NHS
South Sefton
Clinical Commissioning Group

Agenda

Governing Body Meeting in Public
Agenda

Date: Thursday, 24th September 2015 at 1300 – 1510 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

1300 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

1315 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Craig Gillespie	Chair & GP Clinical Director	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Dr Andrew Mimnagh	Clinical Vice Chair & Governing Body Member	AM
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Fiona Clark	Chief Officer	FLC
Roger Driver	Lay Member, Patient & Public Involvement	RD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted member)*	DJ
Margaret Jones	Consultant in Public Health *(co-opted Member on behalf of Dr Janet Atherton)*	MJ
Maureen Kelly	Chair, Healthwatch *(co-opted Member)*	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager & Governing Body Member	SMcG
Tanya Mulvey	Practice Manager & Governing Body Member	TM
Dr Clive Shaw	GP Clinical Director & Governing Body Member	CS
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Dr Paul Thomas	GP Clinical Director & Governing Body Member	PT
Dr John Wray	GP Clinical Director & Governing Body Member	JW

In Attendance

Malcolm Cunningham	Head of Contracting & Procurement *(for Item 15/165)*	MC
Tracey Forshaw	Designated Nurse Safeguarding Adults *(for item 15/167)*	TF
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Sefton Carer Centre, Chief Executive *(for item 15/170)*	KMcC
David Smith	Deputy Chief Finance Officer *on behalf of Martin McDowell*	LW
Liz Williams	Chief Strategy & Outcomes Officer *(presentation on 'Carers in Sefton')*	
Judy Graves	Corporate Business Manager *(minute taker)*	

Presentation on "Carers in Sefton" (15 mins)

No	Item	Lead	Report	Receive/ Approve	Time
Governance					
GB15/157	Apologies for Absence	Chair	-	R	3 mins
GB15/158	Declarations of Interest	Chair	Verbal	R	2 mins
GB15/159	Minutes of the Previous Meeting	Chair	✔	A	5 mins

No	Item	Lead	Report	Receive/ Approve	Time
GB15/160	Ratification of Recommendations from July 2015 Governing Body	FLC	✔	A	10 mins
GB15/161	Action Points from Previous Meeting	Chair	✔	A	5 mins
GB15/162	Business Update	Chair	Verbal	R	5 mins
GB15/163	Chief Officer Report	FLC	✔	R	10 mins
GB15/164	GP Pressures and Supporting Practices	All	Verbal	R	5 mins
GB15/165	Emergency Preparedness, Resilience and Response Assurance	MC	✔	A	5 mins
GB15/166	Safeguarding Children & Adults Policy & Strategy	DF	✔	R	5 mins
GB15/167	Allegations of Abuse Policy	TF/DF	✔	A	5 mins
Service Improvement/Strategic Delivery					
GB15/168	Developing Personal Health Budgets	DF	✔	R	5 mins
GB15/169	Collaborative Commissioning in Specialised Services	FLC	✔	R	5 mins
Finance and Quality Performance					
GB15/170	Integrated Performance Report	KMcC/ MMcD/DF	✔ *To follow*	R	10 mins
GB15/171	Safeguarding Annual Report	DF	✔	R	5 mins
For Information					
GB15/172	Key Issues reports from committees of Governing Body: a) Finance & Resource Committee b) Audit Committee c) Quality Committee		 ✔ ✔ ✔	 R R R	5 mins
GB15/173	Finance & Resource Committee Minutes: 23/7/15	-	✔	R	5 mins
GB15/174	Audit Committee Minutes: 9/7/15	-	✔	R	
GB15/175	Quality Committee Minutes: 21/5/15	-	✔	R	
GB15/176	Locality Meetings: a) Seaforth & Litherland Locality: 1/7/15, 5/8/15 b) Bootle Locality: 24/6/15 c) Crosby Locality: 3/6/15, 1/7/15 d) Maghull Locality: 18/6/15 and 23/7/15	 - - - -	 ✔ ✔ ✔ ✔	 R R R R	
Closing Business					
GB15/177	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting.*				5 mins
GB15/178	Date, Time and Venue of Next Meeting *Thursday 26th November 2015 at 13.00 at Boardroom, Merton House, Bootle*				
Estimated meeting close					**1510 hrs**

Motion to Exclude the Public:
Representatives of the Press and other members of the Pubic to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
DRAFT Minutes

Date: Thursday 30th July 2015, 13:00 hrs to 15:15 hrs
Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle, L20 3DL

The Governing Body		
Dr Craig Gillespie	Chair & GP Clinical Director	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Dr Andrew Mimnagh	Clinical Vice Chair & Governing Body Member	AM
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Fiona Clark	Chief Officer	FLC
Roger Driver	Lay Member, Patient & Public Involvement	RD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted member)*	DJ
Margaret Jones	Consultant in Public Health *(co-opted Member on behalf of Dr Janet Atherton)*	MJ
Maureen Kelly	Chair, Healthwatch *(co-opted Member)*	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager & Governing Body Member	SMcG
Tanya Mulvey	Practice Manager & Governing Body Member	TM
Dr Clive Shaw	GP Clinical Director & Governing Body Member	CS
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Dr Paul Thomas	GP Clinical Director & Governing Body Member	PT
Dr John Wray	GP Clinical Director & Governing Body Member	JW
In Attendance		
Tracy Jeffes	Chief Delivery& Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Tom Davis	GP Clinical Lead (Primary Care)	TD
Judy Graves	*Minute Taker*	JG

No	Item	Action
GB15/120	**Apologies for Absence** Members were informed that a number of apologies had been received from the Governing Body members. As such the meeting would not be quorate. Items could be received but anything requiring approval could be discussed, but approval would need to be deferred to the September meeting. Apologies had been received from Dr Craig Gillespie, Dr Andrew Mimnagh, Maureen Kelly, Tanya Mulvey, Dr Clive Shaw, Dr Ricky Sinha, Dr Paul Thomas, Dr John Wray, Margaret Jones, Anthony Leo, Dr Dan McDowell, and Sharon McGibbon. Graham Morris chaired the meeting on behalf of Dr Craig Gillespie. Apologies had also been received from Liz Williams who was due to present Carers in Sefton: item to be deferred to September 2015.	
GB15/121	**Declarations of Interest** Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest.	

No	Item	Action
GB15/122	**Minutes of Meeting** were presented to members. **Outcome** Agreed as a true record however unable to approve, to defer to next meeting. **Action** To be presented to the September Governing Body.	
GB15/123	**Action Points from Previous Meeting** *GB15/47 Practice Manager:* Now completed. Tanya Mulvey appointed as Practice Manager member. *GB15/51 Safeguarding Strategy:* Item relates to information sharing. Currently being co-ordinated through Chair of LCB. Further update in September. G*GB15/90 Business Update:* Currently refreshing Organisational Development Plan. To be presented at September Governing Body meeting. *GB15/93 Annual Report and Audit Opinion 2014/15:* Has been uploaded onto the CCG Website. *GB15/96 Strategic Blueprints:* Karl McCluskey (KMcC) highlighted actions and opportunities to further develop the blueprints in liaison with Public Health colleagues. Margaret Jones is currently Acting Director of Public Health. Interviews for Director of Public Health position being held 30th September 2015. Further update November, pending appointment.	
GB15/124	**Business Update** Fiona Clark (FLC) informed members of a new practice merger as of 22nd July 2015, between Broadwood Surgery (previously Dr Thomas B&PJ) and Westway. **Outcome** Members noted the updated and the action completed on updating the CCG website. **Action** The CCG Constitution to be amended to reflect the change, with a submission to be made to NHS England.	**JG**
GB15/125	**Chief Officer Report** FLC updated as per report presented. **Outcome** The Governing Body received the report: - FLC thanked Tracy Jeffes for her work on commissioning support services reprocurement. **Action** - Shaping Sefton Governance arrangements to be presented at the September Governing Body meeting - LPF update to be presented to the September Governing Body	**FLC** **TJ**

No	Item	Action
GB15/126	**GP Pressures and Supporting Practices** Local Quality Scheme: The scheme will now be launched in October. Members discussed in general in relation to the workload of general practice. Members were introduced to Tom Davis who would be supporting the practices to ensure a whole system approach. Dr Craig Gillespie and Dr Andrew Mimnagh will be working with Tom Davis to take forward. Dr Noreen Williams and Joe Chattin, secretary of LMC, had also offered their support.	**TD, CG, AM**
GB15/127	**Q1 Corporate Risk Register and GB Assurance Framework** Tracy Jeffes presented the current Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF). The report detailed the organisations risks, positions and process as at the end of quarter 1 (June) 2015 and was being presented to the Governing Body for review. TJ outlined the normal review and scrutiny process for the CRR and GBAF. Members were informed that the Quality Committee had not reviewed the risks at the meeting in July: meeting had been used as an Extraordinary Quality Committee meeting to discuss Quality, Innovation, Productivity and Prevention (QIPP). Members were briefed on the work undertaken to update, complete and review the information contained within the report: Members reviewed the report and each of the highlights and corresponding risk positions and progress detailed. Members reviewed the summary document and corresponding detail, with particular reference to the 2 extreme risks (page 44 and 47). Following scrutiny it was considered a scoring of 3x4 was more appropriate scoring for 7.1. The Lead agreed. **Outcome** The Governing Body: - Noted and received the report presented - Noted the support provided and the work completed - Reviewed Q1 (June) 2015/16 CRR, with specific scrutiny of the highlights (section 4) and the decisions of the SMT and, following scrutiny, agreed with the positions as presented and considered all that could be done was being done - Reviewed the Q1 (June) 2015/16 GBAF, specifically the highlights (section 5) and the decisions of the SMT and, following scrutiny, agreed that all that could be done was being done and that all the ratings were considered appropriate except 7.1 which should be amended to 3x4. - Approval of documents and change to be deferred to September when quorate.	

No	Item	Action
GB15/128	**CCG Annual Audit Letter 2014/15** Martin McDowell (MMcD) presented the CCG's Annual Audit Letter 2014/15 (page 56). The report was provided by the CCG's External Auditors and confirmed the findings from the Audit of the CCG's financial statements. The report concluded that the CCG's accounts were in line with approved Auditing Standards and issued an unqualified Audit Opinion. Reference was made to the criteria and findings detailed on page 64 of the report which confirmed that the organisation had proper arrangements in place for securing financial resilience and for challenging how it secures economy, efficiency and effectiveness. Based upon the findings of the work the CCG's external auditors issued an unqualified 'value for money' conclusion Members were referred to page 65 which highlighted one area to be worked on in relation to contract activity levels and the need to review on a more regular basis. MMcD informed members that this was being looked at to ensure contract apportionments are split accurately in line with patient data and activity wherever possible. Graham Morris (GM) informed members that the auditors had commented that South Sefton CCG was one of the best CCG's in terms of Finance. **Outcome** The Governing Body received the report presented and thanked those involved in putting the organisation in such a strong position.	
GB15/129	**Quality, Improvement, Productivity and Prevention (QIPP)/Service Improvement and Redesign (SIR) Terms of Reference: Revised** The Chair informed all that the item was for approval and reminded members that due to being non quorate, discussion was possible however any approval would have to be deferred to the next meeting. Karl McCluskey (KMcC) presented the new Joint (South Sefton and Southport & Formby CCGs) Terms of reference for the QIPP/SIR Committee. KMcC explained that it had been recognised that there was an overlap and similarity between the committees. Members were briefed on the role of the Joint Committee (page 67), adding that the committee would not have the power to authorise expenditure but were able to make recommendations which would be submitted to the Finance and Resources Committee for consideration. MMcD informed all that the committees were keen on the proposal to merge, given the similarity in roles, the opportunity for good practice and the opportunity to pollenate ideas. Members discussed. The Chair informed the Governing Body that the Southport & Formby CCG Governing Body had, at their Governing Body held 29th July 2015, agreed the merger of the committees and the respective Terms of Reference. It had also been highlighted the need to include Lay membership. Further discussion was had regarding the Chief Finance Officer declaring an interest on any item involving LCH and Roger Driver deputising in the case of a conflict. **Outcome** The Governing Body agreed the merger of the QIPP/SIR Committees and recommended the approval of the revised Terms of Reference presented.	

No	Item	Action
	Action - Lay Membership to be added to the Terms of Reference: 1 representative per CCG. - A Lay Member to deputise for the Chief Finance Officer in relation to any matters to do with LCH	**KMcC**
GB15/130	**ILinks Update** MMcD informed members that the report built on the discussions from the Joint Governing Body Development session held the previous week and provided South Sefton CCG with the ILINKS Information Sharing Framework for the North Mersey Health and Social Economy. The document provided a clear set of safeguards and principles in relation to information sharing and described a clinically led scaled information sharing model. The framework will enable the economy to achieve a major step change in information sharing and, subject to consent, will provide all local health and social care practitioners' access to relevant information to care for individuals, regardless of the care setting or organisation where the information is held. To date 6.5 million records had been shared across Merseyside which was aiding the richness of decision making. Members discussed the report and the partners involved in the scope of the framework (page 82), the 4 segments of the framework (page 90), differing clinical roles and related data access (page 98), the exclusions (page 103), the Commitment agreement (page 106) and that the data was only to be used for the purposes set out in the agreement and not for selling on: purely for patient benefit. Dr Rob Caudwell was confirmed as the Joint Chair. Clarification was requested on access for academics. It was reiterated that it was purely for patient benefit and for use by clinicians in an emergency situation in order to provide the patient's health history. Members discussed in relation to the information being reliant on the data that is being input and how that risk will be mitigated. Members were reminded of the discussions at the Joint Development Session. Members had considered good but had highlighted the possible difficulty in persuading people of the benefits and the need to involve patient participation groups. This may have a resource implication for CCG managers. **Outcome** The Governing Body recommended for approval at the September Governing Body meeting: - the organisation to be signed up to the principles of the framework - the direction of travel - the priority areas for implementation - the delegation to the ILINKS Clinical Informatics Advisory Group and Programme Board to pursue the principles.	

No	Item	Action
	Members considered the work a real success story across the Local Health Economy. **Action** - to be added to the September Governing Body meeting agenda - Data is heavily reliant on the codes being entered into the system. As such clarification is needed on how the risk is being mitigated. Pending discussion and decision at September 2015 Governing Body meeting: - Implementation Plans to be agreed with each individual organisation - Need a clear Training Plan that ensures consistency - Engagement/Communication Plan needed: need to involve patient participation groups. Need to consider impact on capacity of CCG managers.	**IM** **MMcD** **Information Merseyside (IM)** **TJ & IM**
GB15/131	**Review of Case for Change** KMcC presented the report 'Case for Change Prioritisation and Approval Process'. The report followed on from the discussion regarding the Joint QIPP/SIR Committee (GB15/129) and outlined the new committee approval process for Cases for Change to reflect the new role of the Joint QIPP/SIR Committees. It described the CCGs criteria and prioritisation process which will be used to evaluate all future investments. To ensure all investments provide health outcomes, whilst contributing to QIPP. South Sefton CCG has set a minimum QIPP contribution of £2 return for every £1 investment. KMcC explained that, given the challenges regarding the QIPP target of 3.4 million, it was important that the CCG establish clear and transparent processes for future investment considerations. In that context, the process discussed at the recent Joint Development Session has been developed to include a number of prioritisation criteria. The Governing Body was taken through the report (page 109). Area's highlighted and discussed included: - The need to consider the financial envelope - The need for return on investment - Evaluate and compare on like for like cases - Importance of patient safety and quality: all on a par with finance - Managed and administered through new Joint QIPP/SIR Committee The return on investments was highlighted. It was recognised that there may be times when investment is not evident or may not be able to be evidenced, at that point the CCG would need to consider if to continue with investment or disinvest. Dr Peter Chamberlain (PC) considered it a good step forward and raised a number of areas for further discussion: 1. The measures in evaluation in relation to Key Performance Indicators and finance and links to quality KMcC updated on the Business Case and Case for Change document. Fiona Doherty working with the Quality team. 2. Innovative programmes KMcC expected that there would be cases/proposals that might be light on evidence. Scoring would be used to assess the initiative, potentially could score low on finance but high on quality. 3. How will it improve patient experience of care and quality? KMcC considered the process included the definition of criteria which allowed for innovation with a degree of flexibility.	

No	Item	Action
	Debbie Fagan (DF) considered it pleasing to see that finance, quality and safety were all being given the same importance and, together with the Terms of Reference, being clinically driven forward with the support of the Clinical and Quality teams of the CCG. **Outcome** The Governing Body recommended approval **Action** - Item to be recommended to September Governing Body Pending discussion and decision at September 2015 Governing Body meeting: - A new Case for Change document will be developed to ensure that all categories in the prioritisation process are fully reflected by November 2015 - The CCG is looking to introduce a fixed number of gateways for case prioritisation and assessment in 2016/17 - Both proposals to be brought back to the Governing Body in Quarter 3 for approval	**KMcC** **KMcC**
GB15/132	**Hosted Safeguarding Service Governing Body Update: (Part 1) HM Coroner (Merseyside) and Deprivation of Liberty Safeguards authorisations and (Part 2) Counter Terrorism & Security Act (2015)** **Part 1** Tracy Forshaw (TF) presented the Governing Body with a briefing in relation to the bulletin circulated to GPs across South Sefton CCG, outlining HM Coroner for Merseyside's requirements, when an adult dies within a care home and where there is a Deprivation of Liberty Safeguards (DoLs) authorisation in place and as per the report presented (page 116). Reference was made to a briefing circulated to GPs which outlined the expectations and roles of GPs. TF highlighted the need for engagement with local partners to ensure roles and responsibilities are carried out and authorities notified when there is a DoLs in place. The Governing Body discussed in relation to the legislation and the statutory responsibilities of Local Authority. Mental Capacity Act training was available through Mersey Care, with a free session due to be held September 2015. It was confirmed that providers should be aware of their responsibilities as per CQC registration. A Mental Capacity Act Lead (MCA) is in place for the CCG within the CCG Safeguarding Service hosted by Halton CCG. Members discussed in relation to training of Registrars, Dementia and whether a DoLs in place. GP concerns regarding End of Life Lead, Palliative Consultants, legal responsibilities, impact on delay in Death process, increased workload and cost implications to families. DF offered to raise with Stephen Astles and Jan Leonard to determine if further conversation needs to take place at the next Wider Group meeting. **Part 2** An update was also given, as per the report (page 259) in relation to Prevent and the Counter-Terrorism and Security Bill which received Royal Assent in February 2015, making the Channel programme, Prevent Statutory and Duty, as part of the overall counter terrorism strategy called CONTEST a legal requirement for public bodies. The overarching principle is to protect vulnerable people from being drawn into terrorism.	

No	Item	Action
	Whilst this currently applies to NHS Trusts and Foundations Trusts only, the guidance is subject to review following national consultation. An update is expected October 2015. Requirements were discussed in relation to systems, policies and procedures. For example notifications and the need for a Channel Panel. Preparation work has been carried out with regards benchmarking and state of readiness. Response has gone back to NHS England on the state of readiness for the Prevention Duty Guidance for South Sefton CCG. Service is now looking to do a Prevention Strategy. Wide discussion was had on GP responsibilities, the guidance in place to assist and the resulting actions should an incident be reported. **Outcome** The Governing Body received the report and noted the content. **Action** **Part 1** - Title on agenda to be changed to reflect full title of report - Mersey Care to advise the CCG when another round of Mental Capacity Act training is due to be delivered - Debbie Fagan to raise with Stephen Astles and Jan Leonard to determine if further conversation needs to take place at the next Wider Group meeting regarding Deprivation of Liberty Safeguards and impact on GPs. Concerns to also be escalated to Lisa Cooper, Deputy Director of Nursing at NHSE (Merseyside, Cheshire, Warrington & Wirral) - FLC to discuss GP concerns with LMC **Part 2** - Confirmation to be obtained on where responsibility lays with regards training on the Channel programme/Prevent Duty: CCG or NHS England. - National guidance on 'risk to others' to be circulated to the Governing Body	**JG** **TF** **TF/DF** **FLC** **TF** **TF**
GB15/133	**Integrated Performance Report** The report presented (page 124) provided summary information on the activity and quality performance for South Sefton CCG as per time periods given for each source. The financial position is £0.218m underspent at 30 June 2015 (Month 3) on operational budget areas before the application of reserves or contingency. At this stage of the year the forecasted outturn is an underspend against plan of £0.277m. Annual budgets have been increased for growth but there are a small number of cost pressures emerging which will need close management if the CCG is to achieve the planned surplus. In addition, plans to achieve the CCG QIPP requirement of £3.441m have not yet fully identified. Ambulance Activity – The CCG are achieving all 3 ambulance targets in May. NWAS achieved Red 1 and Red 2 but are slightly under target achieving 94.80% year to date for Category 19 Transportation. A&E waits – The CCG met the 95% target for May with a performance of 98.1% year to date. Aintree achieved the target in May recording 95.1%, but are just failing year to date reaching 94.63%. An action plan and trajectory was agreed by Aintree with Monitor and NHS England to reach 95% by end of Q2 15/16.	

No	Item	Action
	KMcC highlighted areas of performance in relation to Cancer, Emergency Admissions Composite Measure, Emergency Admissions for Acute Conditions that should not usually require hospital admission, Unplanned Hospitalisation for Chronic Ambulatory care and HCAI – C difficile, Patient Safety Incidents and Stroke. The Governing Body discussed 10.2 Friends and Family (page 156) in relation to % being below national average. Wide discussion regarding prescribed drugs, the use of, dispensing, possibility of 'prescription clinics' which would operate similar to 'food clinics'. **Outcome** The Governing Body received the report and: - Noted that the CCG remained in a good position - Noted the additional £700,000 of savings to be made ahead of the next financial challenge - The importance of 'AAA' outcomes - The importance of public involvement i.e. excess prescribing and the need of an engaged public campaign **Action** - Page 159 Scorecard: Localities to be highlighted. - Discussion to be had on the importance of public involvement in relation to medication waste and how to feed into EPEG and the Big Chat.	**KMcC** **RD & TJ**
GB15/134	**Key Issues reports from committees of Governing Body:** a) Finance & Resource Committees b) Audit Committee **Outcome** The Governing Body received the key issues reports and noted that there was no report from the Quality Committee due to the meeting being used to discuss QIPP.	
GB15/135	**Finance & Resource Committee Minutes** (21/5/15) were received by the Governing Body.	
GB15/136	**Quality Committee Minutes** (23/4/15) were received by the Governing Body.	
GB15/137	**Audit Committee Minutes** (21/5/15) were received by the Governing Body.	
GB15/138	**Locality Meeting Minutes**: a) Seaforth & Litherland Locality: 6/5/15 and 3/6/15. b) Bootle Locality: 26/5/15 c) Maghull Locality: 21/5/15 **Outcome:** key issues reports were received by the Governing Body.	
GB15/139	**Any Other Business** No items raised.	
GB15/140	**Date, Time and Venue of Next Meeting** Thursday 24th September 2015 at 13.00 hrs in the Boardroom, Merton House, Bootle	

No	Item	Action
	Motion to exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960). **Meeting concluded**	**15:15 hrs**

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
July 2015 Governing Body Recommendations

GB15/160

The following lists the recommendations from the July 2015 South Sefton CCG Governing Body meeting. The Governing Body is being asked to note or approve recommendations from the meeting.

No	Item	Action
GB15/122	**Minutes of Previous Meeting** Members present agreed as a true record.	Consider/confirm approval
GB15/127	**Q1 Corporate Risk Register and GB Assurance Framework** **Outcome** The Governing Body noted the report presented and the work undertaken and - Reviewed Q1 (June) 2015/16 CRR, with specific scrutiny of the highlights (section 4) and the decisions of the SMT and, following scrutiny, recommended approval of the positions as presented and considered all that could be done was being done - Reviewed the Q1 (June) 2015/16 GBAF, specifically the highlights (section 5) and the decisions of the SMT and, following scrutiny, recommended approval of the positions as presented with the exception of 7.1 which should be amended to 3x4 which was considered more reflective of South Sefton CCG's position. Members considered all that could be done was being done.	Consider/confirm approval: - review and scrutiny of the risks and positions presented - that all that could be done was being done - confirmation of the amendment to GBAF 7.1
GB15/129	**Quality, Improvement, Productivity and Prevention (QIPP)/Service Improvement and Redesign (SIR) Terms of Reference: Revised** **Outcome** The Governing Body agreed the decision to merger of the QIPP/SIR Committees and recommended approval of the revised Terms of Reference presented subject to the following amendments:- - Lay Membership to be added to the Terms of Reference: 1 representative per CCG. - A Lay Member to deputise for the Chief Finance Officer in relation to any matters to do with LCH	Consider/confirm approval: - of the revised Terms of Reference and the actions agreed

No	Item	Action
GB15/130	**ILinks Update** **Outcome** The Governing Body recommended for approval to the September Governing Body meeting: - the organisation to be signed up to the principles of the framework - the direction of travel - the priority areas for implementation - the delegation to the ILINKS Clinical Informatics Advisory Group and Programme Board to pursue the principles. **Action** - Data is heavily reliant on the codes being entered into the system. As such clarification is needed on how the risk is being mitigated. Pending discussion and decision at September 2015 Governing Body meeting: - Implementation Plans to be agreed with each individual organisation - Need a clear Training Plan that ensures consistency - Engagement/Communication Plan needed: need to involve patient participation groups. Need to consider impact on capacity of CCG managers.	Consider/confirm approval: - of the outcome recommendations - the actions proposed
GB15/131	**Review of Case for Change** **Outcome** The Governing Body recommended approval **Action** Pending discussion and decision at September 2015 Governing Body meeting: - A new Case for Change document will be developed to ensure that all categories in the prioritisation process are fully reflected by November 2015 - The CCG is looking to introduce a fixed number of gateways for case prioritisation and assessment in 2016/17 - Both proposals to be brought back to the Governing Body in Quarter 3 for approval	Consider/confirm approval: - of the outcome recommendations - the actions proposed

NHS
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Governing Body Meeting in Public
Action Points from Previous Meeting

GB15/161

No	Item	Action
GB15/123	**Action Points from Previous Meeting** *GB15/51 Safeguarding Strategy:* Item relates to information sharing. Currently being co-ordinated through Chair of LCB. Further update in September. *GB15/90 Business Update:* Currently refreshing Organisational Development Plan. To be presented at September Governing Body meeting. *GB15/96 Strategic Blueprints:* Karl McCluskey (KMcC) highlighted actions and opportunities to further develop the blueprints in liaison with Public Health colleagues. Margaret Jones is currently Acting Director of Public Health. Interviews for Director of Public Health position being held 30th September 2015. Further update November, pending appointment.	
GB15/124	**Business Update** The CCG Constitution to be amended to reflect the new practice merger, with a submission to be made to NHS England.	**JG**
GB15/125	**Chief Officer Report** - Shaping Sefton Governance arrangements to be presented at the September Governing Body meeting - LPF update to be presented to the September Governing Body	**FLC** **TJ**
GB15/129	**Quality, Improvement, Productivity and Prevention (QIPP)/Service Improvement and Redesign (SIR) Terms of Reference: Revised** Lay Membership to be added to the Terms of Reference: 1 representative per CCG. - A Lay Member to deputise for the Chief Finance Officer in relation to any matters to do with LCH	**KMcC**
GB15/130	**ILinks Update** - Data is heavily reliant on the codes being entered into the system. As such clarification is needed on how the risk is being mitigated. Pending discussion and decision at September 2015 Governing Body meeting: - Implementation Plans to be agreed with each individual organisation - Need a clear Training Plan that ensures consistency - Engagement/Communication Plan needed: need to involve patient participation groups. Need to consider impact on capacity of CCG managers.	**IM** (Information Merseyside) **MMcD** **IM** **TJ & IM**

No	Item	Action
GB15/131	**Review of Case for Change** - Item to be recommended to September Governing Body Pending discussion and decision at September 2015 Governing Body meeting: - A new Case for Change document will be developed to ensure that all categories in the prioritisation process are fully reflected by November 2015 - The CCG is looking to introduce a fixed number of gateways for case prioritisation and assessment in 2016/17 - Both proposals to be brought back to the Governing Body in Quarter 3 for approval	**KMcC** **KMcC**
GB15/132	**Hosted Safeguarding Service Governing Body Update: (Part 1) HM Coroner (Merseyside) and Deprivation of Liberty Safeguards authorisations and (Part 2) Counter Terrorism & Security Act (2015)** **Part 1** - Title on agenda to be changed to reflect full title of report - Mersey Care to advise the CCG when another round of Mental Capacity Act training is due to be delivered - Debbie Fagan to raise with Stephen Astles and Jan Leonard to determine if further conversation needs to take place at the next Wider Group meeting regarding Deprivation of Liberty Safeguards and impact on GPs. Concerns to also be escalated to Lisa Cooper, Deputy Director of Nursing at NHSE (Merseyside, Cheshire, Warrington & Wirral) - FLC to discuss GP concerns with LMC **Part 2** - Confirmation to be obtained on where responsibility lays with regards training on the Channel programme/Prevent Duty: CCG or NHS England. - National guidance on 'risk to others' to be circulated to the Governing Body	**JG** **TF** **TF/DF** **FLC** **TF** **TF**
GB15/132	**Integrated Performance Report** - Page 159 Scorecard: Localities to be highlighted. - Discussion to be had on the importance of public involvement in relation to medication waste and how to feed into EPEG and the Big Chat.	**KMcC** **RD & TJ**

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2015

Agenda Item: 15/163	**Author of the Paper:** Fiona Clark Chief Officer Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: September 2015	
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 [ ]

Links to Corporate Objectives *(x those that apply)*	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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

Report to Governing Body
September 2015

1. Shaping Sefton Update

The third session of Shaping Sefton with the Kings Fund is planned to take place on 14th October 2015. This event will focus on the transformation of Primary Care as one of our 3 key strategic priorities. It is being led by Dr Derek Thomson GP & Medical Director at Northumbria Healthcare NHS Foundation Trust and Kings Fund Fellow and Dr Craig Gillespie Chair & Clinical Lead for Primary Care.

Following discussion with Margaret Carney-CEO at Sefton MBC to think through our governance arrangements for the Shaping Sefton transformational programme and the interrelationship with the Health & Wellbeing Board (HWBB), it has been decided that the Shaping Sefton Transformation Board (SSTB) will report into the HWBB & the CCG Governing Body's. A paper was discussed at the HWBB on the 16th September 2015, in relation to the Shaping Sefton governance arrangements.

The membership will be gathered from local providers, key stakeholders and Local Authority, and the SSTB will meet monthly in the first instance.

Each of the work streams supported and driven by clinicians below will report directly to the SSTB:

- Primary Care;
- Mental Health;
- Community Services and Support;
- Intermediate Care;
- Urgent Care.

A separate piece of work will also be undertaken in the form of a workshop to understand our challenges in Children & Young People Services.

The Governing Body will continue to receive updates in the CO report in respect of the work of the SSTB.

2. Conflicts of Interests, Hospitality and Gifts and Standards of Business Conduct

In December 2014 NHS England issued guidance to CCGs in respect of managing conflicts of interest and the associated arrangements that CCGs must have in place. The Conflict of Interest policy, which includes guidance on dealing with hospitality and gifts was updated and approved by the Audit Committee in April this year and widely circulated to staff across the CCG. Changes have been made to the way in which the CCG now records interests so that registers now include information relating to business and commercial interests, conflicts associated with procurements, declarations made before and during meetings as well as any other general conflicts identified during the usual business of the CCG.

Following a recent article in The Telegraph and a subsequent letter from NHS England requesting assurance on the controls that are in place, the CCG will be undertaking a further review that will be supported by MIAA, the CCGs internal auditors. The will ensure that the Wider Constituent Group, the Governing Body, stakeholders and the public can have complete confidence in our decision making processes and can be assured that all decisions are made with the upmost integrity.

The Register of Interest and Hospitality Registers are publically available on the CCGs website and are updated routinely each quarter. They are also updated and when a new interests or conflicts are

declared or when hospitality and gifts have been offered, declined or accepted. The Audit Committee will continue to have a key role in scrutinising these registers.

Over the next few months there will be continued awareness raising throughout the CCG so that all staff are fully aware of their responsibilities to declare interests as and when appropriate and to properly record any offer of gifts or hospitality.

3. Sefton Economic Review – 5th Performance Report

Sefton's Fifth Performance Monitoring Report which continues to show how the work with partners is addressing the many challenges being faced by the borough and its communities, whilst also documenting successes and achievements.

It provides an account of the overall economic climate we work in, and shows progress through 2014/15 towards each of the five objectives of the Strategy for Sefton.

- Objective One – more starts to replenish the business population
- Objective Two – grow existing businesses and stimulate the economy
- Objective Three – target traditional and emerging growth sectors
- Objective Four – create conditions for growth
- Objective Five – increase opportunity and employment

Regular monitoring will enable a tracking of the changes in the economy. Sefton MBC has not stood still, and implementation of Sefton Economic Strategy continues to demonstrate solid progress towards sustainable jobs and prosperity.

The sixth edition of this report will be available towards the end of 2015 www.sefton.gov.uk.

4. Continuing Health Care (CHC)

The CCG/CSU CHC Steering Group continues to meet regularly Chaired by a Lay member from SFCCG. Progress against the Improvement Plan continues to be monitored via an exception report produced by CSU. The recent update from the externally commissioned Mental Health Review was discussed at the Leadership Team held on 15 September 2015. Additional resource has been secured by the CCG to support CSU to undertake a more focused programme of work on undertaking Funded Nursing Care Reviews as part of QIPP.

A 'Bidders Engagement Day' has been held recently in relation to the re-procurement from the Lead Provider Framework of the CHC service.

CHC remains on the Corporate Risk Register.

5. CHC Restitution Cases (Previously Unassessed Packages of Care - PUPoC)

The CCG continues to receive monthly performance reports from NWCSU. Improvement in performance against the monthly trajectory has been seen for June – August 2015. September 2015 performance will be available in the middle of October 2015.

CHC Restitution (PUPoC) remains on the Corporate Risk Register.

6. Personal Health Budgets

The CCG support for the further development of Personal Health Budgets commenced at the end of August 2015. A more detailed paper is on today's Governing Body at item 15/168.

7. Quality Surveillance Process

Single Item Quality Surveillance Group / Quality Review Meeting (Southport & Ormskirk Hospitals NHS Trust) – The Trust remains on enhanced surveillance. The CCG is awaiting the follow-up Single Item Quality Surveillance Group to take place. Recent developments regarding Maternity Services within the Trust have been discussed at the routine local Quality Surveillance Group which had a maternity focus and at the recent Contracts Meeting.

Single Item Quality Surveillance Group / Quality Review Meeting (Aintree University Hospital NHS Foundation Trust) – NHSE will Chair a Quality Review Meeting for Aintree University Hospital NHS Foundation Trust on 1 October 2015. This is a continuation of the Quality Surveillance process that is in place for this provider. The outcome of this meeting will be reported to the Quality Committee and Governing Body in due course.

Single Item Quality Surveillance Group / Quality Review Meeting (North West Commissioning Support Unit) - NHSE have scheduled a Single Item Quality Surveillance Group Meeting for 28 September 2015 to discuss PUPoC and CSU have been invited to attend from a provider perspective.

8. Education and Health Care Plans

The production of Education & Health Care Plans (EHCP) replaced the statementing process for children and young people with Special Educational Needs and Disabilities in 2014. The CCG met all milestones for the introduction of this new system as a commissioner of health services in line with the new Code of Practice and this risk was removed from the Corporate Risk Register.

Work has been on-going to further improve the local system since the introduction of this new system between the CCG, Local Authority and Liverpool Community Health – recent reports are positive regarding the improvements made and the numbers of completed EHCPs within completed within the stipulated timeframes.

9. Student Nurse Placements

The CCG had two Student Nurses / Student Quality Ambassadors on placement in August 2015. Mentorship was provided by the Quality Team. As well as gaining experience of the work of a CCG with regard to clinical commissioning, the students spent time in General Practice and with CSU colleagues and will be reflecting on the time spent to inform how Student Quality Ambassadors can further enhance and support the work of the CCG in commissioning for quality and improving outcomes.

10. Chief Nursing Officer (England) – Keynote Speech Expo Manchester 2015

The CCG Chief Nurse was invited to be part of the Chief Nursing Officer's (England) keynote speech in September 2015 at Manchester which focussed on Compassion and Safety in care. As part of the panel, the CCG Chief Nurse was able to discuss how the organisation had made 'Compassion in Practice' real for us and how it was important that further work on an updated strategy continues to be developed over the coming months, under the leadership of the Chief Nursing Officer (England). Some examples of how the CCG had made 'Compassion in Practice' real to us, both in terms of the 6Cs and the key action areas include:

- Inclusion in a presentation to the Health & Well-being Board;
- Presentation to the Governing Body as part of Chief Officer Reporting;
- Inclusion in Quality standards within provider contracts;
- Values explicit within the CCG Strategic Plan which sets out our priority areas for commissioning;
- Inclusion in the CCG Organisational Development Plan – values evident in PDRs; CCG have undertaken a 360 degree feedback with its staff;
- Accredited as a hub and spoke placement for students (students have been placed in the CCG in January 2015 and August 2015); presented CCG strategic plan to Student Nurses / Student Quality Ambassadors in 2014 for views and comments; work continues with Student Quality Ambassadors in 2015);
- Utilisation of the 6Cs and key areas for action as a framework to support quality 'walkarounds';
- Utilisation of the 6Cs and key areas for action as a framework to support discussions re integrated working for care homes.

The CCG Chief Nurse also took part with other members of the panel in a Q&A session with the press after the keynote speech.

11. Programme Manager Vulnerable People

A Programme Manager for Vulnerable People has commenced in post with the CCG as from 1 September 2015. The post-holder, who is a Registered Nurse, has joined the Quality Team and will be leading on key programmes of work which includes, for example, Personal Health Budgets, integrated work with the LA on the care home and domiciliary care agenda, support for GP Clinical Leads on the Care Home Innovation Programme in South Sefton.

12. Systems Resilience Group Update (SRG)

North Mersey SRG met on the 4th September, its recent work is focused on co-ordinating assurance returns for NHS England. This was completed last week and the SRG awaits feedback. The SRG also discussed mental health liaison services and utilisation of ambulance turnaround fines. Acute Trusts have been experiencing delays in reviews and access to beds for mental health patients and this is being picked up within the SRG and individual CCG's contract meetings.

The North Mersey SRG also has two sub-groups which focus on the two major acute Trusts within the SRG and these minutes were circulated. The SRG also discussed the plans for the Alder Hey move to the new hospital on 2nd October.

13. Public Health North West Business Plan 2015/16

This business plan sets out the services and functions that PHE North West offers as part of the wider public health system. Our focus is local and we will ensure that our work programme is tailored to serve the priorities and needs of Cheshire, Merseyside, Cumbria, Lancashire and Greater Manchester.

The business plan has been produced following the merger and transition in 2015 of the previous Cheshire and Merseyside, Cumbria and Lancashire and Greater Manchester PHE centres to PHE North West and will provide the high level plan that we expect to deliver and achieve.

The plan flows from the work the previous PHE centres developed with local partners. We will refine this in collaboration with our partners, to enable us to develop common priorities to meet local need. The main focus of our work is to support the delivery of our four core functions to best meet local priorities alongside continued delivery of the PHE seven national priorities. The Health and Social

Care Act of 2012 has already established specific legal duties on health inequalities; PHE North West will demonstrate that they are meeting these legal duties through underlying actions and activities that will contribute towards a reduction in health inequalities in the North West of England.

The plan clearly sets out the key objectives and milestones for 2015 - 2016 to deliver towards the core functions as set out in the PHE remit letter from the Department of Health and outlines some of the past successes of the North West centres in 2014 – 2015.

14. 111 Service

Mobilisation is proceeding smoothly for the new providers of UC24/NWAS October and a seamless transition from stability arrangements to material contract performer is expected.

Dental symptoms remain the single biggest call band at around 1/5th of all calls and concerns remain over the adequacy of emergency dental provision/primary care dental access in both CCG's.

Both CCG's have elected to maintain clinical call handling capacity within the out of hours provider in the specification from October 2015. Work is currently underway to update the Directory of Services (DoS) incorporating the profiling guidance for Mental Health Services.

15. Liverpool City Region Developments

A paper was received at the LCR meeting on 2nd September 2015 to approve a submission for devolution of responsibilities to the Liverpool City Region.

Members of the Governing body will note that the Government has invited areas to enter into discussion on the devolution of powers from National Government to local areas. The Liverpool City Region has commenced such discussions and is currently exploring a series of “asks”. One such “ask” could relate to health and social care and as such embryonic conversations are taking place between local health and social care leaders to begin to explore ideas and approaches where this will deliver better outcomes for the local population, can be delivered at scale and pace and will be financially sustainable.

As part of these ongoing discussions a set of principles have been developed as follows:

a. Place people at the heart of the care system and provide the most effective pathway for individuals;
b. Focus more on prevention and early intervention to keep people as independent as possible and maximise the opportunities for self-care;
c. Continue to manage and improve the impact that existing chronic disease and frailty have on individuals and communities;
d. Optimise community resilience to manage all appropriate health and social care needs out of hospital, thus reducing inappropriate hospital attendance;
e. Provide opportunities for joining up and integrating care where this would improve quality, cost effectiveness and citizen experience;
f. Aspire to eliminate health and wellbeing inequalities.

The devolution agenda continues to develop at a pace and the Accountable officers of the 7 Liverpool City Region have met and have prepared a paper regarding principles with a statement of intent to feed into the discussions.

As NHS commissioners we recognise the collective strength that already exists in devolved NHS funding and powers from central government. This will further enhance the ethos of working together to tackle system wide issues. At the same time, the NHS commissioners recognise the high value and existing successes of working within boroughs in an increasingly integrated manner with their local authority partners including social care and public health.

The significant morbidity, mortality, health inequalities and social challenges within the region coupled with the substantial challenge of a potential funding gap of £350M by 2020 require a collective response across health and social care.

The leadership team of NHS commissioners have developed the following statement of intent regarding the anticipated devolution process within the Liverpool City Region.

Statement of Intent

NHS Commissioners recognise the following principles associated with integrated working within boroughs, across adjacent boroughs and across the Liverpool City Region:

1. The foundations of our integrated response to the health and social care system challenge lies within boroughs and the evolution of closer cooperation between NHS health commissioners and local authorities. Health and Well Being Boards are well placed to assist and facilitate this process.
2. Existing joint working across boundaries between social care and health services must continue to develop on the footprint that best delivers high quality, safe and sustainable services to our populations. These footprints may vary in size or geography according to the clinical specialism or patient flows. An example would be that the effective footprint for the delivery of specialist learning disability services might be different to that of acute orthopaedic services.
3. At scale, across the Liverpool City Region, there exist significant opportunities for joint working for health and local government. Successes of existing joint working such as that for neuro-rehabilitation demonstrate what can be achieved. We believe that joint working can deliver sustainable clinical services for our population, which will ultimately reconfigure and alter how providers work.
4. The challenge we all face cannot be met unless the commissioners of public health, health and social care work alongside our providers and other key partners such as housing and the third sector at all of the levels of footprints of service delivery.
5. The NHS commissioners wish to explore the possibility of devolution of further centralised NHS funding such as that for specialised commissioning and primary care contractors; as well as closer working with Public Health England, Health Education England, the health networks and TDA/Monitor.
6. The NHS commissioners shall explore governance arrangements to enable this approach to joint working and develop an engagement strategy for CCG members, providers and the public.

The Governing Body will be kept informed and engaged in this ongoing debate.

16. Commissioning Support Services Update

The CCG has now gone out to procurement for its commissioning support services via the Lead Provider Framework (LPF) established by NHS England. The evaluation of bids will be undertaken in October, culminating in the award of the contract in mid-November 2015. The date for commencement of the new service is now March 1st 2016.

Following approval from NHS England, the CCG will "in-house" the following services between October 2015 and 1st March 2016, with timescales dependent on factors identified within exit plans. These services are:

- Contracting (12 posts which form a shared service between South Sefton CCG, Southport & Formby CCG and NHS Halton CCG);
- Equality and Diversity (1 post to deliver a shared service across Merseyside CCGs);
- CHC Finance (1 post for South Sefton CCG and Southport & Formby CCG);
- Corporate Reporting Business Intelligence (1 post for South Sefton and Southport & Formby CCG).

All posts will be hosted by South Sefton CCG. The CCGs are looking forward to welcoming the new colleagues into the respective organisations and will be undertaking a significant piece of organisational development work in order to facilitate a smooth transition.

17. Informatics Merseyside Partnership Board Operating Committee Update

The above committee received a report from Informatics Merseyside in June 2015, which outlined the progress made during the last two years to stabilise the governance, the finances and the management of risk associated with running the IM&T shared service.

The key points from the report are summarised below. Informatics Merseyside has:

- Established robust governance with all partners of IM;
- Introduced a Strategic Accountability Framework (SAF) for internal assurance review;
- Formulated a new fair and equitable service costing (financial) model to address funding gap and secure sustainable income;
- Invested in capability growth to ensure fit for purpose workforce;
- Planned for business development to build a sustainable model demonstrating value for money service provision;
- Benchmarked services to enable improved value for money.

18. Sefton Health and Social Care Integration

A considerable amount of work has been undertaken to develop an approach to closer integration and alignment of Health and Social Care in Sefton. This includes work around the Better Care Fund, Shaping Sefton and the development of joint Health and Wellbeing Strategies.

This positive work now needs to come together in an ambitious and focussed programme of activity that will deliver real change and transformation for our communities. Officers of the CCG and the Council have met to outline an approach to delivering integration and this has been considered at the HWBB on 16th September with the following points considered:

a) To pursue the integration agenda at pace and in the most appropriate way for Sefton and its communities;
b) The starting parameters should be Urgent Care, Community Services and Mental Health;
c) That the integration agenda must be seen across the whole life course and not just an older people agenda;
d) Governance arrangements should be fit for purpose and ensure effective and streamlined decision making that produces the best possible outcomes.

The outcome of this approach would be a significant increase in pooled arrangements, co-commissioning of activity and a focus on system wide performance management. It is planned that the outcome of this approach will be implemented in April 2016.

19. Transforming Care for People with Learning Disabilities

The Transforming Care Delivery Board, comprising NHS England, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC), Health Education England (HEE) and the Department of Health (DH), has today published a Progress Report on their joint work programme to improve services for people with learning disabilities and/or autism, and drive system-wide change.

The Board knows that providing high-quality support for people with learning disabilities and/or autism who have a mental illness or behaviour that challenges will require health and social care commissioners – local authorities, CCGs and NHS England as commissioner of specialised health services – to work together effectively.

NHS England, the LGA and ADASS will continue to promote joint working and pooled budgets between CCGs and local authorities.

In addition, in the light of Sir Stephen Bubb's recommendations that the Government should look at the Better Care Fund model (which mandated pooled budgets between local government and the NHS) and see what learning could be applied to this area, the Department of Health will look to explore views on this further. In line with Sir Stephen's recommendations, this could include how we can move further on local pooled budgets and joint commissioning plans, building on the development of the Integrated Personal Commissioning Programme.

In addition, from April 2015 NHS England will invite CCGs, working closely with local councils, to co-commission specialised services with NHS England, asking them to collaborate with them to transform services. As Sir Stephen Bubb's report argued, the current split in responsibilities can make that transformation harder. Under their plans, as part of ongoing discussions on ensuring that funding flows enable and incentivise transformation of services for people with learning disabilities and/or autism, from April 2015 CCGs will be able to co-commission specialised services with NHS England, and share in the gains if better preventative service result in reduced spending on specialised services.

The Board will encourage CCGs to make the transformation of services for people with learning disabilities a priority for their co-commissioning arrangements with NHS England, and where they do, they will be able to access extra support to help them adopt good practice at speed, innovate, and plan for long-term service reconfiguration.

To support accelerated delivery in the North, we will also identify areas where there will be an offer of a gain-share arrangement specifically for learning disability specialised budgets. In those areas, CCGs will be able to share in any gains to the specialised budget arising from their investment in improved community-based services, as part of a broader package of support to the region.

20. CCG Network

The Merseyside CCG network is hosted by NHS Halton CCG and over the past two months has focused its discussions on:

- AQuA Update 15/16
- NWCSU transition
- DOS Benchmarking Review
- Safeguarding hosted service
- Collaborative Stroke Network
- Neuro-Rehabilitation Service
- Maternity Review
- MSK Services
- Specialised Commissioning Follow up
- Liverpool City Region

Work has also been undertaken across the CCGs, through the Accountable Officers on item 6 - Liverpool City Region.

21. Organisational Development Plan

Our organisational development (OD) plan is being refreshed to ensure that that the right structures, systems, staff, skills, style of working and shared values are in place enable us to effectively deliver our strategic plan.

Whilst much has been achieved in the first two years of CCG operation, it is essential we review our plan to enable us to re-focus our development to meet the challenges ahead. Sessions with the CCG Governing Body and CCG Operational Team were held over the summer months, providing an opportunity to reflect on the organisation's strengths and weaknesses, opportunities and threats and in particular to consider the of outcome of the nationally benchmarked 360-degree feedback exercise, which gave us anonymised feedback from our member practices and partner organisations.
More recently, NHS England has published its new CCG assurance framework, which highlights key organisational requirements against which all CCGs will be assessed and the refresh of the OD plan enables those requirements to also be considered.

Proposed priorities for CCG development over the next twelve to eighteen months include; further development commissioning in our localities, maximising the contribution of our clinical leaders throughout the CCG, increasing organisation capability and capacity through the "in-housing" of some commissioning support services, systematically implementing our programme management approach and working more closely with local communities, Sefton council , neighbouring CCGs, NHS England and other partners to join up the commissioning of services where possible.

A fully refreshed OD plan will be presented to the Governing Body in November 2015.

22. SSP GP Practices Update

The CCG is working with NHSE to identify interim providers for the SSP Health GP practices whose contract ends in February 2016. Providers will be offered interim contracts whilst NHSE and the CCG review the service provision and future requirements for the services.

23. Estates Update

The first meeting of the Sefton Property Estates Partnership (SPEP) took place on Friday 11th September. This group includes key partners required to enable the development of healthcare estates across Sefton and comprises members from the CCG, NHS England, Sefton MBC, Community Health Partnerships (CHP), NHS Property Services (PropCo) and Liverpool Sefton Health Partnerships (LSHP). This group reports into the Finance & Resources Committee through the CCG's formal governance route.

The CCG is required to develop an estates strategy by the end of December. This will provide both a short and long-term vision for the CCG's estate plans. The CCG is being supported by Sam McCumiskey through LSHP who is co-ordinating the development of the strategy.

The SPEP agreed to hold a workshop in early October to work through some of the key issues that need to be included in the strategy. The next formal meeting of the group will be in early November to confirm the draft strategy and it is planned that the governing body will receive the estates strategy for consideration and approval in its November meeting.

24. Community Services

In January 2015 the CCG served notice on the current provider of community services, Liverpool Community Health. Subsequent to this, the Trust Development Agency began working with the provider to review its future sustainability. The CCG has been involved in this work along with other key stakeholders. Some of the work undertaken will now form part of the procurement process as the CCG seeks a new provider for its community services. The procurement timeline will involve public consultation and engagement.

25. Transition Plan – Young People/Mental Health

The CCG is developing local transformation plans as part of national requirements for children and young people's mental health. The plans, which are in the early stages, draw on the task force report 'Future in Mind' and are being overseen by the Sefton Children and Young People's Emotional Health and Wellbeing Steering Group. The objectives of the plans are to build capacity and capability, roll out children and young people's Improving Access to Psychological Therapies schemes, develop evidence based community eating disorder services and improve perinatal care.

26. Committee in Common - Healthy Liverpool Programme Hospital Based Care

The last meeting of this committee was held on 2nd September 2015 and ran through the following agenda items:

- Healthy Liverpool Programme Overview;
- Strengthening Commissioning across CGGs.

It was agreed we would work to mitigate against the potential lack of alignment of CCG plans across Liverpool, Knowsley and South Sefton CCGs to avoid the potential reduction in quality of services. The three Accountable Officers have agreed to meet to formulate a common approach and connect jointly with local providers to share plans.

27. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
Chief Officer
September 2015

MEETING OF THE GOVERNING BODY
September 2015

Agenda Item: 15/165	**Author of the Paper:** Fiona Clark Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: September 2015	
Title: Emergency Preparedness, Resilience and Response Assurance	
Summary/Key Issues: The CCG are required to provide NHSE with Assurance as to the CCGs Emergency preparedness	

Recommendation

It is recommended that the Governing Body authorise the Chief Officer to sign the Statement of Compliance and to approve the Plans and Policy statement

Receive	
Approve	X
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
X	To achieve financial duties and commission high quality care.

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)*	
	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
X	Treating and caring for people in a safe environment and protecting them from avoidable harm
	To achieve financial duties and commission high quality care

Report to the Governing Body
September 15

1. Executive Summary

1.1 The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. All staff must be aware of their responsibilities in preparing for and for responding to emergencies. The CCG is required to undertake a self-assessment and issues a statement of compliance. This paper sets out the CCGs self-assessment statement.

1.2 The CCG has assessed itself as fully compliant against NHSE's statement for full compliance: *"the plans and work programme in place appropriately address all the core standards that the organisation is expected to achieve".*

2. Introduction and Background

2.1 The CCG is required under the acts and guidance to have in place an Incident Response plan, Business Continuity plan and a robust 24/7 on call system. The plans detailed in this document are in place to ensure that these responsibilities are met. The CCG is part of the North Mersey on call system.

2.2 Some examples of events that are likely to lead to the declaration of a major incident and require support from the CCG are:

- major Incidents requiring a multi-agency response – rail, motorway, and air crashes, chemical incidents, terrorist incidents etc;
- rising tide incident – such as infectious diseases eg pandemic flu, flooding, fuel shortages;
- headline news report – sparking a health scare;
- safeguarding emergency closure of residential / nursing homes;
- incidents requiring the identification of vulnerable people;
- naturally occurring emergencies i.e. severe weather, flooding;
- major internal Incidents.

2.3 All of these may place an immense strain on the resources of the NHS and the wider community; impact on the vulnerable people in our community and could affect the ability of the CCGs to work normally.

2.4 Notification of a Major Incident occurring will normally be cascaded to the CCG from NHS England but could occur as a result of a local incident at a provider organisation or an incident which solely affects the ability of the CCG to undertake its functions requiring a local Business Continuity response.

2.5 Events such as these may require the activation of the CCG Incident Response Plan and/or the Business Continuity plan. This decision will be taken by the On Call Officer in consultation, if time allows, with the CCG Accountable Officer. It is important that all staff are familiar with the plans and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in both the incident response plan and the Business Continuity Plan. Both are held on the CCG intranet. Accurate contact details of all staff are to be maintained, to ensure that people are accessible during an incident.

2.6 Whilst the Incident Response Plan or Business Continuity plan will only rarely be activated, regular training and exercising will occur, as required under the CCA 2004 and NHS Guidance. The Clinical Commissioning Group staff are to become fully involved in both the training and exercises.

2.7 Incidents requiring activation of the plans can occur at any time, day or night and it is essential that the CCG maintains its preparedness to respond.

2.8 Contact details of all managers and staff are held separately and will not form part of any documents placed in the public domain.

2.9 Specialist advice and support is available from North West Commissioning Support Unit Resilience Team.

2.10 Both the Incident Response Plan and the Business Continuity plan have been developed against the NHS Core Standards for Business Continuity and Major Incident Response published by NHS England.

2.11 A policy statement for business continuity has been prepared on behalf of the Clinical Commissioning Group.

2.12 The Business Continuity Management and Incident Response Plans for the CCG have been developed. Any additional requirements will be overseen by the CSU Resilience Team and reported to the Governing Body.

2.13 On 31st May 2013 the CCG was able to undertake its duties as a Category 2 responder, with 24/7 coverage provided through an on-call rota shared with the other CCGs in North Mersey.

2.14 The Business Continuity and Incident Response Plan together with other relevant documentation will be held electronically in a manner allowing access to all staff.

3. Policy Statement

3.1 Business Continuity Management (BCM) is an important part of the CCG risk management arrangements. The CCA 2004 identifies all CCGs as 'Category 2 Responders', and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage disruptions to the delivery of services.

3.2 The aim of BCM is to prepare for any disruption to the continuity of the business, whether directly - i.e. within the responsibility control or influence of the business, or indirectly - i.e. due to a major incident occurring to a partner, supplier, dependant or third party, or from a natural disaster.

3.3 It is recognised that plans to recover from any disruption must consider the impacts not only to the CCG staff, premises, technology and operations, but that NHS Southport and Formby CCG must also plan to maintain its brand, status, relationships and reputation.

3.4 BCM arrangements should ensure that the CCGs continue to meet their legal, statutory and regulatory obligations to its staff and to its dependent stakeholders.

3.5 The CCG has developed the Business Impact Analysis which has identified the critical functions of the CCG and the potential impacts of the loss of staff, effects to communications, data systems, transport and buildings.

3.6 In accordance with the requirements of NHS England, the CCG BCM will be in accordance with and aligned to the ISO 22301, together with the published NHS Core Standards.

3.7 It is the policy of the CCG Clinical Commissioning Group to develop, implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of the critical activities from any incident or physical disaster affecting the ability of the CCG to operate and deliver its services in support of the NHS economy.

3.8 It is the policy of the CCG to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately and continue to deliver their essential functions, and that it is able to respond to the needs of their local populations. A service interruption is defined as:

*'Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires **special measures** to be taken to restore normal functions.'* (www.cabinetoffice.gov.uk/ukresilience).

3.9 The Cabinet Office's "Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders" describes 7 expectations drawn from the Civil Contingencies Act (2004), Regulations (2005) and guidance:

- duty to assess risk;
- duty to maintain plans – Emergency Plan;
- duty to maintain plans – Business Continuity;
- duty to communicate with the public;
- business continuity promotion;
- information sharing;
- co-operation.

3.10 The CCG is a Category 2 Responder. As such the CCG will be required to share information and to co-operate with Category 1 Responders in the event of an emergency. The organisation is also required to have Business Continuity plans and Incident Response Plans. These requirements are in place.

4. Recommendation

It is recommended that the Governing Body authorise the Chief Officer to sign the Statement of Compliance and to approve the Plans and Policy statement.

Appendices

Appendix 1 – Statement of Compliance

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2015-16

STATEMENT OF COMPLIANCE

NHS South Sefton Clinical Commissioning Groups have undertaken a self-assessment against the NHS England Core Standards for EPRR (v3.0).

Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating **Full** compliance against the EPRR Core Standards.

Compliance Level	Evaluation and Testing Conclusion
Full	The plans and work programme in place appropriately address all the Core Standards that the organisation is expected to achieve.
Substantial	The plans and work programme in place do not appropriately address one or more Core Standard that the organisation is expected to achieve.
Partial	The plans and work programme in place do not adequately address multiple Core Standards that the organisation is expected to achieve.
Non-compliant	The plans and work programme in place do not appropriately address several Core Standards that the organisation is expected to achieve.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as **Red**[1]	Standards rated as **Amber**[2]	Standards rated as **Green**[3]
30	0	3	27
Acute providers: **47** Specialist providers: **38** Community providers: **38** Mental health providers: **38** CCGs: **30**	[1] *Not complied with and not in an EPRR work plan for the next 12 months*	[2] *Not complied with but evidence of progress and in an EPRR work plan for the next 12 months*	[3] *Fully complied with*

Where areas require further action, this is detailed in the attached *EPRR Core Standards Improvement Plan* and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the EPRR Core Standards has been or will be confirmed to the organisation's board / governing body.

_____

Signed by the organisation's Accountable Emergency Officer

_____ _____

Date of board / governing body meeting *Date signed*

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2015

Agenda Item: 15/166	**Author of the Paper:** Debbie Fagan Chief Nurse & Quality Officer Debbie.fagan@southseftonccg.nhs.uk 0151 247 7252
Report date: September 2015	

Title: MIAA Safeguarding Children & Vulnerable Adults Review Assignment Report 2015/16

Summary/Key Issues:

Mersey Internal Audit Agency (MIAA) undertook a review of the safeguarding children and adult arrangements within the CCG. The review commenced in Q4 2014/15 and the final report was received by the Chief Nurse on 26 June 2015.

The report details the following outcome:

- Significant assurance rating given
- 2 x detailed recommendations regarding the Safeguarding Annual Report (Medium Risk Rating) and the Safeguarding Policy & Strategy (Low Risk Rating).

The management response and remedial action has been agreed and undertaken by the Chief Nurse. MIAA recommend that follow-up work is undertaken to confirm the implementation of agreed management actions is conducted within the next 12 months. The CCG has formalised this follow-up request to MIAA via the Chief Accountant. The report has been received by the Quality Committee who have recommended presentation to the Governing Body

Recommendation
The Quality Committee are asked to receive this report.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(X those that apply)*	
	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
X	To achieve financial duties and commission high quality care.

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			To be presented to the Quality Committee in August 2015. Notification to the Audit 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.
	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 2015

1. Executive Summary

1.1 Mersey Internal Audit Agency (MIAA) undertook a review of the safeguarding children and adult arrangements within the CCG. The review commenced in Q4 2014/15 and the final report was received by the Chief Nurse on 26 June 2015.

1.2 The report details the following outcome:

- Significant assurance rating given
- 2 x detailed recommendations regarding the Safeguarding Annual Report (Medium Risk Rating) and the Safeguarding Policy & Strategy (Low Risk Rating)

1.3 The management response and remedial action has been agreed and undertaken by the Chief Nurse. MIAA recommend that follow-up work is undertaken to confirm the implementation of agreed management actions is conducted within the next 12 months. The CCG has formalised this follow-up request to MIAA via the Chief Accountant. The report has been received by the Quality Committee who have recommended presentation to the Governing Body.

2. Detailed Recommendations

2.1 The detailed recommendations are summarised in tables 1 and 2.

Table 1: Detailed recommendation – Safeguarding Annual Report

1. Safeguarding Annual Report	**Risk Rating: Medium**
Operating Effectiveness Issue Identified – The CCG is required to produce an Annual Report. The Safeguarding Annual Report for 2013/2014 was presented to the Governing Body in November 2014 for approval. This is the CCG's first full year report. Specific Risk – Delays in presenting the annual report Governing Body members for approval. Recommendation – The CCG should endeavour to produce and present the 2014/2015 safeguarding annual report to the Governing Body for approval on a more timely basis than in the previous year. Management Response (Remedial Action Agreed) – The Chief Nurse has discussed with the CCG Safeguarding Service the need to produce the annual report in a more timely fashion. This will be built into the quality committee workplan for 201617. Responsibility for Action – Chief Nurse Deadline for Action - Complete	

Table 2: Detailed recommendation – Safeguarding Policy & Strategy

2. Safeguarding Policy and Strategy	Risk Rating: Low
Control design Issue Identified – A Safeguarding policy 'Children & Vulnerable Adults Policy 2014 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services)' is in place. Although the title of the policy reflects a date of 2014, details relating to exactly when and by whom the policy was approved are not stated within the document, or timescales for the next due review. Similarly, there is a Safeguarding Strategy for the period 2015 to 2017 that is dated January 2015. Details of who approved the strategy and when the next review is due are not stated within the document. Specific Risk – Reviews are missed or delayed. Lack of audit trail. Recommendation – The Safeguarding Strategy and Safeguarding Policy should be updated to reflect when who (or which committee) approved the documents, and the date the next review is due. Management Response (Remedial Action Agreed) – The Chief Nurse accepts this recommendation. The issue has been raised with the corporate governance support group and plans are in place for this to be addressed in July 2015. Responsibility for Action – Chief Nurse Deadline for Action – July 2015	

2.2 The Safeguarding Annual Report was given a medium risk rating which means the following the assessment rationale indicates:

- Medium control weakness that has a low impact on the achievement of the key system, function or process objectives; has exposed the system, process or function to a key risk, however the likelihood of this risk occurring is low.

2.3 The Safeguarding Policy and Safeguarding Strategy was given a low risk rating which following the assessment rationale indicates:

- Low control weakness that does not impact upon the achievement of key system, function or process objectives, however implementation of the recommendation would improve overall control.

3. Management Response & Remedial Action

The Chief Nurse accepted the recommendations and has put in place the following remedial actions:

- Safeguarding Annual Report
  - CCG Safeguarding Service informed of the recommendation
  - CCG Safeguarding Service to have the annual report completed for presentation to the August 2015 meeting of the Quality Committee and then to the Governing Body in September 2015

- Safeguarding Policy & Strategy
    - CCG Safeguarding Service informed of the recommendation
    - CCG Corporate Governance Manager and Corporate Business Manager informed of the recommendation in July 2015 for action via the Corporate Governance Support Group.
        - Approval process for both the Safeguarding Policy and Safeguarding Strategy reviewed. Approval and version information added to each document.
- Follow-up Review by MIAA
    - The Chief Nurse has formalised the follow-up request to MIAA with the Chief Accountant.

4. Conclusions

4.1 The CCG has been given 'Significant Assurance' for its safeguarding arrangements by MIAA. The 2 detailed recommendations have been accepted by the Chief Nurse and mitigating actions put in place to address these.

4.2 The action in relation to the Safeguarding Annual Report is expected to be closed in September 2015 following presentation to the Governing Body.

4.3 The action in relation to the Safeguarding Policy and Safeguarding Strategy was expected to be closed in August 2015. However there was a delay in information from the Safeguarding team. Actions are now complete.

5. Recommendations

The Governing Body are asked to receive this report.

Appendices

Appendix 1 – MIAA Safeguarding Children & Vulnerable Adults Review Assignment Report 2015/16 (South Sefton CCG)

Debbie Fagan
August 2015

Mersey Internal Audit Agency

Safeguarding Children and Vulnerable Adults Review

Assignment Report 2015/16

South Sefton Clinical Commissioning Group

15/166 MIAA Safeguarding

Contents

1. Introduction, Background and Objectives
2. Executive Summary
3. Findings, Recommendations and Action Plan

Appendix A: Terms of Reference

Appendix B: Assurance Definitions and Risk Classifications

1. Introduction, Background and Objective

As part of our 2014/15 audit plan, MIAA has undertaken a review of the arrangements in place in relation to Safeguarding Children and Vulnerable Adults.

All public bodies including NHS organisations are required to develop robust arrangements to ensure that safeguarding becomes fully integrated into NHS systems.

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care. CCGs need to demonstrate that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding.

NHS Halton CCG hosts the Safeguarding Service on behalf of the Merseyside CCGs, including South Sefton CCG (SSCCG) and Southport and Formby CCG (SFCCG) with the service designed to improve capability, capacity and quality of service, and ensure statutory duties are fulfilled. The Safeguarding team is based at NHS Halton CCG.

2. Executive Summary

There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.

Significant Assurance

The following provides a summary of the key themes.

Roles and Responsibilities

A joint Accountability Framework is in place for SSCCG and SFCCG. This sets out the responsibilities of senior staff in the organisations and includes lead responsibility for safeguarding being assigned to the Chief Nurse and Quality Officer.

A Chief Officer is in place with responsibilities for ensuring that the CCG complies with its duty to exercise its functions effectively, efficiently and economically, and meets its duty to:

- Exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness;
- Meet its financial obligations, including information requests obligations relating to accounting and auditing; and,

- Provide information to the NHS England.

This is a wide collaborative role, working in partnership with all commissioners and providers of services across the CCG area including, inter alia, Local Area Team, Primary Care, NWSCT and Local Authority/Public Health. The Chief Officer is the Chair of the CCG Network Safeguarding Steering Group.

Lead GPs have been identified at GP practices. The SSCCG and SFCCG have also recently employed a 'named GP' working 3 sessions per week. The number of sessions is determined by the size of the population.

The hosted service has designated nurses for the adult safeguarding service and the children's safeguarding service, including a designated nurse for Looked After Children (LAC). For a consistent approach the CCG deals with designated nurses who are familiar with the arrangements at the CCG.

The CCG has a Quality Committee that meets on a monthly basis. A Safeguarding Service Update Report is a standing agenda item for the committee and minutes set out the discussions that take place during meetings. The report is compiled and presented by the hosted service (NHS Halton CCG). Other agenda items for safeguarding are included as a need arises. Review of minutes from recent meetings identified further agenda items relating to:

- Child Sexual Exploitation;
- Safeguarding Strategy;
- Safeguarding Peer Review Action Plan; and,
- Chief Nurse Report.

The approval of arrangements for safeguarding children and adults remains a matter reserved for the Governing Body. Monitoring of safeguarding arrangements and activity is part of the Quality Committee's principal functions and duties, as reflected in the committee's terms of reference. Other attendees include CCG representatives, members of the safeguarding team at the host service (NHS Halton CCG) and other members of the Governing Body. Minutes of committee meetings are presented to members of the Governing Body at their meetings.

A CCG Network Safeguarding Service Steering Group meets on a monthly basis and has representation from the Merseyside CCGs included in the Merseyside network. Regular attendance is by the Chief Officer and Chief Nurses. Action notes are drafted following each meeting.

The Governing Body is in place and members meet monthly. Members are kept up to date with safeguarding developments, activity, areas of concern, etc. Examples of recent information presented to the Governing Body include:

- The Safeguarding Annual Report;
- The Key Issues Log that includes safeguarding issues;

- Corporate Risk Register that includes identified safeguarding risks;
- Report regarding Child Sexual Exploitation (CSE) by the Designated Nurse Safeguarding Children from the hosted service;
- Care Quality Commission Safeguarding Declaration;
- Updates on the Peer Review Action Plan;
- Draft Quality Strategy for approval that includes safeguarding services; and,
- Draft CCG Safeguarding Strategy for approval.

CCG representatives attend meetings of the Local Safeguarding Children's Board (LSCB) and the Safeguarding Adults Board (SAB). Organisations having representation on the Boards include Sefton Council (representation from both Children's and Adult Services), Merseyside Police, Merseyside Probation Service and Youth Offending Team.

Safeguarding Policies and Procedures

A Safeguarding strategy is in place and is specific to the CCG. The strategy covers the period 2015 to 2017, andis dated January 2015. Details of who approved the strategy and the next review date are not stated within the document.

The strategy includes:

- An introduction that sets out the approach the CCG is taking to Safeguarding children and vulnerable adults;
- Responsibilities and accountabilities for safeguarding within the CCG;
- The vision and aim, and the strategic objectives of the strategy;
- How the strategy will be delivered; and
- How the CCG will monitor the strategy to gain assurances.

The strategy advises that it must be read in conjunction with the Safeguarding Policy, Safeguarding Training Strategy and other relevant policies. We confirmed that the strategy has been developed in collaboration with local safeguarding boards and groups and key stakeholders locally.

A Safeguarding Children & Vulnerable Adults Policy (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services) is also in place, dated 2014. Details relating to exactly when in 2014 and by whom the policy was approved are not stated within the document or timescales for next review. ***(Low)***

The policy has two functions:

- It details the roles and responsibilities of the CCG as a commissioning organisation, of its employees and GP practice members;

- It provides clear service standards against which healthcare providers will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

A review of the policy confirmed that:

- Roles and responsibilities are clearly defined and the designated safeguarding contacts are outlined and contact information readily available;
- The CCG has arrangements in place for co-operation with the Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs);
- The requirement for good governance arrangements is outlined under roles and responsibilities and required evidence to assess compliance is outlined under governance arrangements/quality assurance of the Audit Tool; and
- Information sharing is outlined and all individual staff members are required to be aware of the information sharing arrangements. The appendices also include information sharing guidance, including a process map for sharing information with other relevant bodies.

Assurances from the Provider

A 'Memorandum of Understanding' (MoU) is in place between the Hosted Service at NHS Halton CCG and the other five Merseyside CCGs in the Safeguarding Service arrangement. All parties sign up to the MoU and the agreement period commenced on 1st April 2015.

The MoU sets out the statutory duties and responsibilities for safeguarding. This includes the principles of understanding, including CCG responsibilities.

A Service Specification is in place in respect of the Merseyside Safeguarding Service (Children and Adults) for all the Merseyside CCGs. This document sets out the safeguarding functions that are to be delivered through the service to comply with legislative requirements. The document also sets out the Key Performance Indicators that need to be reported and the regularity of production.

Performance Management/Reporting

The CCG is required to produce an Annual Report. The Annual Report for 2013/2014 was presented to the Governing Body in November 2014 for approval. ***(Medium)***

The purpose of the annual safeguarding report is to provide assurance to the CCG's Governing Body that the organisation is effectively responding to the safeguarding needs of children and their families across the Merseyside and Halton area. The report reviews the work completed across the 2013/2014 financial year, providing assurance that the CCG has discharged its statutory responsibility to safeguard the welfare of children and adults both as an organisation and across the health services it commissions. As a CCG this is the first full year of reporting and provides

information about national changes and influences, local developments and activity about how statutory requirements are being managed.

Following a 'CQC style' Peer Review, an action plan was put in place to take service improvements and developments forward. This is being regularly updated with progress made. The Quality Committee monitors the action plan and Governing Body members are updated at their meetings.

3. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Critical	High	Medium	Low	Total
0	0	1	1	2

Other detailed findings and recommendations are set out below.

Detailed Recommendations

1. Safeguarding Annual Report	Risk Rating: Medium

Operating Effectiveness

Issue Identified – The CCG is required to produce an Annual Report. The Safeguarding Annual Report for 2013/2014 was presented to the Governing Body in November 2014 for approval. This is the CCG's first full year report.

Specific Risk – Delays in presenting the annual report Governing Body members for approval.

Recommendation – The CCG should endeavour to produce and present the 2014/2015 safeguarding annual report to the Governing Body for approval on a more timely basis than in the previous year.

Management Response (Remedial Action Agreed) – The Chief Nurse has discussed with the CCG Safeguarding Service the need to produce the annual report in a more timely fashion. This will be built into the quality committee workplan for 201617.

Responsibility for Action – Chief Nurse

Deadline for Action - Complete

2. Safeguarding Policy and Strategy	Risk Rating: Low

Control design

Issue Identified – A Safeguarding policy 'Children & Vulnerable Adults Policy 2014 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services)' is in place. Although the title of the policy reflects a date of 2014, details relating to exactly when and by whom the policy was approved are not stated within the document, or timescales for the next due review.

Similarly, there is a Safeguarding Strategy for the period 2015 to 2017 that is dated January 2015. Details of who approved the strategy and when the next review is due are not stated within the document.

Specific Risk – Reviews are missed or delayed. Lack of audit trail.

Recommendation – The Safeguarding Strategy and Safeguarding Policy should be updated to reflect when who (or which committee) approved the documents, and the date the next review is due.

Management Response (Remedial Action Agreed) – The Chief Nurse accepts this recommendation. The issue has been raised with the corporate governance support group and plans are in place for this to be addressed in July 2015.

Responsibility for Action – Chief Nurse

Deadline for Action – July 2015

Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.

Appendix A: Terms of Reference

The overall objective of the review was to assess the systems and processes in place across the organisation to ensure compliance with Safeguarding statutory requirements and guidance. The sub-objectives of the review have been split into two areas:

Internal Assurance Provision

The following objectives have been identified:

- The CCG has developed an effective organisational structure with appropriate resources and work plans to deliver the safeguarding agenda (including training requirements);
- Roles and Responsibilities within the CCG, including the required named leads, have been clearly established;
- The CCG has Safeguarding policies and procedures in place which adhere to national standards and reflects current/best practice and these have been effectively communicated to all staff and other stakeholders;
- The CCG audits on a minimum annual basis the statutory duties for safeguarding undertaken by the provider;
- The CCG receives regular and adequate assurances from the provider that the safeguarding service is adequately managed as set out within the contract (such as compliance around training) and there are assurance processes in place from the provider that cases of abuse have been appropriately managed and dealt with;
- There is a formally defined governance framework in place for linking with external organisations and there is evidence that the CCG works in partnership with organisations such as Acute Trusts, Local Authority, Police and Probation Services, etc;
- There are appropriate risk management mechanisms around safeguarding; and,
- There are appropriate performance management/internal reporting mechanisms in place to enable the CCG to be assured that provider organisations adhere to their statutory duties.

Third Party Assurance Provision

- Roles and responsibilities in relation to safeguarding are formally defined and agreed as part of a contractual agreement between each party.
- Allocated leads for safeguarding have been identified.

- Key performance / outcome indicators have been established and are regularly reported against to provide assurance that services are being effectively provided.
- Processes have been established to enable the host service to link with the processes that are in operation at the CCG.

Limitations inherent to the internal auditor's work

We have undertaken the review of the process, subject to the following limitations.

Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment of controls relating to the process is that at April 2015. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.
Significant	There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.
Limited	There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.
No	There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to the: • efficient and effective use of resources. • safeguarding of assets. • preparation of reliable financial and operational information. • compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

Report Distribution

Name	Title	Report Distribution
Debbie Fagan	Chief Nurse and Quality Officer	PDF
Brendan Prescott	Deputy Chief Nurse/Head of Quality and Safety	PDF
Martin McDowell	Chief Finance Officer	PDF
Ken Jones	Chief Accountant	PDF
David Smith	Deputy Chief Finance Officer	PDF

Discussion meeting held with

Name	Title	Date
Debbie Fagan	Chief Nurse and Quality Officer	25/06/2015

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NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2015

Agenda Item: 15/167	**Author of the Paper:** Tracey Forshaw Designated Nurse Safeguarding Adults Tracey.Forshaw@haltonccg.nhs.uk
Report date: September 2015	
Title: Allegations of Abuse Policy	

Summary/Key Issues:
The current South Sefton CCG Management of Allegations Policy has been reviewed and updated by the CCG Hosted Safeguarding Service, in line with the Care Act (2014). The draft revised policy and procedures have been submitted to the Quality Committee for comment and approval, prior to submission to the Governing Body for ratification.

Recommendation
The Governing Body is asked to ratify the policy.

Receive	
Approve	
Ratify	x

Links to Corporate Objectives *(X those that apply)*	
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
	To achieve financial duties and commission high quality care.

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		

Process	Yes	No	N/A	Comments/Detail *(X those that apply)*
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.
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 2015

1. Executive Summary

The current South Sefton CCG Management of Allegations Policy has been reviewed and updated by the CCG Hosted Safeguarding Service, in line with the Care Act (2014). The draft revised policy and procedures have been submitted to the Quality Committee for comment and approval, prior to submission to the Governing Body for ratification.

2. Introduction and Background

South Sefton Clinical Commissioning Group has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk. The CCG requires a policy outlining the procedures for all individuals providing to South Sefton CCG, where there are concerns in relation to an Employee's behaviour towards a child, children, young person or an adult at risk, in line with legislation and national guidance.

3. Key Issues

NHS South Sefton Clinical Commissioning Group (CCG) has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse or the risk of abuse. This proposed South Sefton CCG Management of Allegations Policy and Procedures are intended to replace the existing CCG policy, which has been revised in line with the Care Act (2014) and in consultation with Sefton Adult Social Care (Appendix 1). These Policy and Procedures outline the expectations for all individuals providing services to South Sefton CCG, where there are concerns in relation to an Employee's behaviour towards a child, children, young person or an adult at risk.

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 or adult at risk that is consistent with national and local guidance i.e. Working Together to Safeguard Children (2013), Care Act (2014) Local Safeguarding Children Board's policy and Local Safeguarding Adult Policy.

It is anticipated that subject to final comments made by the Governing Body, that the Policy and Procedures will be approved, and amended to Version 6.0 as the final document, prior to being uploaded onto the South Sefton CCG intranet site, replacing the existing policy.

4. Recommendations

The Governing Body is asked to ratify the policy.

Appendices

Appendix 1: Management of Allegations Policy

Tracey Forshaw Designated Nurse Safeguarding Adults
26th August 2015

South Sefton Clinical Commissioning Group
Management of Allegations Policy and Procedures

Version: 5.4

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5.0	2014	CCG Hosted Safeguarding Service	Initial policy document
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1.0 Introduction and Scope of Policy

NHS South Sefton CCG is committed to safeguarding and promoting the welfare of children and adults. This policy and accompanying procedures have been written to reflect the standards required for those working with children and adults.

The scope of the policy and procedures is for all staff working within NHS South Sefton Clinical Commissioning Group (CCG). Where this policy references employee this is inclusive of all individuals providing services to South Sefton CCG, including Volunteers, Celebrities, 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 or 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 / adult is suffering, or is likely to suffer, significant harm or neglect. It also relates to situations where an allegation might indicate that the alleged perpetrator is unsuitable to continue to work with children / 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 / adult has:

- Behaved in a way that has or may have harmed a child / young person / adult.
- Committed a criminal offence against or related to a child / young person / adult.
- Behaved towards a child / young person / 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 and adults from an Independent Practitioner (GP, Dentist, Optometrist, Pharmacist, Chiropodist) will be managed by the Responsible Officer for NHS England (Cheshire & Merseyside).

- In cases that relate to children, the Local Authority Designated Officer (LADO), will be directed as necessary to the appropriate contact within NHS England (Cheshire & Merseyside).

- In cases that relate to adults, the CCG *Designated Nurse for Safeguarding Adults (DNSA) will notify the appropriate contact within NHS England (Cheshire & Merseyside).

1.1 Aim

NHS 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 consistent approach in the management of an allegation made against a professional / South Sefton CCG employee, about a child / young person / adult that is consistent with national and local guidance i.e. Working Together to Safeguard Children (2015), Local Safeguarding Children Board's Policy and Local Safeguarding Adult Policy.

**The Designated Nurse Safeguarding Adults for NHS South Sefton CCG holds the role and responsibility of the Designated Adult Safeguarding Manager (DASM) as a delegated responsibility by the Chief Nurse for South Sefton (Care and Support Statutory Guidance, 2014).*

1.2 Outcomes

The intended outcomes of this policy and associated procedures are:

- That the safety and welfare of children / adults must be paramount at all times.
- That NHS South Sefton CCG actively contributes to keeping children / young people / adults safe from potential abuse and neglect by an adult in a position of power / trust.
- That NHS South Sefton CCG evidences commitment to safeguarding children / young people / 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 abuse or neglect to a child / young person / adult by a colleague / another employee of NHS South Sefton CCG.
- That roles and responsibilities are clearly defined.
- That NHS South Sefton CCG employee's 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.

1.3 Children

Children can be subjected to abuse and neglect 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), CCG's 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 children (HM Govt, 2015).

The following procedures should be applied when there is an allegation or concern that any person employed by NHS South Sefton 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 Safeguarding Children Board's Child Protection Procedures, Working Together to Safeguard Children (2015) and NHS England Serious Untoward Incident Framework (2015).

1.4 Adults

Throughout this document "Adult" is defined as a person who is over the age of 18 years, who has or appears to have care and support needs (Care and Support Statutory Guidance, 2014).

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

Under the Care Act (2014), CCG's are required to comply with the policy, procedures and protocols of the Local Safeguarding Adults Board (LSAB), for dealing with allegations against people who work with adults.

The following procedures should be applied when there is an allegation or concern for any person employed by NHS South Sefton CCG, who works with adults, in connection with his/her employment or voluntary activity, has:

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

All allegations of adult abuse or neglect will be investigated, in accordance with Sefton Safeguarding Adult Policy, Procedures and Protocols. During these enquiries it is the welfare of the adult that is of paramount importance.

This procedure must be read in conjunction with Sefton Safeguarding Adult Policy, Procedures and Protocols.

The philosophy of NHS 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 (LSAB) Safeguarding Adult Policy and work within the information sharing guidance of the LSAB.

1.5 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 NHS South Sefton CCG whether they are in a paid or unpaid capacity including

volunteers, celebrities, agency workers, and those who are self-employed/contractors.

2.0 Roles and Responsibilities

2.1 The Named Senior Manager

The Named Senior Manager is generally a role undertaken by the Director of Human Resources. The CCG Named Senior Officer (see section 3.2) will take guidance from its Human Resources Provider, to enable appropriate management and investigation of any such allegations.

The Named Senior Manager's responsibilities will include:

- Ensure that this procedure is properly applied and implemented within South Sefton CCG.
- Ensure that advice, information and guidance is available for employees within NHS South Sefton CCG either directly or via their nominated representative.
- Being the Named Senior Manager for NHS South Sefton CCG to whom allegations or concerns are reported to, and overseen by.
- Refer allegations to other agencies in accordance with this procedure, and in line with the Sefton LSCB 'Managing Allegations against Adults who work with Children and Young People' and in line with the LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Oversee 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 an 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 NHS South Sefton CCG Disciplinary Policy.
- Attend Strategy Meetings where required (or via a nominated representative).
- Liaise with the Local Authority Designated Officer (LADO) or in the case of an adult, liaise with the Local Authority Designated Adult Safeguarding Manager (DASM), or via a nominated representative.
- Liaise with the Human Resources Manager allocated to the case where investigation and/or potential disciplinary action is required.
- Ensure risk assessments are undertaken where and when required.
- Ensure effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome.
- Co-ordinate the appropriate checks with data held by their organisation.
- Co-ordinate the provision of reports and information as required.

- Ensure 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.
- Liaise with the Communications Department and discuss with them any queries from the media concerning the allegations.
- 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

2.2 **The Named Senior Officer**

The Named Senior Officer role within NHS 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 Children, the Designated Doctor for Safeguarding or to the Designated Nurse for Safeguarding Adults.

The Named Senior Officer's Responsibilities will include:

- Ensure NHS South Sefton CCG complies with the standards and processes outlined in this document and the LSCB 'Managing Allegations against Adult who work with Children and Young People', and or LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Discuss and agree with the Named Senior Manager which agencies should be informed of the allegation i.e. Police, Local Authority Designated Officer (LADO) / Local Authority Designated Adult Safeguarding Manager (DASM) / NHS England Responsible Officer.
- Ensure reporting of allegations, or incidents, of physical and sexual assault or abuse as defined in the NHS England Serious Incident Framework (2015).
- Ensure NHS South Sefton CCG's workforce is aware of and implements the procedures regarding allegations against adults who work with children / young people / adults.
- Coordinate where allegations are made or concerns raised about a person,
whether an employee, volunteer, celebrity, student, paid or unpaid.
- Responsible for the management and oversight of cases.
- Liaise and communicate with partner organisations.
- Ensure NHS South Sefton CCG has systems in place to review cases and identify and implement any changes which would improve both the procedure and practice.
- Resolve any inter-agency issues which impede the implementation of Sefton LSCB's or LSAB procedures.

- Ensure NHS South Sefton CCG has effective reporting and recording arrangements in place.
- Establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.
- Discuss with Senior Managers appropriate referral to the Disclosure and Barring Service DBS and/or the appropriate Professional/Regulatory Body.

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

In order to meet NHS South Sefton CCG 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, 2015).

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.
- Provide advice and guidance to Senior Managers.
- Monitor progress of cases to ensure they are dealt with within agreed timescales.
- Ensure consistent and thorough process for all adults working with children and young people against whom allegations are made.
- Maintain information databases in relation to all allegations.
- Coordinate and collate reports to provide information to Sefton LSCB
- Liaise as necessary with chairs of Strategy Meetings or attending/chairing Strategy Discussions/Meetings
- Contribute to Sefton LSCB training programmes and awareness-raising across the children's workforce.
- Liaise with Police and the Crown Prosecution Service.
- Discuss with Senior Managers the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and/or the appropriate Professional/Regulatory Body.

2.4 **Local Authority Adult Safeguarding Manager (DASM) - applies to adults only.**

In cases of alleged adult abuse or neglect, under Sefton LSAB's Safeguarding Adult Policy, Procedures and Protocols, the allegation must be referred to Sefton Adult Social Care within **one** working day.

In order to meet NHS South Sefton CCG responsibilities relating to allegations against employees, the Named Senior Manager/Officer will access advice and

guidance from the Local Authority Incident Management Officer, by whom the case has been allocated as per Section 42 enquiry.

The Local Authority Designated Adult Safeguarding Manager (DASM) is responsible for:

- Management and oversight of individual cases.
- Providing advice and guidance to CCG Senior Manager / Designated Nurse Safeguarding Adults.
- Monitor progress of cases to ensure they are dealt with within agreed timescales.
- Ensure consistent and thorough process for all allegations made for abuse and neglect of an adult.
- The Local Authority Designated Adult Safeguarding Manager (DASM) will initiate enquiries, convene Discussions / Strategy Meetings.
- Liaise with Police.
- Discuss with Senior Officer / Manager the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and/or the appropriate Professional/Regulatory Body.

2.5 **Chief Accountable Officer**

The Chief Accountable Officer of NHS South Sefton CCG is responsible for ensuring compliance with the Policies and Guidelines, Legislation, NHS guidance and for ensuring the policy is effective.

2.6 **NHS South Sefton CCG Board**

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

2.7 **NHS England Responsible Officer**

NHS England Medical Director holds the statutory responsibility for managing allegations which relate to Independent Practitioners (GP, Dentist, Optometrist, Pharmacist and Chiropodists).

2.8 **All NHS South Sefton CCG staff (including Volunteers, Celebrities, Students, Agency Workers, Temporary, Agency Staff, Contractors & Subcontractors)**

All NHS South Sefton CCG Staff (including volunteers, celebrities, students, agency workers, temporary, agency staff, contractors & subcontractors) 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.

3.0 Procedure for Managing Allegations

3.1 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 / adult, a concern raised by another adult in the organisation, or a complaint by a parent or carer.

They **must**:

- Ensure that measures are in place to ensure the safety of the child / adult.
- Escalate to line manager.
- In the case of children - Ensure the incident has been reported to Sefton Local Authority in line with the appropriate LSCB.
- In the case of adults - Ensure the incident has been reported to Sefton Adult Social Care within **1 working day**, in accordance Sefton Safeguarding Adult Policy, Procedures and Protocol.
- 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 allegation relates to an Independent practitioner (GP, Dentist, Optometrist, Pharmacist, Chiropodist) the matter must be reported to NHS England Responsible Officer.
- Where the Named Senior Manager is the subject of the allegation the matter should be reported to NHS 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.

3.2 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 / adult at risk concerned or potential witnesses. They should:

- Ensure that the incident has been discussed with LADO / DASM.
- Ensure a referral has been made to Sefton Local Authority in line with the appropriate LSCB & LSAB policy, procedures and protocols.
- 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/ adult at risk and/or member of staff, any decisions made, and the reasons for those decisions.
- Notify the Named Senior Manager and Senior Officer (Chief Nurse) within NHS South Sefton CCG / Designated Nurse Safeguarding Children / Adults.

3.3 Procedure for Managing Allegations in Relation to Children

If the allegation relates to a child and meets the criteria listed below, the Named Senior Manager should report it to Sefton Local Authority Designated Officer (LADO) within **1 working day**.

- 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 an 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, 2015)

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.

The LADO will discuss the matter with NHS South Sefton CCG's Named Senior Manager / Named Senior Officer (Chief Nurse) 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.

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. In those circumstances, the strategy meeting should include the LADO and the Named Senior Manager and Named Senior Officer (Chief Nurse) for NHS 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.

3.4 Procedure for Managing Allegations in Relation to Adults

If the allegation relates to an adult the Named Senior Manager must ensure that the allegation has been reported to the Sefton Local Authority Adult Social Care within **1 working day** in accordance with Sefton Safeguarding Adult Policy, Procedures and Protocol.

- Behaved in a way that has harmed, or may have harmed an adult.
- Possibly committed a criminal offence against or related to an adult.
- Behaved towards an adult in a way that indicates they may pose a risk of harm to other adults.

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.

Following a referral to Sefton Local Authority the Designated Adult Safeguarding Adult Manager (DASM) will discuss the matter with NHS South Sefton CCG's Named Manager / Senior Officer / Designated Nurse Safeguarding Adults. Where necessary, further details of the allegation and the circumstances in which it was made will be obtained (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.

If the allegation is not patently false and there is cause to suspect that an adult is suffering, or is likely to suffer abuse or neglect, the Local Authority Designated Adult Safeguarding Manager (DASM) will commence a Section 42 safeguarding adult enquiry and where indicated convene a strategy meeting. In these circumstances, the strategy meeting will include the Local Authority Designated Adult Safeguarding Manager (DASM), Designated Nurse Safeguarding Adults, and where applicable representation from NHS England (Cheshire & Merseyside).

3.5 Out of Hours

If an allegation requires immediate attention, but is received outside normal office hours, NHS 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, Sefton Local Authority Designated Adult Safeguarding Manager (DASM), and CCG Designated Nurse Safeguarding Children / Adults where applicable as soon as possible.

3.6 **Incident reporting**

At all stages in the allegation process, consideration should be given to the procedure for notification on the Strategic Executive Information Systems (StEIS) of a Serious Incident (SI).

4.0 Record Keeping

It is important that NHS South Sefton CCG as an employer keeps a clear and comprehensive summary of any allegations made under the remit of this policy and the subsequent steps taken to investigate including how the allegation was resolved, actions taken and decisions reached. A pro forma summarising these components will be held on the relevant individual's personal file and them provided with a copy.

This summary information will be retained on file until the person retires or for 10 years, whichever is the longer, after which it will be confidentially destroyed. The purpose of the record is to enable accurate information to be given in response to any future request for a reference; it will also 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 conviction. This is a variation from the records keeping provisions within the CCG's employment policies.

5.0 Information from other agencies

In any case in which children's / adult social care has undertaken enquiries to determine whether the child or children / adult at risk 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.

6.0 Timescales

The completion of disciplinary investigations are a priority for NHS 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 disciplinary cases depends on a variety of factors including the nature, seriousness, and complexity of the allegation. The length of the disciplinary investigation may need to be altered to take account of these factors. Depending on the nature of the case, if the disciplinary 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 of abuse and or neglect, does not involve a possible criminal offence, it will be dealt by NHS South Sefton CCG in line with Sefton LSCB & LSAB safeguarding policy, procedures & protocols. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instigated within three working days.

- Where disciplinary procedures apply, the CCG / NHS England Responsible Officer will determine who will undertake the disciplinary investigation taking account of parallel safeguarding processes, liaising with the Local Authority Designated Officer (children) / Sefton Local Authority Designated Adult Safeguarding Manager (DASM). In any case the disciplinary investigating officer should aim to provide a report to NHS South Sefton CCG within 10 working days. *Where the investigation relates to an Independent Practitioner (GP, Dentist, Optometrist, Pharmacist) any disciplinary action will be determined by NHS England disciplinary procedures.*

- On receipt of the disciplinary investigatory report, NHS 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.

7.0 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 NHS South Sefton CCG employees subject to action under this Policy will be treated fairly, equitably and in accordance with NHS 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.

8.0 Disclosure and Barring Service (DBS)

NHS 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 children and or adults, where they have dismissed them or are considering dismissal. NHS South Sefton CCG also has a duty to refer where an individual has resigned before a formal decision to dismiss them has been made

9.0 Consultation, Ratification and Communication

Consultation of the policy will include the following stakeholder groups:

- NHS South Sefton CCG Chief Nurse
- NHS South Sefton CCG Quality Committee
- Sefton Local Authority - Safeguarding Adults Co-Ordinator
- North West Commissioning Support Unit (Named Senior Manager)
- NHS England (Cheshire & Merseyside)

10.0 Key References / Underpinning Guidance

- HM Government (2015) Working Together to Safeguard Children
- HM Government (2014) Care and Support Statutory Guidance. Care Act 2014. London: TSO
- 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 NHS - Accountability and Assurance Framework. NHS England (2015)
- Human Rights Act 1998
- Equality Act 2010
- The policies and procedures of the Sefton Local Safeguarding Adults Board (LSAB) and Local Safeguarding Children Board (LSCB)
- NHS South Sefton CCG Disciplinary Policy
- NHS South Sefton CCG Recruitment and Selection Policy and Procedures
- NHS England Serious Incident Untoward Incident Framework (2015).
- Department of Health (2015) Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile.

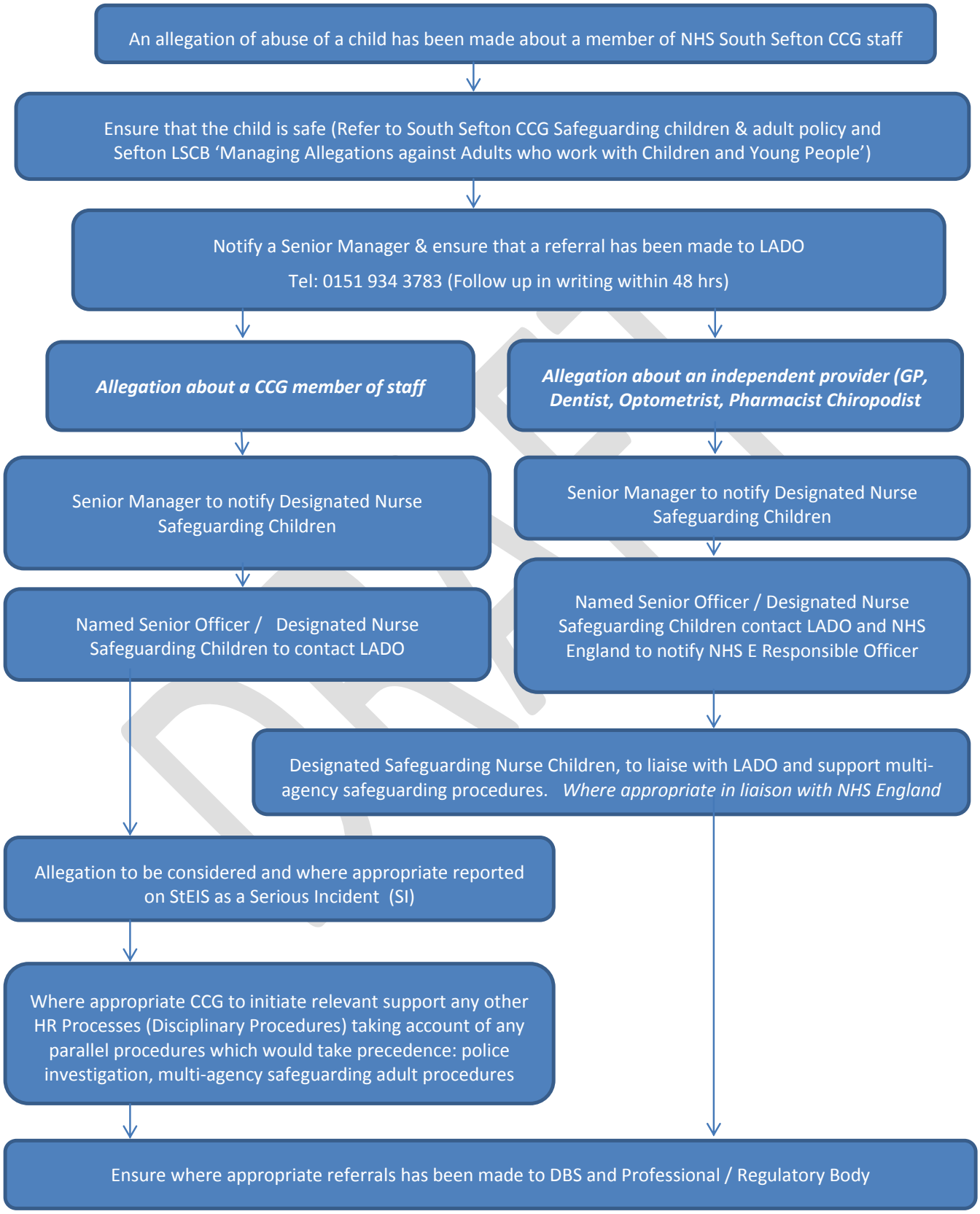
Appendix 1: Contact Details

Named Senior Manager	Director of Human Resources
Named Senior Officer	Chief Nurse
Designated Nurse Safeguarding Children	Tel: 0151 495 5469
Designated Nurse Safeguarding Adults	Tel: 0151 495 5469
Children **St Helens Safeguarding Unit (incorporating Local Authority Designated Officer for St Helens)** **Adults** **St. Helen's Safeguarding Adults**	St Helens Local Authority designated officer Safeguarding Unit Manager Atlas House Corporation Street St Helens WA9 1LD Tel: 01744 671249 Adult Social Care St. Helens Local Authority Contact Centre Tel: 01744 676600 (Mon- Fri 9am – 5pm) Emergency Duty Team (Out of Hours) Tel: 0845 0500148
Children **Halton Local Authority Designated Officer** **Designated Adult Safeguarding Manager**	Contact Centre Tel: 0151 907 8305 Halton Local Authority Designated Officer Children & Young People Services Grosvenor House Halton Lea Runcorn WA7 2WD Tel: 01928 704347 Mobile: 07825 124000 Principal Manager Tel: 0151 511 7231 Email: IASU@halton.gcsx.gov.uk Halton Adult Social Care Tel: 0151 907 8306

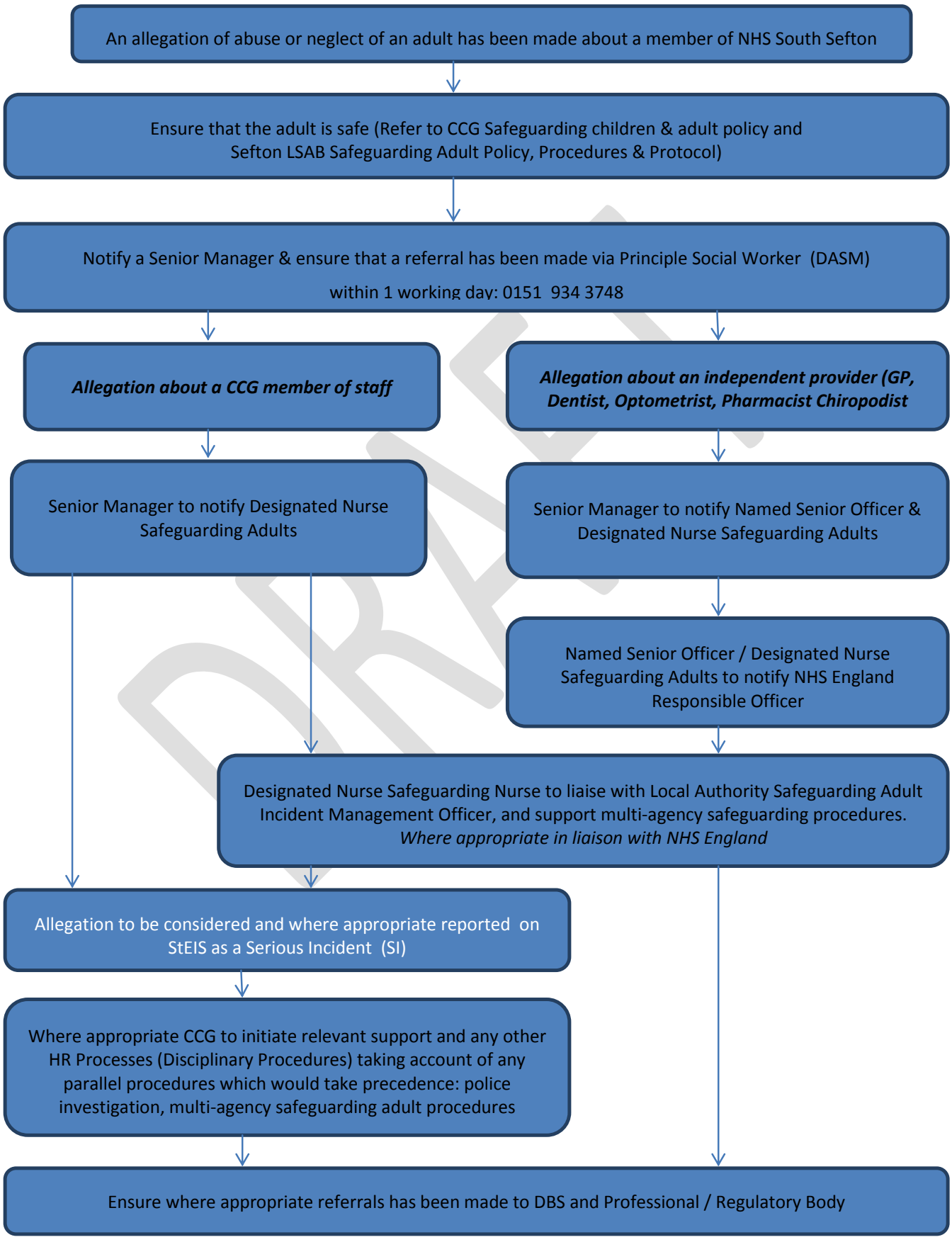
Children **Knowsley Local Authority Designated Officer** **Adults**	Knowsley Local Authority Designated Officer Service Manager Quality Assurance Unit Children's Social Care Directorate of Children and Family Services Kirkby Municipal Buildings (4th Floor) Tel: 0151 443 4079 Knowsley Access Team 0151 443 2600
Children **Liverpool Local Authority Designated Officer** **Designated Adult Safeguarding Manager** **Adults**	Liverpool Local Authority Designated Officer 2nd Floor Millennium House 60 Victoria Street Liverpool L1 6JQ Tel: 0151 233 5412 Divisional Manager Joint Commissioning / Safeguarding Lead Tel: 0151 233 0789 Careline 0151 2333800
Children **Sefton Local Authority Designated Officer** **Designated Safeguarding Adult Manager** **Adults**	Sefton Local Authority Designated Officer Merton House, Stanley Road, Bootle Merseyside L20 3JA Tel: 0151 934 3783 Principle Social Worker Sefton Council Contact Centre 0845 1400845
Contact for Police/Social Care Emergency duty team (St Helens)	Family Crime Investigation Unit: 0151 777 1595/90 Social Care Emergency Duty Team children and adults :0845 050 0148
Contact for Police/Social Care	Cheshire Police (Based in Warrington): 01606 364878

Emergency duty team (Halton)	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
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 (Sefton)	FCIU: 0151 777 3086 Social Care Customer Access Team children and adults: 0151 920 8234.

APPENDIX 2: WHAT TO DO WHEN AN ALLEGATION OF ABUSE OF A CHILD IS MADE ABOUT A CCG EMPLOYEE



APPENDIX 3: WHAT TO DO WHEN AN ALLEGATION OF ABUSE OR NEGLECT OF AN ADULT IS MADE ABOUT A CCG EMPLOYEE



NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2015

Agenda Item: 15/168	**Author of the Paper:** Brendan Prescott Deputy Chief Nurse Brendan.prescott@southseftonccg.nhs.uk 0151 247 7093
Report date: September 2015	

Title: Personal Health Budget – Compliance recommendations

Summary/Key Issues: The purpose of this report is to provide a brief overview on progress to date on the implementation of personal health budgets (PHBs) and direct payments.

This paper provides information following a review of current practices, and makes key recommendations to implement a more robust PHB model including direct payments (this includes the PHB requirements for Special Educational Needs and Disabilities - SEND) which will ensure compliance with regulations, ensure clinical safety, robust financial operation and includes a 10% cost saving.

This model will also enable PHBs to be introduced more widely, for example where the legal right does not exist but in line with the NHS Five Year Forward Plan to include people who use mental health services and adults with learning difficulties.

Recommendation

The Governing Body is asked to approve this report.

Receive	
Approve	x
Ratify	

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

x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	x			Due to the time restraints it has not been possible as yet to engage. However engagement with patients and their families commenced on 24/8/15 as this new proposed approach is currently being road-tested with 5 – 6 families The Five Year Forward Plan requires CCGs to publish a local offer for the expansion of PHB in 2016. This work will help to inform this activity
Clinical Engagement	x			GP Chairs, Sefton CCG, Chief Nurse and Quality Officer, Individual Commissioning Nurses and wider clinical personnel have been engaged to assure the proposed PHB model
Equality Impact Assessment	x			Once this proposal is agreed policy and practice documentation will be produced which will be equality impact assessed.
Legal Advice Sought	x			Once this proposal is agreed policy and practice documentation will be produced which will be reviewed and legal advice sought.
Resource Implications Considered	x			A cost neutral model is proposed which may generate up to 10% savings to the Continuing Health Care and Continuing Care for Children Budgets
Locality Engagement	x			Proposals for Personal Health Budgets going forward will include the development of a PHB Peer Group who will be engaged to support the ongoing development and expansion of PHBs.
Presented to other Committees				

Links to National Outcomes Framework *(x those that apply)*	
	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 2015

1. Executive Summary

1.1 Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget (PHB) since October 2014. There is a longer term objective to widen availability of personal health budgets to others who could benefit.

1.2 The CCG has a duty to ensure there is publicity, promotion, advice and support about PHBs. There is also a duty to consider requests for PHBs and ensure there is a system and process in place in order to make that provision.

1.3 Currently the CCG has one patient going through development of a PHB and is required to develop a robust PHB model to meet its duties.

2. Introduction and Background

2.1 A PHB is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. Our vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.
People who are eligible for fully funded NHS Continuing Healthcare (CHC) and families of children eligible for continuing care (CC) now have a right to have a personal health budget and direct healthcare payment. Clinical commissioning groups (CCGs) are now being encouraged to expand PHBs to others that they feel may benefit from the additional flexibility and control

2.2 The Forward view in to action states: "To give patients more direct control, we expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of PHBs to people, where evidence indicates they could benefit. As part of this, by April 2016, we expect that PHBs and integrated personal budgets across health and social care should be an option for people with learning difficulties, in line with the Sir Stephen Bubb's review. To improve the lives of children with special educational needs, CCGs will need to continue to work alongside local authorities and schools on the implementation of integrated education, health and care plans, and the offer of personal budgets. CCGs should engage widely and fully with their local communities and patients, including with their local Healthwatch, and include clear goals on expanding personal health budgets within their published local Joint Health and Wellbeing Strategy."

A person with a PHB (or their representative) will:

- Be able to choose the health and wellbeing outcomes they want to achieve, in agreement with their named health professional;
- Know how much money they have for their health care and support;
- Be enabled to create their own care plan, with support if wanted;
- Be able to choose how their budget is managed and held, including the right to ask for a direct healthcare payment;

- Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

2.3 PHBs are included in the NHS Mandate. The Standing Rules impose duties on CCGs as follows, as of 1 October 2014:

- A duty to consider any request for a PHB from a person eligible irrespective of age.
- A duty to inform people eligible of their right to have a PHB.
- A duty to provide information, advice and support to those eligible.

PHBs also form part of the CCG Assurance Process (domain 2).

The CCG and the CSU have started to introduce PHBs to those eligible for NHS CHC and CC.

2.4 Personal Health Budgets are deployed in the following ways, or a combination of them:

Notional Budget: Where an individual understands the amount of funding available to them and decides how the budget is used. The CCG still commissions the services, manages contracts etc. Examples of this include a spot or contracted provision.

Real Budget managed by a third party organisation: Where the individual knows how much funding is available to them but a third party organisation holds the funding. The third party organisation helps the individual decide what they need and then buys the services the individual has chosen.

Direct healthcare payments (for people with capacity): Where the individual receives the funding that is available to them as a direct healthcare payment for them to manage. The individual can elect to receive and manage the payment, buying and managing the service themselves or decide for it to be received and managed by a person of their choosing (a nominee). If the individual chooses a nominee that nominee becomes responsible for managing the payment, buying and managing the service and is responsible for the money and all aspects of the direct healthcare payment and has to show on what the money has been spent.

Direct healthcare payments (for people without capacity): Where the individual lacks capacity an 'authorised representative' (agreed by the CCG) receives the funding that is available to the individual as a direct healthcare payment. The authorised representative is responsible for managing the payment, buying and managing the service and is responsible for the money, and has to show on what the money has been spent. The authorised representative must involve the individual and act in their best interests.

In the case of children, direct healthcare payments can be received by their parents or those with parental responsibility for that child.

2.5 <u>Volumes</u>

As at 27 August 2015 there was a total of 157 CHC (Adults) and 15 Continuing Care (Children) recipients across the CCG as set out in Table 1. This data excludes those in

receipt of Funded Nursing Care (FNC) and Residential / Nursing Care. This is the volume of patients who have the legal right to have a Personal Health Budget.

Table 1: Number of CHC (Adults) and Continuing Care (Children) recipients at South Sefton CCG

CCG	Adults	Children	Total
NHS South Sefton	157	15	172

Should the number of Personal Health Budget and Direct Healthcare Payment requests reach 5% of the adult eligible population and 5% for eligible children from the CCG over the next 6 months table two provides an indication of the maximum volumes to 31 March 2016.

Table 2: Uptake of PHBs and direct healthcare payments assuming 5% of adult eligible and 5% of child eligible population exercise the 'right to have' at the CCG

CCG	Uptake Adults	Uptake Children	Total
NHS South Sefton	8	1	9

Analysis has been completed to identify the current average weekly cost of NHS continuing healthcare as at 31 March 2015 for the eligible population and table three reflects the average weekly costs for children and adults

Table 3: Average weekly costs of NHS CHC and CC (PHB eligible) population for the CCG

CCG	Adults	Children
NHS South Sefton	£665.73	£1444.91

2.6 Mechanisms to deploy Personal Health Budgets (PHB) and Direct Healthcare Payments

Currently every individual eligible for Continuing Healthcare (adults) and Continuing Care (children) has a care package commissioned, clinically managed and the subsequent invoiced costs verified and authorised by the CCGs.
For the implementation and delivery of PHBs wherever possible existing processes and pathways will be utilised, however the making of direct healthcare payments and third party payments (see section 2.8) are new and this paper explores the additional processes and pathways to deliver these. Table 4 illustrates the additional activity for each deployment option.

Table 4: Options and Method

Type of PHB	Deployment Method	Payment Pathway	Additional Activity	Additional provision of Information, Advice & Guidance (IAG)
1. Notional Budget	Existing pathway	Existing pathway: CCG payment to the Provider	Advise the patient of the amount of funding Patient works with provider to develop a care plan	IAG for Notional Budget Offer
2. Third Party Payment	Existing pathway	Existing pathway CCG payment to Provider / Third Party Organisation (non NHS)	Advise the patient of the amount of funding PHB Care/Support Plan Delegation of Clinical Tasks PHB Agreement Financial Audit & Monitoring	IAG for Third Party Option
3. Direct Payment (for people with capacity)	New pathway	New pathway CCG to: • PHB patient • PHB patient's Nominee • DP Support Service	Advise the patient of the amount of funding PHB Care/Support Plan Delegation of Clinical Tasks PHB Agreement Financial Audit & Monitoring	IAG for PHB options, and IAG for recruitment, interviewing, HR, payroll, contracts of employment, TAX & NI, SSP, legal requirements, self-employed staff, etc
4. Direct Payment (for people without capacity)	New pathway	New pathway CCG to: • PHB patients' Representative • PHB Representatives' Nominee • DP Support Service	Advise the patients' representative of the amount of funding Care/Support Plan PHB Representative agreed by CCG Direct Payment Agreement Financial Audit & Monitoring	IAG for PHB options, recruitment, interviewing, HR, payroll, contracts of employment, TAX & NI, SSP, legal requirements, self-employed staff, etc

2.7 Information, Advice and Guidance for prospective and actual PHB recipients and their family carers

The Guidance on Direct Payments for Healthcare (paragraph 58, p.26) states
'…..that having the right information and support is key to successful outcomes with personal health budgets. CCGs must make arrangements to provide the person to whom the direct [healthcare] payments are made (including representatives or nominees) with information, advice and other support. This can be provided by another organisation working in partnership with the CCG. The CCG should ensure that the person receives adequate information and support at every stage of the process, including during the discussion about whether to receive direct [healthcare] payments, during care planning discussions and in managing and accounting for them correctly.[1]

Your Life Your Way (a community interest company) provide advice, information and guidance to Personal Health Budget recipients and prospective recipients providing bespoke employer functions alongside direct healthcare payment support.

Your Life Your Way was established in 2008 to assist individuals to access personal budgets and benefit from personalised support. They were originally funded by a grant from the Department of Health together with a loan from the Social Investment Business Group (previously known as Future builders England).

Your Life Your Way is also registered with the Care Quality Commission to deliver personal care in people's own home. The Care Quality Commission regularly inspect the organisation, the last inspection was January 2014 and you can view the report at http://www.cqc.org.uk/location/1-687875367

The business was incorporated at Companies House on 22/08/2008, the Company Number is 06679777.

Salvere (a community interest company) and SOLO have been providing advice, information and guidance to the Personal Health Budget recipients and prospective recipients across Lancashire and beyond. Salvere support more than 2,500 Adult Social Care personal budget recipients across Lancashire. Solo Support Services provide bespoke employer functions alongside direct healthcare payment support.

2.7.1 **Summary of providers**

1. Salvere Social Enterprise CIC
Incorporated 27/10/2010 - Company no 7421416
Company is 51% owned by Pure Innovations Limited, as at 22/12/11, a charity providing similar regional services whom provided a cash loan towards the stabilisation of financial position after the first twelve months of significant outward investment in respect to securing initial contracts.
Turnover £1074k (previous year £518k)
Surplus £59k (previous year deficit £289k)

[1] Guidance on Direct Payments for Healthcare: Understanding the Regulations, March 2014, DH, England

2. Solo Support Services Limited

Incorporated 28/5/2010 - Company no 7268492
Private company formed in 2010 by sole director.
Company Mission Statement
Our purpose is to help individuals who have chosen self-directed support, manage their 'Personal Health Budget' or 'Individual Budget'. Our objective is to create an alternative for people who require domiciliary services in their own homes but desire maximum control and choice.
No trading figures available but positive cash balance

3. SOLO Support Services

It is proposed to utilise Your Life Your Way & SOLO Support Services to provide Information, advice and guidance to all prospective PHB recipients who request a Personal Health Budget for 'third party budgets' across South Sefton CCG.
It is proposed to utilise Salvere to provide information, advice and guidance to all prospective PHB recipients who request a Personal Health Budget for 'direct payments' across South Sefton CCG.

3. Key Issues

3.1 The proposed improvements to the current PHB model for the delivery of PHBs across the CCG aims to move towards embedding PHBs and direct healthcare payments within business as usual pathways for continuing health care / continuing care.

Additional elements required to successfully meet the associated duties include an approach to deploy PHBs and direct healthcare payments, including budget setting, development of a care / support plan, provision of information, advice, guidance, the inclusion of managed accounts and payroll for patients for example, the delegation of clinical tasks, and the audit and financial monitoring of direct healthcare payments and third party budgets. In addition a robust process will need to be introduced to ensure the decision making process is transparent and in line with NHS England regulation and guidance, including an appeals process.

Alongside this the engagement of community providers is essential to ensure clinical tasks can and will be delegated safely including ensuring the provision of appropriate training and competencies, alongside oversight of risk assessments, care and support plans and including training plans.

4. Conclusions

4.1 To ensure a clinically safe and compliant PHB offer the CCG will need to ensure the provision of information, advice and guidance to all PHB recipients.
4.2 The PHB model will need to be delivered in a cost neutral method
4.3 The development of PHB care and support plans must ensure delegation of clinical tasks is achieved safely

4.4 The development of PHB care and support plans will need to include risk assessments / training plans and include how the budget will be utilised to meet the health and well-being needs safely

4.5 All three deployment options will need to be available to ensure compliance with the right to have a PHB

4.6 PHB Policy & Practice guidance (including Direct Payments) will need to be produced including an appeals process, budget setting methodology and appropriate support templates and documentation, including a Personal Health Budget Agreement.

4.7 Robust financial audit mechanisms will need to be introduced,

4.8 Reviews will need to take place in line with the NHS England guidance, within the first 12 weeks for all direct payments, and then annually or more often if requested.

4.9 There is an opportunity to realise savings through the introduction of PHBs.

5. Recommendations

5.1 The Board are recommended to approve that :

5.2 Solo Support Services, Your Life Your Way and Salvere will work alongside operational staff and all PHB families to ensure

- all care and support plans for PHBs (including direct payments) are prepared to demonstrate how the needs will be met in a manner that can be evidenced to ensure they will be clinically safe and compliant with NHS guidance
- costs for the provision of services provided by Your Life Your Way / Solo Support Services / Salvere will come directly from the patient's PHB
- Your Life Your Way / Solo Support Services / Salvere will provide information, advice and guidance to families about direct payments and third party budgets, and will provide bespoke support to individuals regardless of the deployment option(s) chosen by the family.
- Your Life Your Way / Solo Support Services / Salvere will receive the PHB / direct payment directly from the CCG in the first instance, this will enable them to deduct their charges at source and ensure payments for the services they provide.
- This will in turn ensure that the CCG is meeting its duties to provide information, advice and guidance to all PHB recipients.
- PHBs will be made in advance (three months in advance) to Your Life Your Way / Solo Support Services / Salvere
- Your Life Your Way / Solo Support Services / Salvere will provide quarterly reports to the CCG to demonstrate that funds have been managed in line with the care and support plan and indicate the spend is in line with forecast / over or under with an explanation.
- The family's funds will be held in individual accounts viewable by families at all times
- Where requested and approved by the CCG Your Life Your Way / Solo Support Services / Salvere may make monthly direct payments directly to patients.

5.3 Budget setting for every personal health budget (including direct payments) will be based on the costs currently spent on the package of care **or** the cost to commission an appropriate package of care. The notional budget will be set at 90% of this cost.

- Your Life Your Way / Solo Support Services / Salvere will work with each patient and their family to develop a care and support plan
- This plan will only be approved if the CCG can be assured that the plan meets the identified health and well-being needs safely.
- This will ensure that where the budget is not sufficient no PHB / direct payments package of care will commence, however the PHB care and support plan will identify any budget shortfall and rationale. This enables the CCG to approve budgets larger than the notional budget and up to the cost it would otherwise cost us to commission an appropriate package of care.

5.4 The template PHB care and support plans will ensure delegation of clinical tasks is achieved safely and a consistent approach to PHBs as there will be a standardised method of producing care and support plans, risk assessments, training plans and budget information.

5.5 Once the governing body approves these proposals a CCG PHB Policy and Practice Guidance will be produced with accompanying templates and documentation, including a PHB agreement for legal review by CCG solicitors (see appendices 1 & 2 below)

Appendices

Appendix 1 – PHB Care & Support Planning Template from Midlands & Lancashire CSU

Appendix 2 – Example PHB Policy & Practice Guidance from Midlands & Lancashire CSU

Brendan Prescott
September 2015

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
September 2015

Agenda Item: 15/169	**Author of the Paper:** Fiona Clark Chief Officer Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: September 2015	

Title: Collaborative Commissioning in Specialised Services

Summary/Key Issues:

To inform the Governing Body of developments in collaborative commissioning in specialised services and recommend further engagement with the emerging structures to support collaborative commissioning with NHS England.

Recommendation

The Governing Body is asked to receive the report and debate the issues.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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)*	
	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

NHS
South Sefton
Clinical Commissioning Group

Report to Governing Body
September 2015

1. Executive Summary

To inform the Governing Body of developments in collaborative commissioning in specialised services and recommend further engagement with the emerging structures to support collaborative commissioning with NHS England.

2. Introduction and Background

2.1 In March 2015 NHS England produced two guidance documents[1] [2]that set out the vision and next steps towards developing a more collaborative approach to the commissioning of specialised services for 2015/16 and beyond. This guidance was developed in collaboration with a wide range of stakeholders including the NHS Commissioning Assembly, NHS Clinical Commissioners, Public Health England, Clinical Commissioning Groups (CCGs) and Clinical Reference Groups (CRGs). The specialised commissioning Patient and Public Voice Assurance Group also contributed to the development of proposals for collaborative commissioning.

2.2 The guidance documents cite the duty we have as commissioners to reduce inequalities and work collaboratively to improve outcomes for populations. Patients often receive specialised care following treatment within primary and secondary care. Since the changes in commissioning arrangements in April 2013 there has been some fragmentation between NHS England and CCGs who together commission all of these services. The guidance sets out a proposed approach to bring NHS England and CCGs, as well as local authority and public health partners, closer together to ensure an integrated patient and population centred approach.

2.3 The approach proposed in the guidance documents is consistent with our commissioning ethos of co-operation, collaboration, co-production, compassion, communication and common purpose. It fits with the *Shaping Sefton* approach that recognises that for pan-borough services, such as specialised services, we need to engage with partners beyond Sefton. Collaborative commissioning for specialised services could lead to a significant number of benefits for patients. This would include more integrated pathways around the needs of diverse local populations and therefore reduced inequalities, improved outcomes and a better patient experience.

2.4 The guidance invites CCGs to work more closely with NHS England specialised commissioning to design and develop commissioning pathways, ensuring they are grounded in meeting diverse

[1] NHS England Specialised Commissioning National Support Centre, *Developing a more collaborative approach to the commissioning of specialised services: Guidance document*, NHS England, 4th March 2015 – http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-guid.pdf

[2] NHS England Specialised Commissioning National Support Centre, *Developing a more collaborative approach to the commissioning of specialised services: Supporting tools and resources*, NHS England, 4th March 2015 - http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-sup-res.pdf

local need. The aim of the guidance was to introduce a more collaborative approach from 1st April 2015, with 2015/16 as a development year in which NHS England and CCGs can build upon and strengthen existing collaborative arrangements.

2.5 The guidance proposed that, from 1st April 2015, one collaborative commissioning oversight group will be established by NHS England in each specialised commissioning hub. CCGs will be invited to join, or be represented by another CCG at their relevant oversight group, to support priority setting and the design and delivery of transformational change across whole pathways. Local delivery sub-groups will be established to support the delivery of agreed priorities. In addition, the purpose and membership of national Programmes of Care (PoCs) and Clinical Reference Groups (CRGs) will be refreshed to strengthen CCG involvement and to support collaborative commissioning oversight groups to deliver their priorities.

3. Progress in Cheshire & Merseyside

3.1 On 1st July 2015 NHS England met with representatives of the Cheshire and Merseyside CCGs to discuss how to progress collaborative commissioning in specialised services. The session was led by Andrew Bibby, Assistant Regional Director of Specialised Services, NHS England and supported by Linda Devereux, Service Specialist, Tabitha Gardner, Head of Finance and Roz Jones, Senior Service Specialist.

3.2 *Aims of collaborative commissioning*

During the meeting on 1st July 2015, the aims of collaborative commissioning were reiterated as to:

- Improve pathway integrity for patients, helping to ensure that specialised care is commissioned as part of a single pathway.
- Enable better allocation or investment decisions, giving CCGs and their partners the ability to invest in prevention or more effective services.
- Move towards population accountability and lay the groundwork for *'place based'* or population budget and clearer accountability to local populations.
- Improve financial incentives over the longer term, reducing demand, where appropriate, and unwarranted variation.
- Ensure providers can be effectively held to account, ensuring clearer links between services, referrers and providers.

3.3 *Benefits of collaborative commissioning*

The benefits of collaborative commissioning for transformation of place, pathway and people were identified as:

- Commissioners acting jointly to improve outcomes, quality of care, equity of access
- Fit for purpose place based governance- shared commissioning intentions, shared transformation objectives
- Identify pathway opportunities and integrated service models based on evidence- e.g. Lower Back Pain pathway- reduced ineffective therapies, improved self-management, outcomes.
- Develop and consolidate specialised service models that are more sustainable – service networks - hub and spoke, lead provider.

3.4 *Opportunities for CCGs in collaborative commissioning*

The opportunities for CCGs in more collaborative commissioning with NHS England were posited to be:

- Realising benefits for patients and the system from consolidating services and redesigning pathways to deliver more joined up care;
- Agreeing the most optimal footprints for commissioning services and pathways for their local populations;
- Setting priorities for how and where services are delivered, and which local services are prioritised first;
- Supporting the transformation agenda through CCGs and NHS England working together to deliver transformed pathways and Quality Innovation Productivity and Prevention (QIPP) schemes for improved value.

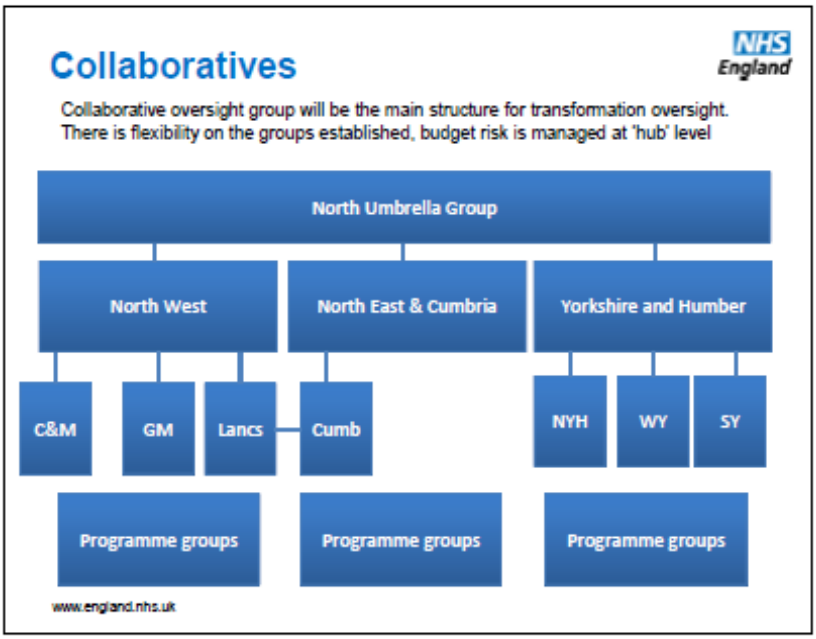
3.5 *Working across pathways of care and priority areas*

NHS England believes that CCGs are critical partners in delivering a shared ambition to achieve world –class patient outcomes and experience in specialised services. This needs to be based on strong working relationships and shared decision-making to create seamless patient pathways from GP surgeries through local hospitals to specialist care and back again. Appendix 1 identifies some 28 services across 5 areas (cancer and blood, internal medicine, trauma and head, mental health and women and children's services) in which collaborative commissioning could:

- Improve outcomes;
- Improve value/cost;
- Reduce fragmentation across commissioners and providers;
- Move towards more networked service provision and/or lead provider contracts;
- Allow innovation within partnerships and networks.

3.6 *Governance*

NHS England is proposing that collaborative commissioning with CCGs is taken forward through the structures outlined in *Fig 1: 'Proposed Collaborative Structure':*



4. Questions for Southport & Formby CCG

4.1 All CCG representatives who attended the meeting on 1st July 2015 resolved to return to their organisations and discuss collaborative commissioning of specialised services with NHS England. This would then enable a collective view to be fed back to NHS England at the next meeting in October 2015.

4.2 The Governing Body is therefore asked to answer the following questions:

- Do you recognise and support the aims of collaborative commissioning in specialised services with NHS England?
- Do you recognise and support the potential benefits and opportunities of collaborative commissioning in specialised services with NHS England?
- Do recognise and agree with the principle of working across pathways of care? Are the priority areas identified congruent with our commissioning priorities and intentions?
- Is the proposed collaborative approach the right way forward? At what level does Southport & Formby CCG wish to be included?

5. Conclusions and Recommendations

5.1 There is a clear direction of travel that has been set by NHS England towards more collaborative commissioning. As stated above, this fits with our ethos as a commissioning organisation. There is a clear desire to work better together across pathways of care, although there has been little progress to date on taking forward the arrangements suggested in the guidance on collaborative commissioning for specialised services. To be balanced, some of this is due to CCGs needing to get to a common position as to what we want to do.

5.2 It is recommended that the Governing Body:

- Note the contents of this report;
- Discuss and answer the questions posed in the paper;
- Support continued engagement with emerging governance structures to facilitate collaborative commissioning.

6. Appendices

Appendix 1 – Priority Areas for Pathway Working

Fiona Clark
Chief Officer
September 2015

NHS
South Sefton
Clinical Commissioning Group

Appendix One - Priority areas for pathway working

(a) Cancer and Blood

Service	Rationale	Benefits
Specialised cancer services	Pathway interdependencies between primary, secondary and tertiary care Variation in outcomes including emergency admissions Need for earlier detection and improved access to diagnostics Multiple commissioners along pathway	Improved outcomes and reduced variation Reduction in inequalities Streamlined pathways
Chemotherapy	National priority service Highest spend Biggest growth Further enhanced transition to primary care Governance	Maximise care closer to home Patient experience Potential cost savings Streamlined pathways
Haemoglobinopathies	Inequity in access to services Formal network required with shared care Service model review – focus on community provision	Reduce emergency admissions for acute sickle cell crisis Equity of access Improved patient experience
Immunology & Allergy	Interface between secondary and tertiary care and management of patients Earlier diagnosis and management	Reduction in number of outpatient admissions – better management of patients reduction in costs

(b) Internal Medicine

Service	Rationale	Benefits
Severe & Complex Obesity	Pathway interdependencies between primary, secondary and tertiary care Early management in pathway required	Better patient outcomes Possible cost savings
Renal Dialysis	Changing the model of care to increase the number of patients on home dialysis moving care out of hospital	QIPP
Complex invasive cardiology	Appropriate use of criteria Appropriate selection of centres Reduction in complications Pathway development	Quality improvement in pathway management Maximise care closer to home Potential cost savings
Cardiac surgery	Review of referral criteria	Improved classification of patients regarding risk leading to improved treatment related outcomes
Specialised dermatology	Secondary/tertiary interface – joined up care Appropriate referral, reduce repeat admissions	Improve patient experience
Hepatobiliary & Pancreas	Majority of pathway commissioned by CCGs Low number of providers for primary cancers Focus on cirrhotic patients	Earlier detection and intervention Better outcomes for patients Consistency in approach with providers
Specialised respiratory – complex home ventilation	Alignment of pathways Timely discharge into community setting	Care closer to home Potential savings

(c) Trauma and Head

Service	Rationale	Benefits
Complex disability equipment – specialised wheelchair & seating	In year change in commissioning portfolio from specialised to CCG – transition work required	Transition – handover
Neurosciences – specialised neurology	In year change in commissioning portfolio from specialised to CCG – outpatient services – transition work required.	Transition – handover
Specialist rehabilitation for patients with highly complex needs	Some are CCG commissioned Issues on access and egress – current pathways not meeting needs of patients	Improvement in care pathways Better outcomes for patients More efficient use of resources
Spinal cord injury	Patient pathway access and egress – requirement to strengthen support infrastructure in primary and secondary care to support rehabilitation	Improved patient experience/QALY Better outcomes for patients Better use of resources
Complex spinal surgery	Need to align pathways to improve outcomes for patients	Care in right place/time Avoids duplication of services Improved outcomes
Major trauma	Tertiary focus on trauma centre configuration. Network configuration in regard to trauma units and ambulance provision.	Care in right place/time Avoids duplication of services Improved outcomes

(d) Mental Health

Service	Rationale	Benefits
Specialised services eating disorders	Service interdependency issues Long waiting time or restricted access Evidence of unmet need, need for consistent and more integrated pathways – parity of esteem issues.	Reduce need for inpatient beds – realignment of resources to community
Low secure mental health services	Discussion regarding the best placed commissioning. Risk in pathway management – fragmentation of current pathways	More local ownership Less destabilisation of pathways Better integration of local services
Specialised mental health services for the deaf	Increase efficacy of community based services – reduction in inpatient beds if community resources strengthened	Reduce need for inpatient beds - realignment of resources to community
Gender identify services	Shared understanding of the pathways which has number of complexities	Right place/right time Improved care pathway, more efficient use of resources Care closer to home
CAMHS Tier 4	Improved pathway management to address inappropriate admission re urgent referrals Requirement for more integrated consistent pathway Parity of esteem issues	Patient in right place/right time Better use of resources Reduce need for inpatient beds – realignment of resources to community

(e) Women and Children's

Service	Rationale	Benefits
Paediatric surgery	Changes in anaesthetic guidelines – historical service shift into tertiary centres in some areas	Equity in service provision Care closer to home
Paediatric medicine – palliative care	Inequity in access/services Strengthening community provision to support patients closer to home	Quality care as close to home as possible with good networked support to families
Paediatric high dependency care	Lack of dedicated HDU provision in DGHs Reduce direct HDU access into tertiary setting to improve throughput of patients/OATs. Lack of paediatric transport service provision for back transfers	Care closer to home More efficient use of resources
Paediatric long term ventilation	Delayed discharges into community setting Alternative models to provide care closer to home being explored	Better quality of life for patients More timely care closer to home More efficient use of resources
Neonatal critical care	Focus on alternative model for special care – strengthening community nursing team support	Mum and baby cared for at home/in community More efficient use of resources
Paediatric neurosciences	Pathway management and service interdependencies Access/egress and strengthening support services	Equity in service provision Efficient use of resources

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MEETING OF THE GOVERNING BODY SEPTEMBER 2015

Agenda Item: 15/171	**Author of the Paper:**
Report date: September 2015	Ann Dunne CCG Head of Safeguarding Children ann.dunne@haltonccg.nhs.uk Tel: 0151 495 5469 Helen Smith CCG Head of Safeguarding Adults Helen.smith2@haltonccg.nhs.uk Tel: 0151 495 5469

Title: CCG Safeguarding Annual Report 2014/15

Summary/Key Issues:
The purpose of the report is to provide assurance that the Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding children and adults. It takes into account:

- National changes and influences
- Local developments and activity.

This annual report provides insight into:

- Local developments and initiatives pertaining to safeguarding that have taken place during 2014/15
- Performance and governance arrangements
- Challenges to business continuity.

A separate report for Looked After Children has been authored under the current commissioning arrangements by relevant provider leads about how the health needs of this cohort of children and young people have been met. This report is expected to be included within the Quarter 2 data set (due for submission by 30 September 2015). The reporting arrangements will change for 2015/16 as it is anticipated that the Designated Nurse for Looked After Children will author an overview report incorporating all health provider data for this group of children.

Recommendation
The Governing Body are asked to approve the annual report

Receive	
Approve	X
Ratify	

15/171 Safeguarding Annual Report

Links to Corporate Objectives *(X those that apply)*	
	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
X	To achieve financial duties and commission high quality care.

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			The CCG Safeguarding Annual Report 2014/15 has been presented to the last meeting of the Quality Committee. Once approved by the Governing Body it will then be submitted to the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB).

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.
X	Treating and caring for people in a safe environment and protecting them from avoidable harm.

Staying local & together

NHS
South Sefton
Clinical Commissioning Group

Safeguarding Annual Report 2014/15

15/171 Safeguarding Annual Report

Author: Ann Dunn, Helen Smith
CCG Safeguarding Service

Date: August 2015

Foreword by the Chief Nurse for CCG

NHS South Sefton Clinical Commissioning group (CCG) demonstrates a strong commitment to safeguarding children and adults within the local communities. There are strong governance and accountability frameworks within the Organisation which clearly ensure that safeguarding children and adults is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCG is to actively improve outcomes for children and adults at risk and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.

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Executive Summary

This is the second annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding children and adults in NHS South Sefton Clinical Commissioning Group: it takes account of national changes and influences and local developments and activity.

The report also highlights the local development, performance, governance arrangements and activity and the challenges to business continuity.

A separate report around Looked After Children has been authored under the current commissioning arrangements by the provider leads about how the health needs of this cohort of children and young people have been met. This report is expected to be included within Quarter 2 data set (due for submission by 30th September 2015). The reporting arrangements will change for 2015/16. It is anticipated that the Designated Nurse for Looked After Children will author an overview report incorporating all health provider data for this group of children.

1 Purpose of the report

This is the second annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body and reviews the work across and progress throughout the 2014/2015.

In Merseyside, to meet with national requirements, there is a Hosted Safeguarding Service, which serves Liverpool, South Sefton, Southport & Formby, Halton, St Helens and Knowsley CCG's. The hosting arrangements remain with Halton CCG as originally agreed in 2013.

This report is intended to provide assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse across the health services it commissions.

The report will also provide information about national and local changes and influences, local development, performance, governance arrangements and activity and the challenges to business continuity.

Although the report does include information regarding Looked After Children, a separate report has been authored under the current commissioning arrangements by the provider Leads about how the health needs of this cohort of children and young people have been met. These reporting arrangements will change for 2015/16 due to the new commissioning arrangements.

2 National Context

2.1 The NHS Accountability and Assurance framework: Safeguarding Vulnerable People in the Reformed NHS (2013)

Safeguarding accountabilities for CCG's, NHS England, NHS Providers and other Organisations within the health economy are defined within the Accountability and Assurance framework: Safeguarding Vulnerable People in the Reformed NHS (2013).

NHS England has the responsibility for providing safeguarding clinical leadership support to the designated professionals for safeguarding children, looked after children and safeguarding adult's leads.

The CCG safeguarding arrangements and work plan continues to take full account of this. A revision to the 2013 framework was announced in early 2015 and a consultation document released with the intent to publish the fully revised guidance in in May 2015. The CCG responded and contributed to this consultation document.

The current framework outlines and includes the need to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business. plans to train staff in recognising and reporting safeguarding issues
- Provide a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Provide appropriate arrangements to co-operate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards
- Ensure effective arrangements for information-sharing
- Have a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

2.2 Intercollegiate document: safeguarding children and young people: roles and competencies for health care staff (March 2014)

All health staff have a duty to promote the welfare of and safeguard children and young people. Staff are required to have the competences to recognise when intervention is required and be able to take effective action appropriate to their role. This third edition document has been ratified by the Royal Colleges and professional bodies in order to provide and support a consistent approach and framework for training and development across the health economy.

The document takes account of the changing landscape of the NHS and included requirements for the Executive Team and Board members.

The document indicates that all staff must clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties. The standards within this document inform organisational training, training strategies and training needs analysis for health care organisations, providing a framework for use within annual staff appraisal to ensure knowledge and skills have been acquired.

2.3 Promoting the Health and Wellbeing of Looked After Children (March 2015):

This document was published in March 2015 by the Department for Education and the Department of Health. It outlines statutory roles and responsibilities for all agencies including Local Authority partners and NHSE. This refreshed publication is explicit with regard to the role of the CCG and will be crucial in supporting and informing the CCG work plan in 2015/16.

2.4 Looked After Children: Knowledge, Skills and Competences of Health Care Staff (March 2015):

This document was developed in partnership with the Royal College of Nursing and the Royal College of GPs**,** and mirrors the Intercollegiate Document for Safeguarding Children. The document outlines key levels of knowledge, skill and competencies for health staff who work (indirectly or directly) with looked after children. It provides a framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children.

This document will be key to informing the CCG's safeguarding work plan and priorities for Looked After Children going forward into 2015/16.

'Working Together to Safeguard Children' was updated in March 2015.
The guidance outlines:

- The legislative requirements and expectations on individual services to safeguard and promote the welfare of children.
- A clear framework for Local Safeguarding Children's Boards (LSCBs) to monitor effectiveness of local services.

2.5 Safeguarding Inspection Framework

The Care Quality Commission (CQC) single agency safeguarding inspection programme continued throughout 2014 / 15 in the absence of a published multi-agency inspection framework. Consultation on a joint inspection regime took place between July 2014 and September 2014 with a proposed pilot starting in autumn 2015. The current CQC Safeguarding Inspection regime focuses on evaluating the quality and impact of the local health arrangements. The hosted Safeguarding Service has continued throughout the year to provide support across the health economy in readiness for an inspection should the CQC notify.

2.6 The Care Act 2014

The Care Act 2014 provides a coherent approach to adult social care in England. It represents the most significant change to social care legislation in 60 years. The changes aim to enable people to have more control over their own lives. Support should be about prevention, with the ultimate goal of helping people stay independent. The legislation sets

out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support. There is a requirement for partnership working and integration in relation to care and finances. Transition assessments should be carried out for young people who will be requiring adult services once aged 18, whether already receiving children's services or not - this will need to be integrated with health and education.

The safeguarding of adults is placed on a statutory footing from April 2015. The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act places a duty on the Local Authority to make a Section 42 enquiry (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk. An enquiry must be proportionate and may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned.

In many cases a professional who already knows the adult will be the best person to undertake a Section 42 enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The Care Act requires that all statutory members of the Safeguarding Adults Board (SAB) identify a Designated Adult Safeguarding Manager (DASM).This a similar role to the Local Authority Designated Officer (LADO) role in children's services, responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. Interim local arrangements are in place in Merseyside and Cheshire.

The Care Act states that all Local Authorities must have a SAB and it places them on a statutory footing from April 2015. Membership must include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding

issues. The main objective of the SAB is to ensure itself that the local safeguarding arrangements and partners act to protect adults in the area. A yearly plan and annual report must be provided. There is a well-established Sefton SAB is in place with representation at the Board and subgroups by NHS South Sefton CCG and the hosted Safeguarding Service. There is a legal requirement to arrange for Safeguarding Adults Reviews (previously Adult Serious Case Reviews) to ensure lessons can be learned from serious incidents.

The Care Act states that arrangements must be made where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

All commissioners, including CCG's are expected to embed safe practice in all commissioning activity in line with Care Act and local policy requirements. The quality schedule contracts and safeguarding key performance indicators for NHS South Sefton CCG health commissioned services for 2015/16 are compliant with the Care Act requirements.

2.7 Mental Capacity Act and Deprivation of Liberty Safeguards

Supreme Court Ruling 2014

The Mental Capacity Act (MCA) 2005 has been fully implemented since October 2007. The Deprivations of Liberty Safeguards (DoLS), which form part of the Act, were introduced in April 2009 as part of the amendments to the Mental Health Act 1983. The intention was to provide a legal framework around the deprivation for those people who are assessed as lacking the capacity to make decisions about their care and treatment or support. The intention was to avoid breaches under Article 5 of the European Convention on Human Rights, which occurred in HL v United Kingdom (ECtHR; (20040 40 EHRR 761), and often referred to as the 'Bournewood Gap'.

Originally there lacked a legal definition about what amounted to a Deprivation of Liberty, however there were a number of factors which were required to be considered (Page 17 DoLS Code of Practice). Cheshire West and Chester local authority have been challenged in the High Court on a DoLS authorisation that was granted on *P* resulting in a Supreme Court ruling in March 2014. The Supreme Court Judgement passed, ruling that the deprivation for *P* was unlawful. A subsequent judgment of *P & Q v Surrey County Council,* also determined there was an unlawful deprivation. These land mark cases have led to significant changes to whom and when a Deprivation of Liberty authorisation must be made. There now exists a clear definition of the factors to consider when deciding is a

person is being deprived of their liberty. They introduced the "acid test" term which need to be considered when deciding whether a person is being deprived of their liberty;

1 - The person lacks capacity AND

2 - The person is not free to leave AND

3 - The person is subject to continuous supervision

The number of DoLS referrals has significantly increased as a result of the judgement. This is a national concern and the implications are far reaching in; resources, workload and financial costs. Several test cases continue to be taken through the Court of Protection.

Deprivation of Liberty and the Coroner Act (2009)

There are specific implications where an individual who dies with a DoLS authorisation is in place, which is deemed to be a death in custody under lawful detention. Consequently all such deaths must be referred to the Coroner requiring an inquest. Under these circumstances the responsible Medical Practitioner or General Practitioner is legally not permitted to issue the medical certificate of cause of death. This process has been described by Mr Sumner (HM Coroner) for Merseyside, in line with section 1(2)(c)) of the Coroners Act and Section 16 of the Chief Coroners Guidance. There is a requirement for all GP's employed with the South Sefton CCG area to be aware of their legal responsibilities in line with the Coroners Act. The circular was completed and submitted after April 2015 therefore, would this go into the action plan and then evidence as completed as part of the annual report for 2015-16

https://www.judiciary.gov.uk/wp-content/uploads/2013/10/guidance-no16-dols.pdf

2.8 Prevent

The Prevent Strategy (2011)

The Prevent strategy is a key part of CONTEST, the Government's counter terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. The strategy aims to respond to the ideological challenge of terrorism and those who promote it, prevent people from being drawn into terrorism, and work with sectors and institutions where there are risks of radicalisation.

Work includes disrupting extremist speakers, removing material online, intervening to stop people being radicalised, and dissuading people from travelling to Syria and Iraq and intervening when they return. The most significant terrorist threat is currently from Al Qai'da-associated groups and from terrorist organisations in Syria and Iraq, including ISIL. Terrorists associated with the 'extreme right' also pose a threat.

2.9 Channel

'Channel' is a multi-agency safeguarding programme which operates throughout England and Wales. It provides tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the panel, which include the local authority, police, education, and health providers. Support will often involve experts who understand extremist ideology. Engagement with the programme is entirely voluntary at all stages

2.10 Prevent Delivery in Health and Home Office 'Priority' and 'Non-Priority Areas'

In January 2015, NHS England reduced the Prevent resource to priority areas within the UK following the Home Office funding decision in April 2014. Regional Prevent Coordinators (RPCs) within the priority areas identified by the Home Office, continued to operate a business as usual policy providing support; and NHS commissioned providers submitted quarterly Prevent returns monitoring progress against the Home Office deliverables to RPCs.

In non-priority areas, each CCG Prevent Lead should have links with their provider organisation's Prevent Lead with RPCs being used as a point of contact for advice about issues that could not be managed locally. In the North West region the RPC role was only occupied for part of the reporting year and NHS South Sefton CCG health commissioned services accessed the RPC lead from another priority area as required. An RPC for the North West region will commence in post from August 2015.

CCGs were required to ensure that organisations within their regions were aware of the changes and the necessity to comply with the prevent requirements set out in the safeguarding clause of the NHS Standard Contract.

The hosted Safeguarding Service for NHS South Sefton CCG has incorporated Prevent into the safeguarding KPI's for health commissioned services and all health commissioned providers for NHS South Sefton CCG report on Prevent compliance as part of the Quality Schedule

2.11 NHS South Sefton CCGs work with Prevent

Liverpool is identified as a priority area and as such has an effect on the residents of South Sefton.

The CCG has an identified Prevent Lead and Prevent training for CCG staff is anticipated be a statutory requirement in line with the recommendations outlined in the 2015 *Prevent* Duty Guidance: For England and Wales.

Prevent delivery for each provider organisation was included within the NHS Standard Contract for 2014/15 for provider organisations.

2.12 Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act (2015)

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty. The duty applies to specified authorities in England and Wales, and Scotland. Counter terrorism is the responsibility of the UK Government.

In fulfilling the duty, the Act expects health bodies to demonstrate effective action in the following areas:

- Partnership
- Risk Assessment
- Staff Training
- Monitoring and enforcement

2.13 HM Government Channel Duty Guidance – Protecting vulnerable people from being drawn into terrorism

Channel is a programme which focuses on providing support at a pre criminal stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity. NHS South Sefton CCG and the hosted Safeguarding Service will be statutory health members of a Channel Panel when required.

3 Local Context

3.1 CCG Governance arrangements

NHS South Sefton CCG Accountable Officer has the responsibility to ensure that the contribution by health services to safeguarding and promoting the safety of children, young people and adults at risk is appropriate and embedded across the health economy. This is largely achieved by the local commissioning arrangements and membership of the Health and Wellbeing Board. Safeguarding is the responsibility of all CCG employees and is clearly demonstrated within the CCG governance structure.

The Chief Nurse is the named representative for both the Local Safeguarding Children and Adult Boards and has the responsibility to ensure that the monitoring of children, young people and adults at risk takes place within these frameworks and should report any risk within the system through to the Accountable Officer and Governing Body.

NHS South Sefton CCG jointly commissions a hosted service approach to the delivery of their safeguarding function for both children and adults. The Safeguarding Service is hosted by Halton CCG and has a defined specification and Memorandum of Understanding (MOU) in place. Further to a full review within this reporting year, the Service has received increased resources and secured the expertise of: Designated Nurses Safeguarding Children, Designated Nurse Looked After Children and Designated Nurses Adults. Separate commissioning arrangements provide the expertise of a Designated Doctor and Named GP. All of these professionals have acted as clinical advisors to NHS South Sefton CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

3.2 Effectiveness of Safeguarding Arrangements

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged ie the need to safeguard and promote the welfare of children and young people. The current arrangements require NHS South Sefton CCG to submit evidence of safeguarding compliance to Sefton LSCB for their scrutiny as per the agreed audit cycle. Any areas for development and action are presented to and monitored by the Quality Committee in accordance with the CCG governance arrangements. The hosted Safeguarding Service responded to the request by Sefton LSCB in 2014 / 15 to provide an update regarding compliance against the Section 11 standards.

Evidence available to support these standards includes the revision and ratification of the Safeguarding Children and Adults Policy, Managing Allegations against Health Professionals policy, the Safeguarding Strategy and CCG declaration.

NHS South Sefton CCG commissioned a review of safeguarding arrangements, in partnership with Southport & Formby and Liverpool CCGs. The review was conducted by Edge Hill University, the findings and recommendations of which were reported in April 2014. Progress reports against the agreed action plan have been submitted to the Quality Committee throughout the year.

The Review focused on the following themes:

- Voice of the child and young person/ voice of the vulnerable adult/adult at risk
- Vision, strategy, leadership and the capacity to improve
- Governance, accountability and risk management
- Quality improvement, learning and workforce development
- Efficient/effective use of resources

Within the current commissioning arrangements the CCG has a statutory duty to ensure that that all health providers from whom we commissions services (both public and independent sector), promote the welfare of children and protect adults from abuse or the risk of abuse. This includes specific responsibilities for Looked After Children. This is predominantly achieved but not limited to the use of the quality schedule within the NHS contract. The hosted Safeguarding Service is responsible for the development of the safeguarding quality schedule / performance framework and the key performance indicators (KPI's) for 2014 / 15 were informed by national indicators, guidance, LSCB /SAB priorities and Inspection findings. Commissioned services are required to report against this schedule as per the contractual agreement; evidence is submitted on a quarterly basis to provide the CCG with assurance. The hosted Safeguarding Service is responsible for the monitoring and validation of this evidence and reports on both compliance and identified risk within the system, this is achieved through the Quality Committee within the agreed reporting schedule and further discussed with our commissioned health services within the Clinical Quality and Performance Group.

Throughout this reporting year the hosted Safeguarding Service has identified that a number of commissioned health services were unable to provide an acceptable level of assurance against the safeguarding quality schedule. They have been reported to the quality committee as providing limited assurance and the detail of risk has been outlined. NHS South Sefton CCG is working in collaboration with the coordinating commissioners of these services and the Provider directly to support progress against the schedule and to mitigate any risks within the system where possible.

The CCG and the hosted service are committed to supporting provider services and work collaboratively with them to further develop systems that enable the health economy to demonstrate outcomes for children, young people and adults at risk. This is achieved throughout the year by attendance at internal provider safeguarding assurance groups or by Chairing focus groups when developing work plans in accordance with national and

local guidance.

Supervision

The hosted Safeguarding Service has provided formal and informal children's and adult safeguarding supervision for health services commissioned by NHS South Sefton CCG.

3.3 Learning and Improvement

The hosted Safeguarding Service continues to promote the learning and development of staff across the health economy. A review and revision of the safeguarding children training modules for the NHS South Sefton CCG has been undertaken to ensure the quality and content is in accordance with current guidance. Oversight of training within commissioned health services is mainly achieved through the LSCB/SAB Joint training Subgroup group which the Designated Nurse currently Chairs.

Safeguarding training is part of the mandatory schedule for all CCG employees and Level 1 competencies are achieved via an eLearning programme:

Safeguarding Adults - Level 1	Safeguarding Adults - Level 2	Safeguarding Children - Level 1	Safeguarding Children - Level 2
94.2%	**37.7%**	**95.7%**	**31.9%**

The hosted Safeguarding Service are fully engaged with the work of the LSCB/SAB and continue to Lead across the health economy in relation to the Serious Case Reviews (SCR) and Domestic Homicide Reviews (DHR): both of which are fully established on a statutory basis and the threshold criteria, process and purpose defined in specific guidance.

NHS South Sefton CCG Designated Nurse Professionals continues to work closely with the LSCB furnishing the Critical Incident Panels (Chair), DHR Panels and other review groups. There have been two DHR's commissioned within this reporting year. One DHR is now published and one remains on-going with a publication date yet to be determined. There have not been any new SCR's commissioned by Sefton SCB/SAB. Sefton LSCB has further developed systems in relation to multi agency audit; the Designated Nurse chairs this sub group.

Sefton Community Safety Partnership (CSP) commissioning a Domestic Homicide Review (DHR1) under the Home Office ,Revised Multi – Agency Statutory Guidance (2013) for conducting Domestic Homicide Reviews (issued under section 9(3) of the Domestic Violence, Crime and Victims Act (2004), following the murder of a female by her husband in November 2012. The DHR 1 report was published in 2014 and concluded

that the death was not predictable or preventable. There were no single agency recommendations. The lesson learned action plan identified two actions around the need to raise awareness of domestic violence within the community; and for Professionals to understand the barriers to disclosure faced by victims of domestic abuse and develop plans to overcome them. The SAB health sub group will oversee the commissioned health provider's response to the recommendations.

A further DHR (DHR 2) was commissioned by Sefton CSP in 2014 and continues to progress. The Designated Nurse for Safeguarding Adults is a member of this DHR panel.

Sefton LSCB had previously commissioned two Independent Management Reviews which the Board had accepted and ratified, the learning from these reviews continues to be addressed through the LSCB health sub group of which the designated professionals and Named GP are active members and also Chair. This supports learning across the whole of the health economy including primary care. Themes and learning were in relation to; substance and alcohol misuse, domestic abuse, the recognition and management of neglect.

Sefton Safeguarding Adults Board (SAB)

NHS South Sefton CCG is a core member of the Sefton Safeguarding Adults Board which gains statutory status from April 2015 following the implementation of the Care Act 2014. The CCG's hosted Safeguarding Service has attended the SAB and subgroups and chairs the training subgroup and the joint health subgroup for Sefton and Liverpool Safeguarding Adults Boards.

NHS South Sefton CCG's provide a financial contribution to support the work of the Sefton Safeguarding Adults Board

3.4 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough). This is achieved by the Child Death Overview Panel (CDOP) which Sefton LSCB commission as a Merseyside arrangement .The CCG support this arrangement through the financial contribution to the LSCB: the Designated Professionals furnish this group and ensure that any learning is communicated back through to the wider health economy.

During April 2014- March 2015 a total of 16 Sefton child deaths were reported to the Merseyside CDOP. Nine of the deaths were related to females (56%) and seven to males (44%). Eleven (69%) of the deaths were expected.

The Merseyside CDOP met on 11 occasions and reviewed a total of 92 deaths during April 2014 – March 2015, 22 of the cases that were reviewed related to Sefton children.

Of the 22 cases that were reviewed five were perinatal (24 weeks – 7days) two were neonatal (birth – 28 days), six were infants (1 month - 1 year) and nine were child death (1 year to 18 years). Of the 22 cases reviewed none were subject of a child protection plan or looked after children but five were subject to child in need plans. Two of the child deaths from Sefton were reported to have resulted from risk taking behaviour. Eight of the child deaths were considered to have had modifiable factors these included smoking in the household, co-sleeping and risk taking behaviour.

The Merseyside CDOP has continued to focus work on promoting safe sleep. A set of safe sleeping guidelines to be used by practitioners from the health economy has been developed and there are plans to expand the guidelines to be used across the multi-agency partnership. A number of safe sleeping awareness raising sessions were conducted these were organised and funded by the Merseyside CDOP and facilitated by the Lullaby Trust. One session was held in Sefton and 163 practitioners attended the event. There are plans to develop a safe sleeping campaign for 2015-16.

There have been some challenges within the process for CDOP mainly in relation to missing data and delays in data submission. Exploration of this issue has indicated that this is attributed to health services and the Designated Professionals have worked with commissioned health providers to improve the quality and timelines of responses.

A specific report was commissioned by Sefton LSCB to establish if there had been a significant increase in the number of children who had died as a result of suicide. The report concluded that although the number of children who had died from suicide had increased across Merseyside there was not a significant rise related to any particular geographical location.

3.5 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people is a form of sexual abuse. It is not new. What is new is the level of awareness of the extent and scale of the abuse and of the increasingly different ways in which perpetrators sexually exploit children and young people (Ofsted, 2014).

The Health Working Group Report on Child Sexual Exploitation (2014) highlights that ‘as Clinical Commissioning Groups (CCGs) are responsible for commissioning children’s healthcare treatment services for physical and mental health (CAMHS and other therapeutic recovery services), they are in a key position not only to stop child sexual abuse and exploitation in their day to day work, but also to significantly improve the local multi-agency response’.

The CCG is fully engaged in this agenda and the hosted Safeguarding Service has provided assurance to the Governing Body in January 2015 in respect of the actions taken. The hosted Safeguarding Service is represented on National, Regional and Local

forums and has ensured that the CCG safeguarding quality schedule is fully developed to obtain assurance about the commissioned health service response and support to the agenda.

Current work within the Borough includes the mapping of children and young people vulnerable to CSE and has identified that the predominant abuse model appears to be that of the 'boyfriend' model which is in contrast to recent organised gang models highlighted in the national media.

CSE will continue to be a priority into 2015/16 and features within the work plan for the CCG hosted Safeguarding Service.

3.6 Multi Agency Safeguarding Hubs (MASH)

Multi-agency Safeguarding Hubs (MASH) co-locate safeguarding agencies and their data into a secure assessment, research and decision making unit that is inclusive of all notifications relating to safeguarding child and adult welfare in a Local Authority area. It is well evidenced that the co-location of agencies builds trust and confidence and speeds up the process of information sharing and decision making, but the added value of MASH is that it provides for a fuller, more informative intelligence product with a risk assessment supported by a clearly recorded rational for operational use at the earliest stage. The objective is 'early intervention' to prevent the escalation of harm, risk and crime.

The Sefton Partnership continues to develop this model of working throughout 2014 / 15. NHS South Sefton CCG continues to commission local health providers to support this model of working and have strategic oversight of development, management and impact of this model of service delivery by attendance at the Strategic Group chaired by the Local Authority (LA). Early indications from the available data are showing a positive impact on the timeliness and service that children, young people and their families in the Sefton Borough receive.

3.7 Business Continuity

Table 1 below identifies the business priority areas identified in last year's annual report and progress against:

Table 1

Business Priority 2014/15	Progress
The voice of the child and adult at risk	Remains in progress – work being done through EPEG and other CCG forums. Included in quality schedule for commissioned health services
Domestic Abuse, Harmful practices	Remains in progress and a core component of the 2015/16 Business Plan

Model of supervision for the hosted Safeguarding Service	Remains outstanding whilst NHSE identify a national supervision model for adult safeguarding. Access to psychological support has been commissioned whilst a national model is awaited for all Designated Nurses (Adults and Children)
Designated LAC role and function	Achieved - Post recruited to, will commence May 2015. Refined data set in 2015/16 Quality Schedule
Develop a programme to deliver the work that will be required under The Care, Act 2015; identify a lead person responsible for coordinating and driving delivery of this and model the likely costs and other impacts of the Act	In progress – policy and procedures are being amended to reflect the emerging implications of the Care Act. Hosted Service working in partnership with the SAB to develop a programme for the implementation of the Care Act. Lead person identified
Contribute to the work of LSCBs and LSABs Safeguarding Strategic Plans. These should be reflected in both the commissioned services KPIs and safeguarding service work plan	Achieved – both LSCB/SAB have had full contribution to the business plans by the hosted Safeguarding Service. Safeguarding priorities are reflected in the work plan and Safeguarding Quality Schedule
Ensure a consistent quality of safeguarding training provision both across the CCG and the health economy as a whole	Achieved - core modules revised in accordance with standards. Hosted Safeguarding Service fully engaged with Joint LSCB / SAB sub group (is current Chair)
Processes in place to disseminate, monitor and evaluate outcomes of all Serious Case Reviews and Domestic Homicide Reviews recommendations and actions plan within the CCG and with providers	Achieved – the 2014 / 15 safeguarding quality schedule adapted to gain assurance across commissioned health providers in relation to progress against action and dissemination of learning. CCG Quality Committee receives report as needed

Table 1 outlines achievements within 2014/15; it is evident that some aspects of the work plan have not been achieved in full. There have been significant challenges faced by the hosted safeguarding Service as it has been working for the whole reporting year under capacity due to recruitment and retention of staff. This has impacted on the ability to deliver against the above work plan and other competing priorities that have emerged throughout the year.

The findings of the 2014 / 15 Service Review reported that the service was under resourced to safely discharge statutory safeguarding responsibilities and to deliver against the increasing safeguarding agenda. NHS South Sefton CCG accepted these findings and has supported this by a financial contribution into the service to enable

further recruitment. This, in effect, means that the hosted Service will be adequately resourced for the 2015 /16.

3.8 Key Achievements

During the reporting period the NHS South Sefton CCG via the hosted Safeguarding Service has:

- Successfully recruited to 2 Designated Nurse posts for children and a Designated Nurse post for adults.
- Maintained a full engagement with the LSCBs and SABs ensuring full participation with all Board activities including SCR's/ MRs/DHRs.
- Chaired and maintained active membership of LSCB and SAB sub groups
- Established a robust system of monitoring and overseeing the key providers safeguarding quality and activity.
- Provided assurance reports to inform the Governing Body in relation to areas of risk within safeguarding.
- Re-defined the internal reporting systems in relation to safeguarding.

4 Conclusion

This annual report provides an insight into the local developments and initiatives pertaining to safeguarding that have taken place during the last twelve months. In doing so it aims to provide assurance to the Governing Body that NHS South Sefton CCG is fully committed to ensuring they meet their statutory duties and responsibilities for safeguarding children and adults at risk of harm.

For 2015/16 the CCG Accountable Officer and Chief Nurse have agreed the MOU and a service specification. A set of performance indicators have been developed which will have a significant impact on the service delivery and reporting.

The hosted Safeguarding Service has developed a comprehensive work plan to support the national and local safeguarding agenda and also includes areas for further development. This will be ratified by South Sefton CCG in due course through the Safeguarding Clinical Senate chaired by NHS South Sefton CCG Accountable Officer.

Emerging priorities for 2015/16 include:

Female genital mutilation (FGM) and Harmful Practices, CSE, LAC, DV, DoLS

Supervision (including health economy strategy) all of which are identified in the work plan

NHS South Sefton CCG

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.

Key Issues Report to Governing Body

NHS
South Sefton
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 23rd July 2015	Chair: Graham Morris

Key Issue	Risk Identified	Mitigating Actions
• On target to deliver financial balance.	• Delivering recurrent financial balance.	• Ongoing requirement to deliver additional QIPP schemes.

Information Points for South Sefton CCG Governing Body (for noting)

- Received financial strategy; QIPP plans required - £17.8m over five years.
- HR performance report received – ethnicity/PDR compliance noted below target.
- Procurement strategy approved.
- Better Care Fund Section 75 Agreement between CCG and Sefton Council to create the pooled budget has been signed off.
- Quality Premium – limited payment expected.

Key Issues Report to Governing Body

NHS
South Sefton
Clinical Commissioning Group

Audit Committee Meeting held on Thursday, 9th July 2015	Chair: Graham Morris

Key Issue	Risk Identified	Mitigating Actions

Information Points for South Sefton CCG Governing Body (for noting)

- CCG Bribery strategy updated – ongoing review as standards changed.
- Annual audit letter received; this will also be presented to the Governing Body.
- Annual audit fee letter agreed. Cost of external audit reducing from £60k+VAT to £45k+VAT.
- CCG debts over 3 months were reviewed.
- The Standards for Commissioners, Fraud, Bribery and Corruption will need sign-off by the CFO before 31st July. Process in place for Committee members to comment; Audit Chair to oversee along with CFO before agreeing sign-off.

Key Issues
Quality Committee

NHS
South Sefton
Clinical Commissioning Group

Meeting Date	**MAY 2015**
Chair	**Dr Gina Halstead**

Key Issues	Risks Identified	Mitigating Actions
N/A	N/A	N/A

Notifications for the Governing Body
• **Outcome of the S&O Chief Inspector of Hospitals Visit** – Quality Summit held. Report to go to Governing Body
• **Safeguarding –** HM Coroner & Deprivation of Liberty Safeguards; briefing has been sent to practices. Presentation scheduled for the Governing Body by the Safeguarding Service
• **Safeguarding** - PREVENT. Amendments to national guidance later in the year may have an impact on duties of Primary Care. Presentation scheduled for the Governing Body by the Safeguarding Service
• **Provider Quality Accounts** – these have been received and reviewed by the CCG via a collaborative process with neighbouring CCGs

NHS
South Sefton
Clinical Commissioning Group

Finance and Resource Committee Minutes

Thursday 23rd July 2015, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Attendees		
Graham Morris	Lay Member (Chair)	GM
Steve Astles	Head of CCG Development	SA
Tanya Mulvey	Practice Manager	TM
Martin McDowell	Chief Finance Officer	MMcD
Tracy Jeffes	Chief Strategy & Outcomes Officer	TJ
David Smith	Deputy Chief Finance Officer	DS
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
James Bradley	Head of Strategic Finance Planning	JB
Ex-officio Member*		
Fiona Clark	Chief Officer	FLC
Apologies		
Roger Driver	Lay Member	RD
Andy Mimnagh	GP Governing Body Member	AM
Paul Thomas	GP Governing Body Member	PT
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Nov 14	Jan 15	Feb 15	Mar 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16
Roger Driver	Lay Member (Chair)	✓	✓	✓	A	✓	✓	A				
Steve Astles	Head of CCG Development	A	A	✓	✓	✓	✓	✓				
Sharon McGibbon	Practice Manager	N	✓	✓	✓	A	✓	N				
Tanya Mulvey	Practice Manager							✓				
Debbie Fagan	Chief Nurse & Quality Officer	√	✓	✓	A	✓	✓	✓				
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A	✓	A	A	✓				
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓				
Andy Mimnagh	GP Governing Body Member	✓	A	✓	✓	✓	✓	A				
Graham Morris	Lay Member	A	A	✓	✓	✓	A	✓				
Paul Thomas	GP Governing Body Member	✓	✓	A	✓	✓	✓	A				
John Wray	GP Governing Body Member	N	A	N	N	A	N	N				
Fiona Clark	Chief Officer	*	*	*	*	*	*	*				
James Bradley	Head of Strategic Finance Planning	✓	✓	✓	A	✓	✓	✓				
Karl McCluskey	Chief Strategy & Outcomes Officer	A	A	A	A	A	A	N				
Malcolm Cunningham	Head of Primary Care & Contracting	✓	A	A	✓	✓	✓	N				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	A	✓	✓	✓				
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	A	✓	✓	✓	✓				
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓				

No	Item	Action
FR15/82	**Apologies for absence** Apologies for absence were received from Fiona Clark, Roger Driver, Andy Mimnagh and Paul Thomas. With the absence of GP representation it was noted that the meeting was not quorate. MMcD noted that GPs would be excluded from decision making in respect of prescribing budgets and, therefore, a decision could be undertaken on this point.	
FR15/83	**Declarations of interest regarding agenda items** CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest. Also declared was a potential conflict of interest by Members employed in, or having interests in, general practice with regard to agenda item FR15/89 GP Prescribing Budget Allocation.	
FR15/84	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record by those present. However, they were not signed-off by the Chair as the meeting was not quorate and will therefore require full approval at the next meeting in September.	
FR15/85	**Action points from the previous meeting** ***FR15/65 Quality Premium Dashboard*** *– laminated reference card for GPs –* DS confirmed that Dr Hilal Mulla is to meet with Becky Williams on Friday 24th July to approve this card prior to issue. JL confirmed the use of this card is for internal use only to influence GP and clinician behaviour, and TM will expand the testing of this within her practice eg outpatient follow-ups. ***5/80 Review of Terms of Reference*** – revised changes have now been processed.	
FR15/86	**Month 3 Finance Report** This paper presented the Finance and Resource Committee with an overview of the financial position for NHS South Sefton Clinical Commissioning Group as at 30 June 2015. The Committee noted the three main areas of concern being Acute Care, CHC and Prescribing. MMcD noted that whilst the CCG is on target to deliver its financial duties this year, around c£700k additional savings are required to ensure its recurrent target can be met. He highlighted that there are significant opportunities for additional cost efficiency and that the CCG should not be complacent in its approach to delivering its QIPP target. **Action taken by the Committee** The Committee noted the content of this report.	

No	Item	Action
FR15/87	**Financial Strategy Update** JB presented this report which set out an update to the long term financial strategy and the assumptions which underpin it. It had been updated to reflect the 2015/16 budget and contracts, and also reflected changes to assumptions regarding CCG funding allocations and tariff changes. The report also provided an update to the financial risks facing the CCG, and JB said it was Finance's intention to bring this update to the Committee on a regular basis. It was noted that the CCG needs to deliver c£10m worth of recurrent cost savings between now and March 2017. **Action taken by the Committee** The Committee noted the content of this report.	
FR15/88	**Prescribing Performance Report** This paper presented the Committee with a report on prescribing performance for the fourth quarter of 2014/15 across South Sefton CCG practices. **Action taken by the Committee** The Committee noted the content of this report.	
FR15/89	**GP Prescribing Budget Allocation** This paper provided the final practice budget allocations for financial year 2015/16, posted to the prescription services division of the NHS Business Services Authority for South Sefton CCG. The Committee recognised the conflict of interest noted in FR15/83 above, however the meeting was deemed quorate for this agenda item with DF taking on a clinical role as a Governing Body member. **Action taken by the Committee** The Committee noted the content of this report and approved the practice prescribing budget allocation for the CCG.	
FR15/90	**NWCSU Performance Report** TJ updated the Committee advising that the CCG is mid-process in procuring a range of CSU services, and is working on getting the best deal possible. The Committee noted that the CCG is awaiting formal approval from NHSE for in-house services including E&D, CHC and finance; closedown date of the CSU is scheduled for early January 2016. **Action taken by the Committee** The Committee noted this update.	

No	Item	Action
FR15/91	**HR Performance Report** TJ presented this report which incorporated a high level dashboard. Two areas had been flagged up when reviewing the HR balance scorecard, being PDRs and Statutory and Mandatory Training, and these are to be addressed proactively. Regarding the Ethnicity Profile red rating, DF pointed out that if candidates meeting role criteria were not of ethnic origin, then this rating would not alter; TJ commented that the CCG may need to reconsider its recruitment process. **Action taken by the Committee** The Committee noted the content of this report.	
FR15/92	**Procurement Strategy** JL presented this report to the Committee which set out a framework in which the CCG complies with the current procurement regulations, and the new European directives that come into force on 1st April 2016. MMcD requested a schedule of proposed procurements expected over the next year and JL is to action this. **Action taken by the Committee** The Committee noted the content of this report.	JL
FR15/93	**External Updates/Benchmarking and VFM Reports** No update was given at this meeting.	
FR15/94	**QIPP Update** MMcD emphasised the need to focus on value in healthcare ie value to patients, and the importance of embedding this culture across the whole organisation. Re prescribing waste of c£1m, MMcD advised that SL has a planned waste campaign scheduled to run in October/November ahead of Christmas. MMcD noted that the CCG should take every opportunity to promote this campaign including upcoming Big Chat and flu jab campaigns. **Action taken by the Committee** The Committee noted this update.	

No	Item	Action
FR15/95	**Better Care Fund Update** MMcD said the CCG has now signed off the Better Care Fund Section 75 agreement, and advised the first set of activity performance results were much higher in the first quarter of this year compared to the first quarter of last year. DS confirmed the CCG submitted this to NHSE on Monday 22nd July, and Dwayne Johnson signed-off on behalf of the Council. **Action taken by the Committee** The Committee noted the update.	
FR15/96	**Quality Premium Dashboard** DS presented this paper which described the 2014/15 indicative Quality Premium results which are to be confirmed in Autumn 2015. **Action taken by the Committee** The Committee noted the content of this report.	
FR15/97	**SRG and Transformation Fund Update** With regard to the Transformation Fund, JL advised the Committee that SA is working on a draft table/QIPP list ready for presentation on 11th August. SA said MIAA have been appointed to review distribution of funding, thereby giving the SRG and Finance and Resource Committee some assurance that this is being reviewed properly. **Action taken by the Committee** The Committee noted this update.	
FR15/98	**Any Other Business** **Financial Control Environment Assessment Checklist** GM brought the Committee's attention to a Financial Control Environment Assessment checklist launched by NHSE in order to achieve financial resilience and sustainability in 2015/16; the CCG is required to complete this checklist by the end of August 2015. Feedback is to be provided to the Audit Committee in October, as well as to the Finance and Resource Committee meeting in September.	GM/ MMcD
	Date of next meeting Thursday 17th September 2015 1.00pm to 3.00pm 3rd Floor Board Room, Merton House	

NHS
South Sefton
Clinical Commissioning Group

Audit Committee Minutes

Thursday 9th July 2015, 1.00pm to 2.30pm
5th Floor Conference Room (5A), Merton House

Attendees		
Graham Morris	Lay Member (Chair)	GM
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Adrian Poll	Senior Audit Manager, MIAA	AP
Ann Ellis	Audit Manager, MIAA	AE
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	RC
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Mark Jones	Audit Director, PricewaterhouseCoopers	MJ
Jillian Burrows	Audit Senior Manager, KPMG	JB
Apologies		
Roger Driver	Lay Member	RD
Debbie Fagan	Chief Nurse & Quality Officer	DFa
David Smith	Deputy Chief Finance Officer	DS
Ken Jones	Chief Accountant	KJ
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Oct 14	Jan 15	April 15	May 15	July 15	Oct 15	Jan 16
Graham Morris	Lay Member (Chair)	✓	A	✓	✓	✓		
Roger Driver	Lay Member	✓	A	A	✓	A		
Dan McDowell	Secondary Care Doctor	A	✓	✓	✓	✓		
Sharon McGibbon	Practice Manager	N	N	A	A	N		
Lin Bennett	Practice Manager	✓	✓					
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	A	A		
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	A		
Tracy Jeffes	Head of Corporate Delivery and Integration	✓	N	A	N	N		
Ken Jones	Chief Accountant	✓	N	✓	✓	A		
Debbie Fairclough	Head of Client Relations, CMCSU	A	N	A	N	N		
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	✓	N	N	N	✓		
Wendy Currums	Local Counter Fraud Specialist, MIAA	✓	✓	✓	N	N		
Michelle Moss	Local Counter Fraud Specialist, MIAA			✓	N	✓		
Adrian Poll	Audit Manager, MIAA	✓	✓	✓	N	✓		
Elizabeth Tay	Audit Manager, PricewaterhouseCoopers	✓	✓	N	✓	N		
Mark Jones	Audit Director, PricewaterhouseCoopers	A	A	A	✓	✓		
Ian Roberts	Senior Manager, PricewaterhouseCoopers		✓	✓	N	N		
Rachael McIlraith	Audit Director, PricewaterhouseCoopers	✓						
Jillian Burrows	Audit Senior Manager					✓		

No	Item	Action
A15/53	**Apologies for absence** Apologies for absence were received from Roger Driver, Debbie Fagan, David Smith and Ken Jones.	
A15/54	**Declarations of interest** Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.	
A15/55	**Advance notice of items of other business** The Chair advised of notification of an additional agenda item relating to Pensions which is covered in A15/65 AOB below.	
A15/56	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair.	
A15/57	**Action points from previous meeting** ***A15/34 Register of Interests 2014/15*** *– MMcD to discuss version control with DFr* – MMcD confirmed he had discussed this with DFr and an email had been issued requesting any new declarations to be advised to the CCG before 31st July 2015. It was agreed to state in the 2015/16 return that sight of previous years' declarations were available upon request. ***A15/48 Counter Fraud Plan 2015/16*** *– KJ to provide update re checking and vouching payments in line with National Fraud Initiative* – KJ is producing a report on this and will bring it to the next meeting; however, his initial assessment is there is nothing to be unduly concerned about	
A15/58	**Internal Audit Progress Report** AP presented this progress report which provided an update to the Audit Committee in respect of the assurances, key issues and progress against the Internal Audit Plan for 2015/16. AP advised that with regard to work in progress on the Better Care Fund, a joint approach with the local authority is being taken; MMcD confirmed there was a joint executive team who had considered and signed off a joint terms of reference. **Action by the Committee** The Committee received this report by way of assurance.	
A15/59	**Bribery Act Compliance Review** RC presented this paper which set out the progress made in the implementation of the Bribery Act, which was first introduced in November 2013. The vast majority of work streams associated with the Act have been completed or remain ongoing and RC confirmed a small amount of work was still required on the Chief Officer's statement, with some minor changes/ tweaks required on policies. RC is to share these changes with Lisa Gilbert, Corporate Governance Manager.	

No	Item	Action
A15/59	**Bribery Act Compliance Review *(continued)*** RC confirmed that LCFS continually reviewed policies and procedures, and acted accordingly to ensure the CCG remains compliant. MMcD is to speak with Lisa Gilbert re e-learning on this subject. **Action by the Committee** The Committee received this report by way of assurance.	MMcD
A15/60	**Receipt of Annual Audit Letter (PwC)** MJ presented the Annual Audit Letter which summarised the results of PwC's audit for the year ended 31 March 2015. MJ thanked members of the Governing Body, management and staff for their assistance during the course of PwC's period as external auditors. He confirmed that PwC have met with KPMG to share information relevant to the audit, and to ensure a smooth transition to the new external audit arrangements. GM referred to the recommendations within the letter and MJ confirmed that PwC were happy with the judgements and estimates used. Overall MJ said this was a really positive report, as well as a very positive experience particularly with regard to engagement with staff. **Action by the Committee** The Committee received the Annual Audit Letter.	
A15/61	**Receipt of External Audit Fee Letter (KPMG)** Jillian Burrows was introduced to the Committee and presented the Annual Audit Fee letter which set out the proposed fee for the 2015/16 financial year. JB pointed out that the planned audit fee shows a 25% reduction in accordance with the Audit Commission mandate, and stated that in the unlikely event there was to be a change in fee, KPMG would consult the Audit Committee, CO and CFO in the first instance. **Action by the Committee** The Committee approved the proposals contained within this letter.	
A15/62	**Review of Losses and Special Payments** MMcD confirmed that there had been no losses or special payments made by the CCG since the last Audit Committee meeting. The outstanding debt had been reviewed up to the end of May 2015, and there are no remaining material items outstanding over 6 months without recovery plans. GM noted the importance of the Committee having oversight of any items over £5k, and requested this agenda item be presented at each meeting. RM is to update the work plan to reflect this. **Action by the Committee** The Committee received this report by way of assurance.	RM

No	Item	Action
A15/63	**NHS Intelligence Report** This intelligence update provided a statistical fraud taxonomy report for the fourth quarter of the year 1 April 2014 to 31 March 2015. The Committee noted the report covered areas of fraud across the health economies, and set out a summary for the year of the types of fraud the NHS had reported.	
	Action by the Committee The Committee received this report by way of assurance.	
A15/64	**Key Issues of other Committees** The following Key Issues reports were received by the Committee: • Finance and Resource – May 2015 • Quality Committee – April 2015 MMcD referred to CHC noted in both of these reports, and said that the CCG had requested procedures be tightened up as indicators showed it is paying in excess of what it should be.	
	Action by the Committee The Committee noted the key issues in these reports.	
A15/65	**Any other business** **1. Pensions** MMcD said there is an employer's charter for NHS Pensions which the CCG needed to respond to, and therefore the Committee needed to nominate a lead person for day to day administration, as well as a financial officer lead. It was proposed that Pam Hill from St Helens and Knowsley Payroll would be the day to day lead and that MMcD would provide the senior finance lead. **2. SRT** RC advised that the CCG is due for new standards for anti-fraud crime law. MMcD said the CCG needed to understand the crime profile of all of its providers under £20k, and he proposed to circulate a report for members' comments early next week. MMcD sought delegated approval for both he and GM to meet, following feedback, to go through the report ahead of the 31st July deadline.	MMcD/ GM
	Action by the Committee The Committee noted the above and gave delegated approval to MMcD and GM in order to meet the 31st July deadline.	
	Date and time of next meeting Thursday 1st October 2015 1.30pm to 3.00pm 3rd Floor Board Room, Merton House	

NHS
South Sefton
Clinical Commissioning Group

Quality Committee
Minutes

Date: Thursday 21st May 2015, 3.00pm to 5.00pm
Venue: 3rd Floor Board Room, Merton House, Stanley Road, Bootle.

Membership

Dr Craig Gillespie (Chair)	GP Governing Body Member (Chair)	CG
Stephen Astles	Head of CCG Development	SA
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Roger Driver	Lay Member	RD
Debbie Fagan	Chief Nurse	DF
Dr Gina Halstead	GP Quality Lead	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager / Governing Body Member	SMcG
Dr Andy Mimnagh	GP Governing Body Member	AM

Ex-Officio Members

Fiona Clark	Chief Officer	FLC

Also in Attendance

Ann Dunne	Head of Safeguarding Children	AD
Tracey Forshaw	Designated Nurse Safeguarding Adults	TF
James Hester	Programme Manager Quality & Safety	JH
Brendan Prescott	Deputy Chief Nurse / Deputy Head of Quality & Safety	BP
Helen Smith	Head of Safeguarding Adults	HS

Minute Taker

Linda Stanley	Interim PA to the Chief Nurse	LS

Membership Attendance Tracker

	Title	Jan 15	Feb 15	Mar 15	April 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15
Dr Craig Gillespie	Chair and Governing Body Member	A	A	√	√								
Steve Astles	Head of CCG Development	A	√	√	A	√							
Lin Bennett	Practice Manager Governing Body Member	√											
Malcolm Cunningham	Head of Contract and Procurement	A	√	A	√	√							
Roger Driver	Lay Member	√	√	A	A	√							
Debbie Fagan	Chief Nurse & Quality Officer	√	√	A	√	√							
Dr Gina Halstead	Clinical Lead for Quality	√	√	A	√	√							
Dr Dan McDowell	Secondary Care Doctor		A		A	A							
Martin McDowell	Chief Finance Officer	√	A	√	√	√							
Sharon McGibbon	Practice Manager / Governing Body Member		√	√	A	A							
Dr Andrew Mimnagh	Clinical Governing Body Member	√	√	√	√	√							

✓ Present
A Apologies
L Late or left early

	Item	Action
15/048	**Apologies for Absence** Apologies for absence were received from DMcD.	
15/049	**Declarations of interest regarding Agenda items** None declared.	
15/050	**Minutes of the previous meeting and Key Issues Log** The minutes were agreed as an accurate record and signed by the Chair.	
15 /051	**Matters Arising / Action Tracker** GH welcomed attendees and gave introductions. **15/027/1** BP had contacted SL for removal of Coagucheck Testing Strips from Grey List **Outcome:** Action Closed **15/035(1) Provider Quality Reports: Aintree University Hospital (Cancer Measures)** GH stated that Dr Debbie Harvey is actively involved as the GP clinical lead – SBARs reviewed by Dr Harvey.. **Outcome:** Action Closed **15/035(3) Provider Quality Reports: Liverpool Community Health (Phlebotomy Incident):** BP advised Phlebotomy issues are now a standing agenda item at the future CQPG meetings. **Outcome:** Action Closed **15/038 Safeguarding Service Update Report** Safeguarding Service to contact Chair of LSCB, David Sanders, to obtain clarity regarding Governance and Statutory Authority to request medical information on behalf of MASH activity. **Outcome:** Update to be provided in July. **15/040 Continuing Health Care / Complex Care Services Quality & Safeguarding Report for South Sefton** DF asked if this could be deferred to the next meeting as report is being awaited. **Outcome:** Action deferred until next meeting **15/052 Corporate Risk Register (Retrospective CHC Reviews)** BP advised Retrospective Cases is on the CRR **Outcome:** Action Closed **15/053 Committee Self-Assessment Checklist:** BP needed to speak to CG as previous Chair of the Quality Committee in order to complete. **Outcome:** Feedback at next meeting. **15/055 Corporate Governance Support Group (GBAF / CRR)** JH has spoken to CSU lead to ensure this is amended. **Outcome:** Action closed **15/056 EPEG Key Issues Log (Voice of the Child)** JH to bring update report on the 'Voice of the Child' from EPEG to be received by the Quality Committee in August 2015. **Outcome:** Update to be brought to August meeting. **15/058 Contract Breaches – SSP** MC is pursuing this conversation with NHSE. **Outcome:** MC to provide an update at the next meeting.	

15/064	**Provider Quality Report** **Cancer Measures** GH reported that cancer measures are being closely monitored by Dr Debbie Harvey, GP lead – to date Dr Harvey has received a satisfactory level of assurance regarding the provider actions. FLC confirmed it is being comprehensively managed from a clinical perspective with support from the CCG management team. and they are taking the necessary actions required, and Sarah McGrath is in support of this. JS discussed that work that is taking place regarding screening. **Stroke Measures** GH expressed concern regarding stroke measures and bed occupancy. The Stroke Team are trying to address the problem, due to the lack of ringfenced beds. FLC said there is a clear direction of travel for hyper acute stroke management and the CCG clinical lead and management lead are working on improving outcomes for patients whilst the hyperacute stroke unit discussions take place across the health economy. **Mortality** The Trust Mortality Report was discussed and FLC asked how the CCG gained assurance when working collaboratively with other CCGs when the clinical lead for this improvement area came from within another organisation. GH and DF gave an overview of the processes that were in place in terms of governance and the audit trail that was available. GH reported the work that was occurring to understand more about the coding of pneumonia and the study that the Trust had undertaken that will be discussed at the Avoidable Mortality Group / CQPG **A & E Measures** DF informed the Quality Committee that she has requested that any A&E performance report that is presented to the CQPG also includes information on patient experience and this request had been agreed. **Choose and Book** GH gave an update on the developments of the Choose & Book System operating within the Trust and the work that is on-going by Dr John Wray supported by Terry Hill. **Venous Thromboembolism** GH stated that a new VTE project led by junior doctors will be commencing in May 2015 working specifically with AMU and SAU. JS confirmed that contract penalties are included in the Sanctions Paper. DF stated that this will continue to be an agenda item for discussion at the CQPG. **Infections** GH raised MRSA screening and DF expressed concern regarding poor hand hygiene only scoring 93.2%.	
15/065	**Merseycare NHS Trust Quality Impact Overview** DF presented the report which had been prepared in readiness for a meeting between Executive Teams to discuss funding and quality issues. With the exception of staffing levels in some areas there were no high risk quality concerns that had been identified from the data available. Both the Trust and the CCG have agreed to commence work on joint quality risk assessment. It	

	is likely that this will start following on from the CQC visit and DF is liaising with the Director of Nursing at the Trust in order to start preparatory work. **Action: Liaison with Merseycare for a Joint Risk Assessment**	DF
15/066	**Southport & Ormskirk Hospitals NHS Trust Quality & Performance Summary** DF presented the Paper and stated that the CCG has already undertaken formal Board to Board discussions with S&O. DF confirmed that the Trust Board response is being awaited. The 3 contract queries remain open with the Trust at present. In relation to pressure ulcers JH highlighted discrepancies in the reporting of pressure ulcers between the Acute and Community settings and in particular pressure ulcers originating in one service but being reported by the other, this highlights a lack of integrated working. The CQC Inspection Report assessed the Trust overall as "requires improvement". DF pointed out that Community Health Services for Children, Young People & Families should read as "good" and not require improvement in this report. Concerns were expressed in the CQC report regarding maternity services and spinal injuries with both services being assessed as inadequate. DF described the action being taken to date and stated that a report would be presented to the next meeting of the Governing Body.	
15/067	**Serious Incident Report** JH reported on the Serious Incident position at the end of 2014/15 which detailed South Sefton patients being involved in serious incidents. JH gave details as to why so many incidents appear open and explained that these were part of an aggregated review and feedback was awaited from another CCG and a deadline had been given for this as SSCCG were happy to close the aggregated review with the support of our clinical leadership. JH reported that South Sefton CCG and Liverpool CCG will be continuing to work together on the LCH serious incident reporting and that this would be supported by the new CCG Governance Manager when in post shortly.	
15/068	**Safeguarding Service Update Report** • TF presented the report in AD's absence and provided an update on the GP Bulletin circulated regarding the HM Coroner report on GP roles and responsibilities, when there is a death of a person and a DoLS is in place. The Bulletin has been circulated individually to GPs and in the in the weekly update. • The Prevent Duty as a result of the 2015 Act is likely to be being extended to Primary Care. The Department of Health have given a directive to look at this in preparation. DF said the CCG have responded to the preparation enquiries via the Safeguarding Service. The Chief Nurse has attended previous Health Wrap training last year, Dr Wendy Hewitt has attended Prevent training recently and the CCG are not aware of any 'Prevent' associated cases that have need to be reported • TF stated that the Safeguarding Service is collating any necessary assurances regarding the Saville Report. • The Safeguarding Service recently met with the Trust 'Director of Nursing and the Head of Governance at S&O to support with the "Quality Walkabout" action plan. The Safeguarding Service is awaiting an updated	

	version of the action plan from the Trust. **Action 69/2: The Trust will submit an updated Safeguarding Action Plan to the Safeguarding Service and the CCG on receipt of their report following the recent 'independent review of Safeguarding'.** **Action 69/3: JS confirmed that the Quarter 4 Safeguarding KPI feedback is due to be shared with the Trust on 4th June – it will be included on the CQPG agenda in July.**	Safeguarding Service Safeguarding Service
15/069	**National NHS Staff Survey – Aintree** JH reported on the key issues with Aintree – they appear to be performing favourably against the national average. There are positive areas on quality of care delivered, good communications, patient care and pride in the organisation. Staff recommendation on working in the Trust is very good. Training and appraisal appear to require improvement. JH said the Governors at Aintree Trust will put together an Action Plan to address raising skills. On staff feedback, GH said staff motivation is low, contradicting what was raised at CPQG and EPEG, and it needs to be an item on the next agenda. RD reported on Page 155; a quarter of staff reported abuse and bullying, which is a concern. **Action: To raise at the CQPG and for further discussion at EPEG**	JS / JH
15/170	**Toolkit to Support NHS Commissioners to reduce poor experience of Patient Care** JH presented the committee with NHS England's Patient Care Tool Kit which was developed following the results of the National Inpatient Survey. It highlights areas were provider organisations the CCG commissions can target to improve patient experience and care. The Tool Kit highlights providers which are particularly strong in certain areas and encourages collaborative working. It was recommended that CCG explore how they can work with AUH to understand any areas of concern and develop any necessary Action Plan . JS said noise at night is a major concern. GH said the 2013 In-patient Survey was interesting as it only seemed to highlight the areas doing well, and asked where the survey drawn from. RD said the food orders need to be checked when there is movement of patients from a ward, as satisfaction is improved when the patient receives what they ordered. GH highlighted that the new picture menus at Aintree are very good. **ACTION: JH / JS to explore how the toolkit can be taken forward with AUH**	JH/JS
15/071	**Continuing Health Care / Complex Care Services Quality & Safeguarding Report for South Sefton** To be deferred to the next meeting	
15/072	**GP Quality Lead Update** Training Audit for Every Contact Counts – a paper has been requested for Edge Hill to evaluate, signed and approed. The Signing-In system is beneficial for the Receptionists who have received training in freeing up time to deliver a broader service.	
15/073	**Locality Update** GH said the Acute Visiting scheme is very good on many levels. Terry Hill has the data. DF/ BP will liaise with Terry to generate a paper to highlight the good work achieved so far. **ACTION: DF to liaise with Terry Hill to present a paper to the Quality**	DF

	Committee.	
15/074	**Key Issues Log (Issues Identified from this meeting)** The Key issues to be identified to the Governing Body were identified as follows: Safeguarding – HM Coroner and DoLS; Prevent (national guidance being awaited) Joint Quality Risk Assessment with Mersey Care to be commenced Provider Quality Accounts have been presented to CCG's in May, the CCG is currently in the process of providing feedback and supporting statements prior to publication.	
15/075	**Any Other Business** DF confirmed Quality Accounts have been reviewed at an event organised at Liverpool CCG and Health Watch has sight of the Quality Accounts.	
15/076	**Date of Next Meeting** Thursday 18th June 2015 – 9.00pm-17.00pm Formby Hall Golf Resort & Spa: Fairway Suite	

Chair : _____ _____

PRINT NAME **SIGNATURE**

Date : _____

NHS
South Sefton
Clinical Commissioning Group

Seaforth & Litherland Locality Meeting
Minutes

Wednesday, 1st July, 2015, 1.00pm – 3:00pm
Crosby Lakeside Adventure Centre

Those Present:

Alison Harkin	PM 15 Sefton Road	AH
Dr Colette McElroy	GP 15 Sefton Road	CMc
Dr J Irvine	GP 15 Sefton Road	JI
Nicola Nicholson	HCA 15 Sefton Road	NN
Ian Hindley	PM Seaforth & Litherland SSP Health	IH
Dr Fred Cook	GP Rawson Road	FC
Dr S Suryavanshi	GP Seaforth SSP	SS
Lin Bennett	PM Ford Medical Practice	LB

In attendance

Jenny Kristiansen	Locality Manager, SSCCG	JK
Anne Graham	SSCCG	AG
Helen Roberts	SSCCG Medicines Management	HR
David Smith	SSCCG Deputy Chief Fire Officer	DS
Jan Campbell	Community Voluntary Sector	JC
Karen Sandison	LCH Clinical Lead	KS

Apologies

Tracy Jeffes	SSCCG and S & F CCG	TJ
Paula Bennett	Health Promotion SSCCG	PB
Louise Taylor	PM Glovers Lane	LT
Dr Noreen Williams	GP Ford Medical Practice	NW
Dr Brian Fraser	GP Ford Medical Practice	BF
Louise Armstrong	PN Ford Medical Practice	LA
Mark Halton	PN Ford Medical Practice	MH
Dr M Vickers	GP Bridge Road Surgery	MV
Lynne Creevy	PM Bridge Road Surgery	LC

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr T Thompson	GP – 15 Sefton Road												
Dr C McElroy	GP – 15 Sefton Road	✓	✓	✓	✓								
Dr J Irvine	GP – 15 Sefton Road			✓	✓								
Alison Harkin	PM – 15 Sefton Road	✓	✓	✓	✓								
Paula Lazenby	PN – 15 Sefton Road												
Dr A Slade	GP – Glovers Lane Surgery												
Dr P Goldstein	GP – Glovers Lane Surgery												
Dr M Cornwell	GP – Glovers Lane Surgery	✓		✓									
Louise Taylor	PM – Glovers Lane	✓	✓	✓	A								
Dr M Vickers	GP – Bridge Road Surgery	✓	A	✓	A								
Dr E Carter	GP – Bridge Road Surgery												
Lynne Creevy	PM – Bridge Road Surgery	A	✓		A								
Karen Deeley	OM – Bridge Road Surgery		✓	✓									
Dr N Choudhary	GP – Netherton Practice	A	A	A									
Lorraine Bohannon	PM – Netherton Practice	✓	✓	A									
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓	A								
Dr B Fraser	GP – Ford Medical Practice				A								
Dr A Ng	GP – Ford Medical Practice												
Dr M Goulden	GP – Ford Medical Practice												
Lin Bennett	PM – Ford Medical Practice	✓	✓	A	✓								
Louise Armstrong	PN – Ford Medical Practice	✓	✓		A								
Mark Halton	PN – Ford Medical Practice	✓	A	✓	A								
Dr R Ogunlana	GP – Orrell Park Medical	✓	A										
Jane McGimpsey	PM – Orrell Park Medical												
Dr A Hameed	GP – Litherland Darzi												
Dr B Schoenberger	GP – Litherland Darzi												
Dr Jo Wallace	GP – Litherland Darzi	✓	✓	✓									
Pam Maher	PM – Litherland Darzi/	✓	A	✓									
Dr A Patrick	GP – Litherland Town Hall												
Melissa Sait	PN – Litherland Town Hall	/		✓									
Dr F Cook	GP – Rawson Road/Orrell		A	✓	✓								
Angela Dunne	PM – Rawson Road/Orrell	✓	A	✓									
Ruth Powell	PN – Rawson Road												
Samantha Standley	PN – Rawson Road			✓									
Ian Hindley	PM – Seaforth Practice/Litherland Town	✓	✓	✓	✓								

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr Suryavanfhi	GP – Seaforth Practice / Litherland Town Hall			✓	✓								

No	Item	Action
15/65	**Apologies for absence** Apologies were noted.	
15/66	**Declarations of interest** None declared.	
15/67	**Minutes** The minutes of the previous meeting were agreed as a true record. **Matters Arising** <u>Darzi Practice</u> The Chair considered the update given from the previous minutes and reported that patients would get a letter informing them of the closure of the practice by 2nd class post on the 3rd July 2015. Closure of the Practice is now confirmed as the 30th September 2015. It was anticipated that a number of patients would want to move before that date. <u>District Nurse Night Service</u> The Chair noted that in general there was some confusion over the details of the night service. Patients had reported they felt obliged to dial the emergency services, as they thought there was only an answer-phone at night. The Chair reported that she had attended a meeting with Stephen Astles and has been assured that there is a member of staff available to speak with between the hours of midnight and 8am. It was also confirmed that the CCG were looking to pay for an additional nurse.	
15/68	**Presentation: Jan Campbell Community Voluntary Sector (CVS)** Jan Campbell gave a presentation in respect of the Directory of Services and gave an overview of the following: - • The background on Sefton CVS • The detail the directory holds and how to do a search. • How the directory is updated.	

No	Item	Action
	• Further potential in the system is still to be developed ie: secure information exchange considered to support community sector organisations JC reported that she is in contact with Terry Hill and the site was being continually improved. She would encourage people to access it. JC asked for feedback or comments from the Locality. The website BCF Direct at www.bcf direct was not yet in the public domain, as they were still assessing the quality of the data, but want it up and running as soon as possible.	
15/69	**Karen Sandison – Liverpool Community Health (LCH) – Community Services** . KS gave a verbal report which included the following: - • Ian Senior has left LCH and Judith Makin has been appointed in his place; • No issues over the night service was reported; • The care home project at St Nicholas Nursing Home was doing well and there was positive feed-back KS tabled a copy of the current list of services.	
15/70	**Falls Pilot – presentation by Paula Bennett** Paula Bennett was not available for the presentation and sent her apologies. A draft paper 'Zest for Life', was tabled. The issue of the 'falls pilot' is to be considered on a future agenda. As PB was also going to discuss what the 'Priorities' are for the Locality, which had been briefly considered at the previous meeting, the issue was added to Any Other Business for further debate.	
15/71	**Dermatology Data – Presentation by David Smith** David Smith presented GP referral data for dermatology. He said there is a wide range of referral rates across the CCG but Seaforth and Litherland Locality was well below the average for referrals and they had no concerns at present.	

No	Item	Action
	It was agreed that DS would provide the following data for next month: • Criteria for both services • Breakdown of reason for referrals to both service From the discussion it was agreed not to spend time on something were the locality are performing well, but suggested practices undertake a review of the data to find out what the main driver was for Dermatology referral. Practices can feed back the information to the group next month. David handed out cost for diagnostics card, JK agreed to send out with the minutes.	DS JK
15/72	**Ophthalmology Follow-up Appointments – UHA** It was reported that there was an increase in patients getting unnecessary follow-up appointments. JK said that we need to know what the numbers are to see if more investigation by the Locality is required. Practices to send examples to AP in order to take further.	ALL
15/73	**Any Other Business** **Locality Priorities** The Chair reminded members of the locality that PB was also going to look at what the 'priorities' were to be for this group and noted that the issue had been briefly looked at last month. The Chair opened the question of priorities for debate and asked if members had any further ideas to put forward and the following was discussed: - • Sending a birthday care (for a particular age-group – 16 year olds) inviting them in for a health check. This was being undertaken by another Locality who focused on 14 year olds; • Asthma prevention Members of the Locality also considered the workforce issue and the need to promote clinicians and other professionals to work in the area. Members were asked to go away and think of ideas and email them to AP, as funding may be available from the transformation fund. To meet the Transformational fund criteria, ideas need to make savings in the system.	AP

No	Item	Action
	Gynaecological Services LB advised that when a patient attends the emergency room at Liverpool Women's Hospital GPs are only informed with the paitents consent. It was agreed that this would need to be taken through the contract route. LB also raised that there is presently a 4 month wait for Community gynaecological Services. Issue to be brought to the next Locality Meeting. **Cancer Survival Rates** The best 1 year survival rates in cancer have been published. Most improved areas in the country are Seaforth and Litherland and the SSCCG. **DNAR packs and Booklets** JK gave out DNAR packs and booklets on behalf of Moira McGuiness. JK informed the group that in the future packs and booklets will be uploaded onto the system and members of the locality can print them off.	AP JK
15/74	**Date and Time of the Next Locality Meeting** **5th August 2015 at** **Crosby Lakeside Adventure Centre** **commencing at 1pm**	

NHS
South Sefton
Clinical Commissioning Group

Seaforth & Litherland Locality Meeting
Minutes

Wednesday, 5 August, 2015, 1.00pm – 3:00pm
Crosby Lakeside Adventure Centre

Present:

Alison Harkin	PM 15 Sefton Road	AH
Dr Colette McElroy	GP 15 Sefton Road	CMc
Dr J Irvine	GP 15 Sefton Road	JI
Dr M Cornwell	GP Glovers Lane Surgery	MC
Ian Hindley	PM Seaforth & Litherland SSP Health	IH
Dr Fred Cook	GP Rawson Road	FC
Dr S Suryavanshi	GP Seaforth SSP	SS
Lin Bennett	PM Ford Medical Practice	LB
Samantha Standley	PN Rawson Road	SSt
Angela Dunne	PM Rawson Road	AD
Mark Halton	PN Ford Medical Practice	MH
Dr Noreen Williams	GP Ford Medical Practice	NW
Louise Armstrong	PN Ford Medical Practice	LA
Dr Martin Vickers	GP Bridge Road Surgery	MV
Lynne Creevy	PM Bridge Road Surgery	LC
Dr Ramon Ogunlana	GP Orrell Park	RO
Angela Parkinson	Locality Manager, SSCCG	AP
Melanie Wright	Locality Manager, SSCCG	MW
Helen Roberts	SSCCG Medicines Management	HR
David Smith	SSCCG Deputy Chief Fire Officer	DS
Becky Williams	SSCCG Strategies and Outcomes Officer	BW
Colette Page	SSCCG Practice Nurse Lead	CP
Dr Nigel Taylor	SSCCG Long Terms Conditions Lead	NT

Apologies

Tracy Jeffes	SSCCG and S & F CCG	TJ
Paula Bennett	Health Promotion SSCCG	PB
Louise Taylor	PM Glovers Lane	LT
Lorraine Bohannon	PM Netherton	LBo
Dr Thompson	15 Sefton Road	TT

Attendance Tracker

✓ Present
A Apologies
L Late or left early

NHS
South Sefton
Clinical Commissioning Group

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Dr T Thompson	GP – 15 Sefton Road Surgery					A	
Dr C McElroy	GP – 15 Sefton Road Surgery	✓	✓	✓	✓	✓	
Dr J Irvine	GP – 15 Sefton Road Surgery			✓	✓	✓	
Alison Harkin	PM – 15 Sefton Road Surgery	✓	✓	✓	✓	✓	
Paula Lazenby	PN – 15 Sefton Road Surgery						
Dr A Slade	GP – Glovers Lane Surgery						
Dr P Goldstein	GP – Glovers Lane Surgery						
Dr M Cornwell	GP – Glovers Lane Surgery	✓		✓		✓	
Louise Taylor	PM – Glovers Lane Surgery	✓	✓	✓	A	A	
Dr M Vickers	GP – Bridge Road Surgery	✓	A	✓	A	✓	
Dr E Carter	GP – Bridge Road Surgery						
Lynne Creevy	PM – Bridge Road Surgery	A	✓		A	✓	
Karen Deeley	OM – Bridge Road Surgery		✓	✓			
Dr N Choudhary	GP – Netherton Practice	A	A	A			
Lorraine Bohannon	PM – Netherton Practice	✓	✓	A		A	
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓	A	✓	
Dr B Fraser	GP – Ford Medical Practice				A		
Dr A Ng	GP – Ford Medical Practice						
Dr M Goulden	GP – Ford Medical Practice						
Lin Bennett	PM – Ford Medical Practice	✓	✓	A	✓	✓	
Louise Armstrong	PN – Ford Medical Practice	✓	✓		A	✓	
Mark Halton	PN – Ford Medical Practice	✓	A	✓	A	✓	
Dr R Ogunlana	GP – Orrell Park Medical Centre	✓	A			✓	
Jane McGimpsey	PM – Orrell Park Medical Centre						
Dr A Hameed	GP – Litherland Darzi						
Dr B Schoenberger	GP – Litherland Darzi						
Dr Jo Wallace	GP – Litherland Darzi	✓	✓	✓			
Pam Maher	PM – Litherland Darzi/ Town Hall	✓	A	✓			
Dr A Patrick	GP – Litherland Town Hall						
Melissa Sait	PN – Litherland Town Hall	/a		✓			
Dr F Cook	GP – Rawson Road/Orrell Park		A	✓	✓	✓	
Angela Dunne	PM – Rawson Road/Orrell Park	✓	A	✓		✓	
Ruth Powell	PN – Rawson Road						
Samantha Standley	PN – Rawson Road			✓		✓	
Ian Hindley	PM – Seaforth Practice/Litherland Town Hall	✓	✓	✓	✓	✓	
Dr Suryavanshi	GP – Seaforth Practice / Litherland Town Hall			✓	✓	✓	

No	Item	Action
15/75	**Apologies for absence** Apologies were noted.	
15/76	**Declarations of interest** Dr Noreen Williams, Sefton LMC.	
15/77	**Minutes** The minutes of the previous meeting were agreed as a true record. **Matters Arising** CMc had used the Sefton CVS Directory of Services and had noted no change since the demonstration last month. Patients with learning disabilities and those who could not read would not be helped by the directory, but there are a lot of activities. Access would be time-consuming in the middle of surgery.	
15/78	**Diabetes Dashboard – Dr Nigel Taylor** The diabetes dashboard has been developed via Liverpool as a learning tool for practices; Liverpool are now seeing results. The dashboard can be accessed via CMIP portal. The data is accessible to everyone and is not anonymised. Of the nine care processes, 69% was achieved for CCG initially, but this has now reduced. There have been QOF changes in smoking and CKD resulting in a drop in microalbuminuria. This could be narrowed down to relevant areas for the locality. Becky Williams to drill down the data and bring back to the locality and compare locality/CCG/ national information.	BW
15/79	**Clinical Pharmacists in General Practice Pilot** Ford Medical had considered the scheme and raised it with the locality. A practice would need to host the bid, which was supportive of a federation model. Some practices do already employ pharmacists, practice experience of outcomes would be helpful. The pilot aims to have an additional 250 pharmacist employed across pilot sites. Part funding is available which reduces over a 3 year period, with year 4 being fully funded by practices. AP advised that the CCG may support a practice/group of practices to devise and write a bid, but the proposal would need to link in to the medicines management team in terms of governance and mentorship. It was agreed that Dr Tom Davis who is a doctor from Buckinghamshire doing a time limited piece of work around primary care, would be consulted regarding finance and feasibility.	
15/80	**Medicines Management – Helen Roberts** HRo presented the JMOG Update for information highlighting the following:	

No	Item	Action

	• Apixaban (Eliquis®▼) for Venous Thromboembolism classified as amber Initiated.
	• Oxycodone with Naloxone (Targinact®) for Idiopathic restless legs syndrome classified as grey (holding statement whilst a full appraisal is completed prescribing not recommended).
	• The peer review of antimicrobial audit was completed. Changes to practice made as a result of the audit shared with the locality include:
	  • the intention to make clearer records of indications
	  • locum prescribers are not on board and it is hoped that the locum prescribing information may help promote the local antimicrobial guidance
	  • Consultants recommending antimicrobials outside of local guidance. Action discussed of medical microbiology raising with consultants within their trust. NW to provide HRo with details of individual examples for feedback to trusts.
	  • It was noted that Go To Doc are outliers and HRo confirmed that they had met with SL and been asked to conduct the audit and review prescribing to ensure in line with the local antimicrobial guidance
	• Draft locum prescribing information was discussed and it was noted that the quick win prescribing list needs updating, in particular desloratadine to loratadine needs to come out . HRo to review. No other comments received
	• CM highlighted an issue with patients who have started on a NOAC under the care of SOHT but patients appear not to have been given any counselling about why they are on in a NOAC, any associated risk or other treatment options. NW mentioned a useful patient decision aid produced by York CCG. HRo to follow up with the authors to see if they are happy for us to use it. CM to provide HRo with details of individual examples for feedback to trusts
	• LB raised the NHS England clinical pharmacist scheme and questioned why it hadn't been circulated in the communication bulletin. The scheme was discussed and it was felt that the locality would like to explore options for clinical pharmacists in GP practices, including a locality pilot if an NHSE bid wasn't successful. It was noted that time for mentoring pharmacists would be a challenge and that the GP practices would not be in a position to fund these posts. AP and HRo to speak to Jan Leonard.	

15/81	**Falls Pilot** The locality discussed the falls pilot; it was agreed that that sheltered accommodation/ community venues would be appropriate locations. The group identified a number of venues to suggest to Bernie Coates. Cost details to be provided to the next meeting, by way of information.	AP
15/82	**Community Gynaecology** Locally practices had reported a 4-month wait for community gynaecology. AP had sought clarification and confirmed that the waiting time is advised to be 6 weeks. Practices also reported issues with correspondence from the service.	

No	Item	Action
	Practices agreed to review six months of referrals to establish numbers of referrals and how many patients had been seen, together with letters received back.	All Practices
15/83	**Dermatology Update – David Smith** CMc had looked at 16 referrals, 2 referrals had been sent to secondary care, chronic skin problems had been re-referred back to the dermatologist, some were 2 week rules, not sure of all outcomes yet. Virgin Care had provided referral information broken down into diagnoses before histology. This contract is being re-procured from 1st April 2016, it is currently a 3 year block contract. Billie Dodd is leading on this. **Gastro** David presented information on GP referrals by weighted patient for the whole CCG and noted wide variation. The meeting discussed that Gastroenterology encompasses many conditions and that the data was not condition-specific and that the figures may be skewed by socio-economic groups. It may be feasible to seek information from practices at either end of the scale. A way forward may be to audit the last 10 referrals for first outpatient appointments. DS to investigate and revert at the next meeting.	DS
15/84	**Mental Health Referrals via Mersey Care Clock View Unit** Practices were asked whether any difficulties had been experienced on accessing mental health services. There were reports issues concerning faxes and NHS encrypted emails.. Mersey Care were unable to confirm whether there was another safe haven fax. Also reported was a lack of discharge information and the timeliness of same.	
15/85	**Communications Bulletin** A thought board was suggested in the communications bulletin. To be suggested to Lyn Cooke, Comms Lead.	TJ
15/86	**Any Other Business** **Estates Strategy** There is an estates strategy over the next 10 years which forms part of the 5 year plan. Practices are asked to think about what is needed in the locality and feedback to David Smith **Local Quality Contract** NW asked practices to feed back any concerns regarding the local quality contract. She is meeting to discuss concerns already raised and offered to include anything that other practices wanted to forward to her. **Cardiovascular Disease** Ford Medical have raised issues with Public Health regarding the CVD documentation and NICE guidance. The document has not been to the LMC. **Pharmacies – repeat prescribing**	All practices I

No	Item	Action
	There are issues with pharmacies requesting medication on behalf of the patient. The Local Pharmaceutical Committee are developing some draft principles, but there is no lever through the contract. Public information would also be helpful. Pharmacies do not receive payment until the item leaves the chemist. Standard operating procedures may require review. Practices may wish to carry out spot checks for evidential purposes. **CMIP** BW asked practices to report back to her if they are experiencing problems with CMIP.	
15/87	**Date and Time of the Next Locality Meeting** Wednesday, 2 September 2015 at Crosby Lakeside Adventure Centre, commencing at 1pm.	

NHS
South Sefton
Clinical Commissioning Group

Bootle Locality Meeting Minutes

Date: Wednesday June 24th 2015, 1.00 pm – 2.30pm
Venue: Park Street Surgery

Attendees

Dr Gina Halstead	Locality Lead GP	
Jane Elliot	PM North Park Health Centre	JE
Dr S. S. Sapre	GP Aintree Road	SS
P Sweeney	PM Park Street Surgery	PS
Dr H Mercer	GP Moore Street Surgery	HM
Tanya Mulvey	PM The Strand Medical Centre	TM
Dr Sharon Oliver	GP The Strand Medical Centre	SO
Dr Kong Chung	GP Park St Surgery	KC

In Attendance

Jenny Khristiansen	Locality Manager SSCCG	JK
Angela Curran	SSCCG	AC
Dan McDowell	SSCCG	DMc
James Bradley	SSCCG	JB
Sandra Craggs	Medicines Management SSCCG	SC
Jane Ayres	Medicines Management SSCCG	JA
Roger Driver	SSCCG	RD
Ryan Swiers	SMBC	RS

Minutes

Anne Graham	SSCCG

Apologies

Anna Ferguson	GP Strand Medical Centre
Paula Burn	Community Matron LCH

Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	june 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Dr S Sapre	GP – Aintree Road Surgery	✓	✓	✓								
Sanju Sapre	PM – Aintree Road Surgery											
Dr S Stephenson	GP – Bootle Village Surgery											
Dr C McGuinness	GP – Bootle Village Surgery											
Dr R Sivori	GP – Bootle Village Surgery		✓									
Gill Riley	PN – Concept House											
Dr D Goldberg	GP – Concept House		✓									
Dr G Halstead	GP – Concept House	✓	A	✓								
Dr H Mercer	GP – Moore St Surgery	✓	✓	✓								
Dr A Roberts	GP – Moore St Surgery											
Dawn Rigby	PM – Moore St Surgery											
Helen Shillcock	PM – Moore St Surgery	✓	✓									
Jane Elliott	PM – North Park Health		✓	✓								
Dr K Chung	GP – Park St Surgery	✓	✓	✓								
Pauline Sweeney	PM – Park St Surgery	✓	✓	✓								
Dr A Ferguson	GP – Strand Medical Centre	A	A	A								
Dr S Oliver	GP – Strand Medical Centre	✓	✓	✓								
Tanya Mulvey	PM – Strand Medical Centre	✓	✓	✓								
Dr M Gozzelino	GP – Strand Medical Centre											
Dr S Morris	GP - Strand Medical Centre											

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/48	**Apologies** Apologies were noted.	
15/49	**Minutes of last meeting** The minutes of the meeting held on Tuesday 26 May were agreed as a true record.	
15/50	**Matters Arising** See action tracker	
15/51	**Finance Update – James Bradley** James Bradley (JB) gave an overview of the financial picture for the Locality which included the following issues: - • Trends and the gap in funding levels • Potential areas for savings • Dermatology Data from demographically similar CCG's reveals that South Sefton CCG is the 5th highest spender in terms of activity and costs. . Members of the Locality discussed the issues and the data provided. It was noted that there was a big variation in the figures relating to GP referrals to Acute and Virgin Care. It was agreed that JB would look at the figures and provide more detailed information. JB concluded by saying that there will be a finance lead present at every future locality meeting and they will continue to share comparative data and update the CCG.	JB
15/52	**Presentation** <u>Affordable Warmth Plus – Ryan Swiers</u> Ryan Swiers (RS) gave a verbal presentation and said the aim of the project was to identify people at risk of ill-health due to problem housing. Handouts were tabled and discussed. Issues included the following: - <u>The Pilot</u> A pilot was undertaken in December 2014 of 250 households.	

No	Item	Action
	Residents were contacted and offered a home inspection to check for 29 household hazards. Householders were then provided with advice, support and if necessary, referral to other services. It was noted that 85 hazards were found in 42 homes. <u>The Future</u> RS said they now wanted to target the most vulnerable people with the aid of GP Practices. He informed the Locality that public health and the housing teams, within the Local Authority, were now pursuing funding, which would enable a 2 year pilot. This would involve a full time Healthy Homes Officer, working with GP Practices to systematically work through a list of vulnerable residents. RS said that as GP's were likely to be aware of people at high risk and asked if they would be willing to participate in the project. Practices will be asked to contact these individuals in writing and invite them to contact the Healthy Homes Programme Practices were assured they would be compensated for the cost. Members of the Locality discussed the issues and the consensus was that it was a positive step. The Chair said that everyone needs to be involved to see how we judge success. It was noted that the doctors present had not known there was a way of referring to the Local Authority. The Chair was of the opinion that the project could be done under Every Contact Counts and AC agreed that it could be linked up with it. KC was concerned that it would be yet another letter to be sent out by Practices with subsequent costs incurred, but was assured that a draft letter would be provided and postage costs covered. In conclusion, the Locality agreed that RS provide numbers, letters to patients, referral forms and inform GP's how much they would be paid at the next meeting.	RS

No	Item	Action
15/53	**Quality & Patient Safety** <u>Community Cardiac Rehab</u> JK informed the group of a new community cardiac service to be delivered at a locality level. JK agreed to share the link from the intranet. <u>Oxygen</u> Liverpool Community Health has taken over the contract for home oxygen; information will be issued in the Communications bulletin. <u>Respiratory Pack</u> JK shared the Respiratory Pack developed with S&F Respiratory Lead GP. It was agreed that JK would develop and circulate a pack for South Sefton.	JK
15/54	**Locality Business** <u>Locality Pack Update</u> • Papers were tabled and the Chair asked everyone to bring back any comments to the next meeting. • JK to send papers to all Members electronically. <u>Community Champions</u> JK to meet with Fred Roberts, the representative for Bootle, and invite him to attend a Locality meeting.	All JK JK
15/55	**Medicines Management Update – Jayne Ayres** JA discussed the Anti-coagulant service at Aintree and asked members if they had any issues. The Chair mentioned the inaccessibility of the software and the difficulty obtaining INRs. There was also difficulty with logging on. JA said there was a contract meeting in September which she will be attending and any issues can be emailed to Jane for her to take up with Aintree. Unfortunately the possibility of DAWN and EMIS web "talking" to one another is a software issue which can only be addressed by Emis. There are plans within Aintree to make INRs available on ICE which would be an improvement. The anticoag team	JA

No	Item	Action
	are also proposing producing an annual letter for GPs detailing the patient's Time in Treatment Range (TTR) and any specific recommendations. The group felt this would be worthwhile – Jane will feed back to Aintree. Systems used in other practices to allow reception staff to access and record INRs were discussed. JA asked members what they would like to have as an update. The Chair responded that they were struggling with Vitamin D and no software to support it. JA said that members should contact Medicines Management if they had any problems over this issue. JA to look at old memo's to see what areas the previous representative from Medicines Management considered for the Locality.	
15/56	**Any other business** <u>Pneumonia Pilot</u> GH informed the group about an idea to roll out pneumococcal vaccination in the Bootle locality, for patients with COPD under 65y. There is currently no incentive for GPs to immunise these patients. JK & GH are setting up a meeting with the consultants from Aintree to discuss further.	JK
	Date of next meeting Wednesday 29th July 2015 at Park Street Surgery 1pm to 2.30pm	

NHS
South Sefton
Clinical Commissioning Group

Crosby Locality Meeting Minutes

Wednesday, 3rd June 2015
1:00pm – 2:30pm
Crosby Lakeside Adventure Centre (CLAC)

Attendees		
Dr Craig Gillespie	GP Blundellsands Surgery	CG
Carolyne Miller	PM Blundellsands Surgery	CM
Sue Hancock	PN Blundellsands Surgery	SH
Dr Clare Doran	GP 20 Kingsway Surgery	CD
Shelley Keating	PM 30 Kingsway	SK
Dr C Shaw	GP 30 Kingsway	CS
Jennifer Kimm	PM Thornton Practice	JK
Dr R Huggins	GP Thornton Practice	RH
Dr Gustavo Berni	GP 42 Kingsway	GB
In Attendance		
*Tina Ewart	South Sefton CCG	TE
* Andy Hall	Sefton Council Economy & Tourism	AH
*Dawn Porter	Woodlands Hospital	DP
Apologies		
Sharon McGibbon	PM Eastview Surgery	
Jenny White		

Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Pippa Rose	PN – Crosby Village Surgery	A	✓										
Dr M Taylor	GP – Crosby Village Surgery	✓											
Dr S Roy	GP – Crosby Village Surgery												
Pauline Woolfall	PM – Crosby Village Surgery	✓	✓										
Sharon McGibbon	PM – Eastview Surgery	✓	✓	A									
Dr A Mimnagh	GP – Eastview Surgery	✓	✓										
Dr M Hughes	GP – Eastview Surgery												
Dr R Ratnayoke	GP – Eastview Surgery												
Dr P Sharma	GP – Crossways Surgery	✓	A										
Jenny Kimm	PM – Thornton Surgery	✓	✓	✓									
Stella Moy	PN – Thornton Surgery		A	A									
Dr R Huggins	GP – Thornton Surgery	A	✓	✓									
Dr R Ibreck	GP – Thornton Surgery												
Maureen Guy	PM – 133 Liverpool Road		✓										
Dr G Misra	GP – 133 Liverpool Road												
Sandra Holder	PN – 133 Liverpool Road												
Dr N Tong	GP – Blundellsands Surgery												
Dr C Gillespie	GP – Blundellsands Surgery	✓	✓	✓									
Sue Hancock	PN – Blundellsands Surgery	✓	✓	✓									
Carolyne Miller	PM – Blundellsands Surgery	✓	✓	✓									
Shelley Keating	PM – 30 Kingsway	A	A	✓									
Dr C Shaw	GP – 30 Kingsway			✓									
Dr C McDonagh	GP – 30 Kingsway	A	✓										
Dr E Pierce	GP – Hightown Village Practice												
Pauline Woolfall	PM – Hightown Village Practice	✓											
Lisa Roberts	PM – Hightown Village Practice												
Dr Barouni	GP – Hightown Village Practice												
Dr Marzu	GP – Hightown Village Practice												
Dr C Allison	GP – Hightown Village Practice												
Dr S Bussolo	GP – Hightown Village Practice												
Dr D Navaratnam	GP – Azalea Surgery	✓	✓										
Dr C Doran	GP – Azalea Surgery			✓									
Dr G Berni	GP – 42 Kingsway	✓	✓	✓									
Alan Finn	PM – 42 Kingsway	✓	✓										
Dr U Pfeiffer	GP – 42 Kingsway												
Dr F Vitty	GP – 42 Kingsway												

✓ Present, A Apologies, L Late or left early

No	Item	Action/Lead
15/57	**Apologies for absence** Additional apologies were noted Janet Faye SSCCG Meds Mgmt, Sue Edmonson LCH, Dr D Navaratnam, also noted that Dr A Minmagh is attending S&L locality today	
15/58	**Declarations of interest** None declared	
15/59	**Presentation from Andrew Hall, Sefton Council :** **Crosby Village Regeneration** Following recent discussions between Sefton Council and SSCCG, Andrew Hall requested to speak to Crosby Locality to inform and outline to the group of potential estates opportunities arising from the proposed development of the Crosby Village Centre, with a focus upon what health services could potentially be provided within the footprint. The council are looking for expressions of interest only at this stage, there is no commitment. Andrew stated that they are planning a broad base consultation June/July relating to the three main site areas highlighted in red on the document tabled and attached. The council can put potential practices in touch with developers and put an offer in for the land. Islington site is owned by the council and can be brought forward in the longer term however, the council need to identify what happens to the other two sites first whilst being mindful of retaining sufficient parking space. It is not yet known when marketing material is to be released – it could well be six months before we do know. Andrew will keep this group appraised of progress via Martin McDowell.  Crosby Village Regeneration map.pdf **Presentation from Woodlands Support Centre – Dawn Porter** Dawn Porter addressed the Locality meeting and said that over the last 2 years the service had changed dramatically. The Woodlands Hospice Well-being and Support Centre now offer a range of services for people and their families who are living with life limiting illness. She provided leaflets and information sheets and went on to describe the types of services provided which included: - A Supportive Living Programme Keep Moving Exercise Group Breathlessness Group Creative Therapy Coping with stress and anxiety Complimentary Therapies in patients own homes DP said they were already offering monthly bereavement services and hoping to offer more counselling services in the future. The aim is to encourage more non-cancer patients and young people to access	 Well-being and Support Centre leafl  Aintree Integrated Ref Forms Sp.Palliat TE will upload docs to intranet

No	Item	Action/Lead
	services. In conclusion, DP said the hospice was considering the use of a telephone referral service with a designated telephone number. This will be passed onto the Locality in due course. The direct line to the centre is 0151 529 8161 and e-mail is dawn.porter@aintree.nhs.uk At the close of the discussion, the Chair thanked Dawn for a very informative presentation.	
15/60	**Minutes of the Last Meeting** The minutes were declared a true record	
15/61	**Matters Arising** **All actions closed off as per Action Tracker except for the Histology reports/Lablinks issue** **Ref 15/38** 4/6/15 CG wrote to Gina outlining the issue and explained that GPs did not feel comfortable that they fully understood the implications of the information on the reports and were not assured that these were also being followed up by the requesting consultant. There was a concern that this could impact on safety **Gina has requested that practices provide fuller details and dates to inform her so that she can pursue on their please**	**ALL to provide fuller details to GH**
15/62	**Locality Business** Concern was raised about GP resource in the locality: Blundellsands are operating minus one GP post, SSP practices also suffering similar and Dr Clare Doran informed the group that after much careful thought and nearly 3 years of successful partnership with Clare, Damian has decided to pursue a slightly different GP career involving a university role as well as GP sessional work. Damian is committed to his role at the practice until his leaving date of 31st August 2015. If anyone needs to contact him please use his NHS net email on damian.navaratnam@nhs.net as the practice email be obsolete as of September. Members had been tasked to look at information on the Better Care, Better Value weblink that TE had previously sent out. TE had prepared slides to show the findings as a presentation to the group – see attached document. These findings show costs that Crosby have spent over and above National Averages, therefore showing us the areas that we could potentially improve on pathways and savings in if we re-examine our practices and pathways; **The top 5 areas for financial opportunity in Emergency Admissions:** Pyelonephritis, Influenza &Pneumonia, Cellulitis , Asthma, Diabetes Complications **The top 5 reasons for financial opportunity in Out patient referrals:** Dermatology, ENT, Gastroenterology, Geriatric Medicine, Gynaecology	CROSBY BCBV opportunities Qtr 2 2

No	Item	Action/Lead
	The group agreed that an event to discuss how the locality can take this forward would be useful – and possibly with another locality to share ideas	
15/63	**Medicines Management** Apols from JF, please find recent JMOG updates Part 1 and 2 circulated Attached SPU 107 May JMOG Update Part 1 210515. SPU 108 May JMOG Update Part 2 220515.	
15/64	**Quality, Patient Safety and Issues Log**	
15/65	**Locality Lead GP position** Dr Craig Gillespie formally welcomed Dr Rebecca Huggins as the new Locality Lead GP for Crosby. Rebecca will be chairing the July meeting onwards. The group thanked Craig for his work and commitment during his time as locality lead.	
15/66	**Feedback to report from the CCG Board**	
15/67	**AOB**	
15/68	**Date of next meeting** 1st July, 2015 12:30 lunch 12:45 start – 2:30 Crosby Lakeside Adventure Centre	

NHS
South Sefton
Clinical Commissioning Group

Crosby Locality Meeting Minutes

Wednesday 1st July 2015
1:00pm – 2:30pm
Crosby Lakeside Adventure Centre (CLAC)

Attendees

Carolyne Miller	PM Blundellsands Surgery	CM
Dr N Tong	GP Blundellsands Surgery	NT
Dr Clare Doran	GP 20 Kingsway Surgery	CD
Jennifer Kimm	PM Thornton Practice	JK
Dr R Huggins	GP Thornton Practice	RH
Dr C Shaw	GP 30 Kingsway	CS
Alan Finn	PM 42 Kingsway	CS
Pippa Rose	PN Crosby Village Surgery	PR

In Attendance

Tina Ewart	South Sefton CCG	TE
F Corbin	Sefton CVS	FC
J White	South Sefton CCG	JW
Debbie Fagan	South Sefton CCG	DF
Dan Curran	South Sefton CCG	DC
Janet Fay	South Sefton CCG	JF
Pat Lloyd	Housebound nurse	PL

Apologies

Dr Craig Gillespie	GP Blundellsands Surgery
Stella Moy	PN Thornton Surgery
Shelley Keating	PM 30 Kingsway
Pauline Woolfall	PM Hightown Village Practice
Sue Hancock	PN Blundellsands
Dr G Bernie	GP 42 Kingsway

Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Pippa Rose	PN – Crosby Village Surgery	A	✓		✓								
Dr M Taylor	GP – Crosby Village Surgery	✓											
Dr S Roy	GP – Crosby Village Surgery												
Pauline Woolfall	PM – Crosby Village Surgery	✓	✓										
Sharon McGibbon	PM – Eastview Surgery	✓	✓	A									
Dr A Mimnagh	GP – Eastview Surgery	✓	✓										
Dr M Hughes	GP – Eastview Surgery				✓								
Dr R Ratnayoke	GP – Eastview Surgery												
Dr P Sharma	GP – Crossways Surgery	✓	A										
Jenny Kimm	PM – Thornton Surgery	✓	✓	✓	✓								
Stella Moy	PN – Thornton Surgery		A	A	A								
Dr R Huggins	GP – Thornton Surgery	A	✓	✓	✓								
Dr R Ibreck	GP – Thornton Surgery												
Maureen Guy	PM – 133 Liverpool Road		✓										
Dr G Misra	GP – 133 Liverpool Road												
Sandra Holder	PN – 133 Liverpool Road												
Dr N Tong	GP – Blundellsands Surgery				✓								
Dr C Gillespie	GP – Blundellsands Surgery	✓	✓	✓	A								
Sue Hancock	PN – Blundellsands Surgery	✓	✓	✓	A								
Carolyne Miller	PM – Blundellsands Surgery	✓	✓	✓	✓								
Shelley Keating	PM – 30 Kingsway	A	A	✓	A								
Dr C Shaw	GP – 30 Kingsway			✓	✓								
Dr C McDonagh	GP – 30 Kingsway	A	✓										
Dr E Pierce	GP – Hightown Village Practice												
Pauline Woolfall	PM – Hightown Village Practice	✓			A								
Lisa Roberts	PM – Hightown Village Practice												
Dr Barouni	GP – Hightown Village Practice												
Dr Marzu	GP – Hightown Village Practice												
Dr C Allison	GP – Hightown Village Practice												
Dr S Bussolo	GP – Hightown Village Practice												
Dr D Navaratnam	GP – Azalea Surgery	✓	✓										
Dr C Doran	GP – Azalea Surgery			✓	✓								
Dr G Berni	GP – 42 Kingsway	✓	✓	✓	A								
Alan Finn	PM – 42 Kingsway	✓	✓		✓								
Dr U Pfeiffer	GP – 42 Kingsway												
Dr F Vitty	GP – 42 Kingsway												

✓ Present, A Apologies, L Late or left early

No	Item	Action/Lead
15/69	**Apologies and Introductions** Apologies received from: Stella Moy, Dr Craig Gillespie, Shelley Keating , Pauline Woolfall, Sue Hancock, Dr Gus Berni	
15/70	**Guest Speaker Fiona Corbin (nee Scales) HWT from CVS** Crosby Locality Health and Wellbeing Trainer Fiona presented to the group informing us of the help they can offer patients and signposting to other voluntary groups in the community. She shared an example of a recently bereaved lady who was lonely and at her wits end following the death of her husband who had been the person who had always driven when taking her shopping. The lady had lost confidence and the ability to go out when she was referred on to the H&W Trainers via the Virtual Ward. Fiona was able to get the lady out and about by gentle coaxing and showing her the local bus routes and timetables. She personally accompanied her to visit Bootle Strand shopping by bus. This gave her the confidence to be able to get back out and about on her own. Another example was of a man who had moved in to sheltered accommodation and was feeling very low, desperately missing his dog. With HWT support he is now a volunteer dog walker at the Freshfield Animal Centre which filled the gap and providing new fullfilment in his life. The HWT team have a host of connections in the community and are the source to link patients in to community based services or organisations that can help them reclaim their self-esteem and worth. They also run self-help/peer support groups for patients who have accessed Virtual Ward services to support and maintain connections with others of similar experiences. **Referrals to the Health and Wellbeing Trainers can be made using the VW referral form on your systems; we are looking to increase the numbers we can help.** Fiona also gave information about the **Care4You Reablement Service** which provides low level support, confidence building and signposting for patients to help them rebuild confidence and regain independence following recent hospital care. The service has recently made a shift to accepting self-referrals and we are in the process of publicising this to health professionals, networks and the community. This is a real worthwhile service used to support people during or following a period of illness to keep them in their own homes and out of hospital. The service is also used to prevent carer breakdown also. If you feel this service would support your work/thematic groups/partners, and would be interested to hearing more please let me know as I myself, or one of the team, would be happy to come along and promote further. **To access Care4You or for more information call: 07540 000626**	
15/71	**Declarations of Interest** None declared	

No	Item	Action/Lead
15/72	**Minutes of the Last Meeting** The minutes were declared a true record	
15/73	**Matters Arising**	
15/74	**Locality Business** **Housebound Reviews Project** TE informed the group that she will be asking everyone to complete an audit to demonstrate the value and outcomes of the Housebound Reviews Project. TE will be arranging evaluation questionnaire and audit survey on outcomes linked to Pats interventions and coding. **The Respiratory review project** has commenced in our locality as of June starting with the 3 Kingsway practices and Eastview. Amit the pharmacist, will need a consultation room for half a day per week at each practice and it is essential that each practice assigns a named admin person to look after the appointments etc. He will be in contact with practices to arrange the identification of your Respiratory patient cohort via your facilitator nearer the time he is able to perform your practice reviews. Once they are identified, he will arrange to visit your housebound patients in the first instance while you arrange appointments in practice for the rest of the register. Amit will make contact with you nearer the time to finalise the arrangements. MH asked for clarification of Fiona's Title and Function as sometimes known as 'The Chief Officer' and sometimes 'The Accountable Officer'? DF emailed Fiona during the meeting and received this response: For the purposes of the CCG, she is the Accountable Officer, but under NHS England she is the Chief Officer.	TE All Practice Managers to assign admin for Respiratory Project
15/75	**Medicines Management** The PAN Mersey malnutrition guidelines were discussed and the PM from B/Sands Surgery asked if a copy could be available on the intranet, under practice support. Action – JF to review this and report back. It was noted that GPs need better follow up plans from the dieticians and more integration is needed with hospital and community dieticians – Action JF to pass comments on The antimicrobial practice comparison charts were tabled at the meeting and the locality advised that antimicrobials was a QP indicator. An audit had been undertaken for a week in May for high-risk antimicrobials and results would be reported back to the locality. Dr Hughes commented that GoToDoc didn't have copies of the antimicrobial guidelines – Action JF to review Ezetimibe – a recent study showed positive patient outcome data for Simvastatin 40mg versus Simvastatin/Ezetimibe. JF advised that the positive outcome data was for a greater reduction in LDL.	

No	Item	Action/Lead
	CD commented that there are times when patients are discharged at 2 or 3 am in the early hours and have no medicines due to the hospital pharmacy being closed. Please send any examples of this to Suzanne who will deal with this matter	
15/76	**Quality, Patient Safety and Issues Log** Practices reported that Community Phlebotomy is still requesting us to phone after faxing – this is not acceptable and needs to be resolved. Awaiting 2 weeks for test results is too long TE will raise again with LCH. DF offered to escalate issues formally via Contractual negotiations. MH informed the group that he now sends all patients requiring bloods to the Neighbourhood centre on Queens Drive as they are very efficient. MH also suggested the idea of dual tenders for the future to spread the risk. MH also his raised concern from his experience of working with Go to Doc/OOH that the 1st response from Care Homes when attending or responding to the contact is ' but there is a DNAR in place'. MH stated that *will* be a DNAR in place for patients in Care Homes but this shouldn't alter how we treat patients. TE will report this to Debbie Harvey to raise / address 'understanding' with Care Homes. Please send any examples of patients discharged without medicines in the early hours to Suzanne Lynch please.	TE TE
15/77	**Strategic Performance / Finance Update** **Finance Update** JW gave a brief update on CCG finance. For 15/16 the CCG received the lowest level of allocation growth of 1.94%. The average uplift in CCG's in England was 3.76%. To date the CCG is showing a small underspend and is on target to deliver the 1% planned surplus. However, in year there is £3.4M of unidentified QIPP to be delivered. The QIPP committee is monitoring the progress against this. JW presented a paper on dermatology outpatients (as attached). The paper highlighted that the CCG was an outlier for dermatology outpatient appointments compared to demographically similar CCG's. The paper presented shown both acute and community dermatology referrals for the locality and the overall CCG. JW explained some of the reasoning for variations in one of other localities. There was discussion within the group as to the reasoning for the differentiation between the practices. **Actions** Practices – all practices signed up to do a practice audit to review of dermatology referrals and gain further understanding of the variations JW (CCG) To gain information on dermatology diagnosis To gain information on onward referrals to acute trust from community service	 Dermatology Outpatients paper pr JW TE to develop audit Q'aire

No	Item	Action/Lead
	JW also gave out information to practices on diagnostic costs within Aintree Hospital NHS Trust	
15/78	**Feedback to report from the CCG Board**	
15/79	**AOB**	
15/80	**Date of next meeting** 5th August 2015 12:30 lunch 12:45 start – 2:30 Crosby Lakeside Adventure Centre	

NHS
South Sefton
Clinical Commissioning Group

Maghull Locality Meeting
Minutes

Thursday, 18th June 2015
1:00pm – 2:30pm
High Pastures Surgery

Attendees

Dr Sue Gough	GP - Westway Medical Centre	SG
Gillian Stuart	PM - Westway Medical Centre	GS
Carol Howard	PM - Westway Medical Centre	CH
Dr S. Sapre	GP - Maghull Health Centre	SS
Gill Kennedy	PM - High Pastures Surgery	GK
Dr J Krecichwost	GP - Maghull Family Surgery	JK
Donna Hampson	PM - SSP Practice	DH

In Attendance

Terry Hill	Locality Manager, SSCCG	TH
Anne Graham	Administration South Sefton CCG	AG
Jennifer Johnston	Medicines Management	JJ
Jenny White	SSCCG	JW
Siobhan Elliott	SSCCG	SE

Apologies
None

Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr S Sapre	GP – Maghull Family Health Centre	✓	✓	✓									
Dr J Krecichwost	GP – Maghull Family Health Centre	✓	✓	✓									
Gillian Stuart	PM – Westway Medical Centre	✓	✓	✓									
Carol Howard	PM – Westway Medical Centre	✓	✓	✓									
Dr S Chandra	GP – Westway Medical Centre												
Dr R Killough	GP – Westway Medical Centre	✓											
Dr J Wray	GP – Westway Medical Centre	A	A	A									
Dr S Gough	GP – Westway Medical Centre	✓	✓	✓									
Jennie Proctor	PN – Westway Medical Centre												
Gill Kennedy	PM – High Pastures Surgery	✓	✓	✓									
Dr P Thomas	GP – High Pastures Surgery												
Dr C Thompson	GP – High Pastures Surgery		✓										
Dr J Clarkson	GP – High Pastures Surgery	A											
Dr P Weston	GP – High Pastures Surgery												
Dr N Ahmed	GP – High Pastures Surgery												
Dr W Coulter	GP – Maghull SSP Practice												
Lesley Bailey	PN – Maghull SSP Practice												
Donna Hampson	PM – Maghull SSP Practice	A	A	✓									
Dr A Banerjee	GP – Maghull SSP Practice												
Dr M A Khan	GP – Maghull SSP Practice												
Dr J Thomas	GP – Broadwood Surgery												
Dr B Thomas	GP – Boardwood Surgery	✓	L										

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/52	**Apologies for absence** Dr John Wray, GP – Westway Medical Centre	
15/53	**Declarations of interest** None stated.	
15/54	**Minutes** Subject to adding Dr J Krecichwost to the attendance tracker, the minutes of the meeting of the 21st May 2015, were agreed as a true record. **Action Points** 15.44 TH made an amendment to rephrase the April minutes in respect of Broadwood Surgery, as discussed at the May meeting. 15.45 Dr Nigel Taylor to be invited to the July meeting to discuss the diabetes dashboard and future educational opportunities. 25.47 GS e-mailed issues regarding portal access. Passwords have been requested. TH to e-mail to confirm issue resolved with GS.	TH TH TH
15/55	**Quality and Patient Safety** <u>QP – update</u> Members were informed that the local measures recommended and agreed for this forthcoming year were: (1) Access to community mental health services for people from black and ethnic groups; (2) Helping patients to recover from hip, knee, groin and hernia repair. TH will forward information on the options and the reasons for the decisions.	TH
15/56	**Service improvement/Redesign** <u>Locality Development Opportunities</u> **Housebound checks** are ongoing. Although not finished it was reported that they had gone really well. **Respiratory** is ongoing. Medicine Management have nearly finished and have received good feedback. **Stoma** is pending. Start date has gone to Pauline. Room is booked and she has been told the patients to involve. The invitations are still to be sent out. TH and Chair to provide a locality update at the next Governing body development session on Thursday 25th June.	SG/TH

No	Item	Action
	The Chair felt the 3 local schemes had been a success. TH asked members to consider any other schemes that could be developed by the Locality. The following discussion centred around the following: - • Counselling presently short on provision; • A gap in brief interventions provision with a long wait for access; • An interim service to signpost patients into other areas had been done in the past and had proven very beneficial. Could something like this be considered in the future? • A lack of understanding regarding provision of support services for patients with Dementia or Mild Cognitive Impairment? • Are there any local interventions for falls and those at risk of falling? Angela Curran presently producing a review of falls and an options paper to potentially plug gaps in provision – TH queried whether the Locality would consider the possibility of looking to support this work. • Support service for carers; • IAPTS: It was felt that something better could be done than the current process of telephone interviews with patients. TH suggested that practices reflect on the topics discussed and decide as a locality which areas would need further investigation and work up before putting a business case forward to the appropriate CCG committee.	TH/ALL
15/57	**Performance and Finance Update** <u>Finance Update</u> JW gave a brief update on CCG finance. For 15/16 the CCG received the lowest level of allocation growth of 1.94%. The average uplift in CCG's in England was 3.76%. To date the CCG is showing a small underspend and is on target to deliver the 1% planned surplus. However, in year there is £3.4M of unidentified QIPP to be delivered. The QIPP committee is monitoring the progress against this. JW presented a report on dermatology outpatients. The report highlighted that the CCG was an outlier for dermatology outpatient appointments compared to demographically similar CCG's. The report presented shown both acute and community dermatology referrals for the locality and the overall CCG. It was noted that the locality had low referrals into the community dermatology service. Some of reasoning given was the closure of the Maghull clinic, the lack understanding that the service existed and the poor description on the Choose and Book system. Dr Sapre commented that he refers to the service using Choose and Book but the description was poor, especially if the referrer wasn't aware of the service. There was further discussion within the group as to the reasoning for the differentiation between the practices. **Action: JW to collate information regarding onward referrals to acute**	TH JW

No	Item	Action
	trust from community service In conclusion, the Chair (SG) thanked JW and stated how well the data had been presented. It was acknowledged that the members had found the data much easier to understand. To support the localities moving forward a locality pack will be produced by the CCG finance and Business Intelligence teams. TH requested feedback on what the members would want from a Locality Pack.	All
15/58	**Locality Business** <u>Estates Draft Summary</u> TH asked members of the Locality to consider the following issues with regard to the estates: - • What were the big issues relating to estates in Maghull? • Have we got enough capacity currently? • How would the members see primary care being delivered in the future and how will estates support this? • How would members want community services to be delivered? E.g. Would the members envisage one purpose built building housing all services? • The needs of individual Practices? . **Action: TH to circulate a template to Locality Members to support discussions within practices. Practices to fill in the template and bring back to the next meeting for further discussion.**	TH
15/59	**Medicines Management Update** Jenny signposted the Locality to recent guidance that has been issued by Pan Mersey surrounding: • Prescribing Guidelines for Specialist Infant Formula Feeds in Lactose Intolerance and Cows' Milk Protein Allergy, link http://www.panmerseyapc.nhs.uk/guidelines/documents/G16.pdf • Guidelines for Managing Malnutrition in Adults in the Community, link http://www.panmerseyapc.nhs.uk/guidelines/documents/G20.pdf Jenny reminded all members that the Prescribing Quality Scheme payments for 2014-2015 were currently in the process of being worked out. At the next locality we will be covering the High Risk antimicrobials peer review audit which is in this year's prescribing quality scheme.	
15/60	**Any Other Business** <u>Agenda</u> The Chair asked that future agenda order be changed so that Medicines Management is put on early in the programme.	

No	Item	Action
	Chair The present Chair is stepping down and JC will be the new Chair as of 23rd July 2015.	
15/61	**Date and Time of Next Meeting** Thursday 20th August, 2015 1pm – 2.30pm Westway Medical Centre	

NHS
South Sefton
Clinical Commissioning Group

Maghull Locality Meeting
Minutes

Thursday, 23rd July 2015
1:00pm – 2:30pm
High Pastures Surgery

Attendees		
Dr J Clarkson (Chair)	GP – High Pastures Surgery	JC
Dr Sue Gough	GP - Westway Medical Centre	SG
Gillian Stuart	PM - Westway Medical Centre	GS
Dr S. Sapre	GP - Maghull Health Centre	SS
Gill Kennedy	PM - High Pastures Surgery	GK
Donna Hampson	PM - SSP Practice	DH
In Attendance		
Terry Hill	Locality Manager, SSCCG	TH
Anne Graham	Administration South Sefton CCG	AG
Jennifer Johnston	Medicines Management	JJ
Rebecca McCullogh	Sefton CCG	RMc
Surinder Goyal	LCH	SGo
Sarah Gibson	LCH	SGi
Dr Tom Davis	SSCCG	TD
Maurice Byrne	Healthwatch Locality Maghull Rep	MB
Dr Nigel Taylor	SSCCG	NT
Collette Page	SSCCG	CP
Becky Williams	SSCCG	BW
Apologies		
Dr M A Khan	Maghull SSP Trust	MK
Carol Howard	PM - Westway Medical Centre	CH
Dr J Krecichwost	Maghull Family Health Centre	JK
Dr J Wray	GP – Westway Medical Centre	JW

Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr S Sapre	GP – Maghull Family Health Centre	✓	✓	✓	✓								
Dr J Krecichwost	GP – Maghull Family Health Centre	✓	✓	✓	A								
Gillian Stuart	PM – Westway Medical Centre	✓	✓	✓	✓								
Carol Howard	PM – Westway Medical Centre	✓	✓	✓	A								
Dr S Chandra	GP – Westway Medical Centre												
Dr R Killough	GP – Westway Medical Centre	✓											
Dr J Wray	GP – Westway Medical Centre	A	A	A	A								
Dr S Gough	GP – Westway Medical Centre	✓	✓	✓	✓								
Jennie Proctor	PN – Westway Medical Centre												
Gill Kennedy	PM – High Pastures Surgery	✓	✓	✓	✓								
Dr P Thomas	GP – High Pastures Surgery												
Dr C Thompson	GP – High Pastures Surgery		✓										
Dr J Clarkson	GP – High Pastures Surgery	A			✓								
Dr P Weston	GP – High Pastures Surgery												
Dr N Ahmed	GP – High Pastures Surgery												
Dr W Coulter	GP – Maghull SSP Practice												
Lesley Bailey	PN – Maghull SSP Practice												
Donna Hampson	PM – Maghull SSP Practice	A	A	✓	✓								
Dr A Banerjee	GP – Maghull SSP Practice												
Dr M A Khan	GP – Maghull SSP Practice				A								
Dr J Thomas	GP – Broadwood Surgery												
Dr B Thomas	GP – Boardwood Surgery	✓	L										

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/62	**Apologies for absence** Apologies were noted.	
15/63	**Declarations of interest** None stated.	
15/64	**Minutes and Action Points** The minutes from the previous meeting of the 18th June 2015 were agreed as a true record.	
15/65	**Quality and Patient Safety** <u>QP – update</u> BW gave an update on the choice of Quality Premium measures for 2015/16. This year we are required to choose two local indicators. These were approved at the South Sefton CCG Wider Forum in May 2015. The two indicators we chose were: 1. Access to community mental health services by people from Black and Minority Ethnic (BME) groups 2. Patient reported outcome measures (PROMs) for elective procedures Attached are the documents which outline all of the measures for the 2015/16 year. Updates will be circulated to localities every quarter in line with CCG Finance and Resource Committee meetings. Quality Premium LOCAL Measures Rati QP table of requirements 201516	
15/66	**Medicines Management Update** Jenny updated the locality on 2015-16 NHS Quality Premium for antimicrobials. Two graphs were distributed: 1. Anti-bacterial items per STAR-PU (weighted per practice population) in order to receive the payment practices need to fall below the target of 1.24. Currently all Maghull Practices are below with the exception of Parkhaven at 1.40 and Maghull Health centre (Dr Thomas) at 1.32. 2. High Risk anti-bacterials as a % of all anti-bacterials i.e. Co-amoxiclav, Cephlosporins and Quinolones. In order to receive	

No	Item	Action
	the payment, practices must fall below the target of 11.3%. Currently all practices are below with the exception of High Pastures at 11.6%. Jenny did note that these figures do not take into consideration "appropriate" prescribing. The audit that the Medicines Management team complete twice a year will identify prescribing trends. For one week twice a year all prescribing of the "high risk" anti-bacterials will be audited against the local anti-microbial guidelines for the management of infections in primary care. Results will be fed back to practices and peer reviewed at the Locality meeting. It is hoped that by completing this, prescribing of these high risk drugs will reduce naturally.	
15/67	**Service improvement/Redesign** <u>Locality Development Opportunities</u> <u>Stoma/Respiratory and housebound health check project update</u> **Respiratory** The respiratory project has finished and practices should have received the report. Amit Patel to be invited to attend the September Locality Meeting. **Stoma** Members of the Locality discussed the Stoma nurse from Aintree who is available to update and review Stoma products. TH reported that there has been considerable satisfaction reported from patients from the project to date. **Housebound** checks are completed.	TH
15/68	**Performance and Finance Update** <u>Finance Update</u> RMc gave a brief update on CCG finance. Finance Report up to Month 3 (June), first quarter of the new financial year. CCG is reporting an underspend on operational budget areas (excluding reserves budgets). Underspends mainly on the Acute Commissioning budgets, particularly Aintree Hospital where activity has been lower than plan. CCG is on target to deliver the required 1% surplus but this is dependent on the achievement of the QIPP efficiency target of £3.4m. QIPP committee set up which has now merged with the Service Improvement Committee (SIRC), the function of this group is to identify, evaluate and approve QIPP schemes. One of the initiatives is to look at benchmarking data and focus on those areas where our CCG is an outlier in	

No	Item	Action
	terms of cost and gain an understanding of the reasons for this. Dermatology outpatients is one of the areas where Sefton CCG costs are higher than similar CCGs, data has been presented to localities previously. Suggestion that the lack of a local community provider for dermatology would increase referrals to secondary care. Other areas to be analysed are - Gastro - Gynae - Respiratory Gastro data will be discussed at the next meeting	
15/69	**Locality Business** <u>Diabetes Dashboard</u> Dr Nigel Taylor gave a live demonstration from the Cheshire NHS Information Portal in relation to diabetes and said that the data provided should facilitate the improvement and care of diabetes. He reported that all of the CCG's within the network thought it a good educational tool at Practice and CCG level for support, development and personal development. Practices can compare their data with the average. Data provided supported the following areas: - • Prevention • Prevalence of type 1 and type 2 diabetes • Amputation rates • lifestyle NT discussed the initial problems and advised that it was still work in progress. Members of the locality discussed the issues raised and agreed to look at the comparative data on the diabetes dashboard and identify learning needs for the locality. TH to send an electronic copy of the dashboard by e-mail to GP's direct. It was agreed that this issue be reviewed by members of the Locality at a future meeting. <u>Estates Draft Summary Locality Discussion</u> TH reported that a strategy needed to be developed by the end of the year. Should members prefer to share ideas privately they are invited to e-mail TH, meanwhile he asked for a discussion to consider ideas, views and opinions from the Locality. The discussion that followed included the following: - • Patients would like to see a walk-in facility in the area; • Possibility of a big increase of housing in the area due to future dock development. 1000 houses per annum being discussed; • Transport is a big issue for patients over 65, but extra bus services won't be put on unless the demand is already there;	TH TH

No	Item	Action
	• There is not enough space in current practices; • Parking is an issue; • Developers to pay for some infrastructure according to Neighbourhood Plan; • Patient groups could give valuable information to inform strategy. TH invited members of the Locality to give written feedback in respect of future estate planning and asked members to complete the Local Estates Plan for the Maghull Locality Area and e-mail the responses to him. A feed-back discussion will be put on the agenda for the next Locality meeting.	All TH
15/70	**Any Other Business** <u>Urgent Care</u> Members of the Locality were asked if there had been any problems with The Urgent Care Team. None were reported except that SG said that she was surprised at the length of time it took for them to respond. <u>Introductions</u> During the meeting a number of introductions had been made: **Sarah Gibson** from LCH introduced herself and said that she will be attending future meetings **Maurice Byrne** introduced himself, as the Healthwatch Locality Maghull representative, and said that he was looking forward to supporting future meetings. **Dr Tom Davis** introduced himself and said that he was here to support primary care development in respect of shared decision making tools. He reflected on his own experience with the orthopaedic and PSA decision tools and how he had used them as part of decision making with a patient without increasing his workload or number of contacts with the patients.	
15/71	**Date and Time of Next Meeting** Thursday 20th August, 2015 1pm – 2.30pm Westway Medical Centre	