)	12 ▲
LIVP HRT/CHST HOSP NHST	692	288	263	(25)	(15)	(10) ▼	(61)	(44)	(16) ▼
LIVP WOMENS NHS FT	9,035	3,764	4,118	353	154	199 ▲	848	463	386 ▲
R LIV/BRG UNI HOSP NHST	10,053	4,189	4,408	219	(5)	224 ▲	526	(15)	541 ▲
SOUTHPORT/ORMSKIRK NHST	6,865	2,860	2,922	62	9	52 ▲	148	28	120 ▲
ST HEL/KNOWS TEACH NHST	1,907	795	797	2	6	(3) ▼	5	17	(12) ▼
UNI HOSP SMAN NHS FT	36	15	20	5	(5)	10 ▲	12	(15)	27 ▲
WALTON CENTRE NHS FT	138	57	57	(1)	0	(1)	(2)	0	(2) ▼
WIRRAL UNIV TEACH HOSP	286	119	101	(18)	8	(26) ▼	(43)	23	(66) ▼
WRIGHT/WGN/LEIGH NHS FT	341	142	252	110	61	49 ▲	264	184	81 ▲
Sub-Total	**110,042**	**45,851**	**47,416**	**1,565**	**902**	**663**	**3,757**	**2,707**	**1,050**
COMMISSIONING - NON ACUTE									
CHESH/WIRRAL PART NHSFT	13	5	4	(1)	0	(1) ▼	(3)	0	(3) ▼
LPOOL COMM HC NHST	18,150	7,563	7,563	0	0	0	0	0	(0)
MERSEY CARE NHST	12,694	5,289	5,289	0	0	0	0	0	0
NHS 111 ~ SERVICE	260	108	107	(1)	1	(2) ▼	(3)	2	(5) ▼
SOUTHPORT/ORMSKIRK NHST	1,313	547	638	91	18	73 ▲	219	6	213 ▲
S&O ANTICOAGULENT CLINIC	293	122	54	(68)	0	(68) ▼	(163)	48	(212) ▼
STTFFS/SHRPS HC NHS FT	1,700	708	708	0	0	0	0	0	0
Sub-Total	**34,424**	**14,343**	**14,364**	**21**	**19**	**2**	**50**	**56**	**(6)**
AMBULANCE SERVICES									
NW AMBUL SVC NHST	5,347	2,228	2,236	8	(3)	11 ▲	19	(10)	28 ▲
Sub-Total	**5,347**	**2,228**	**2,236**	**8**	**(3)**	**11**	**19**	**(10)**	**28**
Grand Total	**158,512**	**66,047**	**67,379**	**1,332**	**717**	**615**	**3,198**	**2,151**	**1,047**

01T NHS South Sefton Clinical Commissioning Group Month 5 IS Provider Summary

Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance			Forecast Variance (Most Likely)		
				Month 5	Month 4	Movement	Month 5	Month 4	Movement
	£000	£000	£000	£000	£000	£000	£000	£000	£000
RAMSAY HEALTHCARE UK	1,282	534	598	64	55	9 ▲	153	164	(11) ▼
SPIRE HEALTHCARE LTD	812	338	358	20	3	16 ▲	47	10	37 ▲
ISIGHT LTD	94	39	16	(23)	(18)	(5) ▼	(56)	(54)	(1) ▼
FAIRFIELD	47	19	7	(13)	(10)	(3) ▼	(30)	(30)	(0)
BRITISH PREGNANCY ADVISORY SERVIC	60	25	24	(1)	(0)	(1)	(2)	(1)	(2) ▼
Other Cost Per Case IS Providers	10	4	11	7	5	2 ▲	16	15	1 ▲
Sub-Total	**2,304**	**960**	**1,013**	**53**	**35**	**19**	**128**	**104**	**24**

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2014

Agenda Item: 14/129	**Author of the Paper:** **Debbie Fagan** **Chief Nurse & Quality Officer** **Email:debbie.fagan@southseftonccgccg.nhs.uk** **Tel: 0151 247 7000**
Report date: September 2014	

Title: Management of Allegations Policy

Summary/Key Issues:

The aim of this policy is to ensure that there is a single, consistent approach in the management of an allegation made against a professional or CCG employee about a child/young person/ vulnerable adult that is consistent with national and local guidance.

Recommendation

The Governing Body is asked to receive this report by way of assurance

Receive	x
Approve	
Ratify	

14/129

Links to Corporate Objectives *(x those that apply)*	
	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

NHS
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Clinical Commissioning Group

South Sefton Clinical Commissioning Group
Management of Allegations Policy

Version: 5

Designation of Policy Author(s)	Deputy Designated Nurse, Safeguarding Children Adult Safeguarding Nurse
Accountable Manager(s)	Designated Nurses, Safeguarding Children Head of Adult Safeguarding
Ratified By (Committee/ Group)	South Sefton CCG Quality Committee
Date ratified	
Date issued/published on Intranet	
Review date	April 2016
Target audience	South Sefton CCG

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1.0 Executive Summary

1.1 Policy Scope

The scope of the policy is for all staff working within South Sefton Clinical Commissioning Group (CCG). This policy also applies to all individuals providing services to South Sefton CCG, including volunteers, students, agency workers and contractors.

The Policy and associated procedures apply where there are concerns in relation to an Employee's behaviour towards a child/children/young person/vulnerable adult. The framework for managing such cases as set out in this guidance applies to a wider range of allegations than those in which there is reasonable cause to believe a child/vulnerable adult is suffering, or is likely to suffer, significant harm. It also relates to situations where an allegation might indicate that the alleged perpetrator is unsuitable to continue to work with children / vulnerable adults in his or her present position, or in any capacity. It should be used in respect of all cases in which it is alleged that an Employee who works with children/vulnerable adults has:

- Behaved in a way that has harmed a child/young person/vulnerable adult or may have harmed a child/young person/vulnerable adult.
- Committed a criminal offence against or related to a child/young person/vulnerable adult
- Behaved towards a child/young person/vulnerable adult in a way that indicates s/he is unsuitable to work with these groups of people.

For the purpose of this policy a 'child' is defined as a person under 18 years old.

Any allegations in respect of children by Independent contractors e.g. Primary Care will be managed by NHS England (Merseyside) as the commissioner and as such, the Local Authority Designated Officer (LADO) will be directed as necessary to the appropriate contact within NHS England (Merseyside).

1.2 Aim

South Sefton CCG has a responsibility to implement and adhere to the policy/procedure below. The aim of this document is to ensure that there is a single, consistent approach in the management of an allegation made against a professional/South Sefton CCG employee about a child/young person/vulnerable adult that is consistent with national and local guidance i.e. Working Together to Safeguard Children (2013), Local Safeguarding Children Board's policy and Local Safeguarding Adult Board's policy.

1.3 Outcomes

The intended outcomes of this policy and associated procedures are:

- That the safety and welfare of children/vulnerable adults must be paramount at all times
- That South Sefton CCG actively contributes to keeping children/young people/ vulnerable adults safe from potential abuse by an adult in a position of power/trust.

- That South Sefton CCG evidences commitment to safeguarding children/young people/vulnerable adults by ensuring compliance with safer workforce / recruitment guidance.
- That all Employees clearly understand their duty to report any incident that would be considered to be potentially abusive to a child/young person/vulnerable adult by a colleague/another employee of South Sefton CCG
- That roles and responsibilities are clearly defined.
- That South Sefton CCG employees will understand the complexities of the process and have realistic expectations about the timeframes within which the allegation is managed.
- That the process is transparent.

2.0 Introduction

South Sefton CCG is committed to safeguarding and promoting the welfare of children/ vulnerable adults.

Whilst this policy is written with a bias for those working with children it is transferable to those working with adults at risk.

2.1 Children

Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with consistent procedures.

Under Section 11 Children Act (2004), CCGs are required to have clear policies in line with those of Local Safeguarding Children Board (LSCB), for dealing with allegations against people who work with clinicians (HM Govt, 2013).

The following procedures should be applied when there is an allegation or concern that any person employed by the CCG to whom this policy applies who works with children, in connection with his/her employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way that indicates s/he is unsuitable to work with children

All allegations of child abuse will be investigated, and this will be done in conjunction with the Local Authority Designated Officer (LADO). During these investigations it is the welfare of the child that is of paramount importance. Employees should therefore be mindful that there will be occasions when it will feel that the 'balance' is towards the child rather than the member of staff about whom the allegations are being made.

The procedure should be read in conjunction with Sefton Local Safeguarding Children Board's Child Protection Procedures (www.seftonlscb.co.uk) and Working Together to Safeguard Children (2013).

2.2 Vulnerable Adults

Definitions

For the purpose of this policy the following definitions provide clarity of terms

Vulnerable Adult-

Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/Voluntary Community Faith Sector/Care Home provider at the first contact and continue throughout the care pathway (DH 2010).

Under Section 59 Supporting Vulnerable Groups Act 2006 a person aged 18 years or over is defined as a vulnerable adult where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services'.

Adult at risk

A person aged 18 or over and who:

- Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority.
- Receives direct payments in lieu of adult social care services.
- Funds their own care and has social care needs.
- Otherwise has social care needs that are low, moderate, substantial or critical;
- Falls within any other categories prescribed by the Secretary of State.
- Is or may be in need of community care services by reason of mental or other disability, age or illness.
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation and is at risk of significant harm, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

Note: this definition is suggested by the Law Commission and under review. For the purpose of this policy the term adult at risk can be used interchangeably with vulnerable adult.

Underpinning Principles

The principles of Adult safeguarding are as follows (DH 2011) -

- **Prevention** - it is better to take action before harm occurs.
- **Protection** - support and representation for those in greatest need.
- **Empowerment** – the presumption of person led decisions and informed consent.
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented.
- **Accountability** – we will work to key lines of responsibility and ensure transparency in delivering safeguarding.

- **Partnership** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

The philosophy of South Sefton CCG is to work collaboratively with other organisations to safeguard and promote the welfare of adults through the application of Local Safeguarding Adult Board multi-agency policy and work within the information sharing guidance of the LSAB Procedures and 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.

2.3 Employees

All references to 'Employees' contained within this document should be interpreted as meaning all Employees, i.e. the procedure outlined in this document will apply to any individuals providing services to / for South Sefton CCG whether they are in a paid or unpaid capacity including volunteers, agency workers, and those who are self-employed / contractors.

3.0 Roles and Responsibilities

3.1 The Named Senior Manager is generally a role undertaken by the Director of Human Resources. Given that this is a role currently undertaken by the Commissioning Support Unit (CSU), the CCG Named Senior Officer (see section 3.2) will be required to liaise and work closely with the CSU in order to investigate and manage any such allegations.

The Named Senior Manager's responsibilities will include:

- Ensuring that this procedure is properly applied and implemented within South Sefton CCG.
- Ensuring that advice, information and guidance is available for employees within South Sefton CCG either directly or via their nominated representative.
- Being the Named Senior Manager for South Sefton CCG to whom allegations or concerns are reported to, and overseen by.
- Referring allegations to other agencies in accordance with this procedure, and in line with Sefton LSCB 'Managing Allegations against Adults who work with Children and Young People' document and in line with the LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Overseeing the gathering of any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on.
- Ensure that the Employee who is subject to the allegation is provided with information and is advised to seek representation from their Trade Union or professional body, as per the principles of South Sefton CCG Disciplinary Policy.
- Attending Strategy Meetings where required (or via a nominated representative).
- To liaise with the Local Authority Designated Officer (LADO) or Safeguarding Adult Co-ordinator where required, or via a nominated representative.

- To liaise with the Human Resources Manager allocated to the case where investigation and / or potential disciplinary action is required.
- Ensuring that risk assessments are undertaken where and when required.
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome.
- Co-ordinating the undertaking appropriate checks with data held by their organisation.
- Co-ordinating the provision of reports and information as required.
- Ensuring relevant support mechanisms are in place for Employees against whom an allegation of abuse has been made, for example counselling & occupational health. Assistance from the Human Resources Department will be available in order to access these and other appropriate support mechanisms.
- To liaise with the Communications Department and discuss with them any queries from the media concerning the allegations.
- To establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.
- Outside of normal office hours, assistance will be provided by the Director on-call

3.2 The Named Senior Officer is a role within South Sefton CCG undertaken by the Chief Nurse who will provide support to the Senior Manager and provide expert advice as required. This responsibility may be devolved to the Designated Nurse for Safeguarding, the Designated Doctor for Safeguarding or to the Head of Adult Safeguarding.

The Named Senior Officer's Responsibilities will include:

- Ensuring that South Sefton CCG complies with the standards and processes outlined in this document and the LSCB Managing Allegations against adults who work with children and Young People policy or LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Ensuring that South Sefton CCG's workforce is aware of and implements the procedures regarding allegations against adults who work with children/young people/ vulnerable adults.
- Ensuring that South Sefton CCG has systems in place to review cases and identify and implement any changes which would improve both the procedure and practice.
- Resolving any inter-agency issues which impede the implementation of Sefton LSCB or LSAB procedure.
- Ensuring that South Sefton CCG has effective reporting and recording arrangements in place.
- Discuss and agree with the Named Senior Manager which agencies should be informed of the allegation i.e. Police, Local Authority Designated Officer (LADO) / Safeguarding Adult Co-ordinator.
- Establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.

3.3 Local Authority Designated Officer (LADO) - applies to children only.

In order to meet South Sefton CCG's responsibilities relating to allegations against employees the Named Senior Manager / Officer will notify and access advice and guidance from the Local Authority Designated Officer (LADO), within one working day as per Working Together to Safeguarding Children (HMGovt, 2013).

Sefton Local Safeguarding Children Board has an appointed Local Authority Designated Officer (LADO) whose responsibilities include:

- Management and oversight of individual cases from all partner agencies of Sefton LSCB
- Providing advice and guidance to Senior Managers
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales.
- Ensuring a consistent and thorough process for all adults working with children and young people against whom allegations are made.
- Maintaining information databases in relation to all allegations.
- Coordinating and collating reports to provide information to Sefton LSCB
- Liaising as necessary with chairs of Strategy Meetings or attending/chairing Strategy Discussions/Meetings
- Contributing to Sefton LSCB training programmes and awareness-raising across the children's workforce.
- Liaising with Police and the Crown Prosecution Service.
- Discussing with Senior Managers the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and/or the appropriate Professional / Regulatory Body.

3.4 Local Authority Safeguarding Adult Co-ordinator - applies to vulnerable adults only.

In order to meet the CCG responsibilities relating to allegations against employees the Named Senior Manager / Officer will notify and access advice and guidance from the Safeguarding Adult Co-ordinator promptly as per LSAB Safeguarding Adult Policy and Procedures (2011).

Sefton Local Safeguarding Adult Board has appointed the Local Authority Safeguarding Adult Co-ordinator whose responsibilities include:

- Management and oversight of individual cases from all partner agencies of the LSAB.
- Providing advice and guidance to Senior Managers.
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales.
- Ensuring a consistent and thorough process for all adults working with adults at risk against whom allegations are made.
- Maintaining information databases in relation to all allegations.
- Coordinating and collating reports to provide information to the LSAB Liaising as necessary with chairs of Strategy Meetings or attending / chairing Strategy Discussions / Meetings.

- Contributing to LSAB training programmes and awareness-raising across the adult's workforce.
- Liaising with Police and the Crown Prosecution Service.
- Discussing with Senior Managers the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and / or the appropriate Professional / Regulatory Body.

3.5 Chief Accountable Officer of South Sefton CCG

The Chief Accountable Officer is responsible for ensuring compliance with the Policies and Guidelines, legislation, NHS guidance and for ensuring the policy is effective.

3.6 South Sefton CCG Board

The Board is responsible for ensuring the provision of effective clinical services within the organisation, and to ensure that it complies with its statutory obligations.

3.7 All CCG staff (including Temporary, Agency Staff, Contractors and Subcontractors)

All CCG Staff (including temporary, agency staff, contractors and sub-contractors) are responsible for adhering to and complying with the requirements of the policies, guidelines, protocols and standard operating procedures (SOPs) contained within and applicable to their area of operation.

4.0 Procedure for Managing Allegations

4.1 Initial action by person receiving or identifying an allegation or concern

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind. An allegation against a member of staff may arise from a number of sources, e.g. a report from a child / vulnerable adult, a concern raised by another adult in the organisation, or a complaint by a parent or carer.

They **should**:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident(s), persons present and what was said.
- Sign and date the written record.
- Immediately report the matter to the Named Senior Manager, or deputy in their absence.
- Where the Named Senior Manager is the subject of the allegation the matter should be reported to South Sefton CCG's Accountable Officer.

They **should not**:

- Investigate or ask leading questions in seeking clarification;
- Make assumptions or offer alternative explanations; or promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

4.2 Initial action by the Named Senior Manager (or nominated representative)

When informed of a concern or allegation, the Named Senior Manager should not investigate the matter or interview the member of staff, child / vulnerable adult concerned or potential witnesses. They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving the allegation.
- Countersign and date the written details.
- Record any information about times, dates and location of incident(s) and names of any potential witnesses.
- Record discussions about the child / vulnerable adult and / or member of staff, any decisions made, and the reasons for those decisions.
- Notify the Named Senior Officer within South Sefton CCG- Chief Nurse.

4.3 Children

If the allegation relates to a child and meets the criteria listed below, the Named Senior Manager should report it to Sefton's Local Authority Designated Officer (LADO) within 1 working day. Referral should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

- Behaved in a way that has harmed a child or young person or may have harmed a child or young person.
- Possibly committed a criminal offence against or related to a child or young person
- Behaved towards a child, young person in a way that indicates they may pose a risk of harm to children (Working Together, 2013)

Sefton's LADO will discuss the matter with South Sefton CCG's Named Senior Manager / Officer for the CCG and, where necessary, obtain further details of the allegation and the circumstances in which it was made (as per the initial action by person receiving or identifying an allegation or concern). The discussion should also consider whether there is evidence / information that establishes that the allegation is false or unfounded.

The Named Senior Officer and LADO will decide when to inform the member of staff subject to the allegation. This should be as soon as possible but must take into account the need to secure evidence.

If the allegation is not patently false and there is cause to suspect that a child is suffering, or is likely to suffer, significant harm, the LADO will immediately refer the case to the Local Authority Children's Services and ask for a strategy meeting to be convened straightaway (see Section 6.0). In those circumstances, the strategy meeting should include Sefton's LADO and the Named Senior Manager and Named Senior Officer (Chief Nurse) for South Sefton CCG.

If there is no cause to suspect that 'significant harm' is an issue, but a criminal offence might have been committed, the LADO should immediately inform the police and convene a similar meeting to decide whether a police investigation is needed.

4.4 Vulnerable Adults

Any threat to a vulnerable adult's safety or welfare from a member of staff must be effectively evaluated and managed. It is important to differentiate between cases involving issues such as poor professional practice and cases that give rise to adult protection concerns.

When determining the appropriate action to be taken consideration must be given to-

- How the vulnerable adult's protection is to be ensured.
- Whether there are other vulnerable adults who might be at risk if the allegation were founded.
- What support the vulnerable may require.
- The rights of the member of staff who has had an allegation made against them to privacy and confidentiality.
- Whether Sefton LSAB policy and procedures for the protection of vulnerable adults from abuse apply.

Whilst there is no statutory role such as the LADO for reporting and support in cases of alleged adult abuse, under Sefton LSAB multi-agency policy and procedures on receipt of notification, a senior designated Senior Manager from Adult Social Care will be advised and consider the content. A decision will be reached as to the intervention by the Local Authority. If further action is deemed appropriate, the Safeguarding Adults Co-ordinator will be responsible for organising and facilitating a strategy or suitability meeting.

4.5 Out of hours

If an allegation requires immediate attention, but is received outside normal office hours, South Sefton CCG's Named Senior Manager/Officer (Chief Nurse) or Director on-call should consult the social care emergency duty team or local police and inform the LADO where applicable as soon as possible.

4.6 Incident reporting

At all stages in the allegation process, consideration should be given to the procedure for notification of a Sudden Untoward Incident (SUI).

5.0 Record Keeping

It is important that South Sefton CCG as an employer, keeps a clear and comprehensive summary of any allegations made and the subsequent steps taken to investigate, including how the allegation was resolved, actions taken and decisions reached. This information will be held on the individual's personal file and give a copy to the individual.

This information will be retained on file until the person reaches normal retirement age or for 10 years if that will be longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS check reveals information from the police that an allegation was made but did not result in a prosecution or a conviction.

6.0 Information from other Agencies

In any case in which children's / adult social care has undertaken enquiries to determine whether the child or children / vulnerable adult are in need of protection, the employer should take account of any relevant information obtained in the course of those enquiries when considering disciplinary action.

A Strategy Discussion (within 24 hours) or Strategy Meeting (within 5 days) will usually be convened following referral to the LADO. Discussions about suspension may take place and while other professionals may wish to express a view, the decision to suspend rests ultimately with the employer and should be in accordance with each organisation's own policies (Sefton LSCB Multi-Agency Safeguarding Procedures).

7.0 Timescales

The swift completion of investigations are a priority for South Sefton CCG and Investigating Officers are asked, where possible, to adhere to the indicative timescales below. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness, and complexity of the allegation and the investigation length may need to be altered to take account of these factors. Depending on the nature of the case, if the investigation is likely to take longer than 10 working days, this will be identified at the outset of the investigation process.

Where the initial evaluation decides that the allegation does not involve a possible criminal offence it will be dealt with by South Sefton CCG. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted **within three working days**.

7.1 Where investigation is required to inform consideration of disciplinary action the Employer should discuss who will undertake that with the Local Authority Designated Officer / local authority Safeguarding Adult Co-ordinator. In any case the investigating officer should aim to provide a report to South Sefton CCG **within 10 working days**.

7.2 On receipt of the investigatory report, South Sefton CCG should decide whether a disciplinary hearing is needed **within two working days,** and if a hearing is needed it should be held **within 15 working days**.

8.0 Monitoring and Evaluation

The monitoring & evaluation of this policy will be conducted annually and a review of all cases associated with allegations of abuse undertaken to ensure that the application of the process is consistently applies, evaluated and continuously improved.

All South Sefton CCG employees subject to action under this Policy will be treated fairly, equitably and in accordance with South Sefton CCG's Equality provisions and monitoring must be undertaken to ensure this takes place.

Where an allegation has been substantiated a review of the circumstances of the case should be undertaken to determine whether there are any improvements to be made to policies, procedures or practice to help prevent similar events in the future.

9.0 Disclosure and Barring Service (DBS)

South Sefton CCG has a legal duty to refer information to the DBS if an employee has harmed or poses a risk of harm to vulnerable groups, and where they have dismissed them

or are considering dismissal. South Sefton CCG also has a duty to refer where an individual has resigned before a formal decision to dismiss them has been made

10.0 Consultation, Ratification and Communication

Consultation of the policy will include the following stakeholder groups:

- CCG Chief Nurse
- CCG Quality Committee
- CSU (Named Senior Manager)

11.0 Key references/underpinning guidance

- HM Government (2013) Working Together to Safeguard Children
- No Secrets (DH and Home Office 2000)
- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)
- Safeguarding Adults: The Role of Health Services (DH 2011)
- Safeguarding Vulnerable People in the reformed NHS Accountability and Assurance Framework NHS Commissioning Board 2013
- Human rights Act 1998
- Equality Act 2010
- The policies and procedures of the Local Safeguarding Adults Board (LSAB) and Sefton Local Safeguarding Children Board (www.seftonlscb.co.uk)

Appendix 1: Contact Details

Named Senior Manager	Executive Director of Human Resources (CMCSU)
Named Senior Officer	Chief Nurse
Designated Nurse Safeguarding Children	0151 495 5469
Head of Adult Safeguarding	0151 495 5469
Children **Sefton Local Authority Designated Officer** **Sefton Local Authority Safeguarding Adult Co-ordinator** **Adults**	Sefton Local Authority Designated Officer Merton House, Stanley Road, Bootle, Merseyside L20 3JA Tel: 0151 934 3783 0151 934 3748 Sefton Council Contact Centre 0845 1400845
Children **Liverpool Local Authority Designated Officer** **Adults**	Liverpool Local Authority Designated Officer 2nd Floor Millennium House 60 Victoria Street Liverpool L1 6JQ Tel: 0151 233 5412 Careline 0151 2333800
Children **Halton Local Authority Designated Officer** **Adults**	Halton Local Authority Designated Officer Children & Young People Services Grosvenor House Halton Lea, Runcorn, WA7 2WD Tel: 01928 704347 Mobile: 07825 124000 Halton Adult Social Care 0151 907 8306
Children **St Helens Safeguarding Unit (incorporating Local Authority Designated Officer for St Helens)**	St Helens Local Authority designated officer Safeguarding Unit Manager Atlas House Corporation Street

Adults	St Helens WA9 1LD Tel: 01744 671249 Adult Social Care 01744 676600
Children **Knowsley Local Authority Designated Officer** **Adults**	Knowsley Local Authority Designated Officer Service Manager Quality Assurance Unit Children's Social Care Directorate of Children and Family Services Kirkby Municipal Buildings (4th Floor) Tel: 0151 443 4079 Knowsley Access Team 0151 443 2600
Contact for Police/Social Care Emergency duty team (Sefton)	FCIU: 0151 777 3086 Social Care Customer Access Team children and adults: 0151 920 8234.
Contact for Police/Social Care Emergency duty team (Liverpool)	FCIU: 0151 777 4581/4587 5308/ 4582 Careline children and adults: 0151 233 3700
Contact for Police/Social Care Emergency duty team (St Helens)	Family Crime Investigation Unit: 0151 777 1583-87 Social Care Emergency Duty Team children and adults :0845 050 0148
Contact for Police/Social Care Emergency duty team (Halton)	Cheshire Police (based Runcorn): 01244 613954 / 01244 613955 Social Care Emergency Duty Team children: 0845 050 0148 / 01928 704341 Adult social care emergency duty team- 0151 9078306
Contact for Police/Social Care Emergency duty team (Knowsley)	Vulnerable Persons Unit: 0151 777 6509/ 6508/6527 EDT:- 07659 590 081 KAT team; 0151 443 2600

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2014

Agenda Item: 14/130	**Author of the Paper:** Karl McCluskey Chief Officer: Strategic Planning & Outcomes South Sefton Clinical Commissioning Group Karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7006
Report date: September 2014	

Title: South Sefton Transformation Programme

Summary/Key Issues: This paper describes the enhanced approach proposed to build on the existing Virtual Ward programme, with additional transformation programmes all built and orientated to support a locality based model of delivery. An enhanced project management approach with revised governance arrangements is set out as part of the CCG Sub Committee structure.

Recommendation

The Governing Body is asked to receive and endorse the approach outlined in this paper.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15.
x	Implementation of 2014/15 phase of Virtual Ward plan.
x	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
x	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
x	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
x	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

NHS
South Sefton
Clinical Commissioning Group

Report to the Governing Body
September 2014

1. Executive Summary

1.1 This paper describes the outline and approach that has been developed to progress the transformation of commissioned services across South Sefton. It builds on existing programmes, including the Virtual Ward. In addition the wider system elements necessary to support large scale transformation are identified for development as additional programmes, with clear CCG leadership. A robust and integrated approach to project development and management is set out with clear reporting and accountability structures.

2. Introduction and Background

2.1 South Sefton CCG has set out a strategic direction over the next five years as part of its strategic plan. This has described a level of ambition to reduce the volume of emergency activity and non-elective admissions. This ambition has been further supported by the national Better Care Fund initiative and the drive to integrate health & social caret o underpin efforts to optimise reductions in unplanned care.

2.2 The CCG has described a variety of initiatives and developments as part of its strategic plan to support delivery against the targeted need to reduce unplanned acute hospital activity. This focus is evident in the description of the three strategic priorities for the CCG:-

1) Frail Elderly
2) Unplanned Care
3) Primary Care

2.3 Indeed the CCG has developed supporting programmes to focus on these three priorities in terms of:-

- Diabetes
- CVD
- Respiratory
- Mental Health
- Cancer
- End of Life
- Children's Health
- Liver Disease
- Acute Kidney Injury
- Neurology

2.4 The key transformation scheme underpinning much of the above remains the Virtual Ward. However, in an effort to build on this approach further, the CCG has recognised the need to set out and describe the locality model of care that is necessary to shape services. This requirement to define and shape the locality model is essential to:-

a) Support the CCG membership in developing a locality model that is sensitive to the population profile and demographic.

b) Enable providers to be clear about the shape and direction for commissioned services and how these services should function and operate.
c) Inform commissioning intentions in a coherent way, as part of the overall strategic plan.
d) Enable the CCG to drive provider effort and performance in a joined up way to a coherent and consistent purpose.
e) Enable the CCG to assess the benefit value and impact of commissioned services against the overall objective to reduce unplanned activity.
f) Refine and inform annual changes to commission intentions based on clearly evidence performance against outcomes.
g) Ensuring that a supportive and comprehensive project management approach can be put in place to manage progress, identify implementation and delivery success and any issues of hindrance that may need to be tackled at a more senior level, either with the CCG or with providers.

2.5 This paper describes the locality model for the CCG and sets this in the context of the Virtual Ward. It consolidates the existing Virtual Ward programme into a broader South Sefton Transformational approach to enable the component parts of the health system do be directed, developed and commissioned in a purposeful way with the overall aim of reducing unplanned acute provider activity.

3. Locality

3.1 The CCG has described a commitment to shape, deliver and commission services sensitive to the needs of the locality population. South Sefton CCG has four existing localities based on GP populations. These are:-

1) Bootle
2) Maghull
3) Crosby
4) Seaforth & Litherland

3.2 While there is acceptance that there is commonality between localities on a range of health and mental health needs, as well as principle providers serving the locality population, the CCG recognises the individual variances between locality populations e.g. Disease incidence, unemployment, age profile etc. Given the similarities and individual differences between localities the CGG has defined “locality” as:-

- Serving a population of c40,000.
- Consisting of a group of practices, directly serving that population.
- Having a similar and evident demographic specific to the registered population.
- The operation of General Practice and supporting services to meet the health needs of the locality population.

4. Locality Purpose

4.1 The CCG recognises and values the proximity of GP’s to their local population, which provides a real and comprehensive understanding of the health and mental health issues that pervade locally. The GP - patient relationship provides further insight and sensitivity in relation to the understanding of health and mental health needs. This depth of comprehension is of enormous value that the CCG wishes to exploit in shaping and

directing the commissioning of services to deliver the best clinical outcomes for patients. With this in mind the CCG has defined the purpose of the locality as:-

- Commissioning services to meet the health needs of the local population.
- Ensuring provision of high quality community care.
- Optimisation of personal Health & Wellbeing.
- Ensuring access to quality secondary care services when required.
- Enabling individuals to stay well and independent.
- Developing and maintaining continuity and co-ordination of relationships:-
  - Clinical – Clinical
  - Clinical – Patient / NH / Provider
  - Carer / Family / Provider
- Influencing and informing Governing Body on the locality direction, development and commissioning priorities.

5. Locality Services

Virtual Ward

5.1 The CCG has previously developed the Virtual Ward programme, which is locality based. Virtual Ward provides comprehensive and better co-ordinated treatment for our patients who are at high risk of emergency admission to hospital such as those with long term conditions and frail or vulnerable older people

5.2 Each Virtual Ward team consists of a wide range of professionals from across health and social care. By working more closely together, these professionals provide more effective, joined up and collaborative care and treatment for patients

5.3 It is 'Virtual' because patients are mostly treated in their own homes. It is a 'Ward' because it works like a hospital ward - where a wide range of health and social care professionals meeting regularly to discuss each patient's health needs.

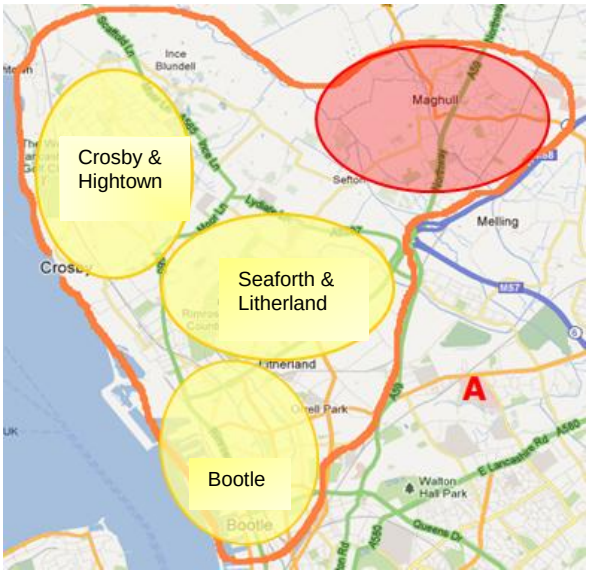
5.4 By working together more closely through the Virtual Ward, the team can better manage each patient's condition to keep them well and prevent them from being admitted to hospital unnecessarily.

5.5 There are 4 Virtual Ward Teams in South Sefton sited in each of the Nursing team areas of South Sefton; Maghull, Bootle, Crosby, Seaforth and Litherland. The types of care provided include:-

- Single discipline required (e.g. wound dressing care)
- Two or more disciplines required (e.g. medicines review, nursing and physiotherapy)
- Multi Disciplinary input required (up to 12 weeks care from a range of professionals e.g. Matron, Nurses, Physiotherapy, Social services)

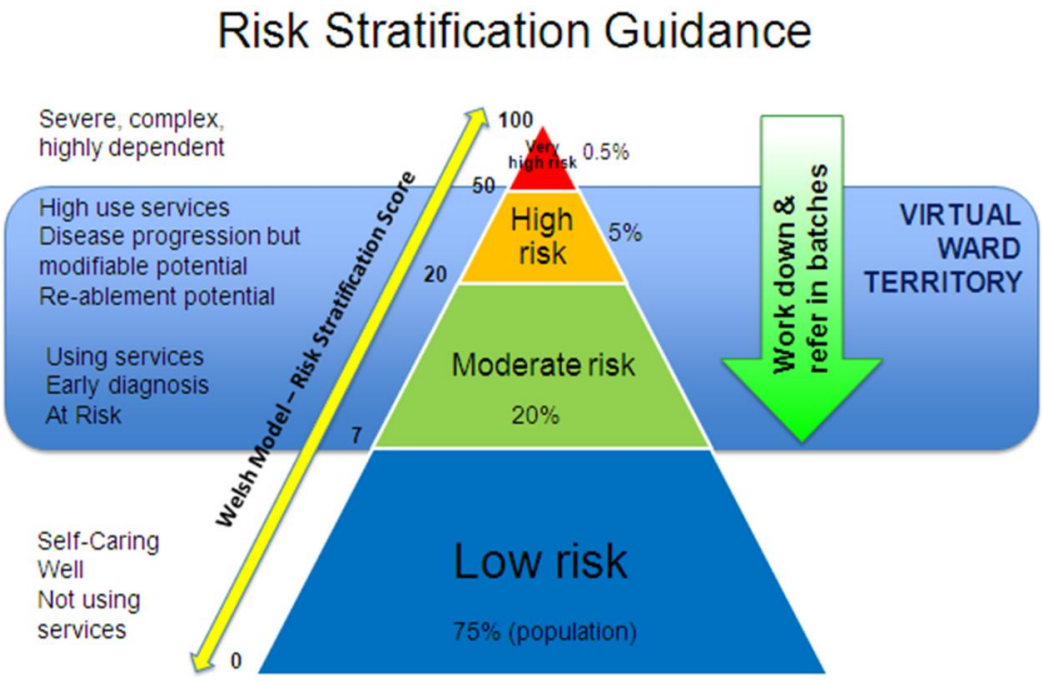
5.6 The map below illustrates the four South Sefton Localities served by the Virtual Ward.

Diagram 1.0 Virtual Ward Localities



5.7 Patient referrals come from the GP/or health professional where they identify suitable patients from known cases who would benefit from extra help, support and input. To assist clinicians in assessing patients for referral a GP information technology tool called 'Risk Stratification' is used in conjunction with clinical assessment to identify ' at risk' patients. The diagram below represents the risk stratification tool and sets out the targeted cohort population for Virtual Ward.

Diagram 2.0 Risk Stratification

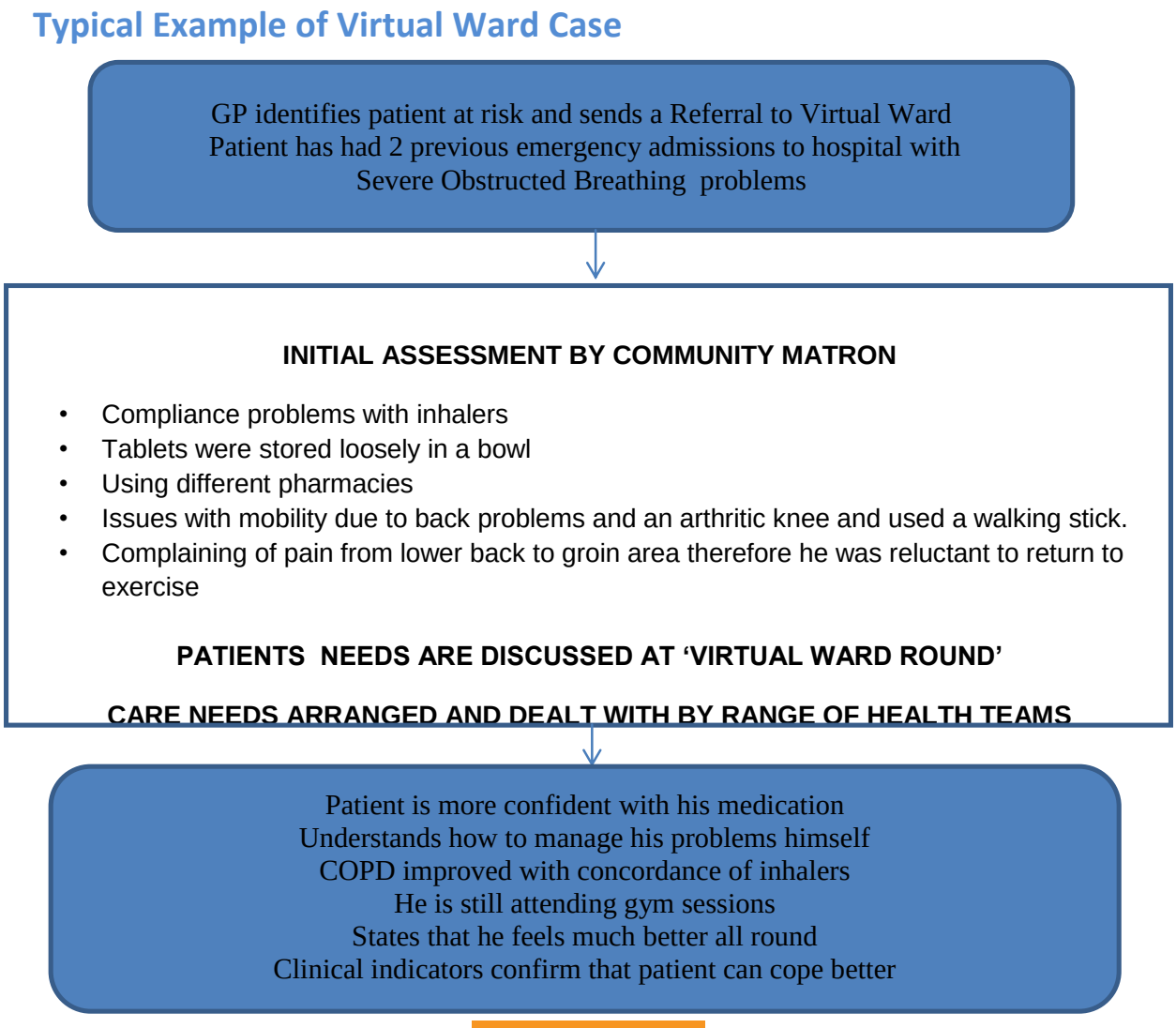


5.8 Upon receipt of a referral, it is triaged by Virtual Ward Matron to the appropriate clinical team, whereupon:-

- Patient is contacted to arrange visit for assessment
- Appropriate care commences
- Nursing team have monthly meetings with GP practices to appraise/inform progress
- Patient discharge information is sent to practice for information, action or follow up
- All patients are offered Dementia Screening and Falls Assessment

5.9 In terms of benefits to patients, care is provided at home often with assistance, enabling extended duration of home stay and admission avoidance. In addition, early facilitated discharge is enabled through the referral of patients leaving hospital, returning to the direct care of their GP. Experience indicates that individuals with often complex and multiple long term conditions have increased confidence in managing their conditions, enabling them to reside at home and in the community for longer time periods, with less dependency on acute hospital care. Increased confidence in local services that are co-ordinated in a responsive way, by multi-disciplinary professionals to meet the specific needs of individuals. The diagram on the next page describes an example of a Virtual Ward case for illustrative purposes.

Diagram 3.0 Example of Virtual Ward Case

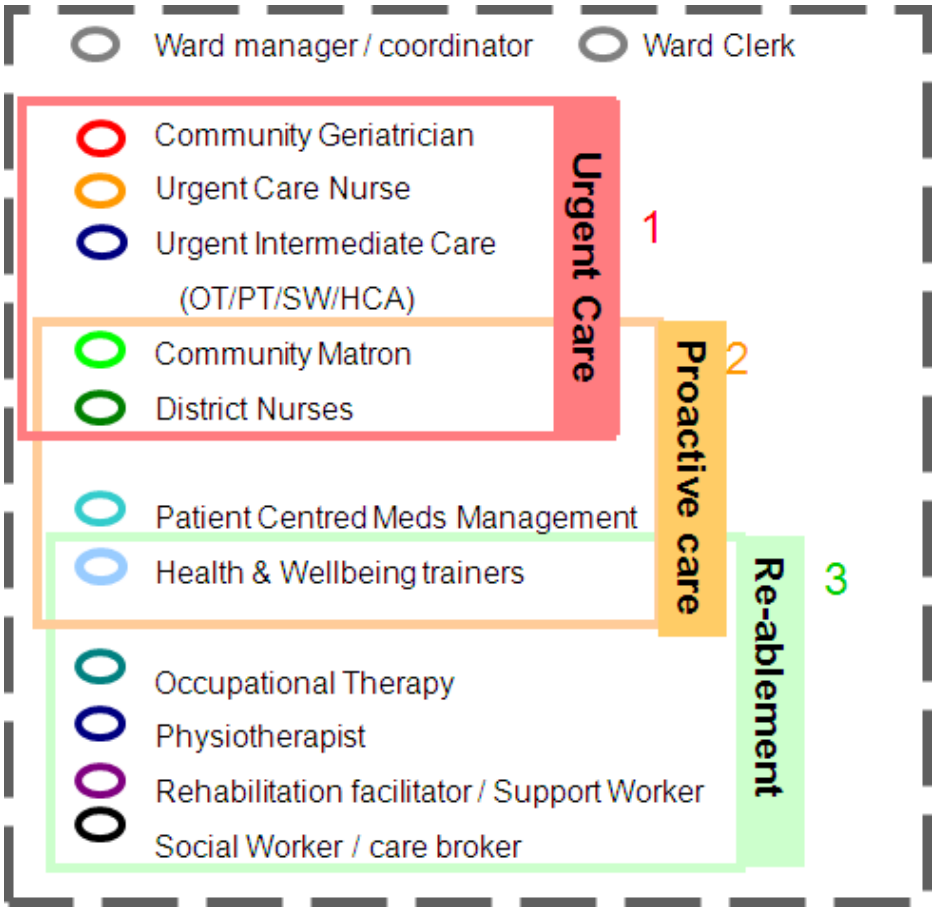


5.10 The Virtual Ward is served by a multidisciplinary team of professionals focusing on three aspects of care:-

1) Urgent Care
2) Proactive Care
3) Re-ablement

5.11 The diagram below depicts the staff involved in delivering the Virtual Ward range of services.

Diagram 4.0 Virtual Ward Professional & Workstreams

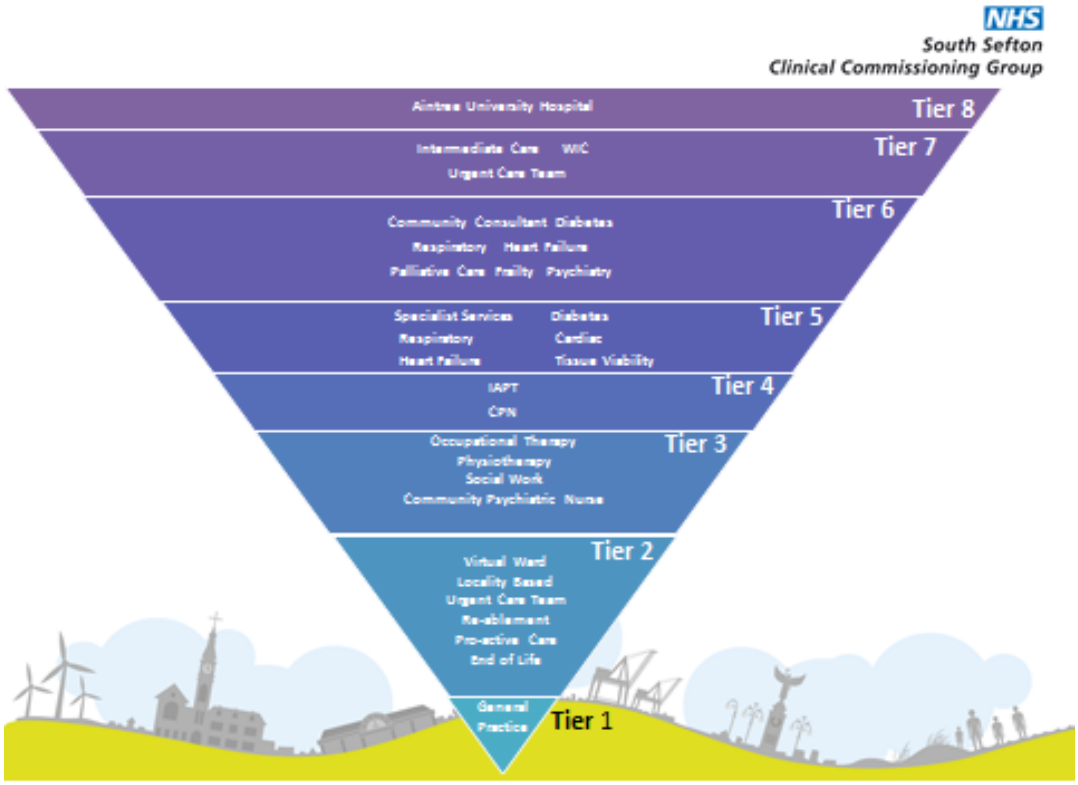


Locality Tiers

5.12 The CCG has begun an initial piece of work to define and describe the range of services that should exist, operate and develop at a locality level. The diagram below begins to illustrate the type of services that should exist at a locality, supra locality and at a CCG level. It is proposed to develop and refine the detail of this further working with each locality to enable services to be developed with sensitivity to locality issues and needs. It

will also assist the CCG in driving an integral and complementary approach for provider outreach services from acute care.

Diagram 5.0 Tiers of Services across South Sefton and its localities.



Virtual Ward Further Ambition

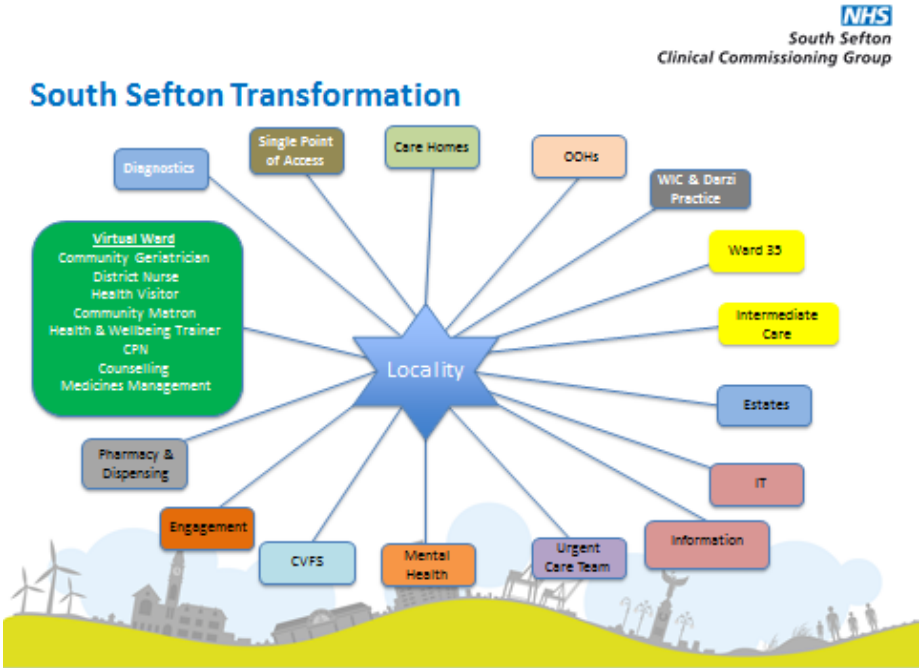
5.13 Given the size and scale of the challenge facing the CCG in terms of reducing and managing unplanned activity, the CCG has reviewed the current breadth of the Virtual Ward and has described an extension to the current model (a higher level of ambition), encompassing additional community geriatricians, health visitors, health and wellbeing trainers, community psychiatric nursing and counselling resources. The CCG needs to develop plans for the progression and extension of virtual ward, working with providers to identify opportunities for investment and development coupled with identifiable areas where unplanned acute activity can be reduced. This extension of scope needs to be progressed in a managed and ordered way to ensure that a systematic and cohesive approach is adopted in line with the locality model and in support of the overall CCG strategic direction.

6. A System Approach

6.1 In support of developing a system-wide approach across South Sefton, the CCG is clear that the extended remit of the Virtual Ward is central to the realisation of the required reduction in unplanned activity. However, Virtual Ward is only one element of the health system that needs to be transformed. The diagram below depicts the key system

elements that have been identified as being essential to transformation in order to realise the necessary changes in the way in which unplanned care is currently managed.

Diagram 6.0 Elements of the South Sefton System



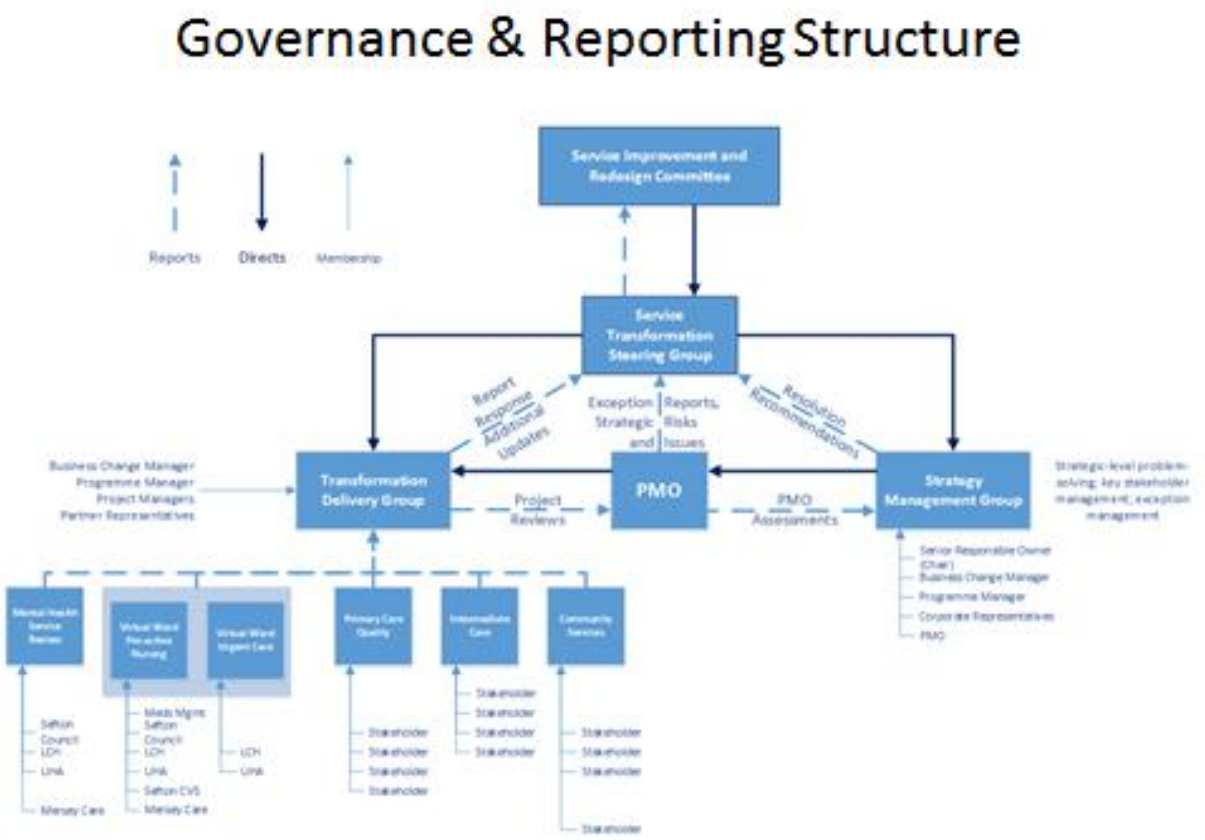
7. Project Management and Governance

7.1 In an effort to support and progress the required transformation across the identified system areas, including the augmentation of the existing Virtual Ward a revised and enhanced project management approach has being developed. This approach has specifically been developed to ensure:-

- All component programmes in support of South Sefton transformation are clearly identified and cited.
- Each programme has an identified CCG programme lead, with supporting clinical leadership.
- Each programme has a clear and definitive set of metrics on delivery which support a reduction in unplanned activity.
- Programmes are consistently developed to a robust level in terms of planning and delivery, which can be consistently tested, reviewed and reported.
- Risks are consistently idenfied according to a controlled format, such that impact, consequence and mitigations can be clearly assessed and understood.
- Key issues, preventing progress on programmes can be easily identified and escalated for support either within the CCG or with providers.
- Any cross related issues between programmes can be described and optimised where it is beneficial.

7.2 The diagram below describes the intended outline approach for the management, governance and reporting that is proposed to support the South Sefton Transformation. This diagram should be considered as a "working draft", as work is ongoing with the CCG delivery team in cementing the final detail to ensure that all programmes are covered.

Diagram 7.0 **Outline Governance Arrangements for the South Sefton Transformation Programme**



7.3 From the above, it is proposed that there will be various transformation programmes, including some existing programmes that will be brought together under a single project structure for cohesion and connectivity. Building on the existing Virtual Ward programme structure, this will affect the following changes:-

a) The Virtual Ward Operational Group will be adapted to encompass existing programmes, notably Mental Health and Primary Care. An indicative set of revised programmes are set out in the table below. Thus the current operational group will be revised to the "Transformation Delivery Group". The focus for this group will be on the development and progression of the respective programmes.

Table 1.0 Proposed Transformation Programmes for South Sefton

Transformation Programme	CCG Programme Lead
Mental Health	Gordon jones
Virtual Ward – Proactive Care	Tina Ewart
Virtual Ward – Urgent Care	Steve Astles
Virtual Ward - Reablement	Kevin Thorne
Primary Care	Angela Parkinson
Estates	Martin McDowell
Engagement	Tracy Jeffes
Information /IT	Pete Chamberlain
Out of Hours	Malcolm Cunningham
Ward 35 / Darzi / WIC	Pete Chamberlain
Future Specialties	Pete Chamberlain

b) In an effort to support delivery, the CCG recognises that there is a need to have the appropriate level of provider representation on the Transformation Delivery Group. Work is currently underway with providers, notably LCH to review membership to ensure optimum input, with the level of authority and ability to drive service transformation and change.

c) In an effort to separate plan development and delivery, the Virtual Ward Steering Group will change to a “Service Transformation Group”, the focus of which will be to ensure aggregated programme connectivity, address immediate progress and performance issues and ensure absolute coordination to avoid duplication of effort and promote synergy between programmes.

d) The PMO function will provide consistency in terms of project documentation, tracking and reporting. It will also be responsible for providing an independent assessment on programmes in relation to development, progression, delivery and implementation. This independence is recognised as being essential in terms of quality assurance to the Governing Body.

e) The full South Sefton Transformation programme will be reportable and accountable to the Service Improvement & Redesign Committee. This will have Governing Body representation and be responsible for ensuring alignment between the transformation programmes and CCG strategic direction. It will also act as a forum where unresolvable issues and obstacle preventing progress, delivery and implementation can be escalated to for support. The Service Improvement & Redesign Committee will also be required to test and assure that the necessary progress on programmes is evident and challenge areas where necessary.

f) In an effort to further support the Governance arrangements, the key leadership listed below will be employed in the form of a Strategic Management Group, focused on strategic level problem solving, stakeholder management and exception management:-

- Pete Chamberlain – Lead Clinician for Strategy & innovation
- Steve Astles – Head of CCG Development
- Tracy Jeffes - Chief Delivery & Integration Office
- Jan Leonard - Chief Redesign & Commissioning Officer
- Fiona Doherty / Becky Williams - Strategy & Planning Officers
- Rhys McDonnell - PMO
- Dave Comber – PMO
- Karl McCluskey – Chief Strategic Planning & Outcomes Officer

8. Conclusions

8.1 Virtual Ward remains a key programme to support the CCG in achieving its strategic aim to reduce the level of unplanned acute hospital activity.

8.2 There is the need to heighten the level of ambition and breadth of the Virtual Ward to enhance further community services provision in particular (Community Geriatrics, Health Visiting, Psychiatric Nursing and Counselling).

8.3 A clear vision, definition and purpose for the role of localities is set out based on shaping health services around the needs of the local population.

8.4 The South Sefton health system has identified key elements that are necessary to transform the delivery of healthcare in support of a shift in resources from the traditional acute setting to the community and primary care, all with a view to reducing unplanned care.

8.5 The system elements identified are now to form the basis of individual transformation programmes in support of cohesive system transformation and reduction in unplanned activity.

8.6 A robust project management approach and reporting structure is to be established to support the CCG in programme transformation.

8.7 A revised governance and reporting structure is proposed to ensure cohesion between individual transformation programmes, with a single common objective of reducing unplanned activity in acute care through enhanced and quality service provision at a locality level.

8.8 The Service Improvement & Re-design Committee will be responsible for overseeing progress and delivery on the South Sefton Transformation Programme, reporting directly and accountable to the Governing Body.

9. Recommendation

9.1 The Governing Body is requested to endorse the approach set out in this paper in relation to the development and management of the South Sefton Transformation programme.

Karl McCluskey
September 2014

NHS
South Sefton
Clinical Commissioning Group

Meeting of the Governing Body
September 2014

Agenda Item: 14/131	**Author of the Paper:** Samantha Tunney Head of Business Intelligence and Performance Samantha.tunney@sefton.gov.uk Tel: 0151 934 4039
Report date: September 2014	

Title: Better Care Fund (3rd Iteration)

Summary/Key Issues:

To update the Governing Body on the latest Better Care Fund plan and metrics, submitted by 19th September 2014 deadline and to seek retrospective agreement to the details.

Recommendation

That the Governing Body:

- notes that the Health and Wellbeing Board was asked to sign off the BCF Plan and supporting metrics to enable the submission to be made to the Department of Health within the deadline of 19th September;
- notes that when the Plan was signed off by the Health and Wellbeing Board, it was subject to further development after the meeting and prior to the submission date, and therefore retrospective agreement is sought from the Governing Body for the action the Board requested in seeking delegated authority of the Deputy Chief Officer and Chief Financial Officer, together with Chairs of the respective Governing Bodies, to sign off the BCF Plan;
- provides retrospective agreement of the BCF Plan and metrics submitted on 19th September, and note that the CCG Strategic Leadership Team was asked to agree in principle, the general direction of the Plan, at a meeting on 16th September; and
- notes the assurance process that takes place.

Note	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

Links to National Outcomes Framework *(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

NHS
South Sefton
Clinical Commissioning Group

Report to a meeting of the Governing Body

September 2014

1. Executive Summary

1.1 To update the Governing Body on the work and submission of the latest iteration (3rd) of Sefton's Better Care Fund Plan and metrics by the deadline of 19th September, and to seek retrospective approval of the same.

1.2 New Guidance from the Department of Health on the Better Care Fund Plan required formal sign off of the submission by the Health and Wellbeing Board at its meeting on 17th September. The Council, through its Cabinet, delegated authority for sign off on its behalf, to the Council's Deputy Chief Executive, in consultation with the Head of Finance and ICT, Chair of the Health and Wellbeing Board, and the Cabinet Member for Older People and Health. The CCG SLT received the draft BCF Plan and the metrics, at a meeting on 16th September, and was asked to give approval to the general direction of travel outlined therein. The Health and Wellbeing Board, at its meeting on 17th September, requested the respective Governing Bodies, to retrospectively agree to endorse the action of CCG Strategic Leadership Team and action taken in seeking a delegation to the Deputy Chief Executive and Chief Financial Officer, in consultation with the Chairs of the respective Governing Bodies, in signing of the submission, to enable the deadline to be met. .This report seeks the Governing Body's retrospective approval to the Plan, the metrics, and the actions of the SLT and the Health and Wellbeing Board, which was necessary in order to meet the due process and deadlines.

2. Introduction and Background

2.1 The Better Care Fund was introduced by Government requiring local authorities and Clinical Commissioning Groups to work together to plan for the integration of health and social care services through pooled budget arrangements and new ways of working. Members of the Governing Body may recall that two previous BCF Plan submissions have been made to the Department of Health in February and then April 2014. The third iteration of the plan was circulated to the Governing Body on 19th September in anticipation of this meeting.

2.2 On 25th July, via a letter to the Chair of the Health and Wellbeing Board, NHS England issued revised guidance on producing a third iteration of Sefton's Better Care Fund Plan. The latest guidance included revised planning and technical guidance, revised templates for completion, and a new timetable for submission, with additional conditions to be met.

2.3 The main changes to the plan requirements included:

- a revision of payment of £1bn (nationally) so that the proportion of the monies was "…linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity)." The national planning assumption was that this will be a 3.5% reduction against the baseline detailed in the technical guidance;
- more evidence of sufficient provider engagement and agreement of the impact of plans;

- greater clarity around the alignment of the BCF Plan to wider plans and policies, such as how BCF schemes will align with and work alongside primary care; and
- more evidence of robust finance and activity analytical modelling underpinning plans.

2.4 In terms of metrics, the guidance requires a greater emphasis on health issues, specifically, as mentioned above, a targeted reduction of total emergency admissions, set at 3.5%; this being the key metric of 6 expected metrics – the others being:

- permanent admissions of older people to residential and nursing care homes;
- proportion of older people who were still at home 91 days after discharge from hospital to reablement/ rehabilitation services;
- delayed transfers of care from hospital per 100,000 population;
- a metric on patient/service user experience; and
- a "local metric", to be decided.

2.5 A new section within the BCF plan required areas to have written agreements (with comments) confirming local Acute Health Providers support the schemes and plans set out in the Better Care Fund Plan for the Borough.

2.6 In a further shift of emphasis from the previous two iterations of the Better Care Fund submissions, in August the Local Government Association (LGA) and NHS England issued details by which the Better Care Fund Plans will be assured. They include:

- a reiteration of Central Government's commitment that the transformation of health and care services remains locally driven, led by Health and Wellbeing Boards;
- a commitment that Central Government will assure and review each BCF plan transparently and consistently against a series of national conditions and analytically driven understanding on where care is provided; and
- each plan will receive a rating of either - Approved, Approved with support, Approved with conditions or Not Approved, and equally each will receive a quality rating (inherent on levels of risks and mitigations) of either High; Medium/High; Medium; Medium/Low; or Low.

2.7 Following this assurance exercise, which will take 2 weeks to complete after formal submission, the individual assessment of each plan will be discussed in a pre-scheduled meeting with Health and Wellbeing Board leadership (undefined). The Governing Body are requested to note this process.

2.8 A demanding timetable of submission by 19th September was set.

2.9 Completing the plan required partnership work between colleagues from the South Sefton and Southport & Formby Clinical Commissioning Groups and Sefton Council, and included sharing of the details with providers of Acute Services, and the main hospital and community services providers, through the Health and Wellbeing's Provider Forum and separate conversations.

2.10 The work was aided by free Department of Health Consultancy offer, including support visits by consultants and information received through various workshops, webinars and meetings.

2.11 At its meeting on the 11th September, Sefton Council's Cabinet received general details of the proposed plan, and delegated powers of sign off of the formal submission to the Council's Deputy Chief Executive and the Head of Legal and ICT, in consultation with the Chair of the Health and Wellbeing Board and the Cabinet Member for Older People and Health.

2.12 Running parallel to this work was the preparation of a Section 256 agreement with NHS England, a financial regulation which transfers funds from NHS England to Local Authorities, as the two processes must be aligned. This was also an Agenda item on the meeting of Cabinet on the 11th September, and subsequently discussed by the Health and Wellbeing Board at its meeting on 17th September.

3. Key Issues

3.1 As noted, the formal submission was made on 19th September, within the expected deadline. It is believed that the plan offers a realistic assessment of Integration within Sefton, and satisfies the Better Care Fund process – of which Sefton's ambition for integration goes beyond.

3.2 However, the Health and Wellbeing Board, the Council and officers from both Clinical Commissioning Groups, have consistently argued that the Better Care Fund is a distraction to the goal of securing better outcomes for the residents of Sefton through an alignment, or integration of health, social care and wellbeing services. There is a consensus at national political level that moving towards integration is the key to securing more accessible and effective health and wellbeing pathways (in a resource strapped environment) with the goal of improving outcomes. Within this context the Health and Wellbeing Board have consistently expressed the risks associated with submitting a Better Care Fund Plan that seeks to reduce unplanned admissions and the target of 3.5% is extremely challenging given, amongst other things, the local demographics of Sefton and the complex acute provider landscape.

3.3 Other risks which are noted in the submission are:

- Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes;
- efficiencies expected from the current system in order to invest in community based services to deliver transformational change at scale and pace do not materialise; and
- unmet need continues to counter any progress towards a 3.5% reduction in acute admissions.

3.4 Collaborative working across the Commissioning and Provider landscape is needed to seek to mitigate against the risks articulated in the plan.

3.5 There are also financial risks associated with submitting the Better Care Plan, with no additional revenue costs provided to the Council as this funding is being transferred from the Department of Health (DoH) to support Adult Social Care Services, which also have a Health benefit. The funding must also be used to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the local Better Care Plan.

4. Conclusions

4.1 A demanding process, in a demanding timetable has been achieved. This has been achieved by through collaborative working across the Clinical Commissioning Groups, the Council, and to a lesser but equally important perspective, by the wider members of the Health and Wellbeing Board, which includes NHS England, Healthwatch, the Council for Voluntary Services, and by seeking to work to a greater extent, in partnership with all Providers. This submission offers further evidence of the scale and ambition of Sefton's Integration Plans, and to reassures Dept of Health, NHS England and others of these ambitions. The imposed timetable has not allowed for support/approval from the

Governing Body prior to it being submitted, hence the need to seek this retrospective agreement. Therefore, it is recommended that the Governing Body:

- notes that the Health and Wellbeing Board was asked to sign off the BCF Plan and supporting metrics to enable the submission to be made to the Department of Health within the deadline of 19th September;
- notes that when the Plan was signed off by the Health and Wellbeing Board, it was subject to further development after the meeting and prior to the submission date, and therefore retrospective agreement is sought from the Governing Body for the action the Board requested in seeking delegated authority of the Deputy Chief Officer and Chief Financial Officer, together with Chairs of the respective Governing Bodies, to sign off the BCF Plan;
- provides retrospective agreement of the BCF Plan and metrics submitted on 19th September, and note that the CCG Strategic Leadership Team was asked to agree in principle, the general direction of the Plan, at a meeting on 16th September; and
- notes the assurance process that takes place.

Sam Tunney
Head of Business Intelligence & Performance
September 2014

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY SEPTEMBER 2014

Agenda Item: 14/132	**Author of the Paper:**
Report date: September 2014	Jan Leonard Chief Redesign and Commissioning Officer Jan.leonard@southseftonccg.nhs.uk 01704 387034

Title: Breast Services at Southport and Ormskirk NHS Trust

Summary/Key Issues:

This paper presents the Governing Body with an update on the Breast Services at Southport and Ormskirk NHS Trust. The service closed to new referrals on 1st September 2014 and the paper outlines the issues that led to the closure and describes the actions taken to ensure that safe and effective services are available for Southport and Formby residents. It also highlights plans to for future provision of local services.

Recommendation

The Governing Body is asked to receive this update.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public
	Implementation of 2014/15 phase of Primary Care quality Strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year on (14/15) to include an intermediate care strategy
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	X			Steps to keep patients and public informed and future plans for engagement are described.
Clinical Engagement	X			
Equality Impact Assessment		X		We are awaiting this from Southport and Ormskirk NHS Trust at the time of writing this report.
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
	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 the Governing Body
September 2014

1. Background

Around 40 patients are referred to the Breast Service at Southport and Ormskirk NHS Trust each week from West Lancashire and Southport and Formby CCG. The service treats both cancer and non cancer breast symptoms dealing with approximately 100 day cases and 50 surgical cases each year. Breast screening services are not provided by Southport and Ormskirk Trust therefore are unaffected by the change. Some elements of the cancer pathway, such as reconstructive surgery are not provided by the Trust and patients access these from other local providers.

In August 2014 the Trust notified the CCG of their concerns that they would be unable to continue to provide a service in the near future due to a lack of Radiologist cover. This was due to the retirement of a member of staff and their plans to secure additional Radiologist cover had fallen through. Despite attempts to put temporary arrangements in place this was not possible and the service closed to new referrals with effect from 1st September 2014.

2. Key Issues

2.1. New referrals

Once the decision had been made that the service would no longer accept new referrals the following actions were put in place:-

A joint briefing was circulated to GPs highlighting other local providers. Breast services are available via NHS Choices and patients have the ability to choose which provider they receive care from, therefore a number of other providers were available.

Local providers were contacted to ensure they were aware that they may receive additional referrals.

The Trust put systems in place to ensure that should a referral be sent to the Trust the patient would be contacted and the referral redirected in a timely manner and the GP informed, to ensure no delays within the pathway.

2.2. Existing Patients

The Trust made a commitment to write to all patients currently receiving care within the breast service to reassure them that their care would not be affected by the changes. Short term radiologist cover had been secured to enable this. This applies to patients undergoing annual follow ups also.

3. Communications and Engagement

Where possible the three organisations (Southport and Ormskirk NHS Trust, Southport and Formby CCG and West Lancashire CCG) have drawn up joint communications.

MPs, local councillors and the Health Overview and Scrutiny Committee have all been briefed ad discussions with NHS England (Merseyside) and the Cancer Network has taken place.

The CCG Engagement and Patient Experience Group received an update at the September meeting.

4. Future Service Provision

The CCG, along with West Lancashire CCG, is working with local providers and other key stakeholders to explore options for providing services within the locality. Part of this work will be to look at best practice pathways of care and how these could be delivered for the population of Southport and Formby. A public consultation will also be launched to seek the views of the local population and enable them to shape the future service footprint.

5. Recommendations

The Governing Body is asked to receive the update.

Key Issues
Quality Committee

NHS
South Sefton
Clinical Commissioning Group

Meeting Date	**August 2014**
Chair	**Craig Gillespie**

Key Issues	Risks Identified	Mitigating Actions
Liverpool Clinical Laboratories	• Potential Harm to patients due to absence of reporting	• All patients contacted and review of potential harm to be taken in November 2014. • Each issue to be recorded on risk register with mitigating actions.
Alleged closed lists for GP Practices	• Pressure on GP practices	• SA will clarify at Primary Care Quality Board
Concerns related recruitment and training of district nurses	• Patient Safety	• LCH have improvement programme in place

Notifications for the Governing Body
1. **Travel Vaccination Direction approved**
2. **Asthma Management plan approved**
3. **Management of allegations policy approved**
4. **Virtual Ward Governance documentation approved**

Key Issues
Merseyside CCG Network

NHS
South Sefton
Clinical Commissioning Group

draft

Meeting Date	**3rd September 2014**
Chair	**Dt Steve Cox – St Helens CCG**

Key Issues	Risks Identified	Mitigating Actions
1. Continuing Health Care	• Lack of Assurance	• Work under consideration in CCGs to share across network & with Cheshire CCGs
2. Safeguarding Hosted Services	• Lack of co-ordination	• FLC lead for Merseyside CCGs. Steering Group meeting & overview of service
3. CCG Strategic intentions	• Fragmentation	• Work in October at CCG network to consider areas of common work
4. Regional Home Oxygen Service	• Lack of robust governance arrangements	• CCGs required to renew new governance arrangement and agree

Recommendations to the Governing Body
1. **To note actions from Merseyside CCG Network**

NHS
South Sefton
Clinical Commissioning Group

Quality Committee
Minutes

Date: Thursday 24th July, 3.00pm to 5.00pm
Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle

Membership		
Roger Driver	Lay Member (Chair)	RD
Dr Gina Halstead	GP Quality Lead	GH
Lin Bennett	Practice Manager Governing Body Member	LB
Dan McDowell	Secondary Care Doctor	DMcD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Also in attendance		
James Hester	Programme Manager – Quality	JH
Tracey Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Jo Simpson	Quality & Performance Manager, CMCSU	JS
Ann Dunne	Designated Nurse Safeguarding Children	AD
Wendy Hewitt	NHSE	WH
Apologies		
Dr Craig Gillespie	GP Governing Body Member (CHAIR)	CG
Dr Andy Mimnagh	GP Governing Body Member	AM
Dr Debbie Harvey	Clinical Lead for Integrated Care	DH
Fiona Clark	Chief Officer	FLC
Steve Astles	Head of CCG Development	SA

Membership Attendance Tracker

Name	Title	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Craig Gillespie	Chair and GP Governing Body Member	√	√	√	A								
Dr Andrew Mimnagh	GP Governing Body Member	A	√	√	A								
Dr Gina Halstead	GP Quality Lead	√	√	A	√								
Dr Dan McDowell	Secondary Care Doctor	√	√	√	√								
Roger Driver	Lay Member	√	√	√	√								
Lin Bennett	Practice Manager Governing Body Member	√	A	√	√								
Fiona Clark	Chief Officer	A	A	A	A								
Steve Astles	Head of CCG Development	A	A	A	A								
Malcolm Cunningham	Head of Primary Care & Contracting	√	A	√	√								
Debbie Fagan	Chief Nurse & Quality Officer	√	√	√	√								
Dr Debbie Harvey	Lead Clinician for Strategy & Innovation	√	√	A	A								
Martin McDowell	Chief Finance Officer	√	√	√	√								

✓ Present
A Apologies
L Late or left early

No	Item	Action
General business		
14/98	**Apologies for absence** were noted as above.	
14/99	**Declarations of interest regarding agenda items** Members holding dual roles across CCGs declared their interest.	
14/100	**Minutes of the previous meeting** were accepted as a true record.	
14/101	Matters arising/action tracker *13/126a Chief Nurse Report* – discussed at last meeting, ongoing. The CCG wants assurance back from NHSE(M) regarding complaints and serious incident reporting around primary care. Will receive updates through checkpoint assurance meetings and also on risk register so can come off tracker. *13/128* – action complete, take off tracker. *14/48 Governing Body Assurance Framework Update Q4* - on agenda. *14/64 Data analysis* - PROMS report being prepared for Aintree CQPG in September, keep on tracker. *14/68(a)* Go to Doc – will be discussed at next EPEG meeting in August, take off tracker. *14/89 Safeguarding* – Ann Dunne updated the Committee on safeguarding issues, take off tracker. *14/91a Safeguarding Peer Review* - completed on agenda *14/91(b) Safeguarding Review* – to be presented to Governing Body in July 2014, take off tracker. *14/93 Child Health Surveillance System National Audit* – waiting outcome of audit from NHSE national team, keep on tracker for now. *14/95 Complaints policy* – JH took to the Corporate Governance Support Group (CGSG), which has asked if the Quality Committee wants it to be revised 'in year' or when the policy is up for renewal. It was agreed it should be on September's CGSG agenda and amended sections only to be brought back for approval.	JH
Quality and Safety		
14/102	**CCG safeguarding service update** AD updated the Committee on safeguarding issues. DF had presented a paper to Sefton LSCB regarding assurance systems that are in place for and within the CCG. The paper outlined the arrangements in place for provider performance via the Contract process and Q4 2013/14 provider performance. The LSCB have requested that Providers present information regarding performance to the LSCB meeting in September 2014. DF reported that the CCG have requested that provider performance in relation to safeguarding is an agenda item for discussion at the Merseyside Quality Surveillance Group in September 2014.	
	Action: Safeguarding Service to review current status and report back to Quality Committee. Consideration to be given following this if a CCG internal management meeting needs to be held to discuss next steps.	AD
14/103	**Provider quality performance reports** JS explained the changes to the reports which focussed more on providers/KPIs. Reports would be by exception to keep the volume of the report down. The committee discussed provider performance based on information in the report. The discussion was led by the specific GP Clinical Leads.	
	The new format was received by the Committee.	
14/104	**Provider quality review report** DF gave an update regarding status of provider quality reviews.	

No	Item	Action
	The report was received by the Committee.	
14/105	**SI update** JH updated the Committee on serious incidents in the period.	
	JH to follow-up the missed fracture incident at LB's practice, as it had not yet appeared on system.	JH
14/106	**Liverpool clinical laboratories update (LCL)** GH updated the Quality Committee on the management and progress relating to LCL and the current status in relation to the IT and patient safety. A report will be presented to the Governing Body next week and NHSE will arrange another meeting in September to discuss further.	
	GH/DF will report back to the Quality Committee when more information has been	GH/DF
14/107	**Locality update** Mrs Bennett informed the Committee about the status of the provision of health checks for housebound patients within her locality area.	
14/108	**Quarter 1 – 2014/15 Corporate Risk Register and Governing Body Assurance Framework** Has already gone to CGSG and SMT, and will go to the full Governing Body. DF reported that in relation to the risk regarding provider safeguarding performance, providers had been named on previous versions of the Corporate Risk Register at the request of Dr Mimnagh. Following advice from CSU, in the current version in order to streamline the term providers has been reverted back to but there is an audit trail in place regarding this and it does not detract from the risk that currently exists and being managed.	
Service improvement/strategic delivery		
14/110	**Safeguarding service children and vulnerable adults policy** The policy has been to the Corporate Governance Support Group. No-one clinical was in attendance but the Group had been assured as it had been written by specialists in Safeguarding from the CCG Hosted Service. The policy has been updated to reflect the latest guidance from "Working Together" and the Mental Capacity Act paper presented to last month's meeting and is intended to be adopted by all Merseyside CCGs in order to gain consistency in approach. Another Merseyside CCG has asked for Appendix 5 information (flowchart) to be strengthened and the Primary Care Appendix 6 removed as not required as the CCG do not commission primary care. The Quality Committee decided to recommend to the Governing Body approval of the policy with the strengthening of the wording in the flowchart and the removal of the audit tool for primary care. AD to circulate the version of Appendix 5 that the other CCG had supported. DMcD queried the wording around 6.2, under the heading it referred to 'S&F CCG'. Safeguarding Team to amend this to ensure it makes reference to SSCCG.	AD AD
	The Quality Committee recommended that the Governing Body approve the policy with the strengthening of the wording in the flowchart and the removal of the audit tool for primary care.	

No	Item	Action
14/111	**Commissioning review policy including infertility policy** TJ presented the policy and explained that the CSU had been commissioned to revise the policy; there were minor changes to wording and the new statements were listed in the table accompanying the policy. There were 2 main areas for attention, namely varicose veins and the fertility. Regarding varicose veins, NICE assumptions may not be accurate locally, i.e. ratio of procedures and level of activity. Decision made to leave restrictions in place while model reviewed. Changes had also been made to the fertility policy to adopt the NICE guidance, i.e. moving to 3 cycles of treatment of IVF and raising upper limit to 40 for women undergoing treatment and offering a cycle of treatment to women aged 40 to 42, which had previously been unavailable. As part of this a Quality Impact Assessment has been undertaken and it was noted within that if the CCG didn't adopt the new NICE guidance that it could be in breach of its Public Sector equity duty. Mr Driver was disappointed that the representative group was only small. GH asked how decisions would be scrutinised and was assured it would be picked up in coding. A grammatical error was noted on p49 of 332 "legions" which would require amendment. TJ to feed this back to JL.	TJ
	The Committee approved the policy but with the restrictions in terms of varicose veins until the necessary clarity is gained.	
	TJ to liaise with JL regarding this action and update to be given to the Quality Committee when this clarity is gained.	TJ/JL
Information		
14/109	**Meeting minutes of the Corporate Governance Support Group dated 7 May 2014** were received.	
14/110	**Key Issues Logs** were received.	
Closing business		
14/112	**Any Other Business** DF reported there had been a 'never event' at Southport & Ormskirk Hospitals NHS Trust which would be reported to the Governing Body next week. DF provided assurances regarding how this process is being managed.	
14/113	**Date of next meeting** Thursday 21st August 2014 3.00pm – 5.00pm Boardroom, 3rd Floor, Merton House	

NHS
South Sefton
Clinical Commissioning Group

Finance and Resource Committee
Minutes

Date: Thursday 19 June 2014 1.00pm – 3.00pm

Venue: Boardroom 3rd floor Merton House, Stanley Road, Bootle.

Attended		
Roger Driver	Lay Member (Chair)	RD
Andy Mimnagh	GP Governing Body Member	AM
Sharon McGibbon	Practice Manager	SMG
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Debbie Fagan	Chief Nurse	DF
Steve Astles	Head of CCG Development	SA
Tracy Jeffes	Head of Delivery and Integration	TJ
Jan Leonard		
In attendance		
Brendan Prescott	CCG Lead for Medicines Management	BP
James Bradley	Head of Strategic Financial Management	JB
David Bacon	Interim Deputy Chief Finance Officer	DB
Becky Williams	Chief Analyst	BW

No	Item	
FR14/71	**Apologies for absence** Paul Thomas, Gustavo Berni, Suzanne Lynch, John Wray, Graham Morris, Fiona Doherty, Ken Jones	
FR14/72	**Declarations of interest regarding agenda items** The CCG Officers who hold joint posts at both NHS Southport and Formby and NHS South Sefton CCGs declared their potential conflicts of interest.	
FR14/73	**Minutes of the previous meeting** The minutes of the previous meeting were approved as an accurate record.	
FR14/74	**Action points from the previous meeting** The action points from the previous meeting were closed as appropriate.	

No	Item	
FR14/75	**Finance Reports** a. **Month 2 Finance Report** JB presented this report to the committee giving an overview the financial position for NHS South Sefton Clinical Commissioning Group as at Month 2 and outlines the key financial risks facing the CCG. The CCG is on target to achieve the planned £2.300m surplus at the end of the year. It also meets the other business rules required by NHS England. The Resource Allocation of £229.31m is the Allocation currently recorded by NHS England for South Sefton CCG. There are a number of adjustments required to this figure which have been agreed in principle with NHS England and will be corrected through allocation transfers in Month 3. These are known and do not represent a risk to the CCG. JB went on to draw attention to a number of risks and opportunities including: • Continuing healthcare • Overspends on Acute cost per case contracts • Continuing Healthcare restitution claims • Estates • Prescribing/drugs costs The CCG has increased the CHC budget by 4% based on outturn figures for 2013/14; however it is anticipated, based on current trajectory, that this will not be sufficient. RD requested clarification if the additional demand is due to a reduction in social care provision. MMcD noted that some providers are suggesting this as an explanation. Discussion took place in relation to encouraging patients to choose to leave secondary care provision appropriately. JL commented that collaborative working has proved that this can be successfully achieved. RD requested clarification in relation to ceiling for total provision by the CCG for CHC. MMcD responded that this level will be ascertained by benchmarking and collaborative discussion with our Local Authority partners. MMcD noted that funding has been released for system resilience and a framework has been produced for criteria for accessing funding. The CCG will submit their plan by 3rd July 2014. It is anticipated that additional funding may be released to support 18 week target, with an aim to reduce this to 16 weeks. **The Committee noted the contents of the report and that the CCG remains on target to deliver its financial targets for 2014/15.** b. **Quarter 4 Contract Performance Report** JB presented this report that described the financial performance against contracts in 2013/14 and the operational performance of the main provider – Aintree University Hospital. JB noted that the stand out variance was as Aintree NHS FT in Q4. Penalties were applied as part of the assessment which the Trust accepted. NWAS last year there was a block contract and as a result of lower activity values this has been reflected in this year's contract. The improvement in Aintree's RTT performance was noted. The CCG will now monitor GP referrals to Aintree.	

No	Item	
	It was noted that the performance at Liverpool Women's Hospital was reduced and Southport and Ormskirk has increased. From a target perspective Aintree are achieving their targets for Q1. **The committee noted the contents of the Quarter 4 Contract Performance Report.**	
FR14/76	**Annual IFR Update Report** JL presented this report and asked the committee to note that between March 2013 and April 2014 121 requests had been received of which 24 had been approved and 84 have been declined giving an approval rate of 22%, this figure will be reviewed when the final 13 cases have been resolved. JL will discuss potential specialised commissioning issues and signposting of requests with Sally Anne Hunter at CSC. JL will request further narrative in terms of decisions of exceptionality. In relation to IVF a discussion will take place at SLT with a view to bringing this into contract. **The Finance and Resource Committee noted the content of the Annual IFR Update Report**.	JL
FR14/77	**Better Care Fund** MMcD presented a verbal update on the Better Care Fund and noted that the CCG is awaiting a criteria based assessment and prescriptive guidance. Initial modelling has begun with the Sefton MBC. **The Finance and Resource Committee noted the contents of the verbal update in relation to the Better Care Fund.**	
FR14/78	**Quality Premium Dashboard** FD presented the Quality Premium Dashboard and advised the committee that the quality premium is intended to reward clinical commissioning groups for improvements in the quality of the services they commission and for associated improvements in health outcomes and reducing inequalities. Based on local data performance for the confirmed indicators for 2013/14 (April 2013 – March 2014), South Sefton CCG should receive a payment in 2014/15 of £460,519 against a total possible payment (if all indicators were within tolerance) of £736,830. This is due to underperformance in a number of areas which have been described in the previous month's report. However, data is still awaited for a further indicator, which may increase the total amount payable to £552,623 should it be at or below target. There have been changes to a number of indicators for the 2014/15 financial year and a draft dashboard has been produced to display performance. Data to populate the dashboard is expected for the July committee. In relation to IAPT GO'C will take a recommendation to the Service Improvement Redesign Committee. A small non-recurrent investment may be required in this financial year. Plans for this funding should be drafted in anticipation of the funding release in September 2014. FLC suggested that this funding may offer a potential to address gaps and may involve service redesign in addition to additional funding. **The Committee noted the content of the Quality Premium Dashboard report**.	

No	Item	
FR14/79	**South Sefton PMO programme update and exception report – Annual Report** FD presented the Southport and Formby PMO programme update and exception report and reminded the committee that these programmes are being measured against the 2013/14 objectives as per the original business cases. All cases for change are on track in relation to original milestones, waiting times have been reduced and diversions from secondary care as appropriate have been achieved. The PMO will review the parameters in relation to reporting the reduction in outpatient referrals for ophthalmology. **The Finance and Resource Committee noted the contents of the Southport and Formby PMO programme update and exception report – annual report**.	FD
FR14/80	**Any Other Business** **There were three items of other business** **1. Annual Accounts and Report** MMcD noted that The Annual Report and Accounts have been approved by the Audit Committee and have been uploaded to the intranet/internet. PWC have supplied an unqualified audit opinion. **2. Towards Excellence Quality Standard** MMcD noted that the Finance Team are working towards the Towards Excellence Quality Standard and as part of this have attended their 2nd Team away day following which 3 key projects have emerged. • Improved financial awareness - Finance Training for Non-finance professionals. This has been project planned and will be brought to July meeting. • Production of Accounting Instruction Manual • Improved Information and reporting for external customers. **3.** MMcD noted that this was David Bacon's final meeting prior to leaving and thanked him for his work and his support of the team and the committee. The Committee added their thanks and good wishes**.**	
FR14/81	**Date, Time and Venue of next meeting** Thursday 24th July 2014 1.00pm -3.00pm Boardroom 3rd Floor Merton House	

NHS Southport and Formby Clinical Commissioning Group
NHS South Sefton Clinical Commissioning Group
NHS Liverpool Clinical Commissioning Group
NHS Knowsley Clinical Commissioning Group

Merseyside CCG Network

draft

NHS West Lancashire Clinical Commissioning Group
NHS Halton Clinical Commissioning Group
NHS St Helens Clinical Commissioning Group

Meeting Held Wednesday, 3 September 2014, St Helens Chamber

Minutes

Present	
Dr S Cox	Chair, Clinical Accountable Officer StHCCG
L Bennett	Head of Commissioning WCCG
Dr J Caine	West Lancashire CCG
T Jackson	CFO Liverpool CCG
R Cauldwell	Chair, S&F CCG
F Clark	Chief Operating Officer, S&F SCCG
Dr N Fazlani	Chair, Liverpool CCG
D Johnson	Chief Officer Knowsley CCG
M Maguire	WLCCG
M McDowell	CFO, S&F SS CCG
K Sheerin	Chief Officer, Liverpool CCG
Dr A Pryce	Chair, KCCG
M Stanley	Head of Contracting and Performance Halton CCG
P Thomas	Governance Director KCCG
In attendance	
R Booth (Item 140902)	
N Ryder (CHC item only)	COO, CMCSU
P Butler (CHC item only	

Minute taker: Julie Burke

APOLOGIES

S Banks	Chief Officer, HCCG
P Brickwood	Deputy CFO, Halton, Knowsley, St Helens CCGs
Dr C Shaw	Chair, SSCCG
S Johnson	(Chair) Head of Commissioning/Deputy AO, St Helens CCG
J Wicks	Interim Chief Officer, WCCG
A Davies	Chair, WCCG

No	Item	Action
140901	**(a) Minutes of the previous meeting** The minutes of the meeting held 6 August 2014 were agreed as an accurate record of proceedings. **Matters arising** Liverpool Women's Hospital. KS reported that a meeting is to be held 4 September with LCCG to discuss strategic direction of travel. SC informed the meeting A Tonge and R Barker will attend the Joint meeting on 1 October to discuss key areas for co-commissioning related to redesign.	

No	Item	Action
	Specialised Commissioning. TJ provided an update. The SPOG identified 7 task force groups, 1 of which was asked to look at the portfolio of future services and where these should sit. Discussions have taken place at a local level at the NW Co-Commissioning Tasks Force. One view is that 50% of specialised commissioning should sit with CCGs, transferring the whole of the budget back to CCGs, then recalibrating the funding for specialised commissioning which would be returned. 3 key decisions being discussed: • What needs to remain at a national level eg: transgender surgery. • 45/50% to remain with CCGs, could be declassified, eg chemotherapy, neuro, dialysis, medium and low secure MH. • What could be co-commissioned. TJ part of an initial feasibility exercise to identify what implications there would be for the NW. Decision will be required by the end of September to impact in April 2015. HCCG and SS represent the Network on the SPOG. KS took part in a teleconference on 29 August with AS and AR. KS to share draft options paper for CCGs to comment prior to presenting to SCOG on 26 September. Neuro Rehabilitation. SC added that outcome of bids is awaited across Cheshire. MMcD to present options paper to Network meeting on1 October. (b) **Actions of the previous meeting** (*see action log)*	**KS/ALL** **MMcD**
140902	**EPRR Update** RB gave a verbal update on current issues. Current status report to be presented to the November meeting relating to training. Further guidance awaited on expectations of what CCGs will be required to contribute. RB to meet with CCGs to ensure CCGs are compliant with core standards. Expectation is that CCGs will show compliance. Requirement for on-call colleagues to maintain a personal development portfolio. Training Needs Analysis to be circulated to on-call colleagues. Reviews of provider departmental plans carried out. Six have met compliance standards at Green, 1 at Amber. Report to be presented to November Network meeting. Resilience Direct. EPRR plans/minutes etc will be available via national database. CCGs to nominate a lead from each CCG to access this information. National Capability Survey. Will identify capability and compliance of CCGs. DoH may have a separate section but survey will need to be completed prior to November. Christmas on-call. RB to contact on-call colleagues for 'volunteers' in the first instance availability over the Christmas period with those colleagues who did not provide cover last year asked in the first instance to ensure fairness.	**DJ/RB** **RB** **RB** **RB** **All** **All** **RB/All**

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No	Item	Action
140903	**NHS 111 Procurement** Deferred to 1 October	**I Davies**
140904	**ToR** The amended Revised ToR were approved. JB to circulate final copy.	**JB**
140905	**Maternity Review** SB had circulated an update prior to the meeting with a copy of the SIG ToR to Reduce Variation and Improve Outcomes for Maternity Services across Cheshire and Merseyside. Catherine McClennan has been appointed as Maternity Strategy Project Manager and starts work with the Cheshire and Merseyside Strategic Clinical Network on 15th September 2014. NHS Halton CCG are the host employer and the post is time limited for 1 year. The first meeting of the oversight group is on 29th September 2014, so the work should gather pace thereafter, although the groundwork on commitment to the programme has been done so Catherine's appointment should be an accelerant. KS commented that the work of this group must link in with discussions taking place at The Womens Hospitality relating to long sustainability from financial, quality, safety and efficiency perspective. SC added that any reconfiguration of services must take into account paediatric intensivist cover and impact on other acute providers. SC suggested that any final system or pathway could be passed to the C&M Clinical Senate for review. All to ensure that MPs are briefed appropriately taking into account perdah guidance.	**All**
140906	**Safeguarding Hosted Service** FC provided a verbal update. Steering Group has been re-established with Chief Nurse representation. The Group is meeting every 6-8 weeks. Session is being held in October to look at identified gaps.	
140907	**CCG Strategic Intentions** Sefton, West Lancs and Warrington CCGs information to be added to the information tabled today. Further detailed discussion in Part 2 of the CCG Network meeting on 1 October to discuss / agree overlap and common areas of work. CSU leads to meet with SJ to scope out Joint areas for work for in year change and for 2015-16. Detailed discussion to take place in Part 2 of the CCG Network meeting on 1 October to discuss / agree overlap and common areas of work and identify what areas of work can be done differently to enable to the CCGs to have more ownership. All acknowledgement the importance of trying to agree where hybrid and/ collaborative arrangements could be developed, eg Cheshire CCGs to take CHC or BI.	**SJ + All**
140908	**CCG Network** **(a) Work Programme** – to be discussed at next meeting	**SJ**
140809	**Regional Home Oxygen Service (HOS)** MG summarised key points in the papers which had been circulated. • In July 2012 contract was awarded to Trafford to lead on HOS. MG, Head of	

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No	Item	Action
	Medicines St Helens CCG is the nominated representative for the Merseyside CCG Network to attend the Steering Group which has met twice. • The CCG Network were asked to consider proposed new governance framework and arrangements for NHS Trafford CCG to lead the HOS. The new arrangements assume that MG will have delegated authority for clinical and finance decisions. • Proposal includes the retention of 2 existing leads (Clinical Governance and Quality roles) who would work across 32 CCGs which would result in more cost implications for C&M. • Concerns discussed regarding potential duplication of roles and dilution of service provision. • The Governance lead would lead on behalf of all CCGs. • Any financial decisions should be confirmed by individual CCGs. FC and others expressed concerns that there was no underpinning framework or clear description of the role of what the Steering Group would be and what they would be 'overseeing' on behalf the CCGs. There also needed to be clear guidance on what 'delegated authority' means for CCG, if this was just operational. **Action: MG to circulate ToR of the Steering Group. All CCGs to respond with comments on proposed new governance arrangements**	**ALL**
AOB	**CHC retrospective claims**	
	NR presented an overview of progress to date and next steps relating to retrospective/legacy claims. • Nationally there are 57,000 claims with an estimated cost of £750m. • 11 CCGs are processing 3,500 claims, 1,200 cases have been closed. • There is a dedicated team of 40 staff. • In 2013/14 costs were chargeable to NHSE Legacy fund • In 2014/15 costs are chargeable to a risk pool. • More claims are progressing than in the original assumptions. • There is a net increase in C&M claims. • Capacity issues regarding clinical resource to support clinical assessments and accessing of clinical records. • Some delays experienced in local authority processes • Process is constantly being reviewed, looking to fast track ' definite' claims and also reviewing claim period. • Sourcing extra clinical capacity from external partners to process as many as claims as possible. • Additional capacity can be accessed from another CSU which would mean that a full procurement process would not be required. • Monthly monitoring to take place, moving to a percentage each month which will provide a more accurate projection. • NR to meet with nominated CCG representative to confirm individual CCG timescales for completing retrospective/legacy cases. • NR to circulate time line when clinical assessments have been completed as an indication when cases may be closed. • Further guidance awaited regarding risk pool. • National 'message' awaited from DoH. All CCGs expressed concerns regarding time delay in claims being settled and the impact this has on families of patients and local reputation and asked for NHSE to produce a national statement which all colleagues could use.	
	KS informed the meeting of recent communication between Southport and other providers relating to what appears to be permanent 'suspension' of breast screening services due to capacity of radiologists within MDT teams. This had	

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No	Item	Action
	raised concerns amongst local MPs and some provider trusts. FC commented that CEO of Southport +Ormskirk had only notified commissioners on 8 August of capacity within the service due to national and local recruitment shortages. International recruitment had taken place but there was a delay in appointment of 6 months. Discussions had taken place with MDs at provider trusts and reassurance given that there would be no adverse impact on the affected cohort of patients.	
	Date of Next Merseyside CCG Network Meeting – Wednesday 1 October 2014 12 noon - **Joint meeting with C&M, Warrington + Wirral CCG**, Daresbury Park Hotel, Warrington 2pm **Merseyside CCG Network colleagues only,** Daresbury Park Hotel Warrington	

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THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN"

HEALTH AND WELLBEING BOARD

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 18TH JUNE, 2014

PRESENT: Councillor Ian Moncur (in the Chair)
Dr. Janet Atherton, Dr. Rob Caudwell, Fiona Clark, Councillor Paul Cummins, Dwayne Johnson, Councillor John Joseph Kelly, Maureen Kelly, Colin Pettigrew and Dr. Clive Shaw

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr. Niall Leonard, Peter Morgan and Phil Wadeson.

2. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 19 March 2014 be confirmed as a correct record.

3. DECLARATIONS OF INTEREST

No declarations of pecuniary interest were received.

4. CONSOLIDATED CLINICAL COMMISSIONING GROUPS STRUCTURES AND UPDATE

The Board received a presentation "Driving Strategy into Delivery" from Fiona Clark, Chief Officer for South Sefton Clinical Commissioning Group (CCG) and Southport and Formby Clinical Commissioning Group that updated on the Consolidated Clinical Commissioning Groups Structures. The presentation provided information on the following:-

- The three strategic priorities of frail elderly, unplanned care and primary care transformation
- The strategic plan engagement relating to additional programme areas, adult and children mental health services review, the Better Care Fund, the Community Services Review and enhanced primary care
- The organisational structures of the wider constituent CCG and the Medicines Management Team
- The accountability and performance structures of the Southport and Formby and South Sefton CCG's
- The roles and responsibilities of the Southport and Formby and South Sefton CCG governing bodies and clinical leads/locality lead GPs

RESOLVED:

That Fiona Clark be thanked for her informative presentation.

5. REFRESH OF THE HEALTH AND WELLBEING STRATEGY AND SEFTON STRATEGIC NEEDS ASSESSMENT

The Board considered the report of the Head of Business Intelligence and Performance seeking the Board's views and agreement regarding:-

- the process and timetable for refreshing the Sefton Health and Wellbeing Strategy and the Sefton Strategic Needs Assessment as outlined in the report;
- the draft Strategy and high level Needs Assessment, attached to the report; and
- the Better Care Fund Plan.

The report set out the background to the matter together with details of the Sefton Health and Wellbeing Strategy 2013 – 2018; the Sefton Strategic Needs Assessment (SSNA); the context of the review of the Health and Wellbeing Strategy; the Better Care Fund Plan; the Annual Review Process undertaken; inter-connectivity to other Strategies and Plans**;** the Outcomes Framework and Performance Dashboard; and conclusions reached.

Copies of the revised Health and Wellbeing Strategy 2014-20, Better Care Plan for Sefton and the Sefton Strategic Needs Assessment 2014/15 High Level Summary were attached to the report.

RESOLVED: That

(1) the draft iteration of the Health and Wellbeing Strategy, as attached to the report, be approved and that further refinement take place over coming months, with a view to the Strategy being resubmitted to the Board in September 2014 and progressed to the Cabinet and Council and Clinical Commissioning Group (CCG) Governing Bodies in the Autumn of 2014;

(2) the content of the report and the context within which the refresh of the Strategy and the Strategic Needs Assessment is taking place, as described in the report, be noted;

(3) the process for further refreshing the Strategy and Strategic Needs Assessment, as described in the report, be endorsed and the full review of the Sefton Strategic Needs Assessment be published in 2014;

(4) the Celebration Event planned to take place in July 2014 be noted and the publication of an annual report alongside the final version of the next iteration of the Health and Wellbeing Strategy be agreed;

(5) the work being undertaken in developing a performance dashboard be endorsed and that this be discussed at the development workshop for the Health and Wellbeing Board in June 2014;

(6) the second iteration of the Better Care Fund Plan, as attached to the report, be endorsed, the progress in developing a one year integrated transition plan be noted, and that further work on this be progressed by the Board at its development workshop in June, 2014;

(7) subject to work progressing over the next two months through the Forums and Task Groups, the Cabinet and the Council, and the CCG Governing Bodies be recommended to agree that the Strategy becomes the overarching strategic outcomes framework for the Borough, to replace any previous versions of the Sustainable Community Strategy; and

(8) the Council's Overview and Scrutiny Committees be requested to add the Health and Wellbeing Strategy and the Sefton Strategic Needs Assessment to their future work programmes once the documents are developed further over the coming months.

6. SEFTON PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered the report of the Chief Officer for South Sefton Clinical Commissioning Group and Southport and Formby Clinical Commissioning Group summarising the findings of the Sefton Pharmaceutical Need Assessment (PNA) steering group's identification of changes to pharmaceutical services and changes in needs for pharmaceutical services since the publication of the last PNA in 2011. The report also proposed undertaking a revised assessment and publishing a supplementary statement.

The report set out the background to the matter; recent changes in pharmaceutical provision within Sefton; changes in need for pharmaceutical services within Sefton due to housing developments; changes in pharmaceutical and locally commissioned services delivered; and conclusions reached and recommendations made.

RESOLVED: That

(1) a revised assessment is not required prior to publication of the next Sefton Pharmaceutical Needs Assessment (PNA), due by 1st April 2015; and

(2) a Supplementary Statement be issued and uploaded to the Council website detailing changes in pharmacies and opening hours.

NHS
South Sefton
Clinical Commissioning Group

Seaforth and Litherland Locality Meeting Minutes

Date: Wednesday 2nd July 2014 at 13.00 – 15.00

Venue: Crosby Lakeside Adventure Centre

Attendees

Dr A Patrick	Litherland Town Hall	AP
Ian Hindley	Litherland Town Hall	IH
Dr C McElroy	15 Sefton Road	CM
Alison Harkin	15 Sefton Road	AH
Louise Taylor	Glovers Lane	LT
Dr F Cook	Rawson Road	FC
Sam Standley	Rawson Road	SS
Angela Dunne	Rawson Road	AD
Dr B Fraser	Ford Medical Practice	BF
Eils McCormick	Ford Medical Practice	EM
Louise Armstrong	Ford Medical Practice	LA
Lin Bennett	Ford Medical Practice	LB
Dr M Vickers	Bridge Road Surgery	MV
Dr N Choudhary	Netherton Practice	NC
Lorraine Bohannon	Netherton Practice	LB
Dr R Ogunlana	Orrell Park	RO
Jane McGimpsey	Orrell Park	JM
Dr J Wallace	Litherland Darzi	JW
Pam Maher	Litherland Darzi	PM
Terry Hill	South Sefton Clinical Commissioning Group	TH
Helen Knowles	South Sefton Clinical Commissioning Group	HK
Tracy Jeffes	South Sefton Clinical Commissioning Group	TJ

Minutes

Angela Curran	South Sefton Clinical Commissioning Group	AC

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr T Thompson	GP – 15 Sefton Road	A	✓	✓	A								
Dr C McElroy	GP – 15 Sefton Road	✓	✓	✓	✓								
Alison Harkin	PM – 15 Sefton Road	✓	✓	✓	✓								
Paula Lazenby	PN – 15 Sefton Road	A	A	A	A								
Dr A Slade	GP – Glovers Lane Surgery	A	A	A	A								
Louise Taylor	PM – Glovers Lane Surgery	A	✓	✓	✓								

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr P Goldstein	GP – Glovers Lane Surgery	✓	✓	✓	A								
Dr M Cornwell	GP – Glovers Lane Surgery	A	A	A	A								
Dr M Vickers	GP – Bridge Road Surgery	✓	✓	✓	✓								
Lynne Creevy	PM – Bridge Road Surgery	✓	A	A	A								
Dr E Carter	GP – Bridge Road Surgery	A	A	✓	A								
Dr N Choudhary	GP – Netherton Practice	✓	A	✓	✓								
Lisa Roberts	PM – Netherton Practice	A	A	A	A								
Lorraine Bohannon	PM – Netherton Practice	✓	✓	✓	✓								
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓	A								
Lin Bennett	PM – Ford Medical Practice	A	✓	✓	✓								
Eils McCormick	PN – Ford Medical Practice	✓	✓	✓	✓								
Louise Armstrong	PN – Ford Medical Practice	✓	✓	✓	✓								
Dr B Fraser	GP – Ford Medical Practice	A	A	A	✓								
Jane McGimpsey	PM – Orrell Park Medical	✓	✓	✓	✓								
Dr R Ogunlana	GP – Orrell Park Medical	A	✓	✓	✓								
Dr A Hameed	GP – Litherland Darzi	✓	A	✓	A								
Dr B Schoenberger	GP – Litherland Darzi	A	A	✓	A								
Julie Price	PN – Litherland Darzi	A	A	A	A								
Pam Maher	PM – Litherland Darzi /	A	A	A	✓								
Dr A Patrick	GP – Litherland Town Hall	A	✓	✓	✓								
Dr F Cook	GP – Rawson Road / Orrell	✓	✓	✓	✓								
Angela Dunne	PM – Rawson Road / Orrell	✓	✓	A	✓								
Ruth Powell	PN – Rawson Road	A	A	A	A								
Ian Hindley	PM – Seaforth Practice/	✓	A	A	✓								
Dr S Fraser	GP – Seaforth Practice	A	A	A	A								

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/59	**Apologies** All apologies were noted	
14/60	**Declarations of Interest** Lin Bennett – South Sefton Governing Body Member	
14/61	**Minutes of the Last Meeting** The minutes from the last meeting held on 4th June were approved. **Mattering Arising** AP has asked Richard Harkness, iMerseyside to resend the email to locality	

No	Item	Action
	members in relation to Ericom. Liverpool Community Health (LCH) has scheduled development sessions for each South Sefton locality. The date for S&L has been arranged for 24th July, 12 – 3pm in Bootle Cricket Club. An invitation will be emailed to members and AC asked if they could confirm attendance to feedback to LCH. TJ presented a letter from Debbie Fagan, Chief Nurse, South Sefton CCG regarding hospital acquired infections in relation to the quality premium. TJ assured the locality that work is ongoing and if any member was seeking further clarity they could contact Debbie Fagan who would be happy to attend a meeting to answer any queries. AP will report on the virtual clinical reference group at the next meeting but LB provided a short overview and asked if any GPs wished to review the content of the proformas before roll-out could they please contact Dr Williams at Ford Medical Practice.	
14/62	**Liverpool Community Health Attendance at Future Meetings** TH informed members that LCH would like to have representation at all future locality meetings to act as a link where issues can be raised and escalated if necessary. This is already happening in the Maghull locality which has proven successful. Members agreed that this would be beneficial but there was discussion around the potential for conflict of interest if the representative attends the full meeting. Members agreed that this should go on as an agenda item so they could invite the representative when appropriate. For information, TH informed members that the LCH rep for S&L will be Tracy Greenwood.	
	Action: AP to add LCH rep to agenda as a speaker.	AP
14/63	**Housebound Reviews Business Case/£50K** TJ reported that the housebound business case was discussed at the CCG Senior Leadership Team meeting and approved. A lot of work has been done at locality level and this case has a very strong base which was commended. AP will pick up the detail with LB to look at an evaluation mechanism to roll-out the pilot. LB added that on the insurance side, as long as the Practice Nurse is employed by the GP and the GP is a member of a medico-legal company they are covered. LB also stated that the Practice Nurse should have business use on their car insurance (fuel rate is 40p per mile). Each practice will need to work out their own costings with AP and Steve Astles for a price of 60% to be allocated up front with the remainder 40% to be paid upon achievement.	
	Action: AP and LB to discuss evaluation of the pilot.	AP/LB
	Following the approval of the housebound project, the locality has £37K of the £50K allocation remaining. Members opened a debate on how this funding should be spent. There was a discussion around O_2 cylinders and the possibility of using the funding to cover maintenance costs and whether the CCG could negotiate a block contract. Practices currently have individual contracts but it was thought that a block contract may be cheaper	

No	Item	Action
	and more beneficial to the locality. A second possibility was discussed to put the money into practice to improve access and visiting times. The point was raised that the LQC has an access indicator and this could be seen as double counting. Some members stated that the LQC access was for above core hours; is there a way to put the money into practice within core hours with the possibility of working up an idea over and above the LQC. It was agreed to draft a locality proposal for the £37K and bring basic ideas to the next meeting. TJ added that the proposal should state how this meets the CCG strategy and also informed members that a new CCG committee is being established for locality lead GPs to share good practice with other localities. Members asked if they could be informed what the available resource is for each practice, from the £37K, broken down per capita of patients. They agreed to discuss this with AP at the next meeting.	
14/64	**Quality Premium/Finance** TJ provided feedback on the quality premium earlier in the meeting. TH gave a brief update around finance stating that there was no further updates at present as only a month's worth of data available. Further data will be available towards the Autumn.	
14/65	**Medicines Management** HK provided a brief update on the changes to amoxicillin dosing for children. A brief note for SMOOG is it has been suggested to keep suppliers on a webpage. HK asked that if members had any issues could they pass them to their medicines management representative.	
14/66	**Any Other Business** The community respiratory team to speak at next meeting.	
	Action: AP to invite community respiratory team to next meeting.	AP
	AH reported that 15 Sefton Road had had 3 VW referrals rejected. The rejections were made by the triage nurse in error and one was rejected on OT. Members were reminded to contact Asan Akpan, the Community Geriatrician to report any rejections from the VW as Asan has agreed to co-ordinate them. LB asked members if they had recently forwarded any complaints to Aintree. AH reported that 15 Sefton Road do send complaints. LB added that Ford Medical Centre are sending 5 – 10 a week but only getting a couple of responses. LB is currently working with Dr Whittaker to look at responses of complaints and the possibility of funding for practices if they are willing to continue to send complaints to Aintree. There is also the possibly of using this as an audit so LB reiterated the need for practices to complain. TH asked TJ whether the complaints to Aintree go through the Quality Team at the CCG. TJ agreed to ask Debbie Fagan.	
	Action: TJ to speak to DF around complaints made to Aintree.	TJ

No	Item	Action
14/67	**Date and Time of Next Meeting** 6th August 2014 1 – 3pm Crosby Lakeside Adventure Centre	

NHS
South Sefton
Clinical Commissioning Group

Seaforth and Litherland Locality Meeting Minutes

Date: Wednesday 6th August 2014 at 13.00 – 15.00

Venue: Crosby Lakeside Adventure Centre

Attendees		
Ian Hindley	Litherland Town Hall	IH
Dr T Thompson	15 Sefton Road	TT
Alison Harkin	15 Sefton Road	AH
Dr F Cook	Rawson Road	FC
Louise Taylor	Glovers Lane	LT
Angela Dunne	Rawson Road	AD
Dr N Williams	Ford Medical Practice	NW
Dr A Ng	Ford Medical Practice	AN
Lin Bennett	Ford Medical Practice	LB
Dr M Vickers	Bridge Road Surgery	MV
Lynne Creevy	Bridge Road Surgery	LC
Dr N Choudhary	Netherton Practice	NC
Lorraine Bohannon	Netherton Practice	LB
Angela Parkinson	South Sefton Clinical Commissioning Group	AP
Jenny Kristiansen	South Sefton Clinical Commissioning Group	JK
In attendance		
Dr P Chamberlain	South Sefton Clinical Commissioning Group	PC
Dr N Taylor	South Sefton Clinical Commissioning Group	NT
Pauline Little	Aintree NHS Trust	PL
Paula Bennett	Sefton Metropolitan Borough Council	PB
Minutes		
Gary Killen	South Sefton Clinical Commissioning Group	GK
Apologies		
Dr C McElroy	15 Sefton Road	CM
Dr R Ogunlana	Orrell Park	RO
Jane McGimpsey	Orrell Park	JM
Dr A Patrick	Litherland Town Hall	AP
Tracy Jeffes	South Sefton Clinical Commissioning Group	TJ

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr T Thompson	GP – 15 Sefton Road	A	✓	✓	A	✓							

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr C McElroy	GP – 15 Sefton Road	✓	✓	✓	✓	A							
Alison Harkin	PM – 15 Sefton Road	✓	✓	✓	✓	✓							
Paula Lazenby	PN – 15 Sefton Road	A	A	A	A	A							
Dr A Slade	GP – Glovers Lane Surgery	A	A	A	A	A							
Louise Taylor	PM – Glovers Lane Surgery	A	✓	✓	✓	✓							
Dr P Goldstein	GP – Glovers Lane Surgery	✓	✓	✓	A	A							
Dr M Cornwell	GP – Glovers Lane Surgery	A	A	A	A	A							
Dr M Vickers	GP – Bridge Road Surgery	✓	✓	✓	✓	✓							
Lynne Creevy	PM – Bridge Road Surgery	✓	A	A	A	✓							
Dr E Carter	GP – Bridge Road Surgery	A	A	✓	A	A							
Dr N Choudhary	GP – Netherton Practice	✓	A	✓	✓	✓							
Lisa Roberts	PM – Netherton Practice	A	A	A	A	A							
Lorraine Bohannon	PM – Netherton Practice	✓	✓	✓	✓	✓							
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓	A	✓							
Lin Bennett	PM – Ford Medical Practice	A	✓	✓	✓	✓							
Eils McCormick	PN – Ford Medical Practice	✓	✓	✓	✓	A							
Louise Armstrong	PN – Ford Medical Practice	✓	✓	✓	✓	A							
Dr B Fraser	GP – Ford Medical Practice	A	A	A	✓	A							
Dr A Ng	GP – Ford Medical Practice	A	A	A	A	✓							
Jane McGimpsey	PM – Orrell Park Medical	✓	✓	✓	✓	A							
Dr R Ogunlana	GP – Orrell Park Medical	A	✓	✓	✓	A							
Dr A Hameed	GP – Litherland Darzi	✓	A	✓	A	A							
Dr B Schoenberger	GP – Litherland Darzi	A	A	✓	A	A							
Julie Price	PN – Litherland Darzi	A	A	A	A	A							
Pam Maher	PM – Litherland Darzi /	A	A	A	✓	A							
Dr A Patrick	GP – Litherland Town Hall	A	✓	✓	✓	A							
Dr F Cook	GP – Rawson Road / Orrell	✓	✓	✓	✓	✓							
Angela Dunne	PM – Rawson Road / Orrell	✓	✓	A	✓	✓							
Ruth Powell	PN – Rawson Road	A	A	A	A	A							
Ian Hindley	PM – Seaforth Practice/	✓	A	A	✓	✓							
Dr S Fraser	GP – Seaforth Practice	A	A	A	A	A							

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/67	**Apologies** All apologies were noted	
14/68	**Declarations of Interest**	

No	Item	Action
	Dr Noreen Williams – LMC Lin Bennett – South Sefton Governing Body Member	
14/69	**Minutes of the Last Meeting** A spelling mistake was noted in 14/61, and Ford Medical Centre should read Ford Medical Practice. The minutes from the last meeting held on 2nd July were approved. **Matters Arising** Liverpool Community Health development session and attendance at future meetings was picked up in agenda item 14/70 Evaluation of the housebound pilot was picked up in agenda item 14/72	
14/70	**LCH Locality Update** A recent meeting was held at Bootle Cricket Club for LCH staff and practice representatives from the locality, the ratio of representatives on the day favoured LCH. The locality was represented by Dr Williams, Dr Hameed, Lin Bennett, Louise Taylor, Pam Maher and Angela Parkinson. Feedback from the event was available which had been collated from flipcharts from each table, although those present at the session felt that it was difficult to identify the discussions from their own tables. The main themes were communication issues, continuity of staff and IT problems. There are plans for changes in the LCH structure. There will be 4 representatives across Merseyside three in Liverpool and one in South Sefton. Each locality will have their own link to LCH. It was suggested that there should be a list of local contacts, names, photographs and mobile phone numbers on the CCG intranet. An LCH representative will be invited to the next locality meeting. Resources across the localities will be looked at, as some localities will need more resource and tweaking of integrated care teams. A short term solution is to nominate a district nurse to work with each practice proportional to the list size, who will communicate with GPs on at least a weekly basis. Dr Akpan is looking at referrals that have been flagged up as an issue to decide the most appropriate course of action. The referral forms have now been standardised.	

No	Item	Action
	There used to be an urgent response team years ago which merged with the walk in centre. The acute aspect of Virtual Ward has been delayed for 12 months, the Urgent Care Team is being piloted in Bootle and rolled out to other localities by winter. Planned rollout for S&L is November. Referrals for the Urgent Care Team will be co-ordinated via Litherland Town Hall. There has been the go ahead to increase funding for a second geriatrician. There is a planned step up step down facility for NWAS, A&E , GP OOH, and Acute Frailty Unit. The Urgent care team plan to operate seven days a week 12 hours a day.	
14/71	**Care Home Support Options** Dr N Taylor (NT) was in attendance to give an update on a care home review that he had recently undertaken. NT had compiled an audit on care homes in South Seton and presented data collected from March – May 2014 to the group. NT outlined the findings and stated that some care homes have patients registered at a number of different practices (up to 15 different GP Practices), which obviously causes some issues within the care homes as some practices have a more positive working relationship with the care home than others. The audit also highlighted a number of issues, and continued to describe a number of solutions/proposals that could offset the imbalance and deliver a better service across all care homes. Options: • No Change • Recruit consultant geriatrician/community matrons to improve training of nursing home staff (approx. £360k) • Federating practices (Nominated GPs looking after homes) • Pro-Active education model – Salaried GP consisting of 1 session every 2 weeks. • Community team consisting of community matrons, dietician, pharmacist, OT and physiotherapist etc. (approx. £575k) **Action** NT asked the group for a preferred option or any alternative options to what was described. The group favoured the whole community team similar to the Liverpool model. Any further ideas are welcomed, please contact Dr Pete Chamberlain, Dr Debbie Harvey or Dr Nigel Taylor Email – Peter.Chamberlain@southseftonccg.nhs.uk, Debbie.Harvey@southseftonccg.nhs.uk or Nigel.taylor@gp-n84605.nhs.uk	AP/LB

No	Item	Action
14/72	**Locality Budget / Stoma Project** **Stoma Project** Jenny Kristiansen and Pauline Little presented the Stoma Care Project that Bootle locality undertook last year. Between October 2013 and February 2014, 35 patients were referred, 31 were reviewed, with the outcome of a reduction in stoma items of 11.81%, and a cost reduction of 5.27% (£10,125) from the previous year. Other localities have seen a cost increase for the same period. There is an opportunity for Seaforth and Litherland to participate in the project at a cost of £5K funded from the locality budget. **Locality Budget** Practices were asked to submit 3 ideas each prior to the meeting for discussion. Ford Medical Practice and 15 Sefton Road supplied ideas: • More capacity into the MCAS service, currently 2 – 3 month waits • CQC registration fee • HCA for one practice • One central agreement for shredding • New telephone system for one practice Housebound review business case has been signed off; audit / evaluation was discussed. Additional funding for audit to be factored in. Areas for audit: • Number identified /number visited • Exception coding rates • Onward referrals **Case for Change Documents** The documents consist of a proposal checklist and templates to complete once a proposal has been agreed. The process would be that the checklist would be agreed with the Locality and submitted to Senior Management Team to review for agreement. The Locality would then proceed to complete the Case for Change template. The level 1 Case for Change template (0-£50K) would be applicable for the locality budget, this consists of 2 sides of A4 to complete. It was noted that this is less to complete than the recent business case used for the Housebound Review pilot. The discussion that followed by the Locality was not favourable as the group felt that it was the remit of the Locality to decide the best use of the budget, as long as there was agreement and the idea fits the CCG strategic priorities. The form was viewed as additional bureaucracy. AP to feedback..	

No	Item	Action
14/73	**Medicines Management** Not discussed.	
14/74	**Quality Premium** AP disseminated the figures to the group for their information. There is currently an approximate £460K Quality Premium payment due for 2013/14, however this may increase to £552K. The final 13/14 data is yet to be validated and published by NHS England, confirmation is expected by Qtr 3 of the 2014/15 financial year, use of this income needs to be considered. April / May figures for 2014/15 Quality Premium were available to discuss at the meeting. There has been underperformance on the ambulance measure.	AP
14/75	**Any other business** LB asked for clarification on the Individual Funding Request document on the intranet. AP replied that she will liaise with Jan Leonard Dr D Harvey is liaising with LCH re: End of Life, she needs to be aware of any issues from GPs Renacres Customer Service Course for admin staff : Details contact Angela Curran Palliative & End of Life Care Clinical Network are holding free workshops 'Do you have Difficult Conversations with Patients & Families?' A flyer has been circulated with contact numbers. Cheshire and Merseyside Strategic Clinical Networks (CMSCN) Atrial Fibrillation Management event is being held 11th and 25th September 2014. **Resilience Planning** Communications are now taking place with NHS England regarding additional capacity in primary care over the winter period, further ideas are welcomed from practices to reduce pressures. This is to going to be an agenda item at the Wider Group meeting in September. A shortage of locums to increase capacity was noted.	
14/76	**Date and Time of Next Meeting** 3rd September 2014 1 – 3pm Crosby Lakeside Adventure Centre	

NHS
South Sefton
Clinical Commissioning Group

Bootle Locality Meeting Minutes

Date: Wednesday 18th June 2014 at 13.00 – 14.30

Venue: Park Street Surgery

Attendees		
Dr S Stephenson	(Chair) Bootle Village Surgery	SS
Dr K Chung	Park Street Surgery	KC
Helen Devling	Moore Street Surgery	HD
Dr A Ferguson	Strand Medical Centre & North Park Medical Centre	AF
Dr S Sapre	Aintree Road Surgery	SS
Pauline Sweeney	Park Street Surgery	PS
Dr D Goldberg	Concept House	DG
Jenny Kristiansen	South Sefton Clinical Commissioning Group	JK
Stephen Astles	South Sefton Clinical Commissioning Group	SA
Paul Halsall	Medicines Management	PH
Colette O'Loughlin	Liverpool Community Health	CO
Katie Smith	Sefton MBC Public Health	LS
In attendance		
Dr B Duper	South Sefton Clinical Commissioning Group	BD
Karl McCluskey	South Sefton Clinical Commissioning Group	KM
Roz Fallon	Liverpool Community Health	RF
Minutes		
Gary Killen	South Sefton Clinical Commissioning Group	GK
Apologies		
Gerry Devine	Strand Medical Centre	GD
Dr H Mercer	Moore Street Surgery	HM

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Aintree Road Surgery	✓	✓	✓									
Sanju Sapre	PM – Aintree Road Surgery	A	✓	A									
Dr S Stephenson	GP – Bootle Village Surgery	A	A	A									
Dr C McGuinness	GP – Bootle Village Surgery	A	A	A									
Dr R Sivori	GP – Bootle Village Surgery	A	A	A									
Gill Riley	PN – Concept House Surgery	A	✓	A									
Dr D Goldberg	GP – Concept House Surgery	✓	A	✓									

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr G Halstead	GP – Concept House Surgery	A	✓	A									
Dr H Mercer	GP – Moore St Surgery	✓	A	A									
Dr A Roberts	GP – Moore St Surgery	A	A	A									
Dawn Rigby	PM – Moore St Surgery	A	A	A									
Helen Devling	PM – Moore St Surgery	✓	A	✓									
Dr R Sinha	GP – North Park Health Centre	A	A	A									
Pam Sinha	PM – North Park Health Centre	A	A	A									
Dr K Chung	GP – Park St Surgery	✓	✓	✓									
Pauline Sweeney	PM – Park St Surgery	✓	✓	✓									
Dr A Ferguson	GP – Strand Medical Centre	✓	✓	✓									
Gerry Devine	PM – Strand Medical Centre	✓	✓	A									
Dr M Gozzelino	GP – Strand Medical Centre	A	A	A									
Dr S Morris	GP - Strand Medical Centre	A	A	A									
M Hinchliff	PM – Strand Medical Centre	A	A	A									

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/36	**Apologies** All apologies were noted	
14/37	**Minutes of last meeting & matters arising** Minutes of the last meeting were agreed as an accurate record.	
14/38	**Primary Care Investment** Dr Bal Duper (BD), Primary Care GP Lead, SSCCG, gave a presentation to the group on the new Local Quality Contract (LQC) for GPs. Bal also demonstrated a wide variance of monies paid per head of population to practices across South Sefton and emphasised a need of transparency of finances. He recognised that these payments are historically challenging and difficult to unpick however now is the opportunity to make the change and align everyone to a standardised payment rate as they had already done in neighbouring CCGs a couple of years ago. There have been changes nationally to core contracts; the LQC also has a Practice Improvement Goal (PIG) for one year to uplift practices to £75.00 per patient. At present the core funding ranges from £67.00 to £97.00. The plan is align practice payments to a minimum of £87.50 per head through the Practice Improvement Goal. BD finished by stating that SSCCG are aiming to make this a more flexible way of working and stressed the importance of GPs working together to create innovative schemes for the future to ensure a long term commitment in primary care. BD outlined the timescales to the locality for the contract and added that the suggested start date is 1st August.	

No	Item	Action
	All Ideas please contact Bal Duper or Karl McCluskey **Contact Details Dr Bal Duper bal.duper@nhs.net** **Mr Karl McCluskey Karl.McCluskey@southseftonccg.nhs.uk**	
14/39	**Urgent Care roll out of the Virtual Ward pilot project update** Asan came along to the meeting to give an update on the pilot project to date. He said that so far he has had 20 referrals and the team supported 15 at home. Asan expressed to the group about how impressed the team were by the support the locality has given the pilot in the first couple of weeks. A question was raised about correspondence with the practices. Colette O'Loughlin advised that these would be sent within 24 hours. Colette also advised that the service was moving away from SPA. The contact numbers for the specialist nursing team are as follows 0151 475 4297 or 0151 475 4208. Colette also informed the group that the team will be holding 2 clinics each week, one in Litherland Town Hall and one at Aintree. An email will be sent out with the details.	
	Action: CO to send out information re: clinics to JK to be sent out to the locality.	CO
14/40	**Liverpool Community Health** Ros Fallon (RF) attended the meeting along with Stephen Astles, Head of Development, and SSCCG. Ros had come along to update the locality on the current changes and developments taking place within LCH and to outline future plans. Ros is working with Sue Page (Interim Chief Executive Officer LCH). They joined LCH just before Easter. 2 other new staff have been appointed; Director of Nursing and Director of Operations. Ros stated that GP's are integral to the business of LCH and are seeking to improve the relationships they have with us.	
14/41	**Respiratory Project update** JK gave the group the latest update on the project from results collect by Jenny Johnston and Amit Patel. The clinics have now started and there was a positive response from patients in the first few weeks. Amit conducted several housebound asthma and COPD reviews and the reactions of the patients he saw were overwhelming. Some of the key findings are as follows: • A total of 86 patients have been seen by Jenny & Amit • Of these, 67 had COPD and 19 had Asthma • 22 were seen as housebound patients • 64 were seen in clinics • 51 patients had poor inhaler technique according to the In-check	

No	Item	Action
	device • 8 patients had 'moderate' inhaler technique according to the in check device • 33 patients had rescue packs issued to them as part of the review • 27 patients were referred to spirometry • 2 patients were referred into smoking cessation services 2 patients were referred into pulmonary rehab	
14/42	**Medicines Management** PH updated the group with the latest communications from medicines management. This included the following • After feedback from the last meeting Stock shortages, SSMOOG have discussed the potential to keep a list of current supply issues on the CCG webpage. They are now investigating options for the management of this. • Paul presented the group with the Prescribing budget figures for March 2014, no budget adjustments were included in these reports. The individual practices actual spend still being finalised. The CCG overall has achieved an underspend on the prescribing budget this financial year; so payments can therefore be made to the individual practices as set out in the SSCCG prescribing quality scheme. • With regards to the PQS quarterly antibiotic audits for locality peer reviews: Can you please ensure that your practice has chosen an antibiotic audit (either Care Home or UTI) for peer review at future Locality meetings. • Rifaximin 550mg tablets- SSMOOG have agreed to keep amber status until we have a recommendation from NICE, which is due shortly. • The revised controlled drugs prescription requirements came into effect on 10th June 2014, as part of this tramadol is now been reclassified as a schedule 3 controlled drug. • With regard to the latest Sefton Prescriber Update release. Due to a number of significant changes to the BNF-C (BNF for Children) and following the latest review in May 2014. The dose for Amoxicillin has been increased for children. • Mersey Care South Sefton Community of Practice are looking for more GP representation at their meetings. If you require more information on any of the above articles please consult with your practice pharmacist.	
14/43	**Any other business** **Locality payments** – The question was raised with regard to payments to practices. Action: JK to check finance position for practices and feed back.	JK

No	Item	Action
	Stoma Project – Tom Roberts from Medicines Management has collated all the figures and the locality has made savings of approximately £10,000 and also an 11% reduction in stoma related products. The most significant outcome was the improvement of care for patients. The plan is to make it standardised across the CCG. **North Park Surgery** – AF addressed the meeting to announce that The Strand Medical Centre has taken over the running of North Park practice on a 16 month contract.	
14/44	**Date and time of next meeting** Tuesday 29th July 1pm – 2.30pm Park Street Surgery	

Crosby Locality Meeting Minutes

Date: Wednesday 2nd July 2014 at 12.45 – 14.30

Venue: Crosby Lakeside Adventure Centre

Attendees		
Dr G Berni	(Chair) 42 Kingsway	GB
Dr G Misra	133 Liverpool Road	GM
Dr C Gillespie	Blundellsands Surgery	CG
Dr D Navaratnam	Azalea Surgery	DN
Dr C McDonagh	30 Kingsway	CM
Dr S Roy	Crosby Village	SR
Dr Ibreak	Thornton Surgery	IB
Jennifer Kimm	Thornton Surgery	JK
Sharon McGibbon	Eastview Surgery	SM
Tina Ewart	South Sefton Clinical Commissioning Group	TE
Stephen Astles	South Sefton Clinical Commissioning Group	SA
Alison Johnston	South Sefton Clinical Commissioning Group	AJ
Janet Faye	South Sefton Clinical Commissioning Group	JF
Pippa Rose	South Sefton Clinical Commissioning Group	PR
In attendance		
Tracy Greenwood	Liverpool Community Health	TG
Minutes		
Alison Johnston	South Sefton Clinical Commissioning Group	AJ
Apologies		
Dr S Roy	Broadwood Surgery	JT
Dr P Sharma	Crossways	PS
Dr S Bussolo	Hightown	SB
Dr R Huggins	Thornton Surgery	RH

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pippa Rose	PN – Crosby Village Surgery	✓	✓	✓	A								
Dr M Taylor	GP – Crosby Village Surgery	A	A	A	A								
Dr S Roy	GP – Crosby Village Surgery	✓	✓	✓	A								
Sharon McGibbon	PM – Eastview Surgery	✓	A	✓	✓								

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr A Mimnagh	GP – Eastview Surgery	✓	A	✓	A								
Dr M Hughes	GP – Eastview Surgery	A	A	A	A								
Dr R Ratnayoke	GP – Eastview Surgery	✓	A	A	A								
Dr P Sharma	GP – Crossways Surgery	✓	✓	✓	A								
Bruce Duncan	PM – Crossways Surgery	A	A	✓	A								
Jenny Kimm	PM – Thornton Surgery	✓	✓	✓	✓								
Stella Moy	PN – Thornton Surgery	A	A	A	A								
Dr R Huggins	GP – Thornton Surgery	A	✓	A	A								
Dr I Break	GP – Thornton Surgery	A	✓	A	✓								
Maureen Guy	PM – 133 Liverpool Road	✓	✓	A	A								
Dr G Misra	GP – 133 Liverpool Road	✓	✓	✓	A								
Sandra Holder	PN – 133 Liverpool Road	A	A	A	A								
Dr N Tong	GP – Blundellsands Surgery	✓	A	✓	A								
Dr C Gillespie	GP – Blundellsands Surgery	A	✓	A	✓								
Sue Hancock	PN – Blundellsands Surgery	✓	✓	✓	A								
Colin Smith	PM – Blundellsands Surgery	A	✓	✓	A								
Shelley Keating	PM – 30 Kingsway	✓	✓	A	A								
Dr C Shaw	GP – 30 Kingsway	A	A	A	A								
Dr C McDonagh	GP – 30 Kingsway	✓	✓	A	✓								
Dr E Pierce	GP – Hightown Village Practice	A	A	A	A								
Pauline Woolfall	PM – Hightown Village Practice	✓	✓	✓	A								
Dr C Allison	GP – Hightown Village Practice	A	A	A	A								
Dr Ghalib	GP – Hightown Village Practice	A	A	A	A								
Dr S Bussolo	GP – Hightown Village Practice	A	✓	✓	A								
Dr D Navaratnam	GP – Azalea Surgery	✓	✓	✓	✓								
Dr C Doran	GP – Azalea Surgery	A	A	A	A								
Dr G Berni	GP – 42 Kingsway	✓	✓	✓	✓								
Alan Finn	PM – 42 Kingsway	✓	✓	✓	A								
Dr F Vitty	GP – 42 Kingsway	A	A	A	A								

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/59	**Welcome and apologies** Welcome to all from Gus, stating it is important that we all attend to be able to commission health for our population and debate about the future of our locality, and where we would like to go next and how we can make a difference.	

No	Item	Action
14/60	**Declarations of interest** None put forward	
14/61	**Minutes of the last meeting** *Correction:* **Meds Mgmt Amendment to minutes item 14/54 from the Tramadol information, 'Controlled drug changes from 10/6/14 should read;** Legislative changes affecting the legal classifications of tramadol, zopiclone, zaleplon and lisdexamfetamine will come into force on 10th June 2014. Tramadol will be a Schedule 3 (CD no reg POM) and the total quantity will be required to be written in words and figures, prescription is only valid for 28 days and is best practice to only prescribe a maximum of 30 days' supply. Clinicians should be aware that clinical systems may not be updated by this date. A Sefton Prescriber update about this is available on the intranet. With this adjustment the minutes were agreed as an accurate record of events.	
14/62	**Matters arising** Item 14/58 TE updated the group on the VW referral management mapping exercise which was done to provide information to develop the E management of Virtual Ward referrals to the provider and subsequent hand-ons/offs required electronically. Live testing of the system will be taking place with Blundellsands early August.	
14/63	**Medicines Management** JF advised the group that Prescribing Quality Scheme (PQS) payments for GP practices were being calculated, taking account of any practice population movement, shared-care dementia drugs prescribing and personally administered medication. With these adjustments, SSCCG is expected to come under budget 2013/14 and a 1% uplift on actual out- turn is expected in this current financial year. GM asked how dementia drugs are offset. JF explained that the cost of all dementia drugs can be calculated from prescribing data and put back into the practice prescribing budget.. Transplant drugs are some of the high cost drugs and from next year NHS England will have funding responsibility. Any request for new transplant patients should be referred back to the hospital. CG query on increase in practice population within the financial year and impact on budget. JF responded that practice population will be looked at quarterly, in this financial year, to take this into account rather than annual snapshot. That way, practices will receive less or more in their budget dependent on more accurate list size. CG queried the problems inherent in budget setting. JF responded there has only been a1% uplift in the budget.	

No	Item	Action
	Budget allocation is difficult, JF call for suggestions to be made. GB queried DN's prescribing affecting the budget. JF confirmed that there was an interim period where DNs may have been using practice codes/prescriptions although non-medical prescribing has been taken into account. CG queried points that would be achieved this year for coming under budget and JF advised that PQS 2013-14 attracted 15 points for coming under budget but there was only 10 points in the 2014-15 scheme. JF advised a letter will be sent out to practices as soon as possible informing of points, achievements and related payments when adjustments and calculations are finalised.	
14/64	**Quality and patient safety & Issues Log** SA called on the Group to identify any quality or patient safety issues; At the last GP Clinical Leads meeting it was discussed that we should record the views of locality members and provides measurable evidence of our clinical forum supporting each other in terms of patient safety. CG raised the point that his Practice had highlighted and escalated a lab issue to Gina Halstead and that the feedback mechanism via the CCG/Contract Lead has been invaluable and the Group was called upon to highlight anything of similar note. JF asked that medication issues be raised via her team or at locality for escalation via the Medicine Safety Group and for signposting to Pam Mersey who is the interface with issues with Hospital prescribing. DN commented on the increasing volume of Shared Care Agreements and raised the issue of Rheumatology drugs, particularly for new patients joining practice and transferring notes etc. hand having to chase up the agreements. JF to ask practice pharmacists to fax over shared care agreements for 'Stable patients'. Also an example of Merseycare where contra-indications not being flagged when they're prescribing, Specialists not considering all meds which increases workload when the patient is discharged into primary care. Dr Misra agreed and stated when he has come across such issues he's written back to the consultant. CG stated the issue is not just with Merseycare and that as GP prescriber you can't assume that contraindications have been discussed with the patient; increasing workload again within primary care as ultimately the GP is responsible for the prescription. Action: JF to discuss with team and raise with Merseycare	JF
	CG commented that all other script /changes from consultants can't be assumed that discussions have taken place with patients as they don't issue	

No	Item	Action
	first prescription - Craig is happy to take this forward. CG raised an issue regarding certain EMI nursing homes demanding EOL admission to hospital (4 patients). SA advised that CG contact Dr Debbie Harvey and Dr Nigel Taylor to investigate with the Providers involved. Gus sits on CQINN for Mental Health - pleased this raised as they think there is no problem. Gus to take forward via 3 monthly mtg via Merseycare CMc asked what was happening with the care plan document needed (NWAS/DES). SA advised that there is a template that has been developed (out of a merge of these two recommended documents) out of work that Dr Debbie Harvey is doing. Once agreed at Governing Body and with GP Locality Leads this will be rolled out onto the clinical systems asap by the iMerseyside Facilitators. *! Subsequent to this mtg, the Care Plan details have been published in CCG Bulletin and are also available on the intranet: http://nww.southseftonccg.nhs.uk/News/News_2014/new_care_plan_template.aspx* The new template will be uploaded onto your clinical systems by your IT facilitator and will also be used by the community matrons when patients are discharged from the Virtual Ward 12 week proactive care programme. The addresses of all your patients with a care plan can be registered with NWAS using the online ERISS system, which can be accessed at the following link https://www.eriss.nhs.uk/ If you have any queries, please contact locality manager, Terry Hill on 0151 247 7224. Patient experience: CG shared that he had experience of up to 4 patients in residential EMI homes who had become EOL and that matrons/owners had demanded admission to hospital to die. SA suggested feed this back to DH & NT Collette McE - also gave example of patient who had passed away on trolley during admission.	
14/65	**Performance and Finance update** In the absence of Becky Williams, SA gave a brief talk on Aintree Hospital's performance reference to the treatment provided. Comparative to national figures this is very good. There are still a couple of areas which are falling short, noticeably MRSA. Also local indicators for this year were discussed. One area put forward was diabetes. SMc questioned example from University Hospital Aintree whereby they were requesting the prescribing of Fragmin by the practice? Should this be part of the shared care? Dr Misra also had an example were a taxi was sent to a patients house with Fragmin.	
	Action: JF to look into this update at the next meeting.	JF

No	Item	Action
14/66	**Service improvement / redesign** SA stated there is potentially 500k for investment in South Sefton – There is a need for discussion in regard for ideas about this as soon as possible. One idea arose is to share Seaforth & Litherland localities business case for house bound visits by practice nurse.	
14/67	**Locality business** (including Chair's update: Governing Body, WCG, GP Locality Leads meetings) LCH representative for Crosby Tracy Greenwood introduced herself to the Group and reminded everyone of the LCH engagement event on 31st July at Bootle Cricket Club 12 – 3pm. SA commented that he appreciated it was short notice, but the aim is to identify and tackle issues sooner rather than later. Couple of GPs and couple of Practice Managers to attend to represent locality.	
14/68	**Date and time of next meeting** Wednesday 6th August 2014 12:30 lunch 12.45 start – 2.30 Crosby Lakeside Adventure Centre (CLAC)	

NHS
South Sefton
Clinical Commissioning Group

Crosby Locality Meeting
Minutes

Date: Wednesday 6th August 2014 at 12.45 – 14.30

Venue: Crosby Lakeside Adventure Centre

Attendees		
Dr G Berni	(Chair) 42 Kingsway	GB
Sue Hancock	Blundellsands Surgery	SH
Pauline Woolfall	Hightown Village Practice	PW
Janet Faye	South Sefton Clinical Commissioning Group	JF
Dr N Tong	Blundellsands Surgery	NT
Dr C Shaw	30 Kingsway	CS
Dr P Sharma	Crossways	PS
Shelley Keating	30 Kingsway	SK
Dr S Roy	Broadwood Surgery	SR
Tina Ewart	South Sefton Clinical Commissioning Group	TE
Dr D Navaratnam	Azalea Surgery	DN
Dr S Bussolo	Hightown	SB
Alan Finn	42 Kingsway	AF
Bruce Duncan	Crossways Surgery	BD
Jennifer Kimm	Thornton Surgery	JK
Stephen Astles	South Sefton Clinical Commissioning Group	SA
Sharon McGibbon	Eastview Surgery	SM
Dr R Huggins	Thornton Surgery	RH
In attendance		
Dr P Chamberlain	South Sefton Clinical Commissioning Group	PC
Jenny Kristiansen	South Sefton Clinical Commissioning Group	JK
Tracy Greenwood	Liverpool Community Health	TG
Amit Patel		
Pauline Little		
Minutes		
Angela Curran	South Sefton Clinical Commissioning Group	AC
Apologies		
Dr G Misra	133 Liverpool Road	GM
Pippa Rose	South Sefton Clinical Commissioning Group	PR
James Bradley	South Sefton Clinical Commissioning Group	JB
Laura Doolan	South Sefton Clinical Commissioning Group	LD
Dr C Gillespie	Blundellsands Surgery	CG
Dr C McDonagh	30 Kingsway	CM
Stella Moy	Thornton Surgery	SM
Colin Smith	Blundellsands Surgery	CS
Maureen Guy	133 Liverpool Road	MG

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pippa Rose	PN – Crosby Village Surgery	✓	✓	✓	A	A							
Dr M Taylor	GP – Crosby Village Surgery	A	A	A	A	A							
Dr S Roy	GP – Crosby Village Surgery	✓	✓	✓	A	✓							
Sharon McGibbon	PM – Eastview Surgery	✓	A	✓	✓	✓							
Dr A Mimnagh	GP – Eastview Surgery	✓	A	✓	A	A							
Dr M Hughes	GP – Eastview Surgery	A	A	A	A	A							
Dr R Ratnayoke	GP – Eastview Surgery	✓	A	A	A	A							
Dr P Sharma	GP – Crossways Surgery	✓	✓	✓	A	✓							
Bruce Duncan	PM – Crossways Surgery	A	A	✓	A	✓							
Jenny Kimm	PM – Thornton Surgery	✓	✓	✓	✓	✓							
Stella Moy	PN – Thornton Surgery	A	A	A	A	A							
Dr R Huggins	GP – Thornton Surgery	A	✓	A	A	✓							
Dr I Break	GP – Thornton Surgery	A	✓	A	✓	A							
Maureen Guy	PM – 133 Liverpool Road	✓	✓	A	A	A							
Dr G Misra	GP – 133 Liverpool Road	✓	✓	✓	A	A							
Sandra Holder	PN – 133 Liverpool Road	A	A	A	A	A							
Dr N Tong	GP – Blundellsands Surgery	✓	A	✓	A	✓							
Dr C Gillespie	GP – Blundellsands Surgery	A	✓	A	✓	A							
Sue Hancock	PN – Blundellsands Surgery	✓	✓	✓	A	✓							
Colin Smith	PM – Blundellsands Surgery	A	✓	✓	A	A							
Shelley Keating	PM – 30 Kingsway	✓	✓	A	A	✓							
Dr C Shaw	GP – 30 Kingsway	A	A	A	A	✓							
Dr C McDonagh	GP – 30 Kingsway	✓	✓	A	✓	A							
Dr E Pierce	GP – Hightown Village Practice	A	A	A	A	A							
Pauline Woolfall	PM – Hightown Village Practice	✓	✓	✓	A	✓							
Dr Barouni	GP – Hightown Village Practice	A	A	A	A	✓							
Dr C Allison	GP – Hightown Village Practice	A	A	A	A	A							
Dr Ghalib	GP – Hightown Village Practice	A	A	A	A	A							
Dr S Bussolo	GP – Hightown Village Practice	A	✓	✓	A	✓							
Dr D Navaratnam	GP – Azalea Surgery	✓	✓	✓	✓	✓							
Dr C Doran	GP – Azalea Surgery	A	A	A	A	A							
Dr G Berni	GP – 42 Kingsway	✓	✓	✓	✓	✓							
Alan Finn	PM – 42 Kingsway	✓	✓	✓	A	✓							
Dr F Vitty	GP – 42 Kingsway	A	A	A	A	A							

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/69	**Welcome and apologies** Apologies were noted.	
14/70	**Declarations of interest** None declared	
14/71	**Minutes of last meeting** The minutes of the last meeting were agreed as a true record of discussions.	
14/72	**Matters Arising** JF reported that the issues around contra-indications have been passed to Merseycare and Kaye Walsh is rising as a priority. GB reported that action had been taken in relation to certain EMI nursing homes demanding EOL admissions to hospital. Action: GB to report back the response at the next meeting. TE informed members that the newly developed Care Plans have been agreed in conjunction with NWAS and copies are being uploaded to practice systems for immediate use. Any problems/soft intelligence to be reported via Dr Debbie Harvey please.	
14/73	**Respiratory Project Review** Jenny Kristiansen, Locality Manager for Bootle and pharmacist Amit Patel, gave a presentation on a respiratory project in the Bootle locality. Members were provided with the favourable statistics and outcomes of the project. Given its successful results, it is planned to develop a training strategy to enhance skills and knowledge of clinicians delivering care in practices, including use of the In-check device which Amit has agreed to undertake if Crosby locality is interested. The measurable outcomes should be noticeable reductions in hospital admissions, length of stay, re admissions and costs relating to this. By training patients to self-manage their condition, alleviate fears and anxieties will prevent them from going to A&E so frequently and unnecessarily. JK suggested funding such a worthwhile project from the £50k development monies to roll-out this project in Crosby.	
14/74	**Stoma Project Review** Jenny Kristiansen and Pauline Little, Stoma Nurse at Aintree, gave a presentation on the Stoma project that has been piloted in the Bootle locality. PL provided an overview of the outcomes of the project and the case of need that led to its development. Previously, there was no clear pathway and no review process for stoma patients which was highlighted as a concern for patient care. A clinic was established in Bootle Health Centre	

No	Item	Action
	and information was gathered from the 7 constituent practices. Between October 2013 and February 2014, 35 referrals were made and the patient feedback is very positive. The outcomes have indicated a cost reduction of 5.27% with a reduction in stoma items of 11.81% comparing figures from the last financial year. JK is hoping to continue this project across all localities and asked if Crosby would consider joining the project and utilising Pauline's expertise to deliver it. The cost would be £5k from the Crosby locality development fund.	
14/75	**Medicines Management** JF provided a breakdown of the prescribing budget for each practice and reported that the dementia drugs costs are going back in the budget. JF outlined the adjustments to the budget that have been reviewed by the Senior Team. If any practice has any issues, please discuss these with Suzanne Lynch/practice pharmacist. All should have had an email with their allocated points relating to individual budgets. Members were informed that this year we are allowed to change the budget 'in year' and the team are now looking at practice populations and making quarterly adjustments. High Cost drugs will be looked at more fairly. JF informed members that the CCG can provide data for all prescribing against their practice and if respective budgets are overspent, this data can be drilled to look at ways of making savings.	
14/76	**Finance Update** No member of the Finance Team was able to attend the meeting but TE provided a copy of the current financial status.	
14/77	**Urgent Care/Geriatric Clinics** Dr Asan Akpan gave an update on the current Urgent Care element of the Virtual Ward. To date there have been 55 referrals with only one patient going to A&E. The majority of patients referred were due to loneliness and dehydration. AA reported that the overall capacity is 400 patients being in the system at any one time and practices now need to gain confidence in the service. Everything is in place for wrap around care and so far, there have been no major issues. If patients do become unwell, they are stepped up to Ward 35 as a safe clinical model with a GP on hand. AA reported that the urgent care referral process will be starting in the Maghull locality in September and asked members if Crosby could begin in October. The members agreed. Some members were concerned about the amount of pressure on AA but he confirmed that a lot of the cases are handled by the nursing teams and his involvement is mainly by telephone. AA reiterated that we need to be looking at referring 100 patients per month to make an impact; with scaling up to the future vision of having high quality expertise in urgent care. AA added that he now has clinics in	

No	Item	Action
	Litherland Town Hall. TE agreed to forward contact details to members: **Asan Akpan FRCP Consultant in Community Geriatric Medicine** **Mobile Contact 07964 462 754** **Room 37,First Floor, Litherland Town Hall Walk in Centre** AA also reiterated that if any practices have problems with referrals to the virtual ward they could contact him directly.	
14/78	**Virtual Ward/LCH Update** Dr Pete Chamberlain updated members on the current status at LCH. PC is working closely with LCH Executive Team to improve services. The Urgent Care team will have a Community Matron in each locality. Aintree Hospital has advertised for a second Community Geriatrician and the future vision is to have a Community Geriatrician per locality. Current plans are to develop integrated care pathways and reduce silos within hospitals, and also to resolve data sharing issues. PC is planning to provide quality and improvement training in LCH as there seems to be a lack of knowledge of how to improve. The CCG plans to embed this within LCH and are working towards a long term plan for the future. Following the LCH/locality meetings, the outcomes of discussions have been fed back to LCH. SA added that LCH have recruited a large cohort of District Nurses and the CCG is constantly working with LCH to ensure that nursing teams are at full complement for the future. LCH are also implementing mobilisation officers, Ian Senior from LCH has been appointed as the mobilisation officer for South Sefton.	
14/79	**Care Home Support** Following the Wider Group meeting held on 8th July, Dr Nigel Taylor had been asked to attend locality meetings to discuss current issues with care homes in South Sefton. NT provided the group with a brief overview of the audit that had been undertaken in care homes, the findings of which highlighted that many care homes are not utilising the 6 steps programme but waiting for EOL diagnosis. A further area of concern was that many homes have patients registered at different practices and NT asked members to think about there being a named practice/clinician per care home to carry out visits and ward rounds rather than having patients registered with several GPs. A particular incident highlighted this issue where unfortunately, a care home called out the wrong GP for one of their patients. If the locality is happy to move this option forward, NT added that he would be happy to go out to each practice within the Crosby locality to discuss this further.	
14/80	**Quality Premium Monies** SA reported that the CCG would be receiving approximately £500k from NHS England for CCG performance based on the quality premium. There	

No	Item	Action
	has been no information so far on how this money can be spent but SA asked for ideas from the locality and to consider resilience plans (winter pressures). NHS England are currently setting out a draft plan to go to localities in September/October relating to the staggering of home visits, as currently there is an issue with patients turning up to A&E at the same time. Guidance notes will be available in the next few weeks. SA informed members that the revised job roles for locality lead GPs and practice lead GPs will be circulated in with the minutes – paper copies tabled at meeting. SA urged members that they need to think of ideas on how to spend the £50k development fund and added that Liverpool are sending an OOH GP out with a paramedic. CS suggested GPs think about linking together - possibly around daytime visiting and linking with Dr Akpan and the Virtual Ward. There was some discussion around the issues with premises and CS informed members that St. Helens & Knowsley had scanned all their notes to create space, maybe this is something that South Sefton can look into.	
14/81	**Practice Improvement Goals** GB opened a discussion on looking at how the locality can spend the £50k development fund. TE outlined the LQC and informed members that the P.I.G. forms part of the Quality Contract which practices have signed up to. It was suggested at a previous meeting that the locality funding could be used in a similar way to the PIG however this would need full agreement from all practices in the locality and a scheme devised would need to fit in with the CCG strategy. Dr Gus has had discussions with locality practices and not all were in agreement on allocating the funds in this way. TE gave examples of how the £50K development fund could be split across the locality populations based on registered cohorts relating to specific initiative e.g. COPD/Asthma etc. She urged members to come up with ideas on how to best utilise this funding – perhaps consider funding Respiratory project GP/Community Matron to undertake responsibility for care home patient reviews?	
	Action: TE to contact the locality members and ask them to vote on the various ideas that had been discussed as to how to spend the development funds.	TE
14/82	**Quality, Patient Safety and Issues Log** Discussion deferred to next meeting	
14/83	**Locality Updates** Discussion deferred to next meeting – feedback from LCH events to be circulated	

No	Item	Action
14/84	**Any other business** None	
14/85	**Date and time of next meeting** Wednesday 3rd September 2014 12:30 lunch 12.45 start – 2.30 Crosby Lakeside Adventure Centre (CLAC)	

NHS
South Sefton
Clinical Commissioning Group

Maghull Locality Meeting Minutes

Date: Friday 20th June 2014 at 13.00 – 14.30

Venue: High Pastures Surgery

Attendees		
Dr J Thomas	(Chair) Broadwood Surgery	JT
Donna Hampson	Maghull SSP Surgery	DH
Dr A Banerjee	Maghull SSP Surgery	AB
Gillian Stuart	Westway Medical Centre	GS
Dr R Killough	Westway Medical Centre	RK
Gill Kennedy	High Pastures Surgery	GK
Carole Morgan	High Pastures Surgery	CM
Dr J Clarkson	High Pastures Surgery	JC
Dr S Sapre	Maghull Family Surgery	SS
Dr J Krecichwost	Maghull Health Centre	JK
Terry Hill	South Sefton Clinical Commissioning Group	TH
Stephen Astles	South Sefton Clinical Commissioning Group	SA
Angela Parkinson	South Sefton Clinical Commissioning Group	AP
Dr C Shaw	South Sefton Clinical Commissioning Group	CS
Ian Senior	Liverpool Community Health	IS
Karen Riddick	Liverpool Community Health	KR
In attendance		
Karl McCluskey	South Sefton Clinical Commissioning Group	KM
Roz Fallon	Liverpool Community Health	RF
Minutes		
Gary Killen	South Sefton Clinical Commissioning Group	GK
Apologies		
Dr S Gough	Westway Medical Centre	SG
Jenny Johnston	South Sefton Clinical Commissioning Group	JJ

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Maghull Family Surgery	✓	✓	✓									
Gillian Stuart	PM – Westway Medical	✓	✓	✓									
Carole Howard	PM – Westway Medical	✓	A	A									

14/139f

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Chandra	GP – Westway Medical	A	A	A									
Dr R Killough	GP – Westway Medical	✓	A	✓									
Dr J Wray	GP – Westway Medical	A	A	A									
Dr S Gough	GP – Westway Medical	A	✓	A									
Jennie Procter	PN – Westway Medical	A	A	A									
Gill Kennedy	PM – High Pastures Surgery	✓	A	✓									
Dr P Thomas	GP – High Pastures Surgery	A	A	A									
Dr J Clarkson	GP – High Pastures Surgery	✓	✓	✓									
Dr P Weston	GP – High Pastures Surgery	A	A	A									
Dr N Ahmed	GP – High Pastures Surgery	A	A	A									
Carole Morgan	PM - High Pastures Surgery	A	✓	✓									
Lesley Bailey	PN – Maghull SSP Practice	A	A	A									
Donna Hampson	PM – Maghull SSP Practice	A	✓	✓									
Dr A Banerjee	GP – Maghull SSP Practice	✓	✓	✓									
Dr J Thomas	GP – Broadwood Surgery	✓	✓	✓									
Dr B Thomas	GP – Broadwood Surgery	A	A	A									
Judith Abbott	PN – Broadwood Surgery	A	A	A									
Dr J Krecichwost	GP – Maghull Health Centre	A	A	✓									

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/43	**Apologies** All apologies were noted	
14/44	**Declarations of interest** JT – SSMOOG	
14/45	**Action Points** **14/37 – Ericom Pilot –** Only High Pastures Surgery have reported that they have been contacted.	
	Action: TH to chase up.	TH
14/46	**Liverpool Community Health** Two representatives from Liverpool Community Health (LCH), Roz Fallon (RF) and Ian Senior (IS), attended the meeting along with Stephen Astles (SA), Head of Development, SSCCG. LCH had come along to update the locality on the current changes and developments taking place within LCH	

No	Item	Action
	and to outline future plans. RF is working with Sue Page (Interim Chief Executive Officer LCH). They joined LCH just before Easter. 2 other new staff have been appointed; Director of Nursing and Director of Operations. RF stated that GP's are integral to the business of LCH and are seeking to improve the relationships they have with us. LCH are to implement an improvement plan: Phase 1 – ironing out short term problems. Phase 2 – improving the infrastructure, getting the organisation to be open and transparent. RF also outlined as part of the future plans that they are working towards filling the huge vacancy rate of DNs and have now began a recruitment drive to fill all vacant posts. CS addressed the group that LCH have asked for South Sefton clinicians to join their governing board. Dr P Chamberlain has already put his name forward. It was also announced that there is funding for a further community Geriatrician. JT thanked both RF and IS for taking the time to come and update the locality on the current status of LCH. Potassium was identified as being one of the biggest issues at the moment. JA did a search in last 2 week period and identified 22 patients with raised potassium levels. There have been ongoing issues with samples not reaching the lab until late in the evening after collection earlier that day. JA explained how these issues have been addressed with Paul Mansour who is now looking into the issue further. Paul advised JA that blood samples should **not** be stored in the fridge due to the low temperatures causing potassium to leak out of the cells. JA shared this advice with the practices in the meeting. JA agreed that whatever feedback she gets from Paul, she will circulate to the group. SF also requested that she share this information with the other localities	
14/47	**Primary Care Quality Strategy** Karl McCluskey (KM) presented the Primary Care Quality Strategy to the group and emphasised that the document recently circulated was indeed a draft with purposeful blanks intended to generate conversation and feedback from practices. It also demonstrated a wide variance of monies paid per head of population to practices across South Sefton and emphasised a need of transparency of finances. He recognised that these payments are historically challenging and difficult to unpick however now is the opportunity to make the change and align everyone to a standardised payment rate as they had already done in neighbouring CCGs a couple of years ago At present the core funding ranges from £67.00 to £97.00. SSCCG are investing in primary care for the future and have drawn up a contract with 9 specific indicators with the aim to uplift the baseline for to £87.50, if GPs sign up to the contract. There have been changes nationally to core contracts; the LQC also has a Practice Improvement Goal (PIG) for one	

No	Item	Action
	year to uplift practices to £75.00 per patient. KM and CS finished by stating that SSCCG are aiming to make this a more flexible way of working and stressed the importance of GPs working together to create innovative schemes for the future to ensure a long term commitment in primary care.	
14/48	**Medicines Management** TH relayed the Medicines Management update from JJ The adjustments have now been made to the prescribing budget and the result is South Sefton CCG are now under budget, therefore payment can be made to individual practices as set out in the prescribing quality scheme. This is due for payment in July. The revised controlled drugs prescription requirements came into effect on 10th June 2014, as part of this tramadol is now been reclassified as a schedule 3 controlled drug. Emis has been updated to reflect these new prescription requirements, however scripts may be returned from pharmacies that were issued prior to this date but have not been dispensed yet. This will need amending, as they are no longer legal. Practices have reported no problems to date. The SMOOG met this month and discussions are ongoing about the potential to keep a list of drugs which currently have supply issues on our website, this will be investigated.	
14/49	**Local Development Money** This has been put in the budget for the next 5 years as a non-recurrent, recurrent process. TH asked the group to go away and consider any ideas. Last year the locality spent approx. 27k of the monies on equipment. TH mentioned other localities in South Sefton are looking into projects to support housebound patients. It was agreed to put this item on the agenda for July for further discussions.	
14/50	**Any other business** **Locality Payments –** SS raised the issue that payments for meetings had not gone through. JT asked if a guide to the process be produced and disseminated to the group.	
	Action: SA to liaise with Billie Dodd regarding the process once the new proposal has been through the remuneration committee. Action: SS to contact TH with his issues regarding payments.	SA SS
	GP Lead – JT announced she was stepping down as joint GP lead, Dr S Gough has agreed to be GP lead for the forthcoming 6 months. **Meeting Dates** – The group agreed for the meetings scheduled for Friday's to be switched to Thursdays, still alternating between the two practices. **District Nurses** – KR announced that LCH have recruited 6 new district nurses to work in Sefton and a new team leader, who will contact the practices in person. KR will distribute a new contact sheet when everything	

No	Item	Action
	is in place.	
14/51	**Date of next meeting** Thursday 24th July – Westway Thursday 21st August – High Pastures Thursday 25th September – Westway Thursday 23rd October – High Pastures Thursday 20th November – Westway Thursday 18th December – High Pastures	

NHS
South Sefton
Clinical Commissioning Group

Maghull Locality Meeting Minutes

Date: Thursday 24th July 2014 at 13.00 – 14.30

Venue: Westway Medical Centre

Attendees		
Dr S Gough	(Chair) Westway Medical Centre	SG
Donna Hampson	Maghull SSP Surgery	DH
Carol Howard	Westway Medical Centre	CH
Gill Kennedy	High Pastures Surgery	GK
Dr S Sapre	Maghull Family Surgery	SS
Dr J Krecichwost	Maghull Health Centre	JK
Terry Hill	South Sefton Clinical Commissioning Group	TH
Jenny Johnston	South Sefton Clinical Commissioning Group	JJ
Laura Doolan	South Sefton Clinical Commissioning Group	LD
Dr P Chamberlain	South Sefton Clinical Commissioning Group	PC
Ian Senior	Liverpool Community Health	IS
Minutes		
Gary Killen	South Sefton Clinical Commissioning Group	GK
Apologies		
Dr J Thomas	Broadwood Surgery	JT
Dr J Clarkson	High Pastures Surgery	JC

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Maghull Family Surgery	✓	✓	✓	✓								
Gillian Stuart	PM – Westway Medical	✓	✓	✓	A								
Carole Howard	PM – Westway Medical	✓	A	A	✓								
Dr S Chandra	GP – Westway Medical	A	A	A	A								
Dr R Killough	GP – Westway Medical	✓	A	✓	A								
Dr J Wray	GP – Westway Medical	A	A	A	A								
Dr S Gough	GP – Westway Medical	A	✓	A	✓								
Jennie Procter	PN – Westway Medical	A	A	A	A								
Gill Kennedy	PM – High Pastures Surgery	✓	A	✓	✓								
Dr P Thomas	GP – High Pastures Surgery	A	A	A	A								
Dr J Clarkson	GP – High Pastures Surgery	✓	✓	✓	A								

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr P Weston	GP – High Pastures Surgery	A	A	A	A								
Dr N Ahmed	GP – High Pastures Surgery	A	A	A	A								
Carole Morgan	PM - High Pastures Surgery	A	✓	✓	A								
Lesley Bailey	PN – Maghull SSP Practice	A	A	A	A								
Donna Hampson	PM – Maghull SSP Practice	A	✓	✓	✓								
Dr A Banerjee	GP – Maghull SSP Practice	✓	✓	✓	A								
Dr J Thomas	GP – Broadwood Surgery	✓	✓	✓	A								
Dr B Thomas	GP – Broadwood Surgery	A	A	A	A								
Judith Abbott	PN – Broadwood Surgery	A	A	A	A								
Dr J Krecichwost	GP – Maghull Health Centre	A	A	✓	✓								

✓ Present
A Apologies
L Late or left early

No	Item	Action
14/52	**Apologies** All apologies were noted	
14/53	**Declarations of interest** None put forward	
14/54	**Action Points** Locality Payments – The process is still going through the remuneration committee. TH to feed back when agreed.	
14/55	**Care Home Proposal** Dr N Taylor (NT) was in attendance to give an update on a care home review that he had recently undertaken. NT had compiled an audit on care homes in South Seton and presented data collected from March – May 2014 to the group. NT outlined the findings and stating that some care homes have patients registered at a number of different practices (up to 15 different GP Practices), which obviously causes some issues within the care homes as some practices have a more positive working relationship with the care home than others. The audit also highlighted a number of issues, and continued to describe a number of solutions/proposals that could offset the imbalance and deliver a better service across all care homes. Options: • No Change • Recruit consultant geriatrician/community matrons to improve training of nursing home staff (approx. £360k) • Federating practices (Nominated GPs looking after homes) • Pro-Active education model – Salaried GP consisting of 1 session every	

No	Item	Action
	2 weeks. • Community team consisting of community matrons, dietician, pharmacist, OT and physiotherapist etc. (approx. £575k)	
	Action: NT asked the group for a preferred option or any alternative options to what was described.	All
	All ideas are welcome, please contact Dr Pete Chamberlain, Dr Debbie Harvey or Dr Nigel Taylor Email – Peter.Chamberlain@southseftonccg.nhs.uk, Debbie.Harvey@southseftonccg.nhs.uk or Nigel.taylor@gp-n84605.nhs.uk	
14/56	**Electronic Prescribing Service 2** Rachael Farrell (RF) gave a brief overview on the electronic prescribing service 2 (ETP2). The patient orders a prescription which via either Emis or Vision. Doctor then signs the prescription via an Emis passcode or smartcard, which automatically sends it to the community pharmacy. All processes are done electronically. The patient will need to nominate a pharmacy; all queries and complaints are handled by NHS England. There has been a good take up and positive feedback from Southport & Formby CCG. The whole setting up process takes approx. 10 weeks. There is an Initial visit and checklist, and then a meeting with trainer is arranged 2 weeks before going live. All prescriptions can be converted to paper at any time. TH asked if there is any engagement with the pharmacy, there isn't until the practice goes live. RF stated that any practices interested in signing up to ETP2 can contact their practice pharmacist or email her at Rachel.Farrall@imerseyside.nhs.uk	
14/57	**Locality development and QP monies discussion** TH asked the locality for ideas on using the funding that has been allocated. He outlined what other localities have been doing i.e. Bootle have been running a Stoma project and respiratory project which were briefly described. In addition, Seaforth and Litherland locality have created a business plan for a project that would support the review of housebound patient with long term conditions.	
	Action: TH to invite Jenny Kristiansen and Angela Parkinson to the next meeting to outline the merits of these projects.	TH
14/58	**Medicines Management** JJ gave the group an update on current issues involving meds management.	

No	Item	Action
	Letter going to practices with details of 13/14 prescribing quality scheme. Payment to be made in August. Budgets for this financial year have been agreed, and practices will be notified by email. Antimicrobial audit for this year in the PQS will be a quarterly audit of 1 week of prescribing of all antimicrobials to care home patients. This will be peer reviewed at the locality meetings.	
14/59	**Any other business** **LCH –** Dr Pete Chamberlain (PC) updated the group with latest discussions between the CCG and LCH re: locality nursing model/development. The discussions mostly centred on current staffing levels, vacancies (recruitment to vacant posts) and nominated District Nurses. PC stated that practices will now have a nominated DN that may have already made contact with the practice. In addition to the locality development sessions, Dr Chamberlain and Dr Debbie Harvey have visited localities and individual practices as part of a listening exercise to gain feedback and raise concerns with LCH. PC stated a common theme throughout the locality was with communication, although SG brought up queries on housebound reviews and housebound flu vaccinations. Dr Chamberlain stated it will take time to correct everything. **Customer Service Training** – There is a training course being run at Renacres, If you are interested, or for more details contact Angela Curran at Merton House - Angela.Curran@southseftonccg.nhs.uk **Unplanned Care Enhanced Service** – A new template has been rolled out that should now be on all practice clinical systems. This is an amalgamation of the NWAS pathfinder care plan and the BMA approved enhanced service care plan. **September Meeting –** There was a discussion to hold a development session and workshop for the meeting on 25th September (to be discussed at the next locality meeting).	
14/60	**Date of next meeting** Thursday 21st August, 1 - 2.30pm – High Pastures surgery Thursday 25th September, 1 - 2.30pm – Westway MC Thursday 23rd October, 1 - 2.30pm – High Pastures surgery Thursday 20th November, 1 - 2.30pm – Westway MC Thursday 18th December, 1 - 2.30pm – High Pastures surgery	