

## Governing Body Meeting in Public Agenda

Date: Thursday 29<sup>th</sup> September 2016, 13:00 to 15:35 hrs  
Venue: Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

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

- 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 Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair & Governing Body Member	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Lin Bennett	Practice Manager & Governing Body Member	LB
Mr Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Health Watch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Dr Sunil Sapre	GP Clinical Director & Governing Body Member	SS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director & Governing Body Member	JW

### In Attendance

Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Peter Wong	Children's Commissioner	PW
Tony Wilding	Chief Operating Officer, Liverpool Heart & Chest NHS Foundation Trust	TW
Judy Graves	<i>(Minute taker)</i>	JG

**'Strategic Review of Liverpool Heart & Chest NHS  
Foundation Trust'** *presentation by Tony Wilding*  
**'Goddard Inquiry'** *presentation by Debbie Fagan*

**Quorum: Majority of voting members.**

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
<b>General</b>					<b>13:45hrs</b>
GB16/140	Apologies for Absence	Chair	Verbal	R	3 mins
GB16/141	Declarations of Interest	Chair	Verbal	R	2 mins
GB16/142	Minutes of Previous Meeting	Chair	Report	A	5 mins
GB16/143	Action Points from Previous Meeting	Chair	Report	A	5 mins
GB16/144	Business Update	Chair	Verbal	R	5 mins
GB16/145	Chief Officer Report	FLT	Report	Ratify	10 mins
<b>Finance and Quality Performance</b>					
GB16/146	Emergency Preparedness, Resilience and Response Assurance	TJ	Report	Ratify	10 mins
GB16/147	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB16/148	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	10 mins
<b>Governance</b>					
GB16/149	Corporate Risk Register & Governing Body Assurance Framework Update	DFair	Report	A	5 mins
<b>Service Improvement/Strategic Delivery</b>					
GB16/150	Joint Children & Young People's Emotional Health and Wellbeing Strategy 2016-2021	PW	Report	R	10 mins
GB16/151	Safeguarding Annual Report 2015/16	DCF	Report	A	10 mins
GB16/152	Integration Report including Better Care Fund: Progress Report	Tracy Jeffes / Mel Wright	Report	R	10 mins
<b>For Information</b>					
GB16/153	Key Issues Reports: a) Finance & Resource (F&R) Committee b) Quality Committee c) Audit Committee d) Locality Meetings	Chair	Report	R	5 mins
GB16/154	F&R Committee Minutes - June 2016		Report	R	5 mins
GB16/155	Quality Committee Minutes - April 2016 - May 2016		Report	R	
GB16/156	Audit Committee - No approved minutes		X	X	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB16/157	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB16/158	Date of Next Meeting Thursday 24 <sup>th</sup> November 2016 at 13:00 hrs in the Boardroom, 3 <sup>rd</sup> Floor, Merton House.				-
Estimated meeting close					<b>15:35 hrs</b>

Motion to Exclude the Public:

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

## Governing Body Meeting in Public Draft Minutes

Date: Thursday 28<sup>th</sup> July 2016, 13:00 to 15:10 hrs  
Venue: Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

### The Governing Body

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair & Governing Body Member	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Health Watch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Fiona Taylor	Chief Officer	FLT
Lin Bennett	Practice Manager & Governing Body Member	LB
Dr Sunil Sapre	GP Clinical Director & Governing Body Member	SS
Dr John Wray	GP Clinical Director & Governing Body Member	JW
Mr Graham Bayliss	Lay Member, Patient & Public Involvement	GB

### In Attendance

Judy Graves	<i>(Minute taker)</i>	
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Dr Gina Halstead	GP and Clinical Quality Lead	GH
Debbie Fairclough	QIPP Programme Lead (item 16/113, 114, 115)	DFair

### 'Liverpool Women's Hospital and Neonatal Review' presentation by Liverpool CCG

No	Item	Action
Public	<b>Questions from the Public</b>  None received	
GB16/104	<b>Apologies for Absence</b>  Apologies were received from Dr John Wray, Dr Peter Chamberlain, Dr Dan McDowell, Dr Andrew Mimmagh, Matthew Ashton and Davina Hanlon. Dr Craig Gillespie chaired the meeting on behalf of Dr Andrew Mimmagh.	
Presentation	<b>Liverpool Women's Hospital and Neonatal Review</b>  Dr Fiona Lemmens (FL) was welcomed to the meeting. FL advised members that she was a GP from Liverpool CCG working closely with South Sefton CCG and therefore was familiar with the area and the community. Members were further advised that Dr Lemmens Liverpool CCG role was as the Clinical lead for the hospital reconfiguration work stream of the Healthy Liverpool programme.  FL reported that a review of women's and babies services was being led by the North Mersey CCGs, with Liverpool Women's Hospital and input from other providers. This constitutes a major service reconfiguration and is therefore subject to public consultation and this part of the process constituted the pre consultation stage.	

No	Item	Action
	<p>Members and public were presented with a YouTube film which explained the reasons for the need of the hospital review <a href="https://youtu.be/sV2-1uQ384">https://youtu.be/sV2-1uQ384</a></p> <p>The current Liverpool Women's Hospital (LWH) portfolio of services includes neonatology, maternity, gynaecology, anaesthetics, theatres and a high dependency unit (which is a critical feature of the review), reproductive medicine (Hewitt Centre) and genetics. LWH is also a regional tertiary care provider serving areas in the Midlands and North Wales.</p> <p>FL highlighted a number of reasons for the need of the review including:</p> <ul style="list-style-type: none"> <li>- the increase in the number of patients with diabetes and renal disease resulting in more complicated pregnancies</li> <li>- births for women aged 40+ has doubled in the last ten years; increased ages resulting in more complications</li> <li>- Gynaecological cancers are increasing and surgery is more extensive, with surgery having to be carried out at the Royal Liverpool and Broadgreen University Hospitals (RLBUH) Trust.</li> <li>- changes in the demographic indicates that the situation will get worse</li> <li>- Doctors are carrying out more complex surgeries to treat patients.</li> </ul> <p>FL gave examples of patient journeys which included patients requiring treatment in separate hospital sites and separation of Mother/baby due to clinical circumstances.</p> <p>In addition:</p> <ul style="list-style-type: none"> <li>- There is a need for the Women's high dependency unit to be based on the same site as the Level 3 Intensive Care Unit</li> <li>- blood testing is not available on site due to the blood bank not being on site</li> <li>- there are already four intensive care units across Liverpool. Even if another was built, Liverpool doesn't have the workforce capacity to run another</li> <li>- there are delays in getting to hospital which can result in a delay in treatment</li> <li>- FL confirmed that the financial position of the Trust was not the fundamental basis for the review however, the financial situation must be addressed in order to protect services for the future</li> </ul> <p>FLT advised that the review currently at the pre-consultation and engagement stage, with the formal stage expected to commence at the end of 2016 or early 2017. Members and the public were briefed on the process steps, namely;</p> <ul style="list-style-type: none"> <li>- pre consultation business case to be developed by autumn</li> <li>- formal presentation to the three Overview and Scrutiny Committee's (a presentation had already delivered to two of the three OSCs, both of which have been supportive)</li> <li>- followed by formal Public consultation.</li> </ul> <p>Further briefing was given setting out the schedule of dates and the various activities planned as part of the engagement process, which included Healthwatch, with the aim of targeting different groups and in line with the needs of the community. The schedule was offered to be circulated.</p> <p>FL was thanked. DCF outlined her role on the Oversight Group to the Governing Body and reiterated that the review is predicated on the need to address matters of clinical safety and the need to improve services and shape them for the future. Members discussed other options being considered covering clinical requirements, long term feasibility, strategic, fit and finance perspectives, as well as the views of the maternity, women, children's and paediatric vanguard. All were informed that this information would be pulled together for the Merseyside footprint.</p> <p>FL advised that a timetable for ongoing consultation and update to the Governing Body would soon be shared and confirmed that the video presentation would be placed on the website.</p>	<p>LC</p> <p>FL LC</p>

No	Item	Action
	<p><b>RESOLUTION</b> The Chair and members welcomed the presentation and agreed that the case for change was clear.</p>	
GB16/105	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both South Sefton CCG and Southport &amp; Formby CCG declared their interest; Fiona Taylor, Debbie Fagan, Martin McDowell and Dwayne Johnson.</p> <p>Dr Sapre, Dr Gina Halstead and Lin Bennett declared an interest for items 110 and 112; QIPP and Integrated Performance Report in relation to being providers of local services, some of the discussions and decisions could affect their businesses.</p>	Col
GB16/106	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting were accepted as a true and accurate record subject to the following amendments:</p> <p>Page 3: Lin Bennett was in attendance but not listed Page 11, 7<sup>th</sup> paragraph: Merseyside Collaborative Commissioning Forum should read Merseyside Quality Surveillance Group. Page 11, 8<sup>th</sup> paragraph: practice managers should read Practice Managers Group Page 12: time of next meeting should read 1pm</p>	JG
GB16/107	<p><b>Action Points from Previous Meeting</b></p> <p><u>GB16/74</u> Community Services DCF highlighted an additional action regarding the concerns expressed about the performance of LCH in respect of time management and communication. DCF had made contact and had picked up the points raised, with a formal letter of response sent.</p> <p><u>GB16/14</u> Shaping Sefton Update People had not been familiar with the acute visiting scheme when raised at a Locality meeting. CG offered to pickup with PC outside of the meeting.</p> <p><u>GB16/50</u> Transforming Care for People with Learning Disabilities: Implementation of National Plan Report to be submitted to the Health &amp; Wellbeing Board - DCF had followed up with NHSE and was awaiting a response.</p> <p><u>GB16/81</u> SEND Briefing PW was to contact MK to discuss further ways of joint working with Health Watch and the number of young people they were engaged with. Was confirmed that PW had made contact, the engagement activities and opportunities would be tied in with the Health and Wellbeing Strategy.</p> <p><u>GB16/83</u> Shaping Sefton: Plans on a Page - Quarterly update to be scheduled to the Governing Body. - The final report format to be developed at a Governing Body Development Session.</p> <p><u>GB16/84</u> Joint Commissioning Status Joint Commissioning Committee Terms of Reference would come back to future meeting for ratification. FLT confirmed item in CO report.</p>	<p>Closed</p> <p>CG &amp; PC</p> <p>DCF</p> <p>Closed</p> <p>KMcC KMcC</p> <p>Closed</p>

No	Item	Action
	<p><u>GB16/86</u> Integrated Performance Report:</p> <p>Delayed Transfers of Care: KMcC to investigate the claims of additional pressure at the end of the week to delayed transfers of care. The delays of which resulted in longer stays for some individuals.</p> <p>Constitutional Standards: CG reminded members of the discussion regarding North West Ambulance Service and whether the time being spent by paramedics on site was impacting the delivery of their constitutional standards. FLT informed members that she would be spending a day with the Ambulance Service and would use the opportunity to raise the question.</p> <p>Impact on Schemes CG clarified the query in relation to the impact on schemes. CG to raise with PC outside of the meeting.</p> <p>CQC Inspection Following previous discussion regarding the CQC inspection and the well performing practices, FLT confirmed that a conversation had been had with LB regarding any help that the Practice Management Group could give in relation to best practice that could be shared across. Inspection was being managed through the Joint Commissioning Group for General Practices.</p>	<p>KMcC</p> <p>FLT</p> <p>Closed</p> <p>Closed</p>
GB16/108	<p><b>Business Update</b></p> <p>CG confirmed that there were no further updates in addition to that already covered within the Chief Officer report.</p>	
GB16/109	<p><b>Chief Officer Report</b></p> <p>FLT presented the Chief Officer Report and highlighted the following:</p> <p><u>CCG Assurance 2015/16</u> Members were briefed on the assurance scoring. FLT provided an overview of the scoring methodology and the impact on the 2015/16 ratings awarded to the CCG. In particular the assessment had indicated a downward trend in planning and finance and this has an impact on other areas of the assessment. Members and public were informed that the documents that underlined the rating and how the CCG had been measured were available on the NHSE website. Framework: <a href="https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/ccg-assurance-framework.pdf">https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/ccg-assurance-framework.pdf</a> Measured: <a href="https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/annual-assessment-rep-2015-16-upd.pdf">https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/annual-assessment-rep-2015-16-upd.pdf</a></p> <p>FLT advised that a further assurance assessment will be undertaken for 16/17. This will be supported by quarterly meetings with NHS England.</p> <p>Last sentence regarding legal directions is not applicable to South Sefton CCG. South Sefton CCG is not under legal directions and the record shall be amended to reflect such.</p> <p><u>QIPP</u> Members were updated on the increased focus on QIPP and the continued efforts to ensure that governance continues to be robust. The process is being led by the Chief Operating Officer who holds the portfolio as the QIPP Programme lead, Debbie Fairclough (DFair) who was also working with Martin Wakeley. The new arrangements provide a framework for increased monitoring and evaluation of all QIPP schemes through a “project management office” (PMO) approach.</p>	<p>JG</p>

No	Item	Action
	<p><u>Conflicts of Interest</u> NHSE issued revised guidance on the management of conflicts of interest for CCGs from which there have been a number of recommendations. The CCG's policy has been updated and approved by the Audit Committee and all registers relating to any type of conflict are currently being refreshed and updated. The Audit Committee Chair will submit a recommendation to the Governing Body in respect of lay member support.</p> <p><u>LCH: CQC Inspection Report</u> The process was ongoing. Progress was being made in categories of Care and Patient Services.</p> <p><u>Co-commissioning of Primary Care</u> The draft terms of reference for the Joint Commissioning (primary care) Group were submitted to NHSE. Some changes were proposed and it was also recommended that some changes are made to the CCG's Constitution to describe the role of that group as well as some minor changes. The updated constitution will be circulated to members for comment.</p> <p><u>Integration/Better Care Fund</u> The BCF plan has now been submitted and approved. South Sefton CCG Governing Body had previously authorised FLT full delegated authority to act on behalf of the Governing Body in order to work through and move forward on the BCF. Members confirmed that that delegation shall remain extant.</p> <p>In addition:</p> <p><u>Safeguarding Children's Board and Safeguarding Adults Board Chair</u> Members were updated on the CCGs involvement in the recruitment process for the new Chair and the appointment of Paula St Alban whose previous role was as a Director of Social Care, with a background in Safeguarding.</p> <p><b>RESOLUTION</b></p> <ul style="list-style-type: none"> <li>- <b>Members received the report</b></li> <li>- <b>BCF: members agreed FLT have continued delegated authority to act on behalf of South Sefton CCG Governing Body</b></li> </ul>	DFair
GB16/110	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan &amp; Progress Report</b></p> <p>MMcD presented the report and highlighted the following:</p> <p>The CCG had achieved a year to date saving of £2,427K against a plan of £3,350K although Medicines Management was still to be included with additional estimated saving of £50K. A significant challenge in respect of QIPP delivery was in regard of 'Urgent Care redesign'. MMcD advised that all schemes are being reviewed to evaluate the performance against agreed objectives and to ascertain if there are any risks to delivery of anticipated QIPP targets.</p> <p>Members sought clarity in respect of the Red/Amber/Green assessment of schemes. it was noted that some schemes remain rated as red (high risk) but also noted that more schemes were being rated as amber which is positive in terms of performance on delivery of QIPP.</p> <p>Members were informed that, in terms of process regarding assurance, QIPP was being tightly managed within the organisation, with ongoing work and regular discussions at Senior Management Team and Senior Leadership Team, as well as the appointment of a QIPP Programme Lead.</p>	



No	Item	Action
	<p><b>RESOLUTION</b> Members received the report.</p>	
GB16/111	<p><b>CCG Annual Assurance Assessment 2015/16</b></p> <p>Members had previously received an update on the CCG Annual Assessment from the Chief Officer report. MMcD now presented the full report and highlighted the following:</p> <p>Following the Annual Assurance Assessment for 2015/16 and of the 5 domains measured, the CCG had been rated overall as “Requires Improvement”, 1 of 26 CCGs across the country that had scored the same.</p> <p>The CCG received a “Good” rating for four of the areas and a “Requires Improvement” for planning: when a rating of this level is given in Finance or Planning it affects the overall rating. Section 3 of the report touches on the new assurance process, with the letter and report explaining the position.</p> <p>FLT briefed on a query from Dr Mark Hughes regarding the CCG’s position.</p> <p><b>RESOLUTION</b></p> <ul style="list-style-type: none"> <li>- Members received the report.</li> <li>- Copy of letter and report to be sent to Dr Mark Hughes</li> </ul>	JG
GB16/112	<p><b>Integrated Performance Report</b></p> <p>Members were presented with the report and discussed the detail in-depth.</p> <p>MMcD highlighted:</p> <p><u>Performance Indicators</u> There were a troubling number of reds however, the restructuring of the System Resilience Group was expected to have an impact on performance. A new group was due to commence September 2016.</p> <p><u>Diagnostic</u> The CCG had failed to remain below the threshold of &lt;1%, reporting 1% of patients waiting 6 weeks or more. This equated to 26 breaches out of 56.5 patients. The June un-validated information suggests that the CCG is back within target. The CCG were awaiting confirmation, including red and green areas.</p> <p><u>IAPT</u> An in-depth discussion took place regarding the roll out and recovery rate. Some improvement had been seen in getting people into the service, but the recovery rate remained low. FLT updated members on the additional support due to be given to the provider, which had been put in place as a result of the minimal change on ratings. Members discussed in relation to the report submitted to the July Quality Committee and the work being done to look at the service specification and include within the next Quality Committee Performance Report (from September 2016). Would be fed through to the Governing Body accordingly and as per the reporting process.</p> <p><u>Stroke</u> FLT highlighted her increasing concerns regarding Stroke Performance. Both of the Quality Committees had been requested to take the concerns back to the providers, specifically Aintree. Members had an in-depth discussion and highlighted possible reasons for targets not being met, potentially included early discharge, previously reported to CQPG. There had been an improvement of figures as a result of the introduction of 2 emergency beds on the unit which provided a direct feed through to</p>	

No	Item	Action
	<p>A&amp;E. However, there was still concern given the time of year and the expected increase in demand through winter. FLT emphasised the need for joined up. Members further discussed the current three stroke units (Royal Liverpool Broadgreen University Hospitals, Aintree University Hospitals and Southport &amp; Ormskirk Hospital) and were briefed on the bigger piece of work that was currently underway and being led by Wirral in connecting the services. Members agreed this was of major importance. Update on performance and highlighted issues to be provided at the next Governing Body meeting.</p> <p>GH briefed members on the Bowel Cancer Screening Programme and underlined a concern regarding waiting times for treatment with one patient highlighted as 61 days. A further discussion was had regarding referrals from other areas. Members were informed that Aintree had no control over these.</p> <p>The members and public were advised of another incident where Public Health England had commissioned a service and requested information on an incident that had occurred. An RCA had been produced although included no record of a discussion with the patient. Concern had been raised regarding the robustness of their processes. FLT confirmed that the CCG were working closely with Public Health England and NHS England to ensure joined up care.</p> <p>DCF highlighted:</p> <p><u>Quality Overview</u> Members were referred to the information contained within the Chief Officer report and were presented with further detail on the work streams that have been identified by the Collaborative Forum in relation to the enhanced surveillance.</p> <p><u>Community Matrons – South Sefton</u> The GP Clinical Lead had raised some concerns regarding the services in relation to staffing and sickness and the impact such was having on the small team. A senior representative of LCH had been requested to attend a prior Quality Committee meeting in order to brief the CCG accordingly. However, the representative had been unable to attend due to sickness. Concerns had been passed to Dr Sapre, Clinical Lead for LCH. Further concern was raised regarding the District Nursing team, with the concerns remaining until posts were filled. FLT informed members of an impending meeting with LCH to discuss the issues. FLT expected those issue topics to include services and the integration agenda. The importance of being clear on moving forward, linking to the financial plan and the investment in Community Services was highlighted.</p> <p>MMcD highlighted:</p> <p><u>QIPP</u> The total QIPP plan of £10.573m and the RAG rated areas for delivery of £5.178m, was highlighted. MMcD briefed members on the priority RAG areas for delivery; 100% green and 50% amber.</p> <p><u>Reserves Analysis</u> The members were referred to item 2.8 which was on target to deliver the financial plan. Best case scenario (figure 7) was a forecast of £1.3m deficit, worst case as high as £1.8m. It was considered that the best way forward was for the organisation to concentrate on the amber areas and look at more cost saving exercises.</p> <p>DJ updated the members on the South Sefton CCG outturn at Month 3 and highlighted:</p> <ul style="list-style-type: none"> <li>- that all plans are phased seasonally</li> <li>- that MerseyCare were in a block contract (item 5.1)</li> <li>- that LCH were in block contract also</li> </ul>	<p>SF &amp; KMCC</p>

No	Item	Action
	<p>DCF advised members on the cost improvement programmes received from Merseycare (page 50 and 51) and the work that was being done by the GP Clinical Leads, Sue Gotts and Dr Mullah. It was considered there could be an impact on the quality of referrals however, more dialogue was needed in order to ascertain such.</p> <p>Members had a detailed discussion regarding referrals (figure 9) and the need to understand the referral path. All agreed that more data was needed. Concern was raised regarding the CCGs role as commissioners and the costs being incurred for referrals that were out of the organisations control. Differing referral paths were discussed:</p> <ul style="list-style-type: none"> <li>- GP referrals</li> <li>- Referrals made by others where there is no involvement of the commissioner i.e. a Surgeon referring the patient following a request or a Consultant to Consultant with no follow-up</li> </ul> <p>Members agreed the need for more data to understand the differing referral paths, with the Referral Management Scheme to go through the Clinical QIPP Committee.</p> <p><u>Long Waiters</u> Members discussed in detail “Long Waiters” (3.1 and 3.2, page 53) including the prior perception of Ophthalmology, the monitoring of waiting times and the current national issues regarding such. Members agreed that a 40 week comparison needed to be included in the next report.</p> <p><u>Serious Incidents</u> DJ raised concern at the high number of serious incidents that were reported for June 2016. DCF explained that there were a number of contributing factors for the increase including:</p> <ul style="list-style-type: none"> <li>- an increase in reporting from Merseycare</li> <li>- a new internal Datix system (CCG) which had had an impact on process</li> <li>- internal SI processes being reviewed</li> </ul> <p>GH offered to have a discussion with DJ outside of the meeting and in GHs capacity on the group. An invitation was extended to DJ to attend and observe an SI meeting.</p> <p><b>RESOLUTION</b> <b>Members received the report and noted that the CCG:</b></p> <ul style="list-style-type: none"> <li>- was currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.</li> <li>- had a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 3. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.</li> <li>- was working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.</li> <li>- that the Commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.</li> </ul>	<p>DCF</p> <p>DCF</p> <p>KMcC / BW</p>
GB16/113 & GB16/114	<p><b>Corporate Risk Register and Governing Body Assurance Framework Update</b></p> <p>Debbie Fairclough, QIPP Programme Manager, attended to present items 16/113 and 16/114.</p> <p>DFair presented the report and highlighted the improvements that had been made</p>	

No	Item	Action
	<p>including:</p> <ul style="list-style-type: none"> <li>- the improved formatting</li> <li>- that some risks had been reduced, mitigated and removed</li> <li>- that the risks had been aligned to the new Corporate Objectives</li> <li>- that a change in the scoring level on the CRR allowed for more focus on the higher risks, with the top risks being finance and QIPP</li> </ul> <p>Members discussed in relation to scoring and requested clarity on SS019 and the increased risk following mitigation. It was explained that Aintree had agreed a recovery plan however, the implementation had only just commenced (hence the increase in risk) and therefore the results of such wouldn't be seen until the following quarter by which time it was expected to reduce. The members requested DFair provide clarity of scoring and impact within the report.</p> <p><b>RESOLUTION</b>  <b>Following review and scrutiny, members were satisfied that the scoring was appropriate and reflective of the controls and mitigation. Members received and approved the report subject</b></p>	DL
GB16/115	<p><b>CCG Committee Terms of Reference</b></p> <p>Members were presented with the report that highlighted the need to review the organisations Committee Terms of Reference following new Conflicts of Interest guidance for CCGs. The review was also an opportunity to free up capacity and resource in line with QIPP targets and opportunities, as well as ensuring aligned to work programmes and removal of duplication.</p> <p>The members were provided with an overview of changes which included:</p> <ul style="list-style-type: none"> <li>- QIPP: changes to Chairing arrangements and the membership</li> <li>- Quality Committees: Southport &amp; Formby and South Sefton Committees will be merged. In the context of QIPP and alignment to the CCGs business needs, this action will free capacity and resources and reduce the administrative burden associated with supporting the meeting at multiple levels.</li> <li>- Remuneration Committees: Southport &amp; Formby and South Sefton Committees will be merged. This will also result in freeing of capacity and resources and a reduction in administrative support required. A suggestion had been made for a Patient and Public Involvement (PPI) Governing Body representative to be added to the membership. Members discussed and approved the inclusion of a PPI representative. Terms of Reference for committee to be updated to reflect approval.</li> <li>- Locality Sub Groups: These are now "groups" of the CCG and no longer sub committees reporting directly to the Governing Body. They will also now meet on a bi monthly basis and their work programmes will be refined to ensure complete alignment with QIPP.</li> </ul> <p><b>RESOLUTION</b>  <b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>- <b>Approved the Terms of Reference for the QIPP Committee</b></li> <li>- <b>Approved the creation of a Joint Quality Committee</b></li> <li>- <b>Approved the creation of a Joint Remuneration Committee</b></li> <li>- <b>Approved the changes to the role and form of the locality sub committees</b></li> </ul>	DFair
GB16/116	<p><b>Key Issues Reports</b></p> <p>a) Finance &amp; Resource (F&amp;R) Committee</p> <ul style="list-style-type: none"> <li>- No June Key Issues due to Development Session</li> <li>- QIPP agenda being reinforced and main attention</li> </ul>	

No	Item	Action
	b) Quality Committee <ul style="list-style-type: none"> <li>- FLT briefed on the work to be carried out in relation to the RCA, there will be a clinical review with the learning from such being looked at in relation to training and development, as well as processes with Liverpool CCG and MIAA.</li> </ul> c) Audit Committee <p>21/4/16:</p> <ul style="list-style-type: none"> <li>- Audit signed off with no adjustments to be made. Congratulations passed to the team.</li> <li>- FLT raised 'Head of Audit Opinion' item and explained that it was not uncommon for a "Limited" assurance rating to be awarded. The achievement of higher highlighted the work and commitment of the team. FLT congratulated the team on achieving a "Significant" and "High" assurance and on the work being carried out and the processes put in place to achieve such.</li> </ul> <p>25/5/16:</p> <ul style="list-style-type: none"> <li>- GM signed off letter of representation. FLT confirmed receipt of certificate.</li> </ul> <p><b>RESOLUTION: The Governing Body received the key issues reports</b></p>	
GB16/117	<p><b>F&amp;R Committee Minutes Approved Minutes</b></p> <ul style="list-style-type: none"> <li>- May 2016 minutes</li> </ul> <p><b>RESOLUTION</b>  <b>The Governing Body received the approved F&amp;R Committee minutes.</b></p>	
GB16/118	<p><b>Quality Committee Minutes Approved Minutes</b></p> <ul style="list-style-type: none"> <li>- No approved minutes due to development session</li> </ul>	
GB16/119	<p><b>Audit Committee Approved Minutes</b></p> <ul style="list-style-type: none"> <li>- April 2016</li> <li>- May 2016</li> </ul> <p><b>RESOLUTION</b>  <b>The Governing Body received the approved Audit Committee minutes.</b></p>	
GB16/120	<p><b>Any Other Business</b></p> <p><u>Change in reporting of minutes:</u></p> <ul style="list-style-type: none"> <li>- CIC Regional Hospital Based Care and CIC LCR NHS CCG Alliance now moved to PTII.</li> <li>- Locality Sub-Group: as part of re-shuffle will now form part of PTII reporting</li> </ul>	
GB16/121	<p><b>Date of Next Meeting</b></p> <p>Thursday 29<sup>th</sup> September at 13:00hrs in the Boardroom, 3rd Floor, Merton House</p>	
<b>Meeting concluded</b>		15:10hrs

Motion to Exclude the Public:

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

**Governing Body Meeting in Public  
Actions from meeting held 28<sup>th</sup> July 2016**

No	Item	Action
	<p><b>Presentation: Liverpool Women’s Hospital and Neonatal Review</b></p> <p><u>Engagement Process: Planned Activities</u> Scheduled dates and activities had been organised as part of the engagement process for the Liverpool Women’s Hospital and Neonatal Review. Scheduled information on events to be circulated to the Governing Body as available.</p> <p><u>Consultation</u> Timetable for ongoing consultation and an update to the Governing Body would be shared as available.</p> <p><u>Video Presentation</u> YouTube video presented to the Governing Body is to be placed on the CCG website.</p>	<p>LC</p> <p>FL</p> <p>LC</p>
GB 16/107	<p><b>Action Points from Previous Meeting: May 2016</b></p> <p><u>GB 16/14 Shaping Sefton Update</u> People had not been familiar with the acute visiting scheme when raised at a Locality meeting. The Chair offered to pick-up with PC outside of the meeting.</p> <p><u>GB16/50 Transforming Care for People with Learning Disabilities: Implementation of National Plan</u> Report to be submitted to the Health &amp; Wellbeing Board - DCF had followed up with NHSE and was awaiting a response.</p> <p><u>GB16/83 Shaping Sefton: Plans on a Page</u> - Quarterly update to be scheduled to the Governing Body. - The final report format to be developed at a Governing Body Development Session.</p> <p><u>GB16/86 Integrated Performance Report:</u></p> <p>Delayed Transfers of Care: KMcC to investigate the claims of additional pressure at the end of the week to delayed transfers of care. The delays of which resulted in longer stays for some individuals.</p> <p>Impact on Schemes CG clarified the query in relation to the impact on schemes. CG to raise with PC outside of the meeting.</p> <p>Constitutional Standards: CG reminded members of the discussion regarding North West Ambulance Service and whether the time being spent by paramedics on site was impacting the delivery of their constitutional standards. FLT informed members that she would be spending a day with the Ambulance Service and would use the opportunity to raise the question.</p>	<p>CG &amp; PC</p> <p>DCF</p> <p>KMcC/JG KMcC</p> <p>KMcC</p> <p>CG &amp; PC</p> <p>FLT</p>

No	Item	Action
GB 16/109	<p><u>Chief Officer Report:</u></p> <p><u>Legal Directions</u> Last sentence regarding legal directions is not applicable to South Sefton CCG. Record to be amended to reflect such.</p> <p><u>Co-commissioning of Primary Care</u> The draft terms of reference for the Joint Commissioning (primary care) Group were submitted to NHSE. Some changes were proposed and it was also recommended that some changes are made to the CCG's Constitution to describe the role of that group as well as some minor changes. The updated constitution will be circulated to members for comment.</p>	JG  DFair
GB 16/111	<p><b>CCG Annual Assurance Assessment 2015/16</b></p> <p>Copy of assurance letter and report to be sent to Dr Mark Hughes as a result of a query he had raised.</p>	JG
GB 16/112	<p><b>Integrated Performance Report</b></p> <p><u>Stroke Performance</u> Update to be given to the September 2016 Governing Body following increased concerns regarding performance and issues highlighted to the providers.</p> <p><u>Reserves Analysis: Cost Improvement Programmes</u> More dialogue needed with MerseyCare in order to ascertain the potential impact on quality of referrals as a result of the cost improvement programmes received from MerseyCare.</p> <p><u>Referral Management Scheme</u> More data was needed in order to understand the differing referral paths i.e. GP referrals and Consultant to Consultant, with the Referral Management Scheme to go through the Clinical QIPP Committee.</p> <p><u>Long Waiters</u> 40 week comparison to be included within future Integrated Performance Reports.</p>	SF & KMCC  DCF  KMCC  KMCC & BW
GB 16/113 & 114	<p><b><u>Corporate Risk Register and Governing Body Assurance Framework Update</u></b></p> <p>Following a discussion regarding scoring and clarity regarding risk mitigation, members requested future reports clarify scoring and impact on risks in relation to the process of the mitigating actions i.e. (a) identified (b) in process (c) completed.</p>	DL
GB 16/115	<p><b><u>CCG Committee Terms of Reference: Remunerations Committee</u></b></p> <p>Terms of Reference to be updated following the agreement of a Patient and Public Involvement (PPI) Governing Body representative to be added to the membership.</p>	DFair

## MEETING OF THE GOVERNING BODY September 2016

<b>Agenda Item: 16/145</b>	<b>Author of the Paper:</b> Fiona Taylor Chief Officer						
<b>Report date:</b> September 2016	Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 247 7069						
<b>Title:</b> Chief Officer Report							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.							
<b>Recommendation</b>							
The Governing Body is asked to receive this report and to ratify the decision in relation to jointly funding an Estates Implementation Officer.	<table style="float: right;"> <tr><td>Receive</td><td><input type="checkbox"/></td></tr> <tr><td>Approve</td><td><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input checked="" type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input checked="" type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input checked="" type="checkbox"/>						

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



**NHS**  
**South Sefton**  
**Clinical Commissioning Group**

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

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

## Report to Governing Body September 2016

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

### 1. QIPP

The CCG continues to increase its focus on QIPP which has been underpinned by focussed sessions at the Leadership Team, Senior Management Team and Operational Team meetings. The committee structure supporting delivery of QIPP is now much more streamlined enabling robust scrutiny and assessment of clinical schemes as well as holding to account officers for delivery against all QIPP objectives. A key area of focus over the past few weeks has been in respect of discretionary/other spend, or “non-statutory” expenditure. The CCG now has plans to continue to review all areas of spend in those areas with a view to seeking reductions this year and next year.

#### QIPP-Related Decisions Made by Leadership Team

In August 2016 the Governing Body delegated additional responsibility to the Leadership Team to implement any QIPP-related decisions so that there was pace of decision making between meetings of the QIPP Committee. On 20<sup>th</sup> September the Leadership Team received a proposal in respect of the estates-related QIPP target, as set out within the discretionary spend domain.

The proposal was to jointly fund an Estate Implementation Officer who would lead on a strategic programme of work to ensure best utilisation of estate across Liverpool CCG, Southport & Formby CCG and South Sefton CCG. The cost of the proposal for South Sefton CCG is £6,000 and will be met by slippage available within the finance directorate budget.

On the basis that there is an anticipated financial benefit of at least £100,000 for the CCG once the utilisation review and associated actions have been completed, the Leadership Team confirmed this investment proposal, the detail of which will now be included the PMO structure supporting the QIPP Committee so that the impact of the investment can continue to be evaluated and monitored.

As set out in the Terms of Reference of the Leadership Team the Governing Body is now asked to ratify that decision.

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

### 2. Transforming Care Plans

#### 2.1 Introduction

Local plans to transform care for people with a learning disability and/or autism were published on 4<sup>th</sup> August 2016.

In response to the national programme (Building the Right Support, 2015) a Cheshire & Merseyside Transforming Care Board has been established.



## South Sefton Clinical Commissioning Group

The Board is undertaking 2 pieces of work in the first instance. The first is to establish the population need to enable commissioning of high quality services moving forward. We have commissioned a Joint Strategic Needs Assessment across Cheshire & Merseyside to inform current work programs in partnership with Public Health England and Liverpool John Moores University.

The second is a look-back exercise to evaluate where we have come from in terms of bed usage and models of care and where we need to get to as a health and social care economy.

It is recognised that Cheshire & Merseyside have already undertaken a significant amount of service improvement in this area and recognising the journey so far is significant when reviewing in-patient provision. To this end the Board will undertake a retrospective review of Learning Disability service provision and activity from 2010-2015 focusing on Assessment and Treatment beds, Locked Rehabilitation beds and Neuro Psychiatry beds, both in and out of area. Within this work there will be a look at:

- the trend analysis and complementary activity within local NHS inpatient provision in assessment and treatment units;
- elements of key community services that contribute to care and prevent admission, and accelerate discharge;
- performance as measured in the Learning Disability Self-Assessment Framework over this period;
- developing a model of care for the coming 3 years, 2016-2019, for Learning Disability services for Cheshire & Merseyside that builds on the strengths identified in the retrospective study that draws on Government Policy and the NHS 5-Year Forward View (NHS England 2015).

It is expected that the Transforming Care Partnerships will now follow the same programme of work as the six national fast track sites. Therefore the programme plan of transformation will include development of local plans that support the development of new models of care and long term bed closures, underpinned by a robust learning disability joint strategic health.

There will be one Transforming Care Partnership or unit of planning across the Cheshire & Merseyside footprint to ensure commissioning at scale, with three geographical collaborative commissioning delivery hubs as outlined below:

<b>Cheshire and Merseyside Unit of Planning</b>			
<b>Hub</b>	<b>CCGs</b>	<b>Local Authority</b>	<b>Total Population</b>
Hub 1 Cheshire	Wirral West Cheshire East Cheshire South Cheshire Vale Royal	Wirral West Cheshire & Chester East Cheshire	1,078,886



# South Sefton Clinical Commissioning Group

Hub 2 Mid Mersey	Halton St Helens Warrington Knowsley	Halton St Helens Warrington Knowsley	701,952
Hub 3 North Mersey	South Sefton Southport & Formby Liverpool	Sefton Liverpool	786,383

## 2.2 Sefton's Local Provision

At the time of writing this report South Sefton CCG and Southport & Formby CCG are in a strong position they do not commission out of area placements. South Sefton CCG and Southport & Formby CCG commission 5 inpatient beds at the STAR Unit (Mersey Care NHS Trust learning disability inpatient unit as Mosley Hill Hospital); a 9 bedded inpatient facility for people with learning disabilities and associated mental health and behavioural problems, which accepts individuals from Sefton and Liverpool either on an informal basis or detained under the Mental Health Act). South Sefton CCG and Southport & Formby CCG's current use of local assessment and treatment beds is around 2 beds per year, which is part of the current block contract arrangement with NHS Mersey Care Trust.

Formal links with Specialised Commissioning are in place to ensure that information regarding reviews undertaken and individuals identified for discharge is communicated to CCGs and community services. There is representation by the CCGs and CLOT at both discharge and CPA 117 reviews of local inpatient services and within Specialised Commissioning placements.

The table below shows the number of People with Learning Disabilities secure placements that have been commissioned by NHS England at the time of writing this report:

	South Sefton	Southport & Formby
Number under the Mental Health Act	4	2
Number in placement longer than 5 years	2	1

All of these placements have been made via Court with the exception of one case which is a recall for a Care Treatment order in South Sefton.

The joint funding process between South Sefton CCG and Southport & Formby CCG Sefton Social Services has been in operation since 1997. The joint funding process is a means of commissioning an integrated package of care for those individuals with learning disabilities and complex challenging behaviour. Its aim is to enable those individuals to remain living within their local community as opposed to having to access out of area specialist care. There is also a joint funded post to co-ordinate and monitor individuals' packages of care.

Individuals are monitored by NHS Area Teams on a fortnightly basis via a return from each CCG. A rota has been established amongst CCG Commissioners to ensure that several members of staff are able to complete this return.

The governance process is as follows:

Each fortnight (alternate Tuesdays) each CCG submits the updated return. The tracker is then submitted to North Regional office for Merseyside.

### **2.3 Monthly HSCIC Winterbourne Returns**

All CCGs/LAs are required to submit a monthly Winterbourne return which has patient identifiable data on it. This is submitted electronically directly from CCGs to HSCIC.

Sefton is fully compliant with this return.

For Sefton there are separate assurances submitted by Merseyside Specialised Commissioning (who report on services users in secure settings) and by the Commissioning Team (who report on services users in non-secure settings) this ensures that all patients are identified and are managed in a co-ordinated way

### **2.4 Bed Reduction Programme**

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

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

NHS South Sefton and Southport and Formby CCGs will work closely with Sefton MBC and Mersey Care NHS Trust to reduce bed occupancy by 10% by March 2016 which is in line with National targets and equates to approximately 182 bed days in total. This will form part of the National target to reduce occupancy by 30%. Sefton's Assessment and Treatment bed activity from 2010/11 to 2015/16 shows a 47% reduction in bed usage (see- report commissioned by NHS England LD AT bed activity by Colin Vose).

Throughout this process and as part of partnership working, South Sefton and Southport and Formby CCG's will work closely with Sefton MBC, NHS England and partners to agree a process for managing local resources.

### **2.5 Conclusion**

Sefton has done a significant amount of work in relation to transforming service provision for people with Learning Disabilities and/or- autism, and behavior that challenges (learning disabilities). In terms of the Cheshire and Merseyside Transforming Care Plan, Sefton is in a strong position as it does not commission out of area placements and has achieved a 47% reduction in bed usage in assessment and treatment provision over the last 5 years. Our challenge locally is how we sustain our local position given the financial restraints across the systems.



# South Sefton Clinical Commissioning Group

## 2.6 Next Stages

The North Mersey Hub has prioritized five key areas that need to be progressed over the next 12 months, which are as follows:

- Transitions;
- Community Learning Disability Teams;
- Inpatient Beds (including 'Out of Area Treatments');
- Commissioning of Third Sector Provision;
- Physical Health.

Each of the five key areas has a specified lead who will work as part of a multi-disciplinary team to deliver on both short and long term goals that will lead to a whole system change that will impact positively on the service user's journey. This should enable people's needs to be met in the most effective and efficient manner whilst residing in the community and further avoid any unnecessary future hospital admissions.

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

## 3. STP Progress

South Sefton CCG, with Southport & Formby CCG, Liverpool CCG and Knowsley CCG are members of the North Mersey LDS. We continue to work and contribute to the Alliance LDS work also, but full activity and finance work is now included within the North Mersey LDS.

The CCG is now reviewing its Strategic Blueprints as part of Shaping Sefton. This review is to ensure alignment with the CCG's QIPP priorities, but also in relation to the cross cutting themes and critical decisions that have been initially identified as part of the STP work. These themes have been informed across Cheshire & Merseyside and indeed reflect the detail outlined within the Shaping Sefton strategic plan.

Further work is now underway, with colleagues from Liverpool CCG to consolidate our combined commissioning strategies into a single strategy and set of priority workstreams across the North Mersey footprint. This will involve joint approaches in the following areas, to name but a few:

- Intermediate Care
- Urgent Care
- Integrated locality Teams
- Care homes
- Assisted Technology

We will also bring together the work that Liverpool has been leading on in terms of Hospital reconfiguration to include Southport & Ormskirk Hospitals NHS Trust, as part of the North Mersey LDS footprint.

The CCG will continue to contribute to the STP and LDS work between now and 21<sup>st</sup> October when the next draft of the STP Plan is due to be submitted to NHS England.



# South Sefton Clinical Commissioning Group

## 4. Perinatal Mental Health Community Services Development Fund Launched

NHS England has launched a perinatal mental health community services development fund which promotes service development and quality improvement, increasing the availability of high quality care and interventions for women and families. The fund focuses on expanding existing community teams into a wider geography or resourcing small new teams to meet the needs of local populations more comprehensively. CCGs are invited to submit funding proposals for up to three years. £5 million is available this year, rising to £15 million in the next two years. A second wave of proposals will be funded from 2018/19.

## 5. Bariatric Working Group

The NHSE (Specialised Commissioning) procurement for Tier 4 Bariatric surgery is proceeding to timetable. Procurement Lots have been agreed and currently evaluators from the CCGs are being identified. On completion of the procurement the responsibility for the commissioning of tier 4 Bariatrics will sit with CCGs.

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

## 6. Quality

### 6.1 Care Homes

#### Partnership Working

To date the CCGs have been represented at the Liverpool City Region Care Home Improvement Group (LCR CHIG) by the Head of Vulnerable People. In addition to the LCR CHIG, NHSE C&M had also established a Care Home Group. An agreement has been reached that NHSE C&M Care Home Group will focus on the development of the health related quality performance dashboard. It is anticipated that the NHSE group will feed into the LCR CHIG. Both CCG's and the Midlands & Lancashire Commissioning Support Unit (MLCSU) Clinical Quality Review Co-ordinator are included in the membership of the NHS E C&M Care Home Group. Outputs from the NHS E C&M Care Home Group will be fed into the relevant CCG QIPP workstream and the Quality Committee as appropriate.

#### Nursing Home Bed Capacity & Current Status

There were 38 nursing homes across the borough in August 2015 - 12 in South Sefton CCG and 26 in Southport & Formby CCG. This equated to an overall total capacity of 1,439 nursing home beds across the borough with 532 beds in the South Sefton CCG area and 907 in the Southport & Formby CCG area.

A total of 3 nursing homes have closed during the period from August 2015 to August 2016. In year this equates to a loss of 93 nursing home beds across the borough. A new home has opened in the Southport area which means in real terms the total number of beds lost is 23. However this home is aiming at the higher end of the market and it is yet to be confirmed whether these homes will be signed up to the North West Framework contract.

Of those Nursing Homes that closed, 2 were following a CQC inspection processes and urgent action and 1 home closed at the owner's choice.



# South Sefton Clinical Commissioning Group

There are currently 5 nursing homes which have restrictions to admissions in place. Consequently whilst there has been relatively little change in overall bed capacity, in real terms there has been a reduction in available beds. The restrictions to admissions have either been as a result of CQC action, and or outcome from Clinical Quality Reviews undertaken by the CSU Clinical Quality Review Co-Ordinator.

The Head of Vulnerable People has compiled a separate report at the request of the Chief Officer to ensure she is sighted on the current status of nursing home beds across the Sefton Area in order to:

- Have an overview of the current quality of provision;
- Identify if there is any correlation between bed status and delayed discharges from local acute trusts;
- Support this priority area for integration with Local Authority Colleagues.

## **CHC Funding Uplift**

Challenges are currently being experienced with some care Nursing Home providers regarding the percentage uplift they wish to receive to the NW Framework price which is in excess of what the CCGs have been able to financially plan for. The CCGs have recently sent written confirmation to Nursing Home Providers confirming 1.1% uplift to the NW Framework price for 16/17 backdated to April 2016 - this is in line with the uplift given to other providers.

## **6.2 Safeguarding**

### **Local Safeguarding Children Board (LSCB) Development Session**

The LSCB Development Session post the Ofsted Inspection took place in September 2016. The CCGs were represented at this session by the Deputy Chief Nurse.

### **Joint Safeguarding Adult Board Proposal**

A proposal has been put forward by the LA Directors of Adult Social Care to have a joint Safeguarding Adult Board across the footprints of Liverpool, Sefton, Knowsley and Wirral – it is proposed that the existing Boards would continue as Local Executive Groups. The proposal was discussed at Leadership Team and the CCGs have signalled their support for such an arrangement subject to the appropriate Governance arrangements being in place. The CCGs have confirmed the current financial commitment for such a joint Board would be the existing financial envelope that is currently in place along with any appropriate ‘in-kind’ arrangements.

### **Independent Inquiry into Child Sexual Abuse (Formerly known as the Goddard Inquiry)**

The Chief Nurse has recently attended an Executive Update regarding the Independent Inquiry into Child Sexual Abuse (IICSA). Commissioner assurance regarding providers has been previously reported to the Quality Committee. The CCG Safeguarding Service is reporting back to the Chief Nurse regarding the CCGs’ own internal assurance and there has been communication with CSU IG leads regarding destruction of records in view of the fact that the Inquiry appears to be overturning the national guidance that is in place for retention of records within the NHS. The Chief Nurse will be delivering a presentation to the





# South Sefton Clinical Commissioning Group

Governing Body Meeting at this meeting of the Governing Body following her attendance at the Executive Update session.

## 6.3 S&O Executive Improvement Board

The S&O Executive Improvement Board continues to meet following on from the previous Quality Risk Summit. Commissioners are still awaiting the outcome of the recent CQC inspection and have been informed that the draft report will be with S&O for factual accuracy checking in September 2016.

## 6.4 HSJ Awards

The Quality Team have been shortlisted in the national HSJ Awards for the work led by the CCG Practice Nurse, supported by the Deputy Chief Nurse, for the Health & Social Care Apprenticeship Programme.

## 7. Conflicts of Interest – third lay member proposal

In June 2016 NHSE issued new and comprehensive guidance for CCGs in respect of the management of conflicts of interest and the treatment of gifts and hospitality. As a result the CCGs Conflict of Interest Policy was updated and approved by Audit Committee and is currently being implemented throughout the organisation.

One of the recommendations arising from the guidance was the proposal for CCGs to secure additional lay member to support to the Governing Body. This third member would not be a statutory appointment but would serve on the Governing Body. This proposal has been considered by the Conflict of Interest Guardian (The Audit Committee Chair), the Chief Operating Officer and the Senior Leadership team.

Having considered the options available it is proposed that the CCG does not appoint a third lay member but will seek support from South Sefton CCG Audit Committee Chair in respect of conflicts of interest should the need arise. The Audit Committee Chairs and Senior Leadership Team support this proposal and recommend this as a course of action the Governing Body. That requirement will be reflected in the respective CCGs constitution and notified to NHSE following confirmation of that approach by the Governing Body

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

## 8. Update on Primary Care development

Work is being undertaken to understand the potential new models of care. There are early signs of an emergent GP Federation in South Sefton CCG. Further discussion with the membership will be shortly underway regarding the second year of the Local Quality Contract.

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

#### **9. Update on in-hospital & Community model of care**

The Community Services acquisition through the NHS Improvement process remains on target to achieve an implementation date of the 1.4.17.

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

#### **10. Update on Integration**

Work continues with SMBC to develop the integration agenda with the next deadline for a 2020 blueprint on the 30.10.16.

#### **11. Recommendation**

The Governing Body is asked to formally receive this report and ratify the decision in relation to jointly funding an Estates Implementation Officer.

**Fiona Taylor**  
**Chief Officer**  
**September 2016**

## MEETING OF THE GOVERNING BODY SEPTEMBER 2016

<b>Agenda Item:</b> 16\146	<b>Author of the Paper:</b> Tracy Jeffes Chief Delivery and Integration Officer E mail: <a href="mailto:Tracy.Jeffes@southseftonccg.nhs.uk">Tracy.Jeffes@southseftonccg.nhs.uk</a> Tel no: 0151 247 7224
<b>Report date:</b> September 2016	
<b>Title:</b> Emergency Preparedness, Resilience and Response Assurance	
<b>Summary/Key Issues:</b>  The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR). At its meeting in August 2016, the Governing Body delegated approval of these plans to the Chief Officer, due to the urgent timescale required by NHSE. The Chief Officer has subsequently signed the compliance statement and improvement plan on behalf of the Governing Body.	
<b>Recommendation</b>  The Governing Body is asked to ratify this decision.	Receive <input type="checkbox"/> Approve <input type="checkbox"/> Ratify <input checked="" type="checkbox"/>

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

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

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

Links to National Outcomes Framework ( <i>x those that apply</i> )	
	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

## Report to the Governing Body September 2016

### 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 CCG's self-assessment statement.
- 1.2 The CCG has assessed itself as demonstrating substantial compliance against NHSE's levels for compliance. Substantial is defined as *"arrangements are in place, however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Governing Body has agreed"*. This conclusion has been reached following a thorough self-assessment which identified four "amber" areas which indicate that the standard was not currently complied with, but there is evidence of progress and actions included in the EPRR work plan for the next 12 months. In 2015/2016 a number of "amber" related standards still enabled full compliance, however for 2016/2017 the evaluation criteria have changed, hence a re-assessment of the compliance level as substantial.

### 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 CCG 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 Chief 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 Midlands and Lancashire 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 Since 31<sup>st</sup> May 2013 the CCG has been 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 the 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 begun to develop 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](http://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

The Governing Body is asked to ratify this report decision.

#### Appendices

Appendix A - Statement of Compliance

Appendix B - EPRR Core Standards 2016 Improvement Plan

## Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016-17

### STATEMENT OF COMPLIANCE

NHS South Sefton Clinical Commissioning Group has undertaken a self-assessment against the NHS England Core Standards for EPRR (v4.0).

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

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Board has agreed.
Partial	Arrangements are in place however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A workplan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red <sup>1</sup>	Standards rated as Amber <sup>2</sup>	Standards rated as Green <sup>3</sup>
35	0	4	31
	<sup>1</sup> Not complied with and not in an EPRR work plan for the next 12 months	<sup>2</sup> Not complied with but evidence of progress and in an EPRR work plan for the next 12 months	<sup>3</sup> 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.

Name

*Giona Taylor*

Chief Officer

29/09/2016

Date of board / governing body meeting

16/09/2016

Date signed by Chief Officer through  
delegated powers ahead of  
Governing Body meeting



**EPRR Core Standards 2016 - Improvement Plan**

Organisation: NHS South Sefton Clinical Commissioning Group

Plan owner: Fiona Taylor, Accountable Emergency Officer

<b>Core Standard Reference</b>	<b>Core Standard description</b>	<b>Improvement required to achieve compliance</b>	<b>Action to deliver improvement</b>	<b>Action Owner</b>	<b>Deadline</b>
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Business Impact Analysis from all heads of service to be undertaken to ensure current CCG structure reflected in priorities	BIA to be undertaken and the BC plan updated to reflect the new priorities. New CSU service to provide support	Tracy Jeffes	December 2016
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content.	Staff at the CCG to have taken part in the business impact analysis and have undertaken a familiarisation exercise	BIA to be undertaken and the BC plan updated to reflect the new priorities. Exercise for staff to be undertaken following revision of BCP.	Tracy Jeffes	March 2017
36	Demonstrate organisation wide appropriate participation in multi-agency exercises	More staff to attend multi-agency exercises to broaden experience and skills within the organisation	Increased number of on call staff involved in multi-agency events ( see also Pan Flu 3 below)	Tracy Jeffes	September 2017
DD1	Organisation has undertaken a Business Impact analysis	Although initial work was undertaken, this needs reviewing to improve quality.	BIA to be undertaken and the BC plan updated to reflect the new priorities.	Tracy Jeffes	December 2016
Pan Flu 3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months.	To attend an exercise.	CSU to liaise with LHRP regarding appropriate training to be delivered within the next 12 month.	Tracy Jeffes	September 2017

## MEETING OF THE GOVERNING BODY SEPTEMBER 2016

<b>Agenda Item:</b> 16\147	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer						
<b>Report date:</b> September 2016							
<b>Title:</b> Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
<p><b>Summary/Key Issues:</b> The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to receive the report and note the update.</p>	<table border="0"> <tr> <td>Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 12 <sup>th</sup> September 2016.

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

## **Report to Governing Body September 2016**

### **1. Executive Summary**

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

### **2. Key Issues**

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

Officers have recently been reviewing areas of discretionary spend and looking at ways in which additional savings can be made this year and future years and plans will be developed and presented to the Joint QIPP Committee in November.

The Chief Operating Officer (and QIPP Programme Lead) has now implemented the PMO reporting structure to the Joint QIPP Committee which is enabling the CCG to apply sufficient rigour in respect of monitoring and evaluation of all QIPP related activity.

### **3. Recommendations**

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

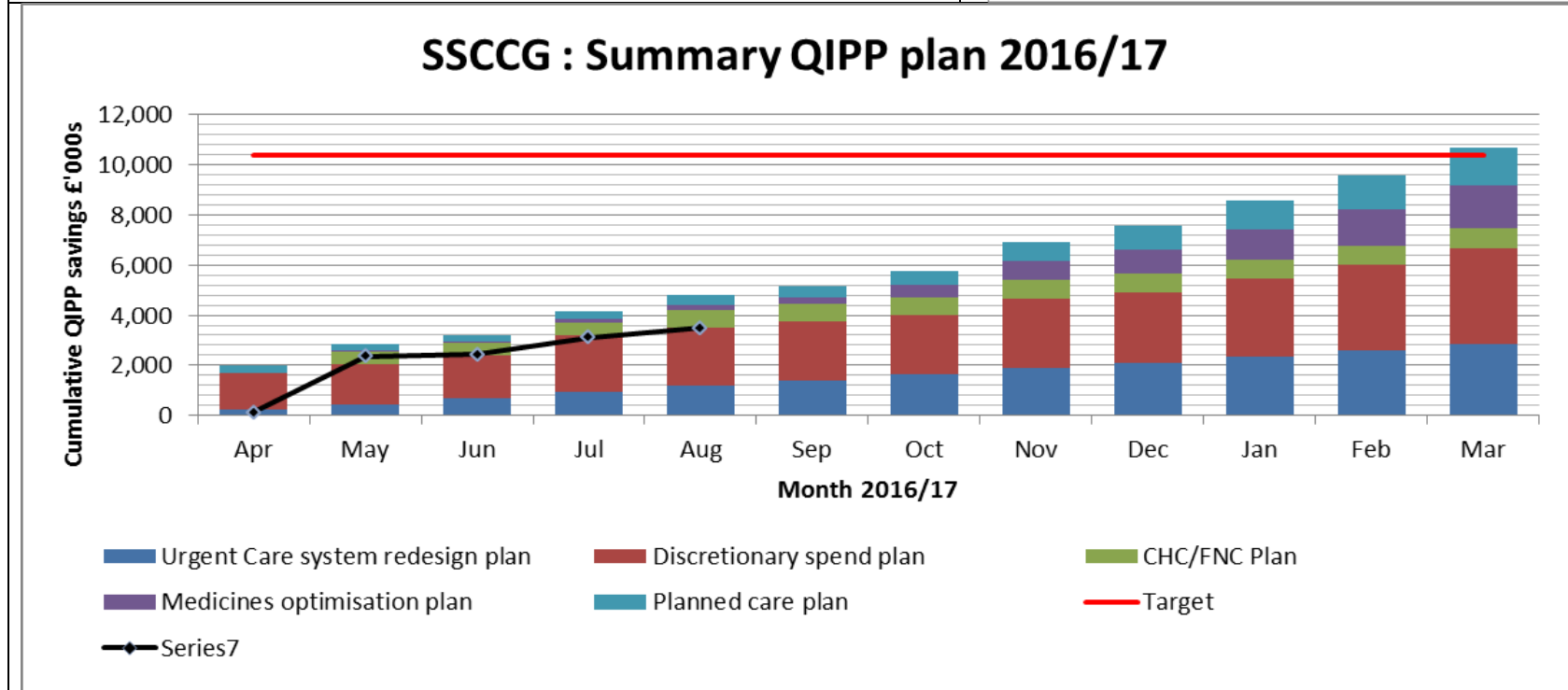
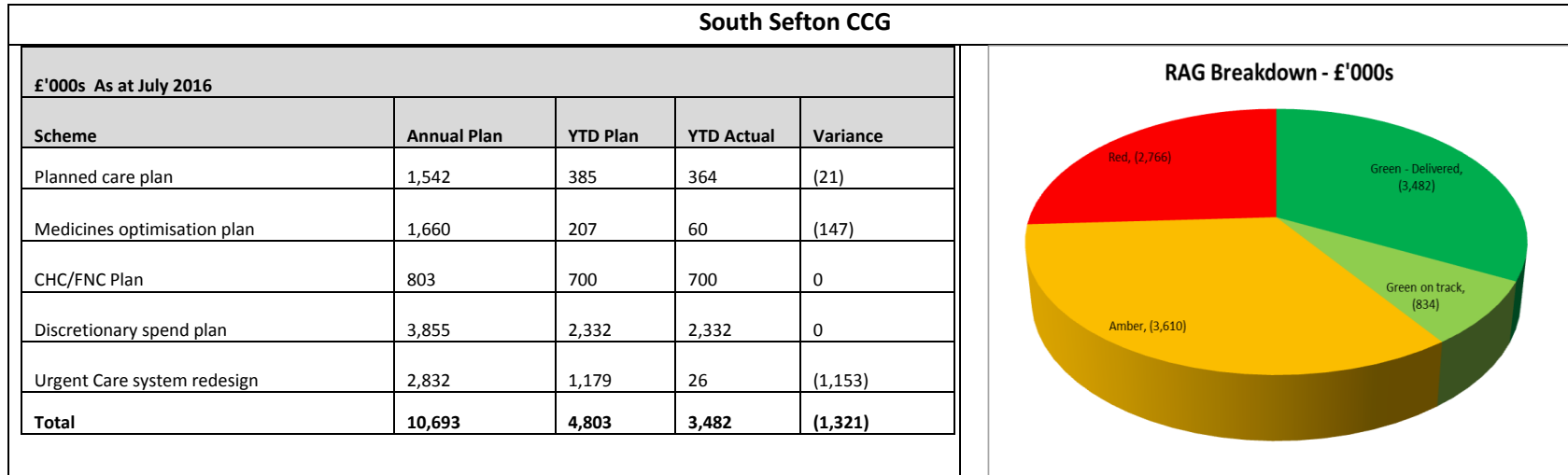
### **Appendices**

Appendix A – NHS South Sefton CCG Month 5 QIPP Performance Dashboard

**Martin McDowell**  
**Chief Finance Officer**  
**September 2016**

APPENDIX A - QIPP DASHBOARD – SUMMARY SSCCG AT MONTH 5

Appendix A



### QIPP DASHBOARD SSCCG – Detail by scheme – Themes 1 & 2

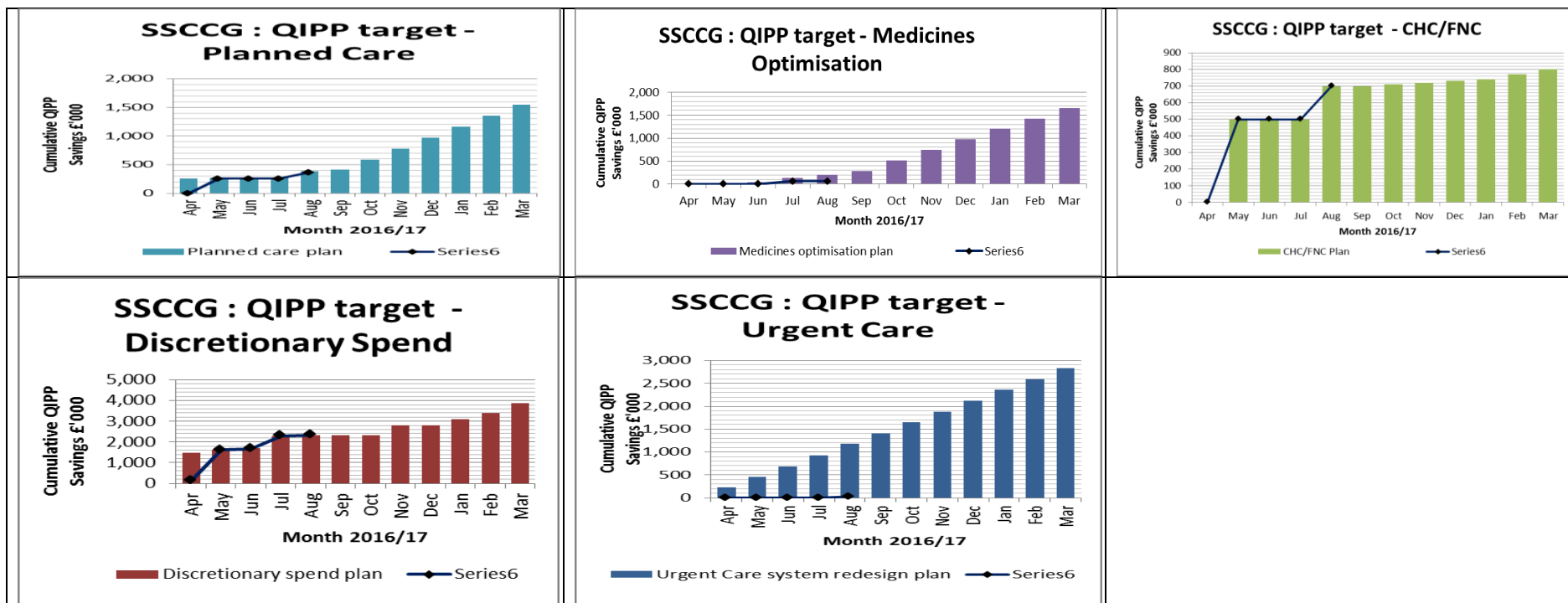
Planned care	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Sub total PLCV procedures (allow 10% to go through)	Jan L	M7-M12	0	0	0	●	0	0	0	●	664	664	0
Review of OPP T&O coding (S&O)	Martin McD	M1-M12	0	0	0	●	21	0	(21)	●	50	50	0
MCAS / T&O - S&O MCAS scheme	Jan L	M6-12	0	0	0	●	0	0	0	●	150	150	0
benchmarking)	Jan L	M7-M12	0	0	0	●	0	0	0	●	25	25	0
Dermatology - reduce block	Jan L	M1	0	0	0	●	30	30	0	●	30	30	0
appointments)	Jan L	M7-12	0	0	0	●	0	0	0	●	102	102	0
Critical care @Aintree	Jan L	M1	0	0	0	●	225	225	0	●	225	225	0
Reduction of Merseycare contract for DISH	Jan L	M5	0	0	0	●	109	109	(0)	●	109	109	0
Review of other expenditure - Reduction of spirometry service Aintree	Jan L	M6	0	0	0	●	0	0	0	●	24	24	0
Contract Challenges (Phase 1)	Jan L	M7-12	0	0	0	●	0	0	0	●	129	129	0
CQUIN - C2C reduction S&O	Deb F	M7-12	0	0	0	●	0	0	0	●	6	6	0
CQUIN - 1st:Fup ratio S&O	Deb F	M7-12	0	0	0	●	0	0	0	●	28	28	0
<b>Total</b>			<b>0</b>	<b>0</b>	<b>0</b>		<b>385</b>	<b>364</b>	<b>(21)</b>		<b>1,542</b>	<b>1,542</b>	<b>0</b>
<b>Medicines optimisation</b>	<b>Exec Lead</b>	<b>Phasing</b>	<b>In month plan</b>	<b>In month actual</b>	<b>Variance</b>		<b>YTD Plan</b>	<b>YTD Actual</b>	<b>Variance</b>		<b>Annual Plan</b>	<b>Forecast out-turn savings</b>	<b>Forecast Variance</b>
Focus on reduced waste (repeat prescribing)	Martin McD	M7-M12	0	0	0	●	0	0	0	●	750	750	0
Generics	Martin McD	M3-M12	7	0	(7)	●	17	9	(8)	●	67	67	0
Optimise Branded Prescribing	Martin McD	M3-M12	21	0	(21)	●	55	0	(55)	●	203	203	0
Additional rebate schemes	Martin McD	M4-M12	27	0	(27)	●	53	0	(53)	●	240	240	0
Blood Glucose Monitoring strips	Martin McD	M7-M12	0	0	0	●	0	0	0	●	75	75	0
Implementation of Quick Wins	Martin McD	M3-M12	11	0	(11)	●	32	21	(11)	●	105	105	0
Apixiban Price Reduction	Martin McD	M4-M12	0	0	0	●	30	30	0	●	30	30	0
High Cost Drugs and Biosimilars	Martin McD	M7-M12	0	0	0	●	0	0	0	●	140	140	0
Community service - Dermatology	Jan L	M1-M12	4	0	(4)	●	21	0	(21)	●	50	50	0
Review other expenditure - Cease care at the chemist	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0
<b>Total</b>			<b>70</b>	<b>0</b>	<b>(70)</b>		<b>207</b>	<b>60</b>	<b>(147)</b>		<b>1,660</b>	<b>1,660</b>	<b>0</b>

### QIPP DASHBOARD SSCCG – Detail by scheme – Themes 3 & 4

Individual packages of care	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
CHC reduction - No growth	David S	M1	0	0	0	●	500	500	0	●	500	500	0
CHC prior year	David S	M5	200	200	0	●	200	200	0	●	200	200	0
Outcome of CSU review work (net savings)	David S	M7-M12	0	0	0	●	0	0	0		63	63	0
Implementation of ADAM procurement system (net savings)	David S	Q4	0	0	0	●	0	0	0		40	40	0
<b>Total</b>			<b>200</b>	<b>200</b>	<b>0</b>		<b>700</b>	<b>700</b>	<b>0</b>		<b>803</b>	<b>803</b>	
<b>Discretionary spend</b>	<b>Exec Lead</b>	<b>Phasing</b>	<b>In month plan</b>	<b>In month actual</b>	<b>Variance</b>		<b>YTD Plan</b>	<b>YTD Actual</b>	<b>Variance</b>		<b>Annual Plan</b>	<b>Forecast out-turn savings</b>	<b>Forecast Variance</b>
Review other Expenditure - 3rd Sector	Martin McD / Tracy J	Qtr 4	0	0	0	●	0	0	0	●	154	154	0
Review other Expenditure - remaining 50% reduction on schemes	Martin McD / Tracy J	N/A	0	0	0	●	0	0	0	●	0	0	0
1% Non-recurrent released	Martin McD	N/A	0	0	0	●	0	0	0	●	0	0	0
Prior year spend	Martin McD	M1	0	0	0	●	1,350	1,350	0	●	1,350	1,350	0
LQC under-performance in 16/17	Martin McD	Qtr 4	0	0	0	●	0	0	0	●	600	600	0
Quality Premium 16/17		M12	0	0	0	●	0	0	0	●	300	300	0
CQUIN Underperformance 16/17	Martin McD	M3	0	0	0	●	0	0	0		400	400	0
CQUIN Underperformance 15/16 (S&O)	Martin McD	M11-M12	0	0	0	●	42	42	0	●	42	42	0
Estates	Martin McD	N/A	0	0	0	●	0	0	0	●	0	0	0
Cease LQC scheme 17/18 (Cost less NEL opp)	Jan L	M1-M12	0	0	0	●	0	0	0	●	0	0	0
Slippage in Transformation Fund / SRG Funding (In year slippage reduction)	Martin McD	N/A	0	0	0	●	891	891	0	●	891	891	0
Provider Sanctions - Aintree	Martin McD	M9-M12	0	0	0	●	0	0	0	●	41	41	0
Provider Sanctions - S&O	Martin McD	M1-12	0	0	0	●	0	0	0	●	3	3	0
Running Cost Contingency	Fiona Taylor	M7-M12	33	33	0	●	49	49	(0)	●	49	49	0
Move to bi monthly locality meetings	Debbie Fairclough	M7-M12	0	0	0	●	0	0	0	●	25	25	0
<b>Total</b>			<b>33</b>	<b>33</b>	<b>0</b>		<b>2,332</b>	<b>2,332</b>	<b>(0)</b>		<b>3,855</b>	<b>3,855</b>	<b>0</b>

### QIPP DASHBOARD SSCCG – Detail by scheme – Theme 5

Urgent care system redesign	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Respiratory	Karl Mc	M1-M12	123	0	(123)	●	617	0	(617)	●	1,480	1,480	0
Telehealth	Jan L	M1-M12	39	0	(39)	●	193	0	(193)	●	463	463	0
AVS	Jan L	M1-M12	69	0	(69)	●	343	0	(343)	●	823	823	0
Rightcare opportunity- Neurology	Jan L	M1-M12	0	0	0	●	0	0	0	●	0	0	0
Rightcare opportunity- T&I	Jan L	M1-M12	0	0	0	●	0	0	0	●	0	0	0
Rightcare opportunity - Gastro	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0
Cease Aintree to Home	Karl Mc	N/A	0	0	0	●	0	0	0	●	0	0	0
CQUIN - Zero LoS - S&O	Debbie F	M7-12	0	0	0	●	0	0	0	●	40	40	0
Cease GP Hotline	Karl Mc	M5	26	26	0	●	26	26	0	●	26	26	0
<b>Total</b>			<b>257</b>	<b>26</b>	<b>(231)</b>		<b>1,179</b>	<b>26</b>	<b>(1,153)</b>		<b>2,832</b>	<b>2,832</b>	<b>0</b>





## REPORT TO THE GOVERNING BODY SEPTEMBER 2016

<b>Agenda Item: 16/148</b>	<b>Author of the Paper:</b> Karl McCluskey Chief Strategy & Outcomes Officer Email: <a href="mailto:karl.mccluskey@southseftonccg.nhs.uk">karl.mccluskey@southseftonccg.nhs.uk</a>						
<b>Report date:</b> September 2016							
<b>Title:</b> Integrated Performance Report							
<b>Summary/Key Issues:</b>  This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)							
<b>Recommendation</b>  The Governing Body is asked to receive this report .	<table style="border: none;"> <tr><td style="padding-right: 10px;">Receive</td><td style="border: 1px solid black; text-align: center; width: 20px;">x</td></tr> <tr><td style="padding-right: 10px;">Approve</td><td style="border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

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

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

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report

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## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

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

## Key information from this report

### Financial position

The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%. The forecast position improved by £0.9m overall during the month, this was due to further underperformance within acute care and prescribing budgets but now includes the cost pressure of £0.783m in respect of the nationally mandated increase in Funded Nursing Care payments from 1st April 2016. The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 5, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan. In order to deliver the agreed financial plan, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.

### Planned Care

After conducting a data cleansing exercise and refreshing the referrals data, overall referrals at month 4 year to date are flat compared to the same period in 2015/16. Analysis by referrer shows GP referrals are up by 1.7%.

Aintree narrowly failed to achieve the 92% RTT target in July, reporting 91.3%. The Trust are reviewing their long waiting patients and capacity within the divisions and additional activity is being undertaken to improve the situation. In addition to this the RTT Improvement Group meet fortnightly and focus on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the access policy is followed and patients are booked for treatment to reduce the open pathways. An external and an internal Audit were undertaken in July and the final reports are awaited to highlight any areas of concern and make suggestions for improvement. Specialty level recovery plans will be produced to sustainably achieve the Incomplete standard.

All CCG and Aintree Trust level Cancer indicators are performing well year to date.

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of -£247k, which is a percentage variance of -1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £78k and £121k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£428k and Southport & Ormskirk Hospital -£114k.

### Unplanned Care

Aintree are aiming to meet A&E STF trajectory of 95% by September 2016 as agreed with NHSI. Type 1 AED attendances were over 11% higher in July 2016 than in July 2015 with the trend continuing upwards over the past 12 months. Implementation of the Emergency and Acute Care Plan continues with AED, Frailty and Ward work-streams ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve.

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. In respect of ambulance turnaround times, the Trust experienced an increase in the number of delays in excess of 30 minutes during July 2016. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken. Work with NWS and all partners is also ongoing to ensure delivery of



actions agreed at the NHSI workshop in July 2016, including the implementation of actions arising from the Cheshire and Merseyside Ambulance Handover Concordat.

Stroke performance fell below the required national standard of 80% during July 2016 with the Trust reporting performance of 61.1% (an improvement of 4% on previous month). It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C. The CCG has requested a full performance report from the Trust regarding Stroke underperformance, a report has been submitted and discussed at the CQPG in September.

In July the CCG had 1 mixed sex accommodation breaches (a rate of 0.2) and have therefore breached the zero tolerance threshold. The breach was at Southport & Ormskirk.

There have been 6 new serious incidents reported in August 2016 which have affected South Sefton CCG patients. All serious incidents are managed via the CCG's internal serious incident meetings. Incidents remain open on StEIS with recommendation for closure once assurance has been provided that system learning has been embedded. There are regular monthly meetings in place with Aintree University Hospital, Mersey Care Trust and Southport and Ormskirk Hospital to support engagement and relationship management.

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£347k. This under-performance is clearly driven by Aintree Hospital reporting an under performance of £315k/-3%. Alder Hey Children's Hospital is reporting the largest year to date over performance with a £55k/8% variance.

### **Mental Health**

There was a 7% decrease in patients entering IAPT treatment in July compared to June. The access standard. Current activity levels provide a forecast outturn of 14.1% against the 15% standard. GP referrals are at the lowest levels since April 2015 with 71 reported. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 41.4% in month 4, which does not meet the minimum standard of 50%. A forecast outturn at month 4 gives a year end position of 43.2%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. There was a 25% reduction in DNAs from 205 in month 3 to 153 in month 4 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Support from the National Intensive Support Team is currently being arranged.

A plan is in place to improve the South Sefton Dementia Diagnosis rate which is below target (67%) at 57.1%. A bespoke set of searches have been developed into a dementia toolkit and are ready to be rolled out to the south Sefton Facilitators Data facilitators who will work with each practice and run the searches. It is hoped the searches will generate errors in coding and identify patients with memory or associated cognitive difficulties who are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

### **Community Health Services**

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust.

Patient cancellation rates were discussed in the latest Information Sub Group meeting (15/09/2016), including instances where appointments are rearranged, and the only way to take the original appointment off the system is to cancel it. It was agreed that this does not necessarily mean this is having a negative effect on the patient or the utilisation of the clinic, as that slot could potentially be rebooked. The trust is to provide a clinic utilisation report at the next meeting.

### **Primary Care**

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. Requirements will be discussed at CCG Senior Management Team in October.

There has been one further inspection result published in the last month at Bootle Village Surgery which has been declared Good.

### **Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 August 2016 (Month 5).

The forecast outturn position after reserves is a £2.450m surplus against a planned surplus of £2.450m. This is subject to delivery of the QIPP programme in 2016/17 and release of the 1% uncommitted non recurrent reserve, which is currently held uncommitted as directed by NHS England.

The financial position relating to operational budgets at month 5 before the application of reserves is £0.933m underspend against plan with a year-end forecast of £1.969m underspend following the mitigation of CCG contingency. The forecast position improved by £0.9m overall during the month, this was due to further underperformance within acute care and prescribing budgets but now includes the cost pressure of £0.783m in respect of the nationally mandated increase in Funded Nursing Care payments from 1st April 2016.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 5 is £3.482m and the forecast underspend on operational budgets is £1.969m. At this stage, the CCG has identified a further £2.639m worth of savings to be delivered in year (risk adjusted schemes to be delivered) leaving a predicted shortfall of £0.083m against its QIPP plan in 2016/17 as highlighted in the best case scenario.

The value of QIPP savings delivered at the end of Month 5 is £3.482m. At this stage the CCG needs to deliver a further £2.722m in year, in addition to the use of the 1% uncommitted non-recurrent reserve in order to achieve the agreed £2.450m planned surplus. This is shown in Table F.

The high level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£2.450m	£2.450m
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£3.482m	£3.114m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

## 2.2 Resource Allocation

Additional allocations have been received in Month 5 as follows:

GP Development Programme (Reception and Clerical Training) - £0.013m

This is a non-recurrent allocation and is expected to be fully utilised during the financial year.

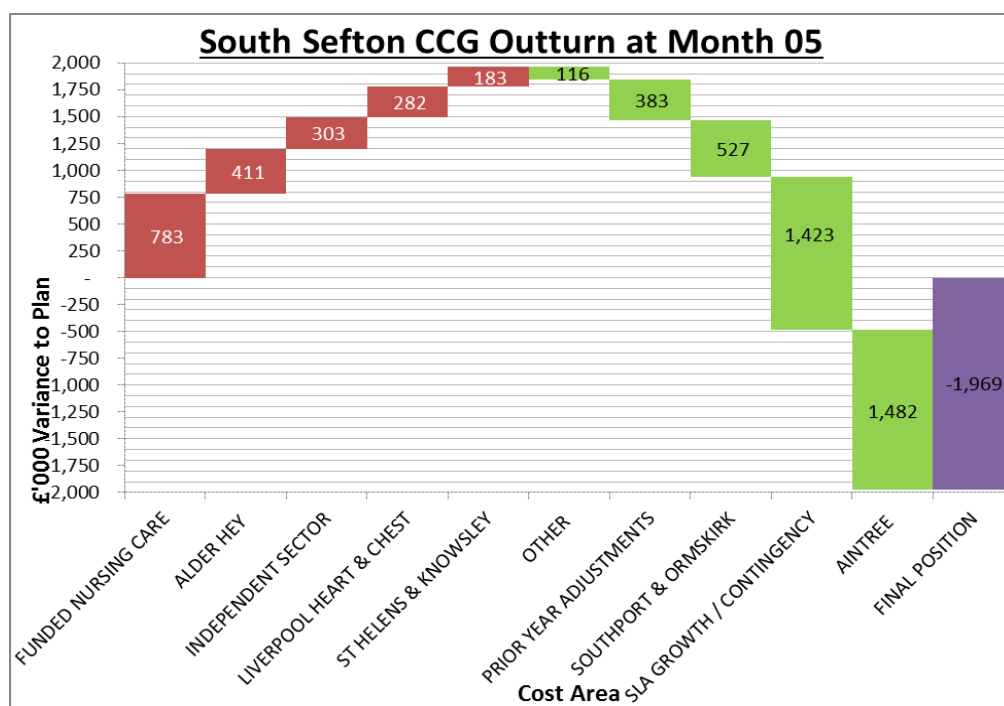
## 2.3 Position to date and forecast

The main financial pressures included within the financial position are shown below in Graph 1 which presents the CCGs forecast outturn position for the year. A full breakdown of the CCG position is detailed in Appendix 1.

There are forecast pressures within funded nursing care; due to the nationally mandated uplift, and acute care. Pressures on acute budgets are particularly evident at Alder Hey, Liverpool Heart & Chest and the Independent Sector.

The overspend is supported by underspends with other acute providers, notably Aintree and Southport & Ormskirk.

Figure 2 – Forecast Outturn



## Prescribing

The prescribing forecast for the financial year is an underspend of £0.150m and is in line with the PPA forecast for 2016/17 and the actual performance for 2015/16. The forecast outturn has reduced significantly during the month and further scrutiny is in progress to understand the

reason for the change. A small number of QIPP schemes have been implemented but it is not expected that these will have materialised in the current forecast as this is based on actual figures related to June prescribing.

### Continuing Health Care and Funded Nursing Care

The Month 5 position for the continuing care budget is an overspend of £0.029m, which reflects the current number of patients, average package costs and an uplift to providers of 1.1% until the end of the financial year which has been communicated to providers.

Year-to-date QIPP savings have been transacted against this budget to the value of £0.695m relating to the additional growth budget of 5% included at budget setting. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for South Sefton CCG is a cost pressure of £0.783m and this cost pressure is now included within the CCG forecast position.

## 2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £10.384m. This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to move red and amber rated schemes to green rated schemes. The detailed QIPP plan is projected to deliver £6.122m in total during the year

**Figure 3 – RAG rated QIPP plan**

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,543)	0	(1,543)	(463)	(1,080)	0	(1,543)
Medicines optimisation plan	(1,660)	0	(1,660)	(770)	(890)	0	(1,660)
CHC/FNC plan	(603)	(200)	(803)	(700)	(103)	0	(803)
Discretionary spend plan	(228)	(3,627)	(3,855)	(2,357)	(1,498)	0	(3,855)
Urgent Care system redesign plan	(2,832)	0	(2,832)	(26)	(40)	(2,766)	(2,832)
<b>Total QIPP Plan</b>	<b>(6,866)</b>	<b>(3,827)</b>	<b>(10,693)</b>	<b>(4,316)</b>	<b>(3,611)</b>	<b>(2,766)</b>	<b>(10,693)</b>
<b>Risk rated QIPP plan</b>				<b>(4,316)</b>	<b>(1,806)</b>	<b>0</b>	<b>(6,122)</b>

As shown in **Figure 4** and **5** below, £3.482m has been actioned at Month 5 against a phased plan of £4.803m.

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

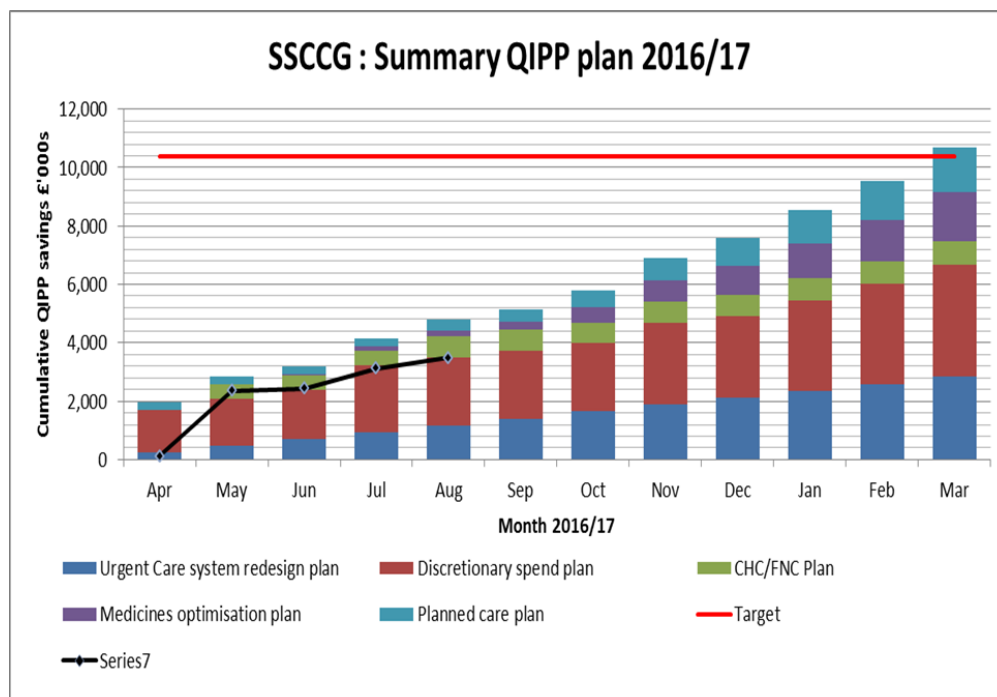


Figure 5 – QIPP performance at month 5

Scheme	In month current month (M5)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	0	0	0	385	364	(21)
Medicines optimisation plan	70	0	(70)	207	60	(147)
CHC/FNC Plan	200	200	0	700	700	0
Discretionary spend plan	33	33	0	2,332	2,332	(0)
Urgent Care system redesign plan	257	26	(231)	1,179	26	(1,153)
<b>Total</b>	<b>559</b>	<b>259</b>	<b>(300)</b>	<b>4,803</b>	<b>3,482</b>	<b>(1,321)</b>

QIPP delivery is £1.321m below plan at Month 5. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular, must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

## 2.5 CCG Running Costs

The running cost allocation for the CCG is £3.259m and the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is in line with plan. There is a small contingency budget within running costs. An efficiency of £0.049m has contributed to the CCG QIPP target.

## 2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

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

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

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

### Month 5 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £240.274m. Up to Month 5, the actual cash received is £104.341m (43.4% of MCD) against a target of £100.114m (41.7% of MCD).

At Month 5, the forecast financial position is a planned £2.450m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus of £2.450m, the CCG will need to develop plans to manage the additional cash requirement. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

A full year cash flow forecast, based on information available at month 5, has been produced. This estimates a cash shortfall of £8.340m and we are working with NHS England to assess the impact of this and take appropriate action.

## 2.7 Evaluation of risks and opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in this financial year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required level of assurance to change these schemes to 'Green'.

Failure to do this will mean the CCG will not achieve its required planned surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

There are also a number of other risks that require ongoing monitoring and managing:

- Acute contracts – The CCG has historically experienced significant growth in acute care year on year, although year-to-date performance shows an underspend, the position is based on data for Month 4 which is still in early stages in the financial year. There is a particular risk in relation to NEL activity at Aintree following the opening of its new urgent care centre as previously reported.
- All members of the CCG have a role to play in managing these risks including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. This is continually reviewed during the financial year.
- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. This risk is being managed closely by the Quality team and the CSU and further updates will be provided as appropriate.

## 2.8 Reserves budgets / Risk adjusted surplus

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

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG is required to deliver a total management action plan of £8.636m in 2016/17 in order to meet the agreed control total with NHS England. This position includes a non-recurrent benefit arising from the forecast underspend on operational budgets.

Delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.



Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Outturn (against operational budgets)	0.000	1.969	1.969
Committed Reserve Budgets	0.000	(0.221)	(0.221)
<b>Management action plan</b>			
Actioned QIPP to date	0.954	2.529	3.482
Additional QIPP required	4.468	0.686	5.154
<b>Total Management Action Plan</b>	<b>5.422</b>	<b>3.215</b>	<b>8.636</b>
<b>Year End Surplus / (Deficit)</b>	<b>2.950</b>	<b>(0.500)</b>	<b>2.450</b>

Figure 7 outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus additional QIPP identified and delivered and the return of the 1% non-recurrent reserve.

The most likely case assumes the 1% non-recurrent reserve is not returned and further cost pressures emerge within acute care, this will deliver a break even position. The worst case assumes only the risk adjusted QIPP plan is delivered and further acute pressure emerge.

Figure 7 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan	(10.384)	(10.384)	(10.384)
QIPP achieved to date	3.482	3.482	3.482
<b>Remaining QIPP requirement</b>	<b>(6.902)</b>	<b>(6.902)</b>	<b>(6.902)</b>
Month 4 Forecast (I&E)	1.969	1.969	1.969
Committed Reserve Budgets	(0.221)	(0.221)	(0.221)
<b>Remaining QIPP requirement</b>	<b>(5.154)</b>	<b>(5.154)</b>	<b>(5.154)</b>
Remaining risk adjusted QIPP schemes	2.639	2.639	2.639
Improved Position / Further QIPP Delivery	0.083	0.565	-
1% Non-Recurrent reserve	2.432		
Increased Cost Pressure / Efficiency			
- Acute / Prescribing		(0.500)	(1.500)
- Funded Nursing Care	-	-	-
Planned Surplus	2.450	2.450	2.450
<b>Risk adjusted Surplus / (Deficit)</b>	<b>2.450</b>	<b>0.000</b>	<b>(1.565)</b>

## 2.9 Recommendations

The Governing Body is asked to receive the finance update, noting that:

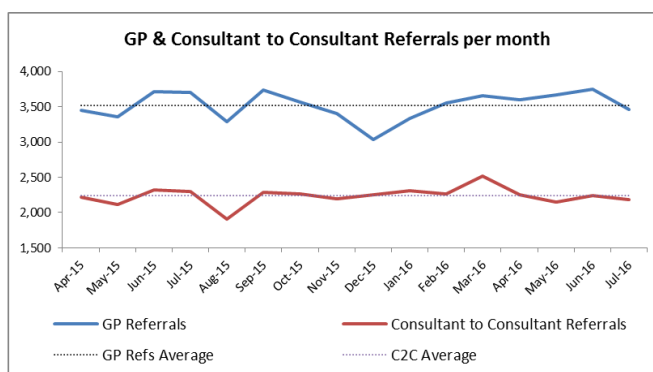
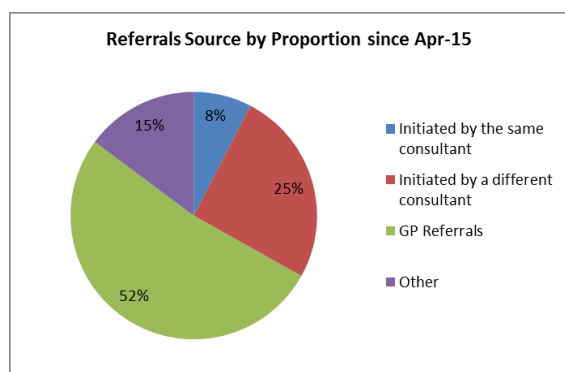
- The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.
- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 5, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- In order to deliver the agreed financial plan, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

### 3. Planned Care

#### 3.1 Referrals by source

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

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	14,231	14,478	247	2%
<b>GP Total</b>			<b>14,231</b>	<b>14,478</b>	<b>247</b>	<b>2%</b>
Other	01	following an emergency admission	702	546	-156	-22%
	02	following a Domiciliary Consultation	6	1	-5	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,747	1,752	5	0%
	05	A CONSULTANT, other than in an Accident and Emergency Department	5,299	5,100	-199	-4%
	06	self-referral	1,160	1,066	-94	-8%
	07	A Prosthetist	7	7	0	0%
	08	Royal Liverpool Code (TBC)	279	270		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	387	391	4	1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	814	1,039	225	28%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	22	22	0	0%
	13	A Specialist NURSE (Secondary Care)	26	30	4	15%
	14	An Allied Health Professional	406	572	166	41%
	15	An OPTOMETRIST	2	4	2	100%
	16	An Orthoptist	2	2	0	0%
	17	A National Screening Programme	9	7	-2	-22%
	92	A GENERAL DENTAL PRACTITIONER	551	623	72	13%
	93	A Community Dental Service	6	1	-5	-83%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,450	1,288	-162	-11%	
<b>Other Total</b>			<b>12,875</b>	<b>12,721</b>	<b>-154</b>	<b>-1%</b>
Unknow n			19	0	-19	-100%
<b>Grand Total</b>			<b>27,125</b>	<b>27,199</b>	<b>74</b>	<b>0%</b>



Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

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

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - July	1.00%	0.71%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - July	1.00%	0.73%	↑

### 3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - July	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - July	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - July	92%	93.30%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	16/17 - July	92%	91.30%	↓

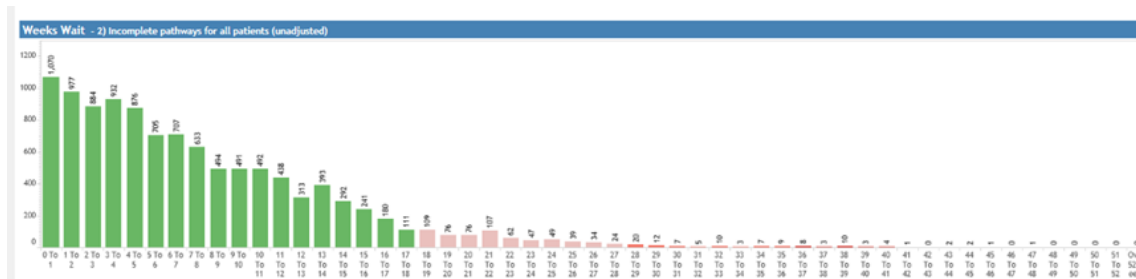
Aintree have narrowly failed to achieve the 92% target in July, reporting 91.3%. Out of a total of 19,626 patients on the pathway, 1,708 patients were still waiting to receive treatment after 18 weeks.

The Trust has seen a decrease in the incomplete performance against the National standard month on month since July 2015. The Trust are reviewing their long waiting patients and capacity within the divisions and additional activity is being undertaken to improve the current situation. In addition to this the RTT Improvement Group meet fortnightly and focus on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the access policy is followed and patients are booked for treatment to reduce the open pathways. An external and an internal Audit were undertaken in July and the final reports are awaited to highlight any areas of concern and make suggestions for improvement. A paper is currently being finalised to fully understand the failing RTT position and demonstrate some of

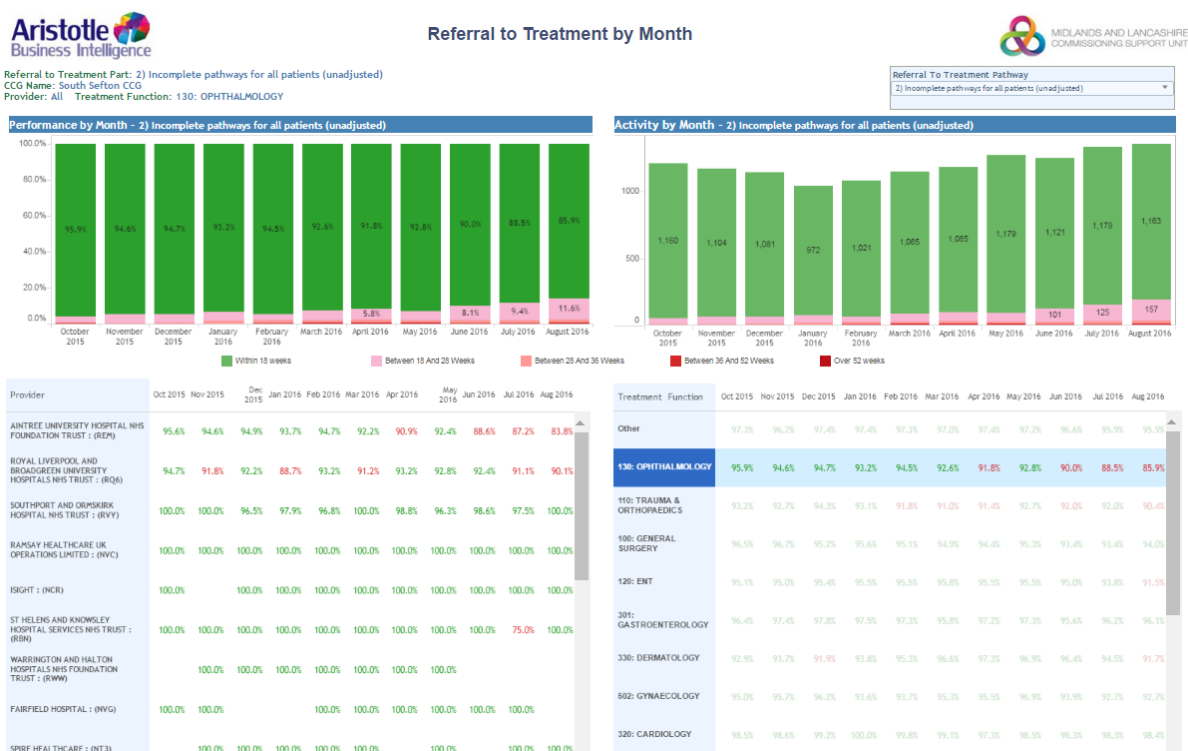
the underlying risks with long waiting patients. This will include specialty level recovery plans to sustainably achieve the Incomplete standard.

### 3.3.1 Incomplete Pathway Waiting Times

Figure 9 South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting

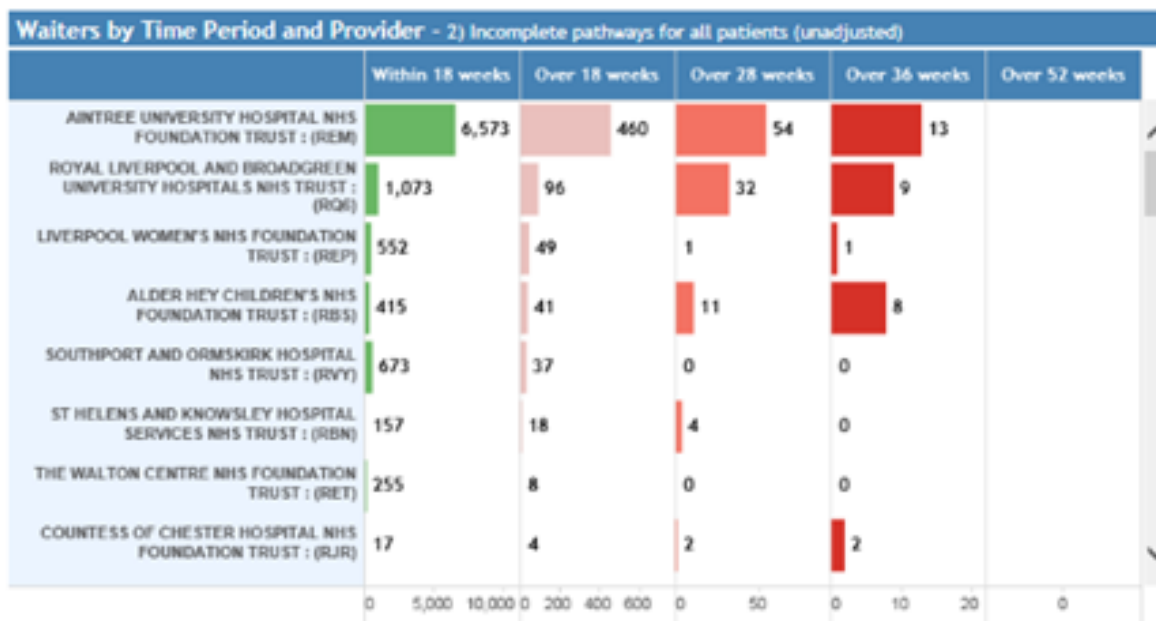


Governing Body members requested an in depth view of Ophthalmology waiters at the August meeting. Detailed analysis from the Aristotle Business Intelligence tool is below. In summary ophthalmology performance began to deteriorate in April 2016, particularly at Aintree and Royal Liverpool Hospitals. The number of patients waiting is increasing each month.



### 3.3.1 Long Waiters analysis: Top 5 Providers

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



### 3.3.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Aintree	Thoracic Medicine	41	Had follow up appointment 30-8-16 and was discharged. Reason for delay capacity issues
Aintree	Ophthalmology	44	Discharged by to GP - Patient cancelled previous appointments and doesn't want to be seen until November
Alder Hey	Other	40	TCI Date 15-9-16 - Community Paeds – Demand and capacity shortfall
Alder Hey	Other	40	TCI Date 22-8-16 – Attended treated – Community Paeds - Demand and Capacity shortfall
Alder Hey	Other	45	TCI Date 16-9-16 – Community Paeds – Demand and Capacity shortfall
Alder Hey	Other	47	TCI date 16-9-16. Community Paeds – Demand and Capacity shortfall
Countess of Chester	ENT	44	Patient unavailable due to operation then holiday
Liverpool Women's	Gynaecology	40	Discharged 8-8-16 – Combination of complicated diagnosis, with patient engagement (DNA's & altering appointments

RLBUHT	T&O	43	Patient on inpatient waiting list awaiting TCI date
RLBUHT	General Surgery	43	Validated – no longer a long waiter
University College London	Gynaecology	40	August data shows no longer a long waiter and off the list.

### 3.1 Cancelled Operations

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

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

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	16/17 - July	0	0	1 ↔

### 3.2 Cancer Indicators Performance

#### 3.2.1 - Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	16/17 - July	93%	95.40%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	16/17 - July	93%	95.03%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	16/17 - July	93%	94.12%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	16/17 - July	93%	93.38%	↑



### 3.2.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - July	96%	98.37%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - July	96%	99.74%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - July	94%	96.36%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - July	94%	95.35%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - July	94%	98.90%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - July	98%	98.68%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - July	98%	100.00%	↔

### 3.2.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - July	85% local target	90.40%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	16/17 - July	85% local target	92.66%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - July	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - July	90%	93.02%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - July	85%	86.96%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - July	85%	85.71%	↔

### 3.3 Patient Experience of Planned Care

#### Friends and Family Response Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
Inpatients	25%	20.5%	↓	96.0%	96%	↔	2.0%	2%	↔

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for both inpatients and A&E, but are under target for inpatients in July.

For Inpatient services, the percentage of people who would recommend that service is the same as the England average and is in line with the previous month (June 2016). The percentage of people who would not recommend the inpatient service is also the same the England average.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services. The Trust's quarterly Patient Feedback Report contains detailed analysis regarding FFT, this report will be reviewed at CQPGs on a quarterly basis, and the Quarter 1 report will be presented in September.

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

### 3.4 Planned Care Activity & Finance, All Providers

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of -£247k, which is a percentage variance of -1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £78k and £121k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£428k and Southport & Ormskirk Hospital -£114k.

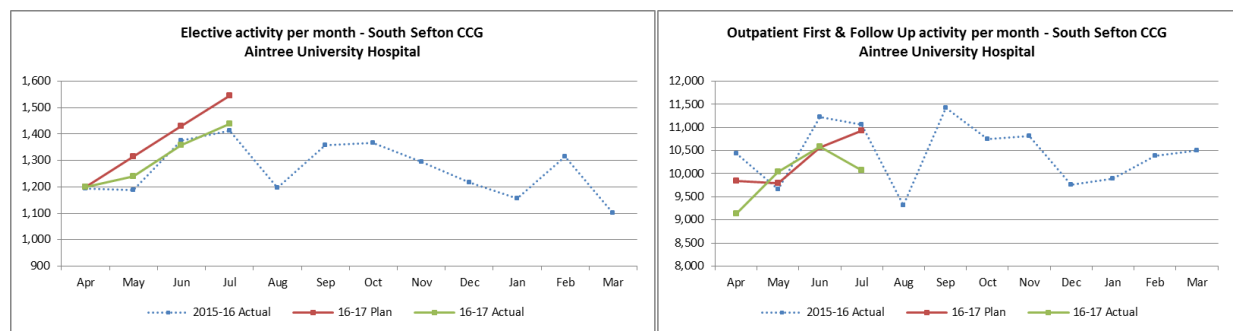
Figure 11 Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	58,949	57,432	-1,517	-3%	£10,890	£10,462	-£428	-4%
Alder Hey Childrens NHS F/T	2,254	4,594	2,340	104%	£560	£682	£121	22%
Central Manchester University Hospitals Nhs Foundation Trust	29	55	26	92%	£7	£9	£2	21%
Countess of Chester Hospital NHS Foundation Trust	0	60	60	0%	£0	£6	£6	0%
East Cheshire NHS Trust	0	1	1	0%	£0	£0	£0	0%
Fairfield Hospital	42	62	20	48%	£7	£15	£8	108%
ISIGHT (SOUTHPORT)	87	209	122	139%	£22	£49	£27	125%
Liverpool Heart and Chest NHS F/T	386	400	14	4%	£127	£165	£37	29%
Liverpool Womens Hospital NHS F/T	5,441	5,395	-46	-1%	£1,127	£1,081	-£47	-4%
Renacres Hospital	1,495	2,231	736	49%	£526	£604	£78	15%
Royal Liverpool & Broadgreen Hospitals	10,169	10,291	122	1%	£1,895	£1,893	-£1	0%
Southport & Ormskirk Hospital	4,760	4,927	167	4%	£1,023	£909	-£114	-11%
SPIRE LIVERPOOL HOSPITAL	954	759	-195	-20%	£301	£272	-£28	-9%
ST Helens & Knowsley Hospitals	1,381	1,404	23	2%	£366	£397	£31	8%
University Hospital Of South Manchester Nhs Foundation Trust	36	39	3	7%	£5	£8	£3	56%
Wirral University Hospital NHS F/T	153	148	-5	-3%	£41	£44	£3	7%
Wrightington, Wigan And Leigh Nhs Foundation Trust	282	405	123	44%	£102	£157	£55	54%
<b>Grand Total</b>	<b>86,416</b>	<b>88,412</b>	<b>1,996</b>	<b>2%</b>	<b>£16,999</b>	<b>£16,751</b>	<b>-£247</b>	<b>-1%</b>

#### 3.4.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 12 Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	4,527	4,400	-127	-3%	£2,931	£2,786	£-145	-5%
Elective	690	569	-121	-18%	£1,925	£1,732	£-194	-10%
Elective Excess BedDays	273	267	-6	-2%	£60	£60	£0	-1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	149	98	-51	-34%	£27	£20	£-7	-27%
OPFANFTF - Outpatient first attendance non face to face	839	1,019	180	22%	£24	£26	£2	9%
OPFASPCL - Outpatient first attendance single professional consultant led	11,152	11,160	8	0%	£1,676	£1,700	£24	1%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	492	409	-83	-17%	£54	£54	£1	1%
OPFUPNFTF - Outpatient follow up non face to face	1,062	1,463	401	38%	£26	£35	£10	38%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,450	25,695	-1,755	-6%	£2,186	£2,066	£-120	-5%
Outpatient Procedure	7,154	6,951	-203	-3%	£1,183	£1,175	£-8	-1%
Unbundled Diagnostics	4,676	4,897	221	5%	£428	£430	£3	1%
Wet AMD	485	503	18	4%	£370	£377	£7	2%
<b>Grand Total</b>	<b>58,949</b>	<b>57,431</b>	<b>-1,518</b>	<b>-3%</b>	<b>£10,890</b>	<b>£10,461</b>	<b>£-428</b>	<b>-4%</b>



Planned Care at Aintree University Hospital is reporting a year to date under performance of - £428k which equates to a -4% under performance. Under-Performance is driven by Daycase/Elective costs which show a combined cost variance of -£339k.

### 3.4.2 Planned Care Southport & Ormskirk Hospital

Figure 7 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	311	316	5	1%	£252	£209	£-44	-17%
Elective	74	55	-19	-26%	£214	£155	£-59	-28%
Elective Excess BedDays	0	1	1	105%	£0	£0	£0	150%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	94	25	-69	-73%	£14	£4	£-9	-68%
OPFANFTF - Outpatient first attendance non face to face	0	6	6	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	736	916	180	24%	£109	£130	£21	19%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	194	62	-132	-68%	£19	£7	£-12	-62%
OPFUPNFTF - Outpatient follow up non face to face	0	32	32	0%	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,732	1,880	148	9%	£155	£165	£9	6%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	0	99	99	0%	£0	£2	£2	0%
Outpatient Procedure	1,333	1,230	-103	-8%	£237	£211	£-25	-11%
Unbundled Diagnostics	284	305	21	7%	£22	£24	£2	10%
<b>Grand Total</b>	<b>4,760</b>	<b>4,927</b>	<b>167</b>	<b>4%</b>	<b>£1,023</b>	<b>£909</b>	<b>£-114</b>	<b>-11%</b>

Planned care at Southport & Ormskirk Trust remains below plan with the focus of underperformance in Day Case and Elective PODs. The Trust commented the main reason behind this is difficulty in recruiting theatre staff and Anaesthetists, as such capacity is down. This is also having a knock on effect on Trusts RTT performance.

### 3.4.3 Renacres Hospital

Figure 8 Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	192	204	12	6%	£215	£236	£21	10%
Elective	34	33	-1	-4%	£163	£167	£4	3%
OPFASPCL - Outpatient first attendance single professional consultant led	407	464	57	14%	£58	£66	£8	14%
OPFUPSPCL - Outpatient follow up single professional consultant led	487	1,144	657	135%	£41	£67	£27	65%
Outpatient Procedure	234	192	-42	-18%	£34	£47	£13	37%
Unbundled Diagnostics	141	194	53	38%	£14	£19	£5	38%
<b>Grand Total</b>	<b>1,495</b>	<b>2,231</b>	<b>736</b>	<b>49%</b>	<b>£526</b>	<b>£604</b>	<b>£78</b>	<b>15%</b>

Renacres over performance of £95k/25% is largely driven by a £41k over performance in Daycase, with £22k of that variance in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB61C – Major Shoulder and Upper Arm Procedure without CC” continues to over perform which is a continuation of the later part of 2015/16.

## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - July	95.00%	88.77%	↓	The CCG have failed the target in July reaching 87.6% and year to date reaching 88.77%. In July 1045 attendances out of 8452 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - June	95.00%	80.03%	↔	The CCG have failed the target in July reaching 78.3% (year to date 80.03%). In July 780 attendances out of 3589 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	16/17 - July	STP Trajectory Target for June 92%	87.92%	↓	Aintree have failed the STP target of 93% in July reaching 86%. In June, 2026 attendances out of 14425 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 87.40%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - June	95.00%	76.27%	↓	Aintree have failed the target in July reaching 72.5% and year to date reaching 76.27%. In July 1413 attendances out of 6509 were not admitted, transferred or discharged within 4 hours.

Aintree are aiming to meet STF trajectory of 95% by September 2016 as agreed with NHSI. Type 1 AED attendances were over 11% higher in July 2016 than in July 2015 with the trend continuing upwards over the past 12 months. Implementation of the Emergency and Acute Care Plan continues with AED, Frailty and Ward work-streams ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve. Consultant recruitment is also ongoing however the number of applications has been limited. Implementation of the TTL rota also commenced in July 2016 which provides separate medical cover for trauma throughout out evenings and weekends. This ensures that the AED team can focus on maintaining core AED function during these times. An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE and the implementation of actions arising from the rapid improvement event on delayed discharges in May, facilitated by NHSI. Follow-up workshops taking place to monitor progress.

## 4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	74.90%	↓	The CCG is slightly under the 75% target year to date reaching 74.9%. In July out of 71 incidents there were 20 breaches (71.4%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	64.80%	↓	The CCG was under the 75% target year to date reaching 64.8%. In July out of 880 incidents there were 374 breaches (57.6%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - July	95%	93.10%	↓	The CCG was under the 95% target year to date reaching 93.1%. In July out of 951 incidents there were 81 breaches (91.4%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - July	75%	73.57%	↓	NWAS reported just under the 75% target year to date reaching 73.57%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - July	75%	65.60%	↓	NWAS failed to achieve the 75% target year to date reaching 65.6%
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - July	95%	91.20%	↔	NWAS failed to achieve the 95% target year to date reaching 91.20%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - July	0	262	↑	The Trust recorded 262 handovers between 30 and 60 minutes, this is a decline on last month when 172 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - July	0	258	↑	The Trust recorded 258 handovers over 60 minutes, this is significantly up on last month when 146 was reported.

South Sefton CCG failed all 3 indicators for ambulance. (See above of number of incidents / breaches).

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

In respect of ambulance turnaround times, the Trust experienced an increase in the number of delays in excess of 30 minutes during July 2016. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken. Work with NWAS and all partners is also ongoing to ensure delivery of actions agreed at the NHSI workshop in July 2016, including the implementation of actions arising from the Cheshire and Merseyside Ambulance Handover Concordat.

## 4.3 Unplanned Care Quality Indicators

### 4.3.1 Stroke and TIA Performance

Stroke					
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - July	80%	61.10%	↑	Aintree have failed to achieve the target in July with only 22 patients out of 36 spending at least 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - July	60%	100%	↔	

Stroke performance fell below the required national standard of 80% during July 2016 with the Trust reporting performance of 61.1% (+4%). The number of patients discharged from the Trust with a diagnosis of stroke decreased to 36 (-14) and 22 of those spent at least 90% of their time on the stroke unit, 14 patients did not. Analysis of Stroke performance during June 2016 illustrates that unavailability of a stroke bed (2) Patients referred to the stroke team after scanning (3) taking self-discharge from the Trust (2) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C.

The Stroke Unit work was completed in December 2015: this increased the number of stroke beds from 29 to 33. Nurse recruitment is in progress following business case approval for hyper acute stroke beds and the therapy business case is being reviewed. Two HASU beds opened in June 2016. Since opening the number of Stroke outliers has significantly reduced.

The CCG has requested a full performance report from the Trust regarding Stroke underperformance, a report has been submitted and discussed at the CQPG in September.

#### 4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - July	0.00	0.20	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - July	0.00	0.00	↔

In July the CCG had 1 mixed sex accommodation breaches (a rate of 0.2) and have therefore breached the zero tolerance threshold. The breach was at Southport & Ormskirk.

#### 4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - July	18	18	↑	The CCG had 4 new cases reported in July 2016, 18 year to date. Of the 18 cases reported year to date 16 have been aligned to Aintree Hospital and 2 to the Royal Liverpool Broadgreen Hospital, (9 apportioned to acute trust and 9 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - July	15	18 (14 following appeal)	↑	There were 4 new cases reported in July year to date a total of 18 against a year to date plan of 15 so are now over plan. The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - July	0	0	↔	There were no new cases reported in July of MRSA for the CCG against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - July	0	0	↔	The Trust recorded no new cases of MRSA in July.

In total this year there have been 18 patients with Trust apportioned CDI including 4 cases in July. However, 4 cases were successful at CCG appeal and so for performance from April – July 2016 there have been 14 cases, against a monthly ytd plan of 15.



#### 4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - July	100	94.01	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	103.64	

HSMR is reported for the period April 2015 – March 2016 and is below expected at 94.01, this is higher than last month when 90.48 was reported.

SHMI for the period January 2015 - December 2015 is 'as expected' at 103.6.

#### 4.4 CCG Serious Incident Management

##### Number of Serious Incidents reported in period

There have been 6 serious incidents reported in August 2016 which have affected South Sefton CCG patients. 2 Merseycare, 3 Liverpool Community Health (pressure ulcers) and 1 Cheshire and Wirral Partnership.

##### South Sefton CCG Incidents Reported By NHS Providers April – August 2016

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
<b>Aintree University Hospital NHS Foundation Trust</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
HCAI/Infection control incident meeting SI criteria	1					1
Pressure ulcer meeting SI criteria		1	1			2
<b>Cheshire and Wirral Partnership NHS Foundation Trust</b>						
Failure to obtain appropriate bed for child who needed it					1	1
<b>Liverpool Community Health NHS Trust</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1				1
Pressure ulcer meeting SI criteria		3	6		3	12
Slips/trips falls meeting SI criteria			1			1
Treatment Delay	1					1
<b>Merseycare Trust</b>						
Abuse/alleged abuse of adult patient by staff			1		1	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	1	2	1		5
Disruptive/aggressive/violent behaviour meeting SI criteria					1	1
Pending review (a category must be selected before incident is closed)			1			1
Slips/trips falls meeting SI criteria		1				1
Substance misuse whilst inpatient meeting SI criteria		1				1
<b>North West Ambulance Service NHS Foundation Trust</b>						
Sub-optimal care of the deteriorating patient meeting SI criteria	1					1
<b>Southport and Ormskirk Hospital NHS Trust</b>						
Confidential info leak/IG breach meeting SI criteria	1					1
<b>The Walton Centre NHS Foundation Trust</b>						
Pending review			1			1
<b>Grand Total</b>	<b>6</b>	<b>8</b>	<b>13</b>	<b>1</b>	<b>6</b>	<b>34</b>

There was 1 serious incident raised by Aintree University NHS Foundation Trust in August 2016 which equates to a total of 15 serious incidents year to date, one of these being a Never Event.

### Serious Incidents by Patient CCG for Aintree University Hospital NHS Foundation Trust

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	YTD
<b>Knowsley CCG</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
Surgical/invasive procedure incident meeting SI criteria				1		1
Treatment delay meeting SI criteria				2		2
<b>Liverpool CCG</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1				1
Diagnostic incident including delay meeting SI criteria (including failure to act on test result)			1			1
Medication incident meeting SI criteria		1				1
Pressure ulcer meeting SI criteria			1			1
Sub-optimal care of the deteriorating patient meeting SI criteria					1	1
<b>South Sefton CCG</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
HCAI/infection control incident meeting SI criteria	1					1
Pressure ulcer meeting SI criteria		1	1			2
<b>St. Helens CCG</b>						
Surgical/invasive procedure incident meeting SI criteria	1					1
<b>Out of Area</b>						
Pressure ulcer meeting SI criteria				1		1
<b>Grand Total</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>15</b>

#### Number of Never Events reported in period

The 1 Never Event which was reported in July from Aintree University NHS Foundation Trust related to a Knowsley CCG patient. The incident was a wrong site surgery.

#### Serious Incidents Open on StEIS

There are a total of 60 serious incidents which are open on StEIS where South Sefton CCG is either lead commissioner or the responsible commissioner.

#### Serious Incidents Open on StEIS for South Sefton CCG Patients

Year	Provider	No of Open Incidents	
2013	Merseycare NHS Trust	1	1
2014	Aintree University Hospital NHS Trust	1	1
2015	Aintree University Hospital NHS Trust	2	14
	Airedale NHS Foundation Trust	1	
	Alder Hey Childrens Hospital NHS Trust	1	
	Liverpool Community Health	3	
	Merseycare NHS Trust	3	
	Southport & Ormskirk NHS Trust	4	
2016	Aintree University Hospital NHS Trust	4	44
	Cheshire & Wirral Partnership	1	
	Liverpool Community Health	17	
	Liverpool Womens	1	
	Merseycare NHS Trust	18	
	North West Ambulance Service	1	
	Royal Liverpool Broadgreen	1	
The Walton Centre	1		

### South Sefton CCG Incidents Reported By NHS Providers April – August 2016/17

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
<b>Aintree University Hospital NHS Foundation Trust</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
HCAI/Infection control incident meeting SI criteria	1					1
Pressure ulcer meeting SI criteria		1	1			2
<b>Cheshire and Wirral Partnership NHS Foundation Trust</b>						
Failure to obtain appropriate bed for child who needed it					1	1
<b>Liverpool Community Health NHS Trust</b>						
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1				1
Pressure ulcer meeting SI criteria		3	6		3	12
Slips/trips falls meeting SI criteria			1			1
Treatment Delay	1					1
<b>Merseycare Trust</b>						
Abuse/alleged abuse of adult patient by staff			1		1	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	1	2	1		5
Disruptive/aggressive/violent behaviour meeting SI criteria					1	1
Pending review (a category must be selected before incident is closed)			1			1
Slips/trips falls meeting SI criteria		1				1
Substance misuse whilst inpatient meeting SI criteria		1				1
<b>North West Ambulance Service NHS Foundation Trust</b>						
Sub-optimal care of the deteriorating patient meeting SI criteria	1					1
<b>Southport and Ormskirk Hospital NHS Trust</b>						
Confidential info leak/IG breach meeting SI criteria	1					1
<b>The Walton Centre NHS Foundation Trust</b>						
Pending review			1			1
<b>Grand Total</b>	<b>6</b>	<b>8</b>	<b>13</b>	<b>1</b>	<b>6</b>	<b>34</b>

### Serious Incident Open > 100 Days on StEIS

There are a total of 28 serious incidents on StEIS where South Sefton holds either lead commissioner responsibilities or are the responsible commissioner.

Year	Provider	No of Open Incidents
2013	Merseycare	1
2014	Aintree University Hospital NHS Tru	1
2015	Aintree University Hospital NHS Tru	2
	Airedale NHS Foundation Trust	1
	Alder Hey Childrens Hospital	1
	Liverpool Community Health	3
	Merseycare	3
	Southport & Ormskirk NHS Trust	4
2016	Aintree University Hospital NHS Tru	1
	Liverpool Community Health	2
	Liverpool Womens	1
	Merseycare	4
	Royal Liverpool Broadgreen	1
	Southport & Ormskirk NHS Trust	3

The 2014 incident is due to be closed in September at the internal serious incident meeting, following agreement with the GP clinical lead. This relates to the independent external review which was commissioned by the CCG due to non-transmission of pathology results from Aintree University Hospital NHS Foundation Trust. The outcome of the review has been submitted to the CCG Clinical Quality Committee and will be reported through to Governing Body. A Task & Finish Group will reconvene in September 2016 with a new TOR and will focus on the actioning of the recommendations from the independent report.

#### Serious Incidents Open on StEIS > 100 Day at Aintree University Hospitals NHS Foundation Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within South Sefton	1	1
2015	GP Practice within Knowsley	1	8
	GP Practice within Liverpool	4	
	GP Practice within South Sefton	2	
	GP Practice within West Lancs	1	
2016	GP Practice within Knowsley	1	7
	GP Practice within Liverpool	4	
	GP Practice within South Sefton	1	
	GP Practice within St Helens	1	

All serious incidents are managed via the CCG's internal serious incident meetings. Incidents remain open on StEIS with recommendation for closure once assurance has been provided that system learning has been embedded.

There are regular monthly meetings in place with Aintree University Hospital, Mersey Care Trust and Southport and Ormskirk Hospital to support engagement and relationship management.

#### 4.5 Delayed Transfers of Care

Agency Responsible	2016-17			
	Apr	May	Jun	Jul
NHS - Patients Delayed	30	26	26	28
NHS - Days Delayed	808	773	863	677
Social Care - Patients Delayed	3	4	10	7
Social Care - Days Delayed	85	184	153	228

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

## 4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
A&E	15%	18.1%	↔	85.0%	85%	↔	8%	8%	↔

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E.

The percentage of people that would recommend A&E has remained the same since May 2016, and is the same as the England average. The percentage of people who would not recommend the A&E is also the same the England average.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services. The Trust's quarterly Patient Feedback Report contains detailed analysis regarding FFT, this report will be reviewed at CQPGs on a quarterly basis, and the Quarter 1 report will be presented in October.

## 4.7 Unplanned Care Activity & Finance, All Providers

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£347k. This under-performance is clearly driven by Aintree Hospital reporting an under performance of £315k/-3%. Alder Hey Children's Hospital is reporting the largest year to date over performance with a £55k/8% variance.

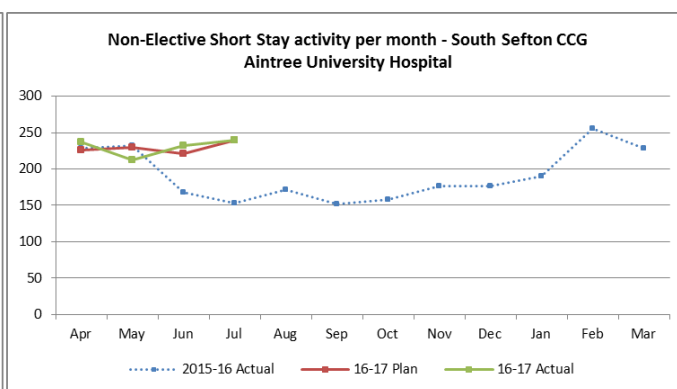
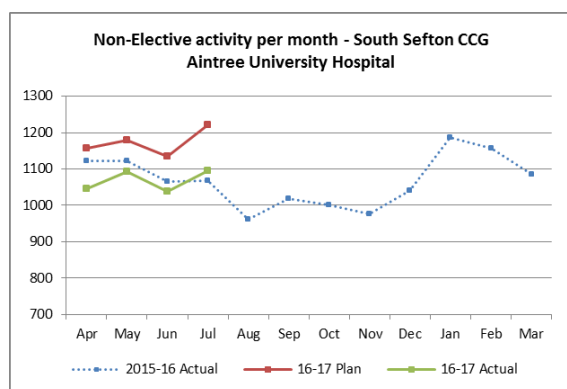
**Figure 9 Unplanned Care – All Providers**

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	32,064	35,119	3,055	10%	£11,758	£11,443	£-315	-3%
Alder Hey Childrens NHS F/T	3,176	3,291	115	4%	£665	£720	£55	8%
Central Manchester University Hospitals Nhs Foundation Trust	22	19	-3	-15%	£5	£4	£-2	-31%
Countess of Chester Hospital NHS Foundation Trust	0	21	21	0%	£0	£13	£13	0%
Liverpool Heart and Chest NHS F/T	77	43	-34	-44%	£87	£119	£32	36%
Liverpool Womens Hospital NHS F/T	1,283	1,098	-185	-14%	£1,115	£1,105	£-10	-1%
Royal Liverpool & Broadgreen Hospitals	2,183	1,823	-360	-17%	£809	£692	£-117	-14%
Southport & Ormskirk Hospital	4,263	4,320	57	1%	£967	£946	£-20	-2%
ST Helens & Knowsley Hospitals	303	361	58	19%	£120	£138	£18	15%
University Hospital Of South Manchester Nhs Foundation Trust	14	13	-1	-7%	£5	£5	£0	4%
Wirral University Hospital NHS F/T	82	71	-11	-14%	£30	£24	£-5	-18%
Wrightington, Wigan And Leigh Nhs Foundation Trust	14	19	5	36%	£5	£9	£4	83%
<b>Grand Total</b>	<b>43,481</b>	<b>46,198</b>	<b>2,717</b>	<b>6%</b>	<b>£15,565</b>	<b>£15,218</b>	<b>£-347</b>	<b>-2%</b>

### 4.7.1 Unplanned Care Aintree University Hospital NHS Foundation Trust

**Figure 16 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD**

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	13,494	15,564	2,070	15%	£321	£321	£0	0%
A&E - Accident & Emergency	10,245	10,595	350	3%	£1,267	£1,314	£47	4%
NEL - Non Elective	4,678	4,255	-423	-9%	£8,943	£8,309	£-634	-7%
NELNE - Non Elective Non-Emergency	15	16	1	8%	£41	£50	£9	21%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	13	89	76	564%	£3	£19	£15	477%
NELST - Non Elective Short Stay	917	920	3	0%	£601	£651	£49	8%
NELXBD - Non Elective Excess Bed Day	2,702	3,680	978	36%	£580	£778	£198	34%
<b>Grand Total</b>	<b>32,064</b>	<b>35,119</b>	<b>3,055</b>	<b>10%</b>	<b>£11,758</b>	<b>£11,443</b>	<b>£-315</b>	<b>-3%</b>



Urgent Care under spend of -£3157k is driven by a -£634k under performance in Non Elective activity. This under performance offsets the £198k over performance seen in Non Elective Excess Bed Days. Excess bed days are being driven by two specialties; Geriatric Medicine and Trauma & Orthopaedics.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 10 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/07/2016	2016/17 Plan	Variance from Plan	Variance on 31/07/2015
0 Variance	95	88	7	5
1 Common Mental Health Problems (Low Severity)	48	42	6	6
2 Common Mental Health Problems (Low Severity with greater need)	44	22	22	15
3 Non-Psychotic (Moderate Severity)	210	217	(7)	(14)
4 Non-Psychotic (Severe)	207	215	(8)	15
5 Non-psychotic Disorders (Very Severe)	62	62	-	3
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	3
7 Enduring Non-Psychotic Disorders (High Disability)	228	192	36	41
8 Non-Psychotic Chaotic and Challenging Disorders	108	98	10	15
10 First Episode Psychosis	132	138	(6)	10
11 On-going Recurrent Psychosis (Low Symptoms)	397	433	(36)	(42)
12 On-going or Recurrent Psychosis (High Disability)	340	307	33	30
13 On-going or Recurrent Psychosis (High Symptom & Disability)	103	112	(9)	(3)
14 Psychotic Crisis	23	21	2	1
15 Severe Psychotic Depression	6	6	-	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	35	34	1	(1)
17 Psychosis and Affective Disorder – Difficult to Engage	53	58	(5)	(6)
18 Cognitive Impairment (Low Need)	225	223	2	30
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	408	505	(97)	(109)
20 Cognitive Impairment or Dementia Complicated (High Need)	384	332	52	69
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	76	49	77
Cluster 99	511	402	109	180
<b>Total</b>	<b>3,789</b>	<b>3,623</b>	<b>166</b>	<b>328</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 18 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16	Jul-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%

Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16	Jul-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%

**Figure 20 EIP 2 week waits**

		Target	Apr-16	May-16	Jun-16	Jul-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	0%	100%	33.33%	50.00%

The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve.

### 5.1.2 Mental Health Contract Quality Overview

At Month 4, MerseyCare are compliant with quality schedule reporting requirements. At the August 2016 CQPG the Trust provided an update on Quarter 1 Complaints and Safer Staffing

#### Complaints

- 31 complaints in Quarter 1 (33 issues): 11 upheld, 16 not upheld, 16 resolved locally, 5 partially upheld and 1 not proven
- 6 complaints in relation to Care and Treatment.
- 7 complaints in relation to Staff attitude.
- 6 complaints in relation to Communication.

An internal business case is progressing to develop the complaints investigation team as the Trust experiences difficulty achieving response times within 25 days (currently circa 40%).

The Safer Staffing Report provided a briefing on the nursing inpatient staffing levels for Month 4, in summary

- Reduction in shifts not covered (by 2 registered nurses) reduced from 20 to 16 in July 2016.
- Due to recruitment difficulties some shifts are being covered by 1 registered nurse and 1 nurse support.
- Work continues with Higher Education Institutes to streamline the recruitment process once the Trust has signed off the appropriate nurse competencies.
- A business case is progressing to develop an Associate Nurse role.

Commissioners raised a query was raised regarding correlation between staffing numbers and complaints, the Trust responded that triangulation does take place and there appeared to be no correlation, is any issues are evident then these are monitored through the weekly surveillance group meetings.

Staff shortages are actively discussed at many levels of the organisation, in addition to the Executive, Performance and Investment and Quality Assurance Committees, safe staffing is regularly reviewed at the divisions operational forums; in particular:

- Staffing issues have been presented at the Stand up Thursday executive
- Meeting which further scrutinises staffing concerns.
- Both divisions hold a weekly quality surveillance group and report on all staffing
- Levels issues.



- The quality review visits continue to monitor staffing levels and requirements on clinical areas at each review.

At Aintree University Hospital (AUH) Trust, two 12 Hour Breaches related to mental health patients have occurred, both AUH and Mersey Care are constructing RCAs.

Specific concerns remain regarding the Clock View and Hesketh Centre sites and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues.

## 5.2 Improving Access to Psychological Therapies

Figure 21 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	295	293	272								
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	306	306	306	306	306	306	306	306	306	306	306	306
	Variance	-24	-11	-13	-34								
	%	-7.9%	-3.6%	-4.3%	-11.2%								
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.6%	0.7%	0.8%	0.8%	0.7%	1.0%	0.8%	1.0%	1.1%	1.4%	1.1%	1.1%
	2016/17	1.2%	1.2%	1.2%	1.1%								
Recovery % ACTUAL - 50% target	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	40.9%	45.4%	45.7%	41.4%								
ACTUAL % 6 weeks waits - 75% target	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	93.5%	98.5%	96.4%	97.4%								
ACTUAL % 18 weeks waits - 95% target	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%								
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	163	147	141	153								
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	4	6	3	1								
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	65	64	63	63								
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	85.1%	88.3%	88.3%	81.9%								

The provider (Cheshire & Wirral Partnership) reported 272 South Sefton patients entering treatment in month 4, which is a 7% decrease from the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 14.1% against the 15% standard. This would represent an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

There were 370 Referrals in Month 4 which was comparable with the previous month; of these 63% were self-referrals. In contrast, GP referrals are at the lowest levels since April 2015 with 71 reported. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 41.4% in month 4, which does not meet the minimum standard of 50%. A forecast outturn at month 4 gives a year end position of 43.2%, which is below the year end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider remain high with 70 reported in month 4 (and increase from 65 in the previous month). Staff sickness absence continues to affect cancellation numbers. Support is being provided including access to wellbeing services, phased return where appropriate and regular 121 meetings continue.

There was a 25% reduction in DNAs from 205 in month 3 to 153 in month 4 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 96.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first four months of 2016/17 for South Sefton CCG.

Support from the National Intensive Support Team is currently being arranged.

### **5.2.1 Improving Access to Psychological Therapies Contract Quality Overview**

The 15% prevalence access target continues to be monitored on a fortnightly basis and a remedial action plan is currently in place and the current for the CCG is:

NHS South Sefton CCG: Quarter 1 – 3.58% against a target of 3.75%, this is an improvement on the same period in 15/16 2.07% against a target of 3.75%.

Contact has been made with the Support Team and they will shortly commence working with the service. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

## 5.3 Dementia

### Summary for NHS South Sefton dementia registers at 31-07-2016

People Diagnosed with Dementia (Age 65+)	1,194
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	982
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	57.1%
National estimated Dementia Diagnosis Rate	66.9%
Target	66.70%

Like most of the country, Sefton is experiencing a continuing rapid increase in the proportion of older people in its population. This increasing proportion of older people in the population will make increasing demands on health and social care services, including those with dementia.

A plan is in place to improve the South Sefton Dementia Diagnosis rate. A bespoke set of searches have been developed into a dementia toolkit and are ready to be rolled out to the south Sefton Facilitators Data facilitators who will work with each practice and run the searches. It is hoped the searches will generate errors in coding and identify patients with memory or associated cognitive difficulties who are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

## 6. Community Health

### 6.1 Liverpool Community Health Contract

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust and we received the following comments;

- Community Cardiac: Referral levels have decreased due to a change in practice from Aintree. Discharges from Aintree were historically automatically referred to the South Sefton team but this is no longer the case. In addition cardiac rehab referrals are referred elsewhere. Contacts are now more reflective of the complexity of the patients.
- Phlebotomy: a refresh of data in month 4 shows the proportion of domiciliary to outpatient contacts being more in line with data reported last year. Phlebotomy relatively recently moved to EMIS Web. There were some initial DQ issues with data capture and additional training was provided on location of contact. This is reflected in the refreshed figures.
- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. This issue continued in Jun-16 and Jul-16 with no contacts being reported, yet a high caseload of 208 and 206 remained. The Trust has informed the CCG that this is a coding issue and our Trust contact is currently trying to speak to the service lead to understand the issue. The service is adding consultations to the system but they are not using a specific code that the Trust uses for their contract reporting. The service has completed the following consultations this year: Apr – 99, May – 173, June – 153, July – 112 and August 184. The Trust hopes to be able to report these via normal channels from September.
- Community matrons: contacts appear to be gradually increasing throughout the current financial year. Referrals are increasing and the Trust is forecasting that referrals will be over 10% higher than last year and significantly higher than previous years. Contacts are increasing as a result of this. The caseload has decreased due to matrons reviewing and discharging patients more appropriately.

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

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

### 6.1.1 Patient DNA's and Provider Cancellations

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

For patient DNAs Adult Dietetics saw 14.1% of all patients not attend. However this is slightly lower than the previous 4 year average and a slight improvement on the previous 3 months, with 20.9% being reported in Apr-16, 25.6% in May-16 and 20% in Jun-16. Total DNA rates at Sefton are green for this month at 7.7%.

Sefton Physio has reported a high provider cancellation rate, for the first time this year, of 10.7%. This is higher than the past 4 years average cancellation rates. Adult Dietetics has seen a similar pattern, with cancellations dramatically increasing to 17.3% in Jul-16, higher than the past 4 year average, and the highest YTD.

Treatment rooms, Podiatry, Physio, Diabetes, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for July 2016, with the exception of diabetes reporting 9.4%, which has been improving since May-16. Total patient cancellations for Sefton have increased to 12.6% in Jul-16, compared to 10.3% reported last month.

The following policies are in place in the Trust to try and reduce patient cancellations and DNA's:-

- An "opt-in" policy where patients are told to ring up to book an appointment.
- Information posters in some buildings on DNA/cancellation rates.
- Text reminders to reduce DNA's.

Patient cancellation rates were discussed in the latest FIG meeting (15/09/2016), including instances where appointments are rearranged, and the only way to take the original appointment off the system is to cancel it. It was agreed that this does not necessarily mean this is having a negative effect on the patient or the utilisation of the clinic, as that slot could potentially be rebooked. The trust is to provide a clinic utilisation report at the next FIG meeting.

### 6.1.2 Waiting Times

Waiting times are reported a month in arrears. The following issues are still outstanding in June;

Adult SALT: Waiting times appear to be improving with an average of just 7 weeks on the incomplete pathway in June 2016, 28 weeks on the completed pathway and the longest waiter

at 11 weeks. Recent long waiting times have been due to the service only having 2-3 staff. The Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: The reporting process is set up for this and the Trust has retrospectively looked at it. For June the 92nd percentile wait was 42 weeks.

## 6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At month 4 2016/17 the YTD costs for South Sefton CCG are £94,482 with attendances at 1,005. At the same time period last year the costs were £135,426 and attendances at 1,481.

At month 4 2016/17 the YTD cost for Southport and Formby CCG is £1741 with 2 attendances and in 2015/16 the costs for Southport and Formby CCG were £102 with activity at 1. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

### 6.2.1 Liverpool Community Health Quality Overview

#### SALT Waiting Times

At the last CQPG a presentation was given for paediatric SALT, issues raised by the CCG included:

- Caseload
- Referral rate and breakdown/Waiting List
- Measure of Complexity/Core Offer
- WTE staff in post as compared to establishment payment
- Innovation

#### **Caseload**

- Devised, piloted, audited and in use by staff taking on validation
- Gaps in data identified and highlighted as clinical risk
- Collated data with EMIS to give assurance that whole caseload captured, 1700 active cases
- Info accessible to all staff, training provided to relevant staff, op team lead spot-check and audit
- 480 casenotes have been validated to date- 35% discharge rate, 25% rv rate and 40% ongoing need rate

#### **Referrals and Waiting List**

- System set up for centralised database for initial assessments and can be filtered by area; enabling more accurate performance data on wait times and clinical need
- Meetings held to identify process and underway currently, to include centralised phone and email service
- Template letter as per all specialist services, investigating use of staff resources from within specialist services

### Complexity/Core offer

- Caseload and Waiting List Validation will inform percentages within all work streams.
- To date, the data shows that Social Communication assessment and therapy accounts for 44% of Paediatric SALT caseload.
- Once all data compiled, we can apply the Liverpool complexity tool which suggests ratios of assessment: therapy by clinical work stream.  
This will ensure a consistent approach and may identify re-allocation of resources

### W.T.E and Staffing

Establishment is:

- Band 7- 8.92 Therapist
- Band 6 -7.8 Therapists
- Band 4- 2.63- 0.8 Admin and Clerical 1.83 Assistant
- Band3 -1.57 Admin and Clerical
- Total 20.92
- In post:
- Band 7- 7.92 Therapist (1 Maternity leave)
- Band 6 -6.8 Therapists (1 Agency staff)
- Band 4- 2.63 -0.8 Admin and Clerical 1.83 Assistant
- Band3 -1.57 Admin and Clerical
- Total 18.92 (19.92 with agency cover)

*Currently using agency staff to cover permanent post, recruited to post and under offer awaiting clearance. Recruiting for a short term maternity cover at band 6 for band 7 co-ordinator posts now at second advert.*

### Innovation

- Assurance that whole caseload identified, validated and allocated an action
- Ability to define what constitutes the Core Offer and what falls outside of remit of service
- Ability to identify resources required to meet additional work in Social Communication as direct result of NICE Guidance
- Ability to identify resources required to meet KPI in all clinical areas
- Ability to identify resources required to provide timely intervention for open duties of care

### District Nurses

District Nursing teams within LCH are managed within Localities by the Care Manager. Pressures within the service have been managed on a daily basis within the locality and these pressures have fluctuated as a result of staff turnover, rising sickness absence and annual leave. In August 2016 these concerns were escalated by the Care Manager for Central Locality as requiring a response from across the trust in order to more effectively manage and support the teams and maintain safe patient care. Due to the number of teams experiencing similar staffing pressures the service moved into business continuity with immediate effect.

### Community Matrons

In August 2016, current vacancy rates for South Sefton are

- 1 x wte starting 25.08.16 for Domiciliary Care
- 1 x wte awaiting a start date (references awaited)

- 1 x wte started 01.08.16 – was on 2 weeks induction and now on annual leave. Will be fully operational from 01.09.16

The Trust have put plans in place to mitigate any clinical risks, further attempts at recruitment will be undertaken. Community Matrons and District Nursing staffing levels is a standard agenda item at the monthly CQPG.

### 6.3 Southport and Ormskirk Trust Community Services

#### EMIS Switch Over

##### Activity

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

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

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

All services have now gone live on the new system.

##### Waiting times

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

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

### 6.4 Aintree University Hospital Any Qualified Provider Contract

#### 6.4.1 Aintree AQP Contract for MSK

Costs at month 4 2015/16 were £150,888 for South Sefton CCG. Activity and associated costs for 2016/17 appear to be missing from the SLAM or MSK view on direct access and this is still being investigated and has been raised with data management again 10/8/2016.

#### 6.4.2 Aintree AQP Contract for Adult Hearing

Total spend at month 4 2016/17 YTD is £44,272 for South Sefton CCG. The cost at month 4 2015/16 was £49,892.

## 7. Third Sector Contracts

Following on after review of all discretionary CCG spend, it has been agreed that funding for Sefton Cancer Support, PSS and Sefton Carers Centre (Care 4 You) will cease from 1st December 2016. In addition to the termination of these contracts, services funded to the Contract value of £0 to £50,000 will incur a reduction of 7% and services funded to the Contract value of £50,000 and above will incur a reduction of 13% within this contract year. These reductions are to take effect from 1st December 2016.

Letters informing providers of these changes have been sent to all and further consultation where required has been facilitated by commissioners.

## 8. Primary Care


### 8.1 Primary Care Dashboard progress

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

### 8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. The latest results posted in this month are as follows:



  204 Stanley Road, Bootle, Liverpool, L20 3EW  
Provided by: Bootle Village Surgery

#### CQC inspection area ratings

(Latest report published on 3 August 2016)

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

#### CQC Inspections and ratings of specific services

(Latest report published on 3 August 2016)

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

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## 9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

## Appendix – Summary Performance Dashboard



### South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Preventing People from Dying Prematurely</b>																
<b>Cancer Waiting Times</b>																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	94.772%	94.697%	95.563%	96.604%										95.396%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G									G	
		Actual	100.00%	96.078%	89.091%	94.118%										94.836%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	96.61%	98.305%	98.387%	100.00%										98.367%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R									G	
		Actual	90.909%	100.00%	100.00%	91.667%										95.349%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R									G	
		Actual	100.00%	100.00%	100.00%	94.737%										98.684%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R									G	
		Actual	100.00%	93.333%	100.00%	91.667%										96.364%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G										G	
		Actual	88.462%	91429%	92.105%	90.323%											90.769%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G			G										G	
		Actual	100.00%	-	-	100.00%											100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

**Ambulance**

<b>1887: Category A Calls Response Time (Red1)</b> Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	South Sefton CCG	RAG	G	G	R	R										R	
		Actual	76.56%	78.00%	74.50%	7143%											74.883%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R											R
		Actual	76.47%	74.28%	73.06%	70.45%											73.564%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>1889: Category A (Red 2) 8 Minute Response Time</b> Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	South Sefton CCG	RAG	R	R	R	R										R	
		Actual	72.10%	66.50%	62.40%	57.55%											64.765%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R											R
		Actual	67.46%	66.26%	66.20%	62.69%											65.601%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R										R	
		Actual	92.01%	9147%	9149%	89.81%											91.172%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	G	R	R	R											R
		Actual	95.08%	94.50%	9120%	9144%											93.088%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

<b>1932: Ambulance: 30 minute handover delays</b> Number of ambulance handover delays over 30 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	285	326	318	520												1,449
		Target																
<b>1933: Ambulance: 60 minute handover delays</b> Number of ambulance handover delays over 60 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	106	137	146	258												647
		Target																

**Enhancing Quality of Life for People with Long Term Conditions**

**Mental Health**

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G																G
		Actual	98.148%																98.148%
		Target	95.00%				95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

**Episode of Psychosis**

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	R	G													R	
		Status	P	P	P	P														-
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%													40.909%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

**Ensuring that People Have a Positive Experience of Care**

**EMSA**

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R													R	
		Actual	0	0	0	1														5
		Target	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G													R	
		Actual	-	-	-	0.00														5.00
		Target	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Referral to Treatment (RTT) & Diagnostics**

<b>1291: Referral to Treatment RTT (Incomplete)</b> Percentage of patients waiting at period end (RTT) for incomplete pathways (Commissioner)	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	94.954%	95.213%	93.919%	93.333%										93.948%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G									R	
		Actual	1	0	1	0										2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G									G	
		Actual	0.748%	1.001%	0.494%	0.711%										0.867%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Cancelled Operations**

<b>1983: Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G									G	
		Status	P	P	P	P										-
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**HCAI**

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G									G	
		YTD	0	0	0	0										-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G									G	
		YTD	3	9	14	18										23
		Target	5	11	14	18	23	28	34	39	43	45	48	54	23	

Accident & Emergency															
<b>431: 4- Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R									R
		Actual	89.484%	86.885%	87.505%	85.955%									87.399%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1927: A&amp;E Attendances: All Types</b> Number of attendances at all A&E depts	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	R									R
		YTD	12,667	26,315	39,928	54,353									54,353
		Target	13,065	25,953	38,549	51,546	63,742	75,688	88,051	100,015	112,407	124,538	135,739	149,085	51,546
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G									R
		Actual	5	0	0	0									5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

## MEETING OF THE GOVERNING BODY

### September 2016

<b>Agenda Item: 16/149</b>	<b>Author of the Paper:</b> Danielle Love Programme Lead – Community Services Procurement Email: <a href="mailto:danielle.love@southportandformbyccg.nhs.uk">danielle.love@southportandformbyccg.nhs.uk</a> Tel: 07917 551 806						
<b>Report date:</b> September 2016							
<b>Title:</b> Corporate Risk Register and Governing Body Assurance Framework Update							
<b>Summary/Key Issues:</b>  The Governing Body is presented with the updated CRR and the GBAF as at September 2016. The CRR and GBAF have both been reviewed and updated by members of the leadership team.							
<b>Recommendation</b>  The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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



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

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

## Report to Governing Body September 2016

### 1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at September 2016.

The CRR and GBAF have both been reviewed and updated by members of the leadership team.

### 2. Position Statements Q2 2016/17 (September 2016)

#### 2.1. Governing Body Assurance Framework (GBAF)

There are a total of 7 risks against the 6 strategic objectives for South Sefton CCG:

One new risk has been added to the GBAF (Risk 3.2).

#### GBAF Risk Positions

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

#### GBAF Highlights

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

GBAF Highlights	Update
1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	<ul style="list-style-type: none"> <li>PMO structure now in place and all schemes have supporting “plans on a page”</li> <li>Highlight reports across strategic domains (planned care, CHC/FNC, medicines optimisation, discretionary spend and urgent care) are reviewed by QIPP Committee</li> </ul>
<b>NEW RISK</b> 3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	<ul style="list-style-type: none"> <li>CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>CCG has in place business continuity plans</li> <li>Emergency Planning training taken place in last 12 months</li> <li>Corporate Governance Group has responsibility for ensuring compliance</li> <li>CCG Statutory Lead is Chief Delivery and Integration Officer</li> </ul>

GBAF Highlights	Update
6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	<ul style="list-style-type: none"> <li>• New integrated commissioning group now established</li> <li>• Initial meeting held regarding development of multi-disciplinary teams</li> </ul>

## 2.2. Corporate Risk Register

There are 11 operational risks recorded on the South Sefton CCG CRR as at September 2016:

- 4 new risk has been recorded – SS037, SS038, SS039, SS040
- 2 risks have been closed.

### CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	8
Extreme	15 - 25	3

### CRR Highlights

Please see the following which updates on the extreme risks:

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SS008	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	<p>QIPP Committee is now operating well and receiving regular updates on QIPP progress</p> <p>Leadership Team receives update on QIPP</p> <p>The QIPP Committee received update on discretionary spend in September and will receive additional update in November.</p>	15
SS019	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	<p>The mitigated risk has increased due to the target not being met despite the recovery plan</p> <p>The recovery target and trajectory have not been met. Escalated with NHSE to be managed through revised SRG structure.</p> <p>Initial phase of urgent care new build completed at beginning Sept 16. Frail Elderly element of the build to be completed by end Sept 16.</p>	16

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SS040	<p><b>NEW RISK</b>            There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</p>	<ol style="list-style-type: none"> <li>1. Health and wellbeing board executive in place</li> <li>2. Review of current BCF and Section 75 arrangements</li> <li>3. New integration role within the local authority to support further integration.</li> <li>4. Number of key joint commissioning posts in place</li> <li>5. New integrated commissioning group now established</li> <li>6. Initial meeting held regarding development of multi-disciplinary teams</li> </ol>	16

### 3. Appendices

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

**Danielle Love**  
**September 2016**



**South Sefton  
Clinical Commissioning Group**

## Corporate Risk Register

<b>Current Version</b>	v2	<b>Quarter Update</b>	Q2
<b>Previous Version</b>	N/A	<b>Updated Date</b>	Sep-16
<b>Document File Path</b>	<a href="#">"W:\Risk\South Sefton CCG\CRR\2015-16\20160919 - SSCCG CRR - v2 - Q2 Update.xlsx"</a>		

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SS001	Prior Q3 2013/14	BUO001	Karl McCluskey	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with Cancer Leads and Manager. 5. Managerial lead for cancer has action plan in place. 6. Weekly and monthly monitoring through SMT and contractual performance. 7. RCA for any 62 day breaches 8. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team). 9. Integrated Performance Report developed and presented to Governing Body. 10. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews.	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addresses in turn	The likelihood score remains higher than the initial score due to lack of sustained month on month performance.  Performance has improved and targets have been achieved in month 4 however due to ongoing consultant vacancies across a variety of specialities and the anticipated junior doctors strikes month on month performance will remain challenged.	4	3	12	Sep-16	↔
SS002	Apr-15	BUO017	Tracy Jeffes		CCG Locality working does not lead to greater clinical engagement with CCG plans and objectives resulting in disengaged membership	1. Roles of Locality Managers and Team reviewed 2. Locality Plan in place 3. Key issues reported to Governing Body 4. Wrap around support team identified to support localities 5. Key priority in Organisational Development plan	3	4	12	Clear focus for localities in relation to the QIPP agenda and influence over blueprints Clear role out plan for use of Aristotle	QIPP decision to move to bi-monthly locality meetings has potential to reduce engagement	3	4	12	Sep-16	↔
SS008	Revised Q1 2016/17	FIN009	Martin McDowell	Finance	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position	3	5	15	QIPP Committee established and meet monthly. Review of discretionary spend to go to GB end July	High level of red rated QIPP within plan meaning threat to delivery of NHSE business rules. CCG run rate needs to be improved from June onwards to deliver required financial target QIPP Committee is now operating well and receiving regular updates on QIPP progress Leadership Team receives update on QIPP The QIPP Committee received update on discretionary spend in September and will receive additional update in November.	3	5	15	Sep-16	↔
SS019	Apr-15	QUA024	Karl McCluskey		Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	1. Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and feed into Governing Body. 2. Operational Service level meetings held: currently weekly. 3. Monthly contractual performance meetings 4. Monthly Integrated Performance Report: reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body	3	3	9	Recovery plan to be agreed and implemented	Aintree have agreed a recovery plan and trajectory to achieve 4 hour target by Sept 2016 with NHSI  The mitigated risk has increased due to the target not being met despite the recovery plan  The recovery target and trajectory have not been met. Escalated with NHSE to be managed through revised SRG structure.  Initial phase of urgent care new build completed at beginning Sept 16. Frail Elderly element of the build to be completed by end Sept 16.	4	4	16	Sep-16	↔

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SS029	Q1 2016/17	QUA045	Jenny Kristiansen		Risk of infection/ hospital admission and harm to patients from poorly maintained nebuliser equipment	Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and HRo to raise at quality committee. HRo to add to corporate risk register.	4	5	20	<ul style="list-style-type: none"> <li>All providers informed of risk</li> <li>LCH &amp; Aintree have this on their risk registers</li> <li>Pan Mersey Sub Group informed</li> <li>All organisations to follow guidance from governance leads within their organisations</li> <li>Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review &amp; education.</li> <li>An update to be presented at the August Quality Committee Meeting</li> <li>A meeting will be held with all providers to work up a longer term solution.</li> </ul>	Data received from Data facilitators. Meetings and discussions have been held with providers separately. Next steps regarding setting up reviews for patients being prescribed from primary care will be discussed and planned at the Community Respiratory Meeting on Wednesday 21st September 2016.	4	3	12	Sep-16	↔
SS035	Jun-16	N/A	Tracy Jeffes		There is a risk that changes to services caused by current financial position results in inability to deliver on strategic objectives and the reputation of CCG	<ol style="list-style-type: none"> <li>Clear plans are being created which are going through a rigorous governance and decision making</li> <li>Plans to have full quality and equality impact assessments</li> <li>Effective consultation and engagement with key stakeholder and the public</li> <li>Clear communication of changes to any services</li> </ol>	4	4	16	<ol style="list-style-type: none"> <li>Clear QIPP plans being developed</li> <li>Governance arrangements reviewed to strengthen effective decision making</li> <li>Planning for future communications/ engagement activities if required</li> <li>Clear plans for alternatives if required and clear communication of these</li> </ol>	Proposed disinvestment within the VCF sector now communicated pending consultation and final decision Medicines waste pilot now live - ongoing evaluation and engagement with key stakeholders	4	3	12	Sep-16	↔
SS036	Jun-16	N/A	Tracy Jeffes		There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services	<ol style="list-style-type: none"> <li>Participating in the Health Education North West workforce planning process.</li> <li>Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work'</li> </ol>	4	3	12	<ol style="list-style-type: none"> <li>Through STP process seek additional investment to fill identified gaps</li> <li>Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery</li> </ol>	Ongoing work through STP	4	3	12	Sep-16	↔
SS037	Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Capsick's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF CQPG Pro-active comms team	3	4	12	<p>Discussed at QSG regarding plans for lessons learned in May &amp; July 2016</p> <p>Discussions at Quality Committee in May and July 2016 &amp; GB July 2016</p> <p>Meeting of MPs by Chief Officer July &amp; Aug 2016</p> <p>Chronology of CCG involvement in performance management of provider - ongoing to provide assurance of CCG actions</p> <p>Chronology discussed at CCG GB development session Aug 2016</p> <p>Consideration of joint MIAA review Sept 2016</p>	New Risk	3	4	12	Sep-16	NEW
SS038	Sep-16	N/A	Debbie Fagan	Quality	Provider quality of care provision negatively impacted by Transaction process	Transaction Board CQOG CCF CQPG LCH Improvement Plan QSG	3	4	12	Report through to CQPG and Chief Nurse having regular meetings with Director of Nursing on plans and issues	New Risk	3	4	12	Sep-16	NEW

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SS039	Sep-16	N/A	Karl McCluskey		There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with RTT Lead and Manager. 5. Weekly and monthly monitoring through SMT and contractual performance. 6. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 7. Integrated Performance Report developed and presented to Governing Body.	4	4	16	1. RTT provider/ commissioning group being re-established 2. Completed internal and external audits on RTT to be taken through CQPG	New Risk	4	3	12	Sep-16	NEW
SS040	Sep-16	N/A	Tracy Jeffes		There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Number of key joint commissioning posts in place 5. New integrated commissioning group now established 6. Initial meeting held regarding development of multi-disciplinary teams	4	4	16	Establish a revised integrated commissioning group Agree joint commissioning priorities Development of a route map for integration Initial pooled budget arrangements within BCF agreed Further develop of pooled/aligned budgets Joint CCG and Public Health Plan	New risk	4	4	16	Sep-16	NEW



ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Closed	Trend
SS007	Q3 Dec 2014	FIN008	Chief Financial Officer (Martin McDowell)	Finance	Reductions in local authority expenditure may impact on NHS services and delivery of BCF schemes	1. Monitoring progress of BCF schemes 2. Continued work with local authority	4	3	12	Financial risks merged into SS008		4	3	12	Jun-16	
SS006	Revised Q1 2015/16	FIN003	Chief Financial Officer (Martin McDowell)	Finance	Changes in patient flow causes financial issues, due to increases in activity overall and the financial implications on the 15/16 Financial performance of the CCG. Increased activity has resulted in a QIPP saving required of 3.4 million to be delivered for 15/16.  Predominant risk areas are: CHC and Urgent Care which have both seen significant growth in demand. Significant QIPP scheme to be delivered during year totalling 3.4 million.	1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position 5. QIPP Working Group established and meet monthly. 6. CHC Working Group established	4	3	12	Financial risks merged into SS008		2	3	6	Jun-16	
SS016	Apr-15	QUA021	Tracy Jeffes		Impact on ability to deliver as a result of not being able to maintain Commissioning Support Services, neither via sustainability of existing services from NWCSU nor suitability of locally responsive Commissioning Support Services through the LPF	1. Working collaboratively with Merseyside and Cheshire CCG's as part of Transformation Board to identify and look at any concerns regarding sustainability. 2. Collaborative working with neighbouring CCGs to secure best value for money from the LPF	4	3	12		CSU now transferred to Mids and Lancs CSU.	1	1	1	Jun-16	
SS005	Dec-15	BUO020	Mel Wright		No additional community beds available during Winter 2015	1. Investigation of alternative suppliers for bed base 2. Longer term procurement process commenced 3. Alternative scheme developed, commencing Jan 2016	5	3	15	Alternative scheme developed and agreed to commence in January 2016. Will not deliver the same level of care as a bedded unit, but will support another cohort of patients to remain in their usual place of residence/be discharged from hospital promptly	Closed alternative plans being put in place for 2016	3	2	6	Jun-16	↓
SS009	Prior Q3 2013/14	QUA002	Debbie Fagan		Need for clarity of roles and responsibilities between Safeguarding Hosted Service, CSU CHC team and LCH Provider Safeguarding Team to enable CCG to discharge their safeguarding function. Need for further clarity between health and social care commissioning / safeguarding for vulnerable adults.	1. Regular 1:1 meetings between safeguarding adults lead in hosted service and CHC locality lead. 2. Identified a single point of contact system for Safeguarding Adults between the Safeguarding Service and hosted service. 3. Standard Operating Procedure developed, includes recommendations as per review.	4	5	20	Awaiting feedback from Quality Committee on draft SOP - April 15  Review required on the needs of the Sefton patch in order to determine commissioning responsibilities and necessary specification. - TBC  To obtain the recommendations from Liverpool Community Health's internal Safeguarding review that explored the role of the Safeguarding Adults team. Part 1 received: Awaiting part II which looks at progress against ongoing recommendations. - March 15	CLOSED delineation of safeguarding services is now clear from commissioning perspective. Opportunity to raise any ongoing issues available via formal and informal meeting structure. Head of vulnerable people in post for CCG who is able to identify any early signs of operational issues	1	5	5	Jun-16	

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Closed	Trend
SS010	Q3 2013/14	QUA006	Debbie Fagan		Providers RAG rating in relation to robust Safeguarding systems and processes presents lack of assurance for CCG based upon validation of information presented by the Trust.	<ol style="list-style-type: none"> <li>Assurance process paper presented to LSCB on processes in place.</li> <li>RAG rating monitored via Quality Contract meetings. Reported to Quality Committee and escalated to Governing Body as required. Chief Nurse informed NHS England (M) and safeguarding will be included in the quality review process with the Trust.</li> <li>Monitored through quality contract meetings with CSU</li> <li>Agenda item for discussion at provider Quality Contract meetings.</li> <li>Safeguarding performance discussed at Quality Committee.</li> <li>Process developed between CSU and Safeguarding service to further develop information flow across the two services.</li> <li>Quality 'Walk Around' carried out with feedback and outcomes reported to Executive Nurse, contract meetings, Quality Committee.</li> <li>Contract reviewed to ensure in line with KPI's</li> <li>Quality Surveillance agenda item for February 2015.</li> </ol>	4	4	16	<p>- Formal processes now in place and reportedly working well between provider, CSU and Safeguarding Services. Systems in place between CSU and Safeguarding Services which is working well. Quality and performance function in-housed from 1st June which will enable tighter controls.</p> <p>- Increased level of assurance reported from CCG Safeguarding Service for the main commissioned providers. One contract query was issued in March 2015 and remains open. Although action plan has already been put in place in response to the contract query. Contract query remains in place with Southport &amp; Ormskirk hospital due to limited assurance still being reported by CCG and Safeguarding Services. Is being closely monitored.</p> <p>Contract Query remains in place with S&amp;O. Discussion of other provider performance where CCG is not the co-ordinating commissioner discussed at QC in September 2015. Chief Nurse in contact with co-ordinating CCG to discuss concerns raised at the QC and for the purposes of assurance that all providers are being performance managed using a consistent approach. Awaiting formal Q1 feedback from Safeguarding Service.</p>	CLOSED Contract governance mechanisms in place to monitor provider status fed through Quality Committee performance managed at CQPG and QSG	1	4	4	Jun-16	
SS022	Apr-15	QUA028	Debbie Fagan/ Brendan Prescott		Lab results not being communicated to GP practices (from the Lab provider) due to IT system/technical issues that may have an impact on patient safety.	<ol style="list-style-type: none"> <li>CCG/CHC Steering Group: issue raised with CHC team leads and strategic leads</li> <li>Specification developed for PHB support</li> <li>Fixed term 1 year role Programme Manager Role agreed</li> <li>Regular Local Authority meetings held</li> </ol>	3	3	9	<ol style="list-style-type: none"> <li>Meeting to be held with Department of Health appointed facilitator and attendance at regular events. Meeting held. Linked into Learning Network on PHB's. Out to provider for response on costings and timings.</li> <li>Further meeting with LA to be arranged for July in order to discuss potential shared use of Direct Payment system.</li> <li>Position appointed to. Awaiting start date.</li> <li>Discussions regarding integrated back room functions with the LA continue as part of the integration work plan.</li> <li>Additional Programme Management support procured from CSU Stability Partner and work commenced in August 2015. Paper on CCG process for PHB approved at September 2015 Governing Body. Programme Manager Vulnerable People now in post from 1st September 2015 who will take a lead on this area of work reporting to the CCG Deputy Chief Nurse.</li> <li>Risk Rating to remain the same until process is operational.</li> </ol>	CLOSED Policy now in place and approved by GB in March 16 regular contact at Northern Region level on national developments Proposed PHB in place	1	3	3	Jun-16	
SS033	Jun-15	STA037	Brendan Prescott		Unable to deliver Personal Health Budgets (PHB) to patients as a result of CCG not having a governance system nor process in place to develop the provision of personal health budget's (PHB) to eligible patients choosing the PHB option.	<ol style="list-style-type: none"> <li>CCG systems and processes in place</li> <li>CCG members of SEND Steering Group</li> <li>Children's Commissioning Manager in regular contact with LA and provider to support system and flow</li> <li>Regular reporting of position to Leadership Team</li> </ol>	5	4	20		CLOSED Provider now continuing to meet statutory timeframe Update to May 2016 GB Continued monitoring of process via Childrens commissioning manager as service transitions to alternative provider Any issues identified will be escalated and mitigated appropriately	2	3	6	Jun-16	

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Closed	Trend
SS013	Q3+1 January 2015	QUA011	Jan Leonard		The closure of Breast Surgery Service (for new patients) at Southport & Ormskirk poses a risk to the CCG and concerns for local residents.	2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer	4	3	12	1. Additional focus on Did Not Attends 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	CLOSED Meeting held with existing breast providers issues recognised and picked up by breast CNG assurances given by current provider that follow up service will continue.	1	3	3	Sep-16	↓
SS032	Q1 2016/17	REP037	Karl McCluskey		There is a risk that the Local Authority will not agree to a joint Better Care Fund (BCF) plan caused by failure to agree CCG to fund social care	1. Operating structure as part of HWB and BCF	5	5	25	CCG standalone BCF plan to be drafted	CLOSED BCF now agreed	5	5	25	Sep-16	↔

### Risk Matrix

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

### Risk Ratings

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

Significant Risks ↓

### Significant Risks

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

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

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

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

South Sefton CCG  
Governing Body Assurance Framework  
2016/2017  
Update: September 2016

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	Debbie Fairclough	20	16	<ul style="list-style-type: none"> <li>Update on controls and mitigating actions</li> </ul>
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.	2.1 CCG QIPP position reduces the CCGs ability to progress planned transformational schemes	Karl McCluskey	15	12	<ul style="list-style-type: none"> <li>Update on mitigating actions</li> </ul>
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	12	<ul style="list-style-type: none"> <li>Update on mitigating actions</li> </ul>
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	NEW RISK First review
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on transformation agenda	Jan Leonard	9	9	<ul style="list-style-type: none"> <li>Updated controls and mitigating actions</li> </ul>
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through transaction process which increasing risk of instability in services.	Jan Leonard	9	9	<ul style="list-style-type: none"> <li>Updated in line with comments from GB</li> <li>Update on mitigating actions</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	16	16	<ul style="list-style-type: none"> <li>Additional controls in place</li> <li>Mitigating actions updated</li> </ul>



<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.</b>			
<b>Risk 1.1</b>	<b>Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.</b>			
<b>Risk Rating</b> Initial Score Current Score	<b>5x4=20</b> <b>4x4=16</b>	<b>Lead Director</b> Debbie Fairclouge <b>Date Last Reviewed</b> 15 September 2016		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Secured senior dedicated support for designing and implementing a PMO approach to QIPP</li> <li>Accountable leads have been identified for each contract and are responsible for ensuring that all QIPP schemes are supported by appropriate contracting mechanisms.</li> <li>Clinical Advisory Group TOR has been updated to enable the group to identify additional areas of improvement and support the CCG in respect of its PSED and other statutory duties associated with any proposed service changes.</li> <li>Schemes have been re-evaluated and risk assessed to allow focus of those that are deliverable in year, as well as looking at medium to long term plans</li> <li>QIPP committee TOR have been revised and the relationship between QIPP and F&amp;R has been formalised.</li> <li>KPIs and monitoring criteria are being designed for every QIPP scheme so that any risks to delivery are identified and mitigated at the earliest possible opportunity.</li> <li>PMO structure now in place and all schemes have supporting "plans on a page"</li> <li>Highlight reports across strategic domains (planned care, CHC/FNC, medicines optimisation, discretionary spend and urgent care) are reviewed by QIPP Committee</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		<ul style="list-style-type: none"> <li>Further work to take place to ensure QIPP embedded in localities</li> </ul>	Debbie Fairclough/ Tracy Jeffes	Nov 16
		<ul style="list-style-type: none"> <li>Further work to ensure QIPP continues to have high profile in CCG</li> </ul>	Debbie Fairclough	Nov 16
<b>Assurances (how do we know if the things we are doing are having an</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		

<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.</b>	
<b>Risk 1.1</b>	<b>Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.</b>	
<b>impact?):</b>		
<ul style="list-style-type: none"> <li>SMT and SLT will review progress on a weekly basis and QIPP Committee, with support from Finance and Resources will monitor all activity on a monthly basis. The QIPP dashboard will be the monitoring tool for all QIPP schemes and will provide assurances to the Governing Body on progress. A reduction in spend will demonstrate the impact of the implementation of the QIPP plan.</li> </ul>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>	

<b>Strategic Objective 2</b>	<b>To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.</b>		
<b>Risk 2.1</b>	<b>CCG QIPP position reduces the CCGs ability to progress planned transformational schemes</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	<b>5 x 3 = 15</b>	Karl McCluskey	
Current Score	<b>4 x 3 = 12</b>	<b>Date Last Reviewed</b>	
		15 September 2016	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Current transformational schemes under rigorous review to ensure that those progress provide both Transformational change and contribute to QIPP</li> <li>Secured senior dedicated support for designing and implementing a PMO approach - June 2016</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Joining up QIPP and blueprint process, the transformational plans have been recast to align with QIPP plan	Karl McCluskey/ Debbie Fairclough	ongoing
	Strengthening links between transformational process and CCG contract management to ensure that all cases agreed link directly to provider contracts.	Karl McCluskey	ongoing
	STP lead post developed and recently recruited to ensure dedicated resource ensures CCG has key role in local planning and transformational scheme development	Karl McCluskey	July 2016
	Review of Rightcare deep dives packs and working with Rightcare partner to ensure CCG identifies opportunities for future transformation and has clear plan for prioritising key programmes.	Karl McCluskey	Sept 2016
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Delivery of QIPP targets.</li> <li>CCG vision for Shaping Sefton will be reflected in STP plans.</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 3</b>	<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.1</b>	<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	4x4 = 16	Karl McCluskey	
Current Score	3x4 = 12	<b>Date Last Reviewed</b>	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times</li> <li>Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Providers working on mitigation plans for strikes	Karl McCluskey	ongoing
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Assurance from MIAA review of performance reporting</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 3</b>	<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.2</b>	<b>Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.</b>		
<b>Risk Rating</b> Initial Score Current Score	<b>1 x 5 = 5</b> <b>1 x 4 = 4</b>	<b>Lead Director</b> Tracey Jeffes <b>Date Last Reviewed</b>	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>CCG has in place business continuity plans</li> <li>Emergency Planning training taken place in last 12 months</li> <li>Corporate Governance Group has responsibility for ensuring compliance</li> <li>CCG Statutory Lead is Chief Delivery and Integration Officer</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Self-assessment and action improvement developed	Tracy Jeffes	Sept 2016
	Refresh of the business continuity plans and business self assessment	Tracy Jeffes/ CCG	Jan 2017
	Ongoing training for key staff	Tracy Jeffes	March 2017
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>NHSE assurance through self-assessment and improvement plan</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 4</b>	<b>To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.</b>			
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on transformation agenda</b>			
<b>Risk Rating</b> Initial Score Current Score	3x3=9 3x3=9	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 12 July 2016		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Shadow Joint Commissioning Committee</li> <li>LQC in place</li> <li><a href="#">NHSE workshops for GP five year forward view.</a></li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Application for Joint Commissioning status with NHSE	Jan Leonard	Oct 2016
		Supported emergent Federation.	Jan Leonard	Ongoing
		Joint development session on Transforming Primary Care	Jan Leonard	July 2016
		Working Group on STP	Jan Leonard	Ongoing
		<a href="#">NHSE invited to talk about GP five year forward view</a>	<a href="#">Jan Leonard</a>	<a href="#">Oct 2016</a>
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Developing quality reports for Primary Care with NHSE and other CCGs.</li> <li>Transformation agenda is continually monitored through Governing Body and Committee structure.</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 5</b>	<b>To advance integration of in-hospital and community services in support of the CCG locality model of care.</b>			
<b>Risk 5.1</b>	<b>Community Service currently going through transaction process which increasing risk of instability in services.</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
<b>Initial Score</b>	3x3=9	Jan Leonard		
<b>Current Score</b>	3x3=9	<b>Date Last Reviewed</b>		
		15 September 2016		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Community Services contract monitoring meetings</li> <li>EPEG monitor feedback on services</li> <li>Quality Committee monitoring of services</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Community Services Steering Group Developed	Jan Leonard	Ongoing
		Transaction Board overseeing transaction	Martin McDowell	Ongoing
		Outcome of transaction of core and non-core services should be known by mid Oct	Jan Leonard	Mid Oct 2016
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Providers have expressed interest in acquiring services</li> <li>No increase in complaints/comments on Community Services</li> </ul>		<ul style="list-style-type: none"> <li>During transaction process we are unable to progress integration.</li> </ul>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 6</b>	<b>To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</b>			
<b>Risk 6.1</b>	<b>There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
<b>Initial Score</b>	4x4=16	Tracy Jeffes		
<b>Current Score</b>		<b>Date Last Reviewed</b>		
	4x4=16	15 September 2016		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ol style="list-style-type: none"> <li>1. Health and wellbeing board executive in place</li> <li>2. Review of current BCF and Section 75 arrangements</li> <li>3. New integration role within the local authority to support further integration.</li> <li>4. Number of key joint commissioning posts in place</li> <li>5. <a href="#">New integrated commissioning group now established</a></li> <li>6. <a href="#">Initial meeting held regarding development of multi-disciplinary teams</a></li> </ol>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Establish a revised integrated commissioning group	Tracy Jeffes	Sept 2016
		Agree joint commissioning priorities	Jan Leonard	Sept 2016
		<a href="#">Development of a route map for integration</a>	Tracy Jeffes	Nov 2016
		<a href="#">Initial pooled budget arrangements within BCF agreed</a>	Martin McDowell	Aug 2016
		<a href="#">Further develop of pooled/aligned budgets</a>	Martin McDowell	March 2017
		Joint CCG and Public Health Plan	Tracy Jeffes	Oct 2016
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ol style="list-style-type: none"> <li>1. <a href="#">Agreed route map for integration signed by all parties and assured by NHSE through BCF team.</a></li> </ol>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		<a href="#">SS040</a>		



## MEETING OF THE GOVERNING BODY September 2016

<b>Agenda Item: 16/150</b>	<b>Author of the Paper:</b> Peter Wong Children, Young People & Maternity Commissioning Manager Email: <a href="mailto:peter.wong@southseftonccg.nhs.uk">peter.wong@southseftonccg.nhs.uk</a> Tel: 07825830400						
<b>Report date:</b> September 2016							
<b>Title:</b> Joint Children & Young People's Emotional Health and Wellbeing Strategy 2016-2021							
<p><b>Summary/Key Issues:</b></p> <p>A local Children &amp; Young People's Emotional Health and Wellbeing Strategy was developed via Sefton's Children &amp; Young People's Emotional Health and Wellbeing Steering Group during 2014/2015. Due to issues with the Health &amp; Wellbeing Sub Group Structure this never progressed through to the full Health &amp; Wellbeing Board.</p> <p>Earlier in 2016 a decision was made to revisit this strategy, consult more widely and progress through appropriate governance structures.</p> <p>The Strategy underpins Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.</p> <p>This report provides a background to the strategy and an opportunity for the Governing Body to comment before it is finalised.</p>							
<b>Recommendation</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <p>The Governing Body is asked to receive this report and provide any comments to inform the final version.</p> </div> <div style="width: 25%; text-align: right;"> <table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="border: 1px solid black; text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="border: 1px solid black; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; text-align: center;"> </td></tr> </table> </div> </div>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
Patient and Public Engagement	x			As part of the process children and young people (including those who have used CAMHS) have been consulted and engaged.
Clinical Engagement	x			Local CAMHS Clinical leadership have been involved in the development of the Strategy.
Equality Impact Assessment		x		As a joint strategy being led by the Council a joint EIA will be completed before the final strategy is agreed.
Legal Advice Sought			x	
Resource Implications Considered	x			Any resource requirements would be reflected in Local CAMHS Transformation Plan monies which CCGs have received and are monitored against.
Locality Engagement			x	
Presented to other Committees	x			The Strategy has/is going to the Health & Wellbeing Board and has also been through Overview & Scrutiny.

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

## **Report to Governing Body September 2016**

### **1. Executive Summary**

A local Children & Young People's Emotional Health and Wellbeing Strategy was developed via Sefton's Children & Young People's Emotional Health and Wellbeing Steering Group during 2014/2015. Due to issues with the Health & Wellbeing Sub Group Structure this never progressed through to the full Health & Wellbeing Board.

Earlier in 2016 a decision was made to revisit this strategy, consult more widely and progress through appropriate governance structures.

The Strategy underpins Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.

This report provides a background to the strategy and an opportunity for the Governing Body to comment before it is finalised.

### **2. Introduction and Background**

In 2014/2015 a local Joint Children & Young People's Emotional Health and Wellbeing Strategy was developed via Sefton's Children & Young People's Emotional Health and Wellbeing Steering Group. This Steering Group was/is reported to the 0-19 Sub-Group of the Health and Wellbeing Board. Unfortunately the 0-19 Sub-Group met very infrequently during this time and the Strategy never ultimately never progressed through to the full Health & Wellbeing Board.

Earlier in 2016 a decision was made to fully revisit this strategy, consult more widely and progress through the appropriate governance structures.

The Joint Children and Young People's Plan and the Health and Wellbeing Strategy provides the overarching strategy framework for young people experiencing mental health issues and has been influenced by:

- The establishment of a Sefton Children and Young People's Emotional Health and Wellbeing Steering Group.
- Sefton has been successfully appointed by NHS England as a Children and Young People's Improving Access to Psychological Therapies site.
- A joint NHS CQUIN is in place (Commissioning for Quality and Innovation) Programme, involving Alder Hey and MerseyCare Trusts to improve transitions between Children and Adult Services.
- National funding from NHS England to enhance Child and Adolescent Health Services with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community has been made available.
- A locally agreed Transformation Plan.

This draft Strategy (Appendix A) has been developed via Sefton's Children and Young People's Emotional Health and Wellbeing Steering Group and other associated forums and groups. Many individuals have contributed to the draft state in particular a wide range of young people and partners.

The Strategy underpins and is underpinned by the Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.

The Strategy is currently still in draft as we need respond to a recent final engagement exercise with Children and Young People (Appendix B). This gives a better understanding of our young citizens views, experiences and will be reflected in the final content and begin to identify the priorities and actions that will help make progress to ensure that all of the children and young people who live in Sefton are supported to be happy, healthy and confident and in order that they grow to be prepared well for adult life.

### **Work on a model**

There is no single definition of emotional health and wellbeing; The World Health Organisation defined emotional health and wellbeing as:

“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community<sup>1</sup>.”

The Mental Health Foundation states that emotional health and wellbeing is:

“Being able to develop physiologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; lay and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and lean from them<sup>2</sup>.”

In March 2015 the Department of Health and NHS England produced a taskforce report *Future in Mind*. The task force considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people were identified. In summary, the themes are:

- A. Promoting resilience, prevention and early intervention.
- B. Improving access to effective support – a system without tiers.
- C. Care for the most vulnerable.
- D. Accountability and transparency.
- E. Developing the workforce.

In August 2015 guidance was issued to CCGs about developing Local Transformation Plans for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG's to support transformation programmes. Accessing this funding is dependent on demonstrating “strong local leadership and ownership at a local level through robust action planning and the development of publically

available Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing.” These plans will be based on the 2015 Department of Health and NHS England taskforce report ‘Future in Mind’. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

Key objectives of the investment are:

1. Build capacity and capability across the system.
2. Roll-out the Children and Young People’s Improving Access to Psychological Therapies programme.
3. Develop evidence based community Eating Disorder services for children and young people.
4. Improve perinatal care.

Sefton’s Children and Young People’s Emotional Health and Wellbeing Steering Group has begun to look at what whole-system approach we need to have in place to ensure that we achieve better outcomes for children and young people, moving away from a rigid pathway with tiers. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by children and young people themselves.

We will explore the *Thrive Model* (recommended by Future in mind) in detail in the next few months. The model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered, and is being explored by almost all areas of the Country.

The developing model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area.

**THRIVE model**



Specific actions in exploring this model will be to

- Map the Child & Young People Improving Access to Psychological Therapies (CYPIAPT) Partnership and other significant services onto the Thrive model
- Map the population onto the model
- From this mapping identify any crossover, gaps and under-resourced aspects and also what doesn’t fit onto the model

- Choose what delivery we want to underpin the strategy – the minimum key strands, services (building blocks) such as crisis intervention, CAMHs, early intervention
- Describe a handful of typical CYP journeys and how a new system would work for them
- Ensure we strengthen work with staff from within adult services regarding transitions

Later iterations of this Strategy will reflect the outcomes of these actions.

### 3. Key Issues

- Need to agree, via the correct governance routes, and publish a Joint Children and Young People's Emotional Health and Wellbeing Strategy for Sefton.
- The Strategy will lead to a reshaping of how children and young people are supported with their emotional health and wellbeing – not just limited to CCG commissioned specialist CAMHS.
- The Strategy will contribute to integration.

### 4. Conclusions

An original strategy, although it never progressed fully through the Health & Wellbeing structure, has provided a framework for discussions over the last 18-24 months. This was fully revisited and a revised Strategy has been developed which will shape future developments in how we support local children & young people with their emotional health and wellbeing needs.

### 5. Recommendations

The Governing Body is asked to receive this report and provide any comments to inform the final version.

### Appendices

**Appendix A:** Joint Children & Young People's Emotional Health and Wellbeing Strategy 2016-2021 (draft)

**Appendix B:** Children & Young People Consultation Event July 2016 - Report

**Peter Wong**  
**September 2016**

# Sefton`s Children and Young People`s Emotional Health and Wellbeing Strategy

2016 – 2021

Draft v0.6

DRAFT

## Acknowledgements

We would like to give special thanks to all people who have already contributed and helped with this process. Feedback from all partners has greatly contributed to the development of the Strategy.

We would like to give thanks in advance to all those who will be contributing to the future development of the Strategy as we progress to achieving our goals for children, young people and families' emotional health and wellbeing.

DRAFT



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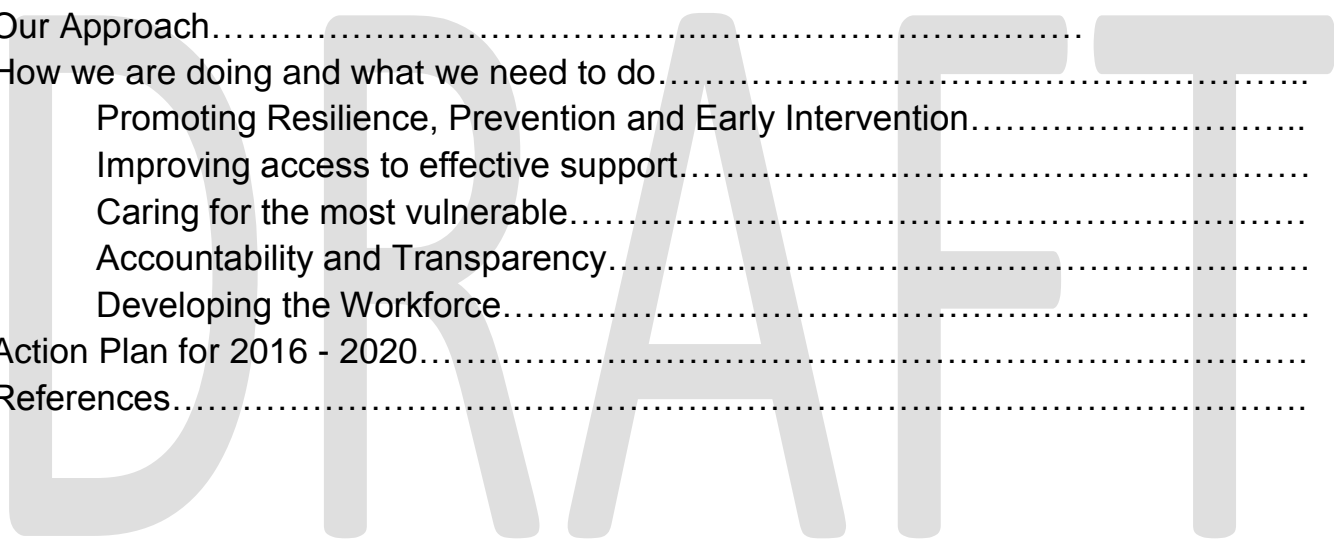
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## Foreword

Welcome to Sefton's Children and Young People's Emotional Health and Wellbeing Strategy. This document is intended to set out the five year forward view for improving outcomes in Emotional Health and Wellbeing for children and young people.

The Plan has been developed and is owned by Sefton Health and Wellbeing Board and produced following consultation with key stakeholders. The Plan is intended to be a working document which will be reviewed regularly in order to monitor achievements and areas for development.

It is for all stakeholders, professionals, parents or children and young people themselves to work together to reduce risk, promote protective factors and to ensure that children and young people's emotional health and wellbeing support and mental health services are available to prevent, support and intervene when required to provide the best possible emotional health and wellbeing for children and young people in Sefton.

Our approach has so far led to:

- The establishment of a Sefton Children and Young People's Emotional Health and Wellbeing Steering Group.
- Sefton has been successfully appointed by NHS England as a Children and Young People's Improving Access to Psychological Therapies site.
- A joint NHS CQUIN is in place (Commissioning for Quality and Innovation) Programme, involving Alder Hey and Mersey Care Trusts to improve transitions between Children and Adult Services.
- National funding from NHS England to enhance Child and Adolescent Health Services with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community has been made available.
- We have a locally agreed Transformation Plan.

There is still much to do. With the insight of our children and young people and their families, a system wide commitment and increased investment there has never been a greater opportunity to make things better; it is an exciting time!

X Cabinet Member Children and Young People

X Cabinet Member Health and Wellbeing and Chair of Health and Wellbeing Board

X CCG

X CCG

## Why are we developing a Strategy

Emotional health plays a central role in children's mental, psychological and cognitive development as well as their general health. Mental health problems in children and young people may not always present themselves clearly. They can emerge in ways that are less easily defined, for example, through behaviour problems, withdrawal and emotional difficulties, substance misuse and physical injury.

Good emotional and mental health is important in helping to strengthen the child's capacity for relationships, improve educational attainment, promote social inclusion, expand opportunities and improve general health and wellbeing. The foundations of good emotional health and wellbeing are laid at the start of life. Since the majority of mental illness can be traced back to childhood, it is important that interventions which protect health and wellbeing are readily available. If mental health problems occur there should be early intervention. If left untreated there is evidence that these can become lifelong problems.

## What is Emotional Health and Wellbeing

There is no single definition of emotional health and wellbeing; The World Health Organisation defined emotional health and wellbeing as:

“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community<sup>1</sup>.”

The Mental Health Foundation states that emotional health and wellbeing is:

“Being able to develop physiologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; learn and lay; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them<sup>2</sup>.”

The Children's Society<sup>3</sup> (2015) reported upon 'subjective wellbeing' following extensive research. Children define their wellbeing in two areas, the first being 'life satisfaction' and how children view their lives in various areas such as relationships or educational attainment, and the second being the way children feel emotionally which can change from day to day.

The term emotional health and wellbeing is used throughout the plan and is used to encompass the spectrum of need between emotional health and wellbeing and mental illness. It is about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with the challenges that life presents. All of us have mental health needs, and from time to time these may become the problems which require support from friends, family and at times professional help.

## Population Needs Analysis

### Nationally

1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class according to Young Minds. YoungMinds<sup>11</sup> stated that between 1 in every 12 and 1 in 15 children and young people deliberately self-harm - and around 25,000 are admitted to hospital every year due to the severity of their injuries and there has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.

British Medical Association<sup>12</sup> estimates that 1.1 million children under the age of 18 would benefit from specialist mental health services. More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time. In terms of when children and young people are in education, only one in three teachers said they would be comfortable covering the topic of self-harm in lessons, despite the fact that 97% of young people said self-harm should be addressed in schools. - Young Minds Sept 2012. For secondary school age children (11-16): About 195,000 (4.4%) has an anxiety disorder and about 62,000 (1.4%) are seriously depressed.

Wellbeing in adolescence suggests a 'u-shaped' curve, with wellbeing reaching its lowest ebb around the age of 14-15. This decline appears to be sharper for girls<sup>13</sup>. A recent review showed that between 12 and 18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing –between £8 billion and £13 billion in England each year. Moreover, by interacting with and exacerbating physical illness, the researchers calculated that total healthcare costs are raised by at least 45% for each person with a long-term condition and a comorbid health problem.

### Locally

Key findings from Child and Maternal Health Observatory 2014 and the 2014 Sefton Strategic Needs Assessment reported that:

- Approximately 22% of the population of Sefton is under the age of twenty.
- Almost six percent of school children are from a black or minority ethnic group.
- The health and well-being of children in Sefton is generally worse than the England average.
- Infant mortality rates (less than 1 year old) and Child Mortality rates (1-17 years) are similar to the England average.
- The level of child poverty is worse than the England average with 19.8% of children aged under 16 years of age living in poverty.
- The rate of family homelessness is significantly lower than the England average.
- Children in Sefton have average levels of obesity. Approximately ten percent of children aged 4-5 years and 18% of children aged 10-11 years are classified as obese.

- 59.3% of children participate in at least three hours of sport a week which is significantly better than the England average.
- 14.6% of 15 year olds physically active for at least one hour per day seven days a week. This is not significantly different to the England average.
- The teenage pregnancy rate (21.1 per 1,000) is not significantly different to the England average but is significantly lower than the North West rate.
- The rate of young people under 18 who are admitted to hospital because of alcohol specific conditions, such as alcohol overdose, has declined in the period 2012/13-2014/15 when compared with the period 2006/07-2008/09. However, overall rates of admission in the period 2012/13-2014/15 are significantly higher than the England average.
- The rate of young people aged 10-24 years who are admitted to hospital as a result of self-harm has increased in 2014/15 when compared with figures from 2012/13 and 2013/14. Overall rates of admission in 2014/15 are significantly higher than the England average. In this period, the rate of self harm hospital admissions was 487.0 per 100,000 young people aged 10-24. Nationally, levels of self-harm are higher among young women than young men. (HSCIC 2013)
- The rate of Sefton CYP admitted to hospital as a result of a mental health problem in 2014/15 was 117.8 per 100,000 young people aged 0-17. This is significantly higher than the England average.
- Sefton is ranked 76 out of 326 authorities in the 2015 Index of Multiple Deprivation (1 is most deprived). Approximately 18% of Sefton's residents live within the most deprived 10% of areas within England and Wales.
- 15.1% of school children in Sefton receive free school meals, similar to the England rate (15.6%) but significantly lower than the rate across the North West (17.7%).
- The percentage of children achieving a good level of development at age 5 in Sefton is 66.2% which is line with the national average for 2014/15.
- In 2014, approximately 5.7% of 16-18 year olds were not in education, employment or training (NEET). This figure has reduced when compared with previous years but remains higher than the England average.

**Suicide** - The suicide rate for young people in England is below that of the general population. Narrative verdicts are more common as deaths of undetermined intent in under 15s cannot be assumed to be suicide due to the possibility of unverifiable abuse, neglect or accidents. Suicide Reports provide data on a 3 year rolling basis so trends can be identified. In Sefton there were 88 suicides for the period 2012-14, (the latest we are able to report suicide data). None of which were under 18.

Suspected suicide deaths are reported to the coroner, who will consider the needs of bereaved families and may return a narrative, open or misadventure verdict. The Child Death and Overview Panel (CDOP) can provide reports on trends, risks and safeguarding issues. Young people are at risk of suicidal feelings, with an increased risk in those with mental health or behavioural problems, when they misuse substances, have experienced family breakdown or suicide in the family.

Effective preventative interventions include:

- A whole school approach to emotional health & wellbeing.
- Suicide awareness training for staff to enable them to identify and respond to high risk signs.
- Signposting for parents to sources of support.
- Clear referral routes to mental health services.
- Anti-bullying programmes.
- Outreach and accessible service for young offenders and vulnerable children and young people.

**Self-harm** - Self harm is considered a risk factor for suicide; however self-harm is a sign of serious emotional distress in its own right. Looked after children and care leavers are between four and five times more likely to self-harm. In comparison with the 2012/13 and 2013/14 periods, the rate of young people aged 10-24 admitted to hospital as a result of self-harm increased in 2014/15 Overall the rate of admission in 2014/15 is higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

**Looked After Children** - Children and Young people who are on the edge of care and those under child protection plans are likely to have poor mental health. In the year ending March 2015, the rate of Looked after Children in Sefton was 85 per 10,000 children (450 children), an increase of 52% since 2006 (56 per 10,000). Approximately 64% of Looked after Children are placed in foster care and a further 11% are placed in children's homes or secure units. In respect of the age profile the biggest percentage is between 10 and 15 which equates to 161 and for those aged 16-17, the figure is 66 young people.

The current population of Sefton children and young people is 59,580 and is broken down into the following age groups.

Mid 2014 Population Figures for Under-19s Age range (years)	Total
0-4	14,899
5-9	14,495
10-14	14,322
14-19	15,864
<b>Total</b>	<b>59,580</b>

Local data is limited on young people's emotional health and wellbeing however based on national prevalence data, it is estimated that, in Sefton approximately;

- 9.4% of children aged 5-16 (3301) have a mental health problem
- 3.7% (1188) an emotional disorder (anxiety disorders and depression)
- 5.7% (1831) a conduct disorder
- 1.5% (482) a hyperkinetic disorder.

Source: Children & Young People's Mental Health and Wellbeing tool, PHE, 2016

Approximately 2,800 women living in Sefton give birth each year and 10-20% of women are affected by mental health problems at some point during pregnancy or in

the first year after childbirth. The table below details the estimated number of women with mental health problems during pregnancy and after childbirth for Sefton:

Estimated number of women with postpartum psychosis	10
Estimated number of women with chronic Severe Mental Illness	10
Estimated number of women with severe depressive illness	85
Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate)	270
Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate)	405
Estimated number of women with Post Traumatic Stress Disorder	85
Estimated number of women with adjustment disorders and distress (lower estimate)	405
Estimated number of women with adjustment disorders and distress (upper estimate)	810

Source: CHIMAT Needs Assessment reports – mental health in pregnancy, the postnatal period and babies and toddlers. (2013/14)

## Listening to Children and Young People

Sefton has a Public Engagement and Consultation Framework<sup>16</sup> in place. This Framework gives us clear information on how to speak with and listen to our communities and get them involved in the work we do.

What we mean by ‘engagement and consultation’. The words ‘engagement’ and ‘consultation’ can mean different things. To us, engagement is more than simply making information available or gathering opinions and attitudes. We should use the views and opinions we receive to help us make decisions on or changes to our service plans. We believe it is important to get our community involved in designing and assessing services. This should improve things for local people.

We must consider what we can do to communicate effectively with all local people, so that everyone can have their say. It is important that the wider community understand how they can get involved in activities before they start, and that they feel able to do so. It is also important that we keep local people informed throughout the process, and tell them: -what is going to happen with the information they have given us; what changes we will make as a result of the work we have done with them; and how else they can get involved. For this strategy the public engagement and consultation framework, supports us in our approach working with all children and young people. We will aim to include all perspectives and reflect the wide experiences of our children and young people.

We will share with children and young people what we think are the important things to do as articulated in this draft strategy and we will ask what children and young think about our approach so far and then most importantly to listen what they say and work with them to shape what we do in the future.

Sefton CVS through the Youth Engagement and Participation Lead and Sefton Young Advisors are working with Children and Young people. On the 14<sup>th</sup> July an event was held. The purpose of this event was to help shape the Emotional Health and Wellbeing Strategy. The report will help inform the priorities and actions to ensure that in the future we use all our resources to make sure that children and young people have the best opportunities to be emotionally healthy and when needed that services are accessible, supportive and help them keep well and live a good life.

The engagement event gives opportunities for young people to tell us how they would like to be kept informed and involved in shaping services and holding services to account.

“The event was facilitated by Sefton Young Advisors and young people from other voice groups in Sefton; it will be interactive and participatory. In preparation for the event, School Councils were asked to meet to discuss and conduct conversations with their peers about emotional health and wellbeing:

Q. What does it mean to be emotionally healthy/to have good mental health?

Q. What is working well in your school to support you and your friends?

Q. What would you like to see happening/what would a perfect school environment look like to ensure you and your friends have the best emotional health and wellbeing?

The outcome of the event will inform the future version of the strategy and any subsequent action plan.

## National Policy Context

In February 2016, NHS England published the **Five Year Forward View for Mental Health**<sup>4</sup>. This report from the independent Mental Health Taskforce to the NHS found half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most children and young people, the report finds, get no support. Even for those that do the national average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. It recognised that a small group need inpatient services but, owing to inequity in provision, they may be sent anywhere in the country, requiring their families to travel long distances.



The report went on to detail that children and young people are a priority group for mental health promotion and prevention, and called for the Future in Mind recommendations to be implemented in full. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care. By 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it. This will require a fundamental change in the way services are commissioned, placing greater emphasis on prevention, early identification and evidence-based care. NHS England should continue to work with partners to fund and implement the whole system approach described in Future in Mind, building capacity and capability across the system so that by 2020/21 we will secure measurable improvements in children and young people’s mental health outcomes.

For very young children, the **Five to Thrive**<sup>5</sup> programme promotes five activities, in order to give children the best start in life. Success of Five to Thrive is founded on the fact that it is not a rigid, one-size-fits-all programme. Rather, an array of resources, tools and training content is available to help tailor a strategy that best fits with local needs and aims. Central to the Five to Thrive approach is the set of five key activities:

### **Respond - Cuddle - Relax - Play - Talk**

These are our ‘building blocks for a healthy brain’. They are drawn from research into the key processes of attachment and attunement that forge bonds between young children and their carers. Crucially, they are designed to support positive feedback processes, enabling practitioners to observe and reinforce positive interaction between parents and their children.

The government strategy for mental health **No Health without Mental Health**<sup>6</sup> 2011 captures the ambition to mainstream mental health in England and gives emphasis to the notion that mental health is everyone’s business, as demonstrated by the subtitle ‘a cross government mental health outcomes strategy for people of all ages’. A firm emphasis is placed on early intervention to stop serious mental health issues developing, particularly amongst children and its six key objectives detail how:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

In March 2015 the Department of Health and NHS England produced a taskforce report **Future in Mind**<sup>7</sup>. The task force considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people were identified. In summary, the themes are:

- A. Promoting resilience, prevention and early intervention.
- B. Improving access to effective support – a system without tiers.
- C. Care for the most vulnerable.
- D. Accountability and transparency.
- E. Developing the workforce.

Each key theme will inform our plan and provide a structure to frame our action plan.

### **A. Promoting resilience, prevention and early intervention**

This means

- promoting good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health.
- preventing mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk.
- identifying needs earlier, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible.

### **B. Improving access to effective support – a system without tiers**

This means

- changing how care is delivered and builds it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.

### **C. Care for the most vulnerable**

This means

- dismantling the barriers that services construct which make it difficult for many vulnerable children, young people and those who care for them to get the support they need.

### **D. Accountability and transparency**

This means

- removing the lack of accountability and transparency that defeats the best of intentions and hides the need for action in a fog of uncertainty. Drive improvements in the delivery of care, and standards of performance to ensure a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

## E. Developing the workforce

This means

- that everyone who works with children and young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

In February 2016, **Counselling in Schools – A Blueprint for the Future**<sup>8</sup> was published by the Department of Education. This advice is non-statutory, and has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for children and young people. It also sets out the Government's expectation that over time we would expect to see all schools providing access to counselling services. It is equally relevant for schools with counselling services and those that currently have no access to them. It reflects views of children and young people on counselling, as well as those of schools. It recognises that effective counselling is part of a whole school approach to mental health and wellbeing.

The future expectations are

- The mental health and wellbeing of children and young people is everyone's business. The benefits to the individual and to society in preventing problems from arising, and intervening early where they do, are significant. For schools this can result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient pupils.
- The current extent of counselling provision in schools, alongside a range of other interventions and support programmes for pupils, makes it clear that many schools already recognise the value of making counselling services available in school settings. Schools have adopted a wide variety of approaches, and prioritised this within their existing funding, whether through the Dedicated Schools' Grant, or in some cases, the Pupil Premium.
- While in some cases school based counselling services may have been introduced to address problems with access to services outside of schools, it is clear that they are not only an established part of the school landscape, but play a significant role in overall provision of mental health services for children and young people.
- There is a strong expectation is that, over time, all schools should make counselling services available to their pupils. In line with the Government's wider approach to schools, allowing schools autonomy to make their own

decisions about how to use their funding in the best interests of their pupils, we are not requiring this. But this guidance sets out the issues schools will want to consider where they do not have services in place.

- For the many schools that already have counselling services in place, the priority is to address the areas for development identified above. We want to support schools to ensure that the services they offer are of high quality, delivering value for money and improved outcomes for children and young people. This guidance draws on the direct experience of schools, the views of children and young people about counselling, and advice from an expert group drawn from key organisations.<sup>8</sup> Many of these organisations have produced more detailed guidance and research which is referenced at the end of this document, and which schools may also wish to draw on in developing their services.

The policy affirms that counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Some of the whole school actions will be focused on

- Improving wellbeing and resilience
- Raising awareness of mental health through the curriculum
- Promoting staff health and wellbeing
- Reducing the stigma around mental health
- Interaction with the pastoral system
- Leadership role

In March 2016, the Department of Education published advice for school staff **Mental Health and behaviour in schools**<sup>9</sup>. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

The key points are that

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.
- Where severe problems occur schools should expect the child to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.
- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the pupil and their parents/carers should always be considered.

- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem and involve their parents/carers and the pupil in considering why they behave in certain ways.
- There are resources available to help school staff support good mental health and emotional wellbeing. The PSHE Association has produced guidance and lesson plans to support the delivery of effective teaching on mental health issues. In addition, MindEd, a free online training tool, provides information and advice for staff on children and young people's mental health and can help to sign post staff to targeted resources when mental health problems have been identified.
- Schools should consider if their pupils would benefit from the offer of school counselling services. The Department for Education has published advice on how to set up and improve schools counselling services. Additionally, Counselling MindEd, which is part of MindEd, is also available to support the training and supervision of counselling work with children and young people.
- There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience, before serious mental health problems occur.
- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board – Directors of Children's Services and local HealthWatch are statutory members.
- There are national organisations offering materials, help and advice. Schools should look at what provision is available locally to help them promote mental health and intervene early to support pupils experiencing difficulties. Help and information about evidence-based approaches is available from a range of sources.

In August 2015 guidance was issued to CCGs about developing **Local Transformation Plans**<sup>10</sup> for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG's to support transformation programmes. Accessing this funding is dependent on demonstrating "strong local leadership and ownership at a local level through robust action planning and the development of publically available Local Transformation Plans for Children and Young People's Mental Health and Wellbeing." These plans will be based on the 2015 Department of Health and NHS England taskforce report '**Future in Mind**'. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

Key objectives of the investment are:

1. Build capacity and capability across the system.
2. Roll-out the Children and Young People's Improving Access to Psychological Therapies programme.
3. Develop evidence based community Eating Disorder services for children and young people.
4. Improve perinatal care.

Objectives, actions and investment plans have been developed by bringing together current strategies and priorities and through further discussion with stakeholders.

Investment was released for plans fully assured by NHS England in late 2015/16. This investment supports realistic and viable plans to spend investment within a financial year. Such expenditure must make direct and tangible contributions to the development and implementation of any plan and/or meaningful and immediate improvements in local service delivery, some of the activity may be non-recurrent.

## Our Local Vision and Plans

Our plan acknowledges the aspirations described in national policies and recognises that achieving progress is something that cannot be done in isolation. It requires not only the commitment of those working within the system, but also support and engagement across all of society. From the way that mental health is covered in the media, to how it is addressed in schools, to the response of families and friends, more can be done to improve the lives of people with mental health problems and to promote wider mental wellbeing.

In designing local services it is important to understand the needs of children, young people and their families/carers. This will then allow commissioners and providers to ensure there is 'timely access' to 'high quality', 'evidence based' interventions that deliver 'good outcomes' and 'on-going management' of complex conditions.

Local and regional services should work holistically to meet the needs of the child, young person and families/carers, coordinating care across agencies to ensure good educational, health and social outcomes.

This plan is developed with reference to other local plans and strategies:

In 2014, Sefton published its first Health and Wellbeing Strategy; **Living Well in Sefton**<sup>11</sup>. The Strategy articulated the vision for Sefton as;

“By working together and aligning our resources, we aim by 2020 to improve the care, health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health and wellbeing outcomes. We will promote independence and help build personal and community resilience. We will work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults.”

One of the six strategic objectives was to “Ensure all children have a positive start in life.”

- Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles.
- Children and young people will be safe.
- Children and young people will be aspirational and achieving through the enjoyment of going to school and college.
- Parents will have the skills, support and infrastructure to enjoy being parents.
- Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review.

The Fourth strategic objective was to “Promote positive mental health and wellbeing.”

- The infrastructure will be in place so that all people can access information, preventative and treatment services.
- People will be empowered, have a sense of purpose and take care of themselves and their family.
- The mental health services that are commissioned will be fit for purpose
- We will have stronger communities involved in their own wellbeing and wider community’s mental health services.
- There will be an increase in physical and emotional health and wellbeing.

In summer 2016 Sefton published a **Children and Young People’s Plan**<sup>12</sup>. This Plan is the single strategic 5 year plan for all services and organisations which work with children young people and families in Sefton. The plans vision is;

**“We want every child and young person to reach their full potential. They have the right to be healthy, happy, safe and secure and to feel loved, valued and respected and be prepared for adulthood.”**

The Plan has four major themes. These are:

1. Ensure all children and young people have a positive educational experience.
2. Ensure all children are supported to have a healthy start in life and a healthy adulthood.
3. Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential.
4. Ensure positive emotional health and wellbeing of children and young people is achieved.

Priority 4 “Ensure positive emotional health and wellbeing of children and young people is achieved” initiates this Strategy.

The key objectives articulated in the Children’s Plans are;

- ✓ Improve knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of children and young people presenting with mental health issues.

- ✓ Promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton.
- ✓ Improve access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health.

## Governance Arrangements

The Governance of this strategy sits with **Sefton`s Health and Wellbeing Board**. The main statutory functions of the Health and Wellbeing Board are:-

- To assess the needs of the local population through the Joint Strategic Needs Assessment process.
- To produce a local Health and Wellbeing Strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and broader wellbeing services.
- To promote integration and partnership, including joint commissioning, integrated provision and pooled budgets, where appropriate.

In addition to the above statutory functions, the Boards role is to provide system leadership for change across care, health and wellbeing. This role requires the involvement of a wide range of leaders from not only the Council and the two Clinical Commissioning Groups Governing Bodies, but other public sector organisations.

A number of years ago the Council and Partner agencies established a steering group to drive forward improvement to Sefton`s Children and young people emotional health and wellbeing. This group has been tasked with developing strategic approaches to transform systems and services to improve outcomes for children and young people`s emotional health and wellbeing.

The Council and its Partners have recently published a 5 year Children`s Plan and identified four key priorities, one of the priorities focuses upon emotional health and wellbeing and the actions form the children`s plan will be utilised to inform the strategy, whilst at the same time the development of the Emotional Health and wellbeing Strategy will also be used to further influence the Children`s Plan.

### Health and Wellbeing Executive Group

Its purpose is

- To determine and ensure delivery of a Strategy for Integrated Commissioning, to drive forward performance, to own and manage risks relating to Integrated Commissioning, and strategically lead the change programme towards full integration by 2020.
- To hold organisations, to account for the delivery of better outcomes for citizens and efficient use of combined/pooled resources.
- To provide peer to peer leadership support in order to build resilient relationships between senior leaders and thus organisations.



- To enable a consistent and collaborative leadership approach and a presence at local, regional and national NHS and Local Authority initiatives for betterment of the population of Sefton.

## **Sefton Children and Young People's Emotional Health and Wellbeing Steering Group**

Its purpose is to

- Develop and review the Children and Young People's Emotional Health and Wellbeing Strategy.
- Develop and implement the action plan.
- Define, collect and review a range of information including data (national, regional and local), feedback from children and young people and any other pertinent intelligence that will contribute towards the performance management, service prioritisation and improvement for emotional health and wellbeing services in Sefton.
- Provide assurance that all service pathways and delivery from entry to exit acknowledge the particular needs of all children and young people and requirements of safeguarding, quality, user/carer involvement, equalities, children in need, looked after children and children with disabilities.
- Have a focus on ensuring a successful transition from child to adult services for those young people in the 16-18 age groups who require transition.
- Maximise the 'partnership potential' of the Group to secure additional resource to improve service delivery and outcomes for children and young people.

## **Commissioning**

In December 2015 Sefton's Health and Wellbeing Board considered a report of the Director of Social Care and Health in relation to the principles and options for integration. The report set out the framework to establish a single pooled budget across health and social care to be overseen by a single politically and clinically accountable Board. The commitment of an integrated pooled budget across health, social care, public health and lifelong learning would enable resources to be used flexibly in and around the system in order to deliver efficiencies and good quality outcomes for those individuals in receipt of services.

Sefton established a Health and Wellbeing Executive Group under the auspices of the Health and Wellbeing Board. The HWB Executive Group would be strengthened to ensure that the resources are applied to deliver the strategic priorities of the pooled budget in Sefton.

In conclusion it was reported that a key strength of pooling resources was integrating decision making and having the ability to deploy resources more effectively to achieve shared outcomes. The principles of a single pooled budget across all Health and Social Care spending in Sefton were endorsed and a phased implementation of a single pooled budget across all Health and Social Care spending in Sefton was advocated.

It is clear that commissioning has a key role to play in developing integrated services, and that the ongoing separation between the health and social care systems is a major obstacle to achieving better outcomes for people. There is currently a lack of organisational alignment between the health and social care systems, largely as a result of the services being commissioned separately. This Strategy will enable commissioners of health, social care and all of those that are responsible for children and young people's experience of schooling, learning and community life to work to the same vision and a set of shared outcomes with an ability to deploy or influence the totality of the resources to achieve better outcomes for Children and Young People.

With this in mind the Commissioners across health and social care are working on the system architecture that will help create better working alliances in order to advance integrated commissioning strategies.

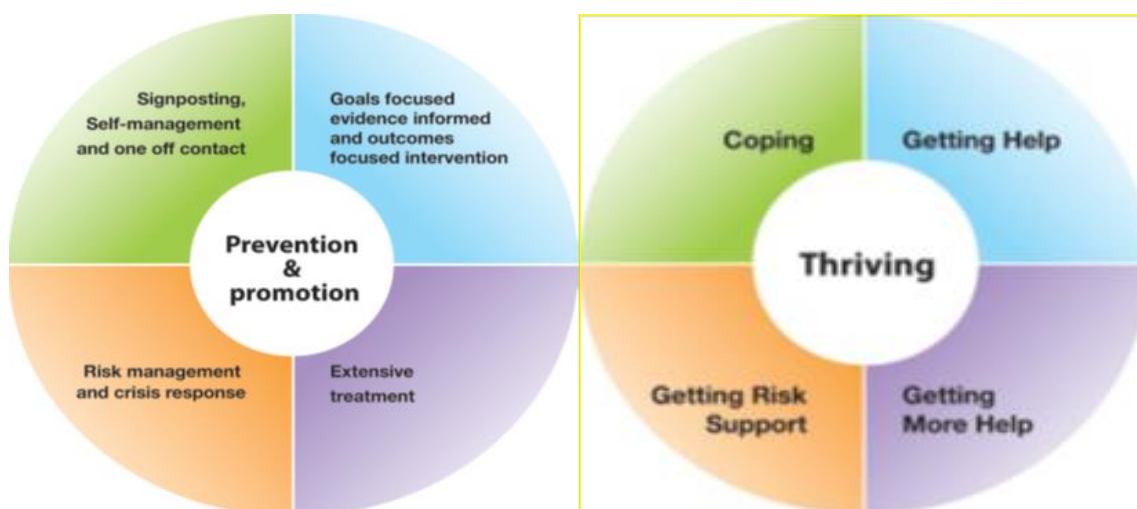
## Our Approach in Sefton

The Emotional Health and Wellbeing Steering Group has begun to look at what approach we need to have in place to ensure that we achieve better outcomes for children and young people. Moving away from a pathway with tiers. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by children and young people themselves.

We will explore the Thrive Model<sup>17</sup> in detail in the next few months. (The model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered.

The, developing, model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area. It's not a tried and tested model and will be refined and developed over time.

## THRIVE model



## 9. How we are doing

### A. Promoting Resilience, Prevention and Early Intervention

#### How are we doing?

- The new 0-19 Healthy Child Programme currently under procurement will combine the interventions currently provided by health visiting, FNP and school health.
- Sefton is involved with the Cheshire and Merseyside Strategic Clinical Network regarding perinatal mental health. The Network has developed a pathway for early intervention and identification. Sefton CCG, Sefton Council and Public Health are working alongside provider organisations to develop services and a local implementation of the pathway.
- Children's Centres are working with PIP UK to run the Going Mellow Programme; a six week course can be run at different stages from 20-30 weeks pregnant. Different groups include Mellow Bump, Mellow Baby, Mellow toddler and Mellow Parenting.
- There are some young mums and Children's groups' facilitation by the third sector by P2000 and Venus.
- A range of interventions are offered to parents in Sefton: Triple P Parenting course, Webster Stratton, Nurturing Programme and Strengthening Families Programme. Provision and access maybe variable across the Borough.
- Children's Centres deliver parenting programmes but they vary in standard, availability and access. The Strengthening Families Programme is delivered in Family Centres for families involved with social care. Aiming High deliver the Stepping Stone Programme for CYP with additional needs.
- The Well Young Person's Project within Sefton Council uses 5 Ways to Wellbeing.
- Sefton Children's Centres and PIP UK plan to run the Going Mellow Programme, a six week course delivered at different stages from 20-30 weeks pregnant. Different groups include Mellow Bump, Mellow Baby, Mellow toddler and Mellow Parenting.
- The CYP IAPT Programme recognise Parenting as key to CYP Emotional Health & Wellbeing and deliver full year Incredible Years training to practitioners (Venus has a staff member currently training). Venus has trained 4 Triple P practitioners and other organisations have trained staff.
- All high schools in Sefton are provided with a school nurse service. All nurses are trained any training planned in as new nurses commence. Trained nurses are able to offer 'Tier 1' support. Although access varies as school nurses are allocated schools by the council or employed by Academies. Not allocated by council – the council commission's school health service, the provider allocates nurses based on need across the school clusters.
- School nurses have delivered lessons and assemblies in schools on topics such as eating disorders, and self-harm, trying to de stigmatise mental health, along with eating disorder awareness sessions and anxiety sessions as part of school PSHE programmes and wellbeing days.
- There is ongoing training for school nurses in suicide and self-harm mitigation for children and young people.
- A local perinatal mental health pathway is in place to identify appropriate support

and therapeutic interventions that can be offered during the perinatal period in order to support new parents and infants.

- All Schools across Sefton have not yet embedded emotional health and wellbeing within the curriculum to enable early recognition and identification, challenge stigma build self-esteem and develop coping strategies.
- We are not currently supporting children and young people in Sefton to access early support through the use of technology, apps and digital tools. However the council has asked the new 0-19 provider to develop this.
- There is not a specific programme to tackle stigma and discrimination in schools. Some schools have helped e.g. mental health awareness days (Litherland High), mental health awareness day for transition year (Deys High), Madcos application to Awards for All for SEAs intervention in each school.
- All schools are offered support from the educational psychology service team as part of the core offer from the council. In addition schools are able to commission additional time. The educational psychology service offer a range of services to schools that include for example consultation and more direct individual or group including therapeutic work with children and young people, families and school based staff to support resilience and promote engagement in learning
- The educational psychology service team is also in the process of developing a pathway for supporting children and young people displaying signs of persistent absenteeism.
- Training sessions have been offered to school staff and other professionals – Managing Risks and Building Resilience - jointly facilitated by SEAS partners and Sefton CAMHS through the NHS England-funded SEAS Together pilot, and attended by 60 staff. Plans to build this into a core offer in the future.
- SEAS Together also delivered Understanding ADHD training sessions, facilitated by ADHD Foundation, to 73 staff from across the workforce, including schools.
- Group work undertaken by SEAS staff in schools aimed at raising awareness and building resilience – delivered to whole class or identified groups,

## B. Improving Access to Effective Support

### How are we doing?

- Sefton CAMHS Assessment and Response Team is currently available 5 days a week for 7.5 hours a day, they can see children and young people in crisis on the same day as referral. Plans to extend hours from 8am-8pm Mon-Fri and weekend on call.
- Sefton CAMHS - All referrals are triaged on the date received to identify urgency of need. Emergency referrals are seen same day, urgent referrals are seen within 2 weeks and routine are placed on waiting list. Current waiting time for assessment 12 weeks and Referral to Treatment is 15 weeks.
- There is a no dedicated mental health contact for Schools to offer consultation and advice.
- Children and Young People aged 16 or younger who experience a first crisis are supported by CAMHS single point of access. Those aged 16 and above in crisis are seen by Mersey Care.
- VCF direct has produced ? for a wide range of health and education

professionals. There are 4 parts; information on services including referral forms, community groups and courses, suggested services/ support by presenting issues and useful websites.

- Children and young people can self-refer to the school health drop in service in all of the Sefton High Schools.
- CAMHS help facilitate CAMHelions, a Young People's focus group.
- A specialist community based eating disorder service will be developed jointly with partnering CCGs.
- We have a pathway for self-harm to reduce the risk of children and young people presenting in crisis. SEAs are funded via CCG to deliver Mindspace – Self Harm interventions designed to meet individual and group needs.
- Enhanced support for social and communication needs for vulnerable groups is provided.
- Sefton Emotional Achievement Service (SEAS) a partnership of local charities working together to deliver emotional health and wellbeing services to Sefton children, young people (age 5-25) and families. Services include 1:1 counselling and group support, commissioned by schools or funded through various grants.
- Currently we have a CCG grant-funded project, Mind Space which is delivering support at no cost to the client/parent/school. Self/parental referrals are accepted to this service, which works with those who are self-harming, or at risk of self-harm.
- We also had an NHS England-funded pilot programme (funds received via CCGs) – Accelerated Integrated Commissioning – which includes delivery of a variety of interventions designed in partnership with the child/parent
- A specialist community based eating disorder service will be in the process of being jointly commissioned with partnering CCGs. It is planned to be in place in Dewi Jones Unit.

### C. Caring For the Most Vulnerable

#### How are we doing?

- Sefton has been successful in achieving children and young people's IAPT in August 2014; this will help services to move away from 'acceptance criteria' to a more equitable service provision.
- NHS England commission within the Youth Offending Team to offer liaison and diversion offering consultation, advice and intervention to those children and young people at risk of offending behaviours
- Mental Health practitioners (Therapeutic Support Team) work with Looked after Children.
- Drugs and alcohol services which also run programmes that support EHWP for service users.
- A pathway for homeless children and young people to access mental health services.
- Appropriate interventions and services for children and young people who are in situations of domestic violence and abuse
- Specialised therapeutic interventions for children and young people who are victims of child sexual exploitation.

Catch 22 although this is time limited.

- Youth Offending Service has access to dedicated nurses.
- Integration with health and social care for children in care commissioning and evolving our commissioning approaches.
- Dedicated educational psychology service support for children and young people who are looked after and for those at risk of permanent exclusion from school and who are attending pupil referral units

## D. Accountability and Transparency

### How are we doing?

Agreeing a better model of care or approach will not be enough. The system of commissioning services is fragmented, with money often sitting in different budgets, in different organisations, in different parts of the system and without clear lines of accountability. There is limited access to the necessary information to know how a local system is working in respect of access and waiting times, how outcomes are achieved or if they provide value for money. There is poor information sharing within the system which hampers joint working; and the best practice standards, agreed as quality markers for accreditation systems, are not universally applied.

Suggested actions likely to improve accountability and transparency are

- A lead accountable commissioning body to co-ordinate commissioning and the implementation of evidenced-based care.
- A single, separately identifiable budget for children's mental health services. (some of the prevention elements would need to remain within some of the universal services, e.g. 0-19)
- A recognition for the need for flexibility to allow different models to be explored and developed to suit our local circumstances
- The work of the lead commissioner should be based upon an agreed local plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/carers
- The local plan itself should be derived from the local Health and Wellbeing Strategy which places an onus on Health and Wellbeing Boards to demonstrate the highest level of local senior leadership commitment to child mental health. Health and Wellbeing Boards have strategic oversight of the commissioning of the whole pathway or offer regarding children and young people's mental health and wellbeing.
- Health and wellbeing. As some individual commissioners and providers, including schools, are not statutory members of Health and Wellbeing Boards, they should put in place arrangements to involve them in the development of the local plan
- The local offer to be driven by the Health and Wellbeing Board's Joint Strategic Needs Assessment

## E. Developing the workforce

### How are we doing?

There is consistency in children and young people's views about the workforce qualities and behaviour they would like to see:

- A workforce who is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing.
- A workforce who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, and trustworthy.
- Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
- Their processes should be transparent, honest, and open to being both inspected and clearly explained. Visible actions should result from such scrutiny, enabling children to voice their opinions.
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic

Professionals need to be trained to be able to:

- Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports
- Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.
- Identify mental health problems early in children and young people.
- Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.
- Refer appropriately to more targeted and specialist support.
- Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.
- Work in a digital environment with young people who are using online channels to access help and support

Anybody who works with children and young people in universal settings such as early years provision, schools, colleges, voluntary bodies and youth services, should have training in children and young people's development and behaviours, as appropriate to their professional role.

Staffs who work in targeted and specialist services come from a range of professional backgrounds: social work, occupational therapy, nursing, clinical and educational psychology, psychotherapy, child and adolescent psychiatry and, with a growing number of 0-25 services, general adult psychiatry.

The Staff in paediatric services make an important contribution to targeted and specialist mental health services for children and young people. Their role is likely to increase with a move towards greater integration between children’s mental health provision and community paediatrics. The move towards 0-25 service models and integrated services means that, although discipline-specific training will remain the core of most professionals’ training, interdisciplinary training and practice and cross-agency working will become increasingly important.

## 10. Action Plan - 2016 - 2021

Key Theme (using “Future in Mind” and awaiting consultation)	What we are going to do	By when	How will we know we have achieved this	Who will ensure that progress is being made	Where will we report to
Promoting Resilience, Prevention and Early Intervention					
Improving Access to Effective Support					
Caring For the Most Vulnerable					
Accountability and Transparency					
Developing the Workforce					

### References **reordering needed last task**

<sup>1</sup> World Health Organisation Geneva, Promoting Mental Health, 2004

<sup>2</sup> Mental Health Foundation

<https://www.mentalhealth.org.uk/our-work/children-young-people-and-families>

<sup>3</sup> Children’s Society

<http://www.childrensociety.org.uk/help-young-people-access-the-mental-health-support-they-need>

<sup>4</sup> Five year Forward view

<https://www.england.nhs.uk/?s=mental+health+task+force%2C+five+year+forward+view&site>

<sup>5</sup> Five to thrive

<http://www.fivetothrive.org.uk/>

<sup>6</sup> No Health without Mental Health



- <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
- <sup>7</sup> Future in mind  
<https://www.england.nhs.uk/2015/03/martin-mcshane-14/>
- <sup>8</sup> Counselling in schools  
<https://www.gov.uk/government/publications/counselling-in-schools>
- <sup>9</sup> Mental health and behaviour in schools - Departmental advice for school staff  
<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- <sup>10</sup> Local Transformation Plans  
<https://www.england.nhs.uk/?s=LOCAL+TRANSFORMATION+PLANS+-+CYP+MH+GUIDANCE&search=#>
- <sup>11</sup> Health and Wellbeing Strategy - Living Well in Sefton  
<http://www.sefton.gov.uk/public-health/health-and-wellbeing-board.aspx>
- <sup>12</sup> Children's Plan  
[link](#)
- <sup>13</sup> Young Minds  
[www.youngminds.org](http://www.youngminds.org)
- <sup>14</sup> British Medical Association  
<https://www.bma.org.uk/>
- <sup>15</sup> Wellbeing –Why it Matters to Health- a summary of key points.  
<https://www.england.nhs.uk/?s=wellbeing%2C+why+it+matters+to+health&site=>
- <sup>16</sup> Public Engagement and Consultation Framework 2009  
[jayne.vincent@chief-executives.sefton.gov.uk](mailto:jayne.vincent@chief-executives.sefton.gov.uk)
17. Thrive Model  
<https://www.thriveapproach.co.uk/approach/info/underlying-models>



# EH&WB Event July

Sefton Young Advisors have facilitated an Emotional Health & Well being Event in partnership with M.A.D, CAMHS & Adele Maddocks (CYP IAPT).



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# Who are Sefton Young Advisors?

Young Advisors are young people aged between 15-23 who work in partnership with community leaders and decision makers to enable the voices of young people to be heard in community life.

Young Advisors are trained and employed agents of social action. Their role is to guide and support local organisations – local authorities, housing associations, CCGs, the Voluntary, Community and Faith sector and other local partners on what it is like for a young person to live, work, learn and play in their neighbourhood. They speak out for young people, making sure their thoughts and feelings are considered in decisions that affect them and work closely with adults to support them on how best to engage with young people. Young Advisor teams across the UK are commissioned by organisations to support them to better engage with, and involve young people. We make sure young people are being given the chance to be involved in decision making and influencing change.

The Sefton Young Advisor team is made up of 20 young people from across the Sefton borough. The team has won local and national awards and has worked in partnership with many organisations including; LSCB (Local Safeguarding Children's Board), Sefton Council, NHS, E-ON, Edge Hill University and NCS. To view examples of our work please visit our website — <http://sefton.youngadvisors.org.uk/examples-of-work>.



# What was the purpose of the event?

Sefton has identified Emotional Health and Wellbeing (EH&W) as a priority for young people within the borough. Therefore, a range of organisations and services have been looking at how we can improve services that support young people in terms of their EH&W which has led to the drafting an Emotional Health and Wellbeing Strategy.

As a result of this and Sefton's CYP IAPT, the Sefton Young Advisor team along with members of the MAD group (Looked After Children's Council) and The Camhelions (Youth Mental Health Voice Group) and members of the CYP IAPT worked together to develop and deliver the EH&W event with young people from schools and groups in Sefton.

We wanted to find out from the young people their opinions and experiences of emotional health and wellbeing services and support, what services they already knew of and how accessible they thought they were. It was also a good opportunity to make them aware about the services that are available and what they offer.

What we tended to focus on were the services/people that can work as a prevention method, like school- teachers, mentors, school nurses, youth groups and organisations, sports groups, and doctors. However we also talked about the services at the other end- like CAMHS, Samaritans, etc.

Sefton's Young Advisors have worked closely with these organisations to deliver a consultation event with the school council member's from 10 High School's from across Sefton and 4 groups of young people that actively work with and promote mental health. The elements that we have focused on in order to influence the EH&W strategy for Sefton are;

- Understanding emotional health
- Promoting resilience
- Improving access to effective support
- Developing the EH&WB workforce
- YP's vision of EH&WB



# A breakdown of the day

## Understanding emotional health

We wanted to find out from the attendees how much knowledge they already had on emotional health and wellbeing but also to find out what makes them emotionally happy/unhappy. This was to try to get them to be more aware about what makes them emotionally healthy as individuals. We included prompts in this exercise to get the YP to think about; school, families, friends, GPs, counselling, youth groups, clubs, hobbies and other services such as Samaritans, NSPCC and CAMHS.

## Promoting resilience

Firstly, we demonstrated to the YP examples of good and poor resilience through a role-play activity. We wanted the YP to explore how they could be more resilient in difficult situations. Each table added their ideas of how a YP can be more resilient. In particular focusing on how a YP that is not resilient, how can they build on that to become more so. At most, thinking about how the YP can at least cope with a difficult experience that they may encounter.

## Improving access to effective support

Starting with a discussion on what does 'access' and 'effective' support mean. We then focused on the services in Sefton that the YP had already identified. The focus was on how the services can be accessed and how that accessibility can be improved. Alongside this we looked at what support the services provided and how the services can provide effective support to an individual that accesses a service. The YP also identified barriers to effective support and how these can be overcome.

## Developing the EH&W workforce

The focus here was on the actual staff of the EH&W workforce. Within their groups they designed what their 'ideal' member of the EH&W workforce would be like. The discussion then developed into who are the people that need to help with the development of the workforce. Prompts were used to get the YP to think about; teachers, school nurses, mentors/peer mentors, GPs, CAMHS, etc.

## YP's vision of EH&W

The YP created their own individual vision for EH&W in the form of a Tweet.



# Findings and recommendations

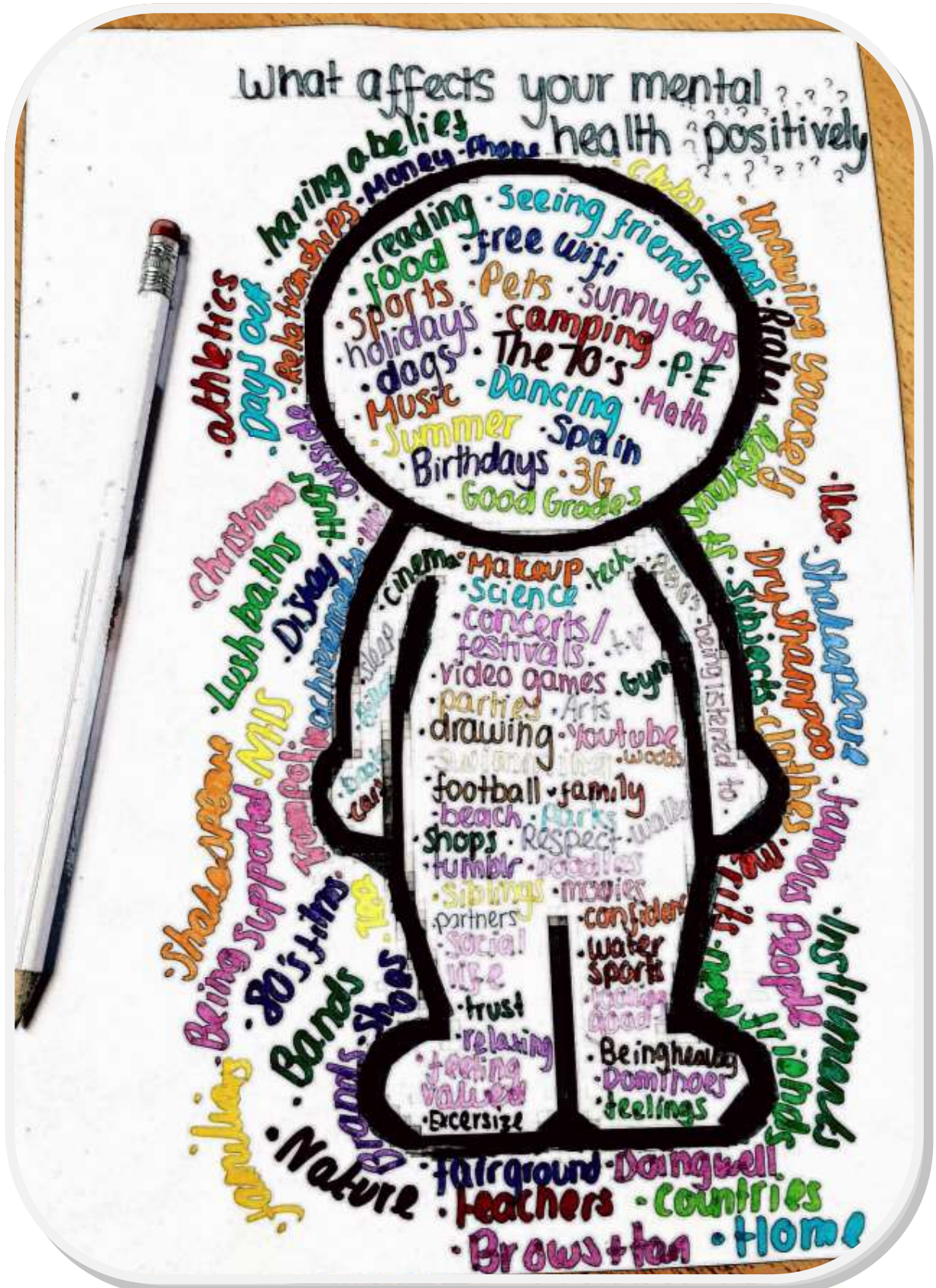
## Understanding emotional health

We delivered an activity with the young people to allow them to explore what affects their emotional health positively and negatively. Prompts were used to get them to think about things such as; services, people, activities, places, events, etc. Once they had thought about what affects them individually, they used an avatar to express their factors. Outside of the avatar they wrote what affects their emotional health negatively and what affects them positively on the inside. Some young people preferred to discuss rather than write what affects them and this was noted by the Young Advisors. This activity represented that the positive things should remain on the inside and the negative aspects should remain outside of the body (outside of the young persons mind).

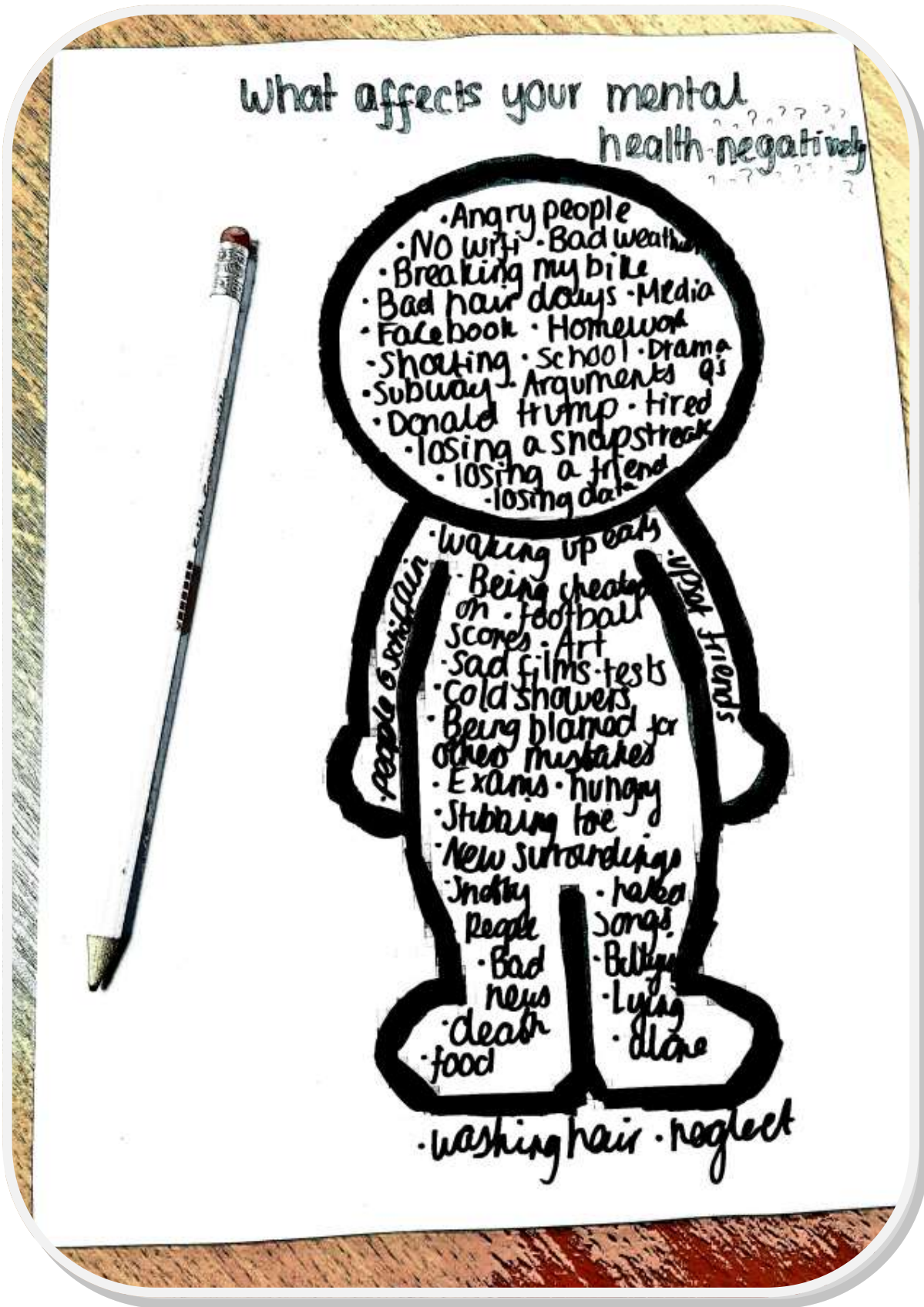
Another activity that ran alongside the avatar was the 'clouds' activity. Individuals were encouraged to write on grey clouds what made them emotionally unhappy and on white clouds what made them emotionally happy. These were then hung on a washing line for everybody to see.

Then the young people took it in turn to reflect back to everyone (all attendees) what their group had come up with.





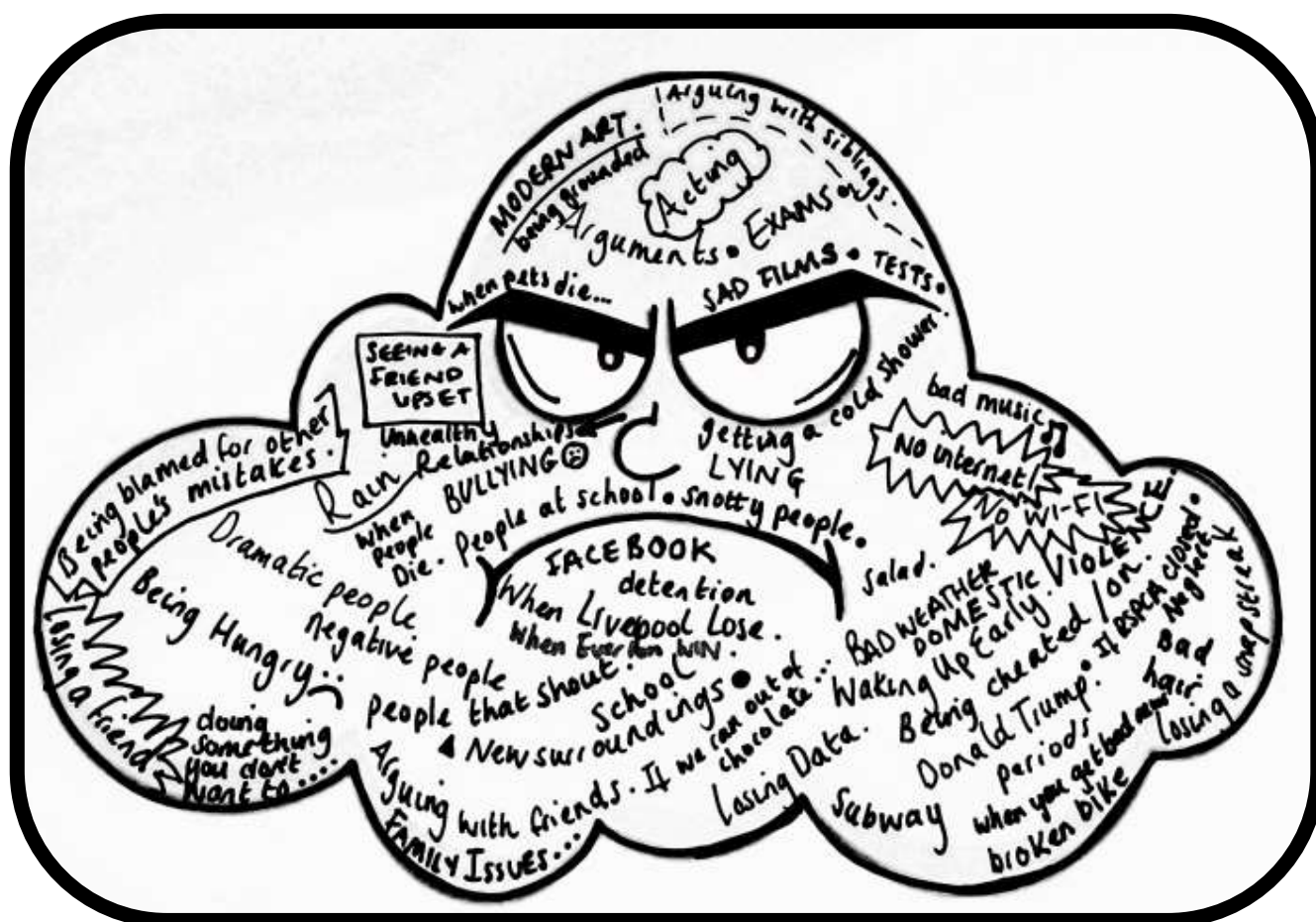




# Affects emotional health negatively

## Understanding emotional health

Below is a collation of all of the grey clouds that we collected during the event. Some of the things that affect the young people's emotional health negatively are; lying, tests/exams, seeing a friend upset, being blamed for mistakes and bullying at school.





# Promoting Resilience

**TOP TIPS**  
ON BEING MORE  
**RESILIENT**

CREATED BY YOUNG PEOPLE ACROSS SEFTON

 <p><b>Always think positively.</b></p>	 <p><b>Don't give up!</b></p>
<p>To be civilized but to also stand your ground.</p>	<p>Be in 'the know' and ignore the 'haters'.</p>
<p>Prepare yourself for different situations and surround yourself with good people.</p>	<p>Believe and you will achieve, what's the worst that can happen?.</p>
<p>Terminate negative relationships.</p>	<p>Ignore the negative people, prepare and plan ahead.</p>

A drama activity was delivered to the young people about resilience and how they can be more so. The Young Advisors gave examples of good and bad resilience. From the examples given through the drama, they were able to define resilience and gave examples of how young people can develop their individual resilience. All of the examples that were given have been collected in to the green poster. Each table also gave their group tip on how to be more resilient.

# Promoting Resilience

## Jenga Activity

For this activity Jenga blocks were labelled with services and people that support with EH&WB. The YP had to remove blocks that they thought were least important to them and explain to the rest of their group their reason for that. The idea of this activity is to show that when you remove certain services, it can affect YP's EH&WB in particularly their resilience. Therefore the removal of a block resulted in the tower falling, representing downward negative spiral of a YP's EH&WB.



# Improving access to effective support



## Solar System activity

Firstly a discussion was led on what does 'access' and 'effective support' mean. In order to explain this, examples were given from the previous services that had already been mentioned (CAMHS, Samaritans and Child Line).

The overall idea of this session is to encourage the young people to think about the services and people available in terms of emotional health and how they can be improved.

Each group had polystyrene spheres which represented services and people. They had to label as many spheres with as many service and people that they knew of, of who could assist with any EH&WB issues.

Then they created barriers which were represented by aliens. They had to think about all of the possible barriers that could break down the communication system of services and people available. It was explained as 'what could prevent effective support?'

When each part of their solar system was labelled, they put their communication system together and pitched to the rest of the room what their model represented.





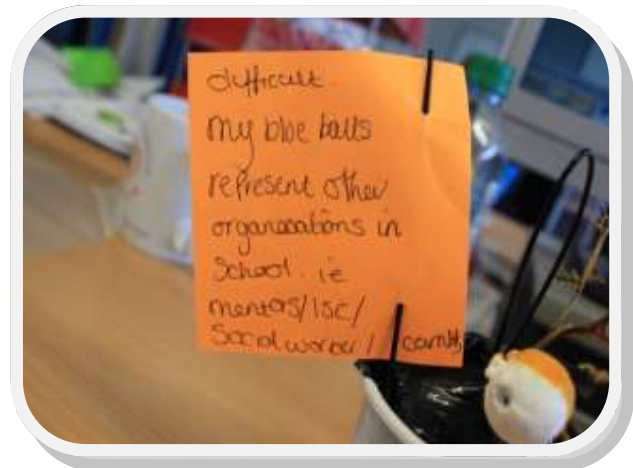
### Barriers to effective support

Alien figures were labelled with sticky notes with what could prevent or break the chain of communication between the services/people. The barriers that were identified are;

- An individual may lose their close friend that they relied upon
- Sharing issues can cause their family to worry
- Indecisive YP do not know who to turn to
- Family problems may prevent YP from sharing experiences
- A teacher may be too busy
- Not wanting to cause the family to argue/stress
- YP not wanting anyone to know of the problem

## Barriers to effective support continued

- Services may not be able to share information due to confidentiality, however the information may be valuable to the other services dealing with the YP
- YP may be too embarrassed to tell anyone
- A lack of knowledge with the specific problem
- CAMHS is not accessible
- Most people do not know who CAMHS are, it is not published well enough to the general public
- YP may be too afraid of school finding out about personal problems
- Scared to talk to friends and family about emotional health issues as they spend a lot of time with these people (be easier to speak to someone they do not know)
- Sometimes the support is not always accessible all the time due to; school holidays, weekends





# Developing the EH&WB workforce

## Avatar exercise

The groups were asked to create a new avatar but of a person that represented the 'perfect' member of the EH&WB workforce. Once they had created a person, they were asked to write on their attributes, skills and their personality.



This exercise was used more creatively as the young people were asked to present their avatar differently. For example if their 'perfect' member was a good listener, they would need to represent that—big ears.

# The 'perfect' member will be

The responses have been divided into three areas, personality, skills and qualities that the ideal member of the EH&WB will have.

Personality	Skills	Qualities
Caring/Kind	Trained	Willing to chat
Friendly	Common sense	Relatable
Funny	Good listener	Approachable
Good sense of humour	Good communication skills	Understanding
Young	Confidential chit-chat	Shared experiences
Down to earth	Confidence boosting	Willingness to talk
Sensitive	Experienced	Someone who is accessible
Discrete	Has connections	Willing to come to the YP
Has free time	Ability to provide a comfortable setting	Can put themselves in your shoes
Respectful	Makes me feel safe	Reliable
A friend	Has a degree in social care	Understanding
Considerate	Intelligent	A positive thinker
No prejudice	Someone who can read signals	Role model
Someone who can relate	Someone who gives good advice	Aware of situations
Sympathetic	Someone who pays attention to detail	Intelligent
Thoughtful	Organised	Expressive
Trustworthy	Professionalism	Youth Oriented
Open minded	Logical	In touch with society
Share the same interests	Observant	Can form relationships
Supportive		Someone who will stay with you through the whole process

# The 'perfect' member will be



Here are some of the young people's avatars



# The YP's vision for the future of EH&WB in Sefton

## Twitter exercise

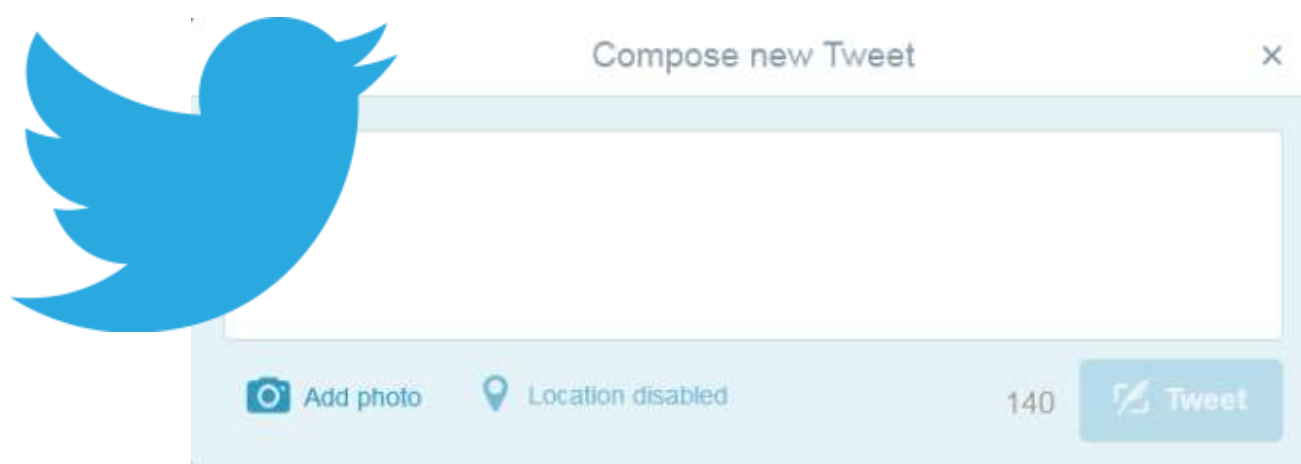
The idea of this exercise was to get the young people to create their own mission statements, using only 140 characters, for what would success look like in terms of EH&WB?

Each young person was given a blank tweet box and they were asked to create their own statement. Each statement was then collected by the Young Advisors.

'No barriers, people caring, listening and freedom'

'To be happy and proud of who we are. We are all different for a reason'

'I'm autistic but look at me now I'm sitting with 'normal' people so am I really that different?'



## Tweets

'Happy, good balance of emotions, confidence, acceptance for everyone and everything'

'Success would be complete confidence and contentness in every decision and challenge: the ability to talk to people without anxiety or worry: to sleep happily.'

'In a perfect world, I have a massive house and I just £1 Billion. Life's great. Everyone's happy.'

'Everything is great! I've never been so happy! #LoveLife #BePositive loving life all the time!'

'Life is boss, services on point providing loads of support #ServicesOnFleek #Happy #Vivo #LifelsGreat'

'The Sun is always shining and you have great friends and fun'

'Happy everything's going great , family '

'My services are perfect, I'm loving life #IWinAtLife #OnPoint #Sefton #Twitter  
#MyMentorIsBetterThanYours #LifeLike '

'OMG so happy! #LifelsGood #MyMentorIsBetterThanYours'

#LifelsGreat #ServicesOnKep #LovingLife #ServicesOnFleek

'Everything is finally going well! Yay'

'My life is perfect and I feel great. No worries or concerns or problems. My supportive workers and companies were successful. Wow, how great it is to be #Free'

I't's a brilliant day!'

'Another perfect day, everyone is happy and no one is upset #LifesGR8'

'Feel like I can do anything and that nothing, even if the sky crashes down, could kill my mood, I'm on top of the world'

'I love my mates and my family. Everything is perfect in my life'

'Feeling really happy with my friends'



# Attendees



 **EH&WB**  
School  
Council Event

35+ YOUNG PEOPLE

Young advisors facilitated the consultation with school council members from across the Sefton borough (ages 11-16).

The schools involved were...

- Birkdale High
- Christ The King
- Formby High
- Greenbank High
- Hillside High
- Litherland High
- Maghull High
- Savio Salesian
- St Michael's High
- Stanley High
- MAD Group
- Camhelions
- Well YP
- Venus

# Continuing the conversation

## Promotion of creative arts projects with Caroline Scott

Sefton CVS runs creative arts projects around young people's mental health. The lead for these projects is Caroline Scott who introduced herself to the young people and explained more about her projects. Flyers were handed out to the YP and there was also an opportunity for the YP to vote on funding. Each YP was given a voting ticket and took a vote on where they would like mental health funding to be spent. Either at the preventative, community or CAMHS stage.

## Youth Parliament

A representative from Youth Parliament attended the event and explained what it is and how the YP can be more involved.

Gabby explained how the YP can be involved in their 'Make your mark' campaign. She encouraged the school council representatives to take the information back to their teachers for other students to vote. This is a vote

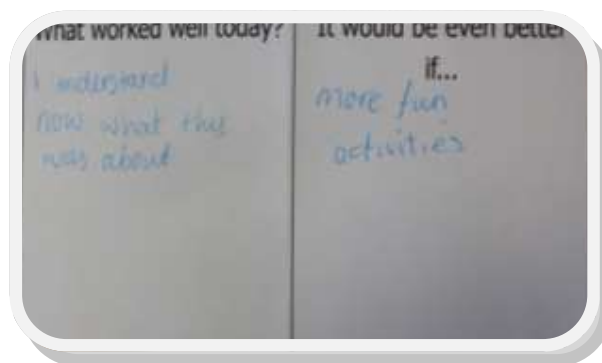
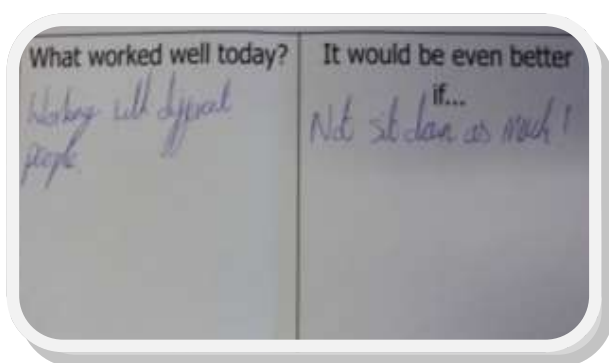


# Reflections

## Evaluation of the event from the young people involved

Each YP filled out an evaluation form to reflect on their day at the EH&WB event. They were asked what worked well on the day and what could have made the day better?

What worked well on the day?	It would have been even better if...
<p>Activities worked well as now has an understanding of EH &amp;W</p> <p>The solar system session was fun and creative but also got people thinking</p> <p>Activities because they tested people's confidence</p> <p>Session because it allowed people to make friends</p> <p>Social activities (icebreakers and energisers)</p> <p>Confident young people presenting the day</p> <p>Good communication between facilitators and that helped those who did not understand</p> <p>The effort to mix up different schools</p> <p>Games we played</p> <p>Planning of the event</p> <p>Working with different people</p> <p>We learnt actually how to get in contact with different organisations</p> <p>Working as a team</p> <p>The avatar activity, Fruit salad</p> <p>Feedback from each activity</p> <p>No body was left out as everyone took part</p> <p>Learning ways on how to get help when they have EH&amp; W problems</p>	<p>Even more fun activities</p> <p>Everyone took part</p> <p>We could continue and do it again</p> <p>If there was more people</p> <p>Had a break away from the room</p> <p>Icebreaker games between all activities</p> <p>If the activities were more interesting</p> <p>If I met more people</p> <p>More people interacted with another</p> <p>We did not sit down as much</p> <p>If we watched some videos</p> <p>If more people out of each school came to the event</p> <p>Room was too stuffy</p> <p>Done more activities to boost peoples confidence to get them more involved</p> <p>If more sensible people came, not people that just wanted to mess around</p> <p>If the event was separated into year groups</p>



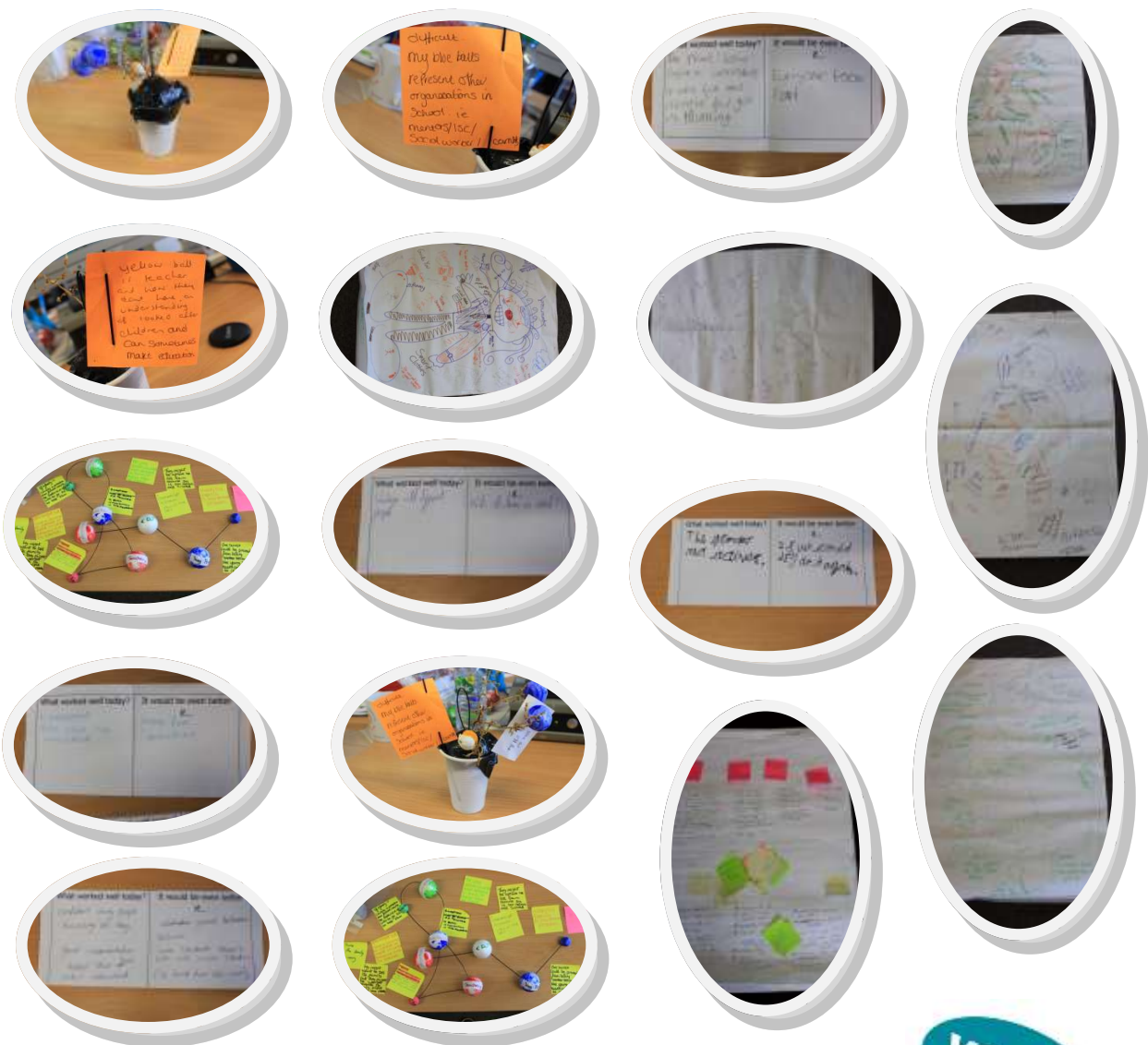


# Appendix

Session plan

Resources

Recorded findings for each activity



## SEFTON YOUNG ADVISORS

### Emotional Health & Wellbeing School Council Event Session Plan.....

TIME	ACTIVITY	DESCRIPTION	RESOURCES
09:30	Arrival, Registration Lead: Alex and Isabelle  Introductions  Lead: Eleanor	<p>Explain the purpose of today- Sefton has identified EH&amp;WB as a priority for young people. A lot of organisations, the council and professionals have been looking at how we build better services that support young people. We have worked closely with these partners to design a consultation day with young people so that you have the opportunity to influence the EH&amp;WB strategy for Sefton. There are lots of elements that need to be considered and discussed- we are going to focus on a few of these.</p> <p>REFER to continuum- during our conversations we will look at the range of services and people out there who support us. What we will tend to focus on are the services/people at help that is at the prevention - like our schools- teachers, mentors, school nurses, youth groups and organisations, sports groups, our doctors. This doesn't mean we can't talk about the services at the other end- like CAMHS, Samaritans, etc.</p> <p><b>But- how can we improve prevention so that fewer young people need the clinical/focused support,</b></p>	Name badges Pens Sign in sheet
09:45	Icebreaker/Team builder  Lead: Sam	<p>Human bingo  </p> <p>We will start with an activity that allows us to find out information about each other. Everyone needs a 'human bingo' sheet and pen. The aim of the game is to find a different person to answer each of the topics</p> <p>There will be a prize for the 1<sup>st</sup> person to complete their sheet, with different names for each box.</p>	Human bingo sheets Pens
10:00	Game  Lead: Jo Lee	<p><u>Mintendance</u> This is a game that will get everyone working together and having fun</p>	
10:20	Understanding emotional health  Lead: Ryan   Clouds- on washing lines around room	<p>Based on the groups formed above, Split room into 5 groups of 6.</p> <p>Avatar – draw around someone/ draw a bubble person. Inside of the avatar: what do you need to be emotionally healthy? <del>What</del> what makes you happy?</p> <p><b>Prompt YP: look at each part of the body and what it does (listening, being heard/sharing how you are feeling, moving- so hobbies and activities, TV shows, music, food, security of networks, etc)</b></p> <p>Outside of the avatar: what could affect your emotional health &amp; wellbeing both positively and negatively? These</p>	Flipchart paper/ roll of long paper Pens Clouds






		<p>can be services, people, things, activities, places, events, etc. What in your environment affects your mental health? What experiences have you had that affect how happy you are?</p> <p><b>Prompt: get YP to think as widely as possible to include: school, families, friends, peers, GP, school nurses, Samaritans, NSPCC, CAMHS, counselling, youth groups, clubs, hobbies, sports, etc</b></p> <p>Events- exams, falling out with friends, arguing with parents, not enjoying a lesson, getting lost somewhere you don't know...</p> <p>Each group to feedback to the rest of the group- 2 things inside the avatar and 2 things outside.</p> <p><b>N.B. anything that the group identify as something that really impacts on them positively, stick it onto the white clouds. Anything that is identified to have a negative impact on the group, stick on the grey clouds.</b></p>	
10:45	<p><b>Break</b></p> <p><b>YAs stick the services/places/people/things etc. onto the giant jenga blocks.</b></p>		
11:00	<p>Promoting resilience, Lead: Joel (Ryan and Katie to be part of <u>roleplay</u>)</p> <p>Lead: Isabelle</p> <p>All team to facilitate each group</p>	<p>Activity- what is resilience <u>Roleplay</u> to demonstrate good/poor resilience Ask YP to explain what was happening Ask YP "When you are experiencing tough emotions, what do you do?"</p> <p>Each table to think of 1 thing that can be added to the Resilience umbrella</p> <p>We are going to play <u>jenga</u>. We will have a full group run through and then you'll work on your tables.</p> <p>Giant <u>jenga</u> – <u>jenga</u> blocks will have stickers on the side with the services/people/places/events etc.on. Ask the group to play giant <u>jenga</u>, removing the blocks with the things that they don't feel are the most important.</p>	<p>Giant <u>jenga</u> Paper/stickers Pens</p>
11:35	<p>Improving access to effective support</p> <p>Lead: Katie</p> <p>All team to facilitate each group</p>	<p>Start with a discussion of what this is- what does 'access' and 'effective support' mean. Refer to the services they have already identified- this part of the session is going to look at why these people and services don't always communicate effectively and how we might suggest they improve this</p> <p>In groups, YP will have polystyrene spheres- Some spheres will be pre-labelled but the others need to be labelled with an important person,</p>	<p>Barriers Toy cars Flipchart paper Pens Flags</p>

		<p>service, agency that can support EH&amp;WB (use the list created for the previous session).</p> <p>They will have barriers (in the shape of jelly babies); they need to explain how these barriers stop the people/services/agencies/events above from giving effective support. They can write the barrier on a post-it note</p> <p>The groups then need to build a communication system that bypasses/breaks down the barriers and links people/services/agencies together around the YP in need</p> <p>They will do this by linking the spheres together around a young person</p> <p>Feedback- what ways did they think would be best to provide 'effective' access</p>	
12:05	<p><b>Lunch</b></p> <p>Youth Voice Opportunities- point young people towards finding out about MYM and contributing to <a href="#">Cambelions</a> survey</p>		
12:50	<p>Energiser Lead: Joel</p>	<p>All change – fruit salad Go round the group and get the YP to name themselves either <u>banana</u>, apple, pear, grape. Then call out one of these and those people need to move seats. If time, move on to naming things that they have/do not have to get them moving (eg: everyone with blond hair/ wearing earrings/ wearing a school uniform...)</p>	
13:00	<p>Developing the workforce Lead: Ryan</p> <p>All team to facilitate each group</p>	<p>Groups need to refer back to the avatars made earlier as a reference point Groups to make a new Avatar – what makes a "perfect" member of the EH&amp;WB workforce? Ask: Who are the people we need to help us? Prompt them to think about teachers, school nurses, mentors, peer mentors, GPs, CAMHS, etc. Draw around someone, ask people to fill in the attributes/skills/personality of a "perfect" member of the workforce Feedback to the rest of the group- 2 or 3 points from each.</p>	<p>Flipchart paper Pens</p>
13:35	<p>Mission statements Lead: Katie</p>	<p>Ask the group to create a mission/vision statement in 140 characters like a tweet for 'what would success look like'. Ask people to work together on their tables to create a tweet.</p>	<p>Clouds Tweet templates Pens</p>
13:45	<p>Youth Voice Opportunities Session Evaluation</p>	<p>Make Your Mark The <a href="#">Cambelions</a> Evaluation</p>	
14:00	<p>Mindfulness exercise Lead: Shana</p>	<p>Breathing exercise to finish our day</p>	

<h1>BINGO</h1> <p>find someone who..</p>				
Can name a type of food that makes them happy	Is looking forward to the summer holidays	Can tell you about their hobby	Has finished all their exams	Has a great best friend
Has techniques to de-stress	Is a laid back person	Find the person who has the best hair style in the room.	Is going on holiday this year	Can tell you about their favourite place
Gets on well with their siblings	Has read a book recently	Can tell you about their favourite musician	Can tell you about what makes them happy	Can tell you about their favourite belonging

Compose new Tweet ×

What's happening?





140 

## Understanding emotional health notes

### White and Grey Cloud Notes

The 5 groups both discussed what affects their emotional health positively and negatively with examples such as music (positive) and arguing with friends (negative). The positive things were then written on white clouds whilst the negative things were put on grey clouds.

### White Clouds

Books	Drawing	Exercise	Chinese Food
Reading	Netball	Outside	NHS
Meeting up with friends	Hockey	Chick Flicks	Singing
Food	Shot-put	Achievements	Crispy Wontons
Wi-Fi (Free)	Watching YouTube and TV	Art	Dry Shampoo
Tennis	Swimming	The Woods	Teachers
Playing with my cat	Ed Sheeran	Good Relationships	My nan
Rounders	Going to the gym	Pocket Money	Japan
Football	Everton FC	Going to clubs	Queen (Band)
Bench Ball	Family	My phone	Twenty One Pilots
Sunny Days	Going to the beach	Passing Exams	Troye Sivan
Cheese	Internet	Term brakes	Drumming
Holidays	Derby Park	McDonald's	Flower Crown
Camping	My bike	Getting involved	Days Out
British Bulldogs	Subway	Geography	KFC
Cycling	JD Sports	Clothes Shopping	Josh Dun
Hummus	Formby Pinewoods	Getting Merits	Halsey
The 70's	Being respected	Meeting new friends	Coldplay
Music	BBQ's	Hitting your target levels	Feeling understood
Dancing	Tumblr	Instagram	Having a belief
The Summer	Doodling	Snapchat	Knowing yourself
Spain	Being listened to	The Conjuring 2	Having stable
Pets	Siblings	Fairs	relationships
Maths	Movies	River Island	Lush Bath bombs
My birthday	Harry Potter	Nike	80's Movies
Unlimited Data	Partners	Huaraches	Shakespeare
P.E	Confidence	John Lewis	Netflix
Good Grades	Walking	Pizza Express	Ikea
New makeup	Social Life	Trampoline	Caffeine
Science	Camping	Tea	Familiar Surroundings
Shopping	Water Sports	Nando's	Athletics
Concerts/Festivals	Boats and Cars	My stepdad	Christmas
Cinema	Social Media	Guinea Pigs	Going home
Chips	Looking Good	Pugs	Barbados
Tech	Trust	Disney	Opportunities
Video Games	Relaxing	Hugs	
Lie ins	Being Healthy	Game Day	



## Understanding emotional health findings

### Grey Clouds

When there is no internet or service	If the RSPCA shutdowns
Angry people	If chocolate runs out
Bad weather	Bullying
When I break my bike	Lying
Homework	When people die
Facebook	If pets die
Bad hair days	Being grounded
When people shout when they are right next to you	Salad
School	Tomatoes
Subway	Periods
Arguing with friends	Washing your hair
Drama Queens	Lettuce
Donald Trump	Being alone
Losing a snapstreak	Detentions
Being tired	Family issues
Losing a friend over something stupid	Domestic violence
Losing data	Stressing about exams
No Wi-Fi	Neglect
Waking up early	Death of loved ones
Being cheated on	Unhealthy relationships
When Liverpool lose	
When Everton win	
Some modern art	
Sad films	
Arguments	
Adting	
Tests	
Getting a cold shower	
Rain	
People at school	
Being blamed for other people's mistakes	
Seeing a friend upset	
Arguing with siblings	
Exams	
Being hungry	
New surroundings	
When you stub your toe	
Snotty people	
When you get bad news	
When you have to do something you don't want to do	
When a song you hate comes on	



## Understanding emotional health findings

### Jenga Notes

On the group's tables, there were sets of Jenga with the wooden blocks having labels on them.

On these labels were things such as:

- Friends
- NSPCC
- GP
- Samaritans
- Youth Workers
- Teachers
- Free Time
- Sport

### Group 1

Sport – Don't really need sport that much, other things are more important

Free time – People may waste their free time

Teachers – Some teachers aren't very good at helping you

Youth Worker – Never used that service

Samaritans – Didn't know about them

GP – Needs to be more accessible

NSPCC – Important for when in danger

Friends – Very important otherwise you may feel lonely

### Group 2

Least important services

Hobbies – not as important as school

Doctor/GP – don't like telling them personal information

Mentors/Form Tutors – Usually too formal dealing with problems/situations

School Nurse

Family – Rather talk to someone else about issues and problems

Most important services

- School – Most important
- Hobbies
- Friends
- CAMHS





## Promoting resilience findings

- Think positively
- Terminate relationships when needed
- Stand your ground
- Be civil
- Make the effort for others
- Be in the know
- Ignore 'haters'
- Surround yourself with good people
- Prepare
- Find something to occupy yourself
- Believe and you will achieve
- What's the worst that can happen?
- Ignore them
- Prepare, plan ahead
- Don't give up!

## Improving access to effective support

### GROUP 1

#### Services/Support

- CAMHS
- Teachers
- Form Teachers
- Child line
- Friends

#### Barriers

- Cause family worry - Family
- If a family is causing a problem then friends could be indecisive of who to go to, to help them – Friends
- Maybe the family is the problem – Family
- The Teacher maybe busy – Teacher/Form Teacher
- They may lose that friend – Friend
- Don't want to cause their family stress or cause or arguments – Family
- Young person might no want anyone to know about the problem
- The service might not be able to share the young person's information with other services



## Improving access to effective support findings

### GROUP 2

#### Services/Support

- School
- YPAS
- Child Line
- NSPCC
- CAMHS
- Local GP
- Family
- Samaritans
- Friends
- Mentors
- Teachers
- Form Tutors

#### Barriers

- May be embarrassed to tell others
- Lack of confidentiality
- Lack of knowledge with the specific problem
- Not a well known service
- YP might feel like their problems aren't bad enough to justify contacting a service

### Group 3

#### Services/Support

- Family
- School
- Teachers
- Friends
- CAMHS

#### Barriers

- Not accessible – CAMHS
- Most people don't know what it (CAMHS) is as it is not publicised well enough to the general public
- You might be afraid of people on your school finding out about your problems – School/Teachers
- You always spend time with them but you may be nervous talking to them about personal things like your mental health – Friends and Family
- You can't access their support all the time e.g. School holidays, weekends – School/Teachers



## Developing the EH&W workforce findings

### Group 1

- Trained
- Common Sense
- Willing to just chat
- Relatable
- Good Listener
- Approachable
- Good Communication
- Caring
- Friendly
- Funny
- Good sense of humour
- Young/understanding
- Shared Experience
- Down to earth
- Sensitivity
- Discreetness
- Free time
- Willing to talk
- Confidential chit-chat
- Accessible/Willing to come to you
- Can put themselves in your shoes

### Group 2

- Understanding
- Supportive
- Kind
- Respectful
- Reliable
- Confidence Boosting
- A friend
- Considerate
- A positive thinker
- Sense of humour
- Not prejudice
- Role Model
- Experienced
- Connections
- Provide a comfortable setting
- Safe
- Degree in Social Care
- Should make you feel comfortable and at ease

### Group 3

- Aware
- Can relate
- Wise
- Good listener
- Intelligent
- Can read your signals that show your down
- Expressive
- Can connect with you
- Can give good advice
- Pays attention to the small details
- Organised
- Professional
- Fun

### Group 4

- Youth orientated
- Funny
- Guiding
- Accessible
- In touch w/ society
- Reachable
- Sympathetic
- Thoughtful
- Can form relationships
- Ability to put themselves in your shoes

### Group 5

- Trustworthy
- Open-minded
- Logical
- Keen to explore issues
- Share similar interests
- Observant
- Can look deeper into issues
- Can carry on through bad times
- Can break down walls
- Will stay with you
- Can see both sides of an issue



### YP's vision of EH&W findings

- 'No barriers, people caring, listening and freedom'
- 'To be happy and proud of who we are. We are all different for a reason'
- 'I'm autistic but look at me now I'm sitting with 'normal' people so am I really that different?'
- 'Happy, good balance of emotions, confidence, acceptance for everyone and everything'
- 'Success would be complete confidence and content contentness in every decision and challenge: the ability to talk to people without anxiety or worry: to sleep happily. '
- 'In a perfect world, I have a massive house and I just £1 Billion. Life's great. Everyone's happy.'
- 'Everything is great! I've never been so happy! #LoveLife #BePositive loving life all the time!'
- 'Life is boss, services on point providing loads of support #ServicesOnFleek #Happy #Vivo #LifelsGreat '
- 'The Sun is always shining and you have great friends and fun'
- 'Happy everything's going great , family '
- 'My services are perfect, I'm loving life #IWinAtLife #OnPoint #Sefton #Twitter #MyMentorIsBetterThanYours #LifeLike '
- 'OMG so happy! #LifelsGood #MyMentorIsBetterThanYours'
- #LifelsGreat #ServicesOnKep #LovingLife #ServicesOnFleek
- 'Everything is finally going well! Yay'
- 'My life is perfect and I feel great. No worries or concerns or problems. My supportive workers and companies were successful. Wow, how great it is to be #Free'
- 't's a brilliant day!'
- 'Another perfect day, everyone is happy and no one is upset #LifesGR8'
- 'Feel like I can do anything and that nothing, even if the sky crashes down, could kill my mood, I'm on top of the world'
- 'I love my mates and my family. Everything is perfect in my life'
- 'Feeling really happy with my friends'



## MEETING OF THE GOVERNING BODY

### September 2016

<b>Agenda Item:</b> 16\151	<b>Author of the Paper:</b> Ann Dunne Designated Nurse / Head of Safeguarding (Children) <a href="mailto:Ann.dunne@haltonccg.nhs.uk">Ann.dunne@haltonccg.nhs.uk</a>  0151 495 5469
<b>Report date:</b> September 2016	
<b>Title:</b> Safeguarding Annual Report 2015/16	
<p><b>Summary/Key Issues:</b> This is the third 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 NHS South Sefton Clinical Commissioning Group is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.</p>	
<b>Recommendation</b>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve this report.	

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

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

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

## **Report to Governing Body September 2016**

### **1. Executive Summary**

- 1.1 This is the third annual safeguarding report to the Governing Body of South Sefton Clinical Commissioning Group (the CCG). The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough of Sefton.
- 1.2 The CCGs annual report takes account of:
- National changes and influences
  - Local developments
  - Activity
  - Governance arrangements
  - Any challenges to business continuity.
- 1.3 The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body. There is direct access by the Designated Professionals to the Chief Officer.
- 1.4 The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

### **2. Key Issues**

- 2.1 The Annual Reports provide the Governing Body with an update of the developing and emerging safeguarding agenda which the CCG has supported throughout the 2015-16 reporting period.
- 2.2 This includes updates on:
- The National Context e.g. Safeguarding Vulnerable People in NHS Accountability and Assurance framework; Safeguarding Inspection Framework
  - Local Context e.g. The CCGs Safeguarding Governance and Accountability arrangements
  - Progress against last year's priorities
  - Female Genital Mutilation (FGM) and Harmful Practices
  - Child Sexual Exploitation
  - Looked After Children
  - Domestic Abuse
  - Deprivation of Liberty Safeguards
  - Supervision
  - Themes and lessons learned from NHS investigation into matters relating to Jimmy Savile
  - Policy reviews
  - Supporting contact/commissioning processes
  - Effectiveness of Safeguarding Arrangements.

2.3 Business priorities for 2016/17 and key work streams are also highlighted.

### **3. Recommendations**

The Governing Body is asked to approve this report

### **Appendices**

Appendix A: South Sefton Clinical Commissioning Group Safeguarding Annual Report 2015/16

**Ann Dunne**  
**Designated Nurse / Head of Safeguarding (Children)**



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

**NHS**  
**South Sefton**  
**Clinical Commissioning Group**

# Safeguarding Annual Report 2015/16

Author: CCG Safeguarding Service

Date: August 2016



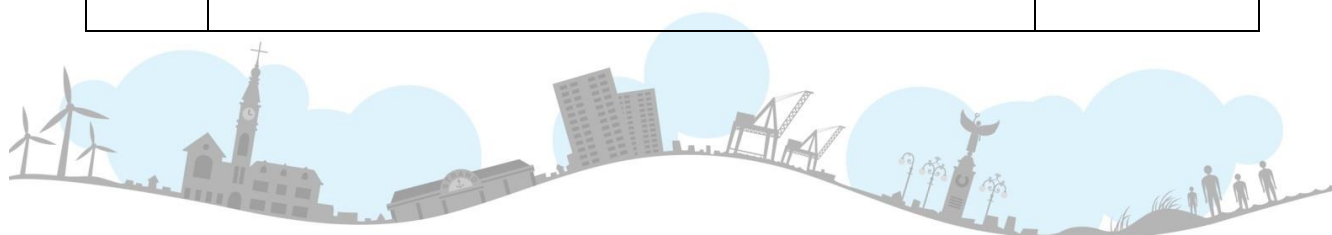
## Foreword by the Chief Nurse for CCG

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 third 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 NHS South Sefton Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.

The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.



## 1 Purpose of the report

This is the third annual safeguarding report to the CCG Governing Body.

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 and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004 and the Care Act 2014. Separate annual reports have been written in respect of Looked after Children, child deaths and MCA/ DoLs.

Key areas of priority were established and reported in the Safeguarding Annual Report 2014-15 and progress against these priorities is detailed in the action plan included in Appendix 1.

This report will summarise achievements and activity undertaken in 2015-16, highlight recommendations for 2016-17 and will provide information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children and Adult Boards and this report should be read in conjunction with Sefton Safeguarding Children and Safeguarding Adult Board annual reports.

## 2 National Context

### 2.1 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)

Safeguarding accountabilities for CCGs, NHS England, NHS Providers and other Organisations within the health economy are defined within the Accountability and Assurance framework: Safeguarding Vulnerable People in the NHS (2015).

The revised document, published in July 2015 outlines the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care. It has been revised in partnership with professionals from across the health and social care system, recognising that the new responsibilities set out in the Care Act 2014 which came into force on 1st April 2015.

The framework places equal importance on the need to safeguard children and adults whilst meeting all statutory requirements.



The key legislation governing the work of safeguarding children and adults at risk is:

The Children Acts 1989, 2004

Working Together to Safeguard Children (2015)

Promoting the Health and Well-Being of Looked after Children (2015)

Safeguarding children and young people: roles and competences for health care staff, intercollegiate document (2014)

The Care Act 2014

*Section 11 of the Children Act 2004: requires CCGs to ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children and that duty extends to all commissioned services.*

*The Care Act 2014: This statutory guidance was updated in March 2016 and supersedes the version issued in October 2014. The revisions take account of regulatory changes, feedback from stakeholders and the care sector, and developments following the postponement of social care funding reforms to 2020.*

## **2.2 Safeguarding Inspection Framework**

A new approach for an Integrated Inspection regime comprising the Care Quality Commission (CQC), Ofsted, Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMI Probation) was announced in 2015 and commenced from 1<sup>st</sup> February 2016.

This Joint Targeted Area Inspection (JTAI) will examine how the Local Authority, Police, Health, Probation and YOS all work together to identify, support and protect vulnerable children and young people. There are requirements on all agencies to provide information and evidence to support and enable independent assessment against the inspection criteria.

As part of the JTAI framework, a review of the 'multi-agency' front door and a planned 'deep dive' theme will be conducted. For inspections called between February and August 2016, the focus was: CSE and missing from home, education & care.

The CCG ensured that all commissioned health providers were briefed on the Inspection framework and were supported to prepare for any announcement of JTAI in Sefton whilst ensuring that the CCG itself was prepared.



### 3 Local Context

The Borough of Sefton has an approximate population of 274,000. Children and young people under the age of 18 years total 53,480; this is 19.6% of the total population. Approximately 20% of Children and young people live in poverty.

Minority ethnic groups account for 3% of the Sefton total population. Children and young people from minority ethnic groups account for 4.3% of all children living in the area, compared with 22% in the country as a whole.

The CCG and Partner agencies work together to ensure that this information informs future commissioning arrangements.

#### 3.1 NHS South Sefton CCG Safeguarding Governance and Accountability arrangements

To meet with national safeguarding requirements, the CCG commission a Hosted Safeguarding Service. The hosting arrangements remain with NHS Halton CCG as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor and Named GP. All of these professionals act as clinical advisors to the CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCG on Sefton Safeguarding Children and Adult Boards and who is also a member of the CCG Governing Body.

The CCG continues to work in partnership with statutory agencies and third sector to support safe and effective delivery of services against the safeguarding agenda.

Appendix 2 details the range of sub groups relating to the strategic partnerships that the CCG is represented on.

### 4 Progress against the last years priorities

#### 4.1 Female Genital Mutilation (FGM) and Harmful Practices,

New legislative measures were brought about by the Serious Crime Act 2015 resulting in a mandatory duty to report cases of Female Genital Mutilation (FGM) from 1st October 2015, including the need to report any cases of FGM in a child under 18 years of age to the police. Within Merseyside there has been an agreement that the cases will





be reported via MASH or other relevant safeguarding front door services as with all other safeguarding cases. In addition to the mandatory reporting a requirement is in place for providers to return information on cases of FGM to the Health and Social Care Information Centre (HSCIC) as part of the Enhanced Dataset.

The CCG Safeguarding Service has led and supported the development of a Pan Mersey FGM Policy. The FGM Policy incorporates the agreed pathways and outlines the roles and responsibilities throughout the health economy. Mandated reporting is included as part of the safeguarding quality schedule. The Named GP is engaged in the process of developing a pathway for Primary Care reporting of the required information.

The Pan Merseyside FGM Policy was presented and approved at Sefton LSCB in January 2016.

## 4.2 Child Sexual Exploitation

The CCG remains fully engaged in the Child Sexual Exploitation (CSE) agenda. The CCG Safeguarding Service continues to be represented on National, Regional and Local forums to ensure national and local developments are embedded within the local health economy. This has included the CCG contributing to the DfE and Home Office Consultation on the statutory definition of CSE.

The CCG Safeguarding Service has developed a standard statement for CSE and included this in the contracts of the CCG commissioned health services. As such commissioned Services will be required to take into account and adopt the Pan Cheshire/Merseyside Child Sexual Exploitation Multi-Agency Strategy 2014 -2017 and Merseyside Multi-Agency Protocol: Child Sexual Exploitation (2014). This has included ensuring that the workforce is aware of vulnerability factors and risk indicators associated with CSE, has undertaken appropriate level of CSE training in accordance with role, understands the referral processes where concerns are identified and can contribute to localised procedures (MACSE-Multiagency Child Sexual Exploitation Meetings) all of which will be monitored through the organisations Safeguarding Quality schedule submissions. The Quality schedule has been further strengthened for the 2016-17 reporting period to include a specific Training Needs Analysis and supervision oversight of cases where CSE has been identified.

During 2015 / 16 the CCG has been assured that there has been a reduction in the 'risk' of staff within commissioned services not being aware of, trained or knowing how to make a referral in relation to CSE due to the reporting requirements in place. Latest statistics show good compliance with training programmes and a small increase in the numbers of referrals being made.

The CSE Health Group, founded and Chaired by the Designated Nurse has continued to meet on a quarterly basis using the Merseyside footprint. Membership includes the CCG



commissioned health services and public health services. Specific work from this group, subsequently shared with the wider LSCB partnership, has included establishing a data base for organisation/ service Single Points of Contact and development of a pathway for enabling flagging of cases identified as being at risk of CSE at the Multi Agency CSE (MACSE) meeting.

CSE awareness and referral pathways have been promoted throughout the CCG and constituent GP practices through regular communications and a presentation at the Protected Learning Time event in July 2015. The CCG Safeguarding Service facilitates the communication of further regional work done in respect of including guidance on Information Sharing (2015) and an NHS England CSE Handbook has been shared within the health economy.

### 4.3 Looked After Children

In 2015 the CCG supported the recruitment of a specific post within the Safeguarding Service. A whole time equivalent Designated Nurse Looked After Children (DNLAC) commenced in post in May 2015. The role is to provide expert health advice and clinical leadership to the CCG and local health providers in relation to the quality and development of service for Looked After Children. Strategic oversight of services is essential to this role, to ensure that robust clinical governance of NHS health services for Looked After Children are in place. A separate Annual Report has been authored by the DNLAC as per national requirements which further details progress against this priority however key achievements include:

- The development and implementation of the CCG Children in Care Strategy and an action plan which is monitored within the Quality Directorate of the CCG.
- Completion of baseline audit of the CCG against both national guidance and NHSE baseline tool “*Right People, Right Place, Right Time, Right Outcome*” and the development of action plan in response to the findings.
- Completion of a baseline statement with the CCG commissioned providers, the findings of which informed the review and change of the existing Key Performance Indicators (KPI’s) within the Quality schedule.

### 4.4 Domestic Abuse

The CCG remains engaged in the domestic abuse agenda working in Partnership with the Local Authority and third Sector Organisations. In July 2015 Sefton Domestic and Sexual Abuse Strategy 2015-2018 was approved.



The term 'domestic violence and abuse' is used to mean any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over.

As part of the commitment to commission safe services the CCG safeguarding quality framework includes standards to ensure that they are compliant with current guidance on domestic abuse. This ensures, as a minimum, that service users receive a response from appropriately trained staff enabling support in a safe and timely manner. Further work needs to be progressed across the Partnership and with commissioned health services in relation to this agenda and this will remain a priority in the 2016/17 work plan for the CCG Safeguarding Service as part of the wider harmful practice agenda.

#### **4.5 Deprivation of Liberty Safeguards**

The safeguards aim to ensure that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives. The CCG has supported the introduction of a full time Lead for this area of work within the Safeguarding Service to support safe discharge of statutory responsibilities as all commissioned health care for people over the age of 16 years has to be MCA compliant and as such the MCA Lead is required to advise the CCG on this matter.

The CCG Safeguarding Service has ensured that the safeguarding quality schedule, applied to all commissioned services, contains elements such as training, policies, systems to evidence applications and approval (mandatory reporting), management oversight and quality to provide assurance that commissioned services are delivering safe care. The MCA Lead continues to support services to progress with the agenda and to identify risk in the system.

An Annual Report has been produced by the MCA Lead to provide further detail and should be read in conjunction with this document.

#### **4.6 Supervision**

Working to ensure children and adults (at risk) are protected from harm requires sound professional judgments to be made. It has long been acknowledged that “consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people” (NSF, 2004).

During 2015/16 a supervision strategy has been developed to provide a framework and support delivery within the Borough. The CCG Safeguarding Service continues to provide a programme of safeguarding supervision for senior / specialised staff within health services commissioned by the CCG.



## Further areas of work supported

### 4.7 Themes and lessons learned from NHS investigation into matters relating to Jimmy Savile

In February 2015 the final report written by Kate Lampard and Ed Marsden was published, this summarised the findings of the NHS Savile investigations. The report makes a series of 14 recommendations; these are separated into those that apply to: Provider Healthcare Trusts, joint Department of Health and NHS England and the Home Office. The focus of CCG activity has been on Provider Healthcare Trusts. In May 2015, the CCG Safeguarding Service requested that commissioned organisations complete and submit a self-assessment audit against all the recommendations following the investigations relating to Jimmy Savile. These were received and reviewed by the Safeguarding Service with the Quarter 3 quality schedule submissions (January 2016). The end of year position was that all Provider Healthcare Trusts had outstanding actions remaining against the recommendations; these were in relation to internet access, the proposed cycle of DBS checks, visitors to Trust premises and training for volunteers. Progress was being made against these identified areas and no Trust was assessed as having an area of high risk, assessment showed medium and low risk areas only. This area of work will be monitored in to 2016/17 until all recommendations have been implemented.

### 4.8 Policy reviews

The CCG Safeguarding Service reviewed: The Safeguarding Adult and Children Policy and Management of Allegations Policy in accordance with national policy and guidance changes. Both policies were ratified as per the CCG governance process.

### 4.9 Procurement

The CCG Safeguarding Service has provided support to the redesign and commissioning process for some of the children's services within the Borough working closely with Local Authority colleagues to ensure that any specification is congruent with safeguarding legislation and guidance.

## 5 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 the CCG to submit evidence of safeguarding compliance to Sefton LSCB for scrutiny as per the agreed audit cycle. During 2015/16 a full



assessment against the Section 11 standards was prepared and reported via the CCG Quality Committee prior to submission to Sefton LSCB. Self-assessment did not highlight any significant risks, the Board's external scrutiny and formal reporting back into the CCG had not been received at the time of reporting. Any confirmed areas of risk requiring action will form part of the CCG work plan and be formally monitored via the agreed governance process.

In February 2016 NHS England (NHSE) declared their intention to formally assess all CCGs against a regionally determined safeguarding framework to determine the safe discharge of safeguarding responsibilities within the North region. This assessment would also help inform the national picture for safeguarding (both children and adults at risk) by identifying areas of good practice and those requiring improvement. The assessment of the CCG took place in April 2016 and the feedback received in May 2016 identified three areas requiring improvement; these were assessed as low risk. An action plan is now in place to address these issues progress against this will be reported in the 2016/17 annual report.

During February and March 2016 Sefton LSCB and Local Authority (LA) services for children in need of help and protection, Looked After Children and care leavers was subject to an Ofsted Inspection using the Single Inspection Framework. The inspection took place over a four week period and was supported by the CCG and commissioned health Providers within the Borough.

The final report, although not within this reporting year, was published in June 2016 the judgment being that the LSCB was assessed as being inadequate and the LA Children's Services assessed as requiring improvement. The CCG, in conjunction with Partner agencies, continue to support and progress actions against the recommendations made by Ofsted to improve outcomes for children and young people in the Borough. Progress against this will be reported in the 2016/17 annual report.

As reported previously the CCG has a statutory duty to ensure that that all health providers from whom services are commissioned promote the welfare of children and protect adults from abuse or the risk of abuse; and are able to demonstrate that outcomes for children, young people and adults at risk are improved. The CCG remains committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been demonstrated and agreed recovery / progress has not been achieved then contractual levers can be evoked all of which is agreed and monitored via the Clinical Quality and Performance Group meetings. In more exceptional circumstance then the CCG will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing



intelligence. The CCG, in their capacity as Associate Commissioner, has supported the use of such contractual levers within 2015 / 16 by the issue of a performance notice to one of the main Provider Healthcare Trusts within the region. The CCG working in collaboration with the Coordinating Commissioner (a neighbouring CCG) and the individual Trust developed a recovery plan to support the Trust to achieve contractual compliance in a determined timeframe but without compromising safety and quality.

The Designated Professionals Safeguarding furnish the LSCB Critical Incident Panel, the Audit subgroup and the SAB sub groups all of which have a function of scrutinising frontline practice across all Partner agencies. This overview adds further dimension to the CCG performance information received within the contractual process which supports assurance or the identification of risk within the system. During 2015 / 16 information from this source such as early identification and response to neglect, using information held by adult services to improve risk assessment has been used to enhance the 2016/17 quality schedules and work plans within the CCG and the commissioned health services.

Early 2015/16 saw the full sign off of the completed action plan in relation to the Mersey Internal Audit Agency findings of 2014/15, with evidence having being reported using the CCG governance arrangements of Quality Committee and Governing Body.

## 6 Learning and Improvement

The CCG continues to promote the learning and development of staff; safeguarding training is part of the mandatory schedule for all CCG employees. The Table below provides the end of year uptake.

Training requirement	Percentage uptake
Safeguarding Adult Level 1	95 %
Safeguarding Adult Level 2	70%
Safeguarding Children Level 1	95%
Safeguarding Children Level 2	73%
Governing Body / Board	48%

The CCG Training Strategy is a stepped approach to training and requires staff to work through the each mandated level of training assigned to role. Overall 95 % of all CCG staff, including Governing Body, are Level 1 compliant and have basic safeguarding knowledge and able to respond to a safeguarding issue.

The nature of the CCG business is such that the numbers of staff requiring Level 2 and Governing Body training remain small and therefore disproportionately affect the figures.



Throughout the reporting year changes in staff have impacted on training compliance. Training will remain a priority area for the CCG throughout 2016/17 to ensure progression to full compliance against all Levels of training.

Throughout the year the CCG have continued to strengthen the process in relation to Serious Incidents (SI's); the CCG Safeguarding Service now being core members of the SI Group. The CCG ensure that the learning from all SI's is used to drive improvement and quality within its commissioned services. Links to Sefton LSCB / SAB are being developed where safeguarding concerns have emerged and require joint oversight.

There is full engagement with the work of Sefton SCB/SAB and the CCG Designated Professionals continue to support the Serious Case Review (SCR), Domestic Homicide Review (DHR) process and the multi-agency audit programme. Within this reporting year there have been no new Independent reviews commissioned. Learning will be used to support commissioning, service redesign and the improvement of quality within frontline service delivery.

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Child Death Overview Panel (CDOP), a sub group of Sefton LSCB. Business is conducted on a Merseyside footprint to enhance learning. The Designated Professionals furnish this group and ensure that any learning is communicated back through to the wider health economy. During 2015 / 16 an Independent Review of the CDOP arrangements was commissioned; an action plan has been developed in accordance with the findings and recommendations; progress against this is reported using Sefton LSCB governance arrangements and summarised within the CDOP Annual Report.

A total of 116 deaths were reported during this business year; 16 of which were children residing within the Sefton Borough. Factors identified within reviews to support learning and practice included safe sleep, parental substance misuse, Domestic Abuse and violence. The CCG subsequently supported the Safe Sleep campaign which launched in December 2015.

## 7 Business priorities 2016/17

In response to National priorities and key work-streams identified by Sefton Safeguarding Children and Adult Boards, the Safeguarding Service has identified the following priorities for the coming year:

- Ensure that the CCG is compliant with statutory safeguarding responsibilities requirements; including the oversight and management of progression against action plans for section 11 scrutiny, NHSE assurance and other safeguarding



frameworks.

- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB and LSAB priorities.
- Oversee and support the LSCB Improvement plan in accordance with the Ofsted Inspection findings under the model of the Single Inspection Framework (2016).
- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking and Modern Slavery
- Lead and support the health economy with the impending changes and quality issues in relation to DoLS including the outcome of the Law Commission Review.
- Continue to support the CCG and Provider Trust work plans to improve the quality of Transition arrangements.
- Lead a review of the MAPPA and MARAC arrangements within the CCG
- Establish and support improvements in relation to quality of safeguarding in Primary Care.

## 8 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2015/16. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that the CCG is fully committed to ensuring it meets the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

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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.**





Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
1	FGM and Harmful Practices	Contributing to and implementing recommendations from national guidance relating to female genital mutilation	FGM Steering Group arrangements established with neighbouring CCG		TOR & Minutes from FGM steering group available	To continue to progress the agenda and embed into practice
			FGM Working Group / task & finish group established		Minutes from FGM working group	
			FGM Policy review		Minutes from LSCB supporting ratification	
			Reports submitted to the CCG Quality Committee.		Quality Committee reports / minutes	

Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
			National reporting requirements contained and agreed within safeguarding quality schedule 2016/17		Safeguarding Quality Schedule available	
2	CSE	Contributing to and implementation of recommendations from national guidance relating to Child Sexual Exploitation	<p>Merseyside CSE Health Sub Group continues to meet on a quarterly basis and chaired by the Designated Nurse CSE lead.</p> <p>The group have developed a work plan based on the National Working Group overview of health related CSE documents and recommendations.</p>		<p>Minutes</p> <p>Minutes from CSE working group</p>	To continue to progress the agenda and embed into practice



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
			<p>Localised CSE KPIs have been updated in the quality schedule and now include specific metrics in respect of supervision of children subject to MACSE plan.</p>		Safeguarding Quality Schedule	
			<p>Designated Nurse has collated position of commissioned services in respect to findings from recent CSE themed JTAI.</p>		Minutes from CCG Quality Committee	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
			Designated Nurse attendance at National CSE conferences to ensure latest recommendations and guidance can be shared with and influence, the local health economy response to CSE agenda		CCG Newsletters & briefings Safeguarding Quality Schedule available	
3	LAC	Assess the CCG position in relation to expected standards contained within 2015 documentation : Promoting the Health and Wellbeing of Looked After Children (March 2015)	CCG benchmarking completed Paper and action plans reported via quality committees		Quality Committee papers / minutes	To continue to progress the agenda and embed into practice
			LAC strategy developed		LAC strategy available Minutes to support ratification	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Further monitoring and influencing the quality of health services relating to children on care of the local authority	Looked After Children / Children in care / Children Looked After performance data reported to the CCG Quality Committee		Quality committee papers / minutes	
	Reporting requirements contained and monitored within safeguarding quality schedule 2015/16		2015/16 quality schedule available		Quality committee papers / minutes	
	Reporting requirements refined and contained within 2016/17 quality schedule		2016/17 quality schedule available			



## Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
4	Domestic Abuse	Contributing to the development & implementation of a Borough Strategy	Domestic and Sexual Abuse Strategy 2015-2018 developed and approved		Minutes available July 2015	Implementation requires further scrutiny and assurance
		Ensure commissioned Services are compliant with national, regional, local guidance (including NICE )	CCG quality schedule developed to include elements of Domestic Abuse agenda		2015 / 2016 available	Agenda to be progressed within LSCB /SAB Health Sub groups.
5	DoLS	A Life More Ordinary (proposal made and accepted) NSSG. A Life More Ordinary -Margi Daw <a href="mailto:margi.daw@haltonccg.nhs.uk">margi.daw@haltonccg.nhs.uk</a> To audit the effects a deprivation of stimulation and interaction has on residents living in care homes and hospitals and how this links to the MCA/DoLS	Audit completed for: Identified Care homes and Community Hospitals & Acute completed.		Registered within SCIE as part of the MCA Directory <a href="http://www.scie.org.uk/mca-directory/">www.scie.org.uk/mca-directory/</a>	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Commencement of programme of walk around visits to Acute, Community Hospitals and Nursing Homes with MCA/DoLS Lead East and Mid Cheshire.	Walk around agreed and scheduled for 2016 / 17		Emails Process Plan	To be completed by June 2016
		Report to be written on completion of project.				Report to be written on completion of project. Estimated project completion June 2016 Report: December 2016



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Attendance at MCA/DoLS forums across Merseyside. Meetings with LA and Provider MCA/DoLS Leads to identify progress and issues of concern. Sharing good practice.	Minutes & Action plans reflect progress.		Minutes and papers available for 2015-16  (other Borough minutes will support sharing of Practice)	
		To receive Updates and new legislation briefings and communicate to all MCA/DoLS leads within commissioned services.	Briefs received from NHSE Legal Support & Peers  Communications out to defined professional leads  Increased awareness of current issues and actions taken to address evident		E-mails available to evidence contents and dates.  Details available with Safeguarding Quality Schedule	





## Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Supervision meetings with NHSE.	Supervision scheduled throughout year		Meeting schedule available	A North Regional MCA/DoLS sub group set up with an action plan in place for 2016-17
6	Supervision	Development of supervision strategy to be utilised across the Health economy	Draft supervision strategy / policy developed			Policy to be presented to CCG Quality Committee for approval and ratification



## Appendix 2

Table of Strategic Partnership Meetings and Sub Groups attended by the CCG

Partnership	Board / Sub group	
LSCB	Main Strategic Board	
	Business Partnership Group	
	Performance, Quality & Policy sub group	
	Case Review Panel / Standing Serious Case Review Panel	CCG Chair
	Child Death Overview Panel (CDOP)	
	Joint Children & Adult Training subgroup	
	Joint Liverpool & Sefton Health sub group	
	Child Sexual Exploitation Strategic Steering Group	
	CSE Gold Group	
	Neglect & Early Help	
LSAB	Main / Strategic Board	
	Executive / Business Partnership Group	
	Joint Liverpool & Sefton health sub group	CCG Chair
	Joint Children & Adult Training sub group	
	Quality Sub Committee	
CCG / NHSE	MAPPA Strategic Management Board	
	Mental Capacity Act and Deprivation of Liberty Safeguards Regional Forum	
	Safeguarding Adults and Children Regional Forum NHS England	
	Quality Surveillance Groups	
CCG / Commissioned Services	Clinical Quality and Performance Group	CCG Chair
	Commissioned Trust Safeguarding Assurance Group meeting	
CCG / LA	Sefton MASH Strategic Governance Group	
	Sefton Domestic Violence Strategic Steering Group	
	Sefton MARAC Strategic Steering Group	
	Sefton Family Nurse Partnership Programme Management Board	
CCG Governance Groups	Quality Committee	
	Governing Body	

<b>Glossary</b>	
CCG	Clinical Commissioning Group
MCA	Mental Capacity Act
DoLs	Deprivation of Liberty Safeguard
CQC	Care Quality Commission
HMIC	Her Majesty's Inspectorate of Constabulary
HMI Probation	Her Majesty's Inspectorate of Probation
JTAI	Joint Targeted Area Inspection
YOS	Youth Offending Service
CSE	Child Sexual Exploitation
Named GP	Named General Practitioner
MASH	Multi Agency Safeguarding Hub
HSCIC	Health and Social Care Information Centre
FGM	Female Genital Mutilation
DfE	Department for Education
MACSE	Multi-agency Child Sexual Exploitation Meetings
LSCB	Local Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
DNLAC	Designated Nurse Looked After Children
NHSE	NHS England
KPI	Key Performance Indicator
NSF	National Service Framework
DBS	Disclosure Barring Service
LA	Local Authority
CQPG	Clinical Quality Performance Group
QSG	Quality Surveillance Group
SI	Serious Incident
DHR	Domestic Homicide review
CDOP	Child Death Overview Panel
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
NICE	National Institute for Clinical Excellence



## MEETING OF THE GOVERNING BODY

### September 2016

<b>Agenda Item:</b> 16/152	<b>Author of the Paper:</b>						
<b>Report date:</b> September 2016	Melanie Wright Planning Lead <a href="mailto:melanie.wright@southseftonccg.nhs.uk">melanie.wright@southseftonccg.nhs.uk</a>						
<b>Title:</b> Integration Report including Better Care Fund: Progress Report							
<b>Summary/Key Issues:</b>  To update the Governing Body on the progress on integration and the latest Better Care Fund submission.							
<b>Recommendation</b>  The Governing Body is asked to formally receive this progress report on the development of the Sefton Integration Plan and the Better Care Fund.	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="text-align: center; border: 1px solid black; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="text-align: center; border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="text-align: center; border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

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

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

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

# Integration Report including Better Care Fund: Progress Report September 2016

## 1. Introduction

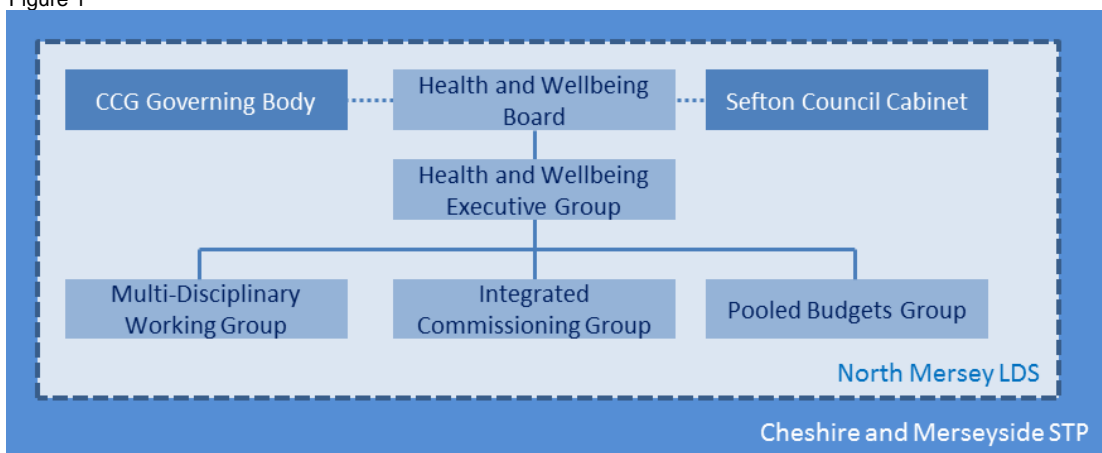
- 1.1. The CCG continues to work closely with Sefton Council to further the integration of health and social care to improve health and wellbeing of local people. All parties have recently signalled the need to move with more pace and a “route map” for integration is being developed by the end of October 2016 to facilitate this.
- 1.2. This paper highlights the new governance arrangements, the agreed integration areas which will form the basis of the plan and an update on the recent Better Care Fund (BCF) submission.

## 2. Integration Update

### 2.1. Governance Arrangements

A new governance structure (figure 1 below) was agreed at the Health and Wellbeing Board (HWBB) meeting in March 2016, which confirmed the establishment of a Health and Wellbeing Executive Group (HWEG) and Integrated Commissioning Group (ICG) to oversee and drive the integration agenda in Sefton, together with delivery of the HWBB’s action plan for the year.

Figure 1



By 31 October 2016, the Health & Wellbeing Board will have oversight of a full integration plan for Sefton, which will identify key milestones associated with the delivery of the plan of action in 2016-17.

### 2.2. Plan of Action for Delivery of Integration

In order to deliver the transformation process necessary for full integration, there are three distinct outcomes and progress is now reported on each of these in turn.

### 2.2.1. *Integrated commissioning*

A high level review of commissioning structures within health and social care (including Public Health) against delivery of the Health and Wellbeing Strategy will be required, informed by the development of an Integration Strategy and Route Map, which will also inform the sequence of pooling/aligning budgets. The draft strategy is due to be produced by the end of September and will be available for the next Governing Body meeting in November.

### 2.2.2. *Multi-disciplinary working*

A meeting was held on 6 September to progress multi-disciplinary working, at which it was agreed that a wider forum of key partners would be arranged for October to discuss place based integration, which is seen as complementary to the work required for health and social care integration and the BCF.

The key principles and a model of multi-disciplinary working are being developed working across the localities, to be articulated within the health and social care integration plan and link with the Sefton Vision 2030.

Key work streams were agreed and included:

- Community hubs
- Adults Social Care
- Children and Young People
- Reablement
- Community equipment
- Intermediate care
- Primary care
- Sustainable Transformation Plans and acute reconfiguration
- Public Health.

Potential barriers such as organisational culture and structures and risks in relation to capacity and financial constraints were acknowledged.

However, the opportunity to develop patient flows, community resilience models, preventative approaches and asset models would significantly assist our partnership.

### 2.2.3. *Aligning/pooling budgets*

A 'pooling budgets plan' will be required to underpin the route map to integration by 2020. The first stage of this will be to formally agree the Section 75 agreement for the year 2016/17, which it is anticipated will be completed by November 2016.

In parallel the Finance Subgroup is working on an approach to support a sequenced pooling and alignment of budgets.

## 3. **Better Care Fund (BCF) – Key Points of August Submission**

In August 2016 NHS Southport and Formby CCG, NHS South Sefton CCG and Sefton Council submitted its BCF Plan for 2016/18 following an intensive period of joint working which identified five key themes.

### 3.1. Funding Arrangements

The following table sets out the CCGs' contribution to the Better Care Fund for Sefton in terms of this year's themes.

Theme	£'000
Theme 1: Early Intervention and Prevention: including Carers and Carers Breaks, together with Community Equipment and Disabled Facilities	5,425
Theme 2: Community Services Transformation	7,811
Theme 3: Long term care/Packages of Care and Care Act	8,459
Theme 4: Intermediate Care and Reablement	4,091
Theme 5: Children and Young People: Mental Health Services	890
<b>Total</b>	<b>26,677</b>

This represented a small increase on the level of funding for 2015/16 and how this equated for each CCG is set out below.

£'000	2015/16	2016/17
SSCCG	12,554	13,819
SFCCG	8,869	9,037
Sefton MBC	2,808	4,129
Total	24,231	26,677

## 4. Progress against BCF

Following the submission of the BCF in August, the quarter 1 template was duly returned on 9 September outlining progress on delivery so far, which can be summarised as follows:

- 4.1. A new section 75 agreement to pool funding is to be in place by 30 November 2016.
- 4.2. Compliance is reported for the majority of National Conditions, except that at the time of submission, formal sign-off of the BCF by the Health and Wellbeing Board had not yet taken place. However, this has now been completed on 14 September 2016. Also, development of 7-day support services in hospital, primary, community and mental health settings, which was returned as 'in progress'.
- 4.3. Parity between planned and actual total expenditure for the quarter was reported.



#### 4.4. Nationally and locally defined metrics

The table below highlights performance against the key metrics.

Metric	Descriptor	Progress	Exception report
Non-Elective Admissions	Reduction in non-elective admissions	On track to meet target	
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	On track for improved performance, but not to meet full target	Sefton Q1 2,351 delayed days, slightly over plan (rate of 1,066.1 against plan of 924.6). England figure is 510,427 delayed days, against an 18+ population of 43,124,007 giving a rate of 1,183.6 Sefton is therefore approximately 10% below the national average.
Local performance metric as described in your approved BCF plan	Dementia diagnosis rates	On track to meet target	
Local defined patient experience metric as described in your approved BCF plan	Using two local survey based measures spanning both settings  (1) The Adult Social Care component will be measured through the use of the national Adult Social Care Framework combined metric 1A – Social care-related quality of life.  (2) An additional measure will be monitored for patient experience of GP services with the metric of the proportion of survey responses where overall satisfaction was very good or good (weighted response rates).	On track for improved performance, but not to meet full target	(1) Since this is a combined metric with relatively limited range between the top and bottom values and we are currently working through changes to our service provision as a result of significant budget pressures, we intend to propose a maintenance level for this metric in particular since we already do well when compared nationally.  (2) GP Primary Care surveys are conducted bi-annually with results published in July and January each year. July 2016 results indicate an overall satisfaction rate (weighted responses 'very good' or 'good') as 85.4%. The next results are expected in January 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)	No improvement in performance	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to ameliorate this demand pressure and have seen success in this exercise reducing our actual admissions. Our projection is to hold our rate of admissions steady despite an increasing number of potential clients in our population.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	

#### 4.5. *Additional measures*

Progress was reported in relation to use of NHS number as primary identifier across all care settings, availability of open Application Program Interfaces (API) across care settings and confirmation that a planning of a pilot digital integrated care record was under way (see Appendix A).

Progress was also reported on development of multi-disciplinary teams and the number of new personal health budgets during the quarter, of which there were none.

### **5. Recommendation**

The Governing Body is asked to formally receive this progress report on the development of the Sefton Integration Plan and the Better Care Fund.

### **Appendices**

Appendix A Availability of Open APIs across care settings.

**Mel Wright**  
**Planning Lead**  
**September 2016**

**Appendix A**

**Availability of Open APIs across care settings**

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Hospital	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Mental Health	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

**Progress towards installation of Open APIs**

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	31/03/17	31/03/17	31/03/17	31/03/17	31/03/17	31/03/18

# Key Issues Report to Governing Body

**Finance and Resource Committee Meeting held on Thursday 23<sup>rd</sup> June 2016** **Chair: Graham Morris**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>CCG requires additional QIPP schemes as risk adjusted deficit could be c.£2m deficit.</li> </ul>	<ul style="list-style-type: none"> <li>Fail to deliver NHS business rules/statutory duties.</li> </ul>	<ul style="list-style-type: none"> <li>Retain close scrutiny on all levels of expenditure. Review the discretionary spend plan (July GB for decision).</li> </ul>

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

- ETTF bids agreed for submission via NHS England portal (listed below/no prioritisation applied):
  - New Centre Crosby/Waterloo
  - New Centre Maghull
  - Bridge Road Medical Centre
  - Strand Medical Centre
  - Crosby Medical Village
- Good engagement from membership regarding review of pharmacy expenditure.
- Further education session for members through PLT (pregabalin and pain relief/prescribing generally).
- CCG financial plan reviewed and assessed as category 1b (assured and meets business rules but increased or higher financial risk).

# Key Issues Report to Governing Body



**South Sefton  
Clinical Commissioning Group**

Finance and Resource Committee Meeting held on Thursday 21<sup>st</sup> July 2016

Chair:  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>CCG requires additional QIPP schemes as risk adjusted deficit (worst case scenario) is estimated as £1.8m deficit (before FNC adjustment is taken into account). The likely case scenario forecasts a £1.3m deficit.</li> </ul>	<ul style="list-style-type: none"> <li>Fail to deliver NHS business rules / statutory duties.</li> <li>Finance/delivery of safe services should be identified as key organisational risk.</li> </ul>	<ul style="list-style-type: none"> <li>Retain close scrutiny on all levels of expenditure. CCG must continue to identify financial balance as key risk and continue to identify further QIPP schemes.</li> </ul>

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

- Prescribing budgets approved.
- HR policies approved pending changes to the Travel & Expenses policy:
  - Changes made by S&F F&R Committee which the SS F&R Committee agreed with.
  - Section 8.1. Subsistence Allowances: Agreement to take out the word 'meals' from the first sentence in this section.
- Workforce Equality & Diversity and Workforce Race Equality Standard (WRES): agreed for MMCD to review whether to continue action plan given other priorities.
- Finance/QIPP report to be taken to the August Governing Body Development Session for discussion and approval.
- BCF Plan – on course for agreement/resubmission by Monday 25<sup>th</sup> July.
- Quality Premium Dashboard reported to Committee.
- 15/16 CCG assurance rating reported to Committee.

## Key Issues Report to Governing Body

Joint Internal Quality Committee Meeting held on 20 <sup>th</sup> April 2016	Chair: Dr Rob Caudwell
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Key Issue	Risk Identified	Mitigating Actions
No Key Issues reported.		

### Information Points for both S&FCCG and SSCCG Governing Body (for noting)

- Joint meeting of both Quality Committees  
First joint meeting of both Quality Committees (internal meeting)
- EPaCCS  
Update received regarding the implementation of EPaCCS across both CCGs and RAG status of self-assessment
- NHSE CCG Safeguarding Assurance Exception Report  
Exception report received. The Quality Committee noted that further progress can be evidenced against current Amber Rating to Green Rating before meeting on 28<sup>th</sup> April 2016.
- Whistleblowing Policy  
Updated policy reviewed. Unable to approve due to some additional queries raised by the Committee. To be discussed with TJ.
- GBAF/CRR  
GBAF/CRR received by Quality Committee and recommended for presentation to the Governing Bodies.
- Terms of Reference  
TOR received. Query to be addressed re: emergency Planning with Debbie Fairclough.
- EPEG Key Issues/Locality Update  
Identification of issues to go through Contract forum and issues to be taken into Committee Meeting with LCH and S&O.

# Key Issues Report to Governing Body

Quality Committee Meeting held on 19<sup>th</sup> May 2016

Chair:  
Dr Gina Halstead

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

Liverpool Community Health (LCH) Care Home Matron / Community Matron Service – concerns remain regarding impact of lack of establishment being raised by local GPs. LCH DoN to be invited to the next Quality Committee Meeting if no assurances able to be given via the Contract Meeting

NHSE CCG Safeguarding Assurance Tool – Positive feedback received. Some elements of self-assessment upgraded by NHSE from CCG’s own AMBER rating to GREEN due to the evidence provided. Action plan developed and will be monitored via the Quality Committee

LCH Capsticks Report – raised at Quality Committee. Trust action plan is discussed at the Collaborative Commissioning Forum and CQPG and has been discussed at the Merseyside Quality Surveillance Group Chaired by NHSE. Paper to be presented to GB at the next meeting.

A&E Quality Walkaround – Undertaken at Aintree University Hospitals NHS Foundation Trust (AUH) following recent 12 hr A&E breaches.

Rapid Access Chest Pain Clinic – AUH underperforming against this target. To be raised at CCF and CQPG to explore need to contract penalties.

# Key Issues Report to Governing Body

Quality Committee Meeting held on 21<sup>st</sup> July 2016

Chair:  
Dr Gina Halstead

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

### Aintree University Hospital NHS Trust:

- Dermatology Service – Trust had closed to new referrals without discussion with Commissioners. Commissioner concerns regarding escalation and Trust action discussed at CQPG. Awaiting a formal response from the Trust and the action plan with confirmation of associated timelines.
- Cancer Waiting Times – Screening hub issue identified which impacted on Trust performance and possible patient safety issue. CCG Quality Team have raised concerns with NHSE and PHE regarding incident investigation and their review of any RCA.
- Joint Targeted Area Inspection (Multi-Agency Safeguarding Inspection L’Pool) – Commendable practice identified at AUH by the inspectors.

IAPT Performance – discussed along with the need to support advertising / promotion of self-referral.

### Mersey Care NHS Foundation Trust:

- CIP discussed – meeting scheduled with the Provider to discuss commissioner issues and queries regarding the identified programmes.

### Liverpool Community Health NHS Trust:

- Dr Sapre is the new CCG Clinical Lead for the LCH Quality Contract
- Early Help Referrals – Issue identified via L’Pool LSCB re: Trust referral rate being below expected. Same issue apparent in Sefton. Being addressed with the Trust and has been discussed at the CQPG.

### Alder Hey Children’s NHS Foundation Trust:

- Reasonable assurance regarding safeguarding reported and contract query has now been closed

Liverpool Clinical Laboratories (LCL) – Independent Review Report to be presented to the Governing Body next week by the GP Clinical Lead.

Controlled Drugs Report received from Medicine’s Management Team



# Key Issues Report to Governing Body

**Audit Committee Meeting held on Thursday 14<sup>th</sup> July 2016** **Chair:**  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
None	None	None

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

- Internal Audit progress report received – significant assurance on “Risk management arrangements”.
- Conflicts of Interest report received from Anti-Fraud Services:
  - No instances of fraud identified in sample selected.
  - Small number of recommendations for CCG officers to work through.
- Confirmed the Audit Committee Chair will be the Conflict of Interest Guardian subject to reciprocal arrangement at NHS Southport & Formby CCG.
- Auditor presented Annual Audit Letter 2015/16 which completes the external audit for the 2015/16 financial year.
- Managing Conflicts of Interest and Gifts and Hospitality Policy approved.
- Chair of Audit Committee and the Chief Finance Officer have been given delegated authority to approve the “Anti-Fraud, Bribery and Corruption Policy”, following review/comments from committee members.

# Key Issues Report

## South Sefton Localities

### July – September 2016

Due to the LMC event on GP Federation being held in July, the locality meeting did not go ahead that month.

#### CROSBY LOCALITY

Key Issues	Risks Identified	Mitigating Actions
1. Palliative patient discharge, requesting GP to monitor every 72 hrs and arrange subcutaneous fluids (August).	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Palliative care team links and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Reported to Dr Halstead and Dr Harvey</li> <li>• Guidelines sought and shared</li> </ul>
2. Patient attended A&E after OOH failed to return call. Tampon left in vagina. Aintree performed digital examination and informed patient to go see GP for a speculum examination because they had no speculums in A&E (August).	<ul style="list-style-type: none"> <li>• Potential life threat to patient</li> </ul>	<ul style="list-style-type: none"> <li>• Reported details to Dr Gina Halstead as quality lead GP</li> </ul>
3. UHA discharge letter stated they had issued 5 day's supply of drugs; patient arrived at practice requesting medicines (August).	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Financial costs</li> </ul>	<ul style="list-style-type: none"> <li>• Reported details to Dr Gina Halstead as quality lead GP</li> </ul>
4. Future of locality meetings (September).	<ul style="list-style-type: none"> <li>• The Group expressed dissatisfaction with the CCG's decision to reduce locality meetings to bi-monthly.</li> </ul>	<ul style="list-style-type: none"> <li>• Fed back to CCG</li> </ul>

# Key Issues Report

## South Sefton Localities

### July – September 2016

Due to the LMC event on GP Federation being held in July, the locality meeting did not go ahead that month.

#### BOOTLE LOCALITY

BOOTLE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Future of locality meetings (August).	<ul style="list-style-type: none"> <li>The Group expressed dissatisfaction with the CCG's decision to reduce locality meetings to bi-monthly.</li> </ul>	<ul style="list-style-type: none"> <li>Fed back to CCG</li> </ul>
2. Locality agreed that they wish to have a 24 hour BP service. Option appraisal to be worked up (August)	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
4. Merseycare reported delays in the triage system at Clockview site reported to be because of gaps or insufficient information from GP referrals.  The Locality response disputed this and reported difficulties of Faxing to Merseycare; their fax being frequently offline (September).	<ul style="list-style-type: none"> <li>Delays in patient care</li> </ul>	<ul style="list-style-type: none"> <li>Reported to DR to take forward with Merseycare. Awaiting feedback.</li> </ul>
5. Dr Chung reported letter received from Merseycare following their consultation with his patient referral requesting him to 'Re-refer to Merseycare specialist (September).	<ul style="list-style-type: none"> <li>Delay in patient care</li> </ul>	<ul style="list-style-type: none"> <li>Reported to DR to take forward with Merseycare. Awaiting feedback.</li> </ul>
6. Datix UHA case; patient self-presented at UHA Emergency, was subsequently CT scanned whereby it was discovered that she was pregnant. The Practice were sent a letter from UHA consultant requesting THEY call patient in discuss related CT and radiation risks with patient.	<ul style="list-style-type: none"> <li>Secondary Care responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Reported on Datix.</li> <li>TE agreed to share details and speak to SSCCG Chief Nurse DF</li> </ul>

# Key Issues Report

## South Sefton Localities

### July – September 2016

Due to the LMC event on GP Federation being held in July, the locality meeting did not going ahead that month.

SEAFORTH AND LITHERLAND LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Future of locality meetings (August/September).	<ul style="list-style-type: none"> <li>The Group expressed dissatisfaction with the CCG's decision to reduce locality meetings to bi-monthly.</li> </ul>	<ul style="list-style-type: none"> <li>Fed back to CCG</li> </ul>
2. Clinical safety issues raised regarding the service provided by Capita and the significant delays in transfer of records (Ford cited examples where the delay has been months) (September)	<ul style="list-style-type: none"> <li>Safety concerns, impact on capitation, recall for smears etc</li> </ul>	<ul style="list-style-type: none"> <li>Fed back to Jan Leonard who will share via LMC liaison meetings (NHSE in attendance).</li> </ul>

# Key Issues Report South Sefton Localities July – September 2016

The September locality meeting has been cancelled due to QIPP decision.

## MAGHULL

MAGHULL		
Key Issues	Risks Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>1. Estates – Parkhaven/High Pastures</li> <li>2. Impact of the local plan</li> <li>3. Frequency of Locality Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• The group raised concerns regarding the decision to reduce the frequency of locality meetings. Was considered this would further impact on GP engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Issues escalated to Tracy Jeffes</li> </ul>

## Finance and Resource Committee Minutes

Thursday 23<sup>rd</sup> June 2016, 1.00pm to 3.00pm  
Room 3A, 3<sup>rd</sup> Floor Board Room, Merton House

<b>Membership</b>		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Lin Bennett	Practice Manager & Governing Body Member	LB
Martin McDowell	Chief Finance Officer	MMcD
David Smith	Deputy Chief Finance Officer	DS
Steve Astles	Head of CCG Development	SA
Susanne Lynch	CCG Lead for Medicines Management	SL
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Brendan Prescott	Deputy Chief Nurse / Head of Quality & Safety	BP
<b>Ex-officio Member*</b>		
Fiona Taylor	Chief Officer	FLT
<b>Apologies</b>		
Dr Sunil Sapre	GP Governing Body Member	SS
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Dr John Wray	GP Governing Body Member	JW
Debbie Fagan	Chief Nurse & Quality Officer	DF
<b>Minutes</b>		
Ruth Moynihan	PA to Chief Finance Officer	RM

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

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Roger Driver	Lay Member	A	✓								
Graham Bayliss	Lay Member				✓	✓					
Steve Astles	Head of CCG Development	✓	✓	✓	A	✓					
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓	A					
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	A	A	A	A					
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓					
Dr Sunil Sapre	GP Governing Body Member				A	A					
Andy Mimmagh	GP Governing Body Member	✓	✓	A							
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓					
Paul Thomas	GP Governing Body Member	✓	A	✓							
John Wray	GP Governing Body Member	A	A	A	A	A					
Fiona Taylor	Chief Officer	*	*	*	*	*					
James Bradley	Head of Strategic Finance Planning	✓	✓								
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N	N					
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A	✓	✓					
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓					
David Smith	Deputy Chief Finance Officer	✓	N	✓	✓	✓					
Lin Bennett	Practice Manager & Governing Body Member					✓					

No	Item	Action
FR16/63	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from Fiona Taylor, Tracy Jeffes, Dr Sapre, Dr Wray and Debbie Fagan. <i>However, Debbie Fagan joined the meeting for 20 minutes making the meeting quorate in order to approve agenda item FR16/70.</i></p>	
FR16/64	<p><b>Declarations of interest regarding agenda items</b></p> <p>CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflict of interest.</p>	
FR16/65	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR16/66	<p><b>Action points from the previous meeting</b></p> <p><b>FR16/57 Prescribing Performance Report</b> – SL to work with JL regarding gastro coding/colonic irrigation – JL informed the Committee that BI are working to identify this, however if unsuccessful the CCG will need to ask Aintree to produce a business case. MMcD suggested a clinical lead investigates this to see if it is something the CCG would like to take forward.</p> <p><b>FR16/40 SPEP</b> – MMcD to provide update in June re Primary Care Transformation Fund bids; TJ to confirm date for visit to EPEG re estates strategy – see agenda item FR16/71; MMcD and TJ still to arrange visit to EPEG.</p> <p><b>FR16/61 AOB</b> – meeting of Audit Chairs to appoint auditors; GM to meet group on 6<sup>th</sup> June and to provide feedback to Committee – GM informed the Committee that from next year the CCG will be responsible for appointing their own auditor. Paul Brickwood, Knowsley CCG had suggested the CCGs go through this process together, and GM had met with Helen Nichols (SFCCG) and Audit Committee Chairs of Wirral, Halton, St Helens and Knowsley CCGs to discuss this. The group are to meet again on 16<sup>th</sup> August to discuss responses, with a follow up meeting on 12<sup>th</sup> September. GM is to keep the Committee updated with any progress.</p>	MMcD/ TJ
FR16/67	<p><b>Month 2 Finance Report</b></p> <p>DS presented this paper which provided the Committee with an overview of the year-end financial position for the CCG as at 31<sup>st</sup> May 2016.</p> <p>GM noted the importance of splitting recurrent and non-recurrent spends, with the possibility of ceasing non-recurrent spend on temporary basis to aid QIPP. MMcD suggested that the risk adjusted deficit position reported to NHSE will need to be included in future reports.</p> <p><b>Action by the Committee</b></p> <p>The Committee noted this report.</p>	DS
FR16/68	<p><b>Financial Plan Assessment</b></p> <p>MMcD presented this letter from NHSE which provided feedback following submission of the 2016/17 Financial Plan Assessment. The Committee noted that the CCG had been assessed as Category 1b, noting that it was “assured and met all business rules but increased or higher financial risk”.</p> <p><b>Action by the Committee</b></p> <p>The Committee received this letter noting the content therein.</p>	

No	Item	Action
FR16/69	<p><b>Prescribing Performance Report</b></p> <p>(a) Month 12 Prescribing Report SL presented this paper to the Committee which provided an update on prescribing spend for month 12, reporting an overspend of £0.468m on a budget of £27.708m. She advised that the CCG had claimed back £123k on rebates.</p> <p>The Committee noted that waste remains an issue but is continually being tackled, and that secondary care was also being monitored. MMcD suggested targeting pregabalin and anti-coagulants with a special PLT led by secondary care doctors who could provide information and support to primary care.</p> <p>(b) Quarter 4 Prescribing Performance Report SL presented this paper which compared activity of the 4th quarter 2015/16 against the 4th quarter 2014/15.</p> <p>At SA's suggestion, the Committee agreed to invite Jenny Kristiansen to September's meeting to discuss respiratory prescribing and SL is to organise a PLT session for the end of September.</p> <p><b>Action by the Committee</b> The Committee noted these reports.</p>	SA SL
FR16/70	<p><b>Estates and Technology Transformation Fund (ETTF)</b></p> <p>(a) Estates MMcD informed the Committee that as part of the CCG strategic estates plan, CCG officers have been working with GB Partnerships for the last few months in developing bids with key stakeholders. The CCG is being asked to prioritise a number of bids, which have been assessed by Sam McCumiskey, and he emphasised that this is the first stage of the process. The Committee noted there were two larger new build schemes being:</p> <ul style="list-style-type: none"> <li>• Two separate bids for a new Health &amp; Well-being Neighbourhood Centre in Crosby &amp; Waterloo locality.</li> <li>• Bid for a new Health &amp; Well-being Neighbourhood Centre in Maghull locality.</li> </ul> <p>and two smaller schemes:</p> <ul style="list-style-type: none"> <li>• Bridge Road Medical Centre - Improvement of Existing Facility - to expand capacity, improve access for disabled patients and visitors and improve the quality of premises to comply with CQC standards.</li> <li>• The Strand Medical Centre - Technology that enables the public to have better access to invest in a new telephone system to improve patient access and to improve the utilisation of clinical space.</li> </ul> <p>MMcD noted that one of the bids "Crosby Medical Village" had requested assurance over confidentiality and therefore had not been included in the papers received by the Committee. MMcD had evaluated this bid using same criteria as others.</p> <p>MMcD asked the Committee to note the final scores, and DF said she felt the weighting criteria should include a quality element. The Committee approved this first stage of the bid process.</p>	



No	Item	Action
	<p>(b) Information Technology</p> <p>MMcD informed the Committee that the CCG has recently received guidance on the Estates and Technology Transformation Fund (ETTF). The purpose of this fund is to help GP practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends, to meet locally determined demand. He said the CCG is looking for a localised solution and proposed highlighting video conferencing and telehealth, digitalisation of medical records and “Express Access” device rollout. Regarding network coverage and M3 availability/capacity, MMcD is to ask Paul Shillcock, Informatics Merseyside to do further work on this.</p> <p>DF asked the Committee to note that feedback on the recent Big Chat event was very supportive of digitalisation.</p> <p><b>Action by the Committee</b></p> <p>The Committee approved the Estates bids. In respect of Information Technology delegated approval was given to MMcD and Paul Shillcock to submit the bids.</p>	MMcD/PS
FR16/71	<p><b>QIPP Update</b></p> <p>MMcD said the CCG continues to focus on QIPP, taking opportunities as they arise. MMcD referred to prescribing and said a revised plan around prescribing activity needed to be taken to the QIPP Committee. SL referred to the provision of gluten free food and the Committee discussed the costs of prescribing compared to buying in local shops.</p> <p><b>Action by the Committee</b></p> <p>The Committee noted this update.</p>	
FR16/72	<p><b>Better Care Fund Update</b></p> <p>MMcD informed the Committee that DS and the Chief Officer attended a formal arbitration panel on 7<sup>th</sup> June. The CCG is currently waiting for the panel to report its findings before the next steps are taken.</p> <p><b>Action by the Committee</b></p> <p>The Committee noted this update.</p>	
FR16/73	<p><b>Any Other Business</b></p> <p>MMcD informed the Committee that the digital roadmap is due for inclusion in STP, and he asked for delegated approval to be given to himself should formal sign-off be required. He advised that there is to be a presentation at the Governing Body Development Session next week.</p>	
FR16/74	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of Next Meeting</b></p> <p>Thursday 21<sup>st</sup> July 2016 1.00pm to 3.00pm 3<sup>rd</sup> Floor Board Room, Merton House</p>	

## Quality Committee - External Minutes

**Date:** Wednesday 20<sup>th</sup> April 2016, 11.30 am – 1.30 pm

**Venue:** Family Life Centre, Ash Street, Southport

### S&F Membership

Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Gill Brown	Lay Member for Patient & Public Involvement	GB
Dr Doug Callow	GP Quality Lead S&F	DC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Helen Nichols	Lay Member for Governance & Audit	HN

### SS Membership

Dr Gina Halstead	Chair & GP Governing Body Member	GH
Steve Astles	Head of CCG Development	SA
Graham Bayliss	Lay Member for Patient & Public Involvement	GB
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Dr Dan McDowell	Secondary Care Doctor	DMcD
Dr Andy Mimmagh	GP Governing Body Member	AM

### Ex Officio Member of both CCGs

Fiona Taylor	Chief Officer	FLT
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### In attendance

Karen Garside	Designated Nurse Safeguarding Children	KG
Danielle Love	Programme Lead – Community Services Procurement	DL
Paul Shillcock	Primary Care Informatics Manager	PS
Helen Smith	Head of Safeguarding Adults	HS

### Apologies

Graham Bayliss	Lay Member for Patient & Public Involvement	
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	
Martin McDowell	Chief Finance Officer	
Dr Dan McDowell	Secondary Care Doctor	

### Minutes

Vicky Taylor	Quality Team Business Support Officer	VT
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Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√											
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√											
Gill Brown	Lay Member for Patient & Public Involvement	√											
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√											
Billie Dodd	Head of CCG Development	√											
Debbie Fagan	Chief Nurse & Quality Officer	√											
Martin McDowell	Chief Finance Officer	A											
Helen Nichols	Governing Body & Lay Member for Governance & Audit	√											

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Gina Halstead	Chair and Clinical Lead for Quality	√											
Steve Astles	Head of CCG Development	√											
Graham Bayliss	Lay Member for Patient & Public Involvement	A											
Dr Peter Chamberlain	Clinical lead Strategy & Innovation	A											
Debbie Fagan	Chief Nurse & Quality Officer	√											
Dr Dan McDowell	Secondary Care Doctor	A											
Martin McDowell	Chief Finance Officer	A											
Dr Andrew Mimmagh	Clinical Governing Body Member	√											

- √ Present
- A Apologies
- L Late or left early

No.	Item	Action
16/048	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from GB, Dr PC, Dr DMcD and MMcD. The first Joint Internal Quality Committee was chaired by Dr Rob Caudwell who welcomed everyone to the meeting.</p>	
16/049	<p><b>Declarations of interest regarding Agenda items</b></p> <p>CCG Officers holding dual roles in both Southport &amp; Formby and South Sefton CCGs declared their potential conflict of interest.</p>	
16/050	<p><b>Minutes of the previous meeting</b></p> <p>Minutes of S&amp;FCCG Quality Committee were agreed as an accurate reflection of the previous meeting.</p> <p>Minutes of SSCCG Quality Committee were agreed as an accurate reflection of the previous meeting.</p>	
16/051	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
16/052	<p><b>EPaCCS Update</b></p> <p>Paul Shillcock presented the report to the S&amp;F CCG Quality Committee and the SS CCG Quality Committee on the latest developments with the programme and key actions being taken for outstanding matters.</p> <p>The Committees were advised that good progress is being made, particularly around the collection of baseline audit date and engagement with Primary Care. A Task &amp; Finish Group has been established, which will progress jointly with Liverpool CCG and include HSCIC's North West lead for EPaCCS in order to provide additional assurance.</p> <p>PS advised that significant movement in RAG indicators was expected over next two months with closer working due to commence in the Southport area and a scoping exercise to be completed on Palliative Care MDT.</p> <p><b>ACTION: PS will ask Moira McGuinness for assurances that EPaCCS would address the issue of information being available to GP Out-of-Hours when sent late on a Friday afternoon/evening and advise Dr AM of outcome.</b></p> <p>PS considered South Sefton CCG area and Southport &amp; Formby CCG area were slightly ahead in comparison with some areas in relation to the sharing of data.</p> <p>FLT confirmed she had been kept fully informed of progress with the EPaCCS project and was pleased to see the report coming to Quality Committees to present progress made.</p> <p>DF noted the progress but questioned the absence of timeframes for delivery and asked for timeframes to be included when the next update report is presented to the Quality Committees.</p> <p><b>ACTION: PS to ensure timeframes for delivery are included in future reports to Quality Committees.</b></p>	<p>PS</p> <p>PS</p>
	<p><b>The Committee noted and approved the report</b></p>	
16/053	<p><b>NHSE CCG Safeguarding Assurance Exception Report</b></p> <p>HS presented this report to the Committees advising that the CCG Safeguarding Service and Chief Nurse had reviewed NHS England's Assurance Tool and Key Lines of Enquiry (KLOE) with evidence collated to demonstrate compliance against each KLOE and had identified means of strengthening and developing</p>	

<p>areas where full compliance could not be evidenced. HS was confident that no 'red' areas were contained within the report. A meeting was due to take place on the 28<sup>th</sup> April 2016 to present the evidence to NHSE with a subsequent action plan to be brought back to Quality Committees.</p> <p>The Committee discussed the NHS England Safeguarding Assurance Tool on page 29 of the pack, where an amber rating of risk had been recorded with the following comments noted.</p> <p>2.1 – Amber rating recorded as a result of the absence of dedicated posts for Looked After Children (LAC) within the CCG.</p> <p>DF explained that the CCGs had invested in a dedicated post of Designated Nurse for LAC in 2015 sitting within the Safeguarding Hosted Service and capacity will be reviewed via the CCG Network Safeguarding Meeting Chaired by FLT. One of the CCGs has withdrawn from the Safeguarding Hosted Service arrangement as of 1st June 2016 so this will provide a natural opportunity to review capacity. With regard to capacity for the Designated Doctor for Safeguarding Children, the CCGs are working closely with LCCG who are leading on this review. Currently, there is sufficient capacity in the commissioned service for the Designated Doctor for LAC but this is something kept continually under review as the number of LAC can alter. The CCGs have recently confirmed with AHCH that they are able to cover the required number of clinic slots for the LAC health assessments as appropriate.</p> <p>3.3 Special Educational Needs and Disabilities (SEND) – HS advised that a paper was due to come to Governing Body in May 2016 detailing DF's additional responsibilities in this area and confirmed that the risk to the CCGs was noted on the Risk Register(s) with systems and processes in place to support continuous improvement. Dr AM questioned whether there was sufficient Educational Psychology capacity to support the SEND process regarding Educational Health Care Plans / assessments</p> <p><b>ACTION: DF to liaise with Peter Wong to look at this cohort of children from 2015/16 and report back to Dr AM regarding all children's needs being identified and supported outside of this meeting.</b></p> <p>6.1 – An LSCB course is available on Safe Recruitment to support the CCGs Safer Recruitment practice.</p> <p>FLT considered that whilst the current HR recruitment process was sufficient, should direct patient contact become part of an individual's job role, this would require further checks to be undertaken in relation to the level of safeguarding training to be undertaken. E.g. when recruiting medicines management staff.</p> <p><b>ACTION: Add check to HR system on clarifying who has interface within their role with patients and ensure the level of Safeguarding training reflects the function undertaken in-line with national guidance and should also inform the type of background checks in-line with safer recruitment.</b></p> <p>7.1 – HS stated that all information would undergo final sense checking before submission as further information had been obtained following the meeting with the Chief Nurse.</p> <p>DF challenged the AMBER rating for 7.1 which related to supervision for the Safeguarding Service. DF stated that the Governing Bodies had approved Closedown of the CCG Safeguarding Peer Review Action Plan in March 2016 following assurances at the CCG Network Safeguarding Meeting that both psychological support and individual professional supervision had been commissioned and was in place.</p>	<p>DF</p> <p>DF</p>
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	<p><b>ACTION: HS to update the assurance information as appropriate.</b> DF also made reference to the previous MIAA report that contained a recommendation re: safeguarding policies and that this had been actioned internally by the Corporate Governance Team.</p> <p><b>ACTION: HS to follow this up and update assurance information as appropriate.</b></p> <p>AM asked if it could be confirmed what support GP practices could access from NHSE following on from a CQC inspection as this had been recently publicised.</p> <p><b>ACTION: FLT asked DF to establish what support GP practices could access from NHSE following on from a CQC inspection with the local NHSE team and feedback the outcome.</b></p>	<p>HS</p> <p>HS</p> <p>DF</p>
	<p><b>The Committee noted and received the report</b></p>	
16/054	<p><b>South Sefton CCG and Southport &amp; Formby CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work)</b></p> <p>JH presented this report, explaining that it had originally been presented to both Committees late last year with a further review undertaken following issues raised at SS CCG Quality Committee. Recommended changes had now been carried out and the policy was presented to Quality Committees for approval.</p> <p>GB challenged whether or not this policy would enable staff to whistle blow and provided some feedback on some inconsistencies and spellings that needed amending.</p> <p>FLT considered the policy should be an enabler and not a disabler. DC referred to the use of an 'external investigation' which would take away anonymity.</p> <p>In its current format, the Committees felt unable to approve the Policy which needed to be written in a way which would encourage people to speak up.</p> <p><b>ACTION: JH to liaise with Tracy Jeffes to advise of Committees views on the Whistle Blowing Policy with input to be obtained from GB to inform changes and brought back to the Quality Committees in July 2016.</b></p> <p>In the meantime, the Committees accepted that both CCGs had Whistle Blowing policy in place with steps to be taken to bring about further improvements.</p>	<p>JH</p>
	<p><b>The Committee noted the report but were unable to approve the policy in its present format</b></p>	
16/055	<p><b>Review of South Sefton CCG's &amp; Southport and Formby CCG's Equality Delivery Systems 2 (EDS2) toolkit grades</b></p> <p>DF presented this report to the Committees following a request that the Equality Delivery Systems 2 (EDS2) toolkit be reviewed by SS CCG and S&amp;F CCG Quality Committees.</p> <p>However FLT considered it would be more appropriate for the EDS2 toolkit to be taken to SLT for discussion and then presented to both CCGs individually to enable the views and response from each Committee to be obtained.</p>	
	<p><b>The Committee noted the report and recommendation that it be taken to SLTT for discussion and represented to each Quality Committee individually at a later date</b></p>	
16/056	<p><b>Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR)</b></p> <p>The GBAF and CRR reports as at March 2016 were presented to the Quality Committees individually for appropriate review and scrutiny.</p> <p><u>S&amp;F CCG</u></p>	

	<p><u>CRR</u> The S&amp;F CCG Quality Committee noted that no new risks had been added to the CRR since the last update with the following comments and observations noted on existing risks.</p> <p>BUO001 - The Committee noted that it was hoped that a reduction would be seen by the next reporting period. FLT challenged the rating as she considered some of the risk had been mitigated and should be reflected in the register at the end of the current financial year, notwithstanding any impact arising from the upcoming Junior Doctors strike.</p> <p>BUO118 - HN believed the financial risk rating needed to be reviewed and considered there was some imbalance in how risks were scored. Whilst it was noted that a strategy was in place, there was no money available to fund it.</p> <p>QUA024 – The Committee questioned whether this risk related to both S&amp;O Hospital Trust and Aintree University Hospital FT or whether there should be two separate risks recorded on the register. <b>ACTION: DL to liaise with TJ to determine whether QUA024 relates to S&amp;O Hospital Trust and Aintree University Hospital FT or whether an additional separate risk needs to be recorded on the register for S&amp;O Hospital Trust.</b></p> <p><u>SS CCG</u> The SS CCG Quality Committee noted that no new risks had been added to the CRR since the last update with the following comments and observations noted on existing risks.</p> <p><b>ACTION:</b> <b>QUA021 – The SS CCG Quality Committee recommended to the SS Governing Body that this risk be closed off.</b> <b>QUA024 – Increased from Risk Rating on today’s report of 1 x 3 should read 4 x 3 prior to amendment to 4 x 4.</b></p>	<p>DL</p> <p>DL</p>
	<p><b>The Committee received the report with recommendations to Governing Body noted</b></p>	
<p>16/057</p>	<p><b>Chief Nurse Report</b> DF presented this report.</p> <p><u>Nurse revalidation</u> Nurse revalidation is in place nationally and would impact on both Practice Nurses and Registered Nurses working within the CCGs. DF confirmed she was signing off a revalidation on a member of the Quality Team next week.</p> <p><u>Article for Publication – Student Placements in the CCGs</u> Following publication of the above article in the Nursing Times, interest has been expressed in the CCGs work being used to inform a national programme</p> <p><u>Care Quality Commission (CQC)</u> The CQC were on site at S&amp;OHT last week with no feedback received to date.</p> <p><u>Care Home Closures (SFCCG) and (SSCCG)</u> Details of care home closures within the areas of both CCGs including issues informed to the CCG within the past 24 hours were shared with members of both Quality Committees.</p>	

	<p>FLT recognised the benefits of having TF's post in place and how it has benefitted actions taken following issues raised in relation to care home practices and closures and is considering including the reduction in available beds on Risk Registers.</p> <p><u>Safeguarding OFSTED Inspection (Single Inspection Framework)</u> The CCGs were notified of an OFSTED inspection of Sefton commencing on the 12<sup>th</sup> April 2016. This is a Single Agency Inspection of LAC and Safeguarding services for children including the Safeguarding Children's Board. Support from Dr Wendy Hewitt, the Safeguarding team and Administration was recognised. KG also wished to thank the GP practices for their support in turning around the audit work requested within a very short timeframe.</p> <p><b>ACTION: KG to advise FLT of names of practices involved to enable FLT to write and thank them for their support.</b></p>	KG/FLT
	<b>The Committee received the report</b>	
16/058	<p><b>Terms of Reference</b> JH presented a summary of changes to the Terms of Reference (TOR) for the Quality Committees of each CCG, drawing attention to the summary sheets included in the report for individual CCGs.</p> <p>GB questioned why Emergency Planning sat with Audit Committee. <b>ACTION: Debbie Fairclough is to be asked for clarification around suggesting that Emergency Planning is now the responsibility of the Audit Committee.</b></p> <p>FLT recommended that the complete TORs of both CCGs be included with any report submitted to a joint Committee for governance and tracking purposes. <b>ACTION: RC is to invite Dr Geoff Simmons to become a member of S&amp;F QC to provide a Secondary Care Doctor member.</b></p> <p><b>ACTION: Spelling of 'principle' to be amended to 'principal' in both TOR documents.</b></p> <p><b>ACTION: Copy of full TOR for SSCCG to be sent to Dr AM.</b></p>	<p>JH</p> <p>RC</p> <p>JH</p> <p>JH</p>
	<b>The S&amp;FCCG and SSCCG Committees recommended the acceptance of the TORs</b>	
16/059	<p><b>Primary Care Quality Agenda</b> Following a challenge made by the Chief Officer at a recent meeting of the Governing Body that the integrated performance report on Primary Care featured more consistently at Quality Committee, DF confirmed that a report will be brought to the next meeting and has been added to the Workplan of both CCGs to ensure it is presented on a regular basis.</p> <p><b>ACTION: RC to ascertain where interventions for improvement in primary care are formally reported at the next Joint Primary Care Committee and advise Dr AM of response received.</b></p> <p>FLT pursuing the lack of a Primary Care Quality Dashboard with NHSE.</p>	RC
	<b>The Committee received the verbal update</b>	
16/060	<p><b>EPEG Key Issues Log</b> Lab Services – Healthwatch have raised issues with timelines for receipt of lab results which may be primarily an issue in the SFCCG area. GH had no issues with timeliness of receipt of results. <b>ACTION: Clarification to be sought on which area this applies to.</b></p>	JH



	<p>RC confirmed that issues with Labs had been raised at S&amp;O Collaborative Commissioning Forum for discussion at the Contract Meeting.</p> <p>Podiatry (South Sefton) – Issues still ongoing with LCH staff now raising their concerns about the service with Healthwatch. SA confirmed that issues had been escalated with LCH on individual patients and a meeting is due to take place with the Acting EO.</p> <p>Patient Experience (S&amp;OHT) – Concerns expressed about the effectiveness of this group with poor engagement made with the group by the Trust. JH said that S&amp;OHT were due to present their Patient and Engagement strategy to EPEG in June 2016 and AUHT in May 2016.</p>	
	<b>The Committee received the verbal update</b>	
16/061	<p><b>Locality Update</b> The following items were discussed:</p> <ul style="list-style-type: none"> <li>• RC spoke of issues with Go to Doc when service not available - however figures reported suggest targets are being met.</li> <li>• Martin Wakeley joining the organisation supporting QIPP work</li> <li>• Unplanned Care</li> <li>• MSK telephone triage</li> <li>• Lack of community matrons in spite of numbers contracted. This has now been raised at last two contract meetings with LCH. However the Lead was not present and it has been deferred for follow up outside the meeting. Concerns of impact on patient care were raised.</li> </ul>	
16/062	<p><b>GP Quality Lead Report</b> Shared Pathways looked at due to trends identified in STEIS reporting. Upper GI bleeds and lower GI bleeds were the main focus with challenges made on some current practises.</p>	
16/063	<p><b>Key Issues Log</b></p> <ol style="list-style-type: none"> <li>1. First Joint Internal Meeting of S&amp;F CCG and SS CCG Quality Committees</li> <li>2. EPaCCs</li> <li>3. NHSE CCG Safeguarding Assurance Exception Report</li> <li>4. Whistleblowing Policy</li> <li>5. GBAF &amp; CRR for S&amp;FCCG and GBAF &amp; CRR for SSCCG</li> <li>6. Terms of Reference for S&amp;FCCG QC and SS CCG QC</li> <li>7. EPEG Key issues/Locality Update</li> </ol>	
16/064	<p><b>Any Other Business</b></p> <ol style="list-style-type: none"> <li>1. CHC Programme Board – DF advised that the IPA Programme Board had now met on three occasions. However the CCG CSU CHC Steering Group would continue to meet. HN is chairing both meetings.</li> <li>2. FLT Congratulated James Hester who is joining NHSE on a 6 months secondment</li> </ol>	
16/065	<p><b>Date of Next Meeting</b> Southport &amp; Formby QC Wednesday 18<sup>th</sup> May 2016 11.30 am – 1.30 pm Family Life Centre, Ash Street, Southport</p> <p>South Sefton QC Thursday 19<sup>th</sup> May 2016 3.00 pm – 5.00 pm Board Room, Merton House, Bootle</p>	

Chair : \_\_\_\_\_ **ROB CAUDWELL**

Signature:

Date : 18.5.16

## Quality Committee - External Minutes

**Date:** Thursday 19<sup>th</sup> May 2016, 3.00 pm – 5.00 pm  
**Venue:** 3<sup>rd</sup> Floor Board Room, Merton House, Stanley Road, Bootle

<b>Membership</b>		
Dr Gina Halstead	Chair & GP Governing Body Member	GH
Steve Astles	Head of CCG Development	SA
Graham Bayliss	Lay Member for Patient & Public Involvement	GB
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Dr Dan McDowell	Secondary Care Doctor	DMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer	FLT
<b>In attendance</b>		
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
James Hester	Programme Manager – Quality	JH
Terry Hill	Locality Manager	TH
Angela Parkinson	Primary Care Commissioning Manager	AP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Quality & Performance Manager	JS
<b>Apologies</b>		
Dr Gina Halstead	Chair & GP Governing Body Member	GH
Steve Astles	Head of CCG Development	SA
Malcolm McDowell	Chief Finance Officer	MMcD
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
<b>Minutes</b>		
Vicky Taylor	Quality Team Business Support Officer	VT

### Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A										
Steve Astles	Head of CCG Development	√	A										
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√										
Dr Peter Chamberlain	Clinical lead Strategy & Innovation	A	√										
Debbie Fagan	Chief Nurse & Quality Officer	√	√										
Dr Dan McDowell	Secondary Care Doctor	A	√										
Martin McDowell	Chief Finance Officer	A	A										
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√										

- √ Present
- A Apologies
- L Late or left early

No.	Item	Action
16/065	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from Dr GH, SA, MMcD, BP and HR. DF chaired the meeting in the absence of Dr GH and welcomed Graham Bayliss, Lay Member for Patient &amp; Public Involvement to his first meeting of the Quality Committee.</p>	
16/066	<p><b>Declarations of interest regarding Agenda items</b></p> <p>CCG Officers holding dual roles in both Southport &amp; Formby and South Sefton CCGs declared their potential conflict of interest. JH advised the Committee of his recent commencement of a six month secondment with NHSE.</p>	
16/067	<p><b>Minutes of the previous meeting</b></p> <p>Minutes of SSCCG Quality Committee were accepted as an accurate reflection of the previous meeting with April's Key Issues Log to be circulated to all members after meeting.</p>	
16/068	<p><b>Matters Arising &amp; Action Tracker</b></p> <p>There were no matters arising.</p> <p><b>15/134(i) Provider Quality Reports (incl. NHS111) - <u>Alder Hey Hospital Foundation Trust (AHHFT)</u></b>            JS confirmed that the examples of A&amp;E correspondence had now been received from GH. LCCG as lead commissioners were aware of the issues and the details will be shared formally.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/005(i) and (ii) CCG Safeguarding Service Quarterly Report - <u>Alder Hey Children's Hospital Trust</u></b>            The CCG was represented at AHCH Contract Performance Notice meeting where an updated action plan and training trajectory was submitted, highlighting compliance achieved against the expected thresholds. This was to be further discussed at CQPG on 22.4.16 to seek agreement to monitor at CQPG via quarterly reports and there will be a further discussion regarding closure of the Contract Performance Notice at the next Collaborative Commissioning Forum.  <b>Outcome: The Committee requested a further update on the contract query in July 2016.</b></p> <p><b>16/007 NHS ENGLAND Action Plan for Cold Chain Management in GP Practices</b>            Dr AM was aware that this action was progressing; however difficulties were being experienced in obtaining accurate costings.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/008(iii) Provider Quality Reports- <u>Mersey Care NHS Foundation Trust</u></b>            JS advised that the documents had not been received to date and will forward them to Committee members if they are received before the next meeting.  <b>Outcome: An update will be brought to the next Committee meeting in July 2016 if the papers have not been forwarded in the interim.</b></p> <p><b>16/008 (iv) Provider Quality Reports – <u>LCH</u></b>            The Committee received confirmation that the Care Home Matrons worked on a Wednesday however the time was used to prioritise Proactive Care Planning. The Director of Nursing (DoN) at LCH is to be invited to the next meeting of the Quality Committee to discuss Care Home Matron capacity in Sefton if a satisfactory explanation is not provided at the next Contract Meeting.  <b>Outcome: The DoN of the provider is to be invited to the next Committee</b></p>	<p>KG/BP</p> <p>JS</p> <p>JS</p>

	<p><b>meeting in July 2016 subject to satisfactory resolution at the Contract Meeting.</b></p> <p><b>16/019 CCG Safeguarding Service Update - <u>CCG Quality Assurance Template and Process</u></b> A briefing paper was presented to the Committee in April 2016 with details of the CCG submission. This is now complete with an update on the outcome to be submitted to the Committee in July 2016. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/042 Provider Quality Reports - <u>CAMHs waiting times</u></b> DF has not received feedback as yet from Dr GH and the Committee agreed to extend this action to July for an update. <b>Outcome: DF to provide Committee with update in July.</b></p> <p><b>16/053 (i) NHSE CCG Safeguarding Assurance Exception Report</b> DF has now spoken to PW and it has been agreed that he and Dr AM will liaise and discuss the issue of all children’s needs being identified and supported outside of this meeting. DF clarified that a paper is also being taken to the Governing Body on EMSD. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/053 (ii) NHSE CCG Safeguarding Assurance Exception Report</b> DF confirmed that the HR system has been checked and that further discussions have been held internally to ensure safeguarding training levels meet the needs of the role. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/053(iii) NHSE CCG Safeguarding Assurance Exception Report – <u>Safeguarding Assurance Action Plan</u></b> The Chief Nurse from Halton CCG has confirmed that the supervision arrangements for the team have been agreed with both business supervision and psychological support. DF had emailed the Safeguarding team as the updated information wasn’t included in documents circulated with confirmation subsequently received that information in the NHSE Assurance Template / Action Plan will be updated for the purposes of assurance. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/053(iv) NHSE CCG Safeguarding Assurance Exception Report – <u>MIAA recommendations re Safeguarding Policies</u></b> The review of accessibility of policies for CCG on internal IT sites is being reviewed by Tracey Forshaw (Head of Vulnerable People), in conjunction with Lisa Gilbert (Corporate Governance Manager). <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/053(iv) NHSE CCG Safeguarding Assurance Exception Report – <u>MIAA recommendations re Safeguarding Policies</u></b> The Committee asked that a new action be created to ensure the Safeguarding Policies can be located within two clicks on the CCGs internal website. <b>Outcome: DF to provide Committee with update in July 2016.</b></p> <p><b>16/053(v) NHSE CCG Safeguarding Assurance Exception Report</b> DF had received a response from NHSE from Glenn Coleman, Head of Primary Care. No material details of levels of support are currently available. DF will pursue and liaise with Dr AM outside of meeting.</p>	<p>DF</p> <p>DF</p>
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	<p><b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/057 Chief Nurse Report - <u>Safeguarding OFSTED Inspection (Single Inspection Framework)</u></b> This action has been completed with FLT advised of names of practices to write to. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/058(iv) Terms of Reference</b> Dr AM confirmed he had now received full copies of the Terms of Reference for the Committee. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/059 Primary Care Quality Agenda</b> Dr RC had not had the opportunity to attend a meeting of the Joint Primary Care Committee. The action has been extended until July 2016. <b>Outcome: Action extended to July for further update.</b></p> <p><b>16/060 EPEG Key Issues Log – <u>Lab Services</u></b> JH established that the lab issue related to Southport &amp; Ormskirk Hospitals NHS Trust. <b>Outcome: Action completed – remove from the tracker.</b></p>	RC
16/069	<p><b>Safeguarding Service Update Report</b></p> <p>The Committee received an update on the Goddard Inquiry which included the NHSE and Veritas self-assessment checklist for NHS Providers. The CCG Safeguarding Service reported that they have incorporated the checklist into a template for commissioned healthcare providers which will be monitored via the provider quality schedule returns by the CCG Safeguarding Service – returned information is required with the Q2 2016/17 return. DF asked whether this should also be undertaken by CCGs. <b>ACTION: Safeguarding Service - NHSE to be asked for clarity of whether any action is required by CCGs.</b></p> <p><b><u>NHSE Safeguarding Assurance Tool</u></b> Following presentation of a paper to the Quality Committee in April 2016, the Safeguarding Service have met with NHSE to review the current self-rated position statement for the CCG. A positive finalised assessment was received with two KLOEs the CCG had rated as amber upgraded to green, following discussion of the evidence being presented at the meeting. An action plan is to be prepared by the CCG Safeguarding Service in relation to areas that require some further action as discussed at the April 2016 Committee meeting and the formal feedback from NHS England. DF has reviewed the feedback following a meeting with the Safeguarding Service.</p> <p>A review of the CCG Training Strategy and Training Needs Analysis is underway including a mapping exercise of all staff to check for any contact with children through job roles which would necessitate in Level 2 training being undertaken. The Committee were assured that the review would identify any staff not undertaking the training and ensure this takes place.</p> <p>The Committee received an update on a Domestic Homicide Review.</p> <p>Care Homes – The Committee were informed that a police investigation was being undertaken within a local care home and DF confirmed she had been made aware</p>	HS

	<p>of the allegations and kept updated by the Head of Vulnerable People on a need to know basis due to the confidential nature. DF advised that the CCGs have Commissioned an external review of tissue viability care within a care home and the review report would be sent to the CCG Head of Vulnerable People – this would be reviewed and any required actions from a commissioning perspective undertaken.</p> <p>Dr AM asked for assurances from MerseyCare NHS Foundation Trust regarding their ability to track patients known to them who then may enter the Judicial System and on subsequent release from custody.</p> <p><b>ACTION : JS is to liaise with Gordon Jones re Mersey Cares access to the national spine</b></p> <p>HS informed the Committee of changes to CCG Safeguarding Service adult team establishment due to a member of the service recently leaving to take up a new post. DF confirmed that although a number of changes within the Safeguarding Service were taking place, she had received assurance from HS that the Safeguarding Service had contingency plans in place in order to deliver the service to the CCG.</p>	JS
	<b>The Committee received the report</b>	
16/070	<p><b>CSU Care Home Quality Report</b> JC presented the Care Home Quality report which contained the update for Quarter 4 2015/16. Updates included:</p> <ul style="list-style-type: none"> <li>• A care home rated inadequate following a recent CQC inspection challenging the notice to de-register the home</li> <li>• Improvements in compliance for another care home who are subject to a suspension on admissions</li> </ul> <p>JC advised that the Local Authority is to consider how the outcomes of Police investigations into homes are shared and that a review was being carried out by CSU regarding how the Care Homes report would be presented in future. JC is also working with the Contracts team to reformat CQUIN paperwork and ensure it covers quality data. The Head of Vulnerable People is currently seeking to establish whether any support can be provided by the BI team.</p> <p>Following discussion of the loss of 93 beds across Care Homes in Sefton, concerns were expressed regarding the decreasing bed availability for patients which is being closely monitored across the local partnerships.</p>	
	<b>The Committee received the report</b>	
16/071	<p><b>NHS111</b> TH presented the Committee with an update on NHS111 performance since mobilisation of the new contract on 1<sup>st</sup> October 2015. February 2016 data showed non-achievement against all of the four primary Key Performance Indicators (KPIs). A Contract Performance notice has been issued to the Provider and an Action Plan put in place to address by the end of May 2016.</p> <p>GB asked whether any financial penalties had been imposed for failing KPIs. TH to liaise with the Contracts / Finance Team to ascertain the current position</p> <p><b>ACTION: TH to liaise with the contract / finance team to establish what actions / sanctions were taken regarding underperformance against the four primary KPIs.</b></p> <p>DF asked whether any serious incidents had arisen from the service</p>	TH

	<p>underperforming with a response provided by Dr AM of the SIs he was aware of.</p> <p>TH spoke of the increasing number of calls handled by this service which was recognised as challenging by the Quality Committee.</p> <p><b>ACTION: Dr AM and TH are to liaise with JS to ensure this service can be monitored as part of the regular Performance Reports to ensure the Quality Committees. TH/JS to liaise with Karl McCluskey to determine what information needs reporting to the Governing Body.</b></p> <p>Dr AM provided the Committee with details of a complaint about the service and the highlights from the NWS NHS111 System Update Briefing. Themes and trends regarding inappropriate dispatch are being addressed on a regional basis; however PC stated he was not aware of any new issues arising within the past 2 months.</p> <p>PC asked how CCGs were influencing Blackpool CCG who are the co-ordinating commissioner and was advised that LCCG are acting on behalf of SSCCG with regard to this provider.</p> <p>Dr AM confirmed that the Governing Body is aware of the concerns relating to NHS111.</p>	Dr AM/ TH/JS
	<b>The Committee received the report</b>	
16/072	<p><b>AQuA Safety Report</b></p> <p>JH presented the report on behalf of BP which was a summary of the latest quarterly report from AQuA, focussing on both staff safety procedures and the safety culture embedded within the Aintree University Hospital NHS Foundation Trust (AUH).</p> <p>The findings presented within the report suggest an improving picture although the Trust continues to be underperforming in relation to incident reporting. As a result the CCG is to approach AUH to suggest they participate in the AQuA survey.</p> <p><b>ACTION: BP to approach AUH about their participation in the AQuA survey</b></p> <p>The style of presentation of the graphs was discussed as there were differences in the data recorded against the Y axis on each graph and no key to clarify the measures.</p> <p><b>ACTION: JH to check with BP whether the key to information provided in graphs was omitted due to extraction of information from original report</b></p> <p>Dr AM considered that the results reported under Key Finding 29 showing a rise in the number of incidents reported suggested that more staff now felt encouraged to report errors.</p> <p>PC appraised the Committee of how different mechanisms could be put in place to bring about improvement.</p> <p><b>ACTION: JS to agenda at CCF for a discussion on how PC's suggestions can be raised for consideration by the provider regarding implementation.</b></p>	BP  JH  JS
	<b>The Committee received the report</b>	
16/073	<p><b>CQUINS</b></p> <p>JS provided the Committee with a verbal update on the current status of all CQUINS for 2016/17 for the main providers ie. AUH, LCH and MerseyCare.</p> <p>JS will continue to provide the Committee with progress of CQUINS as appropriate</p>	

	throughout 2016/17.	
	<b>The Committee received the report</b>	
16/074	<p><b>Provider Quality Performance Reports</b>            JS presented the Provider Quality Performance Report by exception, stating that future reports would be presented in a different format.</p> <p><u>Aintree University Hospital Foundation Trust</u>            The Quality Team took part in a quality walk around of A&amp;E following the recent reporting of 12 hr breaches. This took place after an unannounced visit from the CQC to the department. DF reported that the patients the team spoke to during their spoke positively about their experience of care.</p> <p>The Committee were advised that the Trust also made an excellent Quality Accounts presentation at a joint CCG event hosted by Knowsley CCG.</p> <p>Mortality – PC asked that future reports show the split of information to highlight crude mortality.</p> <p><b>ACTION: JS to liaise with CCG Business Intelligence Team re: crude mortality featuring in the revised report that is under development.</b></p> <p>Rapid Access Chest Pain Clinic – PC asked whether any contract penalties had been implemented in respect of the failing two week wait for access to the clinic. JS said this would be raised at the CCF.</p> <p><b>ACTION: Contract levers in respect to failure to achieve the target for Rapid Access Chest Pain Clinic to be discussed at the CCF and feedback given back to the Committee</b></p> <p><u>Mersey Care</u>            The Committee noted that the first column on page 63 of the report had been continuously highlighted in green which was incorrect. JS explained that this was a formatting error and the colour had no reference to RAG rating associated with performance. She will ensure that this is rectified for the next report.</p> <p>Psychotherapy and eating disorder Referral to Treatment waiting times are now reported as single items, with the recruitment of additional staff expected to lead to improvement in eating disorders.</p> <p>Recovery – Dr AM was concerned at the level of performance reported, however JS confirmed she expected this to feature on the CCF agenda of the meeting to be held on 6th July 2016.</p> <p><u>LCH</u>            Improvement seen in delayed discharges in Ward 35, with performance now considered to be on an upward trajectory following work undertaken by Steve Astles.</p> <p><b>ACTION: JS to query dates on the LCH performance table as stated to be 2015.</b></p> <p>Committee members discussed the steps already taken to hold the provider to account and noted that the CQC and Capsticks reports were being monitored at meetings of the CQPG and CCF. DF reported that the Capsticks Report was an agenda item for discussion at the Merseyside Quality Surveillance Group Chaired by NHSE on 3<sup>rd</sup> May 2016 with a report to be taken to be presented to the CCG Governing Body.</p>	<p>JS</p> <p>JS</p> <p>JS</p>



	<p>The high waiting rates in the Paediatric SALT service were also being addressed via the Contract Review Meeting / Clinical Quality Performance Group Meeting.</p> <p><u>Other Providers</u> DF confirmed that all CQPGs were attended by a member of the Quality Team even those where LCCG were the co-ordinating commissioner.</p> <p>JS asked that the Committee note the reference within reports to 'commentary awaited' which was due to the transition to the new CSU. JS confirmed that she is working with the CCG Strategy &amp; Outcomes Officer to explore the use of Aristotle in presenting reports in future.</p>	
	<b>The Committee received the report</b>	
16/075	<p><b>Serious Incident Report</b> JH apologised for the delayed distribution of this interim report with a more in depth report to be brought to future meetings. This was due to the move from Datix to another system. The Internal SI review group will receive the data from the new system which will support the identification of themes, timeliness of reporting etc. Reporting via Datix has been discontinued.</p> <p>DMcD sought assurance that quality issues arising from these incidents are followed through. DF explained the different actions taken / process in place. Dr AM asked that themes and timeliness of LCH incidents are challenged. DF stated that Serious Incidents are an agenda item at the CQPG and that the CCG team work closely with LCCG on the challenge to the Trust.</p> <p>JH concluded his report by confirming that no never events were reported this month.</p>	
	<b>The Committee received the report</b>	
16/076	<p><b>EPEG Key Issues Log</b> The Committee were provided with an update on the following by GB:</p> <ul style="list-style-type: none"> <li>• An excellent patient experience presentation was made by Aintree University Hospital Trust to EPEG which was very well received with EPEG assured that robust systems and processes are in place within the Trust to capture patient feedback.</li> <li>• A Young Persons session is underway to ensure engagement on the care of young people is undertaken with the agenda made relevant to their needs.</li> <li>• NHSE attended the EPEG meeting and will link more closely with Health Watch on Primary Care complaints.</li> <li>• Excellent feedback was received from EPEG in relation to the Branded Medicines leaflets.</li> <li>• Evening sessions of 'Big Chat' are to take place in June 2016.</li> <li>• EPEG minuted their thanks to JH for the work undertaken whilst a member of the group</li> </ul>	
	<b>The Committee received the verbal update</b>	
16/078	<p><b>Any Other Business</b> DF confirmed that the draft Quality Accounts have been received and were reviewed at a joint CCG meeting on 13<sup>th</sup> May 2016 co-ordinated by KCCG with the Chair of the Sefton Overview and Scrutiny Committee in attendance.</p> <p>A Quality Risk Summit (QRS) on Southport &amp; Ormskirk Hospitals NHS Trust chaired by NHSE North was held recently with key lines of enquiry and concerns discussed. An Executive Leadership Meeting Post QRS was also due to be held on Thursday 26<sup>th</sup> June 2016. The CQC reports are awaited with a new Interim</p>	

	<p>CEO currently in place.</p> <p>Southern Health Report – The Chief Nurse has had a discussion with the Director of Nursing at MerseyCare NHS Foundation Trust and it has been agreed that all deaths will be STEIS reported. A meeting has taken place between the Director of Nursing and the Chief Nurse at LCCG as the Trust submit all STEIS related RCAs to LCCG and they are then forwarded to the relevant CCG. These will be processed through LCCG and fed back through SI meetings. There is potential for a CQUIN in 2017 to support this process around mortality to ensure quality. A more detailed report will be shared at a future meeting.</p>	
16/079	<p><b>Key Issues Log</b></p> <p>DF recorded the Key Issues for submission to the Governing Body as follows:</p> <ul style="list-style-type: none"> <li>• Liverpool Community Health (LCH) Care Home Matron / Community Matron Service – concerns remain regarding impact of lack of establishment being raised by local GPs. LCH DoN to be invited to the next Quality Committee Meeting if no assurances able to be given via the Contract Meeting</li> <li>• NHSE CCG Safeguarding Assurance Tool – Positive feedback received. Some elements of self-assessment upgraded by NHSE from CCG’s own AMBER rating to GREEN due to the evidence provided. Action plan developed and will be monitored via the Quality Committee</li> <li>• LCH Capsticks Report – raised at Quality Committee. Trust action plan is discussed at the Collaborative Commissioning Forum and CQPG and has been discussed at the Merseyside Quality Surveillance Group Chaired by NHSE. Paper to be presented to GB at the next meeting.</li> <li>• A&amp;E Quality Walkaround – Undertaken at Aintree University Hospitals NHS Foundation Trust (AUH) following recent 12 hr A&amp;E breaches.</li> <li>• Rapid Access Chest Pain Clinic – AUH underperforming against this target. To be raised at CCF and CQPG to explore need to contract penalties.</li> </ul>	
16/080	<p><b>Date of Next Meeting</b></p> <p>Thursday 23<sup>rd</sup> June 2016 – Away Day to be held jointly with SS CCG Quality Committee Members 9-4.30 West Lancashire Golf Club</p>	

Chair : \_\_\_\_\_  
PRINT NAME
SIGNATURE

Date : \_\_\_\_\_