

Governing Body Meeting in Public Agenda

Date: Thursday 1 November 2018, 13:00 hrs to 15:20 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

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

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

The Governing Body Members

Dr Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Lynne Creevy	Practice Manager Member	LC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dr Gina Halstead	GP Clinical Director	GH
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Dr Ricky Sinha	GP Clinical Director	RS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

Co-opted Members

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

Member Apologies

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
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Quorum: Majority of voting members.

“Joint Strategic Needs Assessment”

presented by Wayne Leatherbarrow, Performance and Intelligence Service Manager, Sefton MBC

“Sefton Public Health Annual Report”

Presented by Helen Armitage and Steve Gowland, Public Health Leads, Sefton MBC

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:45hrs
GB18/169	Apologies & Welcome	Chair	Verbal	Receive	20 mins
GB18/170	Declarations of Interest	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB18/171	Minutes of previous meeting - 6 September 2018 - 4 October 2018	Chair	Report	Approve	
GB18/172	Action Points from previous meeting : None	Chair	None	N/A	
GB18/173	Business Update	Chair	Verbal	Receive	
GB18/174	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					14:05hrs
GB18/175	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	40 mins
GB18/176	Integrated Performance Report	MMcD/DCF/ Karl McCluskey	Report	Receive	
Governance					14:45hrs
GB18/177	Safeguarding Adult Annual Report 2017/18	DCF/Karen Garside	Report	Receive	15 mins
GB18/178	Sefton Public Health Annual Report	Helen Armitage and Steve Gowland	Report <i>(to support presentation)</i>	Receive	
Service Improvement/Strategic Delivery					15:00hrs
GB18/179	Transforming Care for people with Learning Disabilities	Geraldine O'Carroll	Report	Receive	10 mins
For Information					15:10hrs
GB18/180	Key Issues Reports: a) Finance & Resource Committee (F&R): July & August 2018 b) Quality Committee: July 2018 c) Audit Committee: July 2018 d) Joint Commissioning Committee PTI: August 2018 e) Locality Key Issues: July to October 2018	Chair	Report	Receive	5 mins
GB18/181	Approved Minutes: a) Finance & Resource Committee (F&R): July & August 2018 b) Joint Quality Committee: July 2018 c) Audit Committee: July 2018 d) Joint Commissioning Committee PTI: June 2018 e) CIC Realigning Hospital Based Care: June 2018	Chair	Report	Receive	
Closing Business					15:15hrs
GB18/182	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB18/183	Date of Next Meeting Thursday 7th February 2019, 13:00 hrs in the Boardroom, 3rd Floor, Merton				

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
	<p>House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2018/19 are as follows:</p> <p>7th February 2019 4th April 2019 6th June 2019 5th September 2019</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>				
	Estimated meeting close				15:20hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public Draft Minutes

Date: Thursday 6 September 2018, 13:10 hrs to 15:05 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dr Gina Halstead	GP Clinical Director	GH
Martin McDowell	Chief Finance Officer	MMcD
Dr Ricky Sinha	GP Clinical Director	RS
Fiona Taylor	Chief Officer	FLT

Co-opted Members (or deputy) in Attendance

Dwayne Johnson	Director of Social Services & Health, Sefton MBC	DJ
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In Attendance

Helen Case	Designated Nurse Children in Care	HC
Jan Leonard	Director of Commissioning and Redesign	JL
Becky Williams	Strategy & Outcomes Officer	BW
Judy Graves	<i>Minute taker</i>	

Member Apologies

Helen Armitage	Consultant in Public Health, Sefton MBC
Dr Andrew Mimmagh	Chair & GP Clinical Director
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)
Dr Sunil Sapre	GP Clinical Director
Dr Jeff Simmonds	Secondary Care Doctor
Dr John Wray	GP Clinical Director

Quorum: Majority of voting members.

Name	Governing Body Membership	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 18	Sept 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	✓	✓	A	A	A	A	A
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Graham Morris	Vice Chair & Lay Member - Governance	✓	✓	✓	✓	✓	✓	✓
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	✓	✓	✓	✓	A
Graham Bayliss	Lay Member for Patient & Public	✓	✓	✓	✓	✓	✓	✓
Lin Bennett	Practice Manager	✓	✓					
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓

Name	Governing Body Membership	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 18	Sept 18
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director			✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	✓	✓	A	✓	A	✓
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	N	✓	✓	✓	A	A	A
Dr Dan McDowell	Secondary Care Doctor	✓	A					
Martin McDowell	Chief Finance Officer	✓	✓	✓	A	✓	✓	✓
Dr Ricky Sinha	GP Clinical Director	A	✓	A	N	A	✓	✓
Dr Sunil Sapre	GP Clinical Director	✓	✓	A	✓	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor			A	✓	A	A	A
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	A	✓
Dr John Wray	GP Clinical Director	A	✓	A	A	✓	✓	A

No	Item	Action
Questions from the Public	<p>1. NHSE have asked for information in relation to the first 1001 days (from conception to age 2) and the pathway into services - Forensic CAMHS and how it can be improved? Areas for scrutiny?</p> <p>It was clarified that NHSE had contacted the member of the public direct.</p> <p>DCF explained that NHSE will make contact on a regular basis to inform progress in respect of CAHMS services. The CCG feedback to NHSE through Peter Wong who manages this area. The member of the public agreed for PW to liaise with them direct.</p>	
GB18/134	<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Dr Andrew Mimmagh, Maureen Kelly, Dr Jeff Simmonds, Dr John Wray who was attending a CCF meeting and Helen Armitage who attended on behalf of Matthew Ashton. Fiona Taylor had been delayed at a prior meeting (and arrived 1:35pm).</p> <p>The Chair confirmed the meeting as quorate.</p>	
GB18/135	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Martin McDowell and Debbie Fagan. Dual role declarations were also made for Fiona Taylor.</p> <p>PC declared an interest in relation to his secondment position with Mersey Care.</p>	
GB18/136	<p>Minutes of Previous Meeting held 5 July 2018</p> <p>The minutes of the meeting held 5 July 2018 were approved as an accurate record.</p>	
GB18/137	<p>Action Points from Previous Meeting held 5 July 2018</p> <p><u>GB18/115: NHS Health Checks in Sefton</u></p> <p>Clarification had been requested on whether the change in service would be able to cope with 20% of the eligible population. The Chair confirmed an e-mail</p>	Complete

No	Item	Action
	<p>response had been received which explained that this would be difficult to measure. This would need to assume that 100% of the eligible population would wish to have NHS Health Checks. It can be seen that the uptake rates for the locality are low and that the challenge is to generate more demand for this service.</p> <p>He added that the local authority would like to assure the South Sefton Governing Body that no eligible Sefton resident who is seeking a Health Check will be turned away. There will be a range of mechanisms for accessing NHS Health Checks, including bookable appointments. Waiting times and waiting lists for these bookable appointments will be monitored and, if required, additional capacity for these appointments will be provided to ensure that waiting times are kept to a minimum.</p>	
GB18/138	<p>Business Update</p> <p>The Chair reported additional Primary Care Network (PCN) funding has been made available from NHS England to practices to assist collaborative working, improve sustainability and greater service choice for patients. Three of the four local bids had been successful. Seaforth and Litherland locality did not apply for PCN funding but were successful in securing money from the GP Fellowship funding. The Chair relayed his congratulations, to all involved.</p> <p>RESOLUTION: The governing body received the update.</p>	
GB18/139	<p>Chief Officer Report</p> <p>The Governing Body received the Chief Officer report. QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities.</p> <p>The NHS Confederation has contacted the CCG in relation to how public bodies can prepare for a no-deal Brexit scenario. The first tranche of guidance is expected to be focussed on health and social care.</p> <p>The members were reminded of the transfer of Bariatric services from NHS England specialist commissioning to the CCG. Members were highlighted to the increased demand on the service which is outstripping the planned performance. Work is ongoing to understand activity, cost and performance.</p> <p>The CCG has received additional funded support from NHS England who has engaged Deloitte to support the delivery of the Falls QIPP scheme. The CCG are working with Adult Social Care and Public Health to ensure collaboration with partners is achieved.</p> <p>The CCG is working closely with NHS England on the transformation programme and the supporting framework is identified in the report. South Sefton priorities relate to place based care, the hospital landscape and how to develop services in the right place for the population.</p> <p>A framework is being developed by Sefton Transformation Board to ensure clarity on governance and decision making arrangements for Acute Sustainability. It is being developed in accordance with existing statutory decision-making responsibilities and will be shared with the Governing Body once finalised.</p> <p>The members and the public were briefed on the 2017-18 Assurance Ratings.</p>	

No	Item	Action
	<p>The CCG has again been graded as 'requires improvement' in the ratings. This is predominantly as a result of the CCGs financial position. It was commented that the work to introduce the ICRAS service had been recognised as excellent practice.</p> <p>The members were taken through the quality aspects of the report.</p> <p>The members were asked to note the visit from NHSE Director of Nursing for England and the Director of Nursing NHSE North Region to the community services for Sefton. The purpose of the visit being to meet the staff and observe the work being undertaken following the transfer from the former Liverpool Community Healthcare Trust to Mersey Care.</p> <p>Also highlighted was the further Aintree Hospital NHS Foundation Trust Single Item Quality Surveillance Group meeting scheduled for 1st October.</p> <p>15 Sefton Road, one of the CCG's local GP surgeries, was congratulated on being identified in the top 10 surgeries in Merseyside from the recent GP survey 2018.</p> <p>Work is ongoing for general practice delegated commissioning. The wider group have given the CCG mandate to progress further. The CFCG is on target to adopt delegated commissioning from April 2019, subject to the final agreement of the membership.</p> <p>Reference was made to the Management of Allegations Policy and Procedures. The policy is due for review in September and is currently out to consultation with HR and the Designated Officer. The consultation updates are expected to conclude early September with the policy then being submitted to the Joint Quality Committee for review and recommendation to the governing body. Given the approval of safeguarding arrangements are matters reserved to the governing body, the members were requested to delegate authority be given to the Joint Quality Committee to approve. This was to ensure no delay in approval, circulation and implementation of the policy and respective procedures.</p> <p>Resolution: The governing body received the report. Furthermore the governing body agreed delegated authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures as detailed in item 1 of the meeting report. With the Joint Quality Committee to report progress by way of the key issues report submitted to the November governing body meeting. Any comments to be fed direct to DCF.</p>	
GB18/140	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP committee continues to monitor performance against the plan and receives updates across the five domains.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 4. The plan requires delivery of £6.476m savings, with an actual year to date delivery at month 4 of £0.747 against a year to date plan of £1.518m.</p> <p>A discussion was held regarding the continual good work of medicines</p>	

No	Item	Action
	<p>management which has been reflected to the Finance and Resource Committee.</p> <p>The members discussed the RAG breakdown on page 26 of the meeting pack, noting the red rated areas that were a threat to delivering on target. It was recognised that the CCG needed to find additional savings if it was to achieve the identified annual plan. However the CCG needed to ensure it takes a balanced approach to ensure no impact in potential reduction in the quality and safety of services.</p> <p>DJ updated the members on a recent council meeting, information from which was now in the public domain. The council were under unprecedented pressure in relation to its budget, with reserves down to a minimum. FLT is due to meet with the Local Authority Chief Executive to discuss further, including the potential impact on demand for health services.</p> <p>Resolution: The governing body received the report.</p>	
GB18/141	<p>Integrated Performance Report</p> <p>Becky Williams (BW) presented the governing body with a report which provided summary information on the performance, quality and finance for South Sefton and highlighted the executive summary on pages 43 to 46 and summary dashboard from page 37 of the meeting pack.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>FLT arrived 1:35hrs</p> <p>E-referral progress has increased although it was still below the anticipated level. Paper switch off has been implemented at the Royal Liverpool, Liverpool Women's and Liverpool Heart and Chest Providers in May and June, as expected, has seen an increase in utilisation.</p> <p>The CCG failed the Diagnostic Test Waiting Time Performance for June, recording 2.25%, similar to the previous month of 2.07% against a 1% target. Aintree narrowly failed the target with 1.03% with the majority of breaches being CT and MRI. Performance at the Royal Liverpool and Broadgreen is still having an impact on the CCG's overall performance as they continue to report significantly above the target at 7.4%. The biggest pressures are in gastroscopy, colonoscopy and flexi-sigmoidoscopy. Concern was raised at the lack of improvement on the Royal's position.</p> <p>In June, 10 South Sefton patients were waiting on the incomplete pathway for 52+weeks against the national zero tolerance threshold for referral to treatment time. The patients waiting included 3 at Liverpool Women's Hospital, 6 relating to bariatric surgery at North Midlands and 1 case at Manchester University Hospital (MUH). The case at MUH was as a result of significant system and process issues. Members were highlighted to MUH's 250 cases waiting 52+ weeks. Following a review of the cases it has been confirmed that no harm has been caused as a result of the delays.</p> <p>BW highlighted members to a recent letter received from NHS England regarding their concerns relating to the elective care position nationwide. There is a suggestion that the growth in elective care is exceeding expectation. There</p>	

No	Item	Action
	<p>is a further expectation that the number of 52 week waiters will be halved from March 2018 figures. The CCG did not have any 52 week waiters at that time and therefore has a target of nil. As noted, the CCG currently has 10 patients waiting beyond 52 weeks and must make plans to reduce this level to nil. The letter makes some suggestions for actions, many already undertaken by the CCG. FLT added that the detail is being reviewed by SMT forensically so as to ensure the issues are understood and patient's treatment meets NHS constitutional requirements.</p> <p>Concern was raised regarding the failing of 4 of the 9 cancer measures in month 3. A discussion was had regarding the failed targets and potential factors including general waiting times, the point at which diagnosis is made, ensuring there is adequate diagnostic capacity and screening complexities. It was understood that there was still further progress that could be achieved from a technology aspect given that some areas still used non-digital systems.</p> <p>Unplanned Care</p> <p>Aintree have achieved their June trajectory of 85.8% with a performance of 86.9% for all A&E department types.</p> <p>Work continues with NWS to address poor ARP (Ambulance Response Programme) performance with issues having been escalated at national level with both NHSE and NHSI intervention. NWS have submitted a final recovery plan and improvement plan including a recovery trajectory for Category 1 and 2 calls. The plan is being carefully monitored by commissioners along with NHSE and NHSI with improvement to be demonstrated by end of Quarter 2.</p> <p>The CCG has reported a Mixed Sex Accommodation rate (MSA) of 0.3, which equates to a total of 2 breaches in June, 1 breach at Aintree and 1 at Southport & Ormskirk NHS Trust. Aintree also failed the measure and reported an MSA rate of 0.1, which equates to a total of 1 breach in June, this is the first time Aintree have failed this measure since October 2016.</p> <p>Stroke</p> <p>The members were reminded of the concerns raised at the Collaborative Commissioning Forum in relation to stroke. Although most related to Southport & Ormskirk, there were also issues with the service provision at Aintree University Hospital Trust. The members were briefed on the changes made at Southport & Ormskirk including the adjustment of job plans and ring-fenced beds since the appointment of the new Chief Executive. It was noted that the changes had seen improvements however, there were still issues regarding weekend cover at Southport & Ormskirk. FLT informed members that the two Chief Executives would be meeting to look at possible to address service delivery and performance.</p> <p>Mental Health</p> <p>Cheshire & Wirral Partnership reported 292 patients entering treatment in Month 3 for IAPT, this being a slight increase from 283 in the previous month. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual access rate of 16.8% (4.2% per quarter), is the target.</p> <p>The IAPT service has seen a slight increase in patients entering treatment. It</p>	

No	Item	Action
	<p>was noted that the waiting time had improved to below the waiting time standard for those accessing the service.</p> <p>Reference was made to prior discussions regarding the dementia diagnosis rate and, following a deep dive meeting with NHSE, a refreshed plan and a local recovery trajectory for the CCG. The CCG have been required to submit an action plan as a result of falling below trajectory for patient included on the dementia register. The action plan includes a data quality exercise to assess the dementia register records. To date 43 additional records have been found, this has improved the CCG's position to 63.40%.</p> <p>Reference was made to the waiting times for the Child and Adolescent Mental Health Service (CAMHS) as detailed on pages 106 and 107 of the meeting pack. An update was provided on the recent leadership approval of additional funding for Alder Hey to support tier 3 CAMHS and enable the appointment of additional practitioners. This had been carried out with the support of Clinical QIPP and taken as a temporary measure whilst a full business case is being reviewed and taken through the appropriate process. The members agreed that additional investment needed to be found, all considered the current waiting time unacceptable.</p> <p>Primary Care</p> <p>The members were asked to note a correction to the CQC inspections. Orrell Park has been identified as having a recent inspection. The practice was inspected in August 2017 and not 2018.</p> <p>Quality</p> <p>Aintree had no new cases of MRSA in June but as they had a case in May and therefore have failed the zero tolerance threshold for 2018/19. The case was currently being reviewed.</p> <p>Aintree have reported 1 serious incident in month 3, bringing the total up to 10 for year to date. An aggregated action plan has been received and is being worked through for assurance.</p> <p>Finance</p> <p>The financial data provided an update on performance as a 31 July 2018, Month 4, with the full year forecast financial position being £1m surplus. It was noted that this position is reliant on QIPP plans to be fully achieved and recognised that significant risk exists in delivering the plans in full.</p> <p>The members were provided with an update as detailed on page 47 to 56 of the meeting report, with the following areas highlighted:</p> <p>MMcD reported on the most likely financial position for the financial year being a deficit of £2.855m.</p> <p>The members were asked to note the main financial pressures, the most significant being Continuing Health Care. However this was being partially offset by the underspend in Funded Nursing Care.</p> <p>The CCG were currently benefitting from the Acting as One agreement with a year to date reduced cost pressure of £0.239m.</p>	

No	Item	Action
	<p>The CCG recognised the need to find additional areas of saving that did not impact on the quality of care for the population.</p> <p>Resolution: The Governing Body received the report and finance update and as detailed on page 56 of the report, noted:</p> <ul style="list-style-type: none"> • The full year most likely financial position for the CCG is a deficit of £2.855m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus. • The CCG has posted a balanced run rate for month 4 following losses in previous months. The CCG will need to deliver balance in the next two months to keep in line with plan before delivering surplus positions in the last six months of the year. • In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years. 	
GB18/142	<p>Improvement and Assessment Framework 2017/18 Quarter 4 Exception Report</p> <p>The paper provided an overview and summary of the Q4 performance including exception commentary regarding CCG indicators for which the CCG is either ranked as performing in the lowest 25% nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken to improve performance and expected date of improvement.</p> <p>The members were taken through the report with the following areas highlighted:</p> <p>There are 51 measures within the report, each of which has leads identified. A high proportion of the measures are reported through the Integrated Performance Report and Quality Committee</p> <p>Of the 51 indicators in Q4, 7 significantly improved and are as noted on page 125 of the meeting pack.</p> <p>In addition to the 51 measures, NHS England has added clinical priority areas. These include cancer and maternity and are as shown on page 135 of the meeting report. The members were asked to note the 'Good' rating for cancer and 'Requires Improvement' rating for maternity.</p> <p>Reference was made to indicator 105c. Members were reminded of the previous discussions regarding incorrect data as a result of the inclusion of Woodlands Hospice data and updated on the discussions at the Aintree Mortality Reduction Group. It was suggested that these data errors would have an impact on the data for 105c. BW noted the information and would feed back to NHSE accordingly. Any update on this would be presented through the next report.</p> <p>A number of areas have been identified for improvement and shared with staff. These areas were being worked into the organisations development plan.</p> <p>BW was thanked for her support and work during the absence of KMcC.</p> <p>Resolution: The governing body received the report.</p>	

No	Item	Action
GB18/143	<p>Annual Audit Letter</p> <p>The Annual Audit Letter summarises the key findings from the external audit work for 2017/18. The Letter is a public document and will be displayed on the CCG website.</p> <p>The letter received from the external auditors concluded that the CCG's financial statements presented a 'true and fair view' of the CCG's financial position. The external auditors issued a qualified regulatory opinion as the CCG had exceeded its allocation. As a result of this the Auditors have referred the matter to the Secretary of State, as required by section 30 of the Local Audit and Accountability Act. MMcD confirmed that to date, the CCG had received no further response in relation to this action.</p> <p>Resolution: The governing body received the report.</p>	
GB18/144	<p>Joint Quality Committee Terms of Reference</p> <p>The terms of reference have been reviewed, discussed and updated following discussions on the document at the Joint Quality Committee.</p> <p>The members were asked to note the changes identified on page 153 of the report in relation to duties, membership and meeting arrangements. A further update was given on the governance advice sought in relation to the changes.</p> <p>It was noted that the terms of reference were also being updated to include the role of the committee in supporting the local transformation programmes.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/145	<p>Safeguarding Supervision Policy (V4)</p> <p>The governing body were updated on the prior process for ratifying the Safeguarding Supervision Policy prior to the transfer of the hosted service, from Halton CCG, bringing the service back in-house.</p> <p>A short review date of August 2018 was applied in order to facilitate a prompt review and ensure that this remained fit for purpose following service transfer. This review has resulted in minor updates primarily to reflect the change from "hosted" to "in-housed".</p> <p>Clarification was requested on how compliance with the policy can be evidenced, given that supervision is confidential. It was explained that this would be audited on an annual basis and reported through a compliance report presented to the Joint Quality Committee. The difficulty of evidencing compliance given the confidential nature of the process was recognised. The importance of evidencing its effectiveness was also highlighted.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/146	<p>Safeguarding Children Annual Report 2017/18</p> <p>The report provides assurance that the CCG is fulfilling its statutory duty in relation to safeguarding children and young people within Sefton. The report takes into account both national and local issues that direct and influence local developments, activity and governance arrangements.</p>	

No	Item	Action
	<p>It was noted that a significant period of the 2017/18 report was whilst hosted by Halton CCG prior to being brought in-house to the CCG in March 2018.</p> <p>FLT highlighted the prior business priorities from 2016/17 as identified on page 188 of the report and expressed thanks for the clear format used to update on progress and requested future updates, as identified on page 206, be presented in the same style.</p> <p>It was noted that the key issues on page 181, item 3, should refer to the governing body and not the quality committee.</p> <p>Reference was made to the data provided on page 191 of the meeting report. It was considered that there were a number of areas that could impact on the adolescent services over the coming years. A discussion was had on the actions being progressed to clearly identify the services and the format of those in relation to what needs to be commissioned for children and adolescents. This will include work with the local authority to look at what can be jointly commissioned as well as capacity, utilising staff and identifying how improvements can be made. It was considered that a composite view and update of the data (as page 191) in the Integrated Performance Report (IPR) on a six monthly basis would be useful, if workable; DCF offered to look at and report back through the IPR.</p> <p>Resolution: The governing body received the report.</p>	
GB18/147	<p>Children in Care Annual Report</p> <p>The report provides assurance that the CCG is fulfilling its statutory duty in relation to Sefton's Children in Care. The report takes in to account both national and local issues that direct and influence local developments, activity and governance arrangements.</p> <p>The members were informed that the item was not to receive, as indicated, but for approval, given the Quality Committee meeting had been cancelled in August.</p> <p>It was noted that page 209 of the meeting pack:</p> <ul style="list-style-type: none"> - item 1 should refer to South Sefton and not Southport & Formby - item 3 should refer to the governing body and not the quality committee. <p>It was noted that a significant period of the 2017/18 report was whilst a hosted by Halton CCG prior to being brought in-house to the CCG in March 2018.</p> <p>The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and Governing Body.</p> <p>DCF noted the Health Assessment performance issues previously highlighted and the Case for Change update presented at a previous governing body meeting. The governing body noted a clear risk and requirement for improvement. It was further noted that the risk had been included on the CCG risk register and raised with local authority colleagues.</p> <p>Reference was made to item 5.5 (page 217 of the meeting pack) and the concerns of Ofsted regarding the high proportion of children in care (CiC) in Sefton who are placed at home with parents. DJ updated members on the work undertaken which had reduced the numbers.</p>	

No	Item	Action
	<p>DJ also confirmed that a high proportion of children placed in care in Sefton were from outside the area.</p> <p>The priorities for 2018/19 were as presented on page 282 of the report. The update was requested to follow the same format as presented and discussed in the prior item 152.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/148	<p>Sefton Acute Sustainability Joint Committee Terms of Reference</p> <p>The members were presented with a paper for information, the latest report and terms of reference for the Sefton Acute Sustainability Joint Committee, as presented to the Southport & Formby PTI Public Governing Body meeting held 5 September 2018.</p> <p>An update was given on the next steps including further work to be done to understand the service specifications and the delegated authority given to SLT by Southport & Formby to progress compilation of the plan.</p> <p>The members were asked to feed back any comments direct to the Chair who would raise at SLT.</p> <p>Resolution: The governing body received the report.</p>	
GB18/149	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee: May and June 2018 PC to attend the next few meetings given his understanding and ideas. Respective declarations of interest to be made at the meeting. b) Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee: June 2018 <p>RESOLUTION: The governing body received the key issues reports</p>	
GB18/150	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee: May and June 2018 b) Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee: June 2018 <p>Resolution: The governing body received the report.</p>	
GB18/151	<p>Any Other Business</p> <p><u>18.151: Deputy Chair and Lay Member for Governance</u></p> <p>GM declared an interest and left the meeting.</p> <p>FLT reminded the members that the current arrangements for Deputy Chair/Lay Member for Governance was due to finish before the end of 2018. It had been recognised that this would leave the CCG and the governing body at a shortfall before the end of the financial year. Given this, GM has agreed to extend his</p>	

No	Item	Action
	<p>position until the completion of the 2018/19 financial audit, approximately June 2018, this being subject to governing body approval.</p> <p>The members agreed the reasoning for the proposal.</p> <p>Resolution: The members agreed the extension of the position until the conclusion of the 2018/19 financial audit, approximately June 2018.</p>	
GB18/152	<p>Date of Next Meeting</p> <p>Thursday 1st November 2018, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2018/19 are as follows:</p> <p>7th February 2019 4th April 2019 6th June 2019 5th September 2019</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>	
	<p>Estimated meeting close and motion to exclude the public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>	15:05 hrs

Governing Body Meeting Draft Minutes

Date: Thursday 4 October 2018

Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Lynne Creevy	Practice Manager Member	LC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

In Attendance

Tracy Jeffes	Director of Corporate Services	TJ
Jan Leonard	Director of Commissioning & Redesign	JL

Member Apologies

Graham Bayliss	Lay Member, Patient & Public Involvement
Dr Peter Chamberlain	GP Clinical Director
Dr Gina Halstead	GP Clinical Director
Dr Andrew Mimmagh	Chair & GP Clinical Director
Dr Ricky Sinha	GP Clinical Director

Quorum: Majority of voting members.

Item	Action
<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Dr Andrew Mimmagh, Graham Bayliss, Dr Peter Chamberlain, Dr Gina Halstead and Dr Ricky Sinha.</p> <p>The Chair confirmed the meeting as quorate.</p>	
<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell, Debbie Fagan and Dr Jeff Simmonds.</p>	
<p>Emergency Preparedness, Resilience and Response Assurance and Improvement Plan</p> <p>The CCG is required to provide NHSE with assurance in relation to its emergency preparedness resilience and response plans (EPRR). The members were informed that the item was being presented as an extraordinary PTII item due to the requirement of the CCG to submit its response by 4 October 2018.</p>	

Item	Action
<p>The governing body reviewed the paper which presented the self-assessment of the CCG's performance against the EPRR core standards, progress against the 2017/18 improvement plan, an improvement plan for 2018/19 and a statement of compliance which demonstrates "Substantial Compliance."</p> <p>Following discussion the members noted the area for improvement in relation to on-call managers participating in tactical, multi-agency training, which will be implemented throughout 2018/19.</p> <p>Resolution: The governing body approved the:</p> <ul style="list-style-type: none"> i. Assessed level of compliance; and ii. EPRR improvement plan and work plan 	
<p>Any Other Business</p> <p>None</p>	

Draft

**MEETING OF THE GOVERNING BODY
NOVEMBER 2018**

Agenda Item: 18/174	Author of the Paper: Fiona Taylor Chief Officer										
Report date: November 2018	fiona.taylor@southseftonccg.nhs.uk 0151 317 3456										
Title: Chief Officer Report											
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.											
<table style="width: 100%; border: none;"> <tr> <td style="width: 75%; border: none;">Recommendation</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: none;"> The Governing Body is asked to: <ul style="list-style-type: none"> - To formally receive this report. - Delegate the management of Excess Treatment Costs to NHS Liverpool CCG </td> <td style="border: none; vertical-align: top;"> <table style="border: none;"> <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; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table> </td> </tr> </table>		Recommendation		The Governing Body is asked to: <ul style="list-style-type: none"> - To formally receive this report. - Delegate the management of Excess Treatment Costs to NHS Liverpool CCG 	<table style="border: none;"> <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; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
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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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body
November 2018

General

1. Excess Treatment Costs – delegation of function to NHS Liverpool CCG

CCGs have a responsibility via the Government's mandate to NHS England to meet the costs of excess treatment costs (ETCs) in relation to non-commercial research through normal commissioning arrangements. On 30th November 2017, NHS England and National Institute for Health Research (NIHR) published a joint statement that committed to 12 actions to support and apply research in the NHS. The first of those actions was to "Manage ETCs better" and to simplify NHS research processes. A consultation was launched and recommendations on improvements were identified.

To support a more streamlined approach, and to address the administrative burden associated with the management of ETCs it is proposed that that function is delegated to NHS Liverpool CCG as the lead CCG for this work within the North West Coast LCRN region. It will begin a 6-month trial period of the new ETC model on 1 October 2018 to implement the new arrangements for this 6 month period an in year revenue transfer of 2.6p per capita per CCG will be made from CCG programme allocations in month. Chief Financial Officers were advised of this on 14 August 2018.

NHSE Innovation, Research and Life Sciences have also drafted a commissioning policy for the management of ETCs. This is currently in draft format subject to final decisions on management of studies where ETCs relate to more than one NHS commissioner. The draft has been shared with the CCG and a final version will be available to the governing body once this becomes available.

The LCRN in each region will manage ETCs for CCG commissioned services within the parameters of the final policy. The lead CCG will be required under the delegation from each of the other CCGs in its area to enter into an agreement with the LCRN to require the management of ETCs in accordance with the policy. NHS Liverpool CCG will be responsible for decisions relating to ETCs that fall out with the policy.

The CRN will provide annual reports on studies with ETCs funded via this model. The reports will be by LCRN region outlining the nature of the studies and spend on ETCs.

RECOMMENDATION: The Governing Body is asked to delegate its responsibilities in respect of the management of ETCs to NHS Liverpool CCG.

2. Cyber security update

On Friday the 12th May 2017, a major global ransomware distribution campaign, targeting a geographically diverse selection of organisations (both public and private sector), was detected - impacting on NHS Trusts across North Mersey and nationally. This had a minimal impact on IM Partner Organisations due to processes and systems already in place and precautionary measures were only required to be implemented. However, the Cyber incident showed the impact that Cyber can have on the operation of NHS organisations and it was requested by the Partnership Board and the host Audit Committee to have visibility of Cyber plans.

After the Cyber-attack IMersey (IM) fast tracked a business case that was already in production to bolster Cyber security. This business case was produced collectively across IM Partner Organisations ensuring that any funding was shared meaning that excellent value for money was achieved. The majority of the cost was for purchasing additional security products but also provided additional resource to the security team and further expertise. The business case was approved by IM Partner Organisations, all the products were installed and additional resource added.

“Firepower” is an intrusion protection system that reviews any network traffic going through each organisations firewall providing perimeter protection. Intrusion protection is a recommended product from the 10 steps to Cyber Security which were set out by the government. This product is well and truly bedded into the network and is continually monitoring traffic passing across the health economy network.

Sophos Intercept X has also been installed across IM Partners’ Servers, PCs and Laptops. Intercept X is the last form of defence, if a staff member accidentally runs a file that does contain malicious code, Intercept X will block the code and quarantine the file.

The arrangements in place are now subject to audit in terms of compliance with the Government’s 10 steps to Cyber Security. Recent audits demonstrated that the cyber security arrangements are robust. IM will continue to test and evaluate all cyber security arrangements so the CCG can be assured that the information that it holds is secure and that systems are appropriately protected.

3. Update on the review of women’s and neonatal services

In September 2017, NHS Liverpool CCG published an update on the review that included the following highlights.

The review of women’s and neonatal services led by NHS Liverpool Clinical Commissioning Group (CCG), in partnership with Liverpool Women’s NHS Foundation Trust, and CCGs in Knowsley, South Sefton, and Southport & Formby, was driven by the need to maintain and improve quality of care for women and new born babies, and make sure that services are sustainable.

In January 2017 a draft Pre-Consultation Business Case (PCBC) set out four potential options for the future, including a preferred option: a new hospital for women’s and neonatal services on the new Royal Liverpool Hospital campus, which was seen to offer the greatest number of benefits for patient care.

In September 2017 an independent clinical report into the review was published, which confirmed the need for change. In their report, the Northern England Clinical Senate, a panel of midwives and doctors who work outside of the north west, emphasised the risks of delivering care for women and newborn babies on a stand-alone site away from other related services, as is currently the case at Liverpool Women’s. Among the issues it highlighted were the problems that the Trust faces recruiting anaesthetics specialists, due to its isolated position; and the fact that Liverpool Women’s Hospital does not have CT or MRI scanning facilities, a blood bank, or an adult intensive care unit.

The Clinical Senate report was requested by NHS England as part of their assurance process to make sure that proposals are fit for purpose and ready to be presented to the public; this process is currently ongoing, and will need to be completed before plans for public consultation can move forward.

Once approval from NHS England is received, a joint committee of north Mersey clinical commissioning groups would be asked to formally agree the form of a public consultation. Consultation plans would then be taken to the North Mersey Joint Overview & Scrutiny Committee, made up of councillors from Knowsley, Liverpool and Sefton, before the start of the consultation itself. The consultation would be an opportunity for people to share their views, and let us know if there is any other information that needs to be considered, including the submission of additional

evidence. This opportunity to hear from people and listen to their feedback is an extremely important stage, and no final decisions about the future will be made until after the consultation has taken place.

4. Emergency Preparedness Resilience and Response (EPRR)

The CCG has submitted its annual self-assessment against the national standards to NHS England as part of the national assurance framework. The CCG has assessed itself as fully compliant against 42 of the 43 core standards and partially compliant on a further standard, which provides an overall compliance level of substantial. The area for improvement highlighted is in relation to on-call managers participating in tactical, multi-agency training, which will be implemented throughout 2018-19. Due to the timescales for submission, the Governing Body approved the submission at its informal meeting at the start of October 2018.

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

5. QIPP and Financial Recovery Update

The Financial Recovery Plan was signed off by NHS England in July. The Joint QIPP and Financial Recovery Committee (the “QIPP” committee) continue to have responsibility for overseeing delivery of the plan and for providing assurances to the governing body on the implementation of QIPP and other financial recovery schemes.

At month six it was apparent that the plan remained under pressure and risks to delivery, despite mitigations were still emerging. With a view to continuing to assure the governing body and its associated sub committees that the CCG is doing all it can to address this issue, the Senior Leadership Team agreed that additional strategic leadership resource should be secured, for a time limited period to test existing plans, re-evaluate our schemes to those that are available within the NHSE Menu of Opportunities, identify any further areas of opportunity, to support a review of any additional proposals and to support the development of the contracting process.

Cameron Ward has now joined the CCG in the role of Recovery Director and will be supporting the Chief Finance Officer, QIPP Programme Lead and commissioning leads to mitigate any further risk of under delivery.

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

6. Planning for 2019 - 2024

A letter, dated 16th October, received from Simon Stevens, set out the arrangements for the forthcoming planning round. This has set out confirmation of a budget settlement for the next five years with an annual 3.4% growth over the same period. Detailed guidance on planning requirements are due to be published mid-December and will require an initial one year plan to be outlined by mid-January. Plans are to be integrated through each STP and high expectations are being set with regard to alignment between providers and commissioners. An outline planning timetable has been published running through to April 2019 with the aggregation of system plans.

In preparation, the CCG is initiating preparatory work to review 2018/19 performance to inform plans for 2019/20 and across the next five years. It will be important that the Governing Body maintains oversight on this work as we move through the planning timetable, to ensure appropriate

test, challenge and assurance. In an effort to support this, a paper will be developed for the next governing body to set a more detailed local timetable and outline of what will be required.

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

7. Mental Health Assurance Dashboard

On 10th October, Dr. Kieran Murphy, Medical Director Cheshire and Merseyside DCO (North Region) wrote to local CCGs describing the plans to streamline the assurance process in respect of mental health commissioning.

CCGs were advised that Strategic Clinical Network in collaboration with commissioning teams has developed a Mental Health Assurance Dashboard. The dashboard is a repository of all current MH 5YFV national standards and ambitions containing published performance data for all CCGs across Cheshire & Merseyside (C&M). It also contains those delivery areas where assurance is required by NHS England but does not yet have accurate MHSDS data reporting i.e. CYP Eating Disorders, Suicide Prevention, EIP Quality Outcomes etc.

The purpose of the dashboard is to reduce the frequency of and streamline information requests from NHS England to commissioners. It will be a live document with the expectation it is updated each month.

It is expected that the dashboard will require information to be collected once and contribute to a range of reporting formats and requirements.

8. Quality updates

Aintree University Hospital NHS Trust (AUH) Single Item Quality Surveillance Group

The AUH Single Item QSG (SIQSG) follow-up meeting took place on 1st October 2018. Although improvements had been seen the outcome was to maintain the current 'enhanced' level of surveillance with a further meeting to take place towards the end of November 2018 / beginning of December 2018.

AUH Never Events – AQuA facilitated Theatre Safety Event

The AUH AQuA facilitated Theatre Safety Event took place on 12th October 2018 with representatives from Southport and Formby CCG, South Sefton CCG and NHSE C&M in attendance. This formed part of the quality improvement work being undertaken as a result of the Never Events reported in 2017/18. The event was well attended internally within the Trust and the outputs will inform the Trust action plan.

CQC Review of Services for Looked After Children & Safeguarding

The CQC undertook a review of Services for Looked After Children and Safeguarding across Sefton from 23rd July 2018 – 27th July 2018. The report has now been received by the CCGs for factual accuracy checking. An inaugural meeting of the Task & Finish Group to place on 17th October 2018 which has been established to deliver the recommendations that will come from this report.

Serious Case Review Update

There will be a fourth Serious Case Review (SCR) undertaken within Sefton and this has been reported to the October 2018 meeting of the Local Safeguarding Children Board. The process has been commenced to commission and external author for the review.

SCR 2 and SCR 3 are both progressing along agreed timescales and SCR 2 is expected to be completed for December 2018 and SCR 3 for January 2019.

External Clinical Review – Continuing Health Care / Individual Patient Activity

An external clinical review for CHC and IPA has been commissioned by the CHC as part of the CCGs QIPP programme of work. Initial feedback is expected towards the beginning of November 2018.

SEND 0-15

A progress update report on the SEND Written Statement of Action has recently been received at the Health & Wellbeing Board. Further report is being presented to the CCG Joint Quality Committee at the end of October 2018. Successful recruitment has taken place for the new Designated Clinical Officer role and the start date for the new postholder is awaited. The CCGs have recently committed additional investment to support the diagnostic element of the Neuro Developmental Pathway and this has been communicated to Alder Hey Children's Hospital as the provider of this service.

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

9. Extra support for GPs for winter

On 26th September NHS England announced it will provide £10 million to GPs to support delivery of additional extended hours, out of hours and unscheduled care sessions over winter.

The Winter Indemnity Scheme will be used to cover the costs of professional indemnity for the extra services provided by GPs, giving them the freedom to work extra sessions securely and without extra costs. This is just one of a programme of activities being undertaken by NHS England to support general practice meet demand over the winter months.

NHS England is working with the Department of Health and Social Care, the General Practice Committee of the BMA and other organisations in developing a state-backed indemnity scheme.

10. Delegated Commissioning – GP practice

The Director of Commissioning and Re-design is in continued liaison with NHS England in support of the CCG becoming fully delegated. The Wider Group members have now voted to support these proposals and will receive the delegation agreement for sign off at their meeting later this month.

The team met with NHS England on 2nd October to discuss the transition process and the support that will be available between now and 1st April 2019. There was also a discussion about the scope and scale of the functions that will be delegated and further consideration of the resource requirements that the CCG will need to have in place. There are no additional funds available from NHSE to fund primary care commissioning support posts and therefore the CCG will need to consider and agree what additional resource will be required.

The delegated commissioning checklist and supporting evidence is due to be submitted to NHS England on 1st November 2018 and will include information on the budgets that will be transferred to the CCG.

A new Primary Care Commissioning Committee will be established in the place of the current Joint Commissioning Committee arrangements and the Constitution will be updated to reflect all the changes to governance arrangements.

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

11. Sefton transformation programme

Work continues with regard to designing the new pathways for the acute sustainability of Southport and Ormskirk NHS Hospitals Trust. There have been several regulator meetings to strengthen the service change proposal and Yorkshire and Humber Senate have conducted an assurance visit, the report of which is due in November. The Provider Alliance has considered the Out of Hospital Project Initiation Document summary. There is a need to ensure there is sufficient resource and pace to effectively mobilise the programme whilst ensure the CCG is able to sustain its “business as usual” priorities and responsibilities. This does present some on-going risks regarding leadership, capability and capacity of the system to carry out the programme and these continue to be reviewed.

12. Phase 2 Transformation Bid

In September the CCG bid for transformation funding to improve urgent care flow in South Sefton. On 19th September the bid was evaluated by the Health and Care Partnership for Cheshire and Merseyside Executive Team and was successful in securing funding of £498k. This is much needed resources to support this programme of work.

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

13. Locality working

Work continues in the Sefton ‘place’ on the out of hospital model of care at locality level involving SMBC colleagues. The integrated commissioning agenda continues its development through the Making it Happen strategy. Continued focus is being given to the Children’s’ agenda.

14. Recommendation

The Governing Body is asked to:

- To formally **receive** this report.
- To delegate responsibility for the management of Excess Treatment Costs to NHS Liverpool CCG

Fiona Taylor
Chief Officer
November 2018

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/175	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454						
Report date: October 2018							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continue to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="text-align: right;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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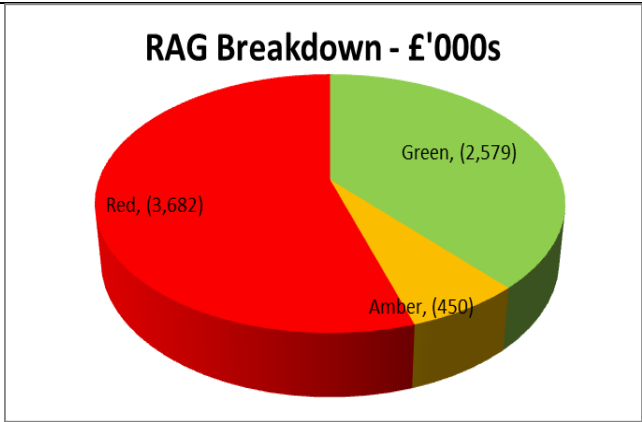
Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

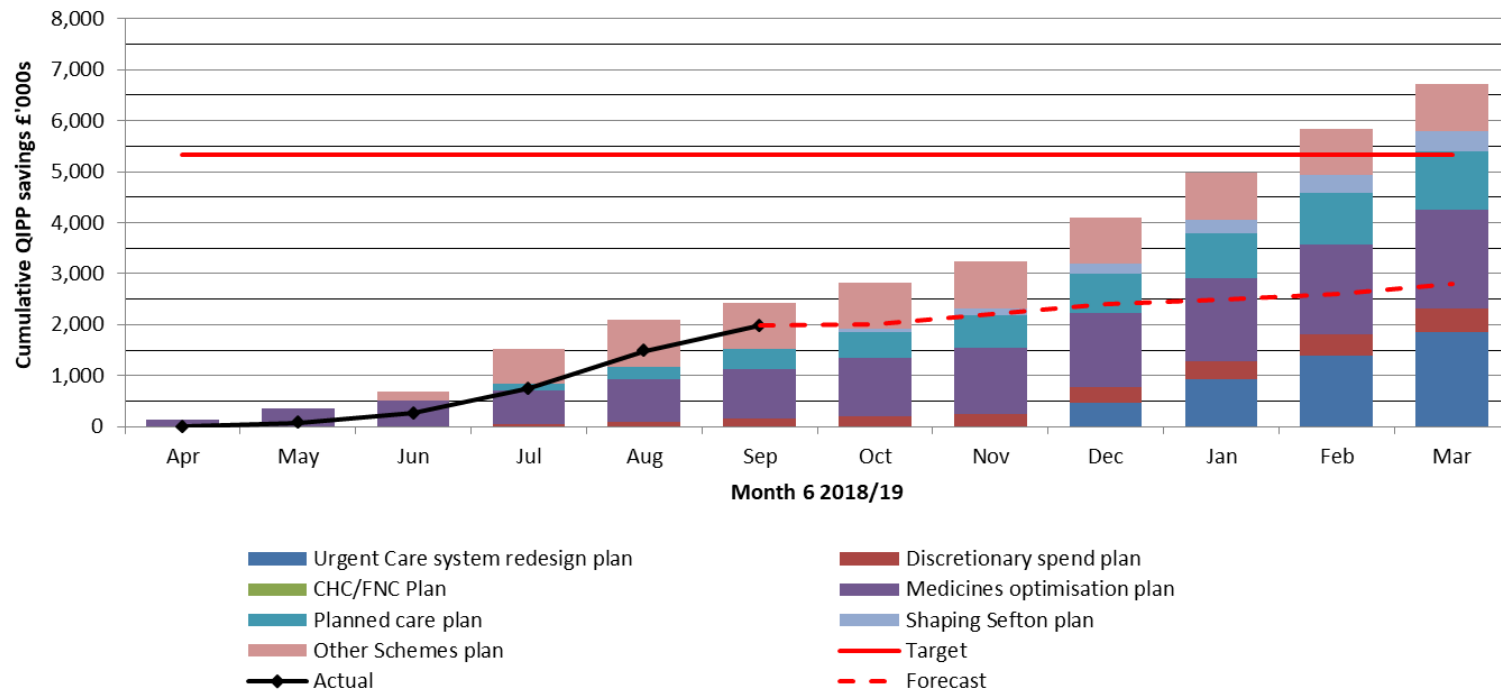
Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of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

QIPP DASHBOARD – SUMMARY SOUTH SEFTON CCG AT MONTH 6

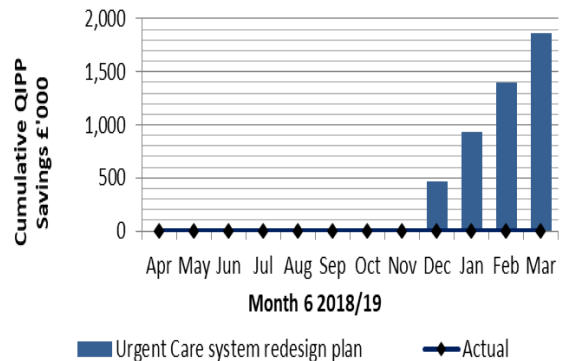
South Sefton CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,146	382	0	(382)
Medicines optimisation plan	1,931	983	1,073	90
CHC/FNC Plan	0	0	0	0
Discretionary spend plan	456	152	0	(152)
Urgent Care system redesign	1,859	0	0	0
Shaping Sefton Plan	410	0	0	0
Other Schemes	909	909	909	0
Total	6,711	2,426	1,982	(444)



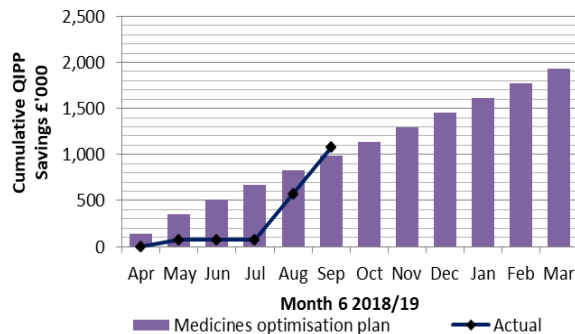
SSCCG : Summary QIPP plan 2018/19



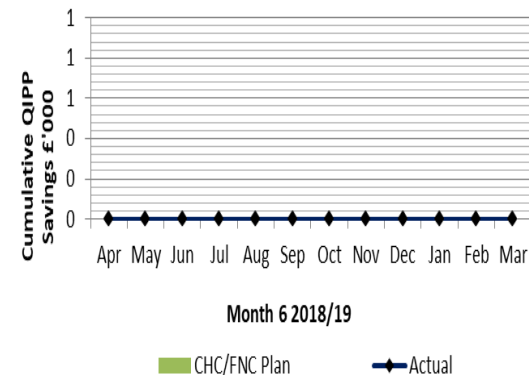
SSCCG : QIPP target - Urgent Care



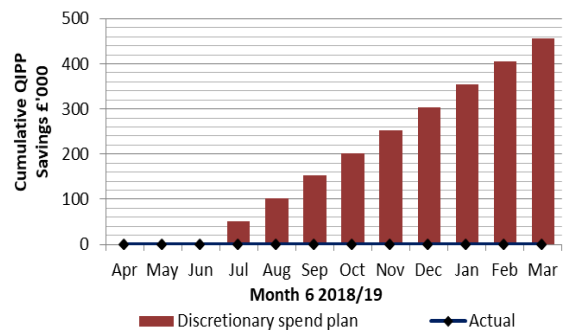
SSCCG : QIPP target - Medicines Optimisation



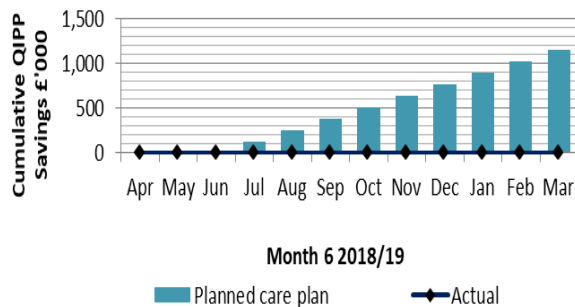
SSCCG : QIPP target - CHC/FNC



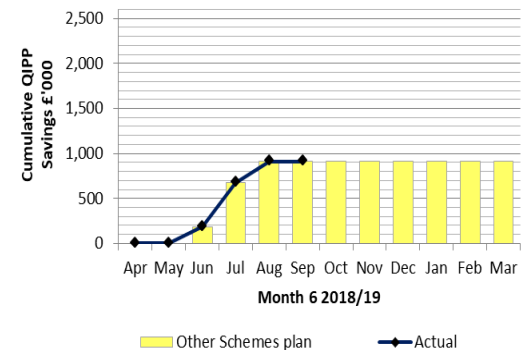
SSCCG : QIPP target - Discretionary Spend



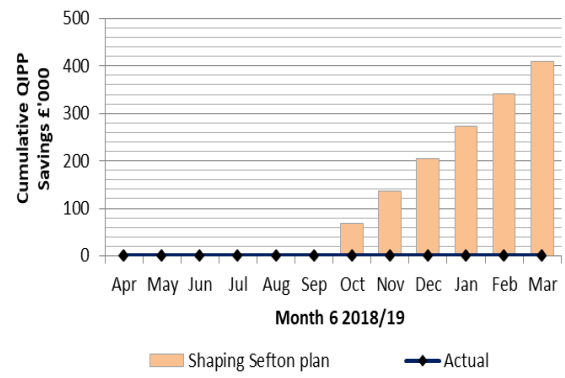
SSCCG : QIPP target - Planned Care



SSCCG : QIPP target - Other Schemes



SSCCG : QIPP target - Shaping Sefton



MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/176	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468
Report date: November 2018	
Title: Integrated Performance Report	
Summary/Key Issues: 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)	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive 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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

South Sefton Clinical Commissioning Group Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level	2018-19													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	32.129%	32.129%	47.013%	50.703%										40.786%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Diagnostics & Referral to Treatment (RTT)																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%									2.639%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%									89.669%
		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%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	3	3	10	9	6									31
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G								G	
		Actual	0	0	0	0	0									0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R	R	G								R	
		Actual	90.40%	90.41%	88.60%	92.69%	93.84%									91.23%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G	G	R								R	
		Actual	92.06%	94.32%	96.05%	94.00%	87.84%									92.88%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G	G	G								G	
		Actual	95.00%	100.00%	96.30%	97.26%	97.37%									97.25%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G	G								G	
		Actual	100%	100%	84.615 %	100%	100%									97.015 %
		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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	96.30%	100%	100%									99.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	96.429%	100%	100%	100%	94.444 %									98.165 %
		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%

Metric	Reporting Level	2018-19													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	G								R	
		Actual	82.759%	83.784%	82.927%	71.795%	88.235%									81.667%
		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%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R	R	G	G								R	
		Actual	-	66.667%	0%	100%	100%									60%
		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%
Accident & Emergency																
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	86.602%	87.388%	88.326%	87.271%	89.760%									87.711%
		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%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	R	G								R	
		Actual	-	-	-	1	-									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EMSA																
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	R	R	G	R								R	
		Actual	0	2	2	0	1									5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G	R								R	
		Actual	0	0.30	0.30	0.00	0.20									0.30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	R	R								R	
		YTD	0	0	0	1	1									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	R	G	R	R	R								R	
		YTD	6	9	16	22	26									26
		Target	5	9	14	18	22	26	31	35	40	44	49	53		9

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	100%												
		Target	95.00%					95.00%		95.00%		95.00%		95.00%	

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	80.00%	100.00%	57.14%	100%	75.00%									75.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Metric	Reporting Level	2018-19												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R												R
		Actual	48.773%												48.773%
		Target	50.00%		50.00%		50.00%		50.00%		50.00%				
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R												R
		Actual	3.66%												3.66%
		Target	4.20%		4.20%		4.20%		4.20%		4.74%				
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G												G
		Actual													
		Target	75.00%		75.00%		75.00%		75.00%		75.00%		75.00%		
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G												G
		Actual													
		Target	95.00%		95.00%		95.00%		95.00%		95.00%		95.00%		

Metric	Reporting	2018-19											
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	Level	Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R							R	
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%								62.17%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Children and Young People with Eating Disorders															
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G											G	
		Actual	100%											100%	
		Target	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G											G	
		Actual	100%											100%	
		Target	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	
Wheelchairs															
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual													
		Target	92.00%			92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 5 (note: time periods of data are different for each source).

Financial position

This paper presents the Finance and Resource Committee with an overview of the year to date financial position for NHS South Sefton Clinical Commissioning Group as at 30 September 2018. The report discusses the year to date position at month 6; the forecast year end position and the risks associated with the delivery of the agreed plan for 2018/19.

NHS England business rules require delivery of a 1% surplus in each financial year. However, the financial plan agreed with NHS England for 2018/19 is a £1m surplus (0.4%).

The cumulative deficit brought forward from previous years is £2.892m this will reduce in 2018/19 if the planned surplus of £1m is delivered in year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The year to date financial position is a deficit of £0.600m, which is in line with the planned position for the year. The full year forecast financial position is £1m surplus. It should be noted that this represents the best case scenario and that this is reliant upon the delivery of current QIPP plans or development of alternative mitigation strategies in full. At this stage in the financial year significant risk exists to the full delivery of these plans.

The QIPP savings requirement to deliver the 2018-19 financial plan is £5.329m. As at 30 September 2018 QIPP savings of £1.982m have been achieved against a year to date plan of £2.426m

As at 30 September 2018 the CCGs likely year-end financial position is a deficit of £2.953m. The CCG's initial financial plan highlighted net risk reported to NHS England of £2.809m; which equates to a deficit of £1.809m. This indicates that the CCG's forecast position has deteriorated since the plan was signed off by the Governing Body. The position reported to NHS England in month 6 remains unchanged and is consistent with the initial financial plan.

The focus for the remainder of the financial year will be to implement the CCG's financial recovery plan in order to deliver the required savings whilst mitigating any further risks that emerge in the latter part of the year.

Delivery of the financial plan for 2018-19 and the longer term financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

Planned Care

GP referrals in 2018/19 to date are 3% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gynaecology and Ophthalmology

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in August reporting 3.01%, very slightly lower last month when 3.16% was recorded. Aintree recorded 2.64% a decline from last month when 3.89% was recorded.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 89.5% for August. This is similar to last months' performance of 89.3%. Aintree also failed this standard for August recording 89.3%.

In August, 6 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 4 cases were at North Midlands and 2 at Liverpool Womens.

The CCG are failing 5 of the 9 cancer measures year to date only achieving the 31 day measures. Aintree are the same achieving for 31 day but failing the remainder of the measures.

Friends and Family inpatient response rates at Aintree are above the target for August at 38.7%. The proportion of patients who would recommend the Trust is the same as last month at 93% but unfortunately is still below the England average of 96%. The proportion who would not recommend has remained the same as the previous month, but is still above the England average of 2%.

Performance at Month 5 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£68k/-0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £234k/1.2%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved August's trajectory of 88.6% with a performance of 88.9% for all A&E department types.

Work continues with NWAS to address poor ARP (Ambulance Response Programme performance with significant strides being made against the agreed Performance Improvement Plan where improvement needed to be demonstrated by the end of Quarter 2. A summary report will be produced and shared with CCG Governing Bodies once all September data has been submitted.

Performance against the stroke indicator was 74.5% for August 2018; out of 47 patients, only 35 spent more than 90% of their hospital stay on a stroke unit. All breaches of the standard are reviewed and reasons for underperformance identified.

The CCG had 4 new cases of Clostridium Difficile reported in August (26 YTD) against a year to date plan of 18 (12 apportioned to acute trust and 14 apportioned to community). The CCG had 1 case of MRSA in July apportioned to the community.

Aintree had no new cases of MRSA in August but as they had a case in May they have now failed the zero tolerance threshold for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In August there were 10 cases (65 YTD) against a year to date plan of 22. Aintree reported 27 cases in August (153 YTD). There are no targets set for Trusts at present.

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £687k/3.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £259k/1.2%.

Mental Health

The CCG has a target to reduce Out of Area Placements (OAP's) by 33% based on quarter 4 2017/18 activity. In quarter 4 2017/18, 165 OAP's were reported, and therefore the target for 2018/19 is 111. The latest reporting period is April to July 2018 when there were no OAP days reported.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 269 patients entering treatment in Month 5, which is a decrease from 332 reported last month. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in August of 64.5%, which is under the national dementia diagnosis ambition of 66.7% but a slight improvement on last month. The current agreed date for recovery of the standard is 31st December 2018.

Community Health Services

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding new ways of reporting for 2019/20 are being had. The Trust has offered to meet with the CCG to progress this. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations.

Better Care Fund

A quarter 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

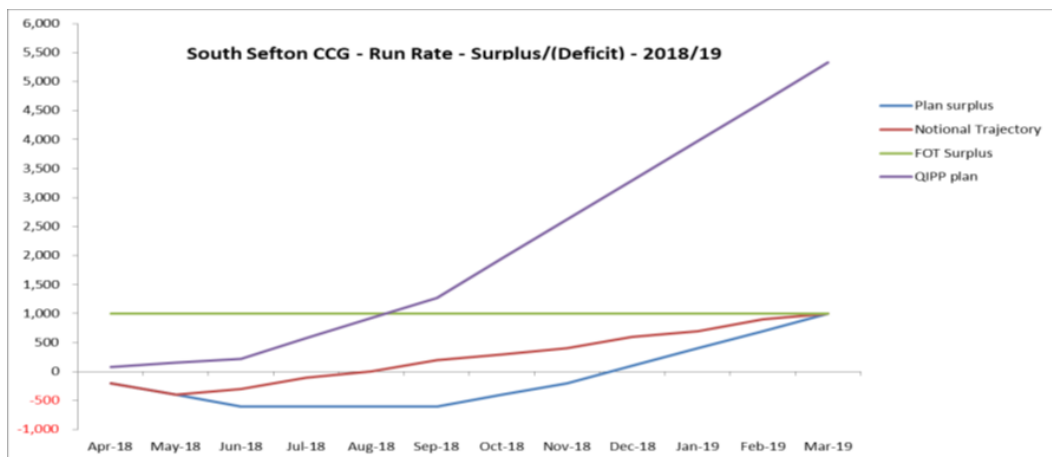
This report focuses on the financial performance for South Sefton CCG as at 30 September 2018.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,302	12,086	12,852	766	25,975	1,672
Corporate & Support Services: admin	3,263	1,581	1,471	(110)	3,133	(130)
Corporate & Support Services: programme	3,798	1,896	1,760	(136)	3,553	(245)
NHS Commissioned Services	181,717	90,545	91,229	684	183,084	1,367
Independent Sector	3,671	1,823	1,857	34	3,712	42
Primary Care	4,747	2,100	2,238	138	4,830	84
Prescribing	28,768	14,384	14,886	502	29,745	977
Total Operating budgets	250,266	124,416	126,294	1,878	254,032	3,766
Reserves	(3,662)	1,878	0	(1,878)	(7,428)	(3,766)
In Year (Surplus)/Deficit	1,000	(600)	0	600	0	(1,000)
Grand Total (Surplus)/ Deficit	247,604	125,694	126,294	600	246,604	(1,000)

The year to date financial position is a deficit of £0.600m, which is in line with the CCG’s revised planned deficit at this stage. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

Figure 2 – CCG Run Rate 2018/19



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position
- Q2 reported a breakeven position
- Q3 & Q4 plan to return to surplus position through delivery of mitigation strategies.

The CCG has achieved a balanced run-rate during month 6 although this was supported by a re-phasing of reserves and QIPP which will not be a sustainable option for the remainder of the year.

As at 30 September, the full year forecast financial position is £1m surplus. This position requires the QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial outturn position for the CCG assessed at 30 September 2018 is a deficit of £2.953m. This assumes that QIPP delivery during the year will be £2.804m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year, particularly in respect of amber rated schemes.

The cumulative deficit brought forward from previous years is £2.892m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCG's financial recovery plan acknowledges that the most significant challenge facing the CCG in 2018/19 is the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year.

To secure delivery of financial balance the CCG must align QIPP and other transformation programmes to that of acute sustainability and place based developments.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads and the risks associated with delivery have been refreshed and included within this report.

The financial recovery plan acknowledges the CCG's continued commitment to maintaining current levels of service however, realistically the CCG is likely to be facing significant risk and some very difficult decisions in the near future.

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

- Increased costs within continuing healthcare budgets. This is due to a number of individual high cost cases emerging in 2018-19 and the impact of the continuation of individual arrangements to support discharge from hospital through provision of additional 28 day beds. This equates to full year cost pressures of £2.354m.
- Cost pressures of £0.269m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.
- Cost pressures of £0.222m on learning disabilities budget due to new individual high cost packages.
- Increased costs of £0.176m within AQP audiology contract with Specsavers.
- Cost pressures within Aintree NHS Trust of £0.190m and Alder Hey NHS Trust, £0.123m, both relating to high cost drugs and devices outside the Acting as One contract agreement.

The forecast cost pressures are partially offset by underspends in running costs, programme costs, Funded Nursing Care and the reserve budget due to the 0.5% contingency held.

The CCG’s financial position has reached a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership remains upon delivery of QIPP plans and savings schemes to reduce current levels of expenditure within the CCG.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£1.982m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	98.55%
	NHS - Volume YTD > 95%	98.50%
	Non NHS - Value YTD > 95%	98.10%
	Non NHS - Volume YTD > 95%	96.41%

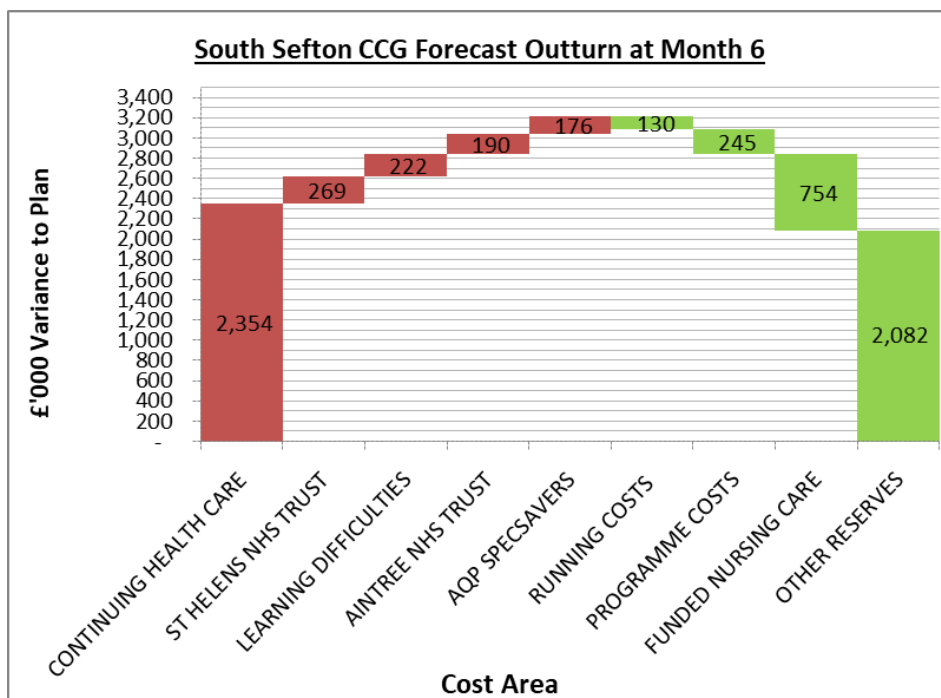
- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve of £1.239m is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 30 September 2018 for the financial year is a deficit of £2.953m, without implementation of mitigations.
- The QIPP target for 2018-19 is £5.329m. Delivery is £1.982m to date which is £0.444m below planned delivery at month 6 (see appendix 3).
- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.130m at month 6.

- All BPPC targets have been achieved year to date. Work to maintain this performance through robust cash management continues

2.3 CCG Financial Position – Month 6 2018-19

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

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year is a **deficit of £2.953m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
 - Cost pressures within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.
 - Cost pressures within learning disabilities due to new individual high cost packages.
 - Increased costs within AQP audiology contract with Specsavers.
 - Cost pressures within Aintree NHS Trust and Alder Hey NHS Trust relating to high cost drugs and devices outside the Acting as One contract agreement.
- The cost pressures are partially offset by underspends in running costs, programme costs, Funded Nursing Care budget and the reserve budget due to the 0.5% contingency held.

2.4 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.329)				(5.329)
QIPP Achieved			1.982		1.982
NCSO Adjustment	(1.400)				(1.400)
Primary care additional allocation	(1.500)			1.500	0.000
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270		(0.235)		0.035
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500				0.500
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	0.323	(0.758)	(0.616)	(0.889)
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	0.887	0.389	(0.950)	(3.662)

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The opening plan included an assumption that anticipated NCSO pressures would be covered by a central arrangement. The CCG has transferred this reserve into operational budgets which has in turn led to an increased pressure on expenditure.
- The forecast position for NCSO cost pressures for the year is £0.947m based upon the first six months of the year.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18. The CCG is anticipating an allocation of £1.5m in this report.

2.5 Provider Expenditure Analysis – Acting as One

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

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.604
Alder Hey Children's Hospital NHS Foundation Trust	(0.031)
Liverpool Women's NHS Foundation Trust	(0.068)
Liverpool Heart & Chest NHS Foundation Trust	(0.024)
Royal Liverpool and Broadgreen NHS Trust	0.037
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.003)
Total	0.515

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.515m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PBR contract had been in place.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

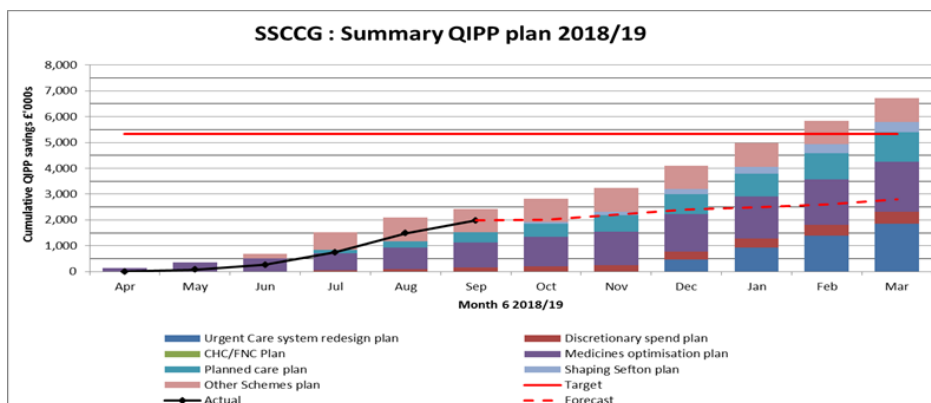


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	200	0	946	1,146
Medicines optimisation plan	1,931	0	1,931	1,364	0	567	1,931
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	250	100	456
Urgent Care system redesign plan	1,859	0	1,859	0	200	1,659	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	420	909	909	0	0	909
Total QIPP Plan	5,935	776	6,711	2,579	450	3,682	6,711
QIPP Delivered 2018/19				(1,982)		0	(1,982)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.711m have been identified; however **£4.132m** of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.

- To date the CCG has achieved **£1.982m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.7 Risk

Figure 9 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	2.470	(1.470)	1.000
QIPP Target	(5.329)	0.000	(5.329)
Revised surplus / (deficit)	(2.859)	(1.470)	(4.329)
I&E Impact & Reserves budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.573	1.409	1.982
Remaining QIPP to be delivered	4.756	(1.409)	3.347
Total Management Action plan	5.329	0.000	5.329
Year End Surplus / (Deficit)	0.000	1.000	1.000

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of **£5.329m** and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

2.8 Risk Adjusted Position

Figure 10 – Risk Adjusted Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.329	2.804	2.804
I&E impact	(2.571)	(3.766)	(3.766)
Forecast Surplus / (Deficit)	(1.571)	(5.291)	(5.291)
Further Risk	(0.150)	(0.150)	(1.309)
Management Action Plan	2.721	2.488	2.488
Risk adjusted Surplus / (Deficit)	1.000	(2.953)	(4.112)

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a **£1m surplus**. This assumes that QIPP will be delivered in full and current expenditure trends improve.

- The most likely case is a **deficit of £2.953m** and assumes that QIPP delivery will be £2.804m in total with further risk in relation to mental health investment and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £4.112m** and assumes further pressures emerging in year including an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

2.9 Statement of Financial Position

Figure 11 – Summary of working capital

Working Capital and Aged Debt	Quarter 1			Quarter 2			Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	M12 £'000
Non-Current Assets	115	115	115	115	115	155	115
Receivables	1,729	1,649	1,218	3,432	3,905	3,875	1,938
Cash	3,245	4,392	7,927	1,124	30	3,265	105
Payables & Provisions	(11,092)	(16,765)	(19,657)	(19,066)	(18,850)	(17,172)	(14,100)
Value of Debt > 180 days	751	647	707	558	551	489	506

- The non-current asset balance relates to the purchase of IT equipment in 2017-18. There has been an addition in month 6 due to Primary Care IT Funding from NHS England.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.489m. This predominately consists of:
 - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination. The most recent discussions with the Trust indicate that this will be settled in November 2018, and
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.212m).
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £246.182m at Month 6. The actual cash utilised at Month 6 was £125.094m which represents 50.8% of the total allocation. The balance of MCD to be utilised over the rest of the year is £121.088m.

2.10 Recommendations

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

- The full year most likely financial position for the CCG is a deficit of £2.953m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 6 is £1.982m which relates to a prior year non recurrent benefit arising from a technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG has posted a balanced run rate for month 6 following losses in earlier months. As the CCG enters the second half of the financial year, its plan to deliver a surplus position in each month will prove challenging to deliver.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

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

3. Planned Care

3.1 Referrals by source

Figure 12 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2729	3365	636	23%	1691	1802	111	7%	5267	6253	986	19%
May	3265	3482	217	7%	2075	2059	-16	-1%	6386	6582	196	3%
June	3308	3325	17	1%	2013	1958	-55	-3%	6360	6361	1	0%
July	3108	3245	137	4%	1941	2010	69	4%	6141	6366	225	4%
August	3217	3129	-88	-3%	1829	1790	-39	-2%	6106	5989	-117	-2%
September	3174				1936				6185			
October	3310				2020				6457			
November	3340				2030				6380			
December	2398				1634				4857			
January	3136				1889				6139			
February	3204				1682				5895			
March	3312				1769				6082			
Monthly Average	3125	3309	184	6%	1876	1924	48	3%	6021	6310	289	5%
YTD Total Month 5	15627	16546	919	6%	9549	9619	70	1%	30260	31551	1291	4%
Annual/FOT	37501	39710	2209	6%	22509	23086	577	3%	72255	75722	3467	5%



Data quality note: General Medicine GP referrals at Aintree Hospital have been excluded due to the GP hotline service ceasing in April 2018. Also, Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

A significant 6% decrease in referrals occurred in August, representing the lowest monthly total of this financial year. However, this reduction was anticipated as part of seasonal trends. GP referrals in 2018/19 to date are 6% up on the equivalent period in the previous year with notable increases occurring within specialties such as ENT, Urology and Gastroenterology. Trends are also heavily influenced by referrals to the main hospital provider (Aintree Hospital), which has reported a 9% increase in referrals year to date in 2018/19.

Consultant-to-consultant referrals are currently 1% lower compared to 2017/18, with referrals following a similar trend to GP referrals and decreasing in August (anticipated as part of seasonal trends). Despite an overall decrease, many of the top referred-to specialties for consultant-to-consultant referrals have seen year to date increases in 2018/19, particularly Cardiology at Aintree Hospital.

3.1.1 E-Referral Utilisation Rates

Figure 13 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - July	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	51%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data (July) for E-referral Utilisation rates reported for the CCG as a whole is 51%; and did not achieve the 80% by end of Q2 2017/18. July again has seen a marked increase from the previous month when 47% was reported.

Work continues to promote the use of Advice and Guidance services through localities, Wider Groups and Local Quality Contract. There are also some issues in relation to integration of the e-RS Advice and Guidance functionality within EMIS.

Paper switch off at Royal Liverpool, Liverpool Women's, and Liverpool Heart and Chest Providers in May and June, as expected, has seen in an increase in utilisation.

3.2 Diagnostic Test Waiting Times

Figure 14 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Aug	1.00%	3.01%	↑ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Aug	1.00%	2.64%	↓

Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in August recording 3.01%, very slightly lower than last month when 3.16% was recorded. In August out of 3,024 patients, 91 patients were waiting at 6+ weeks and 10 at 13+ weeks. The majority of breaches were for a MRI (40) and CT (25). Performance at the Royal Liverpool and Broadgreen is still having an impact on the CCG's overall performance as they continue to report above the threshold, at 3.2% in August but a lot lower than last month when 3.9% was reported. The biggest pressures are in Gastroscopy (39), MRI (31) and Flexi-Sigmoidoscopy (28).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in August recording 2.64% an improvement from last month when 3.89% was recorded. In August out of 5,920 patients, 156 patients were waiting at 6+ weeks and 14 at 13+ weeks. The majority of breaches were waiting for MRI (62), CT (4) and non-obstetric ultrasound (38).

Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity. Additional Inpatient activity has a consequence, reducing Outpatient capacity for CT and MR. Additional sessions have been agreed via Resource panel for September: The demand for Cardiac Imaging is impacting on performance against this standard. Wait for general CT, MR and Ultrasound is 6 weeks or less. Patients waiting longer than this time are for Cardiac CT and MR, in addition to MSK ultrasound.

For Endoscopy, during August, 14 of the 827 patients on the active waiting list for an endoscopic test waited over 6 weeks for their appointment. Endoscopy has continued to experience pressures with capacity due to a continued increase in colorectal cancer referrals. All patients were allocated a date for their procedure within 6 weeks for the August end of month position however due to a number of 2ww referrals requiring prioritisation within 8 days the patients were moved to dates in early September breaching the DM01 standard by a couple of days but not causing any clinical concern.

How are the issues being addressed?

Aintree Radiology Proposed actions:

- Additional waiting list initiatives activity continues to cover Consultant vacancy.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support staff are telephoning patients 7 days in advance and this will continue. This approach has seen a reduction in DNA's to below the national average.

- A full case of need is being prepared to present to the executive team at September Trust Board.

Aintree Endoscopy Proposed actions:

- Additional waiting list initiatives activity continues to cover the Consultant vacancy.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support staffs are telephoning patients 7 days in advance and this will continue. This approach has seen a reduction in DNA's to below the national average.
- A full case of need is being prepared to present to the executive team at September Trust Board.

When is the performance expected to recover by?

Recovery timescales are to be discussed with main provider.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Billie Dodd

3.3 Referral to Treatment Performance

Figure 15 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Aug	0	6	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Aug	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Aug	92%	89.54%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	18/19 - Aug	92%	89.34%	↔

Figure 16 – RTT Performance & Activity Trend

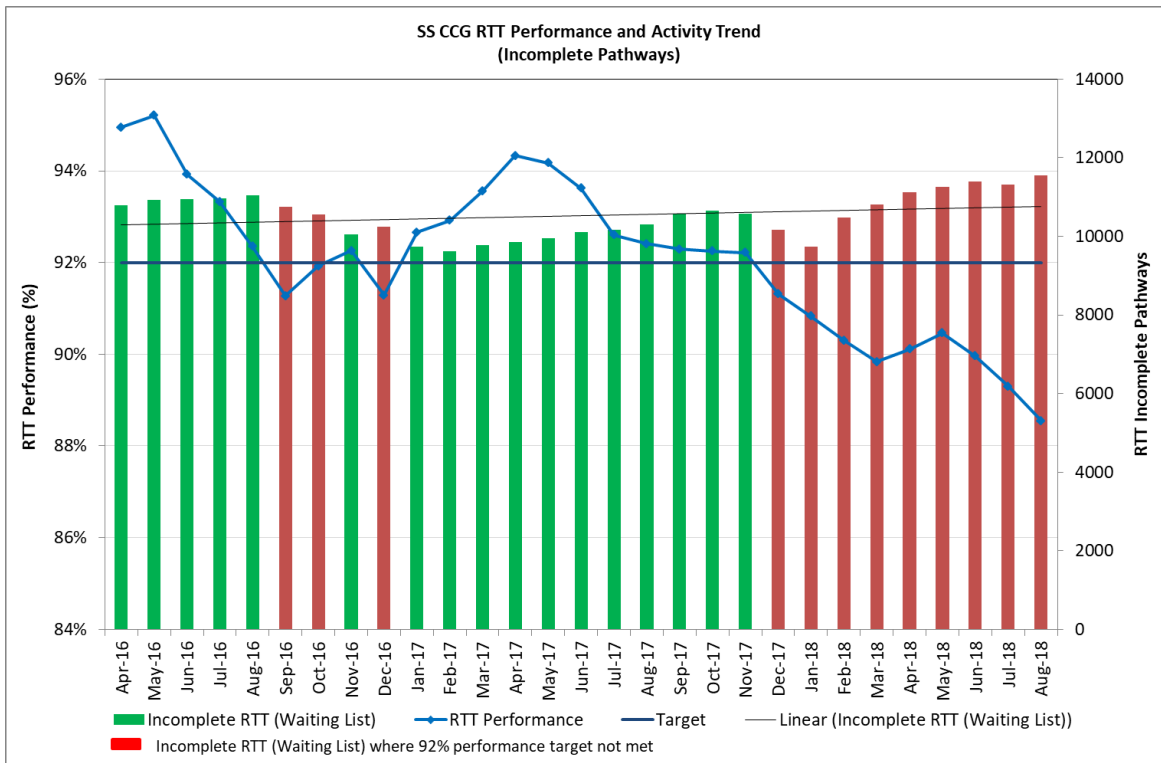


Figure 17 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806
2018/19	11,114	11,266	11,393	11,313	11,510							
Difference	1,269	1,315	1,292	1,152	1,200							

Performance Overview/Issues

For 2018/19 CCGs have a new target to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time only one 52 week waiter had been reported, so the plan submitted was zero, but following that two more were reported in March 2018.

In August, 6 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. 1 out of 6 has been treated so far and no patients harm reported to date. Of the 6 breaches, 2 were Gynaecology patients at Liverpool Women’s Hospital. The first patient was treated 06/09/2018 and the second patient has an appointment for 10/10/2018.

The remaining 4 cases are patients waiting at University Hospital of North Midlands (UHM) for bariatric surgery. Of the 4 cases, 2 are watch and wait, 1 was discharged with a decision not to treat, and one patient did not attend (DNA) meaning the clock has stopped. As previously reported following the closure of bariatric services in the North West, University Hospital of North Midlands agreed to take on the service, however demand has far exceeded capacity. The issues regarding

delays have been communicated with commissioners and CCGs across the North West region are affected by this issue. Through collaborative commissioning arrangements capacity is being sourced at alternative providers and the Trust continues to clinically review all long waiting patients and allocate appointment dates based on clinical need, followed by chronological waiting time. Commissioners participate in weekly calls with the Provider to progress this.

NHS England set CCGs the target for total RTT incomplete pathways in March 2019 to be no higher than in March 2018. Current performance for August 2018 (11,510) is higher than that of August of the previous year and is therefore not on target to achieve the year end position (10,806). South Sefton CCG and Aintree Hospital have submitted a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 89.54% for August. This is similar to the performance reported in July (89.3%). In August, of 11,510 patients, 1,319 were waiting over 18 weeks on the incomplete pathway. The CCG position is contributed to by RTT failures predominately at Aintree and Royal Liverpool and Broadgreen Hospitals, and University Hospital of North Midlands.

Aintree also failed this standard for August recording 89.34%. Out of 18,935 patients there were 2,018 waiting over 18 weeks on the incomplete pathway. Incomplete pathway totals 18,935 which is an increase of 232 against July's position.

The significant non-elective pressure experienced at the Trust over the winter period impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand following a pathway change implemented by the Trust continues to be compounded by an increase in the number of elective lists being cancelled to accommodate increased urgent trauma cases.

Cancellations and Did Not Attend (DNA) rates continue to be scrutinised and actions taken to reduce these. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.

The Trust are also declaring increased GP demand of 2.5% in referrals at trust catchment level, compounded by increases in patients attending AED subsequently being added to the elective waiting list. This is adding to the increased demand on follow-up capacity. South Sefton CCG are working with the provider to fully understand the true position in relation to the current referral levels being reported given that elective activity is currently under plan (see section 3.7.1).

Cancellations and Did Not Attend (DNA) rates continue to be scrutinised and actions taken to reduce these. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.

How are the issues being addressed?

In order to increase CCG assurance in respect of the safety of long waiting patients, CCGs have requested patient level commentary for all 36 week plus waiters across all providers.

Aintree Proposed Actions:

- Improve theatre utilisation at speciality level.

- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's where available in conjunction with a relaunch of weekly performance meetings with Planning and Performance / Business Intelligence leads.
- Recruitment of Trauma Consultant in progress.
- Continue to support the reduction in Endoscopy waits by supporting Waiting List Initiatives scope lists using dropped sessions in the week and additional sessions at weekends.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 weeks standard as a milestone measure for RTT performance. This is to include horizon scanning and capacity / demand planning with Head of Planning and performance.
- Continue to meet with CBMs on a weekly basis to focus on data quality and pathway validation.
- Continue to support the ACBU's with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / entry.

Royal Liverpool and Broadgreen Proposed Actions:

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in August (81.56%). The provider reported that the delivery of the 92% target remains a significant challenge for the Trust. NHS Improvement requested a revised trajectory, the trust have increased their trajectory to 85% for active pathways. A capacity and demand review is also being undertaken jointly with KPMG to enable them to plan for this increase in performance. The Outpatient Improvement Group and the Peri-Operative Group are well established now and early improvements have been noted in colorectal and dermatology. RTT action plans have been developed by each challenged speciality and progress against these are being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.

University Hospital North Midlands Proposed Actions:

University Hospital North Midlands NHS Trust in August recorded 78.85% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 21 out of 28 South Sefton CCG patients were recorded as waiting over 18. The issues regarding RTT performance and waiting times are described above in relation to 52+ week waits. CCGs are working collaboratively with other commissioners in Merseyside and Lancashire and MLCSU regarding alternative providers to ease capacity issues at UHNM and interim contracts are close to being agreed. Weekly teleconferences are in place with commissioners, CSU and UHNM.

When is the performance expected to recover?

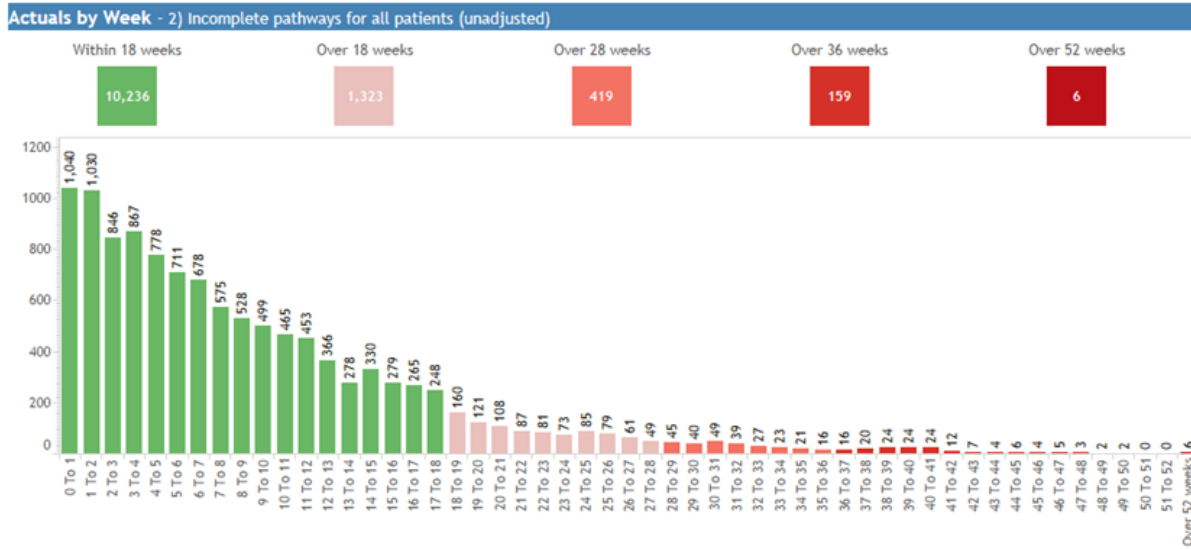
Aintree has submitted plans to NHSI to achieve the March 2019 position.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Billie Dodd

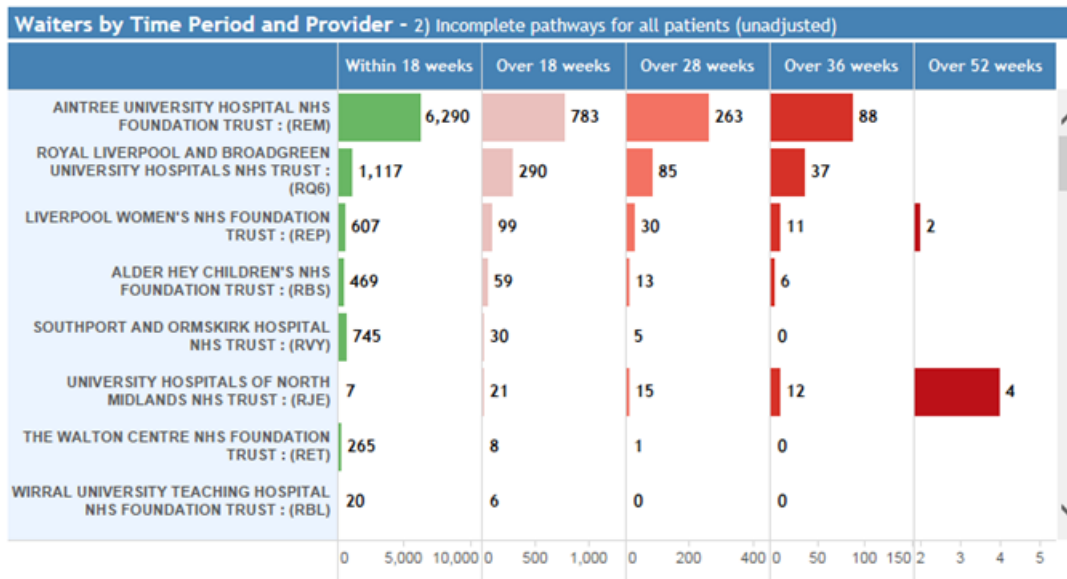
3.3.1 Incomplete Pathway Waiting Times

Figure 18 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 19 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 20 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

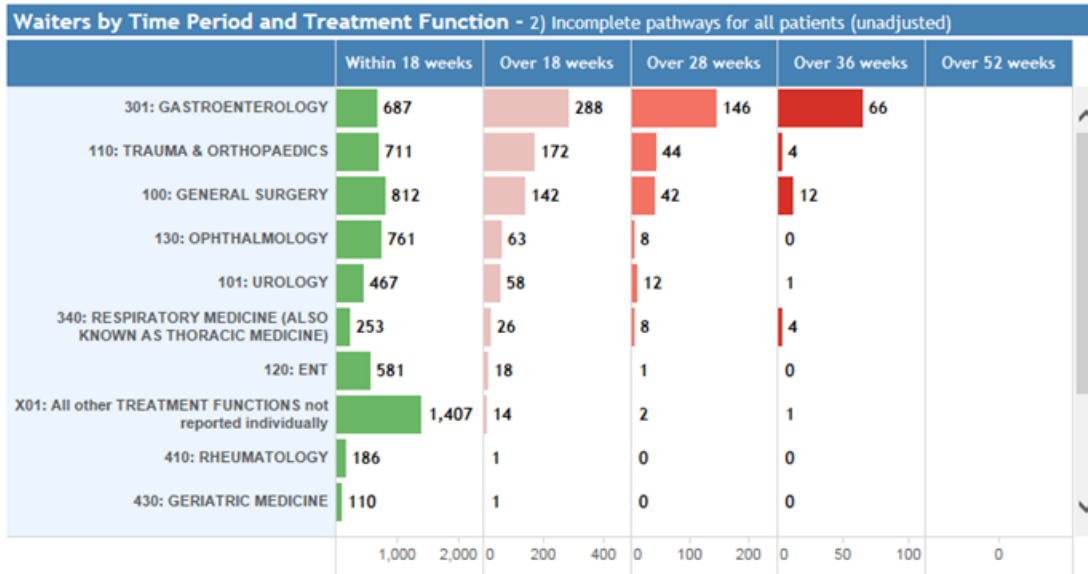
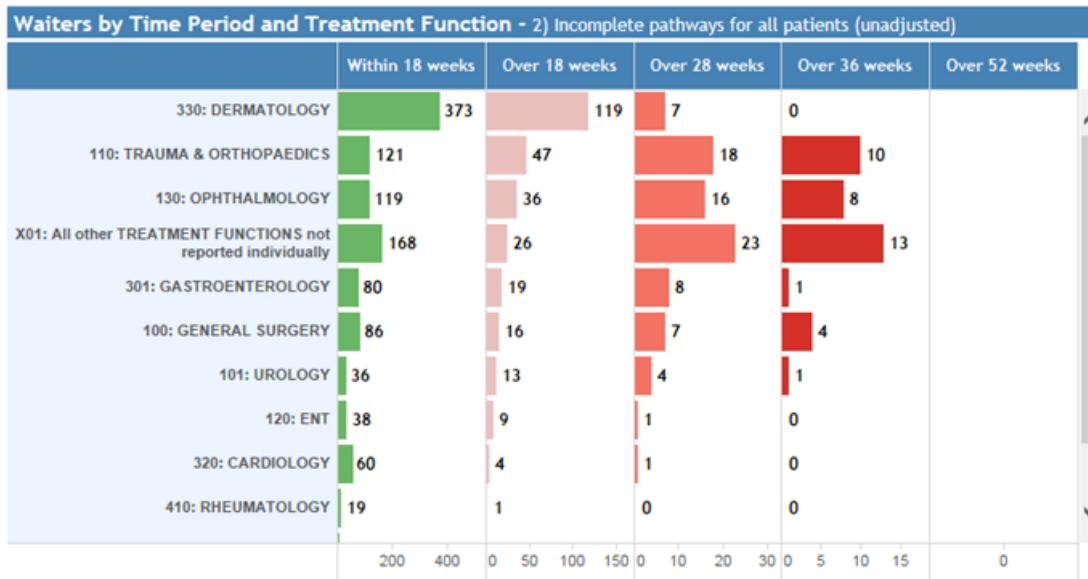


Figure 21 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 22 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait bands	Details
South Sefton	North Midlands	General Surgery	52+ weeks	4 Patients for waiting for bariatric surgery. The issue re: delays has been communicated with commissioners. Following closure of services in the North West the Directorate agreed to take on the service for those areas, demand has far exceeded capacity. 2 watch and wait, 1 DNA, 1 discharged decision not to treat.
South Sefton	Liverpool Womens	Gynaecology	52+ weeks	2 patients, first treated 6-9-18 second patient has appointment 10-10-18.
South Sefton	Liverpool Womens	Gynaecology	36 to 49 weeks	9 in total BUT 2 are on course to breach 52 weeks
South Sefton	North Midlands	General Surgery	36 to 47 weeks	8 patients waiting for bariatric surgery, issue same as the above.
South Sefton	Aintree	Gastroenterology	36 to 48 weeks	66 patients - 63 patients have their TCI dates and 3 pathways deleted.
South Sefton	Aintree	General Surgery	36 to 42 weeks	12 patients, all have either been seen or have TCI dates
South Sefton	Aintree	T&O	36 to 42 weeks	4 patients, all have been seen
South Sefton	Aintree	Thoracic Medicine	37 to 39 weeks	4 patients, 3 seen and 1 pathway stopped
South Sefton	Aintree	Urology	38 weeks	1 patient - seen 17-9-18
South Sefton	Aintree	Other	37 weeks	1 patient - seen 6-9-18
South Sefton	Alder Hey	Other	39 to 43 weeks	6 patients - 3 seen (2 of them treated) 2 sent to survive for review and date and 1 DNA which was discharged back to GP
South Sefton	Royal Liverpool	Other	36 to 44 weeks	13 patients - 1- treated in September and remaining 3 with TCI dates
South Sefton	Royal Liverpool	T&O	39 to 49 weeks	10 patients - 7 treated in September 2 with TCI dates and 1 with no date as yet
South Sefton	Royal Liverpool	Ophthalmology	36 to 45 weeks	8 patients - 7 treated in September and 1 with TCI date
South Sefton	Royal Liverpool	General Surgery	36 to 36 weeks	4 patients - 1 patient treated in September, 1 patient with TCI date and 2 with no date as yet
South Sefton	Royal Liverpool	Urology	36 weeks	1 patient - TCI date 10-10-18
South Sefton	Royal Liverpool	Gastroenterology	39 weeks	1 patient - TCI date 11-10-18
South Sefton	Countess of Chester	General Surgery	45 weeks	1 patients - No details as they report to West Cheshire as host CCG
South Sefton	Hull & East Yorkshire	Other	38 weeks	1 patient - TCI date 19-12-18
South Sefton	Sheffield Teaching	Other	39 weeks	1 patient - Awaiting TCI date
South Sefton	Robert Jones	T&O	38 weeks	1 - patient - Awaiting Trust update
South Sefton	Wrightington, Wigan	General Surgery	37 weeks	1 patient - No TCI date

3.4 Cancelled Operations

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

Figure 23 – Aintree Cancelled Operations

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 - Aintree	18/19 - Aug	0	0	1 ↔

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

Figure 24 – Aintree Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	18/19 - Aug	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 25 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - Aug	93%	91.23%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Aug	93%	89.75%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Aug	93%	92.88%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	18/19 - Aug	93%	89.87%	↓

Performance Overview/Issues

The CCG achieved the 93% target in August for patients referred urgently with suspected cancer with 93.83% but are failing year to date 91.23%. 41 patients out of 665 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to patient choice delay relating to first out-patient appointment. Nationally there has been a decline in 2 week wait performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services.

Aintree also achieved the 93% target in August for patients referred urgently with suspected cancer with 93.23%. 66 patients out of 975 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include, patient choice as the majority, outpatient capacity inadequate, other reason (not stated) and administrative delay.

Aintree failed the 93% breast target for August reaching 87.90% and are still failing year to date reporting 89.87%. Out of 157 patients there were 19 breaches. This was due to patient choice, and other reasons. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they are rebooked outside of the standard timescales due to capacity to provide a clinic appointment within 14 days from referral.

The launch of Advice and Guidance for breast services in July 2018 at Aintree should help in reducing demand in this cohort of patients where cancer is not initially suspected.

How are the issues being addressed?

See Trust actions below (62 Day Cancer section).

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 26 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Aug	96%	97.25%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Aug	96%	97.47%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Aug	94%	98.15%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Aug	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Aug	94%	97.01%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Aug	94%	98.45%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Aug	98%	99.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Aug	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 27 – 62 Day Cancer Performance measures

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)	18/19 - Aug	85% local target	76.47%	↔
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)	18/19 - Aug	85% local target	84.91%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Aug	90%	80.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Aug	90%	84.31%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Aug	85%	81.67%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Aug	85%	79.88%	↑

Performance Overview/Issues

The CCG achieved 2 of the 3 62 day measures in August, but are failing all 3 year to date. 62 day upgrade reported 77.78%, 76.47% year to date, in August there were 2 breaches out of 9 patients one reason not listed and the second was due to complex diagnostic pathway. 62 day screening reported 100% in August but are still failing year to date recording 80%. Lastly the 62 day standard 88.24% was reported in August, 81.67% year to date, there were the equivalent of 4 breaches out of a total of 34 patients, reasons reported were 2 other and 2 were complex diagnostic pathway.

Aintree failed 62 day upgrade reporting 84.44% in August (84.91% year to date) and had 3.5 breaches out of a total of the equivalent of 22.5 patients. But the achieved the 90% target for 62 day screening in August with a no patient breaches out of a total of 5 patients, but are failing year to date with a performance of 80%. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore a 0.5 breach will result in the Trust failing this standard unless treatments are higher.

Aintree failed the 85% target in August for 2 month wait from urgent GP referral to first definitive treatment recording 84.73% (79.88% year to date). Out of a total equivalent of 65.5 patients, 10 breached the target. The reasons for breaches include complex diagnostic pathway and reasons not listed. There are also significant pressures for treatments in other organisations such as Clatterbridge Cancer Centre and RLUBHT.

In August there were significant pressures from increased demand in high volume specialties, specifically in Colorectal, Urology and Head and Neck. The number of patients on a 62-day pathway is 1107 compared to 790 this time last year (30% increase in patients on pathway). There are also still a large number of patients who choose to delay their pathways because of holiday and work commitments. There are also capacity issues for surgery in other organisations to which the Trust refers patients (i.e. urology at RLBUH). Annual leave in July and August also resulted in reduced capacity in the Tumour groups. Increased demand has also impacted on Diagnostic services because all patients referred as suspected cancer have to receive the appropriate diagnostics to either confirm or exclude a cancer diagnosis.

How are the issues being addressed?

The CCG have on-going actions around cancer and are undertaking a capacity and demand review currently. This is to understand the increases in demand and are looking to address them where possible. All proposals will be taken to the Cancer Alliance.

Aintree undertook a 'snapshot' review of referrals re head and neck over a period of 2 weeks rather than a full audit. This revealed a number of inappropriate referrals. The team advised that they have difficulty accessing the referring GP to downgrade and end up seeing these inappropriate referrals. Work is currently being undertaken for a pilot in Liverpool using email as a mechanism to relay the downgrade in light of the above. Some National Support Fund money is planned to be used to support detailed work with this.

The overall number of referrals has increased enormously over recent months, particularly for prostate, circa 30%. This has been seen nationally and felt to be due to a number of factors including the 'celebrity effect' and charities such as Prostate Cancer UK encouraging 'screening' particularly through football venues. This has been considered nationally and as a result prostate performance from the last quarter was not used in consideration of transformation money for all cancer alliances nationally. Work is currently underway to support a gold standard prostate pathway through the cancer alliance. All trusts are involved in this work. Of note not only have the number of referrals increased for prostate but also the number of treatments.

There are on-going concerns from Trusts broadly around the quality of cancer referrals including both compliance with NICE Guideline 12, quality and critical information. Additional work is going on across the Cancer Alliance around referrals to ensure that all information is pulled through on the GP clinical system through the development of templates which have mandated fields. This is currently being tested in Warrington. Liverpool CCG are looking at the use of protocols on EMIS which should also help streamline referrals.

Aintree have had a National Support Fund for 62 day improvement to access additional funding to support the cancer performance for colorectal cancer services, the Cancer Alliance Programme Board has allocated £50k to support service improvement for the Trust over the next 12 months. Along with this Aintree will host and manage a project to deliver significant improvements for head & neck cancer services across Cheshire & Merseyside. It is proposed that funding of £150k is allocated to support project management and clinical leadership necessary to delivery improvements including implementation of the optimal pathway.

Trust Actions:

- Weekly Senior Operations Team briefings taking place, with focus on measures to reduce delays including any delays to patient diagnosis from Liverpool Clinical Laboratories (LCL) or diagnostics to ensure pathway is streamlined as much as possible. Targeted work lists are now produced to provide focus and remove barriers to the patient journey.

- Meeting dates are now confirmed with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head and Neck.
- There has been a confirmed increase in all Tumour groups since April. There has been a 30% rise in the numbers of patients on cancer pathways when compared to the same time in 2017. An audit was been completed in Head & Neck to identify the number of inappropriate 14 day referrals that are received to ensure that the correct patients are referred into 2 week services. The audit has shown that many of the referrals are in appropriate and communication has commenced with GPs to reduce the number of referrals being sent to 2 week clinic inappropriately.
- Increased collaborative working with partners such as LCL and CCGs to ensure that delays in patient pathways because of patient choice or delayed results are minimised.

When is the performance expected to recover?

The performance is not expected to recover this financial year but the actions above will impact on improved performance.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Debbie Harvey	Billie Dodd

3.5.4 104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national Backstop policy for managing long waiting cancer patients.

Aintree had 1 half patient breach and 1 full patient over 104 days, the half patient breach waited 174 days no reason given than other. The second full patient breach waiting 104 days and delay was due to complex diagnostic pathway. RCAs are awaited and will be shared with NHSE.

3.6 Patient Experience of Planned Care

Figure 28 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: **Aug-18**

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.2%	38.7%		96%	93%		2%	4%	

Aintree Friends and Family Inpatient test response rates are now above the England average of 24.9% for August at 38.7% this is a big increase from last month when 21.7% was recorded. The proportion of patients who would recommend the Trust is same as last month at 93% and unfortunately is still below the England average of 96%. The proportion who would not recommend has remained the same as the previous month, but is still above the England average of 2%.

The Trust presented an update on their FFT and patient to the CCG Engagement and Patient Experience Group (EPEG) in May 2018; a further update is expected in November 2018 to EPEG. The Patient & Family Experience Plan 2018-2020 was shared at the September 2018 CQPG to align with the Safety and Quality Strategy and Strategy for Care.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 5 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£68k/-0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £234k/1.2%.

At specific over performing Trusts, St Helens & Knowsley Hospital is reporting the largest cost variance with a total of £86k/20%. However, in contrast, Aintree Hospital are under performing by -£265k/-2%.

Figure 29 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	72,432	72,408	-24	0%	£12,628	£12,363	£-265	-2%	£265	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,755	6,192	437	8%	£728	£768	£40	5%	£-40	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	509	580	71	14%	£174	£176	£1	1%	£-1	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	6,684	5,960	-724	-11%	£1,277	£1,188	£-89	-7%	£89	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	12,827	13,464	637	5%	£2,149	£2,186	£37	2%	£-37	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,307	1,351	44	3%	£422	£396	£-26	-6%	£26	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	99,513	99,955	442	0%	£17,379	£17,077	£-302	-2%	£302	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	77	93	16	20%	£11	£14	£3	25%	£0	£3	25%
COUNTESSE OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	59	59	0%	£0	£6	£6	0%	£0	£6	-
FAIRFIELD HOSPITAL	82	90	8	10%	£22	£20	£-2	-8%	£0	£-2	-8%
ISIGHT (SOUTHPORT)	227	323	96	43%	£40	£58	£18	44%	£0	£18	44%
RENACRES HOSPITAL	2,659	2,863	204	8%	£818	£780	£-37	-5%	£0	£-37	-5%
SALFORD ROYAL NHS FOUNDATION TRUST	0	70	70	0%	£0	£26	£26	0%	£0	£26	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	5,358	5,180	-178	-3%	£912	£942	£30	3%	£0	£30	3%
SPIRE LIVERPOOL HOSPITAL	1,192	1,247	55	5%	£374	£376	£3	1%	£0	£3	1%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,957	1,942	-15	-1%	£421	£507	£86	20%	£0	£86	20%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	530	598	68	13%	£122	£117	£-5	-4%	£0	£-5	-4%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	82	82	0%	£0	£27	£27	0%	£0	£27	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	189	189	0%	£0	£39	£39	0%	£0	£39	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	489	639	150	31%	£198	£239	£41	21%	£0	£41	21%
ALL REMAINING PROVIDERS TOTAL	12,570	13,375	805	6%	£2,918	£3,152	£234	8%	£0	£234	8%
GRAND TOTAL	112,083	113,330	1,247	1%	£20,297	£20,229	£-68	-0.3%	£302	£234	1.2%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 30 - 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	5,644	5,515	-129	-2%	£3,486	£3,465	£-21	-1%
Elective	831	649	-182	-22%	£2,362	£1,936	£-426	-18%
Elective Excess BedDays	277	257	-20	-7%	£67	£61	£-6	-9%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	180	129	-51	-28%	£38	£28	£-9	-25%
OPFANFTF - Outpatient first attendance non face to face	1,079	834	-245	-23%	£31	£24	£-7	-22%
OPFASPCL - Outpatient first attendance single professional consultant led	13,075	13,099	24	0%	£2,061	£2,109	£49	2%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	585	304	-281	-48%	£49	£29	£-21	-41%
OPFUPNFTF - Outpatient follow up non face to face	1,339	3,010	1,671	125%	£32	£73	£40	125%
OPFUPSPCL - Outpatient follow up single professional consultant led	33,718	31,875	-1,843	-5%	£2,330	£2,297	£-33	-1%
Outpatient Procedure	9,183	9,991	808	9%	£1,237	£1,341	£104	8%
Unbundled Diagnostics	5,923	6,134	211	4%	£478	£534	£56	12%
Wet AMD	598	611	13	2%	£457	£466	£8	2%
Grand Total	72,432	72,408	-24	0%	£12,628	£12,363	£-265	-2%

Underperformance within planned care at Aintree Hospital is evident against the majority of points of delivery. However, the overall under spend of £-265/-2% driven by reduced elective activity. Electives are currently £-426/-18% under plan, which can be attributed to a 26% reduction in activity within the Trauma & Orthopaedics speciality.

Outpatient procedures are currently £104k/8% above plan at month 5. Cardiology is showing the largest cost variance within this particular POD (£52k/48%), which can be attributed to an increased number of electrocardiograms being performed.

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

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 31 - 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	343	357	14	4%	£222	£242	£21	9%
Elective	59	56	-3	-5%	£138	£130	-£8	-6%
Elective Excess BedDays	2	26	24	1326%	£1	£6	£5	884%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	52	80	28	53%	£9	£15	£6	67%
OPFASPCL - Outpatient first attendance single professional consultant led	716	726	10	1%	£117	£122	£5	4%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	118	124	6	5%	£9	£12	£3	27%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,713	1,459	-254	-15%	£132	£117	-£16	-12%
Outpatient Procedure	2,017	2,005	-12	-1%	£257	£270	£13	5%
Unbundled Diagnostics	337	347	10	3%	£26	£27	£1	4%
Grand Total	5,358	5,180	-178	-3%	£912	£942	£30	3%

* PbR only

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

Overall, planned care elements of the contract are largely above plan with over performance evident across a number of PODs. The total over performance of £30k/3% at month 5 is due in part to increased day case activity and outpatient procedures. Minor skin procedures have contributed to over performance in both areas.

3.7.3 Renacres Hospital

Figure 32 - 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	250	232	-18	-7%	£310	£272	-£37	-12%
Elective	67	52	-15	-22%	£312	£274	-£38	-12%
OPFASPCL - Outpatient first attendance single professional consultant led	468	602	134	29%	£77	£97	£20	26%
OPFUPSPCL - Outpatient follow up single professional consultant led	703	771	69	10%	£45	£49	£4	9%
Outpatient Procedure	380	233	-147	-39%	£38	£40	£2	4%
Unbundled Diagnostics	186	221	35	19%	£18	£21	£3	15%
Physio	605	571	-34	-6%	£18	£17	-£1	-6%
OPPREOP	0	181	181	0%	£0	£11	£11	0%
Grand Total	2,659	2,863	204	-17%	£818	£780	-£37	25%

Renacres under performance is evident within Day Case and Electives, with these two PODs showing a combined under spend of -£75k. Very major knee procedures account for the majority of this reduced performance against plan at month 5. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.4 St Helens & Knowsley Teaching Hospitals NHS Trust

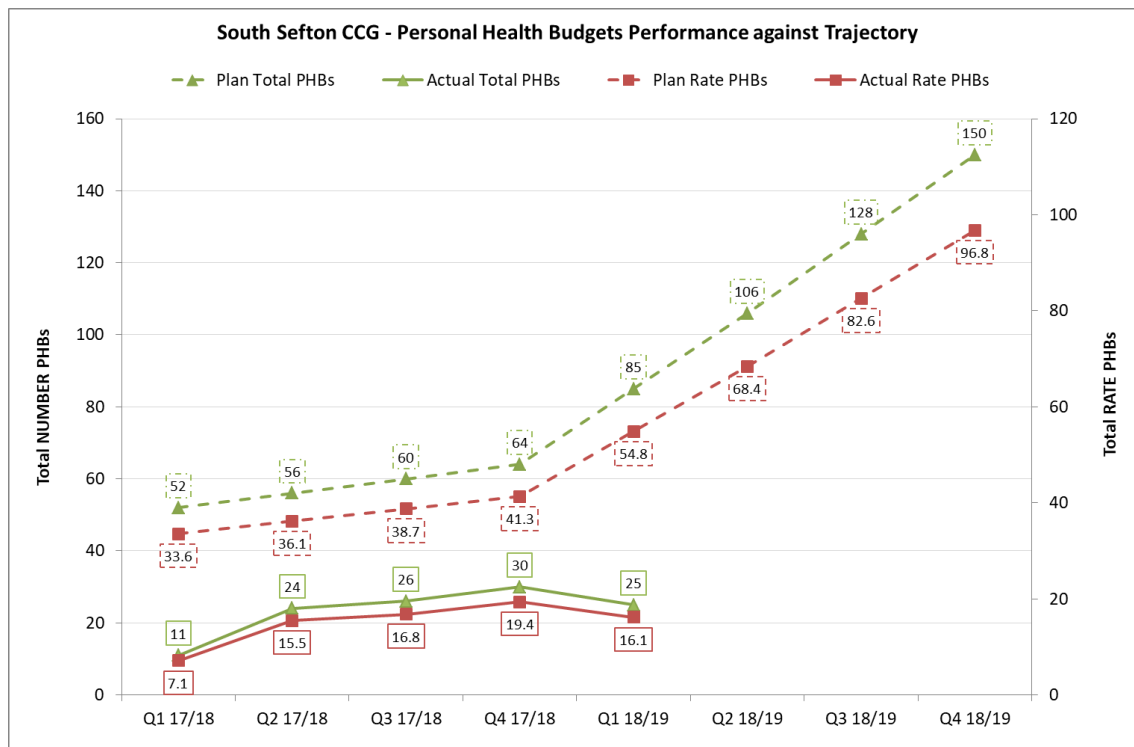
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD

St Helens & Knowsley 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	242	247	5	2%	£204	£228	£23	11%
Elective	23	42	19	80%	£62	£140	£78	125%
Elective Excess BedDays	4	0	-4	-100%	£1	£0	-£1	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	3	5	2	92%	£1	£1	£1	109%
OPFASPCL - Outpatient first attendance single professional consultant led	295	276	-19	-7%	£41	£37	-£4	-11%
OPFASPNCPL - Outpatient first attendance single professional Non Consultant Led	24	31	7	27%	£1	£2	£0	9%
OPFASPNCPL - Outpatient first attendance single professional	41	49	8	19%	£4	£5	£1	21%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	671	655	-16	-2%	£37	£36	-£1	-3%
OPFUPSPCL - Outpatient follow up single professional consultant led	109	172	63	58%	£5	£4	£0	-7%
OPFUPSPNCPL - Outpatient follow up single professional non consultant led	16	0	-16	-100%	£0	£0	£0	-100%
OPFUPSPNCPL - Outpatient follow up single professional non consultant led non face to face	0	10	10	-	£0	£0	£0	-
Outpatient Procedure	423	361	-62	-15%	£57	£47	-£10	-17%
Unbundled Diagnostics	104	93	-11	-10%	£8	£8	£0	2%
Grand Total	1,956	1,941	-15	-1%	£421	£507	£86	20%

St Helens & Knowsley over performance is evident within Electives and Day Cases, with these two PODs showing a combined over spend of £101k. Variance against plan across the remaining points of delivery within planned care is minimal. Plastic Surgery is the key over performing specialty within both Electives and Day Cases with small amounts of activity reported against a number of HRGs in both areas.

3.8 Personal Health Budgets

Figure 34 - South Sefton CCG – PHB Performance against Trajectory



Performance Overview/Issues

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for Quarter 1 to increase to 85 to reach 54.84 per 100,000 population. Quarter 1 shows 25 PHBs and an actual rate of 16.1, this is under the trajectory set by NHS England.

How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving Continuing Health Care will be a default position from April 2019. Community providers and CSU have been requested to provide assurance to meet compliance at; Clinical Quality and Performance Group, Contract Review Meetings and CHC steering group
- **Wheelchairs:** The CCG have secured mentorship from NHS England with support of Hull CCG. A stakeholder event is scheduled to take place in September. Wheelchair PHBs are an agenda item at the Integrated Commissioning Group for engagement with Sefton Council. The budget for South Sefton CCG remains with NHS E.
- **Children Complex Care:** The CCG have secured mentorship from NHS E with mentor CCG yet to be confirmed.
- **End of Life Fastrack:** The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead.
- **Mental Health S117:** The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS E event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

When is the performance expected to recover?
End of quarter 4 2018/19.

Who is responsible for this indicator?

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

3.9 Continuing Health Care (CHC)

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

Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

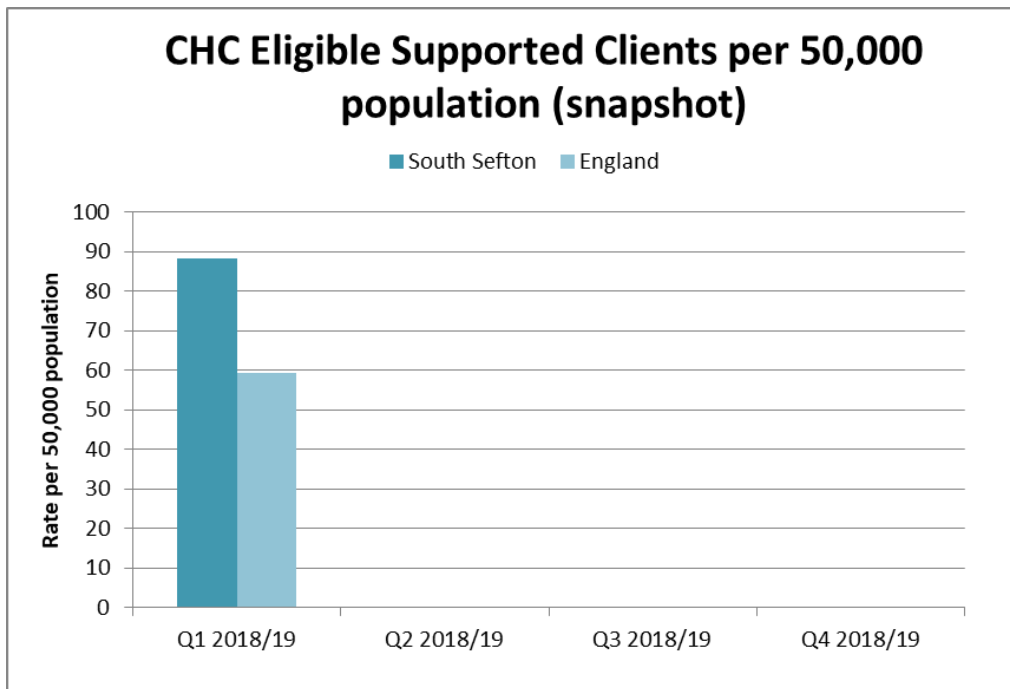


Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

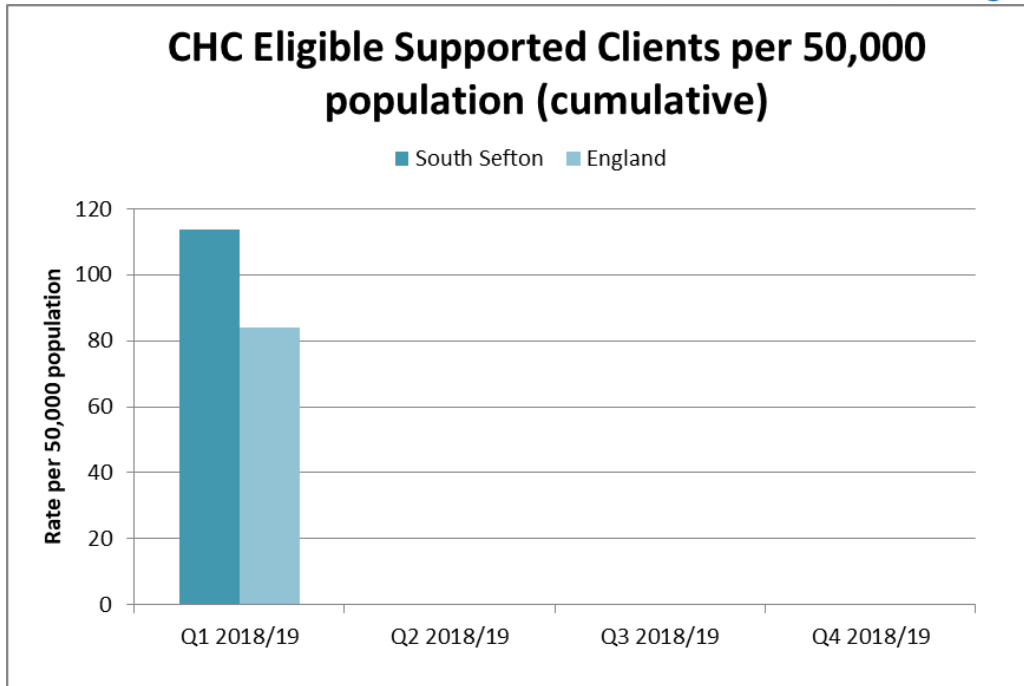


Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

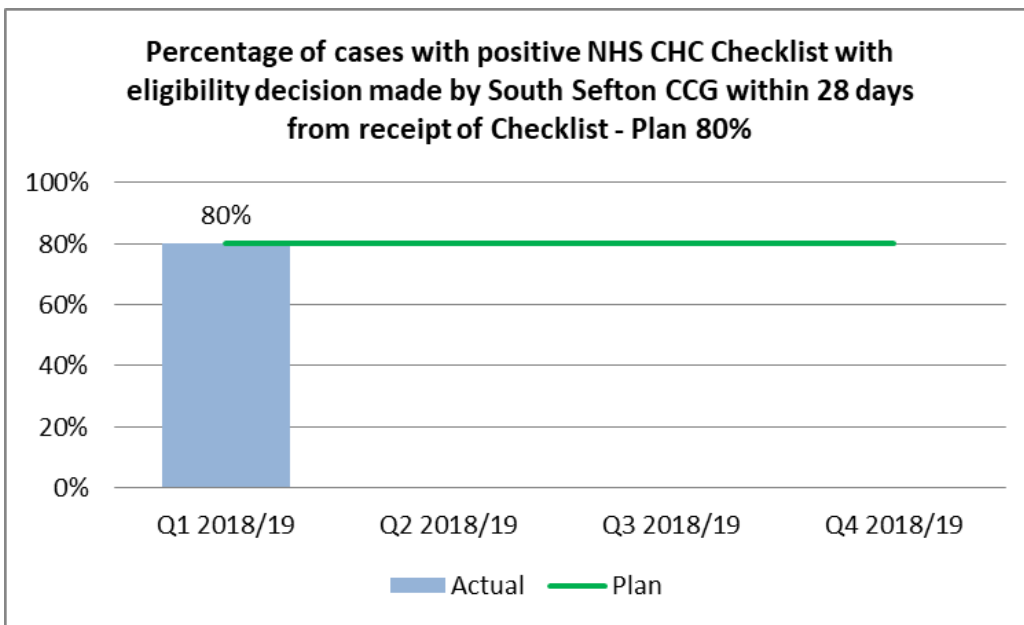
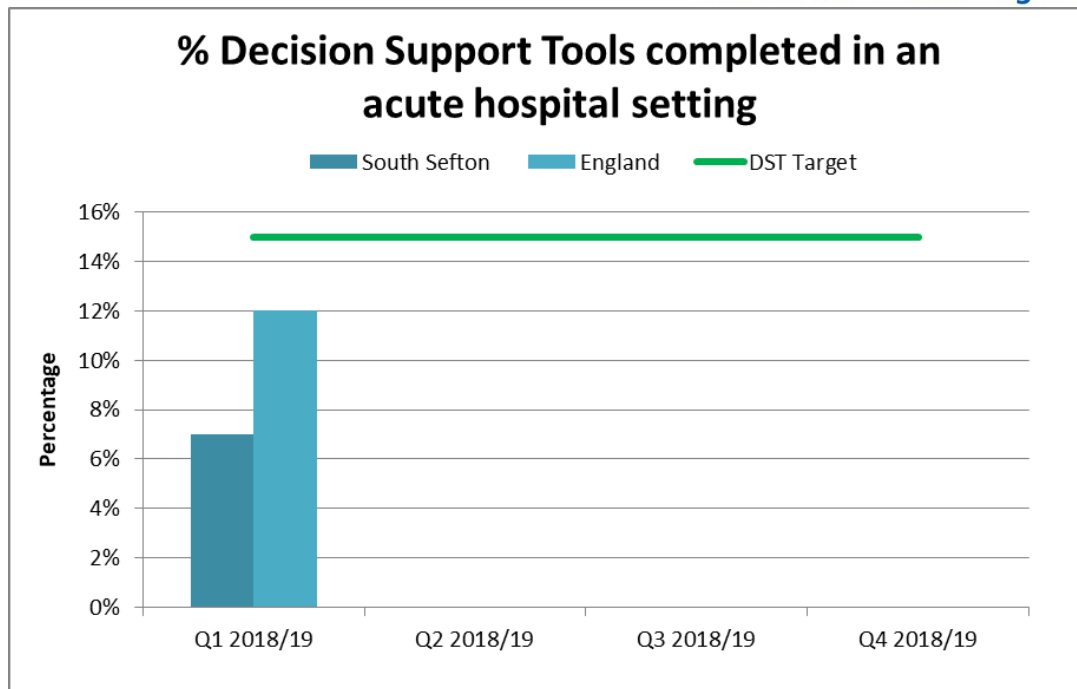


Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



3.10 Smoking at Time of Delivery (SATOD)

Figure 39 - Smoking at Time of Delivery (SATOD)

	South Sefton		
	Actual	YTD	FOT
Number of maternities	376	376	1504
Number of women known to be smokers at the time of delivery	55	55	220
Number of women known not to be smokers at the time of delivery	320	320	1280
Number of women whose smoking status was not known at the time of delivery	1	1	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	14.6%	14.6%	14.6%

The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

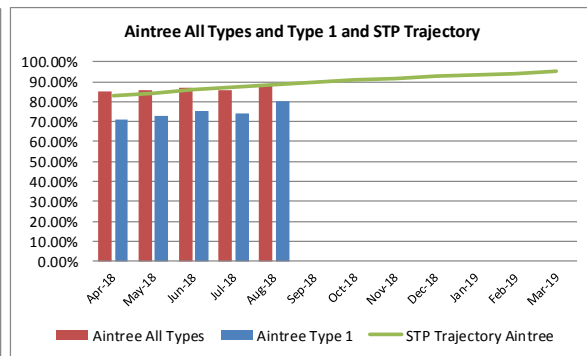
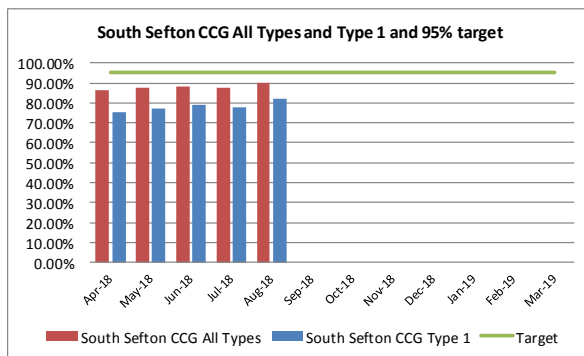
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 40 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Aug	95%	87.85%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Aug	95%	78.33%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Aug	STP Trajectory Aug Target 88.6%	86.53%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Aug	95%	74.60%	↑

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	86.53%



Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved the August trajectory of 88.6% with a performance of 88.98% for all A&E department types.

How are the issues being addressed?

CCG Actions:

Urgent Care Lead supports a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning; as well as admission avoidance schemes to reduce A&E attendances:

- Involvement in weekly Multi Agency Discharge Events (MADE) along with other representatives from health and social care. The MADEs have been refocused and are

ward based alternate weeks to support discharge planning with opportunity to ensure SAFER processes are embedded and sustained.

- Also involved in weekly Patient Flow Telecons where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.
- CCG have taken a lead role within the Newton Europe DTOC project with system wide action plans now being developed to support patient flow and enhance quality of care. Work is being undertaken with health and social care providers and commissioners across North Mersey.
- Facilitated development of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWS to support patients at home who do not require conveyance to A&E. Aim to share good practice and roll out to Southport & Formby and Liverpool to ensure consistent offer to NWS.
- Pathway developments underway or being refocused to reduce A&E attendances e.g. Falls being progressed with plans to review DVT and Cellulitis as examples of admissions observed on MADEs.
- Collaborative work being carried out with Liverpool and Knowsley CCGs to review Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.

Trust Actions:

- Consolidate all actions into one improvement plan that informs all improvement work in the department and is monitored through the senior team for the Clinical Business Unit (CBU) and reported into the Executive Led Non Elective Flow Group.
- Following review of Primary Care Streaming (PCS), implement a more effective staffing model which will potentially incorporate the GP's already working in the department and review and update the referral criteria to increase the throughput into the service. Following a recent deep dive review the use of Ambulatory Emergency Care (AEC) at weekends will be audited to determine whether there is demand at weekends (previous audit did not evidence requirement).
- A review of medical staff rosters will aim to identify opportunities to increase cover at weekends, and that key functions such as pit stopping and input from the trauma on call staff to the wider Emergency Department (ED) activity are issues that the review will address. The review will also include a scoping exercise to incorporate Advanced Nurse Practitioners into the medical staff rota.
- Complete Non Elective Flow (NEF) dashboard to enable reliable data to be used to drive decision making. Dashboard has been developed for ED, AEC and assessment areas – development for site teams KPI's in progress to support flow from the department once decision is made to admit.
- A four day Rapid Process Improvement Workshop is planned for 25th to the 28th September to focus on the pathway from registration to discharge from See and Treat. This has two broad aims – one is to improve the resilience of the pathway by removing waste and increasing throughput and the other is to explore ways in which we can better address surge. The actions from this will be implemented without delay after the event. The CBU will then aim to undertake a Rapid Improvement Event every 6-8 weeks thereafter. The department has instigated a deep dive desk top session looking at times when the department is/was particularly busy with the aim of getting a deeper level of understanding as to what causes the issues of poor flow and overcrowding. These deep dives then serve as a source of info to inform improvement plans.

When is the performance expected to recover?

For achievement by March 2019 in line with agreed A&E trajectory.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

Figure 41 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	18/19 - Aug	0	0	↓

4.2 Ambulance Performance

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

In August there was an average response time in South Sefton of 8 minutes 58 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 28 minutes against a target of 18 minutes, an improvement on last month but still failing the target. The CCG whilst again improving on last month still failed the category 3 target of 120 minutes with an average response time of 2 hours 51 minutes, but achieved for category 4, one of only two CCGs in the area to do so.

Figure 42 – Ambulance handover time performance

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	18/19 - Aug	0	89	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Aug	0	56	↓

Performance Overview/Issues

Ambulance handover performance saw a decrease in the number of delays in excess of 30 minutes to 89 (-41) there was also a decrease in the number of delays in excess of 60 minutes to 28 (-28). The average time from notification to handover was the best it has been for the last 12 months at 9minutes 34 seconds. The median time to see 1st clinician has decreased to 61 minutes (-22) in August against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes has increased to 83.83% (+9.63%) from July 74.20%. The clinical quality indicators for the number of patients who leave the department before being seen has decreased to 3.72% from 5.17% in July (-1.45%) Patients re-attending in August has also decreased to 9.15% against July 14.82% (5.67%).

How are the issues being addressed?

The Ambulance Response Programme (ARP) is made up of a range of standards – some which are within the delivery of NWAS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWAS meeting has identified that significant strides are being made by NWAS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus is also on Aintree and the need to improve handover times. Aintree has been identified as one of six sites within the North West who will work in collaboration with NWAS to improve against this standard. The six sites were chosen on the basis of their performance in regard to handover, against the four hour target and their volume of NWAS activity. Further support will be given to the improvement work from NHS Improvement.

When is the performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report will be produced once all September data has been submitted to be shared with CCG Governing Bodies.

Who is responsible for this indicator?

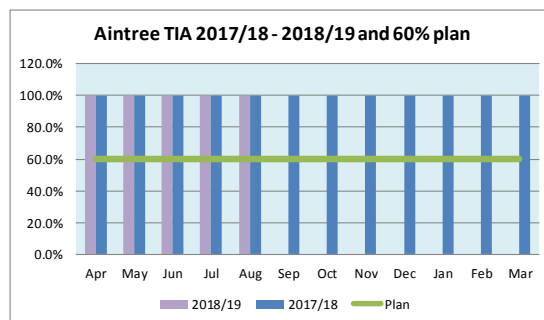
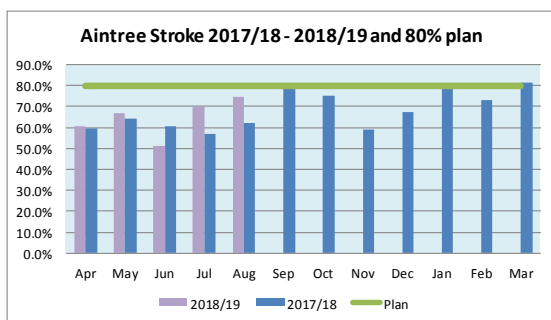
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Figure 43 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - Aug	80%	74.47%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Aug	60%	100%	↔



Performance Overview/Issues

Performance against the 90% stay standard was 74.5% for August 2018. There were 47 patients with a diagnosis of stroke who were discharged from the Trust during the month.

Of these discharges, 35 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 12 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 7 patients required admission to the Stroke Unit but no beds were available
- 1 patient arrived during the night when there was no Stroke Nurse on duty
- 2 patients were atypical presentations and diagnosed after MRI
- 1 patient was transferred to a medical bed for palliative care
- 1 patient was a late referral to the Stroke team. MRI confirmed diagnosis

Lack of available stroke beds remains the biggest contributor to the inability to achieve the standard.

How are the issues being addressed?

A business case has been through the QIPP committee to commission an (ESD) Early Supported Discharge team.

Trust Actions:

- Implement agreed workforce plan to include a review of Stroke Nurse Clinician capacity, ANP, therapy and Band 6 posts. Open fourth HASU Bed.
- Provide full-time dedicated Discharge Planner for the Stroke Unit supported by a Discharge Planning Assistant to improve flow out of the unit.
- Improve time to senior review in the Emergency Department 8pm to 9am to ensure timely transfer of patients from ED to the Stroke Unit.
- Implement training programme across Emergency Department and Acute Medical Unit to improve referral process to the stroke team.
- Embed daily operational meetings to review stroke performance, outliers and discharges to include step-down beds on A2H and Ward 34.
- Improve SSNAP score for Speech and Language and MDT working.

When is the performance expected to recover?

March 2019.

Who is responsible for this indicator?

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

4.3.2 Mixed Sex Accommodation

Figure 44 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Aug	0.00	0.20	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - Aug	0.00	0.00	↔

The CCG has 1 patient breach or mixed sex accommodation in August at Southport & Ormskirk Hospital. The Trust has reported that the majority of breaches on Critical Care are as a result of patients awaiting transfer to acute beds within the hospital. Due to improvements in patient flow in August, any delayed discharges from Critical Care were moved to more appropriated beds in a timelier manner. Actions to address poor flow both internal and system-wide continue to be implemented.

4.3.3 Healthcare associated infections (HCAI)

Figure 45 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Aug	22	26	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Aug	19	18	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Aug	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Aug	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Aug	52	65	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Aug	No Plan	153	↓

Performance Overview/Issues

The CCG had 4 new cases of Clostridium Difficile reported in August (26 YTD) against a year to date plan of 22 (12 apportioned to acute trust and 14 apportioned to community). Aintree had 2 new cases reported in August (18 YTD) against a year to date plan of 19 so are now reporting green.

The CCG had no new cases in August but the 1 case of MRSA in July apportioned to the community has now failed the zero tolerance threshold for 2018/19. Aintree had no new cases of MRSA in July but as they had a case in May and will also failed the threshold for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In August there were 10 cases (65 YTD) against a year to date plan of 52. Aintree reported 27 cases in August (153 YTD). CCGs are leading on achieving the Quality Premium; South Sefton came in under plan for 2017/18 reporting 138 against the plan of 142. There are no targets set for Trusts at present.

Enhanced surveillance of E. coli bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any E. coli bacteraemias are reported monthly to Public Health England (PHE). Independent sector healthcare organisations providing regulated activities have also undertaken surveillance of E. coli bacteraemia since June 2011. The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021.

Approximately three-quarters of E.coli BSIs occur before people are admitted to hospital. Reduction therefore requires a whole health economy approach.

How are the issues being addressed?

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.difficile and E.Coli).

When is the performance expected to recover?

Quarter 1, 2019/20.

Who is responsible for this indicator?

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

4.3.4 Hospital Mortality

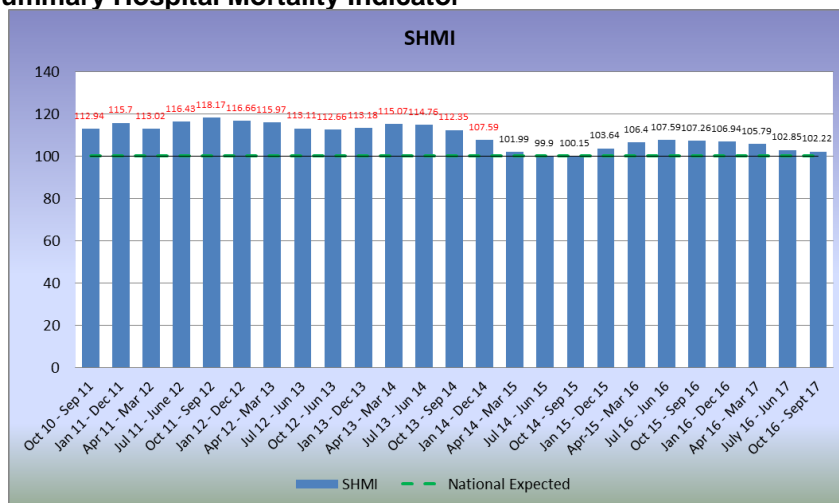
Figure 46 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Aug	100	98.61	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	102.22	↔

HSMR has increased to 98.61 this month (97.18 was previously reported). Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI at 102.22 is marginally better at June 2017 and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 47 - Summary Hospital Mortality Indicator



4.4 CCG Serious Incident Management

The Quality Team have now submitted the response to NHSE Cheshire & Merseyside in relation to the review of the CCGs Management of Serious Incidents. The action plan resulting from the review will continue to be presented and monitored at Joint Quality Committee. An external review with MIAA will take place in Q3.

There are a total of 68 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a South Sefton CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Serious Incident for South Sefton Commissioned Services and South Sefton CCG Patients

Trust	SIs reported (M5)	SIs reported (YTD)	Closed SIs (M5)	Closed SIs (YTD)	Open SIs (month 5)	SIs open >100days (M5)
Aintree University Hospital	3	19	5	33	29*	15*
Mersey Care NHS Foundation NHS Trust (SSCS)	2	4	0	13	7	3
South Sefton CCG	0	0	2	3	3	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	2	10	3	11	17	10
North West Boroughs NHS Foundation Trust	0	2	0	0	3	1
Southport and Ormskirk Hospitals NHS Trust	0	2	0	2	3	1
Liverpool Women's Hospital	0	0	0	0	3	3
Liverpool Community Health	0	0	0	0	2	2
The Walton Centre	0	0	0	0	1	1
TOTAL	7	37	10	62	68	39

*4 SIs have since been closed (at the time of reporting).

Aintree University Hospital

A theme has been noted on the timely actioning of results at the Trust which is being managed with oversight by the CQPG with the Trust implementing a 'Results to Action' task and finish group. A Results to Action report, action log and analysis report were all presented and discussed at CQPG in June 2018. The following has also been highlighted at Aintree CQPG at June 2018:

- Registered Nursing Substantive staffing and vacancies linked through to risk assessments not being completed implicated in Falls and Pressure Ulcers
- Falls Presentation was presented to CQPG with an action plan to support improvements/sustainability.
- A Never Events report was presented to CQPG on 11th April 2018 which included a discussion regarding the challenges/progress implementing LoCSIPPS and NatSIPPS. A further update was provided at CQPG on 9th May 2018 and on 13th June 2018.

Mersey Care NHS Foundation Trust – South Sefton Community Services (SSCS)

The most commonly reported incident type in 2018/19 is pressure ulcers meeting SI criteria. The CCG will continue to monitor themes that are emerging within this serious incident type and note that the provider has put in place a number of quality improvement measures to support the reduction of pressures ulcers in community patients.

Additionally, SSCS is working in collaboration with NHS Improvement on the “Stop the Pressure” Programme (STPP) which is part of a wider Patient Safety Campaign and is an improvement priority within the NHSI business plan. This pilot aims to reduce the deterioration of category 2 and 3 pressure ulcers for patients and reduce the overall reduction targets.

4.5 CCG Delayed Transfers of Care

Delayed transfers of care data is available on the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly.

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

4.6 Patient Experience of Unplanned Care

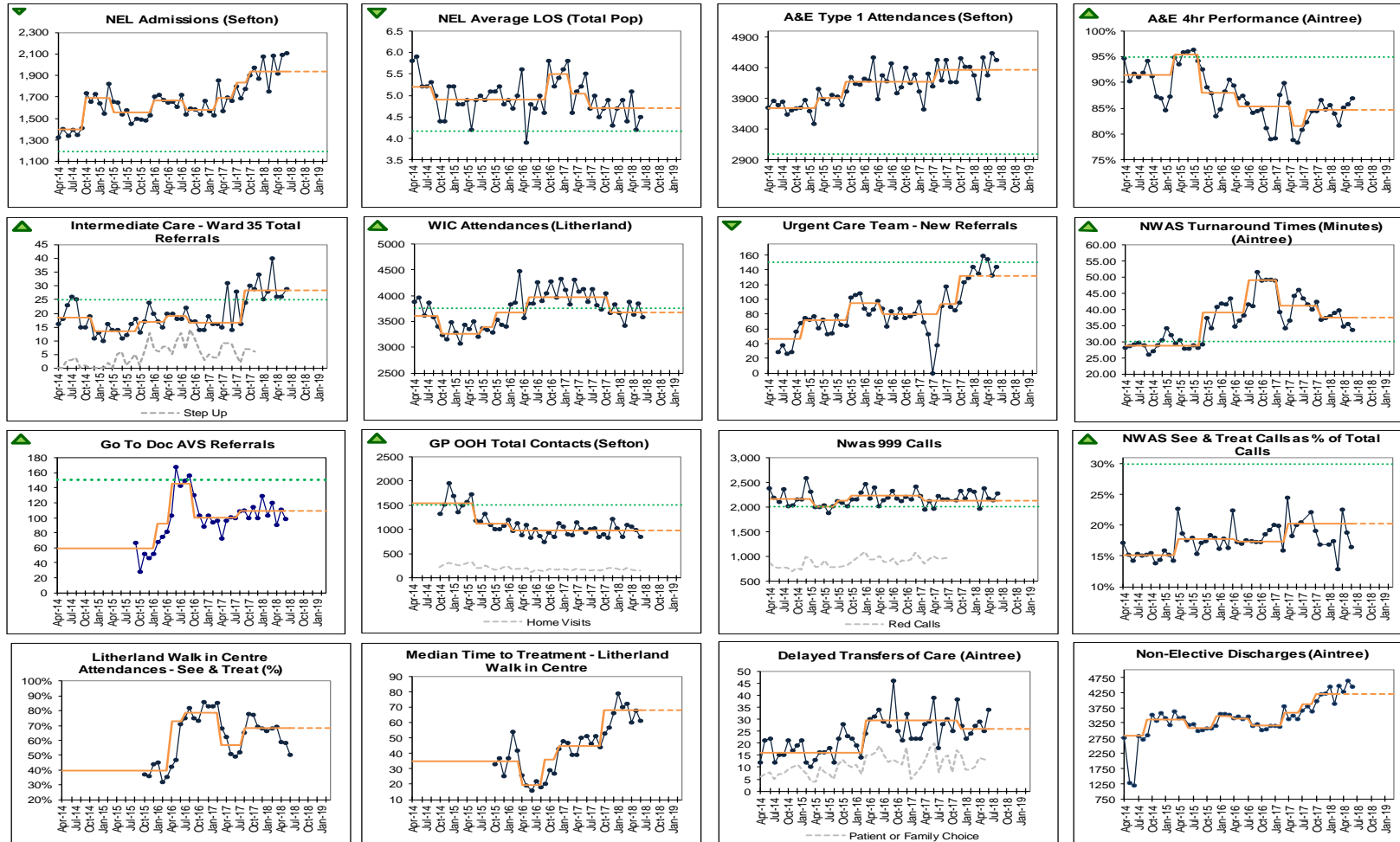
Figure 48 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.8%	20.0%		88%	90%		7%	6%	

4.7 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions (O#1)	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay (O#2)	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances (O#3)	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types (O#4)	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances (P#1)	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals (P#2)	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals (P#3)	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc ATT Referrals (P#4)	All South Sefton referrals to the Alternative to Transfer (ATT) service.		Commissioners aim to see an increase in referrals to the ATT service.
Go to Doc Out of Hours Activity (P#5)	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree (P#6)	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls (B#1)	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls (B#2)	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £687k/3.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £259k/1.2%.

Aintree represents the highest over performing provider for unplanned care at month 5 with a year to date variance of £667k/4%. In contrast, Alder Hey and Liverpool Women's hospitals are currently underperforming by -£162k/-18% and -£156k/-8% respectively.

Figure 49 - Month 5 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	41,541	46,476	4,935	12%	£15,911	£16,578	£667	4%	-£667	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,051	3,653	-398	-10%	£916	£754	-£162	-18%	£162	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	125	49	-76	-61%	£177	£145	-£32	-18%	£32	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,445	1,408	-37	-3%	£1,875	£1,720	-£156	-8%	£156	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,280	2,402	122	5%	£858	£965	£107	12%	-£107	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	4	0	-6%	£24	£27	£3	12%	-£3	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	49,446	53,992	4,546	9%	£19,761	£20,188	£428	2%	-£428	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	34	43	9	27%	£8	£29	£21	267%	£0	£21	-
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	46	46	0%	£0	£17	£17	0%	£0	£17	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	18	18	0%	£0	£8	£8	0%	£0	£8	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	3,298	3,460	162	5%	£1,168	£1,250	£82	7%	£0	£82	7%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	459	526	67	15%	£186	£213	£27	14%	£0	£27	14%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	31	44	13	43%	£76	£99	£22	29%	£0	£22	29%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	15	15	0%	£0	£16	£16	0%	£0	£16	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	125	125	0%	£0	£57	£57	0%	£0	£57	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	26	22	-4	-14%	£16	£24	£8	53%	£0	£8	53%
ALL REMAINING PROVIDERS TOTAL	3,847	4,299	452	12%	£1,454	£1,713	£259	18%	£0	£259	18%
GRAND TOTAL	53,293	58,291	4,998	9%	£21,215	£21,901	£687	3.2%	-£428	£259	1.2%

*PbR Only

4.8.2 Aintree University Hospital NHS Foundation Trust

Figure 50 - Month 5 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	17,390	18,189	799	5%	£406	£406	£0	0%
A&E - Accident & Emergency	13,640	14,778	1,138	8%	£1,876	£2,040	£164	9%
NEL - Non Elective	6,511	7,509	998	15%	£12,209	£12,214	£6	0%
NELNE - Non Elective Non-Emergency	22	26	4	21%	£77	£89	£12	16%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	70	61	683%	£2	£17	£14	561%
NELST - Non Elective Short Stay	887	1,005	118	13%	£599	£653	£54	9%
NELXBD - Non Elective Excess Bed Day	3,082	4,899	1,817	59%	£741	£1,158	£417	56%
Grand Total	41,541	46,476	4,935	12%	£15,911	£16,578	£667	4%

4.8.3 Aintree Hospital Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective PODs.

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £667k/4% is mainly driven by an over performance within A&E and Non-Elective Excess Bed Days. Geriatric Medicine and Acute Medicine account for the majority of over performance within Non-Elective Excess Bed Days.

Within A&E, both type 1 attendances and Litherland walk in centre attendances are above plan at month 5 (8% and 5% respectively). May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

Despite the overall indicative overspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 51 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	79	106	-27	-24
1 Com Prob Low Sev	11	11	0	-30
2 Prob Low Sev/Need	7	7	0	-12
3 Non Psychotic Mod	64	72	-8	-27
4 Non Psychotic Sev	266	286	-20	-49
5 Non Psychot V Sev	88	84	4	1
6 Non Psychotic Dis	38	35	3	0
7 Endur Non Psychot	308	303	5	24
8 Non Psychot Chaot	140	133	7	3
10 1st Ep Psychosis	160	149	11	10
11 Ongo Rec Psychos	324	320	4	-14
12 Ongo/Rec Psych	383	397	-14	-18
13 Ong/Rec Psyc High	108	107	1	3
14 Psychotic Crisis	30	32	-2	-5
15 Sev Psychot Cris	7	8	-1	-1
16 Dual Diagnosis	48	42	6	7
17 Psy & Affect Dis	41	40	1	-4
18 Cog Impairment	201	245	-44	-28
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	394	436	-42	-36
20 Cognitive Impairment or Dementia Complicated (High Need)	411	446	-35	-23
21 Cognitive Impairment or Dementia (High Physical or Engagement)	116	119	-3	-16
Cluster 97	123	116	160	-267
Cluster 98	153	147		
Total	3,500	3,641	6	-506

Due to disruption caused by the implementation of the RiO system this report stand as at May and will be updated in future reports.

5.1.1 Key Mental Health Performance Indicators

Figure 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%
Rolling Quarter				100%	100%	100%

Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups

This is local indicator which stretches the national seven days follow up KPI for high risk individuals requiring follow up with 2 days (48 Hours). Against a 95% threshold M5 performance was:

- NHS South Sefton CCG: 83.3% (YTD: 92.9%)

This is a RIO issue. This was sent through to the Care Co-ordinator at South Sefton Neighbourhood Centre for a 7 day follow-up from the in-patients staff which was completed in time but on the RIO system it was pulled through as a 48 hour follow up, as a pre-admission checklist noted suicidal ideas as part of the patients presentation.

Figure 54 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	80%	100%	57%	100%	80%
Rolling Quarter				73%	100%	83%

5.1.2 Out of Area Placements (OAP's)

Figure 55 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	165
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
Q1 2017/18	Apr 18 to Jun 18	0
	May 18 to Jul 18	0

5.1.3 Mental Health Contract Quality Overview

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

Transformation Update

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

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

Concerns continue to be raised at locality level regarding the current access arrangements. As part of the CRHT redesign the Trust established a project steering group to meet monthly commencing from October 2018 which will involve commissioners, this will enable CCGs to shape the future operational requirements including access and the management of risk.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) since November 2017.

In August 2018 there were no mental health related 12 hour breaches reported.

As part of the Trust's Transformation Programme it was highlighted that a number of service users open to community mental health teams (CMHTs) receive limited benefit from the provision of full CMHT services, being viewed as stable, or in recovery without on-going complex or acute needs. A proportion of these will have a diagnosis of a psychotic condition or bipolar illness. Meetings have taken place involving the Trust, CCG and the LMC to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal is to be discussed at the LMC meeting in September 2018. The LMC have sought more clarity and assurance around rapid re-access to secondary care if required. The revised pilot proposal is to be presented by Mersey Care in November 2018.

Psychotherapy waits

As this service is only a small part of the Trust's psychological services, it was felt that these indicators do not give a true reflection of waiting times or capacity/demand for psychology as a whole with the local division.

The psychotherapy service model is being changed over the next two years including the provision of psychotherapy staff in each CMHT with the aim of improving its offer to patients. This is aimed at addressing previously reported waiting times issues. The Trust is working to develop reporting in RiO which will enable full psychology waiting lists to be reported in order to provide a fuller picture and understand hidden waits. This work should be completed by January 2019. It has therefore been agreed to suspend KPI 142 for the time being; CCGs will work with the service lead

to agree new KPIs and trajectories in order to work towards achieving 18 weeks RTT for psychological services across the local division, not just Psychotherapy.

Eating Disorder waits

Eating Disorder waits in August 2018 continue to be sub optimal against the KPI of 95% of people treatment commencing within 18 weeks of referral.

- NHS South Sefton CCG: 28.5% (YTD: 52.6%)

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy.

The demand on the service is increasing and this is exacerbated by the service having two people on maternity leave and another full time member of staff is on extended sickness absence. Commissioners from Sefton and Liverpool have identified Eating Disorders as requiring investment as a part of the 2019/20 planning process and are awaiting feedback.

Adult ADHD

The adult ADHD service continues to experience numbers of people on the waiting list with waits being reported as being 2 years in duration. The introduction of a shared care protocol released some clinical capacity to assess new patients however the volume of referrals continues to limit access to the adult ADHD service.

Alder Hey have recently written to commissioners serving notice on the ADHD service for those people aged 16-18 who are within their care and the Trust is looking to cease the service both for new referrals and those already in the service and the lack of transition is cited as having an impact on an impact on waiting times for other patients, as the Trust is having to make clinical capacity available to support the continued management of this group of young people.

Currently there are 211 young adults on the North Mersey footprint aged over 16 who are continuing to be followed up in Paediatric services. Commissioners have requested further information on this cohort of patients so as to further understand the number and age profile by CCG and try and address this issue.

RiO

The Trust implemented its new RiO patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

Safeguarding

The contract performance notice remains in place in respect of training compliance. Bimonthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. Unfortunately Quarter 1 has seen a downward trajectory in training compliance rates for various reasons. The Trust has escalated this risk via internal safeguarding quality assurance meeting and through the divisional management structure. Actions have been agreed to get back on track and these have all been completed.

Commissioners expect performance to be back in line with the trajectory in Q2 but they are awaiting the Q2 submission.

It is unlikely that the training target will be achieved until Q1 2019/20. The performance notice will remain open for a further 6 months to ensure sustainability.

Communications KPIs Q1

The Trust continues to report underperformance against its Communication KPIs with insufficient narrative being provided. Underperformance was again raised at the CQPG meeting in September and it was suggested that contract performance notice would have to be issued. The Trust agreed to provide an action plan with trajectories setting out when the KPIs will be achieved and this will be on the agenda for the next CQPG meeting. Commissioners have also requested an action plan as to when digital dictation will be rolled out.

5.1.4 Patient Experience of Mental Health Services

Figure 56 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.8%	3.3%		90%	87%		3%	3%	
Community Health	4.1%	1.0%		96%	99%		2%	0%	

Mersey Care percentage of people recommending their service has dipped in August to 87% below the England average from last month reporting 92%. Not recommended has also dipped and are now reporting 3% this being the same as the England average.

5.2 Improving Access to Psychological Therapies

Figure 57 - 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	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315	283	295	332	269								1,494
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.38%
	2018/19	1.30%	1.16%	1.21%	1.37%	1.11%								6.15%
Recovery % ACTUAL - 50% target	2017/18	35.4%	46.3%	41.9%	44.2%	46.8%	49.5%	43.0%	47.1%	42.1%	45.7%	41.7%	40.4%	43.8%
	2018/19	52.3%	49.2%	43.5%	48.2%	41.2%								47.0%
ACTUAL % 6 weeks waits - 75% target	2017/18	98.8%	98.9%	97.9%	100.0%	99.5%	98.4%	99.5%	99.5%	99.3%	100.0%	99.5%	99.5%	99.5%
	2018/19	99.6%	99.0%	99.5%	100.0%	99.5%								99.5%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	2018/19	100%	100%	100.0%	100.0%	100.0%								100%
National definition of those who have completed treatment (KPI5)	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228
	2018/19	225	200	215	201	187								1,028
National definition of those who have entered Below Caseness (KPI6b)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72
	2018/19	9	7	8	10	5								39
National definition of those who have moved to recovery (KPI6)	2017/18	57	82	80	80	89	91	80	89	61	80	83	72	944
	2018/19	113	95	90	92	75								465
Referral opt in rate (%)	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	88.2%	88.8%
	2018/19	90.2%	84.6%	93.8%	88.1%	81.9%								87.7%

Performance Overview/Issues

Cheshire and Wirral Partnership reported 269 patients entering treatment in Month 5, which is a 18.9% decrease from the 332 reported in Month 4. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 2 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 5 was 1.11% and therefore failed to meet the standard.

The percentage of people moved to recovery was 41.2% in Month 5, which is lower than the 48.2% for the previous month and failing to achieve the target of 50%.

How are the issues being addressed?

Recovery – The newly appointed clinical lead is reviewing all cases that did not reach recovery to identify any learning.

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

When is the performance expected to recover by?

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

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Gordon Jones

5.3 Dementia

Figure 58 - Dementia casefinding

NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%
Target	66.7%	66.7%	66.7%	66.7%	66.7%

Performance Overview/Issues

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in August of 64.5%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement from last month of 0.7%.

How are the issues being addressed?

In terms of actions being taken to improve performance in relation to the National Dementia diagnosis ambition, Sefton Information Facilitators have been implementing the plan to run agreed searches for dementia diagnosis codes. So far this has resulted in 41 records being identified across 18 practices and were given to practice clinicians for follow up and / or recall for further assessment.

South Sefton CCG also continues to support GP practices to fill their GP vacancies that are likely to have an impact on resources to review potential dementia patients. Dementia resource information has also been sent to all GP practices and remains an on-going agenda item at all Locality meetings. GP bulletins contain a link to Dementia resources and will be updated by-monthly.

When is the performance expected to recover?

The agreed date of recovery is 31st December 2018.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Kevin Thorne

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

Figure 59 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	250	310	250		250		250		250	310
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	9.9%	8.0%		8.0%		8.0%		8.0%	9.9%

5.5 Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

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

Figure 60 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	3	21	6		4		4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6		4		4	
%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-

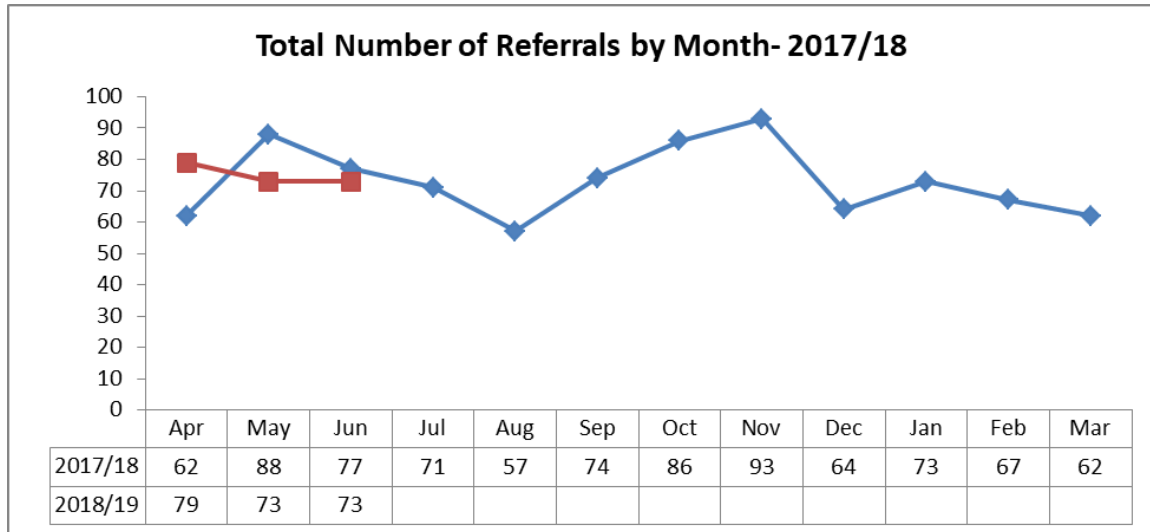
Figure 61 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	5	1		1		1	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1		1		1	
%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-

5.6 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

Figure 62 – CAMHS Referrals



Throughout quarter 1 2018/19 there were a total of 225 referrals made to CAMHS from South Sefton CCG patients. May and June saw the same number of referrals (73) which were both slightly lower than the previous year.

Figure 63 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	55.6%
2-4 Weeks	8	29.6%
4- 6 Weeks	2	7.4%
6-8 weeks	1	3.7%
8- 10 weeks	1	3.7%
Total	27	100%

Of those Referrals during April to June 2018/19 that have been allocated and an assessment taken place, 55.6% (15) waited between 0 and 2 weeks for the assessment.

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

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

Figure 64 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	4	14.8%	36.4%
2-4 Weeks	3	11.1%	27.3%
4- 6 Weeks	3	11.1%	27.3%
6-8 weeks	0	0.0%	0.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	0	0.0%	0.0%
12- 14 Weeks	1	3.7%	9.1%
(blank)	16	59.3%	
Total	27	100%	100%

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

59.3% (16) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 16 referrals were discounted, that would mean 63.6% (7) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 14 weeks.

5.7 Learning Disability Health Checks

Figure 65 – Learning Disabilities Performance Measures

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	675	126	18.7%
Actual	235	43	18.3%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 1 only 24 practices (out of 30) submitted data, and 4 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

6. Community Health

6.1 Mersey Care Community Contract

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding new ways of reporting for 2019/20 are being had. The Trust has offered to meet with the CCG to progress this. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations.

An additional ICRAS report is also now being provided to the CCG on a monthly basis and following some additional information being added the report will be approved and varied into the contract. The Trust has undertaken a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This has been shared with the CCG for review.

6.1.1 Quality

The CCG Quality Team and Aintree University Hospital NHS Foundation Trust and Mersey Care NHS Foundation Trust - Community (MCFT-C) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19.

There have been a number of MCFT-C quality site visits. Further assurance has been requested from both providers; AUHT - NatSSIPs and LocSIPPs, clinical/medical staffing. The Serious Incidents - Royal College External Review is due in November 2018; MCFT-C in terms of improving the quality of reporting and providing trajectories for any unmet indicators and or measures.

6.1.2 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2018/19.

Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold. Performance was discussed at the last CCQRM where the Trust updated that work is on-going to understand why patients DNA their appointments and to try and reduce them.

The Physiotherapy service continues to perform well above the threshold at 18.4% in August, a decline on June's performance (18%). The service has failed each month of 2018/19 and the trend continues. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance.

Dietetics performance has shown a slight decline in August with 16% and is therefore still reporting well above the threshold. The service has failed each month of 2018/19 and the trend continues. The Trust has reported that all face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken

two audits looking at the types of referrals which are not turning up for appointments. The results illustrated patients with two or more long term conditions and a diagnosis of diabetes were the most frequent to DNA.

Provider Cancellations

The Trust monitors performance against a 3.5% threshold. Podiatry is the only service reporting above this with 4.3% in August.

6.1.3 Waiting Times

Waiting times are reported a month in arrears. In July 2018, the following services reported above the 18 week waiting times target.

Nutrition & Dietetics: July's completed pathways position has declined from 22 weeks in June to 24 weeks in July. The longest wait is currently recorded at 35 weeks by one patient.

6.1.4 Patient Experience of Community Services

Figure 66 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Aug-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.1%	1.0%		96%	99%		2%	0%	

Mersey Care is reporting a response rate of 1% in August against an England average of 4.1%. The percentage who recommended the service was 99%, 2% higher than last month and remaining above the England average of 96%. Performance for the percentage who would not recommend remains at 0%, below the England average of 2%.

Currently all teams have a target of two friends and family cards to be completed for each practitioner per month. Completed cards are then shared with the Governance and Quality Team for reporting.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

At month 5 2018/19 the total year to date costs for the CCG were £102,956 with 2,591 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust has advised of a methodology to produce a proxy split. The Merseyside AQP contracts for Podiatry expired on 30th September 2018. There are on-going discussions with Mersey Care on taking the whole service forward including how low-level podiatry needs are being met.

6.2.1 Liverpool Community Health Quality Overview

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

6.3 Alder Hey Community Services

6.3.1 Services

The following services have been taken over by the Trust for South Sefton CCG patients;

- Paediatric Continence
- Paediatric Dietetics
- Paediatric OT
- Paediatric SALT

An internal group set up within the CCG which includes Finance, Contracts, Business Intelligence, and the Children's Commissioning Manager for the CCG. This group is designed to assess current information flows and performance of the services which have transferred to Alder Hey. The initial meeting reviewed current information and set up a gap analysis review.

6.3.2 Waiting Times

Waiting times are reported a month in arrears. The following issues arose in July 2018.

Paediatric SALT: July is reporting 33 weeks for the 92nd percentile for incomplete pathways, with 1 patient waiting as long as 43 weeks. This is a further decline in performance compared to last month when 31 weeks was reported. The Trust has undertaken some validation work and the service is still performing well above the standard 18 weeks, which evidences that there is a genuine capacity issue. The Trust has submitted a business case to the Sefton CCGs. The CCGs have agreed some funding but not the full amount requested by Trust. Further discussion required re revised model. This issue is linked with the Autistic Spectrum disorder (ASD) pathway.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics: The Trust is reporting a DNA rate of 14.9% in July 2018, a decline on 11.1% reported last month and therefore still reporting above the 8.5% threshold. No activity was reported in August 2018 due to the service being provided by one member of staff who works term time only.

6.4 Percentage of Children Waiting more than 18 Weeks for a Wheelchair

Figure 67 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	20	Nil return	20		20		20	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20		20		20	
%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

Commissioning arrangements are complex; services for South Sefton patients are commissioned by NHS England and services are provided by Aintree Hospital who then submit data to NHS England nationally. Publication of quarter 1 performance is awaited. Quarterly plans have been submitted with the expectation the CCG is to achieve 100% of patients waiting less than 18 weeks.

7. Third Sector Overview

Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant *Third Sector Quarter 1 2018-19 Report* has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex, increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1 the Society received 74 new referrals. For the first time more were received via the local health

economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the *Let's Talk Mental Health*, plus outreach support. Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physio & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback; and District Nurses 'huddles' to maintain and build on professional relationships. The

Reablement/ Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

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

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission. Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 68 - South Sefton CCG - Extended Access at GP services 2018/19 Plan

ED.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	166,319	166,319	166,319	166,319	166,319	166,319
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). An extended hours hub model will launch on 1st October 2018 to provide extended access in line with the GP Five Year Forward View requirements.

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. There have been no new inspections in South Sefton recently. All the results are listed below:

Figure 69 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	05 June 2018	Good	Good	Good	Good	Good	Requires Improvement
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

9. Better Care Fund

A quarter 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q1 BCF performance is as follows:

Figure 70 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	On track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
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
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 71 – BCF High Impact Change Model assessment

		Maturity assessment				
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Established	Established
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

11. NHS England Monthly Activity Monitoring

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

Month 5 performance and narrative detailed in the table below.

Figure 72 - South Sefton CCG's Month 5 Submission to NHS England

August 2018 Month 05	Month 05 Plan	Month 05 Actual	Month 05 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,334	3,241	-2.8%	GP referrals decreased in month 5 in line with seasonal plans. A GP hotline service at the CCGs main hospital provider ceased from June 18 and the CCG has been using local referral data to understand the true impact by discussing at monthly info sub groups. 'Other' referrals (predominantly made up of C2C referrals) also decreased in month 5 as expected by historical trends. Referrals in month were within the statistical norm but slightly above average. Total YTD referrals are influenced by referral patterns at the main hospital provider and discussions are on-going with C2C referrals seeing YTD increases in specialties such as Cardiology and Maxillo-Facial Surgery.
Other	2,109	2,451	16.2%	
Total (in month)	5,443	5,692	4.6%	
Variance against Plan YTD	28,749	30,000	4.4%	
Year on Year YTD Growth			4.5%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4,490	4,793	6.7%	Seasonal variation accounts for shifts in month for both first and follow-up activity levels, this however is not outside the statistical norm. YTD levels are within the 2% threshold similar to last months YTD position, this is expected to continue.
Follow Up	9,987	10,488	5.0%	
Total Outpatient attendances (in month)	14,477	15,281	5.6%	
Variance against Plan YTD	78,126	78,641	0.7%	
Year on Year YTD Growth			-3.1%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,708	1,768	3.5%	Elective activity plan increased from 2017/18 and YTD activity is in line with planned levels. Seasonal variation in month has shown reduced levels but nothing outside the statistical norm. YTD activity levels are expected to be in line with the planned values. The largest variance is attributed to T&O specialty at the CCGs main provider.
Elective Ordinary spells	250	258	3.2%	
Total Elective spells (in month)	1,958	2,026	3.5%	
Variance against Plan YTD	10,154	10,263	1.1%	
Year on Year YTD Growth			-5.5%	
Urgent & Emergency Care				
Type 1	4,093	4,185	2.2%	CCG's local monitoring of A&E activity show month 5 levels within the 2% tolerance for both type 1 and all types. Issues remain with the CCG unable to replicate TNR CAM in local information provided by DSCRO. Urgent care levels are closely monitored by our Urgent Care leads within the CCG who link closely with our local acute providers. Although increased activity levels have been noted (particularly in May 18 and Jul 18), the CCGs 4hr target position has remained steady at approx. 88% in month 5.
Year on Year YTD			3.9%	
All types (in month)	8,459	8,178	-3.3%	
Variance against Plan YTD	43,682	43,000	-1.6%	
Year on Year YTD Growth			-0.5%	
Total Non Elective spells (in month)	1,784	2,665	49.4%	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions, this trend has continued into 2018/19 and continues to rise. The increase is focused predominantly with the zero length of stay / short stay categories. A&E activity has not risen to the same extent as admissions but conversion rates have increased significantly over the past year in line with the pathway changes at the CCG's main acute provider. Plans have increased from 2017/18 in line with changes in activity and seasonal trend has increased levels in the latter half of the year. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase.
Variance against Plan YTD			14.4%	
Year on Year YTD Growth			21.5%	

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/177	Author of the Paper: Helen Smith Head of Safeguarding - Liverpool CCG Helen.smith@liverpoolccg.nhs.uk
Report date: October 2018	
Title: Safeguarding Adults Annual Report (2017-18)	
Summary/Key Issues: The Safeguarding Adults Annual Report provides assurance that the Clinical Commissioning Group is fulfilling its statutory duty in relation to safeguarding adults at risk within Sefton. The report takes into account both national and local drivers that direct and influence local developments, activity, and governance arrangements.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

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

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

Report to Governing Body November 2018

1. Executive Summary

The purpose of the Safeguarding Adults Annual 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 adults at risk within Sefton.

There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Children.

The CCG annual report takes account of national changes and influences and local developments, activity and governance arrangements.

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.

2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard adults at risk and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Care Act 2014.

This report summarises achievements and activity undertaken in 2017-18, highlights recommendations for 2018-19 and provides 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 the Merseyside Safeguarding Adult Board.

3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging safeguarding agenda which the CCG has supported throughout the 2017-18 reporting period.

This includes updates on:

- The National Context
- Local Context including Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2018/19

4. Recommendations

The Governing Body is asked to receive the Safeguarding Adult Annual Report

Natalie Hendry
Designated Safeguarding Adult Manager
23rd October 2018

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



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Safeguarding Adults Annual Report 2017/18

Helen Smith
(Head of Safeguarding NHS Liverpool CCG)
October 2018



Foreword by the Chief Nurse

NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding adults at risk within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that safeguarding adults at risk 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 CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



Debbie Fagan

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Executive Summary

This is the annual Safeguarding Adults report to NHS South Sefton Clinical Commissioning Group Governing Body and NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Bodies that the NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (to be referred to as the CCGs throughout the remainder of the report) are fulfilling their statutory duties in relation to safeguarding adults at risk in the Borough of Sefton.

The CCGs Safeguarding Adults annual report takes account of national changes, influences and local developments, activity, governance arrangements and any challenges to business continuity. It should be read in conjunction with the CCGs Safeguarding Children Annual Report as much of the information is shared as a Children and Adults Safeguarding team. Information in relation to safeguarding issues that cross both the children and adults agenda such as harmful practices, policy reviews performance monitoring and training have been detailed within the Safeguarding Children Annual report.

The CCGs have in place governance and accountability arrangements including regular reporting via the CCGs Joint Quality Committee and to the Governing Bodies; there is direct access by the Designated Professionals to the Chief Officer.

The CCGs make a significant contribution to the work of the Merseyside Safeguarding Adults Board and its sub groups.

1 Purpose of the report

This report provides assurance that the CCGs have safely discharged their statutory responsibilities to safeguard the welfare of 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 Care Act 2014. There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Children.

This report will summarise and will provide information about national and local changes and influences, governance arrangements, activity undertaken in 2017-18 and the challenges to business continuity.

The CCGs work in partnership with Sefton Local Authority, partner agencies and the recently established Merseyside Safeguarding Adults Board to safeguard adults at risk of abuse and harm.

2 National Context

2.1 Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DoLS)

Law Commission and Mental Capacity Amendment Bill

The Law Commission published its report and accompanying Draft Mental Capacity Amendment Bill on March 13th 2017 proposing reforms to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The final report recommended the urgent repeal of DoLS and proposed to introduce 'Liberty Protection Safeguards' covering a broader range of people. The final government response to the Law Commission's report was published on 14th March 2018 and broadly agreed with the Liberty Protection Safeguards (LPS) model.

At the time of writing this annual report, the government has introduced the Mental Capacity Amendment Bill 2018 to the House of Lords to be considered. The Bill differs from the draft which was included in the Law Commission's report and falls some way short of the scheme proposed by the Law Commission.

According to the Government the reforms will:

- Introduce a simpler process that involves families more and gives swifter access to assessments
- Be less burdensome on people, carers, families and local authorities
- Allow the NHS, rather than local authorities, to make decisions about their patients, allowing a more efficient and clearly accountable process
- Consider restrictions of people's liberties as part of their overall care package
- Get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment.

These amendments will have an impact on commissioned health providers but owing to other Government business will not be implemented until 2019.

The Government has also commissioned a review of the Mental Health Act. Proposals that relate to the interface between the Mental Health Act and Mental Capacity Act will be considered as part of that review.

2.2 Domestic Violence

Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017

On 27 April 2017, the Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017 received Royal Assent.

The Act makes provision in connection with the ratification by the UK of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention).

The Convention targets violence against women and domestic violence. It sets out minimum standards on prevention, protection, prosecution and services and states that countries ratifying the Convention must establish services such as hotlines, shelters, medical services, counselling and legal aid.

Any local implications from this will be taken forward by the Sefton Domestic Abuse Executive Group. The Safeguarding Service is a member of the Domestic Abuse Executive Group which takes the strategic oversight of Sefton's multi agency response to sexual and domestic abuse and provides strategic direction and input into the development of Sefton's Domestic and Sexual Abuse Strategy.

3. NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commissioned a Hosted Safeguarding Service. The hosting arrangements remained with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Throughout the reporting period the hosted safeguarding arrangements were reviewed and the CCGs declared their intention to take 'in house' and employ their own safeguarding provision. Following a consultation period and TUPE (Transfer of Undertakings- Protection of Employment regulations) processes, the service transferred on 1st March 2018.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCGs on the Merseyside Safeguarding Adults Board and is also a member of the CCGs Governing Body. In addition, the Deputy Chief Nurse represents the CCGs on Sefton Youth Offending Team Management Board and Sefton Safer Community Partnership Board.

The safeguarding team meet on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCGs oversight of activity.

Safeguarding reports were presented to the Joint Quality Committee on a quarterly basis to appraise the CCGs of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

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

4. Multi Agency Safeguarding Arrangements

The combined Merseyside Safeguarding Adults Board (MSAB) took effect from 1st April 2017 with the inaugural board taking place on Monday 24th April and has replaced all previous local arrangements. The new Board holds the responsibility for meeting the statutory requirements of SAB's as set out in the Care Act 2014 for all the four Local Authorities of Sefton, Knowsley, Liverpool and Wirral.

The MSAB is the key statutory body overseeing multiagency adult safeguarding arrangements across Sefton. The Business Plans for Sefton, Knowsley, Liverpool and Wirral were reviewed and potential areas for carry over to the new board identified.

The specific focus areas for Sefton were identified as:

- Review use of advocacy services and identify potential for both promoting accessibility and refining process to ensure optimal use for adults at risk
- Commission mapping exercise and reach final agreement for the appropriate format and content of service user questionnaire in order to capture the voice of the user. Explore the viability of support, both individually and collectively for people who are at risk of abuse or with experience of abuse
- Develop a bespoke programme to ensure all communities have a common understanding of dignity and respect and agree dignity standards across the partnership
- Develop the Safe Haven structure to include partner organisations and assess potential impact on services demonstrating coordinated working and increasing safety for individuals
- Undertake a safeguarding campaign, explore resource neutral opportunities across the partnership to raise the profile of adult safeguarding
- Review the training strategy to ensure it reflects the development needs of all and ensure training and development opportunities are freely accessible
- Develop a Communication and Engagement strategy

The Chief Nurse and Head of Safeguarding are members of the MSAB. The Chief Nurse also chairs the Performance Information sub group and the Safeguarding Service attends this and other subgroups of the MSAB.

Each CCG has a statutory duty to work in partnership with SABs in conducting Serious Adults Reviews (SAR) in accordance with the Care Act 2014. Prior to the development of the MSAB, each of the local authority areas had their own Serious Adult Review Groups (SARG). Under the MSAB arrangements, the SARGs have been maintained as subgroups. However part of the MSAB work plan is to establish one SARG and process across all the local authority member areas.

Sefton SARG is chaired by Merseyside police and the CCGs and the Safeguarding Service is a member of the group. Cases have been presented to the SARG for consideration for meeting the criteria. Where cases have not met the criteria for a SAR to be recommended, alternative processes for any potential learning have been identified.

5 Summary of Progress and areas of work supported in 2017/18

Due to a combination of extended sick leave, resignation and subsequent vacancy, there was no assigned Designated Nurse for Safeguarding Adults from July 2017 until the transfer of the service on 1st March 2018. Although temporary remedial cover arrangements were put in place to mitigate the gap in service this has impacted on taking forward the safeguarding adults agenda during this period.

Support arrangements remained in place for the CCGs from NHS Liverpool CCG until recruitment processes to the Designated Safeguarding Adult Manager and Designated Nurse Children in Care were completed. Whilst outside of this reporting timeframe, the Designated Safeguarding Adult Manager commenced in post on 1st July 2017.

5.1 MARAC (Multi Agency Risk Assessment Conference)

MARAC is a meeting where agencies talk about the risk of future harm to people experiencing domestic abuse and if necessary their children, and draw up an action plan to help manage that risk.

Whilst in post, the Designated Nurse for Safeguarding Adults had a specific lead for domestic abuse and met with Sefton Local Authority Domestic Abuse leads and Safeguarding leads to discuss the introduction of a model which would support the sharing of health information as part of the MARAC/ MAPPA process. Due to extended leave and her subsequent resignation, this work has not progressed as planned. The CCGs continue to support the Domestic Abuse agenda and the Sefton commissioned health providers are fully engaged with the MARAC process and attend as appropriate.

5.2 MAPPA (Multi-Agency Public Protection Arrangements)

MAPPA are a statutory set of arrangements required to manage the highest risk sexual and violent offenders coming out of prison / hospital and returning to live within the community.

These statutory arrangements are set down under the Criminal Justice Act 2003 with Police, Probation and Prisons known as the Responsible Authorities (RAs) and other Duty to Co-operate Agencies (DTC) - Health, Education, Children and Adult Services, Youth Offending Services (YOS) and Housing.

Locally these arrangements are governed by the MAPPA Strategic Management Board (SMB) which meets 4 times per year, and has strategic leads from the RAs and DTC agencies. There are national performance measures (in regards of timeliness and attendance at meetings) and also local quality audits i.e. quality of the risk management plans, consistency between MAPPA risk management plans and other multi-agency plans i.e. child protection, MARAC.

The Head of Safeguarding attended the Merseyside MAPPA SMB and acted as a single point of contact for the CCGs. No Sefton cases were referred during this reporting period. Within the hosted Safeguarding Service, the Designated Nurses for Adults facilitated the

sharing of health information for MAPPA by attending some MAPPA meetings as part of a pilot to determine what type of health information was required to support the MAPPA process. The pilot determined that attendance at all MAPPA meetings was not sustainable or appropriate and a permanent process still needs to be identified for Sefton.

5.3 Domestic Homicide Reviews

Under guidance issued by the Home Office, any incident of domestic violence or abuse which results in the death of the victim requires a DHR to be carried out by the local Community Safety Partnership

Within this reporting year, Sefton Safer Communities Partnership (SSCP) has published DHR 6, 'Nina and Jenny' (pseudonyms). This relates to a double homicide of a mother and adult daughter by the adult son / brother. This homicide took place in April 2015. There has been a significant time delay in publishing this report.

The Guidance states that a decision to hold a Domestic Homicide Review should be taken within one month of the homicide coming to the attention of the Community Safety Partnership and states that the review should be completed within a further six months. The completion date for the review was set as November 2015. This was later extended to January 2016 to allow time for the perpetrator's fitness to stand trial to be assessed and later to August 2016 to cater for his trial. The panel was keen to involve the family and friends in the review and acceded to the police's request not to approach people until the conclusion of the criminal trial. The Home Office was kept informed.

It is important to say that the early learning from the review, in respect of the need to improve liaison between prison mental health services and community mental health services when prisoners are released, was acted on immediately. Sefton CCGs commissioned health services contributed to the DHR process and have identified actions which are monitored by the Serious Adult Review Group which is a sub group of the MSAB.

The CCGs safeguarding service were members of the DHR panel and the Deputy Chief Nurse is a member of the SSCP which commissioned the DHR.

5.4 Commissioned Health Provider Support

The Safeguarding Service increased the monitoring and support to one of the Sefton CCGs commissioned health providers following a CQC inspection. Supervision sessions, business meetings and attendance at the provider internal Safeguarding meetings were increased to monitor progress against action plans. This support continued from NHS Liverpool CCG Safeguarding until the CCGs Designated Safeguarding Adult Manager was recruited to.

5.5 Care Homes

Whilst in post, the Designated Nurse for Safeguarding Adults worked with the CCGs Quality Team on the development of a care home dashboard with the support of the CCGs business intelligence team. It is anticipated this piece of work will progress via the Designated Safeguarding Adult Manager post. The Safeguarding Coordinator continued to support the Local Authority in undertaking safeguarding investigations by facilitating health information and input when required.

5.6 MCA/DoLS

Throughout the reporting year, the MCA/DoLS Coordinator has continued to work closely with Sefton Local Authority as a member of the DoLS Working group. The remit of this group has been to monitor progress against authorisations for DoLS and to identify barriers to progress. The CCGs MCA Coordinator chaired the Merseyside MCA / DoLS Forum which met on a bi monthly basis. This forum allows commissioned health providers to discuss implications from any new national guidance or judgements, share best practice, discuss case studies and peer supervision. The group has been well attended from health providers and CCG representatives across the local health economy and the Sefton CCGs commissioned health providers have been well represented at the meetings. Any learning and emerging issues from these meetings have been presented to the NHSE National MCA / DoLS group.

6. Conclusion

This annual report provides a summary of activity undertaken during 2017-18 to support the safeguarding adults agenda. It demonstrates the contribution to multi agency partnerships across the borough of Sefton and provides assurance to the Governing Bodies that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding adults at risk.

NHS South Sefton CCG
3rd floor, Merton House, Stanley Rd, Bootle
0151 317 8456
southsefton.ccg@nhs.net
www.southseftonccg.nhs.uk

NHS Southport and Formby CCG
5 Curzon Road, Southport PR8 6PL
01704 395785
southportandformby.ccg@nhs.net
www.southportandformbyccg.nhs.uk

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

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/178	Author of the Paper: Steve Gowland Public Health Lead Sefton Council Tele: 0151 934 3070 E-mail: steve.gowland@sefton.gov.uk						
Report date: October 2018							
Title: Sefton Public Health Annual Report							
<p>Summary/Key Issues:</p> <p>The Director of Public Health (DPH) is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues.</p> <p>It is an important vehicle by which the DPH can identify key issues, celebrate success, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.</p>							
<p>Recommendation</p> <p>The Governing Body to receive the report in support of the presentation, and provide comment as appropriate.</p>	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">x</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
	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			Engaged with schools, community, voluntary and faith sector regarding the subject matter.
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought	X			Yes
Resource Implications Considered			X	
Locality Engagement	X			Engaged with schools pupils and community volunteers regarding the subject matter.
Presented to other Committees	X			To be presented at various meeting, Sefton Council, HealthWatch, SFCCG,

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 the Governing Body November 2018

1. Executive Summary

- 1.1 This year's annual report, which been produced as a short film to explore the emotional wellbeing and mental health of children and young people and the services and resources which are available to support them. The film recognises the importance of building resilience, promoting good mental health and wellbeing, and enabling children and young people to live healthier, happier lives long into adulthood. The report can be found here www.sefton.gov.uk/PHAR
- 1.2 The Director of Public Health (DPH) is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues. It is an important vehicle by which the DPH can identify key issues, celebrate success, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.
- 1.3 Aims of the Report
- Contribute to improving the health and wellbeing of local populations.
 - Reduce health inequalities.
 - Promote action for better health, through measuring progress towards health targets.
 - Assist with the planning and monitoring of local programmes and services that impact on health over time.
 - Be relevant to the health of local populations with information analysed at the most appropriate population level.
 - Must be integral to planning across all sectors and needs to promote action.
 - Should include a clear set of recommendations that are targeted, realistic and achievable (SMART).

2. Introduction and Background

- 2.1 There is no single reason why children and young people experience problems with their mental health. Growing up in challenging home environments such as living in poor quality and overcrowded housing or living in a chaotic home environment can all have a negative impact on mental health and wellbeing. Some other risk factors include; having a disability, being a looked after child or a young carer, not being in education, employment or training, being exposed to domestic abuse or having a parent with mental health problems.
- 2.2 In Sefton, there are more people from most of these vulnerable groups, when compared to the national averages. We know that experiencing mental health problems before the age of 14 can affect educational attainment, physical health and impact on social relationships; therefore, leading to poorer outcomes in later life. Investing in early intervention programmes to develop emotional resilience will enable children and young people to be able to cope better with difficult circumstances and do well in school and in life. This could help to reduce

and prevent potential problems from developing to crisis point and lead to less use of health and social care services in the future.

3. Key Issues

- 3.1 We are working in partnership with others to create the right conditions and environments to promote and improve the mental health and wellbeing of children and young people. As featured in the film, leisure and cultural activities (which encourage children and young people to talk about their feelings and emotions in a safe place) are delivered by schools, Council and community based organisations such as Big Love Sista, Litherland Moss Primary School, Merseyside Youth Association SPACE, Well Young Person Team and Y-Kids. In addition to this community and voluntary groups such as sports and dance groups, Scouts and Girl Guiding groups also play an important role in supporting the mental health of children and young people.
- 3.2 However, to make a *real* difference, it needs to continue to be everybody's responsibility. If you are a local business, a service provider, policy maker, teacher, carer, friend or a family member; we all have a role to play to create a caring, supportive system that will make children and young people feel safe, happy and improve their lives.
- 3.3 The Council and partner agencies have established a steering group to drive forward improvement of the emotional health and wellbeing of children and young people in Sefton. The group has been tasked by the Sefton Health and Wellbeing Board with developing strategic approaches to transform systems and services to improve outcomes. It has been recognised as being innovative and effective by OFSTED because of the input from schools into the partnership.

4. Conclusions

- 4.1 Sefton Public Health has committed to the following actions over the next two years:

Develop a local programme to support the emotional health and wellbeing of children and young people (particularly those at highest risk) by:

1. Working with partners and interested stakeholders to extend and promote good mental wellbeing in schools and communities, making sure that activities to help children and young people to develop mental resilience skills are available and used to their full potential.
2. Taking a collaborative approach to deal with Adverse Childhood Experiences (ACEs) and reduce their impact on young people and their families/carers.
3. Further develop and widen the availability of suicide prevention training to specifically cover children and young people, making sure that it is available throughout Sefton.

5. Recommendations

Receive the annual report of the Director of Public Health

Steve Gowland
Public Health Lead
Sefton Council
November 2018

MEETING OF THE GOVERNING BODY NOVEMBER 2018

Agenda Item: 18/179	Author of the Paper: Geraldine O'Carroll Senior Manager – Commissioning & Redesign Email: Geraldine.o'carroll@southseftonccg.nhs.uk Tel: 0151 317 8457						
Report date: October 2018							
Title: Transforming Care for people with Learning Disabilities							
<p>Summary/Key Issues:</p> <p>People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services.</p> <p>The purpose of this paper is to update the Governing Body on the Transforming Care Programme which is aimed at improving the lives of people with a learning disability and or Autism programme for the registered population of NHS South Sefton CCG who have a Learning Disability (LD) and/ or Autism, which includes updates on:</p> <ul style="list-style-type: none"> • Helping People Live in Homes not Hospitals • Improving Community Infrastructure • Improving people's health, quality of care and quality of life • Learning Disabilities Mortality Review Programme (LeDeR), • Children and Young People with a of children and young people with learning disabilities and or autism <p>These aims are to be achieved by collaborative working and this paper aims to update the Governing Body on the work being done by NHS South Sefton CCG to deliver the aims of Transforming Care Programme.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive the report.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding-right: 5px;">Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="padding-right: 5px;">Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
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Links to Corporate Objectives (<i>x those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body November 2018

1. Executive Summary

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

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

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

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

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

2. Introduction and Background

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

A *Building the Right Support* included the development of Transforming Care Partnerships across England which are each made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities. NHS Southport & Formby CCG forms part of the Cheshire and Merseyside Transforming Care Partnership, which is subdivided into three local hubs; North Mersey, Mid-Mersey and Cheshire/Wirral. The two Sefton CCGs form

part of the North Mersey Hub, along with Liverpool CCG to jointly deliver the three programme outcomes in their areas:

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

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

3. Key Issues

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

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

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

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

For NHS South Sefton CCG, based on an estimated registered population of 155,002, this equates to 2 CCG and 3 Specialised Commissioning inpatients (calculated at midpoint), making a total of 5 inpatient beds.

Mersey Care NHS FT is commissioned to provide inpatient learning disabilities at its 9 bedded Assessment Treatment Centre on the Rathbone Hospital site in Liverpool. NHS South Sefton CCG commission a total of 2 beds at this facility.

Currently 7 inpatients are in hospital as at 30th September 2018 4 of whom are in beds commissioned by NHS England specialised commissioning.

Table 1: SSCCG Inpatient Position

CCG and Spot Purchase	Adults Specialised Commissioning	CAMHS Specialised Commissioning	Total Inpatients	Inpatients with LOS > 4 years
2	4	1	7	2

Reducing inpatient activity

Since April 1st 2018, there have been 1 admission and 1 discharge.

By 31st December 2018, the CCG intends to have discharged 2 inpatients (1 from CAMHS Specialised Commissioning and 1 from Adult Specialised Commissioning).

Of these none are patients with a longer length of stay. A further 1 individual is scheduled for discharge from forensic bed in Q4. This individual has a 5+yr length of stay.

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

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

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

Community Infrastructure

Intensive Support Team (IST)

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

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

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

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

Positive Behavioural Support training

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

Positive Behavioural Support (PBS) is a person centred framework for providing long term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

PBS training will be provided across the following within North Mersey:

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

The overall aim of PBS is to improve the quality of a person's life and that of the people around them. This includes children, young people, and adults, as well as older people. PBS provides the right support for a person, their family and friends to help them lead a meaningful life and learn new skills without restrictions.

Housing Infrastructure

Regional Transforming Care NHS England staff have met with CCG and Sefton Council officers to discuss accessing capital monies which have been made available by NHS England. No formal proposals have been made to date. The LA are looking to develop a proposal to develop a capital fund bid.

Improving people's health, quality of care and quality of life

Annual Health Checks

The national target for 2018/19 is that 69% of people aged 14+ on general practice learning disability registers will receive a learning disability health check. This target was set by NHS England. In NHS South Sefton CCG uptake of Annual Health Checks for people registered on GP Practice Registers with a Learning Disability has increased in the last year, but there is still considerable progress to be made. In 2016/17 39% of people on GP registers received an annual health and 2017/18 data is expected to be published by NHS Digital in December 2018.

Table 2: SSCCG Learning Disability Annual Health Checks 2016/17

Total number of LD patients registered at GP practice	Number of patients aged 14 + eligible for LD AHC	Number of patients aged 14 + who have refused an LD AHC	Number of patients aged 14 + who have DNA'd an LD AHC	Number of patients aged 14 + who have received an LD AHC	% Uptake of LD AHC
505	494	7	8	187	37%*

Based on returns received from 22 GP practices and no returns received from 4 GP practices.

NHS South Sefton CCG have consequently made a commitment to increase their uptake of annual health checks and is continuing to offer training and support to GPs. The CCG has also developed an SLA along with NHS England to agree for changes to payments for annual health checks. This will now be paid via the Federation of GPs to allow for more flexibility in offering annual health checks to patients when their own GP is not signed up to the DES. The following trajectory was submitted by NHS South Sefton CCG and was accepted by NHS England as being the total annual health checks to be carried out this year

Table 3: SSCCG Learning Disability Annual Health Check Trajectory 2018/19

Target of Annual Health Checks	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19
348	87	87	87	87	348

Learning Disabilities Mortality Review (LeDeR)

Recognising the health inequalities, poorer outcomes, higher rates of mortality, institutional discrimination and acceptance of death for people with learning disabilities the LeDeR programme became live in January 2017 across all CCGs in England. The purpose of the programme is to establish support for local areas to review the deaths of people with learning disabilities, identify learning from deaths, and take forward the learning into service improvement initiatives. Reviews are undertaken by a reviewer identified by Mersey Care NHS FT who is supported by Tracey Forshaw from the Quality team who is the identified NHS South Sefton CCG Local Area Contact who is a member of the NHS England C&M steering group, provides support and guidance to LeDeR reviewers, quality assures and signs off individual reviews and supports the dissemination of actions and learning across the CCGs and NHS England.

Since January 2017 NHS South Sefton has been notified of 9 cases on the LeDeR system of 6 cases have been allocated to a review and are in progress with 3 cases waiting to be allocated.

STOMP (Stop Overmedicating People with a Learning Disability or Autism)

STOMP is a national initiative to address the over-prescribing of medication for people with Learning Disabilities/ Autism.

The aims of STOMP are to:

- Encourage people to have regular check-ups about their medicines
- Make sure doctors and other health professionals involve people, families and support staff in decisions about medicines
- Inform everyone about non-drug therapies and practical ways of supporting people so they are less likely to need as much medicine, if any.

The TCP has commissioned an e-learning package for GP Practices which is due for roll out across Cheshire and Merseyside in October 2018.

Children & Young People

Guidance regarding Transforming Care for Children and Young People was published in March 2017. Commissioners are required to maintain a list of children and young people who are at risk of being admitted to hospital. Care Education and Treatment Reviews (CETR) have been established so to ensure that the needs of children and young people with learning disabilities and or autism are understood so as to ensure they have the right services in place. NHS South Sefton CCG has had a CETR process in place since 2017 to ensure that CETRs are being undertaken by an independent panel of people.

A Cheshire and Merseyside CETR support network has been established to share best practice and develop a Dynamic Support Database for the patient group who are at risk of admission to Tier 4 Specialist services, or at risk of accommodation due to their challenging behaviour/mental health condition. Liverpool CCG is leading on the development of the Dynamic Support Database.

Transforming Care is part of the SEND agenda. There is strong multi-agency working in supporting the development of the dynamic risk register, and the knowledge and undertaking of CETRs. Strong links exist with Tier 4 specialist NHS commissioning, and 6 weekly multi-agency meetings are held to ensure good communication and planning for children with SEND, including those with a learning disability and or autism.

4. Conclusions

NHS South Sefton CCG within the Transforming Care Programme is making progress to ensure that people with a learning disability and/or autism are able to live in their own homes just as other citizens do.

Strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.

5. Recommendations

The Governing Body is asked to receive the report.

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
November 2018

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 19th July 2018

Chair:
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting likely case scenario of £2.857m deficit. 	<ul style="list-style-type: none"> CCG is forecast to be £3.857m adrift from its financial plan for the year and is not on target to deliver its statutory financial duty. 	<ul style="list-style-type: none"> All expenditure needs continuous review to ensure that CCG expenditure is utilised in an effective manner and opportunities to reduce expenditure have been taken.

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

- The committee risk register was agreed taking account of the following changes:
 - The consequence for overspend on budgets was reduced from 5 to 4 as total lower than £2m, although the overall risk to delivery of the financial plan remains a consequence of 5 as over £2m adrift.
 - Overall risk of non-delivery of financial plan remains at 20.
- The proposed bid to strengthen the COIN infrastructure through the GPIT Business as Usual bidding process was ratified.
- Practice prescribing budgets were ratified following approval of overall budget by Governing Body.
- The Information Governance papers were briefly discussed and referred to the Joint Quality Committee in line with CCG's governance arrangements.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 23rd August 2018

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case deficit reported as £2.855m. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or statutory duty. 	<ul style="list-style-type: none"> All expenditure requires continuous review to ensure that CCG spend is effective and that all opportunities to reduce expenditure have been taken.

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

- The committee received an update regarding the revised Financial Recovery Plan (FRP) which has been approved by NHS North. The revised plan will be discussed further with the Governing Body in the September Part II meeting.
- The committee noted the key overspending areas and requested:
 - assurance regarding delivery of specified packages of care.
- The committee agreed the proposed budget virement to cover the cost pressures relating to Lancashire Care Continence Service. It was agreed that Jan Leonard and Susanne Lynch will undertake a review of the service to identify options for savings.
- The committee discussed concerns regarding delays in adoption of the Blueteq system at Aintree, noting that safety issues in respect of delayed follow-ups could have been avoided.

Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 26 th July 2018 Southport & Formby CCG and South Sefton CCG	Chair: Dr Gina Halstead
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Information Points for South Sefton CCG Governing Body (for noting)
AUH Quality Improvement Plan – Received by the JQC. This was also submitted by the provider as part of the assurance evidence for the recent Single Item QSG.
IG & Data Security & Protection Policies 2018 v2.1 – Approved.
Corporate Risk Register – Received and reviewed.
Safeguarding & Children Looked After Service – Outcome paper from the consultation and engagement event with the ‘Making A Difference ‘ Group to support the Case for Change was received by the JQC. Is also to be presented to EPEG.
VCFS Services to Support C&YP’s emotional health and wellbeing – PW to be asked to forward to GPs a list of such services that are available. PW to also be asked to look at developing suite of KPIs / outcome measures for the purposes of assurance across the local partnership

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 25th July 2018
NHS South Sefton CCG

Chair:
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions

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

- The committee received the Annual Audit letter, presented by Grant Thornton. It was advised that as a public document, the Annual Audit Letter should be displayed on the CCG's website. The Annual Audit Letter will be taken to the September Governing Body meeting.
- The committee noted progress on the introduction of the General Data Protection Regulation and asked for an update to be provided at the next Audit Committees in Common meeting in October 2018.
- The committee noted the Information Governance report and:
 - Agreed more assurance required regarding DPIA completion.
 - Queried whether the Data Protection Officer arrangements are sufficient to meet the CCG's needs, and whether consideration is needed to confirm if external support is required.
- The committee reviewed the Planning, Control and Governance Self Assurance template.
- The committee reviewed the Losses, Special Payments and Aged Debt reports.
- The committee noted the Internal Audit report update.
- The committee received the CCG Assurance Framework benchmarking reported. It was noted that the CCG is 'green' rated for performance.
- The committee received the Governing Body Assurance Framework (GBAF) / Corporate Risk Register (CRR).
 - Review of GBAF / CRR.

- It was advised that training sessions on risk management would help improve understanding of risk management issues.
- Review GBAF to capture fuller focus of wider Cheshire & Merseyside work and the impact on the CCG.
- Anti-Fraud Services Staff Survey report – results were generally positive. It was noted that an increasing proportion of staff had raised a question mark over their confidence in the process.

Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 30 August 2018

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
Learning Disabilities DES. A		
7 Day Access. The CCG has to mobilise a new 7 day service by the 1 st October 2018. The service specification has been co-designed by a working group and meets NHSE requirements.	The service will not be mobilised on time.	Mobilisation plan in place and being delivered. Risks escalated when appropriate. Currently on track to go live as planned.
Delegation. The CCG is considering an application for delegated commissioning.	Membership support is required to progress the application. Full understanding of the risks being assessed.	

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

Primary Care Network bids. Crosby, Bootle & Maghull localities have all been successful in securing network funding from NHSE. This will enable them to work together to develop plans to work in an integrated way with key stakeholders. Funding is for an eighteen month period.

Key Issues Report

South Sefton Localities

July – October 2018

Bootle Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England ongoing issues:</p> <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of pension contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contracts 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
<p>2. Acute Visiting Scheme</p> <ul style="list-style-type: none"> • The locality has reported difficulties in accessing the service due to the service reporting they are full to capacity on occasion by 10am. • Locality has requested data usage for the service across South Sefton practices to be shared to look at utilisation rates. 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • BI Team has provided data and show inequality across South Sefton. This has been reported to the Contract Lead to investigate further prior to sharing with the locality.
<p>3. Clock View Service</p> <ul style="list-style-type: none"> • Practices reported major concerns trying to refer suicidal patients to the service and a GP brought an example to the September locality meeting. • Upon accessing the service GP was informed no appointments available for the patient and directed them to A&E 	<ul style="list-style-type: none"> • Patient care • Patient safety • Patient experience 	<ul style="list-style-type: none"> • Escalated via Primary Care MH Liaison Officer to the Deputy Chief Operation Officer for MH Services at Mersey Care and also the Manager of the Service at Clock View • Locality Manager has also sent detail to the CCG MH Commissioning Lead
<p>4. Librium prescribing</p> <ul style="list-style-type: none"> • A patient attended A&E and was prescribed 40g of Librium and told to present at GP for further prescription • Practices queried by A&E didn't prescribed 7-days and signpost patient to Ambition Sefton for alcohol abuse advice 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Reported to Head of Medicines Management and was discussed at recent JMOG Committee
<p>5. Long waiting times in Adult ADHD service.</p> <ul style="list-style-type: none"> • Delays for patients being assessed 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Locality Manager escalated to Mental Health Commissioning Lead and Head of Medicines Management.

Key Issues Report South Sefton Localities July – October 2018



South Sefton
Clinical Commissioning Group

<ul style="list-style-type: none"> Delays for patients receiving medication 	<ul style="list-style-type: none"> Patient experience 	<ul style="list-style-type: none"> Draft shared care agreement has been developed and forwarded to LMC for approval. Shared care agreement has been approved and will be forwarded to GPs No improvements made so far, however the Consultant Psychiatrist has visited the locality to discuss a process of how to safely return patients to the care of the GP.
<p>6. DNA at Community Clinics</p> <ul style="list-style-type: none"> Practices reported patients are being referred back to GP for re-referral to community clinics following one DNA. 	<ul style="list-style-type: none"> Patient care Patient quality 	<ul style="list-style-type: none"> Mersey Care Community Service relationship manager agreed to investigate. Practices asked to provide examples for investigation. Mersey Care Community Services have provided a DNA policy to practices. Any further incidents to be reported to the Locality Manager.
<p>7. Phlebotomy Services</p> <ul style="list-style-type: none"> Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled. Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> Patient care Patient quality Patient experience 	<ul style="list-style-type: none"> Action plan has been developed and the service has improved now standing at 13 working days for routine phlebotomy. Locality Manager provides regular updates on the waiting times for routine and clinic appointments Drop-in service current in pilot stage and reporting well
<p>8. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> Patient care 	<ul style="list-style-type: none"> Escalated to LMC and CCG. Jan Leonard has passed all information to AUH for a response.

Key Issues Report

South Sefton Localities

July – October 2018

Crosby Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Primary Care Support England <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of pension contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contracts 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
2. Ongoing issue in relation to closure of practices lists in Crosby. A number of patients have been seeking registration on a weekly basis.	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • All practices in the locality have been operating open lists since June 2018. • Discussions continue in locality meetings and registration figures are shared to support practices undertaking high numbers of new registrations to monitor and agree temporary closures if requested. • Locality continues to be support this process.
3. ERS <ul style="list-style-type: none"> • Practices are experiencing issues with ERS system • Some services don't appear to be on ERS 	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • Escalated to Planned Care Lead • iMerseyside to offer further training to practices for troubleshooting
4. Phlebotomy Services <ul style="list-style-type: none"> • Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled. • Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Action plan has been developed and the service has improved now standing at 13 working days for routine phlebotomy. • Locality Manager provides regular updates on the waiting times for routine and clinic appointments • Drop-in service current in pilot stage and reporting well
5. Allergy Service at Broadgreen Hospital <ul style="list-style-type: none"> • Three practices reported patients who are anaphylactic have been referred to Wythenshawe Hospital as nearest service. • Referrals have been declined and patients 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Locality Manager liaised with Liverpool CCG for an update on the service. Consultant has been appointed as was due to commence in November, this has been delayed. • Due to backlog in service unlikely this will fully

Key Issues Report South Sefton Localities July – October 2018

<p>informed to seek clinic nearer home.</p> <ul style="list-style-type: none"> • Risk to patients as without initial diagnosis from Allergy Consultant, GPs unable to prescribe epi-pens/adrenaline. 		<p>open until January 2019, however awaiting confirmation and update on service via Liverpool CCG.</p> <ul style="list-style-type: none"> • Locality Manager also escalated to Head of Medicines Management.
<p>6. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.
<p>7. Long waiting times in Adult ADHD service.</p> <ul style="list-style-type: none"> • Delays for patients being assessed • Delays for patients receiving medication 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Locality Manager escalated to Mental Health Commissioning Lead and Head of Medicines Management. • Draft shared care agreement has been developed and forwarded to LMC for approval. • Shared care agreement has been approved and will be forwarded to GPs • It was been agreed that the Consultant Psychiatrist will visit the locality.

Key Issues Report

South Sefton Localities

July – October 2018

Seaforth & Litherland Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England ongoing issues:</p> <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list • Dual registration of patients 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns. • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE. • Dual registration issue has been added to the primary care risk register and escalated to NHSE.
<p>2. Review of inappropriate requests of primary care to secondary care.</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to Aintree University Hospital for a response.
<p>3. Signing of DNACRP Forms</p> <ul style="list-style-type: none"> • A practice raised concern that a Palliative Nurse refused to sign a DNACPR form due to Mersey Care policy. • A locum GP was asked to attend the patient's home and sign, however the locum had never seen the patient before and felt they were not the most appropriate person to sign given the nurse had been taking care of the patient. 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Escalated to Mersey Care Sefton Care Manager for statement. • The Trust has reviewed their policy and current position is that no nurses sign DNACPR this remains the responsibility of the medic. However, the Trust can work with the team to support decision making. • Locality asked for this to be escalated to Sefton LMC, Locality Manager has undertaken this task.
<p>4. Phlebotomy services</p> <ul style="list-style-type: none"> • Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled • Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Action plan has been developed and the service has improved now standing at 13 working days for routine phlebotomy. • Locality Manager provides regular updates on the waiting times for routine and clinic appointments • Drop-in service current in pilot stage and

Key Issues Report South Sefton Localities July – October 2018

		<p>reporting well.</p> <ul style="list-style-type: none"> • Locality did undertake a retrospective audit looking at waiting times and reported this to the service.
<p>5. ERS</p> <ul style="list-style-type: none"> • Practices are experiencing issues with ERS system • Some services don't appear to be on ERS 	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • Escalated to Planned Care Lead • iMerseyside to offer further training to practices for troubleshooting
<p>6. Care Home Matrons</p> <ul style="list-style-type: none"> • Practice reported that Care Home Matrons are not available on Wednesdays and care home subsequently contacting GPs to attend visits. 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • This service is part of the Mersey Care review of services and has been escalated to senior managers for consideration.

Key Issues Report

South Sefton Localities

July – October 2018

Maghull Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. PCSE ongoing issues:</p> <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns. • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
<p>2. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.
<p>3. Increasing List Sizes</p> <ul style="list-style-type: none"> • Practices have reported an increase in new patients asking to register • Practices concerned that they will become unsafe • Delivery of healthcare could be effected across the locality 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • NHSE/CCG attending June locality meeting to discussion concerns • It has been suggested the locality take part in a managed list process similar to the Crosby pilot, Locality Manager to facilitate and gain agreement will all practices. • One practice declined to take part, discussion to continue at October locality meeting. • One practice had been granted a 6 month list closure due to re-open late December.
<p>4. Future Estates in Maghull - ongoing</p> <ul style="list-style-type: none"> • Practices asked for more information regarding potential sites, planning and finances • Practices raised concerns in relation to new housing development (Poppyfields). Residents now moving in and one practice has had patients allocated to them by NHSE. • Further concerns have been raised in relation to the difficulty in recruiting GPs into Maghull practice where vacancies remain • The locality have reported that there is a major estates and GP crisis in Maghull which, if no action is taken, will result in severe disruption to 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • A workshop was held on 20th September, all practices in Maghull were represented and took part in constructive discussions • Actions were agreed to take forward as part of continuing future planning. • Allocation of patients has been escalated to the CCG • Locality Manager has escalated to Jan Leonard for discussion at Senior Leadership Team.

**Key Issues Report
South Sefton Localities
July – October 2018**

<p>patient care.</p>		
<p>5. Phlebotomy Service</p> <ul style="list-style-type: none"> • Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled • Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Action plan has been developed and the service has improved now standing at 13 working days for routine phlebotomy. • Locality Manager provides regular updates on the waiting times for routine and clinic appointments • Drop-in service current in pilot stage and reporting well. • Locality did undertake a retrospective audit looking at waiting times and reported this to the service.

Finance and Resource Committee Minutes

Thursday 19th July 2018, 1.00pm to 3.00pm

NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Graham Morris	Lay Member, SS CCG (Chair)	GM
Graham Bayliss	Lay Member, SS CCG	GB
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
In attendance		
Brendan Prescott	Deputy Chief Nurse and Head of Quality & Safety , SS CCG	BP
Apologies		
Debbie Fagan	Chief Nurse, SS CCG	DF
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr John Wray	GP Governing Body Member, SS CCG	JW
Minutes		
Tahreen Kutub	PA to the Chief Finance Officer, SS CCG	TK

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

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓	✓				
Graham Bayliss	Lay Member	✓	A	✓	A	A	✓				
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	A	✓				
John Wray	GP Governing Body Member	A	A	A	A	A	A				
Lin Bennett	Practice Manager & Governing Body Member	A									
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	A	✓	A				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	A	✓				
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	A	✓				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*				

No	Item	Action
General Business		
FR18/98	<p>Apologies for absence</p> <p>Apologies for absence were received from Debbie Fagan, Alison Ormrod and John Wray.</p> <p>Brendan Prescott was in attendance on behalf of Debbie Fagan.</p>	
FR18/99	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR18/107: GPIT and ETTF Additional Bid – COIN Upgrade</i> SS declared that he is a partner GP at two practices in South Sefton which will be affected by a COIN upgrade. The item was on the agenda to be ratified by the committee. SS had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that SS can be present during this item but cannot participate in discussion and decision making due to potential bias. • <i>FR18/110: Practice Prescribing Budgets 2018/19</i> SS declared an interest in relation to this item, as his practices will be impacted by the practice prescribing budgets for 2018/19. SS had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that SS can be present during this item but cannot be involved in discussion or decision making. • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR18/100	<p>Minutes of the previous meeting and key issues</p> <p>Hardcopies of the draft minutes and key issues of the previous meeting on 21st June 2018 were tabled at the meeting; these were updated versions to those within the meeting pack, with amendments highlighted for the committee's reference. It was noted that an update had been made to item <i>FR18/89: CHC – Fee Rates 2018/19</i>, to ensure clarity on the discussion and decision regarding this item.</p> <p>SL referred to item <i>FR18/94 APC Recommendations</i>. She confirmed that MMcD had used delegated authority ahead of the F&R Committee meeting on 21st June 2018, to approve the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®), as it was within his delegated limits as Chief Finance Officer. As this had not been reported at the meeting, a post meeting note had been added to the minutes of the meeting on 20th June to</p>	

No	Item	Action
	<p>record this.</p> <p>The committee approved the updated minutes of the previous meeting on 21st June 2018 as a true and accurate record, and ratified the decisions made at this meeting, as the meeting was inquorate. The committee approved the updated key issues log as an accurate reflection of the main issues from the previous meeting.</p>	
FR18/101	<p>Action points from the previous meeting</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital The action related to access to outpatient appointments and eRS is to remain on the tracker but the completion date is to be changed to September 2018.</p> <p>FR18/65 - Action points from the previous meeting (FR18/35 - IM&T Draft Terms of Reference) MMcD noted Fiona Taylor (Chief Officer at the CCG) would be attending the next Wider Group meeting scheduled for 24th July 2018. He confirmed he would ask her to enquire about interest at this meeting in joining the IM&T steering group. This action is to supersede the existing action on the action tracker.</p> <p>FR18/81 - Apologies for absence Items that were agreed / approved at the F&R Committee meeting on 21st June 2018 were ratified under item FR18/100, as the June meeting was inquorate. Action closed.</p>	MMcD
<i>Policies / frameworks for approval</i>		
FR18/102	<p>IG & Data Security and Protection Policies 2018 v2.1</p> <p>MMcD presented the IG & Data Security and Protection Policies 2018 v2.1. He reported it has been clarified that, in line with the CCG's governance arrangements, the policies are to be referred to the Joint Quality Committee for approval. It was noted that the Corporate Governance Support Group, which reviews the IG policies, reports into the Joint Quality Committee. MMcD confirmed he will be reviewing the rationale for this reporting structure. It was noted that the policies are being presented to the F&R Committee for noting and comments.</p> <p>MMcD provided a brief summary of the discussion on this item that had taken place at the Southport and Formby F&R Committee meeting on 18th July 2018, as the discussion was relevant to both of the Sefton CCGs. He confirmed the following actions had been agreed at that meeting:</p> <ul style="list-style-type: none"> • A meeting is to take place between the IG Team, Medicines Management and the LMC to develop a front sheet / template which identifies the legal basis for information requests, in order to support the CCG and practices in relation to GDPR. A guidance factsheet with practical examples related to GDPR is also to be produced as a reference for the CCG and practices. • MMcD to confirm iMerseyside's corporate responsibility in terms of their data facilitator employees' role in processing data. <p>South Sefton F&R members agreed with these actions and noted they were relevant to both of the Sefton CCGs.</p>	

No	Item	Action
	<p>JL reported she had queried whether there should be more clarity on which organisations the policies apply to. She noted the information governance team have contacted her to discuss her comments with a view to providing more clarity in the document.</p> <p>GM referred to the section detailing responsibilities and queried the content in relation to the Audit Committee, given the Joint Quality Committee is responsible for approving the IG policies. MMcD confirmed he would liaise with the CCG's Corporate Governance Manager to clarify the responsibilities of each CCG committee in relation to IG policies and procedures.</p> <p>The committee received the IG & Data Security and Protection Policies. It was noted that the final policies are to be presented to the Joint Quality Committee for approval.</p>	MMcD
FR18/103	<p>IG Staff Code of Conduct 2018</p> <p>MMcD presented the IG Staff Code of Conduct 2018. As with item FR18/102, MMcD confirmed it has been clarified that, in line with the CCG's governance arrangements, the IG Staff Code of Conduct 2018 is to be referred to the Joint Quality Committee for approval. The document is being presented to the F&R Committee for noting and comments.</p> <p>MMcD provided a brief summary of the discussion on this item that had taken place at the Southport and Formby F&R Committee meeting on 18th July 2018, as the discussion was relevant to both of the Sefton CCGs. He confirmed the following actions had been agreed at that meeting:</p> <ul style="list-style-type: none"> • MMcD to clarify security requirements for home working - including downloads onto home computers, use of iPads and using CCG drives through an external internet provider. • MMcD to ensure there is consistency between the IG Staff Code of Conduct and related iMerseyside policies, including the use of VPNs. <p>South Sefton F&R members agreed with these actions and noted they were relevant to both of the Sefton CCGs. It was noted that the IG Staff Code of Conduct may need to be amended, further to completion of the above actions.</p> <p>The committee received the Staff Code of Conduct. It was noted that the final document will be presented to the Joint Quality Committee for approval.</p>	
<i>Finance</i>		
FR18/104	<p>Finance Report - Month 3</p> <p>MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 30th June 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG is reporting a likely case scenario of £2.857m deficit. • Financial pressures include cost pressures within Alder Hey NHS Trust and Royal Liverpool NHS Trust relating to high drugs outside the Acting as One contract agreement. • QIPP delivery to date is £0.258m which is £0.231m below plan. • The year to date performance for the Acting as One providers shows an overperformance spend against plan, which would represent an overspend 	

No	Item	Action
	<p>of £0.257m under usual contract arrangements. Due to fixed financial contract values, however, the agreement has restricted the ability to achieve QIPP savings in the two year contract period of 2017/18 and 2018/19.</p> <p>MMcD provided an update on the CCG's financial recovery plan, noting that a meeting with NHSE is scheduled to take place on 26th July 2018 to discuss the plan. The recovery plan is to be submitted to NHS England by 27th July 2018.</p> <p>MMcD provided commentary on areas of overspend and on <i>Appendix 5</i> which details the CCG's best case, most likely case and worst case scenarios. He also stressed the importance of continuing check and challenge sessions, particularly for CHC / FNC, urgent care and discretionary spend.</p> <p>A discussion took place regarding the finance report, QIPP delivery and the CCG's financial recovery plan. It was noted that there was a colour discrepancy on the graph entitled <i>South Sefton CCG Forecast Outturn at Month 3</i>. This is to be corrected prior to submission of the finance report to the Governing Body.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	MMcD
FR18/105	<p>Financial Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy. He noted the CCG has identified some priority areas for the next financial year, which include mental health. Representatives from Mersey Care have been invited to attend an upcoming Leadership Team meeting to discuss funding.</p> <p><i>The committee received this verbal update.</i></p>	
FR18/106	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register, which has been updated with the changes agreed at the last committee meeting. In addition to these changes, it was noted that new risk FR008, related to the delivery of the Sefton Transformation Programme, has been added.</p> <p>Members discussed the risk register and agreed the following changes.</p> <p><i>Sub-risk FR005b: CCG fails to control expenditure against its opening budgets in 2018/19.</i></p> <ul style="list-style-type: none"> - It was agreed to reduce the consequence post mitigation score from 5 to 4, as the financial pressure is now under £2m. This change would result in a total post mitigation score of 16. It was noted that the overall risk FR005, related to the delivery of the CCG's financial plan for 2018/19, remains at a post mitigation score of 20. <p><i>New risk FR008: There is a risk of non-delivery of the Sefton Transformation Programme caused by insufficient appropriate resources which would result in non-resolution of the system wide deficit with potential reputational damage.</i></p> <ul style="list-style-type: none"> - Due to the current level of assurance in place, it was agreed to increase the likelihood and consequence post mitigation scores from 3 by 3 to 4 by 4, resulting in a total post mitigation score of 16. The reputational risk 	

No	Item	Action
	<p>related to non-delivery of the Sefton Transformation Programme was noted by the committee.</p> <p>The risk register is to be updated with the above changes.</p> <p><i>The committee agreed the above changes to the F&R risk register.</i></p>	MMcD
<i>IT</i>		
FR18/107	<p>GPIT and ETTF Additional Bid – COIN Upgrade</p> <p>MMcD presented a bid to strengthen the COIN infrastructure through the GPIT Business As Usual (BAU) bidding process, The bid had initially been submitted as a shared bid between the Sefton CCGs and Liverpool CCG. Further to feedback from NHS England, this bid is required to be submitted as a separate bid for each CCG. The separate bid for South Sefton CCG was submitted to NHS England, prior to the July F&R meeting, in order to meet the submission deadline of 29th June 2018. This was approved by MMcD, as it was within his delegated limits as Chief Finance Officer. MMcD explained the COIN infrastructure to the committee and asked members to ratify the bid.</p> <p><i>The committee, excluding SS due to a Cofl, agreed to ratify the bid to strengthen the COIN infrastructure through the GPIT BAU bidding process.</i></p>	
<i>Estates</i>		
FR18/108	<p>Funding Sources and Capital Works Delivery Route Guidance</p> <p>MMcD provided a brief overview of the Funding Sources and Capital Works Delivery Route Guidance document, and noted that it has been brought to the F&R meeting for information. The document identifies funding sources and delivery route options for capital works, and is intended to provide indicative guidance for strategic estates advisors, trusts, providers, NHS property companies and commissioners.</p> <p><i>The committee received this document.</i></p>	
<i>Prescribing</i>		
FR18/109	<p>Prescribing Spend Report – Month 1 2018/19</p> <p>SL provided a brief overview of the prescribing report for month 1. The committee noted that the information was limited with only one month's data available at the time of producing the report. SL reported that data for May 2018 has become available today. The medicines management team continue to support practices to realise cost savings whilst supporting good patient care.</p> <p><i>The committee received this report.</i></p>	
FR18/110	<p>Practice Prescribing Budgets 2018/19</p> <p>SL provided a brief overview of the Medicines Management team process to determine practice level prescribing budgets for 2018/19, which is explained in detail in the report within the meeting pack. The overall prescribing budget has been approved by the CCG Governing Body.</p> <p><i>The committee, excluding SS due to a Cofl, agreed to ratify the process to</i></p>	

No	Item	Action
	<i>determine practice level prescribing budgets for 2018/19.</i>	
Minutes of Steering Groups to be formally received		
FR18/111	Information Management & Technology (IM&T) Steering Group – May 2018 Committee members in attendance received the minutes of the IM&T Steering Group meeting in May 2018.	
Closing business		
FR18/112	Any Other Business The provisional F&R meeting scheduled for 23 rd August 2018 was discussed. It was agreed for a decision to be made as to whether the meeting takes place, after the financial recovery meeting with NHS England scheduled for 26 th July 2018.	
FR18/113	Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of next meeting Thursday 23 rd August 2018 (PROVISIONAL MEETING) 1.00pm to 3.00pm 3 rd Floor Board Room, Merton House Thursday 20 th September 2018 1.00pm to 3.00pm 3 rd Floor Board Room, Merton House	

Finance and Resource Committee Minutes

Thursday 23rd August 2018

1.00pm to 2.00pm

NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Graham Morris	Lay Member, SS CCG (Chair)	GM
Graham Bayliss	Lay Member, SS CCG	GB
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Apologies		
Debbie Fagan	Chief Nurse, SS CCG	DF
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Minutes		
Tahreen Kutub	PA to the Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓				
Graham Bayliss	Lay Member	✓	A	✓	A	A	✓	✓				
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	A	✓	✓				
John Wray	GP Governing Body Member	A	A	A	A	A	A	✓				
Lin Bennett	Practice Manager & Governing Body Member	A										
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A	A				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	A	✓	A	A				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	A	✓	✓				
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	A	✓	✓				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*	*				

No	Item	Action
General Business		
FR18/114	<p>Apologies for absence Apologies for absence were received from Debbie Fagan and Alison Ormrod.</p>	
FR18/115	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
Reports received (taken as read)		
FR18/116	<p>Finance Report - Month 4 GM advised that this meeting would be a single agenda item meeting to focus upon the CCG's month 4 financial position, noting the emerging risks and mitigations. The review of the minutes of the last meeting was deferred until September.</p> <p>MMcD reported that the CCG's Financial Recovery Plan has been approved by NHS North following revision and advised that delivery of the plan will be discussed further at the September Part II Governing Body Meeting. It was noted that the plan remains challenging in terms of the CCG's ability to deliver it.</p> <p>MMcD presented the month 4 finance report, which details the year-to-date financial position for the CCG, as at 31st July 2018, as a deficit position of £0.600m in line with plan. He noted the CCG is reporting a likely case scenario of £2.855m deficit compared with a planned surplus of £1.000m. The CCG is therefore forecast to be £3.855m away from plan. MMcD advised that further cost reductions are required to bring expenditure back in line with the financial plan.</p> <p>It was noted that QIPP delivery at month 4 is £0.747m against the 2018/19 QIPP target of £5.329m. The committee discussed the likelihood and challenges of delivering the CCG's financial plan, and potential cost reduction measures. The effect of Acting as One was also discussed.</p> <p>MMcD reported on key overspend areas, noting that the main financial pressures relate to increased costs within CHC, increased costs within Lancashire Care Trust relating to continence projects, cost pressures within St Helens NHS Trust, and increased costs within the audiology contract with Specsavers.</p>	

No	Item	Action
	<p>CHC cost pressures were discussed and further to this, the committee advised that the CCG should seek assurance that all packages of care are being delivered as specified. MMcD stated that further benchmarking information is required regarding CHC and FNC to review CCG performance against peer groups.</p> <p>MMcD proposed a budget virement to cover cost pressures relating to Lancashire Care Continence Service, which the committee agreed with. The committee also agreed for JL and SL to undertake a review of the service to identify options for savings.</p> <p>The committee discussed increased costs within the audiology contract with Specsavers. It was agreed that further work is required in terms of providing clarity in the CCG specification.</p> <p>JW raised concerns regarding delays in adoption of the Blueteq system at Aintree University Hospital and the associated safety issues. MMcD confirmed that AOR is receiving a demonstration of the Blueteq system today with a view to understanding any barriers to adopting the system. JL confirmed that she and SL will be meeting with Aintree University Hospital to progress implementation of Blueteq.</p> <p>The committee also discussed concerns regarding delivery of the dermatology service at Aintree University Hospital.</p> <p>MMcD presented Appendix 4 in the report, which details the CCG's risk adjusted position, and advised it is likely that further pressures will transfer to the likely case scenario in respect of costs relating to the Sefton Transformation Board PMO. The Governing Body will receive an update on progress on this issue in the September meeting.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>DF</p> <p>JL / SL</p> <p>JL</p>
Closing Business		
FR18/117	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting</p> <p>Thursday 20th September 2018</p> <p>1.00pm to 3.00pm</p> <p>3rd Floor Board Room, Merton House</p>	

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 26th July 2018, 09.00 – 12.00

Venue: The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP

Membership

Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell (Left 9.15am)	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan (9.15am)	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In attendance

Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Moirra Harrison	Planned Care Lead (SFCCG)	MH

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Gill Brown	Lay Member (SFCCG)	GBr
Colette Page	Practice Nurse Lead (SFCCG / SSCCG)	CP
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Martin McDowell	Chief Finance Officer / Deputy Chief officer	MMcD
Dr Doug Callow	GP Quality Lead	

Minutes

Amanda Gordon	Programme Manager Quality & Performance	AG
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For the Joint Quality Committee to be quorate, the following representatives must be present:

- Chair of the Quality Committee or Vice Chair.
- Lay member (SF) or Lay member (SS)
- A CCG Officer (SF)
- A CCG Officer (SS)
- A governing body clinician (SF)
- A governing body clinician (SS)

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L	✓	✓	L	N				
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A	✓	N				
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓	A	N				
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓	A	N				
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓	A	N				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓	L	N				
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	✓	N				
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A	A	N				
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	A	N				
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A	✓	N				

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/104	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, BP, GBr, BD, CP, MMcD and GBr.</p> <p>RC left at 9.15am to be interviewed by the CQC inspectors. DF arrived at 9.15am following the daily 'Keeping In Touch' call with the CQC lead inspector.</p> <p>HR, MH and AG in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/105	<p>Declarations of Interest</p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/106	<p>Minutes & Key issues log of the previous meeting</p> <p>Amendment to item 18/83(iii) – Should read 'Test of Cure' not 'Test or Cure'.</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection subject to this amendment.</p>	

No	Item	Actions
18/107	<p>Matters Arising / Action Tracker</p> <p>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&O and AUH. DF to raise clinician concern with CCG Chief Officer. Update: DF raised this at the last S&O CRM/CQPG and those in attendance were unable to provide an update. Discussed with FLT who advised to contact Therese Patten – update currently awaited. Meeting to take place with the team from AUH on 27th July 2018 so the issue will be raised with the AUH team in an attempt to receive an update. Outcome: Carried forward to next meeting</p> <p>18/49 - LeDeR Briefing Paper TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. Update: This has been deferred until the next meeting. Outcome: Carried forward to next meeting</p> <p>18/56 - BD and BP to arrange a visit to the Out of Hours service one evening or Weekend Update: This has been arranged for 31st July 2018 Outcome: Closed</p> <p>18/68(i) - Chief Nurse Report Deputy Chief Nurse will provide a summary from the Lancashire care report to the next Joint Quality Committee including comments from locality managers around quality of services/what the feeling is 1 year into the change of provider. Update: BP has agreed with Locality Manager for issues to be submitted on a quarterly basis. Agenda item and paper for discussion at today's meeting Outcome: Close</p> <p>18/72 RTT Lost to follow up review: S&O Hospital Trust 18/72(i) MH will raise the question of sufficient assurance with Jan Leonard (JL), Director of Commissioning and Redesign (SSCCG/SFCCG) Update: Refer to agenda item 18/116 Outcome: Close</p> <p>18/72(ii) Chief Nurse to discuss at Governing Body Development Session the process for stopping referrals to providers where concerns exist Update: DF has raised this with Tracy Jeffes and Debbie Fairclough from the CCGs Leadership Team who plan the Governing Body Development sessions Outcome: Close.</p> <p>Month 12 Serious Incident Performance Report 18/83(i) SI summary sheet to be included in papers/reports Update: A report is produced for each SI meeting which provides details of all open SIs. TF will liaise with the Mel Spelman (Programme Manager Quality & Risk) and Rob Foden (Serious Incident Administrator) about how this can be translated into a different format in order to be presented in a way that enables the JQC to fulfil their function in relation to SIs on a quarterly basis. This will feature in the next SI update report to the JQC. There is a meeting scheduled with GBr to talk through the improved reports. Outcome: Close.</p>	<p>DF</p> <p>TF</p>

No	Item	Actions
	<p>18/83(ii) A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee Update: DF stated that this is yet to be completed due to current workload. Work is on-going on prioritising workloads in all teams across the CCGs. Outcome: Carried forward to next meeting.</p> <p>18/83(iii) Chief Nurse to escalate to LCCG concerns raised by the committee in relation to Test or Cure. Update: DF reported that concerns had been raised back to LCCG and that Colette Page (Practice Nurse Lead) had attended a meeting with LCCG, NHSE / PHE and LWH for a further discussion. Issue re: Test of Cure Pathways has also now been raised in SFCCG / S&O. Dr Graeme Allen GP Clinical Lead for Cancer is in discussion with the Trust regarding this matter and patient safety is the CCG priority - this has been discussed at the last S&O CRM/CQPG. The CCG has raised the issue with S&O regarding STEIS reporting and the Director of Nursing at S&O gave a rationale at the last CRM/CQPG as to why it did not meet the criteria from a Trust perspective. A further meeting is to be held with the Trust. Outcome: Close as being addressed by JL with support from the CCG Quality Team.</p> <p>18/88 - Joint Quality Committee Terms of Reference DF discussed suggested amendments from JQC with Debbie Fairclough (QIPP Programme Lead / Governance Lead). Terms of reference to be presented to both Governing Bodies for approval. Amendments detailed in the Chief Nurse Report. Outcome: Close</p> <p>18/89 - Chief Nurse Report BD to report back to the Committee regarding the issue of lack of data submission from Lancashire Care. Update: Discussed at LCFT contract review meeting last week; data expected in Month 3 submission which Emily Golightly from the CCGs Business Intelligence Team will be monitoring. Outcome: Close</p> <p>18/90 Provider Quality & Performance Reports 18/90(i) Chief Nurse to contact COO, Chief Nurse and Medical Director at the S&O to discuss performance concerns discussed at Joint Quality Committee Update: DF has made contact with Chief Operating Officer and there was also a discussion held last week at the CRM/CQPG. With regard to the issues discussed at the JQC re: High Risk TIA, there was no clinician available at the CRM/CQPG to meeting to provide feedback. This will be picked up in the Executive to Executive meeting between the CCG and the Trust. Outcome: Close.</p> <p>18/90(ii) Chief Nurse to circulate AUH Improvement paper and bring formally to next meeting for comment Update: Agenda item at today's meeting. Outcome: Close</p> <p>18/90(iii) Chief Nurse to email Leadership Team regarding the request to look at performance across the system / place of Sefton. Update: Business Intelligence has been asked to complete this piece of work a piece of work – will be brought back to Senior Management Team. Outcome: Close</p>	DF

No	Item	Actions
	<p>18/94 Serious Incident Management Update Chief Nurse to discuss with NHSE C&M an alternative date for the meeting to enable the attendance of GP Clinical Leads who attend the SIRG. Update: DF stated that alternative dates were requested but the meeting needed to take place before the end of July 2018. Dr GH was on annual leave and Dr DC was initially able to attend the re-scheduled date. However, due to clinical commitments Dr DC was not able to attend and the meeting went ahead without GP representation but the Chief Nurse and Deputy Chief Nurse were in attendance. GH asked if as part of this discussion the issue was raised about the request she'd made but is yet to receive from NHSE re: Primary Care – DF responded that she would follow this issue up with NHSE as that was not the purpose of the meeting. Outcome: Close</p> <p>18/96 Investigating the aetiology of opioid prescribing in NW England – Research Paper BP to write to LJMU requesting assurances that the extraction of data complies with GDPR Update: Action completed - GDPR does not apply as data anonymised. Outcome: Close</p> <p>18/97 EPaCCS Update BD will request that Moira Harrison link in with the End of Life and EPaCCS Steering Group Meetings. Update: Billie Dodd has sent apologies so no update available. Outcome: Carried forward to next meeting.</p>	
18/108	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> • Update for the reported Never Events at both AUH and S&O • Safeguarding and Looked After Children which included the presentation received by the Governing Bodies regarding the Clayton Review (2018) and an update on the 3 x Serious Case Reviews that were on-going in Sefton • Update on the completion of the Quality Risk Profile Tool and Quality Summit for Lancashire Care Foundation Trust • Update on Barton Park Nursing Home and the joint working with the Local Authority and the CQC being undertaken in discharging of our Duty of Care. • Recent visit undertaken to Sefton from Hilary Garratt CBE (Director of Nursing NHSE / Deputy Chief Nursing Officer for England) and Margaret Kitching (Director of Nursing NHS England North). <p>DF provided an update in terms of the visit planned by Lisa Cooper (LC), Deputy Director of Quality / Head of Safeguarding NHS England North to meet with the Safeguarding Team which was scheduled for 24th July 2018. LC needed to postpone and the meeting has been re-scheduled for 7th August 2018.</p>	

No	Item	Actions
18/109	<p>Children, Young People (CYP) & Maternity Update</p> <p>DF presented the report on behalf of Peter Wong (PW), Children & Young People's Commissioning Manager. DF stated that the CCGs' Chief Officer had identified children's services of one of the key priorities of the CCGs in 18/19 and the report gave an overview of current programmes of work being undertaken.</p> <p>GH raised concerns about the lack of information known to GPs about voluntary sector services available to support emotional health and wellbeing of children and young people and also the lack of KPIs / outcome measures for the voluntary sector when referral have been made to the sector from CAMHS Tier 3. GH also gave an example of a recent contact she had with a young person who requires emotional health and wellbeing support and raised the issue of what further work we could do to hear the voice of such vulnerable groups DF stated that the voice of C&YP was part of the CCGs Communication and Engagement Strategy and GBa informed the committee about the recent EPEG event with Young Advisors. All agreed that this is an area that required further development. DF stated that she would raise these issues with PW in order to action.</p>	
	<p>Action 18/109(i) Children, Young People (CYP) & Maternity Update DF to ask PW to provide GP practices with a list of known voluntary sector organisations that GPs can signpost / refer C&YP to for support in relation to emotional health and wellbeing support when they do not meet the referral criteria for Tier 3 CAMHS.</p> <p>Action 18/109(ii) Children, Young People (CYP) & Maternity Update DF to ask PW to liaise with CCG team and LA colleagues regarding the possibility of developing KPIs / outcome measures for voluntary sector organisations that we commission to support C&YP emotional health and wellbeing.</p> <p>Action 18/109(iii) Children, Young People (CYP) & Maternity Update DF to ask PW to liaise with Lyn Cooke (CCG Head of Communications) to see what further work the CCGs could undertake to hear the voice more of vulnerable children and young people.</p>	<p>DF</p> <p>DF</p> <p>DF</p>
18/110	<p>Quality Risk Register</p> <p>DF presented the Quality Risk Register for review by the Committee. Members of the committee stated that the updates were clear to see as they were detailed in a different colour font and requested if the request to group similar risks together as this would support the identification of themes.</p>	
18/111	<p>Internal Serious Incident Management Update</p> <p>TF presented the report to the Committee which included the updated action plan and amended Terms of Reference for the CCGs Serious Incident Review Groups following the review by NHS E C&M. Members were asked to receive the report and were updated on the outcome of the support and assurance meeting that took place with the Deputy Director of Nursing from NHSE C&M and the CCGs in July 2018. TF reported that she is in the process of completing a report to NHSE C&M which articulates the CCGs quality improvement / actions undertaken. NHSE C&M will be providing a draft report for review by the CCGs by the middle of August 2018.</p> <p>DF reported that the CCGs staff training for RCAs / investigation has been confirmed with Bolton NHS Foundation Trust for the beginning of September 2018.</p>	

No	Item	Actions
18/112	<p>Practice Nurse Lead Report</p> <p>DF presented the report on behalf of Colette Page (CP) CCGs Practice Nurse Lead. Members found the content of the report informative and asked DF to pass on their thanks to CP.</p>	
18/113	<p>NHSE C&M Quality Surveillance Group Report</p> <p>DF presented the report on behalf of BP. The Committee were asked to receive the report. The report provided the committee with sight of the submission which reports quality issues by exception to the C&M QSG.</p>	
18/114	<p>Lancashire Care NHS Foundation Trust – Community Service Feedback</p> <p>DF presented the paper on behalf of BP. It provided summary information of quality related issues with regard to LCFT that were being identified within localities in the SFCCG area and were summarised as follows:</p> <ul style="list-style-type: none"> • District nursing visibility and communication • Task delegation to General practices • Phlebotomy services • Continence service (separate agenda item) • Possible issues with capacity, recruitment and retention <p>The issues relating to District Nurse visibility and delegation of tasks to General Practice are to be discussed at a meeting with Carmel Jones, Lead Nurse-Southport and Formby Locality. The issues are also to be addressed at the next CQPG meeting.</p> <p>TF stated capacity issues appear to be an emerging theme from the LCFT RCAs that have been reviewed at the CCG SIRG meeting. TF to raise this with BP to also be addressed at the next CQPG.</p>	
	<p>Action 18/114 Lancashire Care NHS Foundation Trust – Community Service Feedback</p> <p>TF to raise with BP the emerging trend from LCFT RCAs that has been identified at the SFCCG SIRG re: capacity.</p>	TF
18/115	<p>Aintree University Hospital (AUH) NHS Foundation Trust Quality Improvement Plan</p> <p>DF presented the AUH Quality Improvement Plan which was submitted to the Single Item Quality Surveillance Group for the purposes of commissioner and regulator assurance. DF stated that the delivery of the plan would be managed by the Trust through a PMO approach and reported through to the CQPG. GH stated that FLT will be facilitating a workshop event on 27 July 2018 to explore how the CQPG will operate going forward in order to gain the necessary assurance.</p>	

No	Item	Actions
18/116	<p>S&O RTT / Follow-Up Update</p> <p>MH provided a verbal update to the Committee regarding the current position at the Trust as of July 2018. No patients are waiting past 3 months with the exception of ENT. The Trust is looking at sub-contracting, support arrangements from other providers and additional middle-grade support for some specialities. The CCG have given the Trust information regarding contacts within other providers but they appear to managing some of this activity via Waiting List Initiatives which can be costly and unsustainable. These issues have all been discussed with the Trust and more robust and meaningful reporting has been requested. The weekly telecoms are no longer taking place and the Trust is currently providing monthly reports to NHS Improvement and NHS England regarding Waiting List Initiatives. The identification of harm to patients and assurance regarding the process was discussed at the CRM/CQPG following the assurance discussion at the S&O Improvement Board.</p>	
	<p>Action 18/116 S&O RTT / Follow-Up Update MH to obtain copies of the Trust reports sent to NHS Improvement</p>	MH
18/117	<p>Health Services Consultation with the Making a Difference (MAD) Group</p> <p>DF presented the paper on behalf of Helen Case (HC), Designated Nurse Children in Care. It provided the Committee with the outcome of the recent consultation undertaken with members of the 'Making a Difference' (MAD) Group to inform the case for change for the revised delivery model for the safeguarding and children in care service. Members agreed that it was positive to see such an excellent piece of work undertaken with children and young people in order to capture their voice in order to support the case for change. DF stated that the report would also be presented to EPEG.</p>	
18/118	<p>IG & Data Security & Protection Policies 2018 v2.1</p> <p>DF presented the policy for approval. Members were informed that it had also been considered at the last meetings of the CCGs Finance & Resource Committees.</p> <p>The Committee approved the policy.</p>	
18/119	<p>IG Staff Code of Conduct 2018</p> <p>DF asked if this item could be deferred as she had been informed that further work was required prior to approval being requested.</p>	
	<p>Outcome: The Committee agreed to defer this agenda item.</p>	

No	Item	Actions
18/120	<p>Health Watch Report – Contenance Services</p> <p>DF presented the report which had previously been presented to the CCGs EPEG regarding continence services being provided by LCFT into Care Homes in the Southport & Formby area. EPEG had asked for it to be considered by the JQC as they were concerned regarding the findings. Members of the JQC also expressed their concerns in relation to the following:</p> <ul style="list-style-type: none"> • Residents did not receive enough continence products to meet their individual needs or in a timely manner • Difficulty referring new residents into the service so that they received their products in good time • Lack of dignity and respect in relation to receiving appropriate continence products • Non-attendance of the provider at the Health Watch meeting <p>DF informed the Committee that the report had been forwarded to CCG colleagues in Lancashire so the content could be reflected in the Quality Risk Profile Tool and it would also be an agenda item for discussion at the next contract meeting with the provider. Members asked if Health Watch could be approached to undertake the same piece of work but with patients living in their own home as the report had only considered care home residents.</p>	
	<p>Outcome: Action 18/120 Health Watch Report – Contenance Services GBa to ask Tracy Jeffes to liaise with Health Watch Sefton to ask if a similar piece of work could be undertaken with patients living in their own homes as opposed to care homes</p>	GBa
18/121	<p>GP Quality Lead Update</p> <p>GH provided an update regarding the recently submitted Primary Care Network bids for localities in South Sefton CCG. GH asked if her thanks could be noted in the minutes to Tracy Jeffes and Louise Taylor for the support they have given the localities in developing these bids. GH also informed the committee about the positive work with the localities by Pat McGuiness from Mersey Care NHS Foundation Trust.</p> <p>The Committee received the verbal update.</p>	

No	Item	Actions
18/122	<p>EPEG Key Issues Log</p> <p>GBa gave the following verbal update from the last meeting EPEG:</p> <p>Non-attendance by S&O – an email has been sent to the Trust by Tracy Jeffes.</p> <p>NHS Health Checks e.g. CVD which were previously provided by General Practice and now undertaken centrally - uptake reported to be currently low.</p> <p>HealthWatch Sefton Enter and View Report for Maghull Health Centre was tabled in relation to podiatry services – patient journey and length time to obtain an appointment</p> <p>Some issues highlighted by Young People attending Family Planning / Sexual Health Service provided at The May Logan Healthy Living Centre (Bootle). This relates to the service being busy and services not bespoke to sexual health and potential confidentiality</p> <p>Learning Difficulties: The DAVID Project - Dignity And Voices In Dying.</p> <p>HealthWatch Sefton – Review of Continence Service for LCFT report, tabled on the agenda under 18/120</p>	
18/123	<p>Locality Updates</p> <p>No further updates other than those previously discussed in agenda items 18/114 and 18/121.</p> <p>The Committee received the verbal update.</p>	
18/124	<p>Minutes Presented</p> <p>The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> • SFCCG Serious Incident Review Group (SIRG) - July 2018. TF noted that the minutes for SSCCG SIRG minutes for July 2018 were not included in the pack and she would follow this up. • CCGs Safeguarding Business Meeting – April 2018, May 2018 and June 2018. The minutes were received and GH raised the number of abbreviations in these minutes and asked if this could be addressed in future meetings. 	
	<p>Outcome:</p> <p>Action 18/124(i) Minutes Presented TF to ensure that July 2018 minutes for the SSCCG SIRG are presented to the next JQC</p> <p>Action 18/124(ii) Minutes Presented TF to ask JR (Safeguarding Team Admin Support) to ensure if abbreviations are used within minutes that a glossary is included.</p>	<p>TF</p> <p>TF</p>

No	Item	Actions
18/125	<p>Any Other Business</p> <p>i. <u>CQC Safeguarding & Looked After Children Themed Review</u></p> <p>DF informed the Committee of the current CQC Themed Review of Safeguarding and Looked After Children Services currently being undertaken in Sefton. The CCGs were informed of the review on 19th July 2018 and the inspection team came on site on 23rd July 2018. Initial feedback will be received on 27th July 2018 as per the CQC process and the final report will be published in the public domain by the CQC at a date yet to be determined.</p> <p>ii. <u>GDPR / Data Compliance Officer (DCO) in General Practice</u></p> <p>Dr GH asked if an update could be provided from the CCGs regarding DCOs in General Practice. DF to ask MMcD to contact Dr GH.</p> <p>iii. <u>AUH Dermatology</u></p> <p>Dr GH raised a query linked to the AUH Quality Improvement Plan and the re-opening of the list for routine referral for Dermatology patients in South Sefton. DF stated that there had been a discussion at the AUH CCF and also at SMT this week and there was a need for a further discussion back with the provider. Dr GH stressed the importance of a communication back to GPs once the re-opening of the list for patients had been determined. An update is to be provided at the next meeting.</p> <p>iv. <u>Audit Risk Stratification S&O Paraprotein Myeloma Screen</u></p> <p>DF raised this issue on behalf of BP. As Dr DC had sent apologies and Dr RC needed to leave early to meet with CQC inspectors, DF will ask BP to liaise with Dr DC outside of the meeting</p>	
	<p>Outcome:</p> <p>Action 18/125(ii) GDPR/ Data Compliance Officer in General Practice. DF to ask MMcD to contact DR GH to discuss further outside of the meeting.</p> <p>Action 18/125(iii) AUH Dermatology DF to feedback at next meeting confirmed details of the re-opening of routine referrals.</p> <p>Action 18/125(iv) Audit Risk Stratification S&O Paraprotein Myeloma Screen BP to raise with Dr DC outside of the meeting.</p>	<p>DF</p> <p>DF</p> <p>BP</p>

No	Item	Actions
18/126	<p>Key Issue Log (issues identified from this meeting)</p> <p>Key issues – S&F CCG</p> <ul style="list-style-type: none"> • Health Watch Continence Report – This was received by the JQC. The JQC were concerned about the content of the report particularly in relation to firstly, residents not receiving enough continence products to meet their individual needs or in a timely manner; Secondly, difficulty in referring new residents into the service so that they received their products in good time; Thirdly, lack of dignity and respect in relation to receiving appropriate continence products. Report has been sent to commissioners in Lancashire to inform the completion of the Quality Risk Profile Tool and is an agenda item for discussion at the next CRM/CQPG. Health Watch to be contacted to ask if they could repeat the review with people who live within their own homes. • AUH Quality Improvement Plan – Received by the JQC. This was also submitted by the provider as part of the assurance evidence for the recent Single Item QSG. • IG & Data Security & Protection Policies 2018 v2.1 – Approved. • Corporate Risk Register – Received and reviewed. • Safeguarding & Children Looked After Service – Outcome paper from the consultation and engagement event with the ‘Making A Difference ‘ Group to support the Case for Change was received by the JQC. Is also to be presented to EPEG. • VCFS Services to Support C&YP’s emotional health and wellbeing – PW to be asked to forward to GPs a list of such services that are available. PW to also be asked to look at developing suite of KPIs / outcome measures for the purposes of assurance across the local partnership. <p>Key issues – SSSCCG</p> <ul style="list-style-type: none"> • AUH Quality Improvement Plan – Received by the JQC. This was also submitted by the provider as part of the assurance evidence for the recent Single Item QSG. • IG & Data Security & Protection Policies 2018 v2.1 – Approved. • Corporate Risk Register – Received and reviewed. • Safeguarding & Children Looked After Service – Outcome paper from the consultation and engagement event with the ‘Making A Difference ‘ Group to support the Case for Change was received by the JQC. Is also to be presented to EPEG. • VCFS Services to Support C&YP’s emotional health and wellbeing – PW to be asked to forward to GPs a list of such services that are available. PW to also be asked to look at developing suite of KPIs / outcome measures for the purposes of assurance across the local partnership. 	
18/127	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 27th September 2018, 09:00 – 12:00 Room 3A, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Audit Committees in Common South Sefton CCG Minutes

Wednesday 25th July 2018, 1.30pm to 4.00pm
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

South Sefton CCG Members present		
Graham Bayliss	Lay Member (Vice Chair)	GBa
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Phil Rule	Interim Chief Accountant, SFCCG	PR
Adrian Poll	Audit Manager, MIAA	AP
Michelle Moss	Local Anti-Fraud Specialist, MIAA	MM
Robin Baker	Audit Director, Grant Thornton	RB
Apologies – South Sefton CCG Members		
Graham Morris	Lay Member (Chair)	GM
Apologies – Southport and Formby CCG Members		
Gill Brown	Lay Member (Vice Chair)	GBr
Susan Lowe	Practice Manager and Governing Body Member	SL
Apologies - Regular Attendees		
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AOR
Georgia Jones	Manager, Grant Thornton	GJ
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

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

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
South Sefton Audit Committee Membership						
Graham Morris	Lay Member (Chair)	✓	✓	A		
Graham Bayliss	Lay Member	✓	A	✓		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓		
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓		
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A		
Leah Robinson	Chief Accountant [On maternity leave from October 2017]					
Phil Rule	Interim Chief Accountant	✓	✓	✓		
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓		✓		
Adrian Poll	Audit Manager, MIAA	✓		✓		
Robin Baker	Audit Director, Grant Thornton	✓	N	✓		
Georgia Jones	Manager, Grant Thornton	✓	✓	A		

No	Item	Action
General Business		
A18/108	<p>Introductions and apologies for absence Apologies for absence were received from the following South Sefton Audit Committee members: Graham Morris.</p> <p>Apologies for absence were received from the following regular attendees: Alison Ormrod and Georgia Jones.</p> <p>It was noted that apologies for absence had also been received for Emma Styles (Information Governance Manager, Midlands & Lancashire CSU), who was due to attend to present items A18/112 and A18/114. MMcD confirmed he would present these items in her absence.</p> <p>The committee noted that Helen Nichols would chair this meeting.</p>	
A18/109	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies and Audit Committees for South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A18/110	<p>Minutes of the previous meetings and key issues The South Sefton minutes of the Audit Committees in Common meeting on 23rd April 2018 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p> <p>The minutes of the Audit Committee meeting on 24th May 2018 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	
A18/111	<p>Action points from previous meetings</p> <p>A17/106 (SS and S&F) External Audit Progress Report It was noted that the action regarding the subject of GPs looking to transform and operate at scale has now been superseded. MMcD reported that seven of the eight localities within Sefton have submitted Primary Care Network bids to set up networks within practices to operate at scale. Action closed.</p>	

	<p>A18/14 (SS and S&F) Register of Interests PR has received information from Warrington CCG on the online system they use to update the organisation's Register of Interests. PR has forwarded this information to Judy Graves (Corporate Business Manager at the Sefton CCGs) to follow up. It was agreed to close this action.</p> <p>A18/104 (SS) Service Auditor Reports PR reported HR is not included within the standard reports issued by the service auditors for Midlands & Lancashire CSU. PR noted he would look further into this issue to understand why HR has not been included. RB offered to assist with this. This action is to supersede the existing action on the tracker.</p> <p>All other actions from the committee meetings in April and May 2018 had been completed, with updates provided on the action tracker which were taken as read.</p>	PR / RB
Governance		
A18/112	<p>GDPR Implementation Update MMcD provided an update on the implementation of the General Data Protection Regulation (GDPR); detailed information was in the item report within the meeting pack. The committee noted progress on the introduction of GDPR.</p> <p>MMcD reported that the IG & Data Security and Protection Policies and IG Staff Code of Conduct were reviewed by the respective Finance & Resource (F&R) Committees of the Sefton CCGs this month; this has resulted in a number of IG related actions, updates on which will be reported to the F&R Committees.</p> <p>HN asked for an update on GDPR implementation to be brought to the next Audit Committees in Common meeting on 17th October 2018; TK to add this to the meeting work plan.</p> <p>The committee received the update and report on GDPR implementation.</p>	TK
A18/113	<p>Review of HFMA GDPR Checklist PR presented a report detailing the CCG's progress against the HFMA checklist of top ten actions for NHS organisations to ensure they are ready for GDPR. The committee noted progress has been made against the checklist.</p> <p>AP confirmed an internal audit review of GDPR is scheduled to take place this calendar year.</p> <p>The committee received this report</p>	
A18/114	<p>Information Governance Bi-Monthly Report MMcD presented the Information Governance Bi-Monthly Service Report, which highlights the work that the CSU IG team are undertaking to support the CCG to meet its statutory requirements.</p> <p>HN referred to the section on <i>CCG Required Actions</i> on the summary front sheet of the report. She queried progress on the 5th point regarding staff completion of DPIAs, and the 6th point regarding the CCGs' review of the delivery plan.</p> <p>MMcD noted he would review progress on the above points with the IG team. He also confirmed he would raise the issue regarding completion of DPIAs with the Leadership Team.</p>	MMcD

	<p>MMcD noted that Fiona Taylor (Chief Officer of the Sefton CCGs) is the Data Protection Officer (DPO) for the Sefton CCGs. Members queried whether the current DPO arrangements are sufficient to meet the CCGs' needs and whether this role should be undertaken by a member who is external to the CCGs with good knowledge of both organisations. HN also queried whether the DPO could be a wider role, encompassing a number of CCGs. MMcD confirmed he would raise these queries with the Leadership Team.</p> <p><i>The committee received the Information Governance Bi-Monthly Service Report.</i></p>	MMcD
A18/115	<p>NHSE CCG Financial Planning, Control and Governance Self-Assessment Template</p> <p>PR presented a completed self-assessment template on financial planning, control and governance, which NHS England have asked CCGs to complete to help form a local view on assurance. This is to be submitted on a quarterly basis. PR confirmed he will report on the quarterly updates at future Audit Committee meetings. It was noted that the completed self-assessment being presented today had already been submitted to NHS England.</p> <p>The committee had a detailed discussion about the submission and raised a number of queries which were addressed by MMcD and PR.</p> <p>Further to discussion, it was agreed for PR to contact NHS England to enquire about the type of information required for the following two assessment criteria:</p> <ul style="list-style-type: none"> • No. 39: Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body. • No. 40: The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for. <p>Further to review of the criteria, the following actions were also agreed:</p> <ul style="list-style-type: none"> • An item for lay members' training needs is to be added to the agenda for the next Audit Committees in Common meeting scheduled for 17th October 2018. • MMcD is to raise the subject of financial training for Governing Body members with the Senior Leadership Team. <p><i>The committee received the NHSE CCG Financial Planning, Control and Governance Self-Assessment template.</i></p>	<p>PR</p> <p>TK</p> <p>MMcD</p>
A18/116	<p>Approvals Committee Annual Report</p> <p>HN provided a brief overview of the Approvals Committee Annual Reports 2017/18 for each of the Sefton CCGs.</p> <p><i>The committee received the South Sefton Approvals Committee Annual Report.</i></p>	
A18/117	<p>Remuneration Committee Annual Report</p> <p>HN reported that a Remuneration Committee Annual Report has not been produced for each of the Sefton CCGs, as a meeting had not taken place in 2017/18. It was noted that Remuneration Committee meetings are held as required.</p> <p><i>The committee received this verbal update.</i></p>	

A18/118	<p>Losses, Special Payments and Aged Debt</p> <p>PR provided an update on losses, special payments and aged debt for South Sefton CCG since the last report was presented to the Audit Committee in April 2018. It was noted that no losses have been identified for write off and no special payments have been made in this period. PR and MMcD provided an update on the list of balances greater than £5k and over 6 months old, which total £594,285. MMcD confirmed he would clarify the position regarding the debt related to Hedge & Judge's practice, as he did not recognise the description of the practice and queried whether it was part of the CCG.</p> <p>HN referred to section 2. <i>Introduction and Background</i> and noted that the standard concluding sentence referring to balances identified for write off had been omitted. PR confirmed this would be included for future reports for completeness.</p> <p><i>The committee received this report.</i></p>	PR
A18/119	<p>GP Leads Payments</p> <p>MMcD provided an update on the issue related to GP leads payments. The Remuneration Committee had met today to discuss this issue prior to the Audit Committees in Common meeting. MMcD reported that the review of this issue is being progressed with support from Ernst and Young. Pending receipt of information from the Sefton CCGs, Ernst and Young will prepare a report on the actions now required, for discussion by the Remuneration Committee.</p> <p><i>The committee received this verbal update.</i></p>	
A18/120	<p>Single Tender Action Forms - High Intensity Users Scheme</p> <p>MMcD presented an updated Single Tender Action (STA) form for the delivery of a pilot High Intensity Users Scheme; the initial version of the STA was ratified by the Audit Committee in April 2018. Details regarding the cost of the service have been updated since the STA was ratified, as documented on the cover sheet within the meeting pack. MMcD noted that he had reviewed and approved the updated STA, as the contract value is within his delegated limits as Chief Finance Officer. He recommended the Audit Committee ratify the approval of this STA.</p> <p><i>The committee ratified the approval of the Single Tender Action form for the delivery of a pilot High Intensity Users Scheme.</i></p>	
A18/121	<p>Register of Interests</p> <p>MMcD reported on the Register of Interests as at 29th June 2018 and the current process involved in collating declarations of interest. He noted that additional steps have been added to further strengthen the process, which are detailed within the item report in the meeting pack.</p> <p>Members commented that the presentation of the Register of Interests had improved and noted the extra robust process that is now involved in the collation of information.</p> <p>MMcD reported on the recent online training launched by NHS England in order to further support CCGs to manage conflicts of interest. Of the employees and members identified to complete the training, the Sefton CCGs achieved a compliance rate of 97% as at 31st May 2018, with 100% achieved by 27th June 2018.</p> <p><i>The committee received the Register of Interests.</i></p>	

A18/122	<p>Policy Tracker MMcD presented the policy tracker and provided an update on the four policies that are out of their review dates: Infertility Policy, Commissioning Policy, Safeguarding Children and Adults at Risk Policy and the Information Governance Handbook. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p>It was noted that an update on the status of the review of the Commissioning Policy and Infertility Policy was received by the Governing Body at its Part II meeting on 5th July 2018.</p> <p><i>The committee received the policy tracker.</i></p>	
A18/123	<p>Self-assessment of committee's effectiveness Members discussed carrying out a self-assessment of the committee's effectiveness by using the self-assessment checklists in the HFMA NHS Audit Committee Handbook.</p> <p>AP noted that MIAA have a self-assessment tool which he will forward to TK. HN confirmed she would liaise with GM about carrying out a self-assessment for each of the Audit Committees and would circulate a questionnaire for members to complete prior to the next meeting scheduled for 17th October 2018.</p> <p>HN asked for this item to be added to the agenda for the next meeting on 17th October 2018 as the final item on the agenda before Any Other Business.</p> <p><i>The committee agreed to carry out a self-assessment of the committee's effectiveness prior to the next meeting on 17th October 2018.</i></p>	<p>AP</p> <p>HN</p> <p>TK</p>
A18/124	<p>CHC Retrospective Claims Report – S&F CCG This item was discussed at the end of the meeting with Southport and Formby members present only.</p>	
Audit and Anti-Fraud Specialist		
A18/125	<p>Audit Committee Recommendations Tracker PR presented the Audit Committee Recommendations Tracker.</p> <p>It was noted that the action related to Office Holder Contracts is now complete.</p> <p>Updates were provided on the two remaining risks / recommendations related (respectively) to the Better Care Fund and assurances on quality of services provided, as detailed on the tracker.</p> <p><i>The committee received the Audit Committee Recommendations Tracker.</i></p>	
A18/126	<p>MIAA Internal Audit Progress Report AP provided an overview of the internal audit progress report. He noted the audit work for the following is in process and will be reported to the committee following completion:</p> <ul style="list-style-type: none"> • Provider Contract Management (Fieldwork Stage) • Continuing Healthcare (CHC) benchmarking (Fieldwork Stage) <p><i>The committee received the Internal Audit Progress Report.</i></p>	

A18/127	<p>MIAA CCG 2017/18 Assurance Framework Opinion Benchmarking Report AP presented the MIAA CCG 2017/18 Assurance Framework Opinion Benchmarking report and noted that the Sefton CCGs were 'green' rated in each of the categories.</p> <p>PR commented it would be useful to include benchmarking information (with other CCGs shown on an anonymous basis). AP confirmed he would provide this feedback to the MIAA team.</p> <p><i>The committee received the MIAA CCG 2017/18 Assurance Framework Opinion Benchmarking report.</i></p>	
A18/128	<p>MIAA Anti-Fraud Services Staff Survey Report MM presented the Anti-Fraud Services Staff Survey Report for 2017/18. An anti-fraud survey was circulated to all CCG staff in February 2018 to complete within two weeks. The aim of the survey was to identify a more representative view of anti-fraud awareness in the CCG. The survey has been undertaken for the CCG on an annual basis since 2014/15.</p> <p>The committee noted that results were generally positive. The survey results showed, however, that the proportion of staff lacking confidence in the process had increased each year. MMcD confirmed he would review ways in which to address this issue with the CCG communications team.</p> <p><i>The committee received the MIAA Anti-Fraud Services Staff Survey Report for 2017/18.</i></p>	
A18/129	<p>External Audit Annual Audit Letter 2017/18 RB presented the Annual Audit Letter, which provides a high level summary of the findings of the external audit of the CCG for 2017/18. He confirmed that the following had been issued for the CCG:</p> <ul style="list-style-type: none"> • An unqualified audit opinion on the accounts • A qualified 'except for' Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2017/18 except for its financial performance and sustainability. <p>As the Annual Audit Letter is a public document, RB advised that it be displayed on the CCG website; PR to action. MMcD confirmed the Annual Audit Letter 2017/18 will be presented to the Governing Body at its meeting scheduled for 6th September 2018.</p> <p><i>The committee received the Annual Audit Letter.</i></p>	PR MMcD
Risk		
A18/130	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map PR presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the Heat Map; the latter summarises all the mitigated risks for the CCG with a score of 12 and above.</p> <p>PR reported he has reviewed the process of updating the CRR and GBAF with the CCG's Corporate Business Manager. He advised that training sessions on risk management issues for risk owners and those who update risks would help improve understanding of risk management issues. He proposed to undertake a full review of the current content in the CRR and GBAF as well as the current</p>	

	<p>reporting and monitoring processes. The committee agreed with this approach, providing Debbie Fairclough (the lead for governance at the CCG) is kept informed on the review and providing any revisions to the process comply with the Risk Management Strategy.</p> <p>The committee discussed the content in the GBAF, CRR and Heat Map.</p> <p>The following was agreed:</p> <ul style="list-style-type: none"> • Finance risks need to be captured more clearly within the GBAF. • The wider Cheshire & Merseyside work and the impact on the CCG need to be captured within the GBAF. <p>MMcD confirmed he would raise the above points with the Leadership Team.</p> <p>RB referred to the following finance risk on the Heat Map and CRR: <i>FR005b: CCG fails to control expenditure against its opening budgets in 2018/19.</i></p> <p>RB suggested the word 'contain' would be more appropriate than 'control', as the latter suggests a lack of controls at the CCG which he does not believe to be the case. The committee agreed with this suggestion. The change is to be proposed to the Finance and Resource Committee, which monitors this risk.</p> <p><i>The committee reviewed the CRR, GBAF and Heat Map and approved the updates.</i> <i>The committee noted the review carried out to date of the CRR and GBAF process and the proposed next steps to be undertaken, as detailed in the report.</i></p>	<p>MMcD</p> <p>MMcD / TK</p>
Key Issues of other committees to be formally received		
<p>A18/131</p>	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees March and May 2018 • Joint Quality Committee February, April and May 2018 • Joint Commissioning Committee SS: March and April 2018 <p><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings for the months detailed above.</i></p>	
Closing business		
<p>A18/132</p>	<p>Any other business No items of other business were raised at this meeting.</p>	
<p>A18/133</p>	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
	<p>Date and time of next meeting 17th October 2018, 1.30pm to 4pm 3rd Floor Board Room, Merton House</p>	

SS NHSE Joint Commissioning Committee APPROVED Minutes – Part I

Date: Thursday 21st June 2018, 10.00am – 11.00am
 Venue: Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Bayliss	SS CCG Lay Member (Chair)	GB
Graham Morris	SS CCG Lay Member	GM
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	JL
Dr Craig Gillespie	SS CCG Clinical Vice Chair	CG
Alan Cummings	NHSE Senior Commissioning Manager	AC
Suzanne Lynch	SF&SF CCG Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse and Quality Officer	BP
Attendees:		
Colette Page	SSCCG Quality	CP
Angela Price	Primary Care Programme Lead	AP
Sharon Howard	Programme Manager General Practice Forward View	SH
Diane Blair	Healthwatch Sefton	DB
Minutes		
Jane Elliott	SSCCG	JE

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

Name	Membership	April 18	June 18	Aug 18	Oct 18
Members:					
Graham Bayliss	SS CCG Lay Member (Chair)	✓	A		
Graham Morris	SS CCG Lay Member (Vice Chair)		✓		
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓	✓		
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓	A		
Susanne Lynch	S&F CCG Head of Medicines Management	N	A		
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N	N		
Alan Cummings	NHSE Senior Commissioning Manager	✓	A		
Attendees:					
Sharon Howard	Programme Manager General Practice Forward View	✓	✓		
Angela Price	Primary Care Programme Lead	✓	A		
Diane Blair	Healthwatch Sefton		✓		
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N		
Joe Chattin	Sefton LMC	N	N		
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	N	N		
Jan Hughes	NHSE Assistant Contract Manager	A	✓		
Colette Page	SS&SF CCG Practice Nurse Lead	✓	✓		

No	Item	Action
SSNHSE 18/60	<p>Apologies for absence Apologies were received as noted above.</p>	
SSNHSE 18/61	<p>Declarations of interest regarding agenda items GM reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p>No Declarations were received</p>	
SSNHSE 18/62	<p>Minutes of the previous meeting The minutes of the previous meeting held on 19th April 2018 will be agreed by email following the meeting.</p>	
SSNHSE 18/63	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SSNHSE 18/64	<p>Report from Operational Group and Decisions made JL reported that the group had discussed</p> <ul style="list-style-type: none"> • Informal list closures – Crosby Pilot, lists are now open and will continue to be monitored. • Informal list closures – Maghull, discussion to take place at locality meeting, proposal of managed list closures similar to that in Crosby. • Liverpool dispersal – 19 patient have been identified as living in Bootle area. CCG and NHSE working closely to ensure they are allocated a GP 	
SSNHSE 18/65	<p>GPFV Operational Plan/ Primary Care Programme Report</p> <ul style="list-style-type: none"> • Resilience bids deadline is 29th June 2018 • Evaluations have been received from the receptionist training • E-consult is ongoing • Enhanced access is ongoing • Clinical pharmacy pilot is ongoing • LQC is in place • Practice manager training is complete • Learning disabilities is progressing 	
SSNHSE 18/66	<p>Delegation Debbie Fairclough is progressing the application for Delegated Commissioning.</p>	JL

SSNHSE 18/67	<p>Healthwatch Feedback</p> <p>Healthwatch have not received any complaints from Crosby or Maghull around registering with a GP practice.</p> <p>Patients have been contacting Health Watch with concerns about getting appointments with GPs in the Bootle Locality. Patients are reporting they are queuing outside GP practices from as early as 7.30am. Appointments are being booked up very quickly.</p> <p>A discussion took place around how some GPs operate their appointment system but the demand exceeds supply. Many GP's see many extra patients each day but can still not meet demand. It was felt patient education may play a part in the demand. An issue was raised regarding Aintree hospital not supplying patient with Fit notes which is adding to the number of patients attending GP practices.</p> <p>Health Watch are working with Practice Patient Participation Groups to help increase awareness and working collaboratively</p>	JL
SSNHSE 18/68	<p>Key Issues Log</p> <p>The key issues report was discussed and updated.</p> <ul style="list-style-type: none"> • Access in Bootle • Delegated Commissioning 	
SSNHSE 18/69	<p>Any Other Business</p> <p>None.</p>	
SSNHSE 18/70	<p>Date of Next Meeting:</p> <p>Thursday 16th August 2018 2018 at 10:00am-11:00am, NHS South Sefton CCG, Room 5A Merton House, Stanley Road, Bootle L20 3DL</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

HEALTHY LIVERPOOL PROGRAMME
HOSPITAL BASED SERVICES
COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 8TH JUNE 2018

PRESENT:

Fiona Lemmens (FL)	Clinical Vice Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Acting Chief Finance Officer	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Debbie Fagan (DF)	Lead Nurse	NHS South Sefton CCG
John Doyle (JD)	Chief Finance Officer	NHS Knowsley CCG
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Ian Moncur (IM)		Sefton Council
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG
Martin McDowell (MMcD)	Chief Finance Officer	NHS South Sefton CCG
Andy Pryce (AP)	Chair	Knowsley CCG

Dyanne Aspinall (DAsp)	Interim Director of Adult Health & Social Care	Liverpool City Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England

1.0	Welcome, Introductions and apologies:
1.1	<p>It was agreed by those present for Dr Fiona Lemmens to assume the role of Chair of the meeting now that Dr Simon Bowers was no longer a Liverpool CCG Governing Body member. The Chair then welcomed all to the meeting and introductions were made.</p> <p>As there was no member from NHS England Specialised Commissioning present the meeting under the existing terms of reference was not quorate. However, there were no items on the agenda that required a recommendation to Governing Bodies or the joint Committee.</p>
2.0	Declaration of Interest:
2.1	There were no declarations of interest made specific to the agenda.
3.0	Minutes & Actions of the previous meeting: 13th April 2018
3.1	The minutes of the 13 th April 2018 meeting were agreed as an accurate record of the meeting.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 9th February 2018: <ul style="list-style-type: none"> ➤ Establishing a North Mersey Joint Committee – Action: FT agreed to follow up on obtaining confirmation in writing from West Lancashire CCG that they had declined to be a member. ➤ Update on Liverpool Women’s Hospital Assurance Process – FT updated that she had not yet met with Margaret Carney Chief Executive Officer at Sefton Council – she would do and would share a very high level brief. CH updated on the process that Richard Barker and Andrew Gibson were visiting LWH on 12th June 2018, the Chairs of the Overview & Scrutiny Committees were being kept up to date. FL noted that after the visit an official briefing could be prepared and CH would keep FT informed re her meeting with Sefton Council on 18th June 2018.

	<p>Action: CH to provide a briefing to FT for her to share with Sefton Council on 18th June 2018.</p> <ul style="list-style-type: none"> • Actions from item 4 Establishing a North Mersey Joint Committee of Clinical Commissioning Groups – Terms of Reference: <ul style="list-style-type: none"> ➤ CH confirmed that all the requested changes had been made to the Joint Committee Terms of Reference and shared. ➤ FT confirmed that both South Sefton and Southport & Formby CCGs had approved the Terms of Reference at their Governing Body/Membership meetings as appropriate. They had added only that the decision around the workplan and changes would have to be approved by the membership (not Governing Body) for South Sefton CCG only. Knowsley CCG were to put the Terms of Reference for approval the following week. ➤ There was a discussion about which roles were required in the membership to be approved by constituent CCG Governing Bodies/membership as each CCG would have different requirements. Action: roles to be included in the membership of the North Mersey Joint Committee to come back to the next meeting FT/DJ/JLe. ➤ FT confirmed that the action for her to speak to IM about local authority involvement in the Committee(s) In Common would be picked up during her discussion with Margaret Carney. Action: FT to refer to IM and his role in the CIC in her discussion with Margaret Carney. ➤ CH confirmed that the role of NHS England Specialist Commissioning in the North Mersey Joint Committee had been clarified and the Terms of Reference had been amended accordingly. • Actions from item 5 Acting As One – Shared Care Priorities: <ul style="list-style-type: none"> ➤ It was noted that DJ had not been informed that she had been allocated a leadership role for one of the priority areas and JD agreed that he would inform her. Action: JD to speak to DJ to clarify she had been allocated a leadership role for one of the shared care priority areas.
<p>4.0</p>	<p>Joint Committee Proposals Feedback – Verbal – Carole Hill</p>
<p>4.1</p>	<ul style="list-style-type: none"> ➤ This had already been discussed under matters arising and the CIC agreed that there was nothing more to add. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.

5.0 5.1	Orthopaedic & Trauma Service Business Case – Report No: CIC 04-18 – Carole Hill <ul style="list-style-type: none">➤ The decision would be delegated to the new North Mersey Joint Committee.➤ The CIC would continue to meet as a place where detail could be worked through with scrutiny and challenge, and recommendations made.➤ The orthopaedic Business Case which had been circulated had only been received on Monday 4th June 2018.➤ MMcD had emailed his comments to the CIC in particular:<ul style="list-style-type: none">○ Would like more work on benchmarking activity○ Access issues for certain areas of the population such as South Sefton and Knowsley re Patient Choice and elective care, would the restructure change behaviour? CH commented that flexibility of daily list scheduling for elective procedures was being looked at to mitigate travel time issues. For elective care length of stay was very short so should not impact in visiting.➤ JD referred to 6% increase in elective care 2018/19 and asked about the impact of this on service redesign. CH agreed to take this back. Action: CH to look into issue of increased elective care.➤ FT made a comment around the need to move forward with the redesign whilst bearing in mind potential impact on hospitals other than Aintree/Royal/Broadgreen where T&O services were also provided. This was the same for all regional decisions. JLe noted that the concept was agreed as right at the time, the risks to not moving forward were greater.➤ CH noted that this was clinically driven, and been to the Boards of the Trusts involved in private business, the next stage was to get commissioner review and then to go to NHS England for final assurance. After this the Joint Committee would make a decision and then the proposal would go to the Joint Overview & Scrutiny Committee. Now that the new Royal was delayed there was more time available.➤ Action: CH to feedback virtually to the CIC members by 22nd June 2018.➤ As the meeting was not quorate with required representation from NHS England Specialised Commissioning there was a discussion around the requirement for them to be present to ensure a quorum, given that the Committee(s) in Common remit had changed and it was making recommendations to constituent CCGs/North Mersey Joint Committee. It was agreed that CH would look at amending the quorum for the Terms of Reference. Action: CH to review and
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	<p>amend Terms of Reference for the CIC re the requirement for NHS England Specialised Commissioning to be present for quorum purposes.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Recommended the proposal for the establishment of a single service to be delivered over two sites to the North Mersey Joint Committee (when established). ➤ Further comments from CCGs on the Business Case to be forwarded to CH
<p>6.0</p> <p>6.1</p>	<p>Update on Royal and Aintree Merger Process – Verbal – Carole Hill</p> <ul style="list-style-type: none"> ➤ CH tabled the Transaction Programme Board Key milestones documents. ➤ Deep dives had been held into selected services to show the patient benefit case for the transaction. This was different to a reconfiguration process and therefore did not require NHS England assurance. The IPT areas were: Trauma & Orthopaedics, haematology, ENT, General Surgery, nephrology, gastroenterology/endoscopy and radiology. ➤ Three IPT workshops would be held involving clinicians (Early stage public engagement) for each IPT speciality. ➤ JLe asked what the commissioning benefit of the merger would be and have a clear view of the benefits we were expecting. CH suggested asking the Royal and Aintree Medical Directors to present. FT suggested bring the four CIC Governing Bodies together to have this discussion before further engagement with the Trusts. ➤ The risks around quality and delivery of services from Aintree were discussed, it was noted that this was a risk on the Liverpool CCG Corporate Risk Register. JD suggested that we should share our Corporate Risk Register. <p>Action: It was agreed that CH would write up a detailed narrative on the work already done and put together a presentation for a collective Governing Body discussion. CH also to check whether the key milestones document had been shared with the Trust Boards.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.

<p>7.0</p> <p>7.1</p>	<p>Liverpool Women’s Hospital Update – Verbal – Fiona Lemmens</p> <p>This matter had already been discussed under the actions from the previous meeting. It was noted that North Mersey partners were signatories to a letter of support to Andrew Gibson.</p> <p>Action: an update to be brought to the next meeting - FL</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
<p>8.0</p> <p>8.1</p>	<p>Any Other Business</p> <p>It was noted that, subject to approval from Knowsley CCG, the North Mersey Joint Committee could be formed. Given the need to accommodate clinicians dates would be found which were acceptable to all members. Action: PJ to email out to the member CCGs to canvass for suitable dates.</p>
<p>9.0</p> <p>9.1</p>	<p>Date of next meeting</p> <p>Friday 10th August 2018, 12pm to 2pm Boardroom, Liverpool CCG.</p>



Joint Strategic Needs Assessment Data collection & Analysis

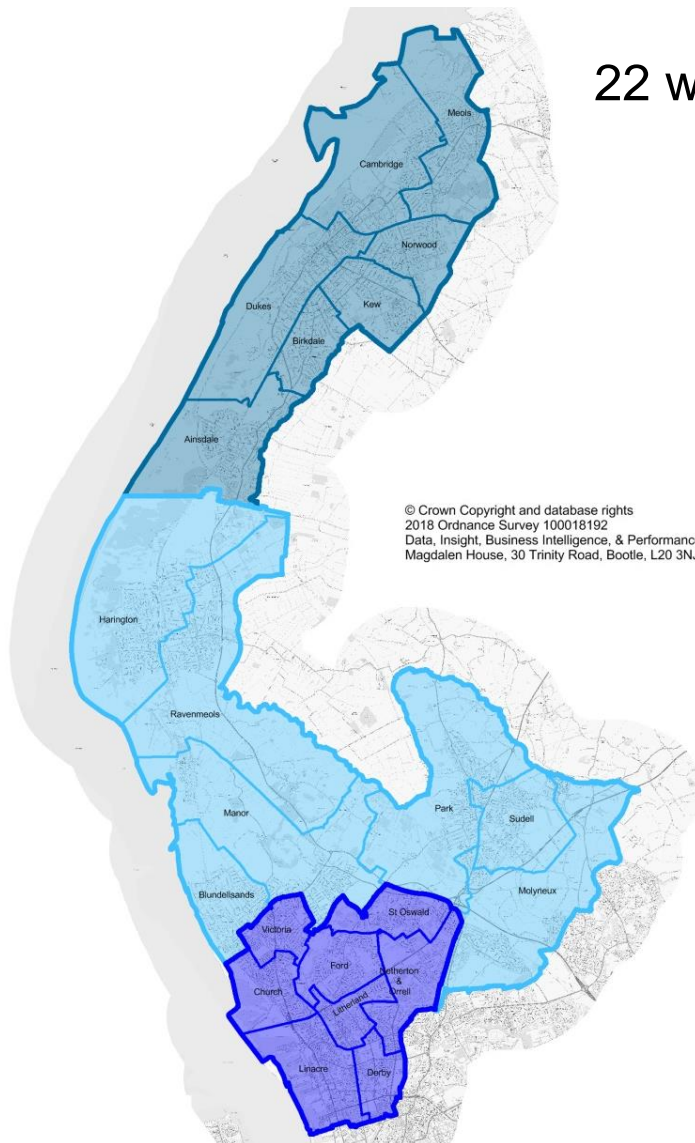
Performance & Intelligence Service

www.sefton.gov.uk

Sefton Council 

Sefton

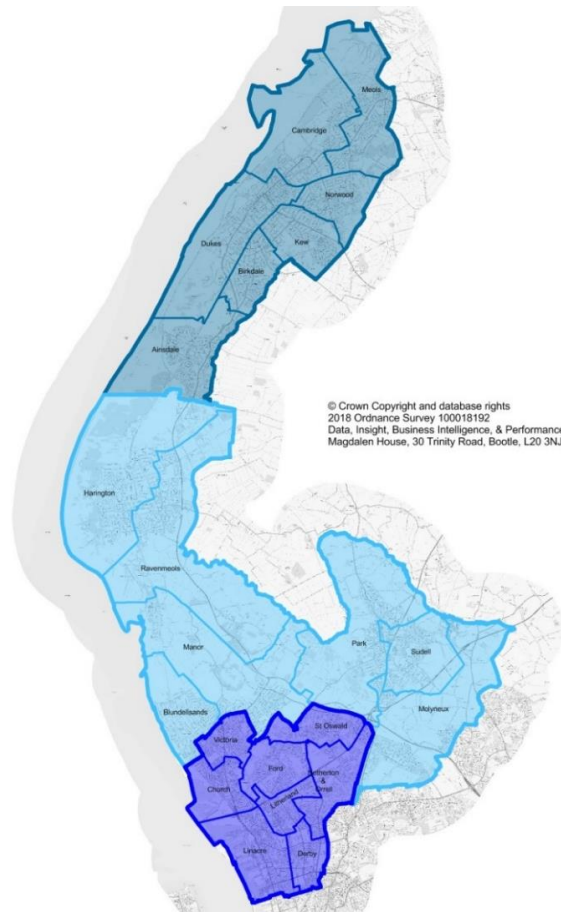
22 wards in Sefton



Bootle	Sefton Central	Southport
Church	Blundellsands	Ainsdale
Derby	Harrington	Birkdale
Ford	Manor	Cambridge
Linacre	Molyneux	Dukes
Litherland	Park	Kew
Netherton & Orrell	Ravenmeols	Meols
St Oswald	Suddell	Norwood
Victoria		

Sefton

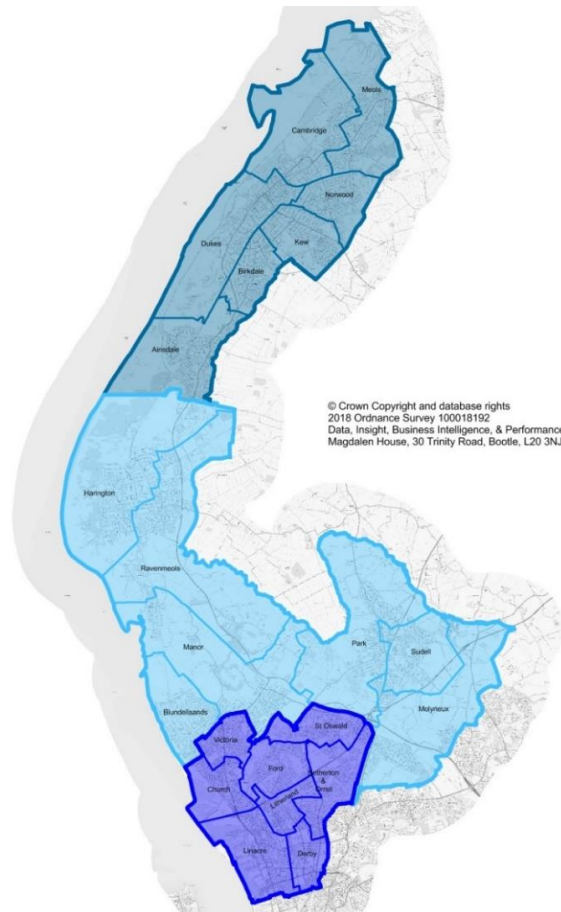
Sefton covers 59m2 or 159Km2



- 22 miles/35km of coastline
- 978 km of 'A', 'B,' 'C' or unclassified' roads
- 32,223 street lights
- 107,652 Tonnes of waste collected & processed
- 11.9 million domestic bins / sacks collected
- 67,300 tonnes of greenhouse gas emissions
- 9,155 local business
- 931 establishments licensed to sell alcohol
- 49 GP surgeries
- 1,424 planning applications p.a.
- 16,611 requests for service p.a. covering statutory nuisance, pollution control, pest control, responsible dog ownership, and licensing

Sefton

274,261 people live in Sefton

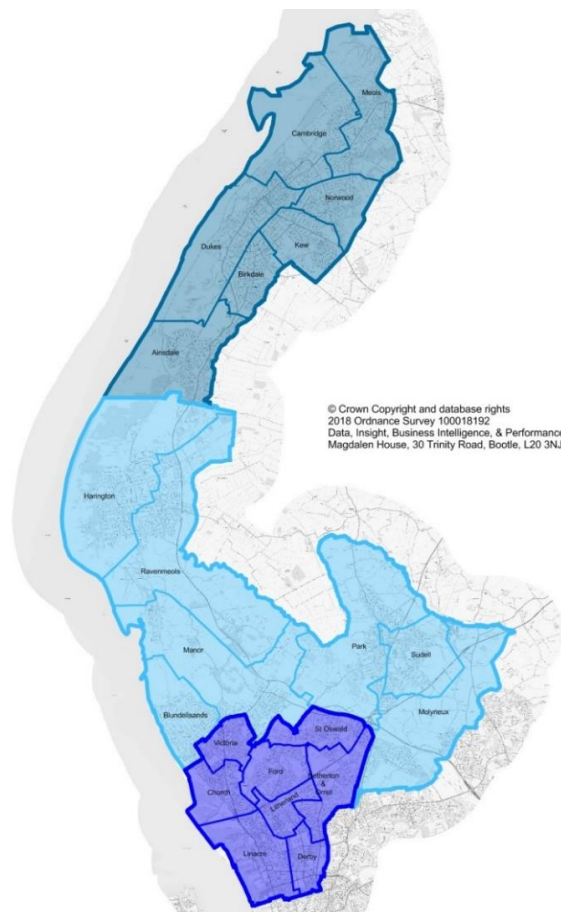


- 0-17 53,359 (19%)
- 18-64 158,294 (58%)
- 65+ 62,608 (23%)

- 2,818 births in the last 12-months
- 3,186 deaths in the last 12-months
- 7% population decline in last 30yrs, compared to a 17% increase nationally
- 3% population increase projected in next 25yrs
- Average life expectancy for males 78yrs
- Average life expectancy for females 82yrs
- 1,531 adult social care clients in long-term nursing or residential care
- 2,854 adult social care clients receiving long-term community based support services

Sefton

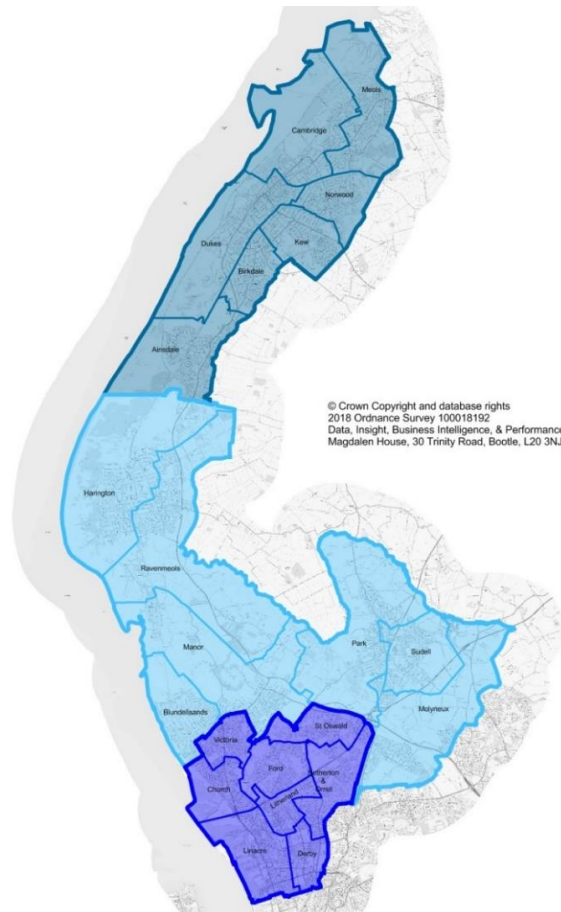
126,577 household properties



- The average property price in Sefton is £136,253.
- Crosby, Maghull and Formby have some of the highest average house prices in Merseyside, detached properties average sale price £397,678
- 18,663 social housing properties
- 5,228 vacant or void properties
- 198 homeless presentations last year
- 44.7% of household income is below national average of £24.7k
- 32% of household income is below £15k
- Approximately 20,106 (16%) of all households in Sefton claim Housing Benefits
- Approximately 26,629 (21%) of all households in Sefton are claiming Council Tax Reduction

Sefton

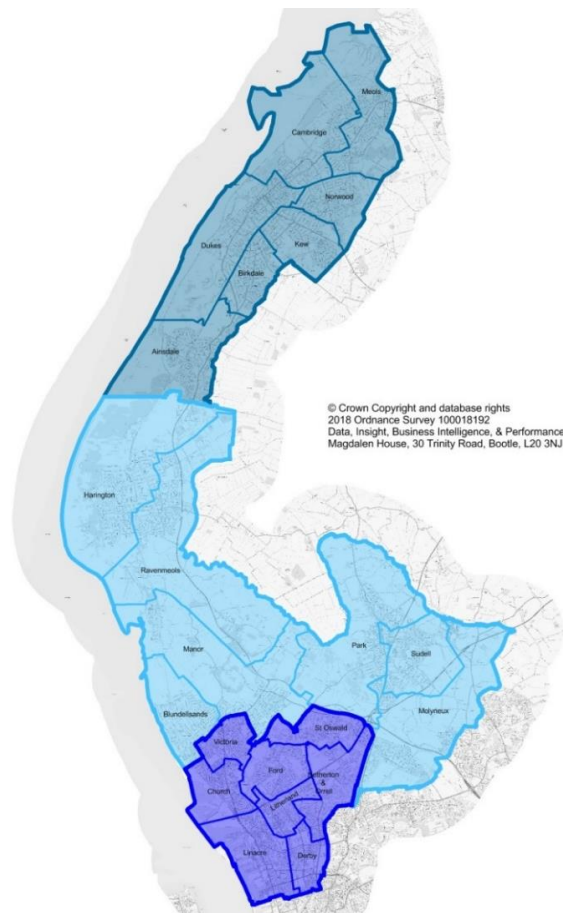
Working age (16 - 64) employment rate 71%



- Working age 16-64 166,000 (60%)
 - In employment 117,000 (70.4%)
 - Unemployed 5,600 (4.6%)
 - Economically inactive 41,900 (25%)
-
- Approximately 18% (15,000) 'workless' households
 - 18% of all household claiming housing benefit
 - 4% of young people (18-24) claim out-of-work benefits
 - 2,990 families claim Working Tax Credits
 - 8,260 families claim both Working Tax + Child Tax Credits
 - 18,240 people claiming Disability Living Allowance
 - 1,259 Discretionary Housing Payments p.a.
 - 47,337 applications for crisis support (2013-2018)

Sefton

56,566 Children & Young People living in Sefton



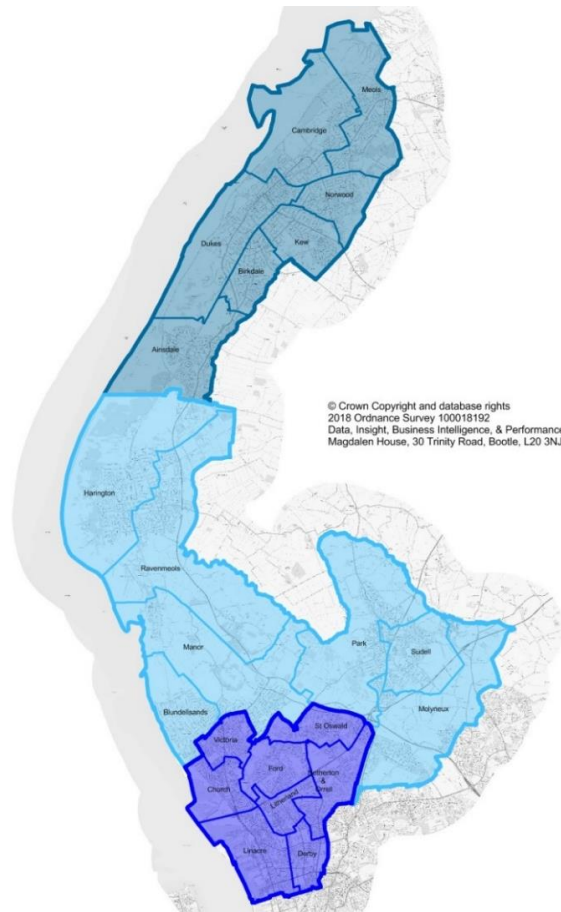
- Children aged 0-4 14,847
- Children and young people 4-16 35,179
- Young people 17 & 18 6,540

- Approximately 20% children and young people living in low income families
- 20,834 children in Primary schools
- 14,732 children & young people Secondary schools
- 2,463 young people in 6th form settings
- 27% average Free School Meals
- 5,095 children and young people with SEND
- 494 Children Looked After
- 2,351 Children in Need
- 242 Child Protection Plans in place
- 1,657 Families receiving Early Help Services



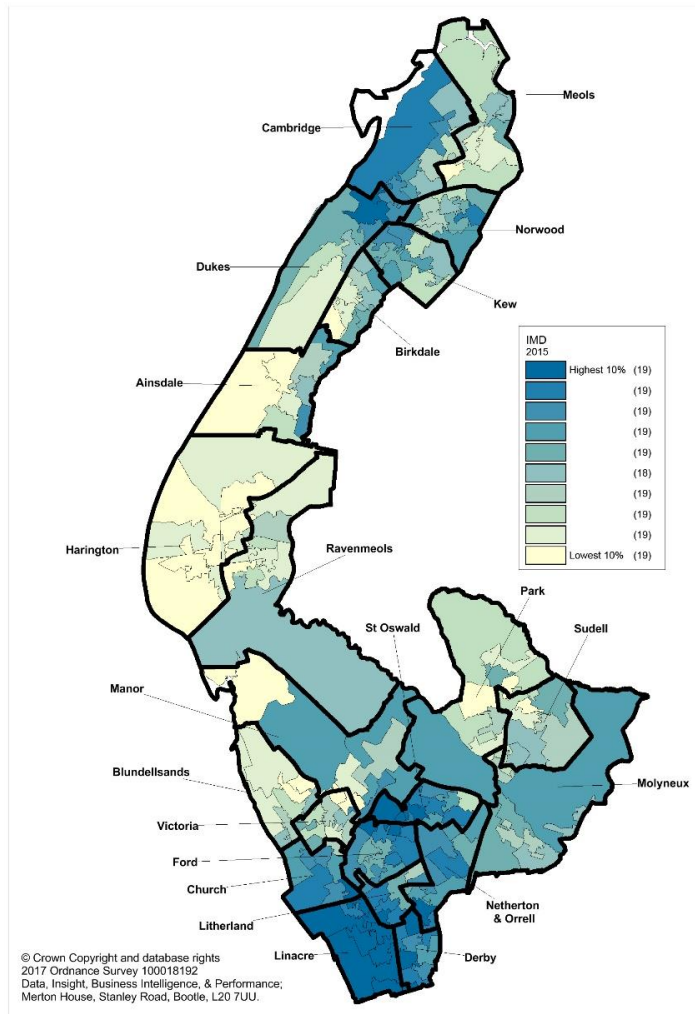
Sefton

8M People Visit Sefton each year



- 8M day visitors/ 700,000 staying visitors
- 6 Libraries/ 960,000 library visitors/ 804,168 books issues pa
- 8 Leisure Centers/ 12,000 members/ 6M visits pa
- 11 Swimming Pools/ 177,000 swimming lessons
- 63 Football Pitches
- 15 Bowling Greens
- 3 Rugby Pitches
- 27 Municipal Parks
- 135 Other Parks and Greenspaces
- 38 Outdoor Gyms

Deprivation across Sefton

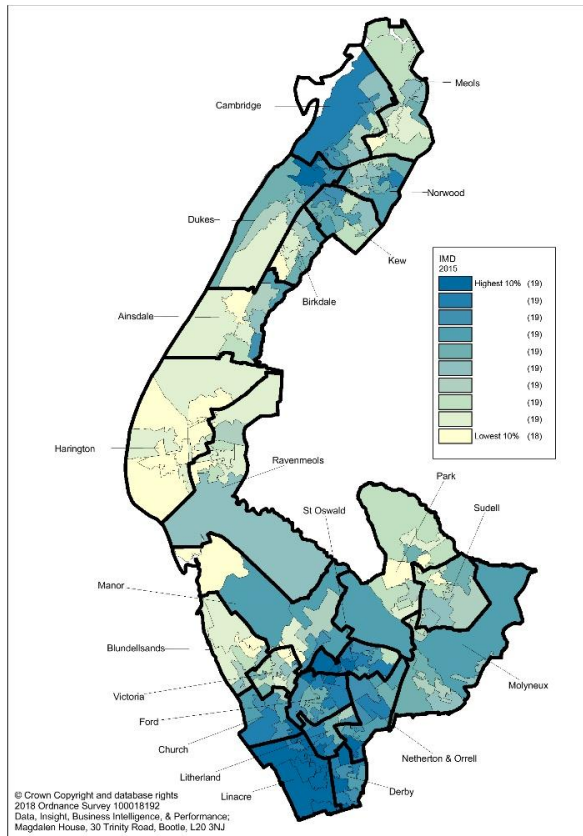


The 7 domains of deprivation:

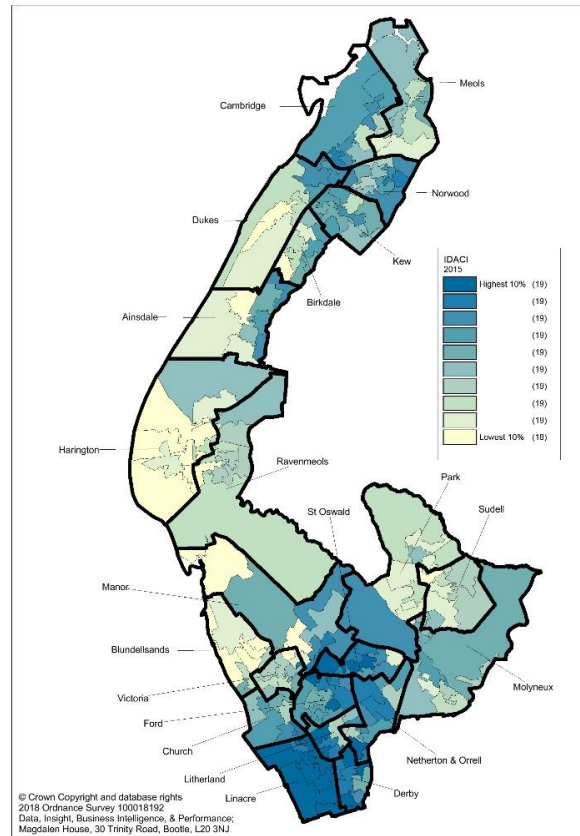
- 1) Income deprivation
- 2) Employment deprivation (*people of working age who are involuntarily excluded from the world of work, either through unemployment, ill health or family circumstances*)
- 3) Health and disability
- 4) Education, skills and training
- 5) Barriers to Housing and key local services.
- 6) Living environment 'indoors' and 'outdoors'
- 7) Crime

Deprivation across Sefton

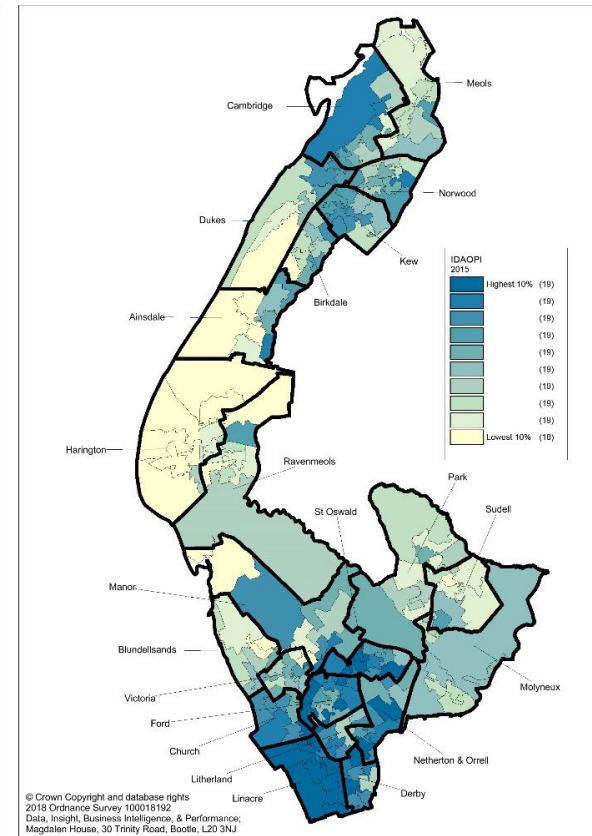
IMD



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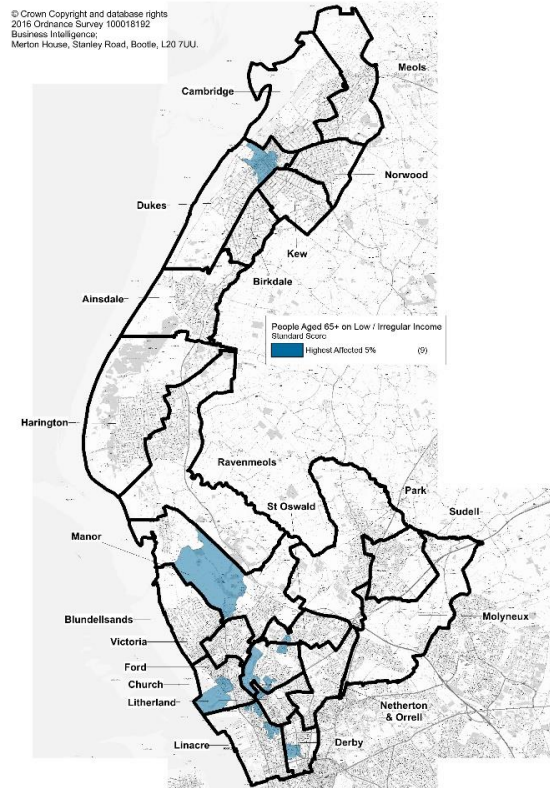


IDAOP1

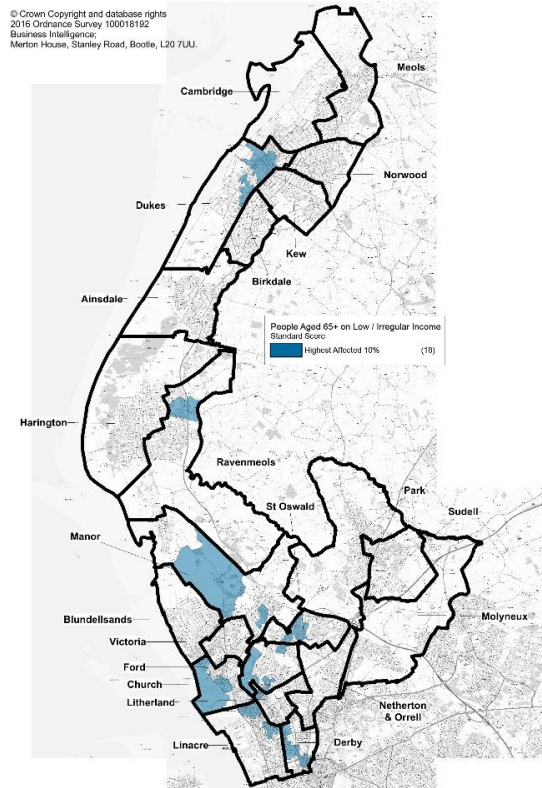


Identifying Financial Risk People (65+)

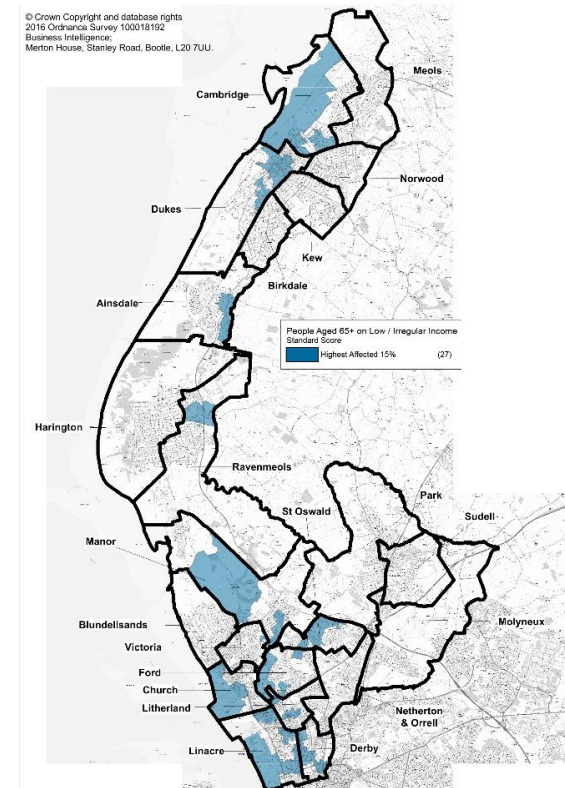
Highest 5%



Highest 10%

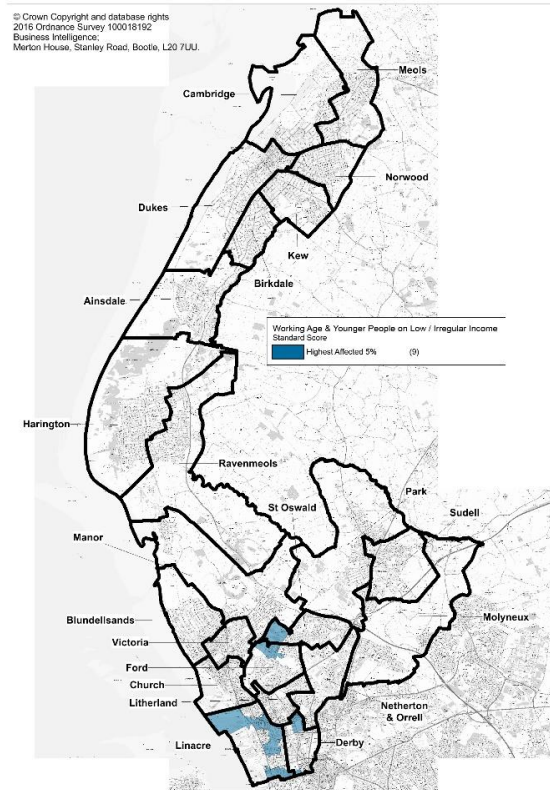


Highest 15%

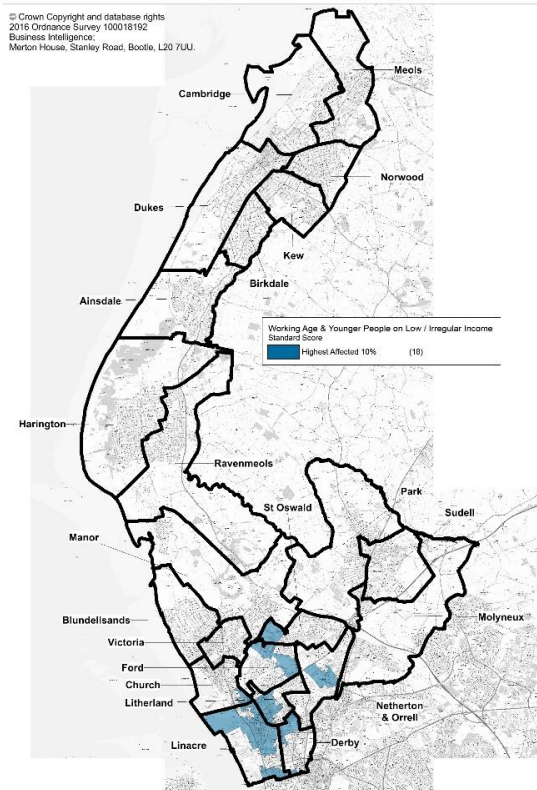


Identifying Financial Risk (Working Age & Young People)

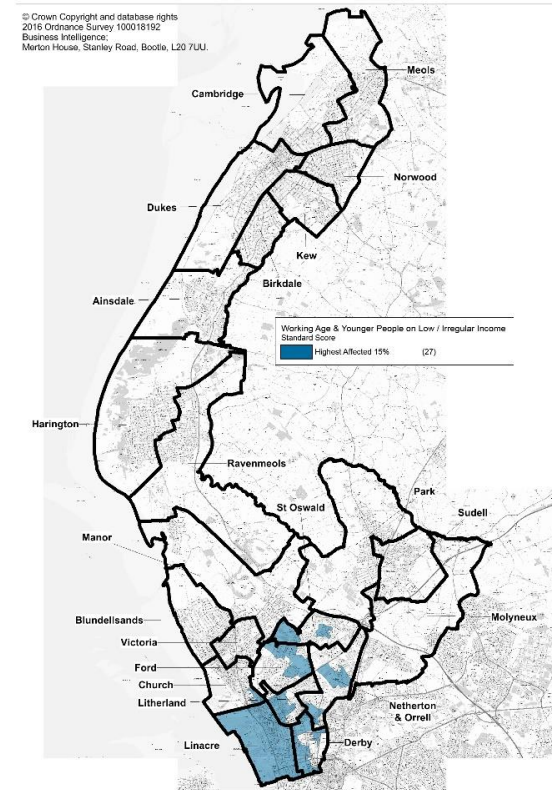
Highest 5%



Highest 10%



Highest 15%



Joint Strategic Needs Assessment Data Collection & Analysis

The 5 data chapters:

Providing an analysis of data to show the health and well-being status of local communities and identify where inequalities might exist

Over 200 data sets!

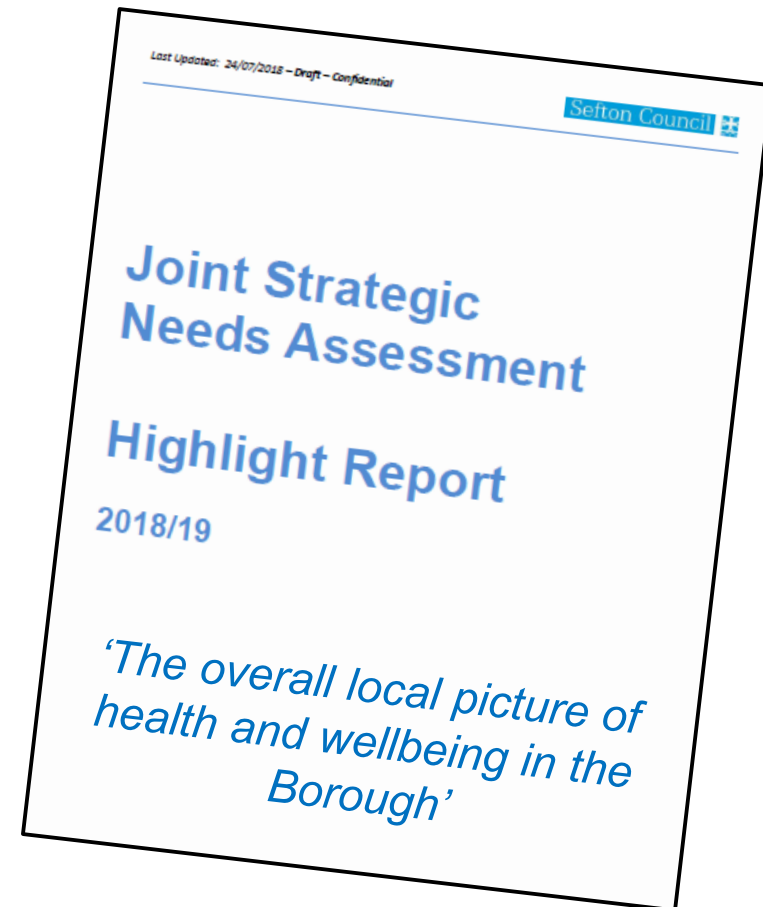
- 1) Health topics affecting Sefton residents
- 2) Lifestyles of Sefton residents
- 3) Factors affecting children & young people in Sefton
- 4) Factors affecting vulnerable adults in Sefton
- 5) Wider determinants - other factors affecting health & wellbeing in Sefton



Joint Strategic Needs Assessment Summary of Data Analysis

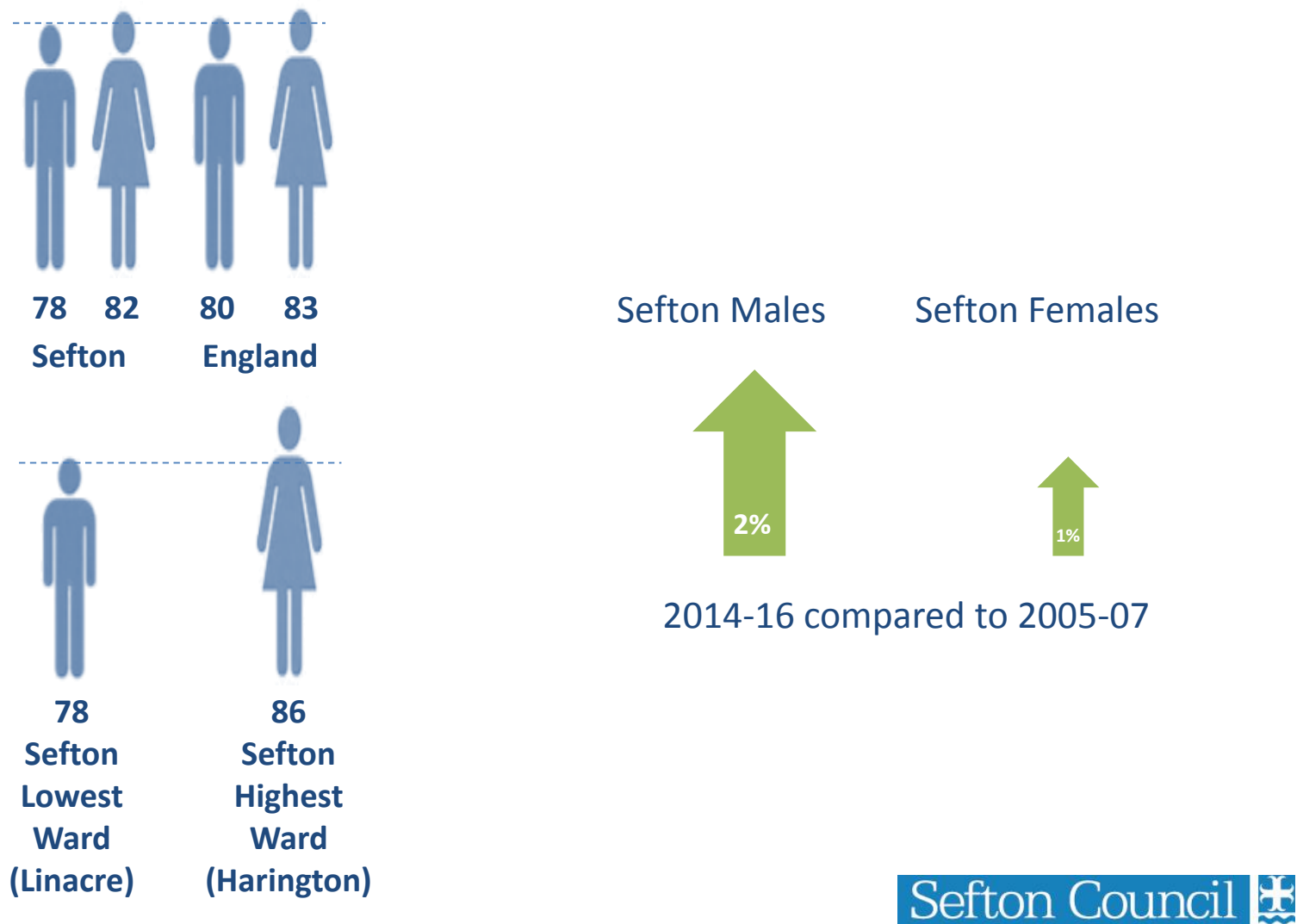
The Highlight Report; *benchmarking outcomes in Sefton against the national average and looking at trends over time:*

- Where is Sefton 'significantly worse' than the England average when comparing the most recent national Public Health data
- Where is Sefton performing 'most poorly' compared to the National, NW, or LCR averages across all available health and wellbeing metrics
- From recent analysis of local determinants what other themes should be considered by the Health & Wellbeing Board

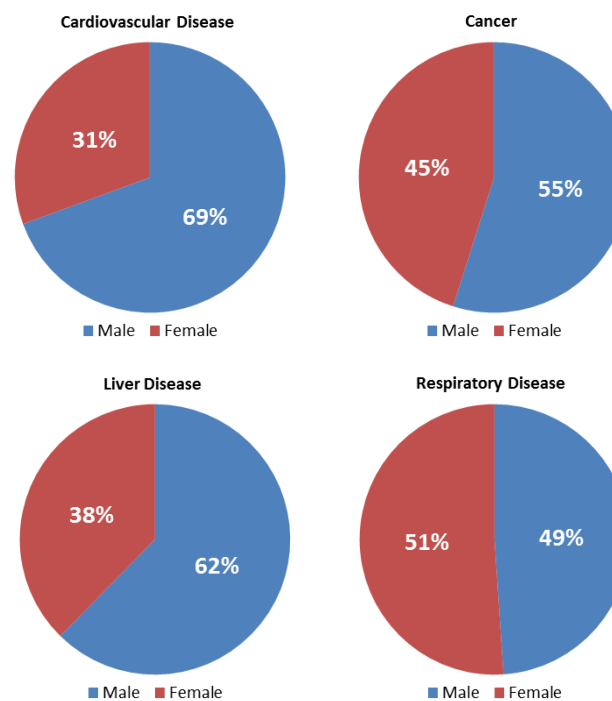
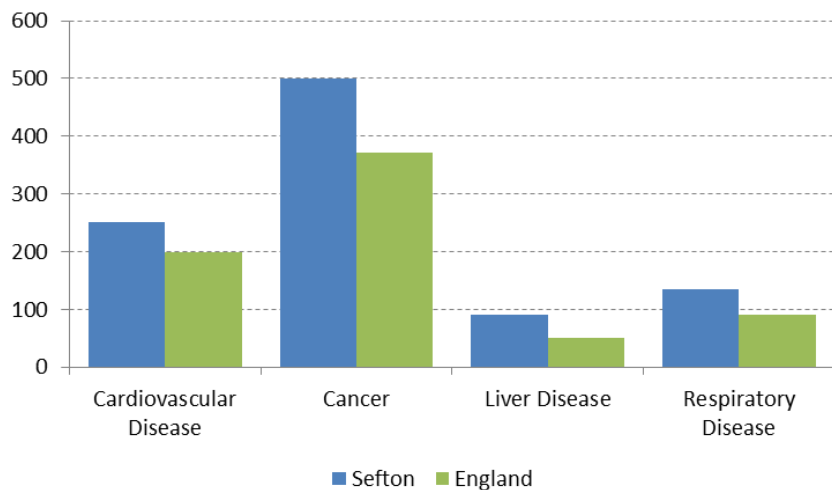


Sefton Council

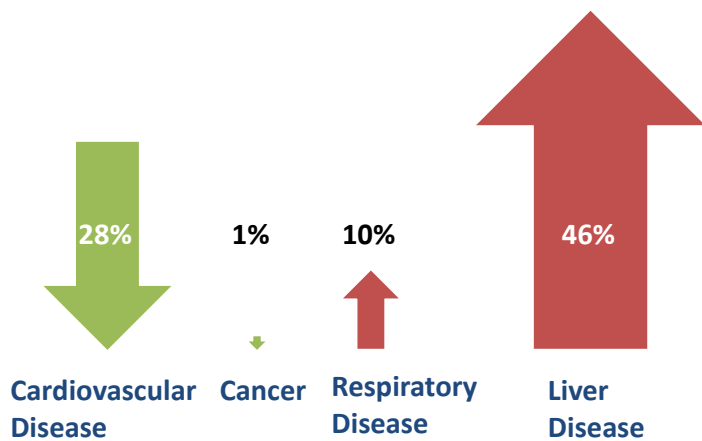
Life Expectancy at Birth



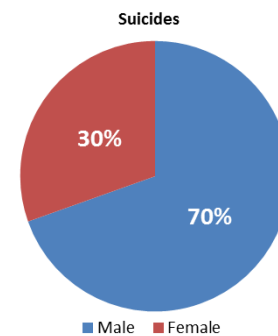
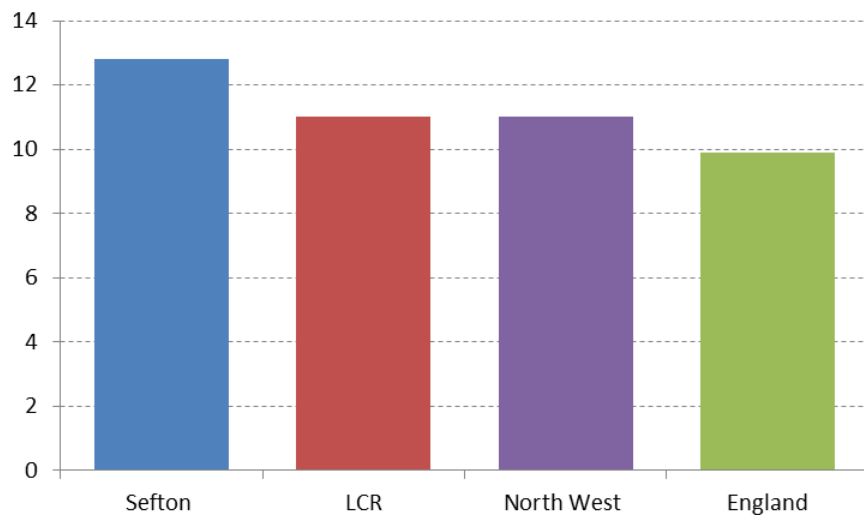
Under 75 Mortality



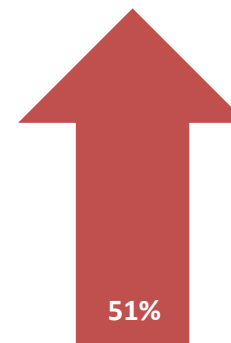
2014-16 compared to 2005-07



Suicide Rate

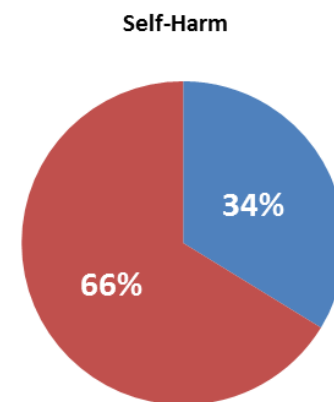
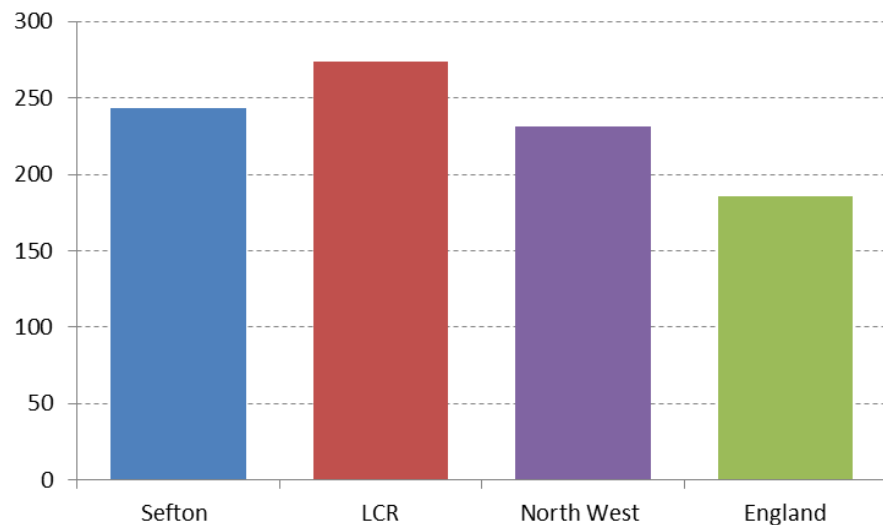


2014-16



2005-07

Emergency Hospital Admissions for Intentional Self-Harm



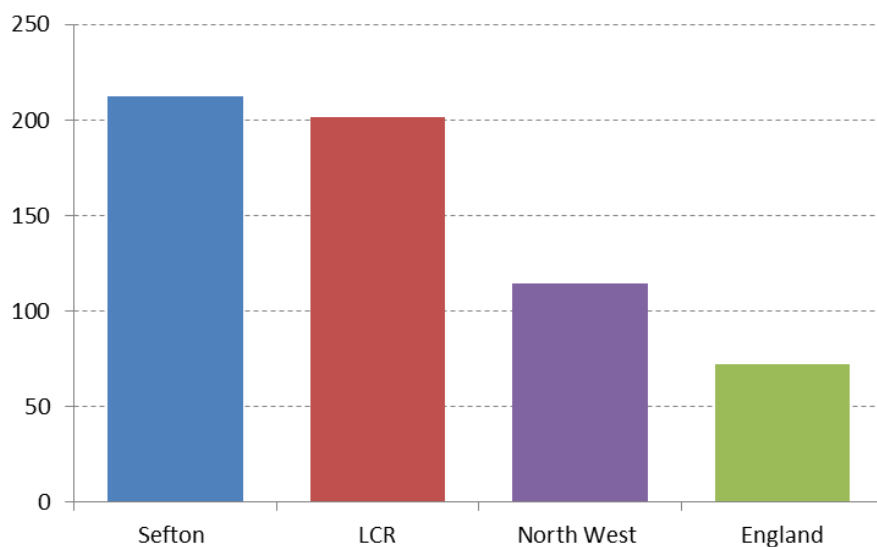
■ Male ■ Female

2016/17

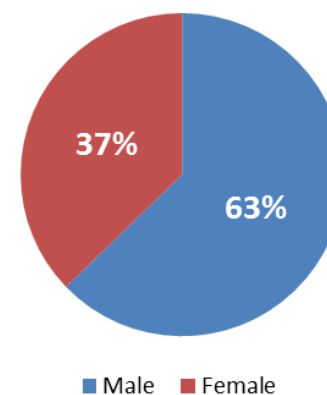


2012/13

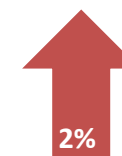
Admissions to Hospital for Mental and Behavioral Disorders due to Alcohol



Mental Health & Alcohol



2016/17



2012/13

Children Killed and Seriously Injured on Roads



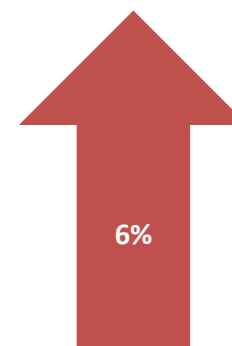
24 per 100,000
Population (0-15)
Sefton



17 per 100,000
Population (0-15)
England

24th
Highest of
152 LAs

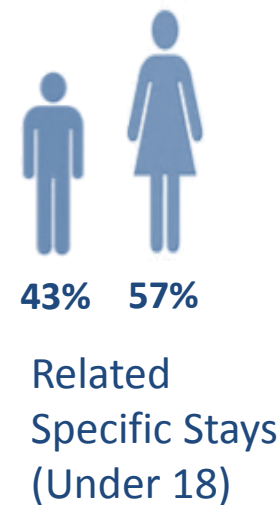
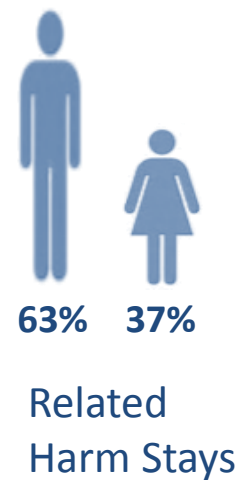
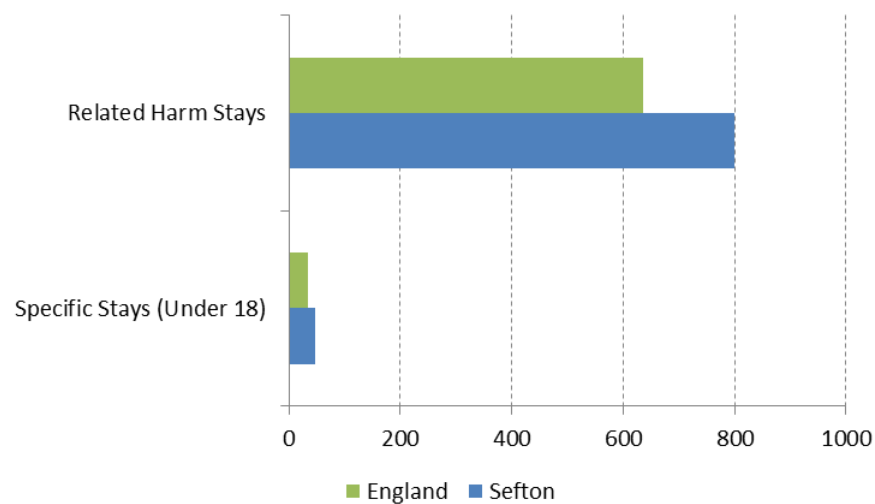
2014-16



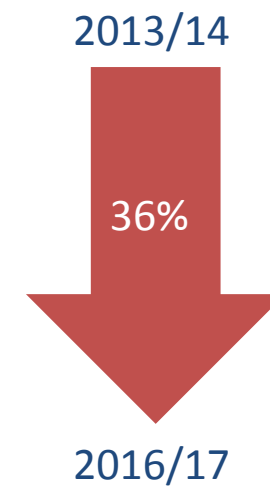
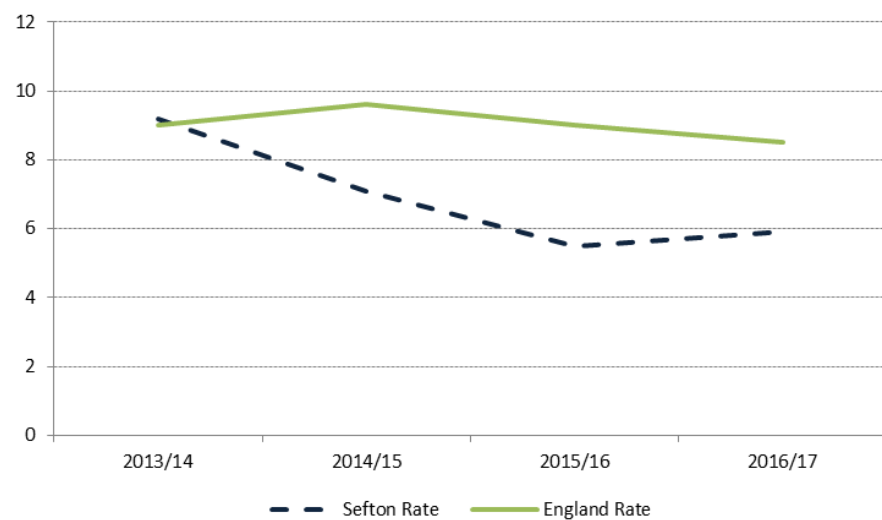
6%

2013-15

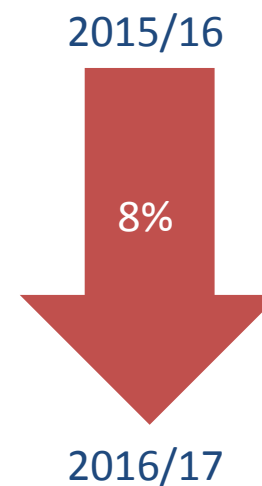
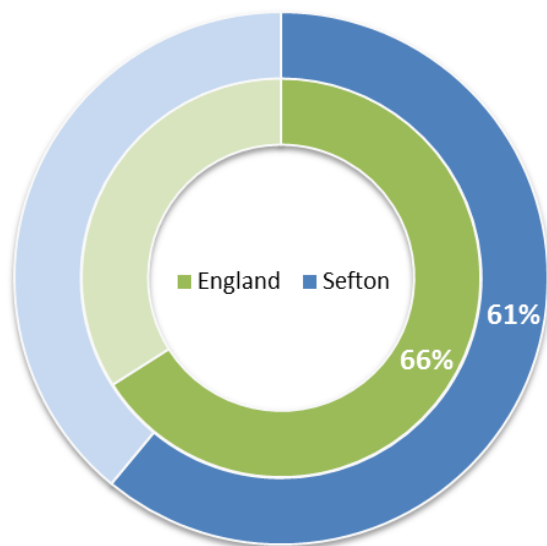
Hospital Admissions for Alcohol



NHS Health Checks

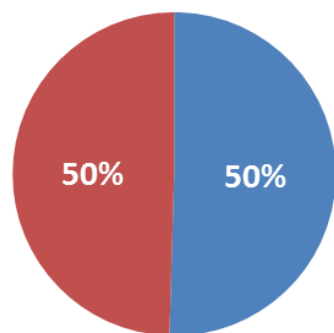


Physically Active Adults

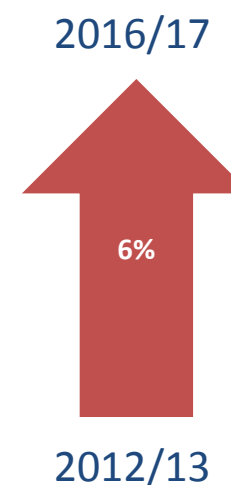


Excess Weight – Children in Reception

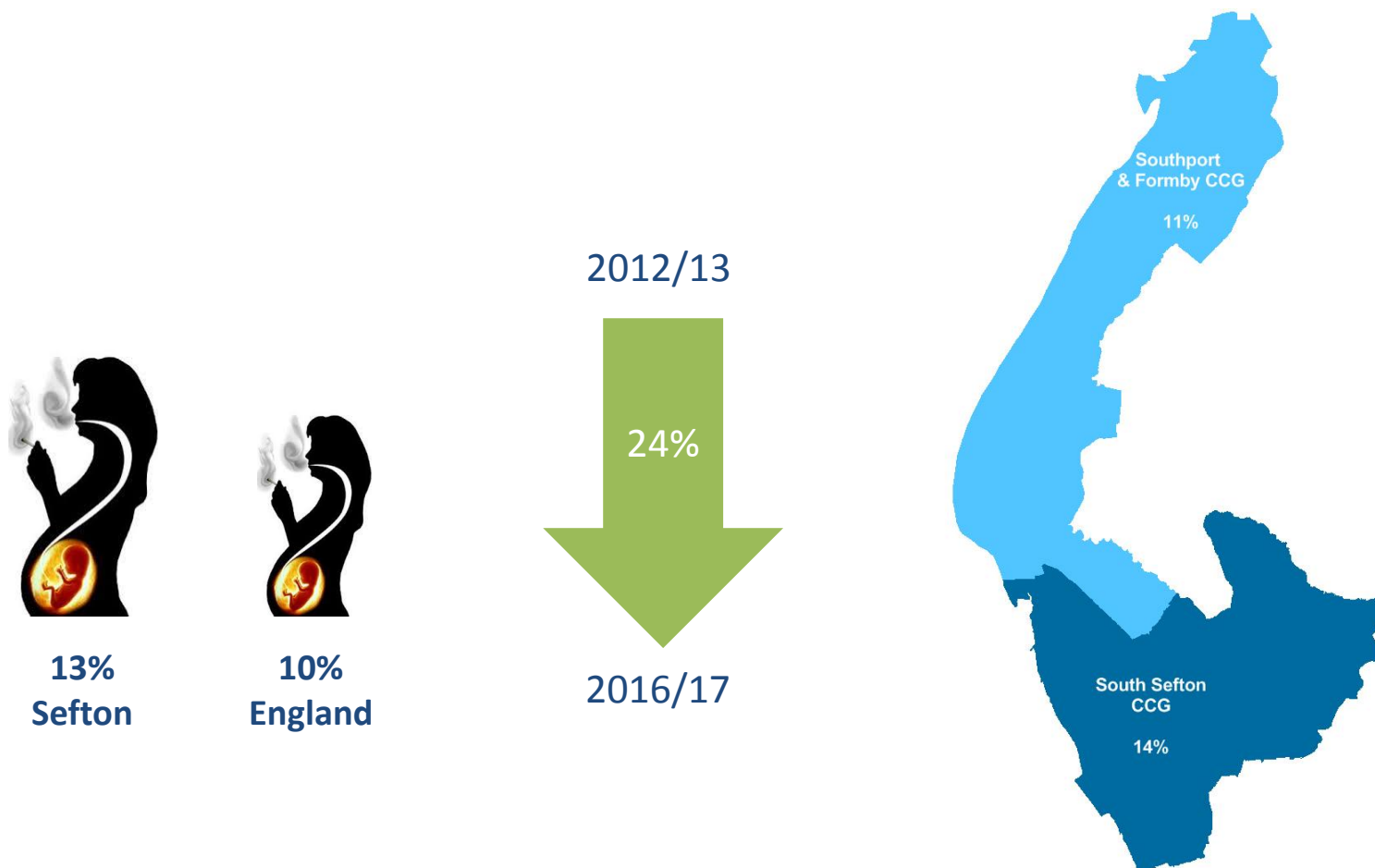
① in ④
Children



■ Male ■ Female

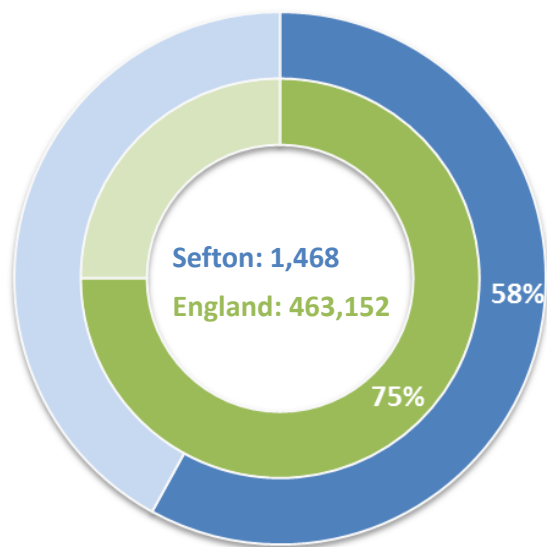


Smoking at Time of Delivery

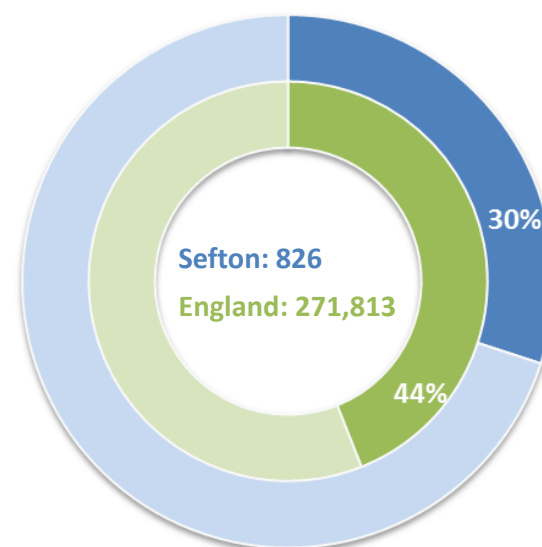


Breast Feeding

Initiation



Prevalence



Under 16 Conceptions



5 per 1,000
13 – 15 Year Olds
Sefton



3 per 1,000
13 – 15 Year Olds
England

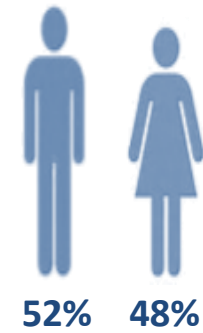
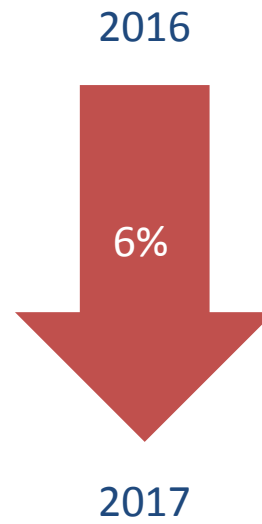
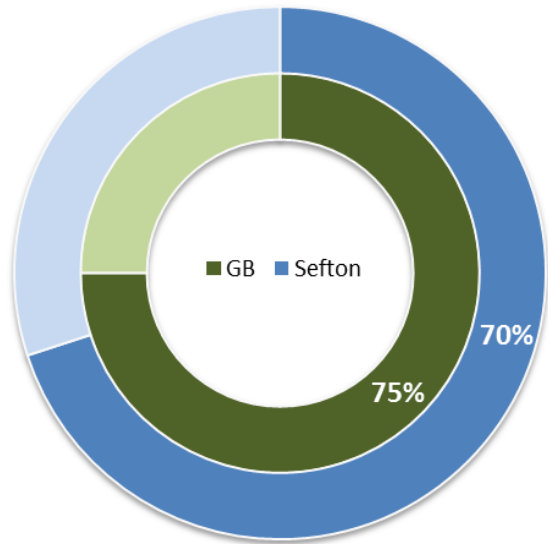
13th
Highest of
152 Local
Authorities!

Child Poverty

① in ⑤
Children

10,100 Children in Sefton!

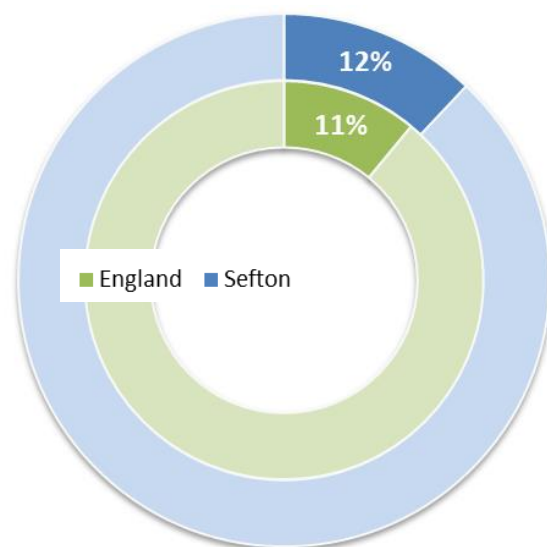
Economically Active People in Employment



Educational Attainment

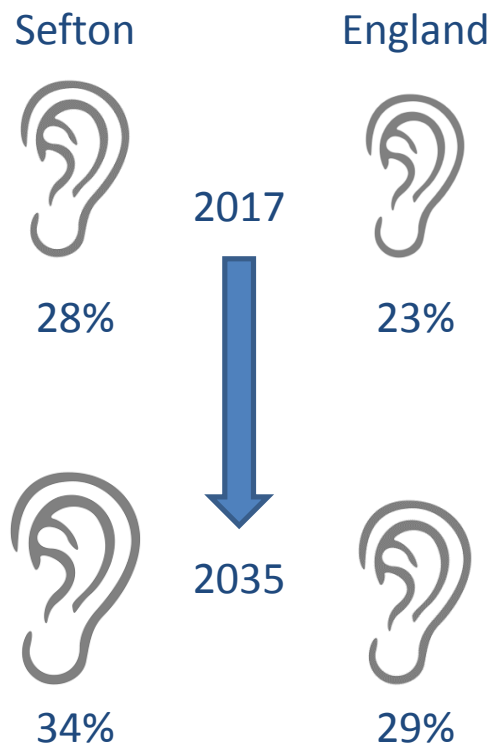
Pupils <u>Not</u> Attaining a Good Level of Development EYFS	Pupils <u>Not</u> Attaining Expected Standard in Reading, Writing & Mathematics – KS2	Pupils <u>Not</u> Attaining English & Mathematics GCSEs (9 to 4)
All Pupils		
③ in ⑩	④ in ⑩	④ in ⑩
Pupils Eligible for Free School Meals		
④ in ⑩	⑤ in ⑩	⑦ in ⑩

Persistence Education Absence



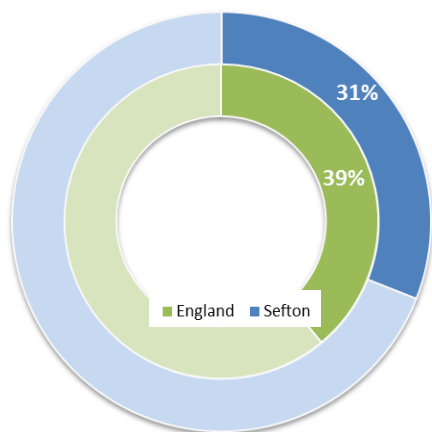
5th
Highest of
152 Local
Authorities

Hearing Loss



Substance Misuse – Successful Treatment with no Re-present in 6 Months

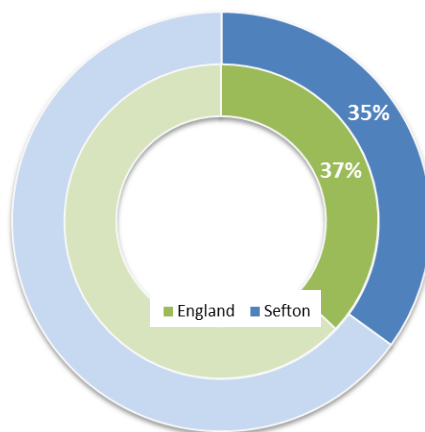
Alcohol Users



2016

6% ↑
2012

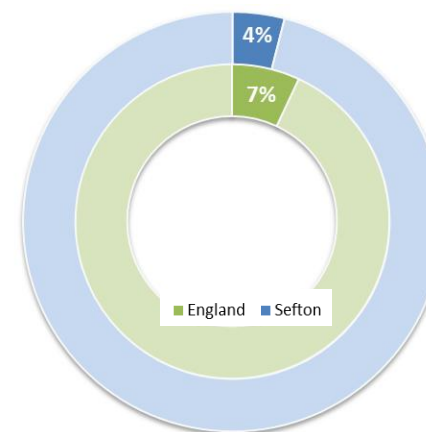
Non-Opiate Users



2016

44% ↓
2012

Opiate Users

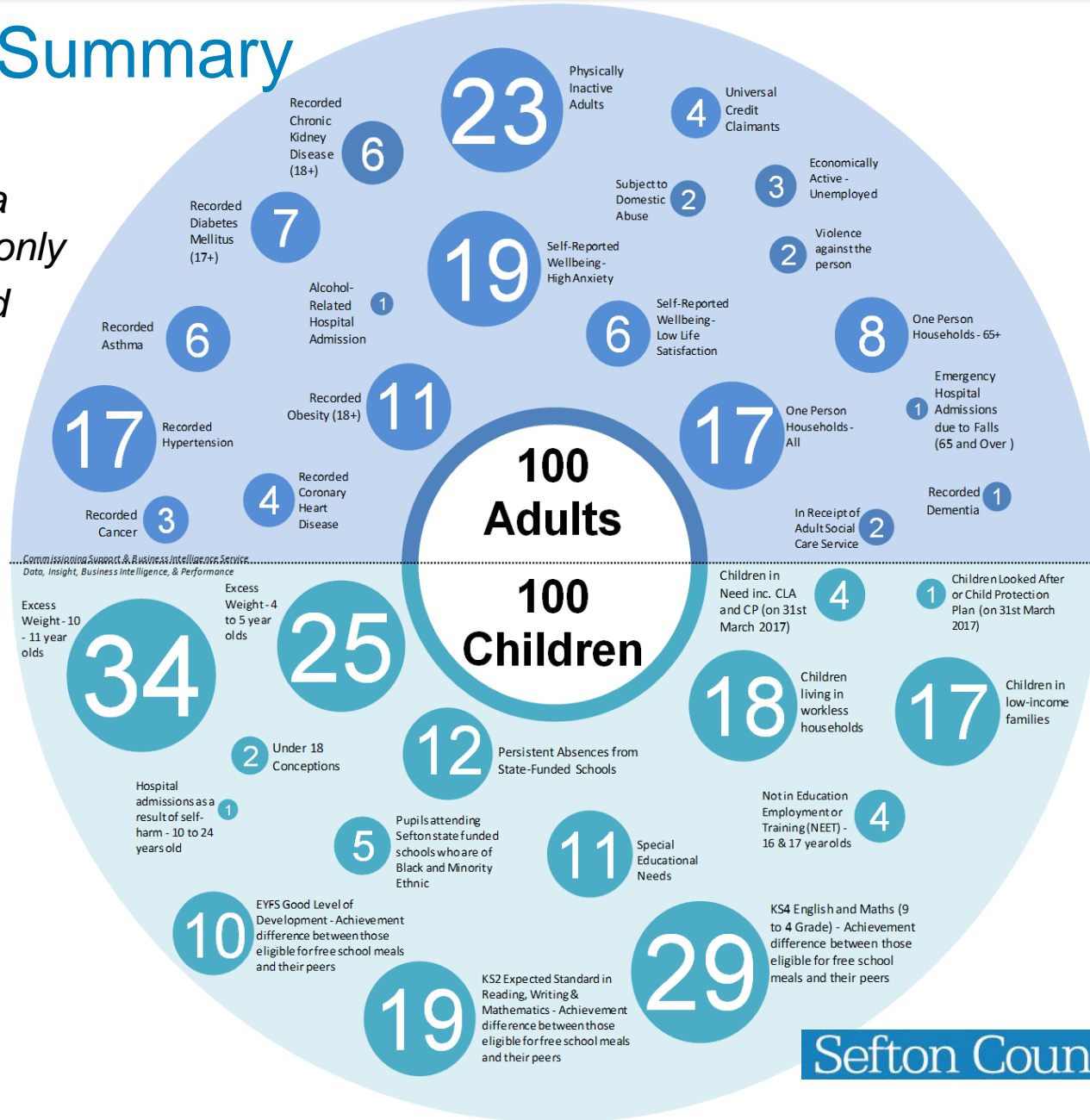


2016

44% ↓
2012

Summary

If Sefton was a community of only 100 Adults and 100 Children..



Joint Strategic Needs Assessment Summary of Data Analysis



The Highlight Report - Recommended themes:

- Mental Health – particularly where connected to substance misuse.
- Long-term health condition prevalence especially those relating to the heart.
- Child support and development including attainment for the most deprived pupils, attendance, obesity, health issues for children in care, and wider community safety.
- Parenting & Early Years issues focussed on smoking during pregnancy, breast feeding, and sexual health education.
- Prevention and early diagnosis related health practice assessments and checks.
- Implications of factors relating to childhood poverty.
- Implications of increasing levels of social isolation on health and wellbeing for both older and younger people.
- Implications of increasing levels of obesity on long-term health and wellbeing for all age groups.

Joint Strategic Needs Assessment Summary of Data Analysis



Initial thoughts from the Board?