

Governing Body Meeting in Public Agenda

Date: Thursday 4 April 2019, 13:00hrs to 15:20hrs
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.

“Implementing the 'Healthier You' NHS Diabetes Prevention Programme across Sefton”

presentation by Dr Nigel Taylor

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:30hrs
GB19/34	Apologies & Welcome	Chair	Verbal	Receive	
GB19/35	Declarations of Interest	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB19/36	Minutes of previous meeting 7 February 2019	Chair	Report	Approve	20 mins
GB19/37	Action Points from previous meeting 7 February 2019	Chair	Report	Approve	
GB19/38	Business Update	Chair	Verbal	Receive	
GB19/39	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					13:50hrs
GB19/40	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	55 mins
GB19/41	Integrated Performance Report - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse - Finance: Chief Finance Officer	Karl McCluskey DCF MMcD	Report	Receive	
GB19/42	Improvement and Assessment Framework: Q2 2018/19 Exception Report	Karl McCluskey	Report	Receive	
Governance					14:35hrs
GB19/43	Primary Care (General Practice) Development Strategy	Jan Leonard	Report	Receive	20 mins
GB19/44	Merseyside Safeguarding Adults Board (MSAB) Annual Report	Natalie Hendry	Report	Receive	
Service Improvement/Strategic Delivery					14:55hrs
GB19/45	Transforming Care for People with Learning Disabilities: Update	Geraldine O'Carroll	Report	Receive	15 mins
GB19/46	Cheshire and Merseyside Transforming Care Partnership: Year End Report 2018/19	FLT	Report	Receive	
For Information					15:10hrs
GB19/47	Key Issues Reports: a) Finance & Resource Committee (F&R) b) Quality Committee c) Audit Committee - None d) Joint Commissioning Committee PTI e) Locality Key Issues	Chair	Report	Receive	5 mins
GB19/48	Approved Minutes: a) F&R Committee (F&R) b) Joint Quality Committee c) Audit Committee - None d) Joint Commissioning Committee e) CIC Realignment Hospital Based Care	Chair	Report	Receive	
Closing Business					15:15hrs
GB19/49	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB19/50	<p>Date of Next Meeting</p> <p>Thursday 4 April 2019, 13:00hrs 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 2019/20 are as follows:</p> <p>5th September 2019 7th November 2019 6th February 2020 2nd April 2020 4th June 2020</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 7 February 2019, 13:10hrs to 14:30hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Acting Chair	CG
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Debbie Fagan	Chief Nurse	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
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health, Sefton MBC	HA
Maureen Kelly	Chair, Healthwatch (co-opted Member)	MK

In Attendance

Tracy Jeffes	Director of Corporate Services	TJ
Judy Graves	<i>Minute taker</i>	

Member Apologies

Dr Andrew Mimmagh	Chair & GP Clinical Director
Dr Peter Chamberlain	GP Clinical Director
Lynne Creevy	Practice Manager
Dwayne Johnson	Director of Social Services & Health, Sefton MBC
Graham Morris	Deputy Chair & Lay Member - Governance
Dr Ricky Sinha	GP Clinical Director

Quorum: Majority of voting members.

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19
Dr Andrew Mimmagh	Chair & GP Clinical Director	A	A	A	A	A	A	A
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓	✓	✓	A	✓
Graham Morris	Vice Chair & Lay Member - Governance	✓	✓	✓	✓	✓	✓	A
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (co-opted member)	✓	✓	✓	✓	A	✓	✓
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓	✓	✓
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓	✓	A
Lynne Creevy	Practice Manager						✓	A

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	✓	A	✓	✓	A
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	✓	A	A	A	✓	A
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓
Dr Ricky Sinha	GP Clinical Director	A	N	A	✓	✓	A	A
Dr Sunil Sapre	GP Clinical Director	A	✓	✓	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	A	A	A	✓
Fiona Taylor	Chief Officer	✓	✓	✓	A	✓	A	✓
Dr John Wray	GP Clinical Director	A	A	✓	✓	A	A	✓

No	Item	Action																				
GB19/1	<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Dr Andrew Mimmagh, Graham Morris, Dr Peter Chamberlain, Lynne Creevy, Dr Ricky Sinha, Dwayne Johnson and Maureen Kelly.</p> <p>Helen Armitage attended on behalf of the Director of Public Health.</p> <p>The Chair confirmed the meeting as quorate.</p> <p>Introductions were given by the governing body.</p> <p>The Chair apologised for the late start of the meeting. This had been due to the overrun of the previous meeting with the Aintree University Hospital Trust Board.</p>																					
Questions from the Public	<p>1a. Regarding the Long Term Plan referred to in the Chief Officer report (page 21, item 5. Planning for 2019-24). Who are the relevant stakeholders involved in the “planning programme” to deal with prevention and health inequalities such as those documented from the Cheshire and Merseyside area.</p> <p>The member of the public stated the following:</p> <table border="1"> <thead> <tr> <th></th> <th>Depression</th> <th>Overweight (Adult)</th> <th colspan="2">Life Expectancy (Liverpool)</th> </tr> <tr> <th></th> <th></th> <th>(Adult)</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Sefton</td> <td>20%</td> <td>68%</td> <td>76</td> <td>80</td> </tr> <tr> <td>Cheshire East</td> <td>14%</td> <td>58%</td> <td>80</td> <td>84</td> </tr> </tbody> </table> <p>1b. What involvement will the “public” have in the new structures? And will the meetings be open or private?</p> <p>FLT clarified the publication of the Long Term Plan in January 2019 which</p>		Depression	Overweight (Adult)	Life Expectancy (Liverpool)				(Adult)	Male	Female	Sefton	20%	68%	76	80	Cheshire East	14%	58%	80	84	
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Cheshire East	14%	58%	80	84																		

No	Item	Action
	<p>sets out the NHS vision, as explained in the Chief Officer report page 21.</p> <p>FLT referred to the CCG's Annual Report, "Highway to Health" publicised on the CCG's website. Reference was also made to the CCG's five year Shaping Sefton plan which is due for refresh, both of which are linked to the Long Term Plan.</p> <p>https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf</p> <p>FLT clarified that, as part of normal business process, some meetings will be held in private. However, the CCG will continue to engage with the public where possible.</p> <p>There are a number of opportunities for engagement of CCG plans. These include; "Big Chat" events; the open section of the governing body meetings; group involvement in the Community and Voluntary sector including Health Watch, represented on the governing body governing body by Maureen Kelly, and the Engagement and Patient Experience Group, represented on the governing body by Graham Bayliss. Information is also provided via the CCG website.</p> <p>Further, the CCGs Shaping Sefton plan was compiled taking account of stakeholder views i.e. members, the public, NHS providers. The refresh will follow the same process in ensuring that all stakeholders are consulted and can make contributions to the plan.</p>	
GB19/2	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell and Debbie Fagan. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB19/3	<p>Minutes of Previous Meeting 1 November 2018</p> <p>The minutes of the meeting were approved as a true record.</p>	
GB19/4	<p>Action Points from Previous Meeting 6 September 2018 and 4 October 2018</p> <p><u>Presentation: Sefton Public Health Annual Report – synopsis of early intervention providers</u></p> <p>DJ briefed on the role of the Emotional Health and Wellbeing Group for which he is Chair. A synopsis of early intervention providers had been compiled and shared with the schools for the schools, teachers and parents. A copy was to be made available to the GP members.</p> <p>It was confirmed that this had been circulated.</p>	Completed
GB19/5	<p>Business Update</p> <p>The Chair provided a verbal update.</p> <p>The NHS England Long Term Plan has been published. The plan looks at how the NHS provides care with the aim being to deliver a NHS that is fit for the</p>	

No	Item	Action
	<p>future and is based on the experiences of patients and staff. It was considered that the plan provided a positive outline for development of a sustainable NHS.</p> <p>https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf</p> <p>Information on the new GP contract was in the public domain. The contract had been discussed within the Primary Care Networks. The response to the contract within the South Sefton CCG boundary had been widely positive. It was note that GPs continue to work together to improve working lives and services to patients.</p> <p>Seaforth & Litherland locality have successfully bid to become a Primary Care Network. This means that all four South Sefton localities now have Primary Care Network status. This brings the localities in line with the GP contract and the NHS England Long Term Plan.</p> <p>The Chair referred to the earlier discussion regarding the Aintree Hospital Trust Board to Board meeting. The meeting had proved positive and highlighted a shared understanding of what was needed. A good relationship was being developed and this would help deliver the service challenges together.</p> <p>The Chair highlighted to GP colleagues the 360° feedback survey. The members were requested to complete the document and encourage their colleagues to do the same. The Chair reminded all that the outcome of the survey provided a source of valuable information. The relevance of which can be seen in the Organisational Development plan to be presented under item 19/13.</p> <p>RESOLUTION: The governing body received the update.</p>	
GB19/6	<p>Chief Officer Report</p> <p>The members and public were asked to note the Chief Officer report. It was identified that 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 following areas were highlighted:</p> <ol style="list-style-type: none"> 1. Guidance has been issued by the Department of Health to commissioners, providers and local authorities on the steps that should be taken to ensure the risks associated with a “no deal” brexit are understood and as far as practical mitigated. <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf</p> <ol style="list-style-type: none"> 2. NHSE have set CCGs the challenge of reducing management and administration costs to meet a reduction of 20% in Running Cost Allowances (RCA) in the year ending 31st March 2021. 6. Diabetes received a rating of “outstanding” from NHS England following a 2017/18 CCG assessment. It was noted that for Mental Health Southport & Formby had been assessed as “outstanding” compared with South Sefton assessment of “requires improvement”. It was noted that this provided an opportunity for learning. 	

No	Item	Action
	<p>7. NWAS were commended on the improvements made to the service, as identified in a CQC inspection and recognised by the Chief Inspector of Hospitals. The additional detail available articulates the significant improvements made. This is a testament to efforts of all involved.</p> <p>8. The CCG are continuing to progress with the actions required to become fully delegated for GP practice commissioning from 1st April 2019. This will be discussed further during the PTII Private meeting.</p> <p>Resolution: The governing body received the report.</p>	
GB19/7	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP committee continues to monitor performance against the plan and receives updates across the five domains identified by the CCG.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 9. The annual plan total is £6.711m. The year to date delivery at month 9 is £2.050m. This is below the year to date plan of £4.104m.</p> <p>The main area of savings had been through the Medicines Management Plan, whereas Urgent Care and Planned Care had proved difficult to deliver.</p> <p>The members discussed the RAG breakdown and forecast position on pages 26 and 27 of the meeting pack. The review of opportunities is ongoing and will be reported to the governing body in a development session. It was recognised that it would be unlikely that any schemes newly identified would impact on the CCGs current year QIPP position. However, there was potential for impact on the plan for April 2019 going forward.</p> <p>It was highlighted that the CCG continues to take a cautious view so as to ensure no impact in relation to the quality and safety of services.</p> <p>Resolution: The governing body received the report.</p>	
GB19/8	<p>Integrated Performance Report</p> <p>The governing body were presented with the report which provided summary information on the performance, quality and finance for South Sefton. The executive summary was highlighted on pages 42 to 44, with the summary performance dashboard from page 36 of the meeting pack.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>Although still below target, there had been a marked increase in e-referral utilisation, pending November and December data. The members were highlighted to a discussion at the Southport & Formby CCG Governing Body meeting where the difficulty of making referrals through the e-referral system had</p>	

No	Item	Action
	<p>been raised as a concern. It was considered as not possible to achieve 100%, given that 100% of the services were not offered through the e-referral system. Dr Caudwell, Southport & Formby CCG Governing Body Chair, would be looking into the service lines. FLT would feedback any findings accordingly.</p> <p>An improvement in the diagnostic figures for Southport & Ormskirk Hospital Trust was noted. Aintree Trust are also showing an improvement in November compared to the previous month. Aintree are expecting to continue improvement in this area and a discussion has taken place regarding the actions being taken.</p> <p>Concerns were raised in relation to the urgent GP referral for suspected cancer waits. The provider has assured the CCG that they are focused on improving performance to deliver the target requirement, although failure to achieve this target was concerning. A team had been put in place to look at the issues including individual delays and records, this was in order to try and establish the reasons for the delays. The team involved a cross section from a number of CCGs and Dr Harvey.</p> <p>Reference was made to the RTT 52 week waiters shown on page 9 of the IPR. The detail for the four cases was highlighted in section 3.3. The members were informed that the patients had since been treated.</p> <p>A further discussion was had in relation to oncology service issues that had been identified. This was being investigated and was an item for discussion at a future governing body meeting.</p> <p>Unplanned Care</p> <p>The performance regarding 4 hour A&E waits were noted, identifying that CCG is only achieving 81% against a locally agreed trajectory of 90%. It was agreed that this needed to be reviewed in more detail to understand the reasons.</p> <p>Mental Health</p> <p>The members were asked to note the failed targets for IAPT access and recovery and received an update on the response from the provider. The members discussed the potential reasons for the failed access target including the availability of other similar services in the area. The location of the services and accessibility was also given as a potential issue, in that some patients might feel more comfortable if based in a more discreet location. The members were informed that the service had confirmed that they were working to capacity and were experiencing a high DNA rate which is impacting on increased waiting times. In relation to recovery, GH advised that a comment from one service had indicated that people accessing the service have greater needs comparable to other parts of the country. This is impacting upon a longer recovery time. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with Sue Gough, Clinical Lead for Mental Health.</p> <p>FLT updated the members on the correspondence received, thanking the CCG for its support to the community and voluntary sector. FLT highlighted the vital role of the third sector.</p> <p>Finance</p> <p>MMcD updated members on the financial aspects of the report as presented in section 2.</p>	<p>TJ</p>

No	Item	Action
	<p>The financial data provided an update on performance as at 31 December 2018 with the year to date financial position being a deficit of £1.000m.</p> <p>The members were highlighted to the main financial pressures as detailed in section 2.3. In particular the increase in both prescribing costs as a result of medicines being unavailable or price increases and high cost CHC cases.</p> <p>A year-end likely financial position of £2.000m deficit following mitigation was predicted. This was deterioration against the £1.000m planned surplus. The CCG were currently in discussions with NHS England regarding the CCG's financial position. An overview of the CCG reserves budget was provided in figure 5. The governing body mitigating actions will be discussed in more detail in the March Development Session.</p> <p>Quality</p> <p>An update was provided on Personal Health Budgets as detailed in item 3.8. A further update was given on the mentoring arrangement yet to be confirmed by NHSE for Children's Complex Care and the support of the voluntary sector to promote PHB's across Sefton.</p> <p>Two Mixed Sex Accommodation (MSA) breaches were identified in November within hospitals outside of the area. DCF highlighted the difficulty in trying to obtain information on breaches that occur outside the CCG boundary.</p> <p>The latest data showed the number of current MRSA cases as 0. It was noted that the target was rated as red due to a case that had occurred earlier in the financial year. There was a potential case from the end of January 2019 at Aintree University Hospital. This would be reviewed and recorded if appropriate.</p> <p>DCF reminded members of prior discussions regarding an MIAA review of the CCG's Serious Incident management process. MIAA had now presented the Joint Quality Committee with the outcome of their review which had rated the CCG as "substantial assurance" for its process. The members relayed their thanks to DCF and those involved in the review.</p> <p>The members were highlighted to an additional Never Event for Aintree University Hospital from November 2018, the details were as provided in section 4.5 of the meeting report. A theatre incident had also been reported however this was not regarded a "never event". The incident had resulted in the theatre department being put on enhanced alert for never events, with a further review scheduled to take place March 2019.</p> <p>Reference was made to the prior concerns raised regarding the challenges with both the Speech and Language service and the need to improve the pathway for ADHD diagnosis. DCF updated members on the appointment of a new Clinical Officer, details of who were available on the CCG's website and who would be looking at the issues raised in more detail. It had been recognised that strategic leaders in Children's Services that discussion was required to review the overall level of services provided to Children and Younger People. It was recognised that there were some good and improved services for children however, more were needed.</p> <p>Resolution: The Governing Body received the updates and noted:</p> <ul style="list-style-type: none"> • The full year most likely financial position for the CCG is a deficit of £4.000m 	

No	Item	Action
	<p>before mitigation. The impact of agreed mitigating actions will reduce this position to £2.000m deficit. The agreed financial plan for 2018-19 requires the CCG to deliver a £1.000m surplus.</p> <ul style="list-style-type: none"> • QIPP delivery at month 9 is £2.050m which relates to prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m. • The month 9 financial position is a £1.000m deficit against a planned surplus of £0.200m. The year to date financial position is a variance from plan of £1.200m due to losses in month of £0.384m and not being able to deliver the planned surplus. • 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. 	
GB19/9	<p>Improvement and Assessment Framework: Q1 2018/19</p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q1 performance. This included exception commentary regarding indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.</p> <p>Resolution: The governing body received the report.</p>	
GB19/10	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map Q3 2018/19</p> <p>The paper presented the members with an update on the Governing Body Assurance Framework, Corporate Risk Register and supporting Heat Map as at 31 December 2018.</p> <p>The report has been presented to the Audit Committee and GM and MMcD provided an overview of discussion and agreement at that meeting, as identified in section 4 of the report.</p> <p>The committee had recognised that moderation of the document by the leadership team would normally have been carried out prior to being presented to the Audit Committee. However in this instance it had not been possible due to the Christmas and New Year break</p> <p>MMcD referred to the finance risk shown on page 141 which continued to be reviewed although the scoring had remained the same.</p> <p>The committee highlighted the need for the GBAF to be reviewed in light of the changing environment in which the CCG is operating, and agreed for this to be carried out as part of the GBAF review due in March 2019.</p> <p>Resolution: The governing body received the report and noted the review, scrutiny and approval of the Audit Committee, with no further recommendations made.</p>	

No	Item	Action
GB19/11	<p>CCG Safeguarding Children and Adults at Risk Policy</p> <p>The members were referred to the separate item for approval. The item would be added into the public pack and published on the website after the meeting.</p> <p>The members were presented with the policy as presented to the Joint Quality Committee. The committee had approved the document subject to (a) the inclusion of the word 'legitimate' within Appendix 2 and (b) re-submission to named individuals for approval. GH confirmed that such had been carried out and approved.</p> <p>Resolution: The members agreed the decision of the Joint Quality Committee and approved the policy.</p>	
GB19/12	<p>Children in Care Policy</p> <p>The purpose of the policy presented was to demonstrate how CCGs meet their corporate responsibilities, with Sefton MBC, and provide guidance to CCG employees to enable them to fulfil their responsibilities towards children in care, as set out in section 2.</p> <p>DCF informed the members that the paper is as presented to the Joint Quality Committee. It was noted that this was the first time that the policy had been a separate policy which is a positive step.</p> <p>Resolution: The governing body approved the policy.</p>	
GB19/13	<p>Organisational Development Plan</p> <p>The members were presented with the updated Organisational Development Plan. The document had been refreshed to reflect the priorities for the CCG and discussions held with members at the December development session and identified 5 key areas for development.</p> <p>It was considered a comprehensive and relevant document which looked to build on the successes of the previous 12 months.</p> <p>TJ was thanked for the work in compiling the plan.</p> <p>Resolution: The governing body approved the plan and circulation to the Wider Group.</p>	
GB19/14	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee (F&R): September, October, November, December 2018 b) Quality Committee: September, October 2018 c) Audit Committee: October 2018 d) Joint Commissioning Committee PTI: October, December 2018 <p>Resolution: The governing body received the key issues reports</p>	
GB19/15	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee (F&R): September, October, November, 	

No	Item	Action
	<p>December 2018</p> <p>b) Joint Quality Committee: September, October 2018</p> <p>c) Audit Committee: October 2018</p> <p>d) Joint Commissioning Committee PTI: October 2018</p> <p>e) CIC Realigning Hospital Based Care: October 2018</p> <p>RESOLUTION: The governing body received the key issues reports</p>	
GB19/16	<p>Any Other Business</p> <p><u>.1 Royal Liverpool University Hospital: New Build Contractor</u> MMcD informed members that Laing O'Rourke had been named as the new contractor for the RLH new build.</p> <p><u>.2 Health Watch: Maghull Building Visit</u> FLT briefed members on a recent visit by Health Watch to Maghull regarding building accessibility. The double doors are now automatic which make the building easily accessible.</p> <p>https://mysefton.co.uk/2019/02/12/healthwatch-sefton-opens-doors/</p>	
GB19/17	<p>Date of Next Meeting</p> <p>Thursday 7th February 2019, 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 2019 are as follows:</p> <p>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>		<p>14:30 hrs</p>

Governing Body Meeting in Public Action Points

Date: Thursday 7 February 2019

No	Item	Action
GB19/8	<p>Integrated Performance Report</p> <p>Mental Health</p> <p>The members were asked to note the failed targets for IAPT access and recovery and received an update on the response from the provider. The members discussed the potential reasons for the failed access target including the availability of other similar services in the area. The location of the services and accessibility was also given as a potential issue, in that some patients might feel more comfortable if based in a more discreet location. The members were informed that the service had confirmed that they were working to capacity and were experiencing a high DNA rate which is impacting on increased waiting times. In relation to recovery, GH advised that a comment from one service had indicated that people accessing the service have greater needs comparable to other parts of the country. This is impacting upon a longer recovery time. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with Sue Gough, Clinical Lead for Mental Health.</p>	TJ

MEETING OF THE GOVERNING BODY APRIL 2019	
Agenda Item: 19/39	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: March 2019	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.	
Recommendation	
The Governing Body is asked to:	Receive <input checked="" type="checkbox"/>
- To formally receive this report.	Approve <input type="checkbox"/>
	Ratify <input type="checkbox"/>

Links to Corporate Objectives <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
April 2019

General

1. EU Exit Operational Readiness Guidance

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

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

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

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

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

2. Building the case for primary legislative change

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

On 28th February 2019, the boards of NHS England and NHS Improvement met to discuss the outcome of that consultation and the impact that the current legislative framework would have on the ability to implement the NHS Long Term Plan. As requested by the cross-party House of Commons Health and Social Care Committee and the Prime Minister, NHSE and NHSI

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

have drawn up proposals for legislative change that could help the NHS organisations work collectively, in the best interests of patients.

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

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

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

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

3. NHS England – North West senior appointments

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

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

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

4. CCG Accountability Framework

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

are also now two directors that have responsibility for overseeing delivery of our “place base” programmes (North and South) and other changes have also been made to the portfolio of the Chief Nurse and Quality Officer and the Chief Finance Officer is now the director responsible for contracting.

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

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

5. QIPP and Financial Recovery Update

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

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

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

6. Approach to planning 2019/20

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

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

- Alignment of plans between CCGs and providers setting out how they will collectively make best use of the financial resources available
- Payment reform, national tariff, contracting and CQUIN requirements
- **System architecture** – work towards every area being part of an integrated care system (ICS)
- **Health inequalities** – continuing to reduce health inequalities
- **Maternity** – improving outcomes for babies and mothers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. Liverpool Community Health – Look Back Exercise

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

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

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

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

8. Clinical review of NHS access standards

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

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

NHS access standards review

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

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

The review is being undertaken in three phases:

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

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

Interim report

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

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

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

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

9. Delegated Commissioning – GP practice

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

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

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

10. Sefton transformation programme

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

Vision

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

Objectives

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

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

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

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

11. CCG and Local Authority approach to planning 2020/2021 – 2023/24

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

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

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

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

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

12. Recommendation

The Governing Body is asked to:

- To formally receive this report.

**Fiona Taylor
Chief Officer
March 2019**

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/40	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454						
Report date: March 2019							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The 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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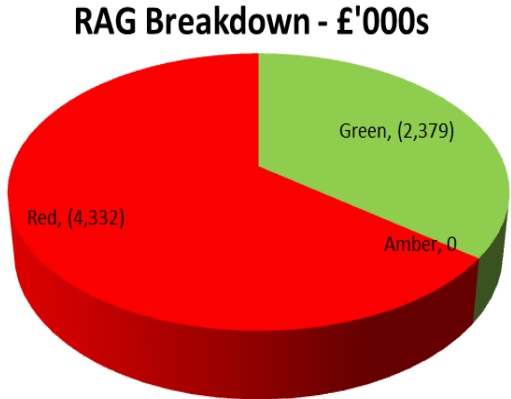
Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
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	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			

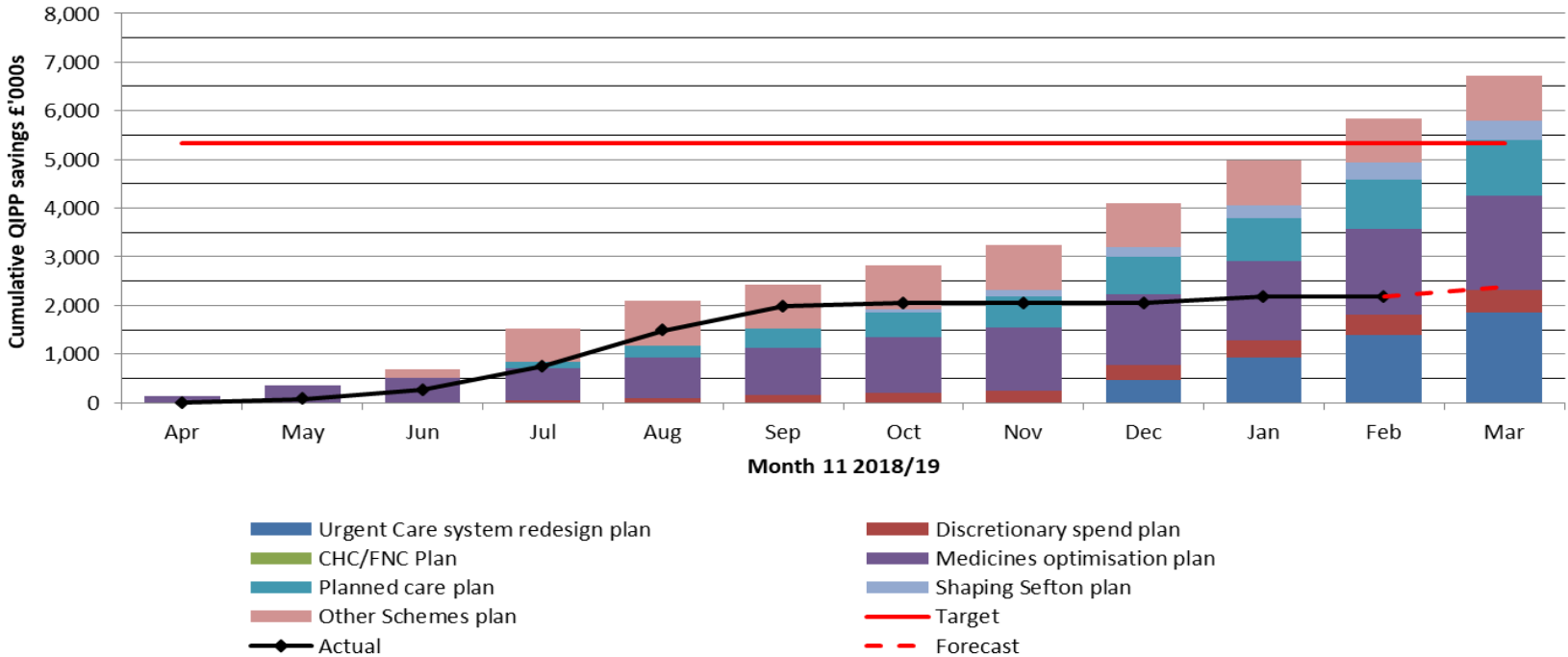
Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of 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 11

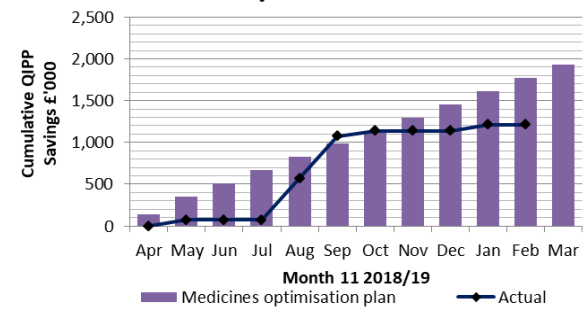
South Sefton CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,146	1,109	0	(1,019)
Medicines optimisation plan	1,931	1,773	1,215	(558)
CHC/FNC Plan	0	0	0	0
Discretionary spend plan	456	405	49	(356)
Urgent Care system redesign	1,859	1,394	0	(1,394)
Shaping Sefton Plan	410	342	0	(342)
Other Schemes	909	909	909	0
Total	6,711	5,842	2,173	(3,669)



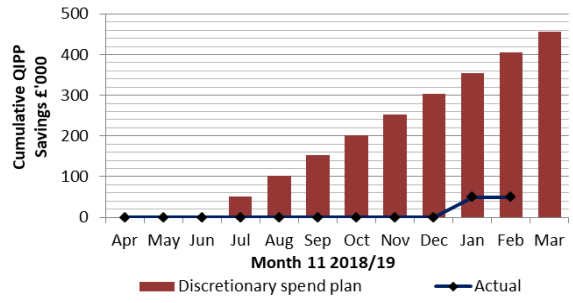
SSCCG : Summary QIPP plan 2018/19



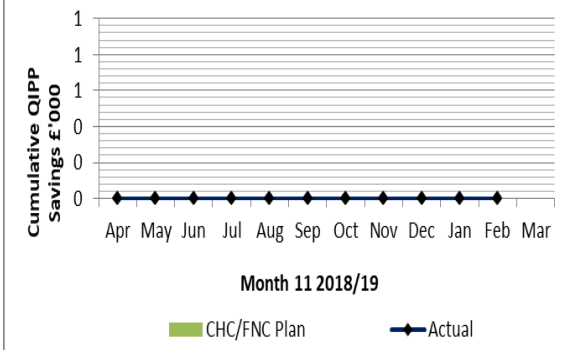
SSCCG : QIPP target - Medicines Optimisation



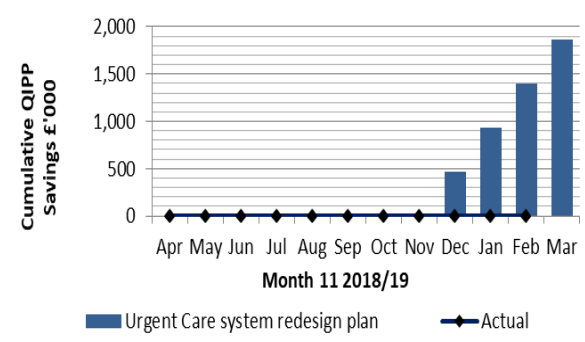
SSCCG : QIPP target - Discretionary Spend



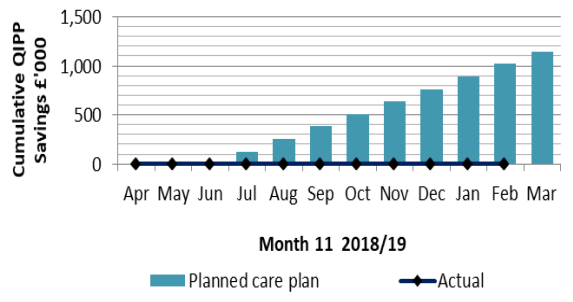
SSCCG : QIPP target - CHC/FNC



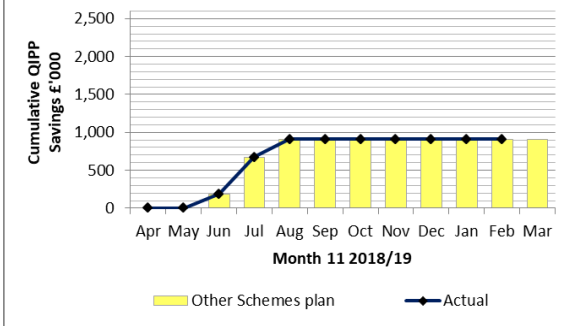
SSCCG : QIPP target - Urgent Care



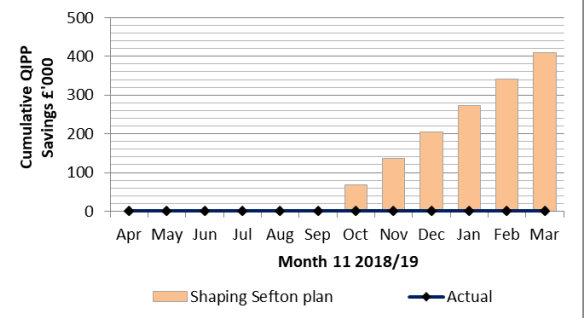
SSCCG : QIPP target - Planned Care



SSCCG : QIPP target - Other Schemes



SSCCG : QIPP target - Shaping Sefton



MEETING OF THE GOVERNING BODY APRIL 2019	
Agenda Item: 19/41	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468
Report date: April 2019	
Title: Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of 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

South Sefton Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level	2018-19													
		Q1			Q2			Q3			Q4			YTD	
		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	R	R	R	R				R
		Actual	32.129%	32.129%	47.013%	50.703%	62.07%	73.26%	73.12%	69.44%	62.37%				55.80%
		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%
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	R	R	R	R			R
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%	3.76%	3.08%	4.97%	4.04%			3.23%
		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%
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	R	R	R	R			R
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%	87.87%	89.32%	88.91%	89.02%			89.15%
		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%
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	R	R	R	R			R
		Actual	3	3	10	9	6	1	3	4	2	2			43
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	0	0	0	0	0	0	0	0	0	0	0		0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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	R	R	R	R			R
		Actual	90.40%	90.41%	88.6%	92.69%	93.84%	92.6%	88.9%	92.25%	90.79%	78.89%			89.90%
		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%
17: % of patients seen within two 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	G	G	R	R			R
		Actual	92.06%	94.32%	96.1%	94.00%	87.84%	89.83%	100%	96.43%	75.00%	56.67%			88.60%
		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%
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	G	G	G	G			G
		Actual	95%	100%	96.0%	97.26%	97.37%	96.9%	100%	98.8%	96.88%	96.63%			97.58%
		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%
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	R	G	G	G			G
		Actual	100%	100%	84.6%	100%	100%	100%	92.9%	100%	94.44%	100%			97.12%
		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%
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	G	G	R	R			G
		Actual	100%	100%	96.30%	100%	100%	100%	100%	100%	95.00%	95.00%			98.72%
		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%
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	G	G	G	G			G
		Actual	96.43%	100%	100%	100%	94.4%	100%	100%	96.77%	95.24%	100%			98.36%
		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%

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	G	R	R	R	R	G	R			R
		Actual	70%	63.636%	83.333%	88.889%	77.778%	75.00%	66.67%	66.7%	100%	60%			73.86%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%	85%	85%	85%
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	G	R	R	G	G	G	R	G	R	R			R
		Actual	-	66.67%	0.00%	100.00%	100.00%	100.00%	83.33%	100%	71.43%	88.89%			86.27%
		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%
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	R	R	R	R			R
		Actual	82.76%	83.78%	82.93%	71.795%	88.235%	66.667%	79.41%	70.37%	83.87%	69.23%			77.81%
		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%

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	R	R	R	R			R
		Actual	86.6%	87.39%	88.3%	87.27%	89.76%	87%	83.45%	83.64%	82.89%	82.36%			86.19%
		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%
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	RAG	G	G	G	R	G	G	G	G	G	G			R
		Actual	0	0	0	1	0	0	0	0	0	0			1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

EMSA

1067: Mixed sex accommodation breaches -	South	RAG	G	R	R	G	R	G	G	R	G	G			
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All Providers No. of MSA breaches for the reporting month in question for all providers	Sefton CCG														R	
		Actual	0	2	2	0	1	0	0	2	0	0				7
		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	G	G	R	G	G			R	
		Actual	0	0.30	0.30	0.00	0.20	0	0	0.3	0.00	0.00				
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) (Cumulative)	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R			R
		YTD	0	0	0	1	1	1	1	1	1	2			2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) (Cumulative)	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R			R	
		YTD	6	9	16	22	26	35	39	44	46	48			48
		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	South Sefton CCG	RAG	G			G			G				G
		Actual	100%			100%			100%				

The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	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	R	G	R			G
	Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%	50%	75.00%	50%			69.77%
	Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

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	R		R							
	Actual	48.065%	42.759%	48.924%		46.52%								
	Target	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	R		R							
	Actual	3.66%	3.70%	3.50%		10.87%								
	Target	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	G		G							
	Actual	99.4%	99.7%	99.3%		99.4%								
	Target	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	G		G							
	Actual	100%	100%	100%		100%								
	Target	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	R	R	R			R	
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%	65.058%	64.679%	64.13%	63.51%			63.82%
		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			R			R			
		Actual	100%			100%			90.91%			96.88%			
		Target	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			R			R			
		Actual	100%			100%			80%			93.33%			
		Target	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	Nil Return			Nil Return			Nil Return						
		Target	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 10 (note: time periods of data are different for each source).

Financial position

This report focuses on the financial performance for South Sefton CCG as at 28th February 2019.

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 to £1.892m 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 CCG is on target to deliver its financial plan of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation.

The year to date financial position is £0.700m surplus which reflects implementation of agreed mitigating actions.

The QIPP savings requirement assessed at the beginning of the 2018/19 financial year is £5.329m. As at 28 February 2019 QIPP savings of £2.173m have been achieved. Further delivery for the financial year is expected to be £0.206m to deliver a total £2.379m for the financial year.

Delivery of the financial plan 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

An issue has been identified with month 9 and 10 referrals submissions with data for Liverpool Heart and Chest currently incomplete or unavailable. As a result, the analysis provided relates to a month 8 position.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in January recording 4.04%, a slight improvement on last month when 4.97% was recorded. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in January recording 3.90%, lower than last month when 5.32% was reported.

In January, there were 2 South Sefton patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Both patients at the Liverpool Womens, the first patient was the same person who breached in November and December. The second patient was treated on the 7th February.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.02% in January. Aintree also failed this standard for January recording 90.13%.

In January the Trust reported 29 (0.9%) non clinical cancellations on the day of surgery of which all were offered a binding date within 28 days. One patient was unfortunately cancelled for a second time on the day of surgery due to an error on behalf of a third party in relation to loan equipment required to carry out the procedure.

The CCG are failing 5 of the 9 cancer measures year to date. Aintree are also failing 5 of the 9 cancer measures.

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in January at 18.9%; this is similar to last month when 18.5% was recorded. The percentage of patients who would recommend the Trust has improved slightly to 94% (last month 93%) and is still below the England average of 96%. The proportion who would not recommend has decreased from 4% in December to 3% in January and is above with the England average.

Performance at Month 10 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£416k/-1%. 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 £731k/1.8%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust have failed their STP target of 93.3% in January reaching 87.55% (YTD 86.49%). 1,823 attendances out of 14,637 were not admitted, transferred or discharged within 4 hours.

The NWAS Ambulance Response Programme has progressed well during 2018/19 but with significant work still required to achieve targets. A key piece of work to support this involves rota redesign which will involve significant staff involvement and engagement in order to realign resources to areas of greatest need. There has been a positive reduction against hospital handover times within Cheshire & Merseyside.

The CCG had 2 new cases of C.Difficile in January bringing the year to date total to 48, against a year to date plan of 44 (19 apportioned to acute trust and 29 apportioned to community).

The CCG had 1 new case of MRSA in January, this along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. This case was at Aintree. Aintree now has 2 cases year to date and failed zero tolerance threshold for 2018/19, the earlier case was reported in May.

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 (and have failed this target). In January there were 15 cases (145 YTD) against a year to date plan of 107. Aintree reported 30 cases in January (299 YTD). There are no targets set for Trusts at present.

Performance at Month 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/5.5%. 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 £459k/1.1%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 303 patients entering treatment in Month 10, which is a 56.2% increase from the 194 reported in Month 9. The access rate for Month 10 was 1.25% and therefore failed to achieve the standard. The percentage of people moved to recovery was 50.6% in Month 10, which is an increase from 45.2% for the previous month and achieving the 50% target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in January of 63.51%, which is under the national dementia diagnosis ambition of 66.7% and a slight decline on last month when 64.13% was reported.

Community Health Services

CCG and Mersey Care leads 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 service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. A community services transformation plan is being developed and will provide the focus for service improvements over the coming year. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation work.

Better Care Fund

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

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

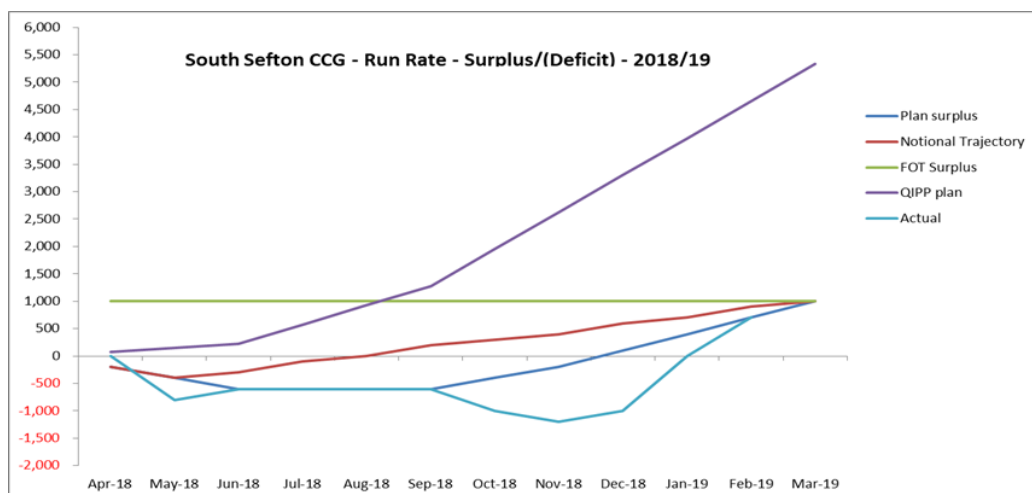
This report focuses on the financial performance for South Sefton CCG as at 28th February 2019.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,259	22,219	23,708	1,489	25,759	1,499
Corporate & Support Services: admin	3,263	2,938	2,652	(286)	2,914	(349)
Corporate & Support Services: programme	3,798	3,465	3,541	76	3,850	52
NHS Commissioned Services	181,284	165,618	167,615	1,996	183,518	2,234
Independent Sector	3,668	3,346	3,663	317	4,034	366
Primary Care	5,031	4,600	4,766	166	5,066	35
Prescribing	27,724	25,618	25,612	(6)	28,216	492
Total Operating budgets	249,028	227,803	231,556	3,753	253,357	4,330
Reserves	176	3,753	0	(3,753)	(4,154)	(4,330)
In Year (Surplus)/Deficit	1,000	700	0	(700)	0	(1,000)
Grand Total (Surplus)/ Deficit	250,204	232,256	231,556	(700)	249,204	(1,000)

The year to date financial position is a surplus of £0.700m, which reflects implementation of mitigating actions during the month to address pressures previously reported to the Governing Body. 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's plan for 2018/19 is summarised as:

- Q1 reported deficit position
- Q2 maintained the level of deficit
- Q3 plan was to deliver a surplus of £0.100m which was not achieved due to emerging pressures; the actual position was a deficit of £1.000m.
- Q4 plan is to return to a surplus position through mitigating actions, a detailed review of expenditure and adjustments to the allocation.

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

The CCG's financial recovery plan acknowledges that the 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. The CCG is on target to deliver £2.379m savings in 2018/19 which will bring the total QIPP saving to £11.295m over the past three financial years.

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

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 difficult decisions in the near future.

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

The cumulative deficit brought forward from previous years is £2.892m which will reduce to £1.892m if the CCG delivers its current forecast position. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

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

- Increased costs within continuing healthcare budgets. This is due to a number of individual high cost cases in 2018/19 and the impact of improving the rate at which patients are assessed for packages of care outside hospital. The collective impact of this equates to a full year cost pressure of £1.696m.
- Overspend of £0.485m within prescribing due to NCSO pressures which have been partly mitigated with efficiencies in other areas of prescribing expenditure.
- Cost pressures within Acute provider contracts of £0.864m due to high cost drugs and devices chargeable outside the Acting as One contract agreement.
- Other cost pressures on Acute contracts in respect of over performance.
- Cost pressures of £0.261m on learning disabilities budget due to new individual high cost packages emerging during the year.

- Cost pressures of £0.297m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably in plastic surgery and trauma and orthopaedics.

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.

2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

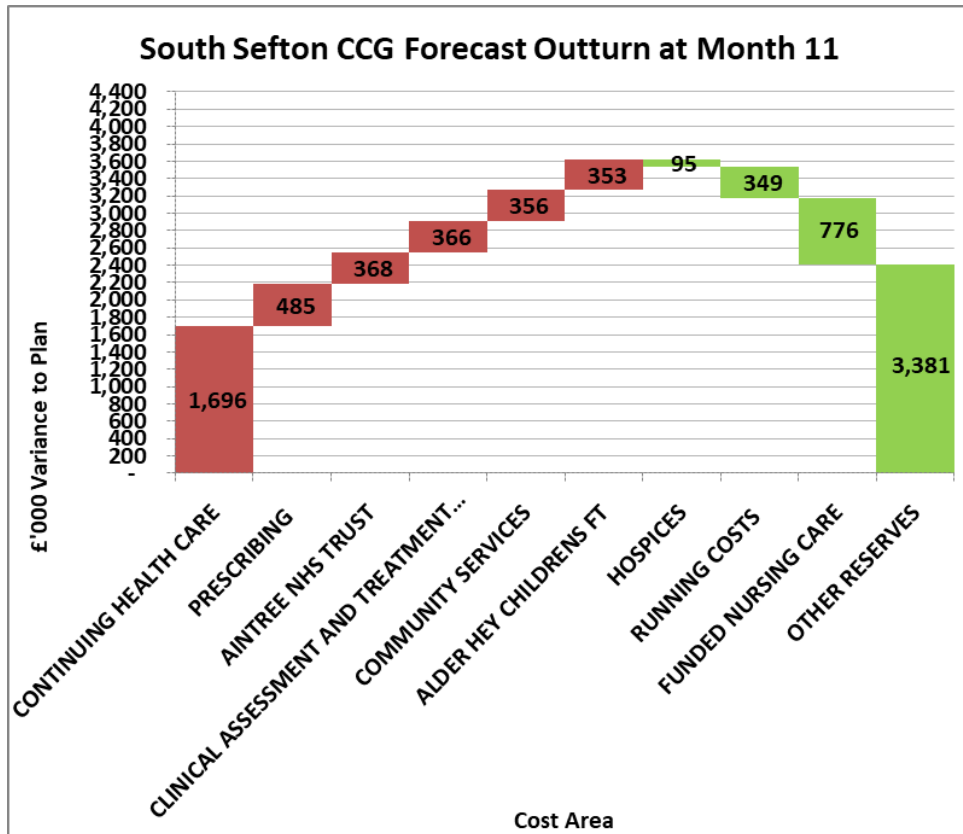
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.173m
Running Cost	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.00%
	NHS - Volme YTD > 95%	97.16%
	Non NHS - Value YTD > 95%	96.42%
	Non NHS - Volume YTD > 95%	95.33%

- 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 28 February 2019 for the financial year will achieve this.
- The QIPP target for 2018-19 is £5.329m. Delivery is £2.173m to date which is £3.669m below planned delivery at month 11.
- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.349m at month 11.
- 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 11 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 after the impact of mitigations is a **surplus of £1m.**
- The main financial pressures relate to:
 - Cost pressures within continuing healthcare due to an increase in overall numbers of cases and a number of high cost cases.
 - Overspend within prescribing due to NCSO and other prescribing cost pressures.
 - Cost pressures within acute providers relating to high cost drugs and devices outside the Acting as One contract agreement as well as over performance against contracts.
 - Cost pressures within Community Services due to agreed service developments for Neuro-Development, Dietetics & CAMHS.
 - Cost pressures within the Independent Sector due to Ramsay Healthcare, this is mostly in relation to Trauma & Orthopaedic activity.
- 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			2.173		2.173
Primary care additional allocation	(1.400)	1.400			0.000
NCSO Adjustment	(1.500)	1.500			0.000
CAT M expenditure reduction	(0.300)	0.300			0.000
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)	0.000
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500			(0.200)	0.300
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	1.667	(0.398)	(0.138)	1.293
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	5.431	0.940	(2.207)	0.176

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- An additional allocation of £1.500m was received in month 11 in respect of the Primary Care allocation as agreed with NHS England.

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	1.565
Alder Hey Children's Hospital NHS Foundation Trust	(0.017)
Liverpool Women's NHS Foundation Trust	(0.766)
Liverpool Heart & Chest NHS Foundation Trust	(0.079)
Royal Liverpool and Broadgreen NHS Trust	0.151
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.008)
Total	0.846

- The CCG is included in the Acting as One contracting arrangements for the North Mersey local health economy. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.

- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an overspend of £0.846m 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 had a PBR contract had been in place.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

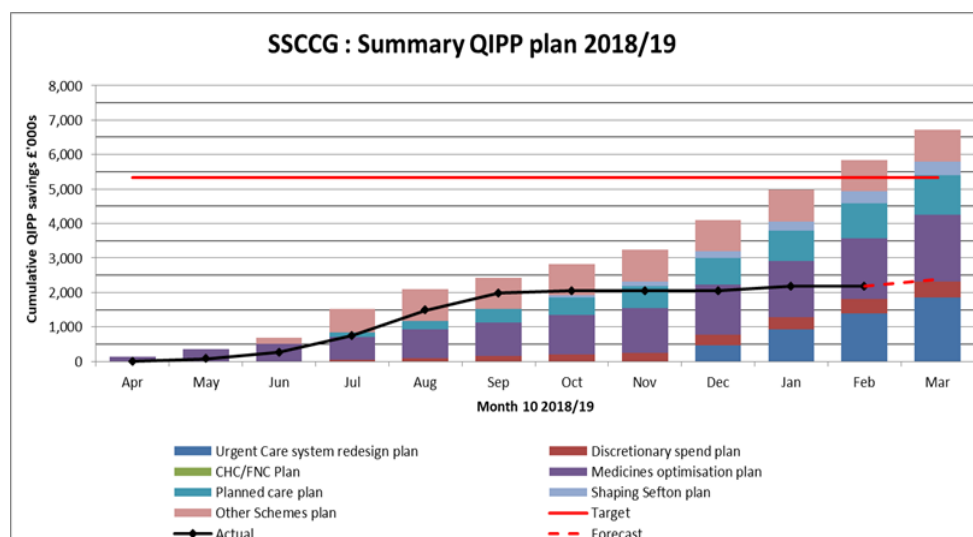


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	0	0	1,146	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	0	350	456
Urgent Care system redesign plan	1,859	0	1,859	0	0	1,859	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	2,379	0	4,332	6,711
QIPP Delivered 2018/19				(2,173)		0	(2,173)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.711m have been identified; however **£4.332m** of the schemes are rated 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 **£2.173m** QIPP savings in respect of prior year technical adjustments and prescribing savings. The full year QIPP achievement is forecast to be £2.379m.

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	1.600	2.173
Remaining QIPP to be delivered	4.756	(1.600)	3.156
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	2.379	2.379	2.379
I&E impact	(3.809)	(3.809)	(3.950)
Forecast Surplus / (Deficit)	(5.759)	(5.759)	(5.900)
Further Risk	0.000	0.000	(0.569)
Management Action Plan	6.759	6.759	5.443
Risk adjusted Surplus / (Deficit)	1.000	1.000	(1.026)

- 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 most likely case is a **surplus of £1.000m** and assumes that QIPP delivery will be £2.379m for the year with no further risk and agreed mitigations agreed by the Governing Body in December 2018, the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £1.026m** and assumes further pressures emerging in year and a reduced level of mitigation.

2.9 Statement of Financial Position

Figure 11 – Summary working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3	M6	M9	M11	M12
	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	115	155	155	115	115
Receivables	1,218	3,875	3,385	2,406	1,938
Cash	7,927	3,265	2,813	2,902	105
Payables & Provisions	(19,657)	(17,172)	(16,301)	(16,247)	(14,100)
Value of Debt > 180 days	707	489	77	79	506

- The CCG is on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.236m)
- The non-current asset balance relates to funding received from NHS England for Primary Care IT. The reduction in balance in month 11 is due to depreciation charge applied for 2018/19.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments.
- Outstanding debt in excess of 6 months old is £0.079m. This balance relates to a number of small balances which continue to be chased by NHS SBS and CCG finance team.
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year, previously known as the Maximum Cash Drawdown (MCD). Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £251.499m at Month 11. The actual cash utilised at Month 11 was £229.479m which represents 91.24% of the total allocation. The balance of ACDR to be utilised over the rest of the year is £22.019m.

2.10 Recommendations

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

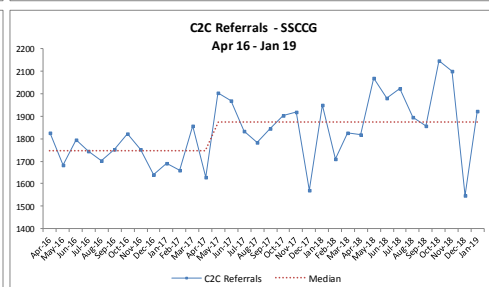
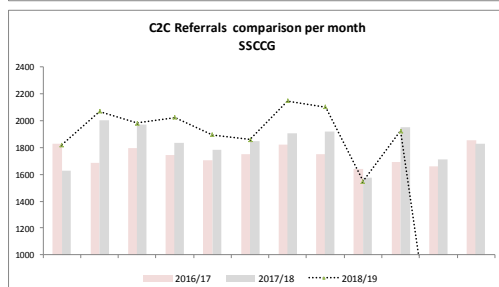
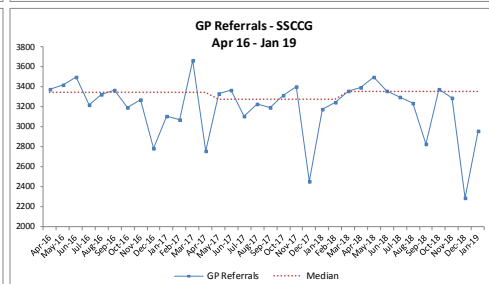
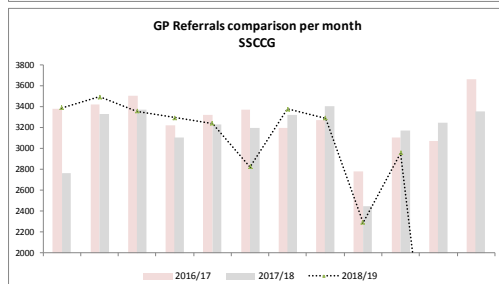
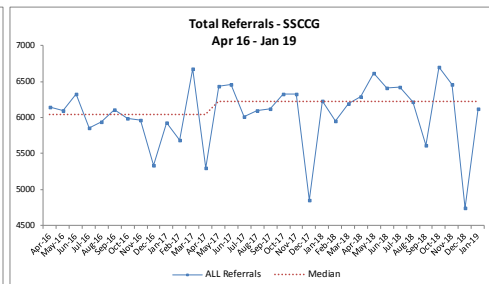
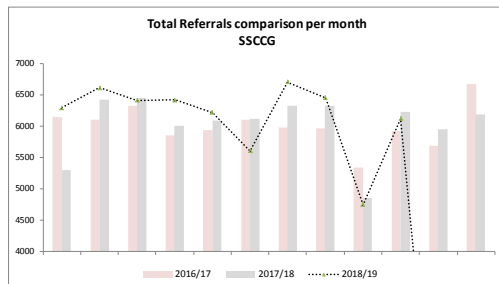
- The CCG is on target to deliver the agreed control total of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation.
- QIPP delivery at month 11 is £2.173m which relates to a prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. Full year QIPP achievement is expected to be £2.379m against a target of £5.329m.
- The month 11 financial position is a surplus of £0.700m against a planned surplus of £0.700m.
- The CCG's commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to enable delivery of the CCG statutory financial duty in future years.

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

3. Planned Care

3.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	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	2762	3391	629	23%	1630	1820	190	12%	5298	6295	997	19%
May	3332	3497	165	5%	2006	2069	63	3%	6433	6617	184	3%
June	3372	3358	-14	0%	1969	1983	14	1%	6459	6419	-40	-1%
July	3105	3296	191	6%	1833	2024	191	10%	6009	6422	413	7%
August	3233	3240	7	0%	1784	1895	111	6%	6096	6220	124	2%
September	3194	2825	-369	-12%	1847	1859	12	1%	6119	5610	-509	-8%
October	3319	3380	61	2%	1905	2147	242	13%	6333	6709	376	6%
November	3406	3293	-113	-3%	1920	2101	181	9%	6334	6461	127	2%
December	2452	2292	-160	-7%	1572	1549	-23	-1%	4858	4749	-109	-2%
January	3175	2959	-216	-7%	1951	1924	-27	-1%	6228	6126	-102	-2%
February	3246				1709				5953			
March	3357				1826				6197			
Monthly Average	3163	3153	-10	0%	1829	1937	108	6%	6026	6163	136	2%
YTD Total Month 10	31350	31531	181	1%	18417	19371	954	5%	60167	61628	1461	2%
Annual/FOT	37953	37837	-116	0%	21952	23245	1293	6%	72317	73954	1637	2%



Data quality note: An issue has been identified with month 9 and 10 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 127 referrals per month to this provider for South Sefton CCG patients at month 8.

Year to date referrals at month 10 have increased by 2.4% when comparing to the equivalent period in the previous year. Referrals in month 10 increased to the previous month when referrals dropped to the lowest levels of 2018/19. However, this aligned to a trend identified in the previous year. Month 10 referrals were below 2017/18 levels and were below a monthly average for 2018/19.

At provider level, referrals to Aintree Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 1%. There are also noteworthy increases occurring at Renacres and Southport & Ormskirk Hospital's.

Within individual specialties, Ophthalmology, Urology and Breast Surgery are reporting a notable increase in referrals during 2018/19 with each linked predominantly to referral increases at the main hospital provider.

GP referrals in 2018/19 to date are comparable to the previous year with a small increase of 0.6% at month 10. However, GP referrals have been below 2017/18 levels for four of the last five months of 2018/19. This may be partly a result of ERS implementation at Aintree Hospital in September 2018 with year to date GP referrals at Aintree currently down -1% compared to the previous year. Liverpool Heart & Chest data is also currently unavailable for the last two reporting months (see data quality note above), which may be impacting on the overall position. Royal Liverpool and Alder Hey are also reporting notable GP referral reductions at month 10.

Consultant-to-consultant referrals are currently 5.2% higher in 2018/19 when comparing to the previous year with increases evident at Aintree Hospital and a number of other providers including St Helens & Knowsley Hospital. The former has seen increases within a number of specialties including T&O and Cardiology. St Helens & Knowsley increases are within Plastic Surgery and Physiotherapy.

3.1.1 E-Referral Utilisation Rates

Figure 12 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - Dec	100%	62%	↓

The national NHS ambition is that E-referral Utilisation Coverage should have been 100% by end of Q2 2018/19 this ambition was not achieved. The latest data for E-referral Utilisation rates is December when the CCG achieved 62% below the target of 100%. There had been significant improvement August to October but November and December has seen a drop.

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.

3.2 Diagnostic Test Waiting Times

Figure 13 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Jan	1.00%	4.04%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Jan	1.00%	3.90%	↓

Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in January recording 4.04%, a slight improvement from last month when 4.97% was recorded. In January, out of 2,674 patients, 108 patients were waiting at 6+ weeks of those 4 at 13+ weeks. The majority of breaches were for Gastroscopy (34) and CT (23).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in January recording 3.90%, lower than last month when 5.32% was reported. Out of 5,125 patients, 200 patients were waiting at 6+ weeks of those 9 at 13+ weeks.

Endoscopy - During January 2019, the Endoscopy DM01 position reported 129 patients waiting over 6 weeks for a diagnostic appointment resulting in a position of 16% against the <1% standard. This is a significant improvement compared to previous month (245 patients in December). Endoscopy trained Registered Nurse (RN) recruitment has been a focus replacing the 9 RN vacancies. The Unit is now fully staffed with RN's. Nurse training packages have been intensified to ensure scope trained RNs are available to commence independent lists from 28th January 19. A loss of 21 lists (approximately 230 scopes per week) continues due to Endoscopy Nurse long term sickness, ML and a Consultant vacancy. The Trust has commenced work with Medinet to provide high volume endoscopy lists to offset the shortfall in baseline capacity. Over December and January there has been 110 lists undertaken by Medinet at weekends equating to 713 patients. Medinet lists are currently planned up to the end of February 2019. Additional waiting lists initiatives continue during the week and at weekends to ensure Cancer 2ww referrals have been scheduled within the required timescales unless the patient has chosen to wait a longer period of time.

Radiology - Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK) Demand is in excess of funded capacity. With additional capacity put into place during January, performance against this standard for Radiology is 1.4%, which is a significant improvement compared to previous months. Additional unfunded Inpatient activity continues to have an impact, reducing Outpatient capacity for CT and MR.

How are the issues being addressed?

Monthly recovery trajectories have now been formally requested through the Contract review meeting route.

The Trust are forecasting amber for Q4 2018/19, this represents a recovery trend for endoscopy but steady for radiology.

Trust Endoscopy Proposed actions:

- Additional in house WLI activity continues along with a new partnership with Medinet to cover the Consultant vacancy and shortfall in capacity. RLBUH staff have been given honorary contracts to undertake waiting list initiatives at Aintree.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support providing telephone reminders 3 days in advance and this will continue. This approach has seen a reduction of 5% in DNA's in line with the national average. To further reduce DNA's "go live" for the Trust's new DrDoctor text reminder service for Endoscopy is January 2019.
- The Cancer Alliance provided the Trust with a revised productivity tool in November 18. Due to staff sickness and consequential list reductions, the tool implementation has been delayed until Jan 2019. Following the review of the results produced by the tool, AQuA will support the CBU with a work stream to improve the utilisation of capacity. Meetings have taken place with AQuA in preparation for this work-stream.
- Case of Need to support investment in the Gastro service has been agreed by the Executive Team with a maximum investment of £722k. A weekly Task & Finish Group to oversee the implementation of the Case of Need. Recruitment to additional posts is underway.
- A capacity & demand model is under development by the transformation team. The first draft will be available at the beginning of January 2019.

Trust Radiology proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity on-going.
- Additional CT WLI's arranged including cardiac, attempting to gain extra capacity on Walton Centre scanner. Additional MR WLI's arranged and CT colonography sessions.
- Replacement of 2 CT scanners completed. Relocatable mobile on site for 5 weeks, 4th CT scanner in use Mon-Fri to maintain waiting times.
- Mobile MR Unit on site 1 week on 8. Continue to engage Locum Radiographers. Recruitment of Radiographer vacant posts completed, start dates middle of January.
- Cardiology demand is being managed via detailed scheduling meetings held between Cardiology and Radiology led by the Divisional Directors.

When is the performance expected to recover by?

Endoscopy

Trust Forecast for improvement:			
Q1	Q2	Q3	Q4

Radiology

Forecast for improvement:			
Q1	Q2	Q3	Q4

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 14 - 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 - Jan	0	2	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Jan	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Jan	92%	89.02%	↔
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 - Jan	92%	90.13%	↑

Figure 15 – RTT Performance & Activity Trend

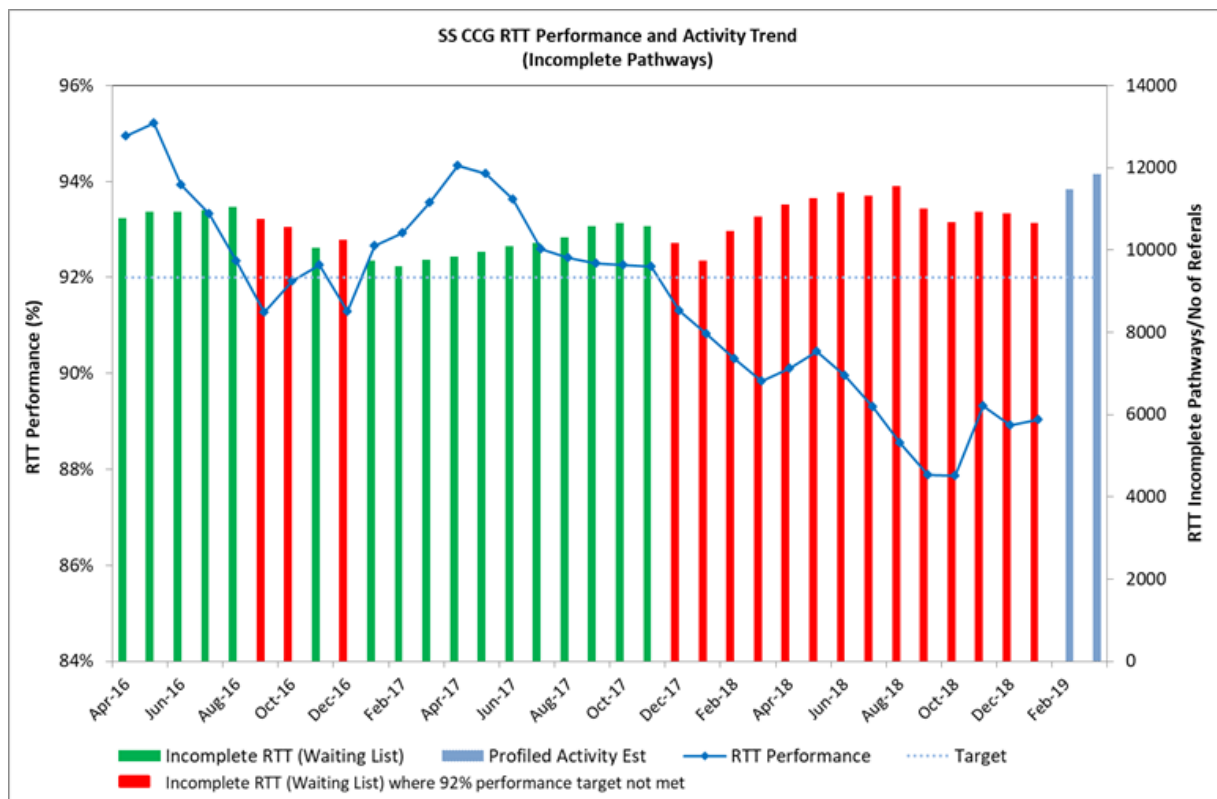


Figure 16 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
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	10,806
2018/19	11,114	11,266	11,393	11,313	11,559	11,000	10,676	10,930	10,883	10,665			10,665
Difference	1,269	1,315	1,292	1,152	1,249	423	18	352	713	930			-141
St Helens 17/18 Actuals	150	148	142	175	192	201	180	187					0
Revised 2018/19 Position	11,264	11,414	11,535	11,488	11,751	11,201	10,856	11,117	10,883	10,665			10,665
Revised Difference	1,419	1,463	1,434	1,327	1,441	624	198	539	713	930			-141

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 January, there were 2 South Sefton patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Both patients at the Liverpool Womens, the first patient was the same person who breached in November and December. The delay in the patients treatment is due to the initial physio treatment offered to the patient no longer being offered by the Trust. The patients treatment plan was reviewed on the 28th January and the patient has decided that they want to continue with the original treatment discussed and the Trust is therefore looking to outsource treatment. The second patient was treated on the 7th February.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 16 (above) was revised for those months to include a proxy of South Sefton CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust are now submitting again from December 2018 onwards. In January, the CCG had 10,665 incomplete pathways, 930 patients more than the January of the previous year and is therefore not on target to achieve the year end position. Although the total waiting list had been seeing a reduction over a few months this month shows another increase. 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. Aintree have provided assurance through the Contract Review Meeting that the year end waiting list position will be achieved.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.02% in January. This is similar to last month. In January, of 10,665 patients, 1,171 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.

Aintree also failed this standard for January recording 90.13%. Out of 17,026 patients there were 1,680 waiting over 18 weeks on the incomplete pathway a 0.7% reduction on December's position and places the Trust in a good position to achieve an incomplete waiting list size in March 2019.

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.

The significant non-elective pressure experienced at the Trust over the winter period last year combined with capacity issues brought about via increased levels of sickness in certain specialties had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The continued increase in non-elective demand is however being managed effectively and the Trust are monitoring the situation to ensure elective activity and patient experience is not negatively impacted.

From October 1st the Trust went live with e-RS and also offered a larger range of services to advice and guidance which continues to contribute to the reduction in referrals from general practice for routine consultation. However, the volume of two week wait urgent requests has not reduced which continues to add pressure into the system. As at January the volume of 2WW demand via all referral sources had shown a 13% increase when compared to Apr - Dec 2017/18. This has also been compounded by patients attending AED and subsequently being added to the elective waiting list which is adding to the increased demand on follow up capacity. Cancellation and DNA rates continue to be monitored and are highlighted at internal performance meetings. 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.

Aintree Proposed Actions:

- Improve theatre utilisation at speciality level.
- Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake waiting list initiatives (WLI's) where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads.
- Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends along with Insourcing extra capacity.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and performance
- Continue to meet with clinical business managers (CBMs) on a weekly basis to focus on data quality, capacity & demand and pathway validation.
- Continue to support the clinical business units (CBUs) with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / Entry.
- Conduct a review of current processes, operating procedures and training revalidation at business unit level to ensure compliance with best practice and national guidance.

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in January (80.6%). 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.

When is the performance expected to recover?

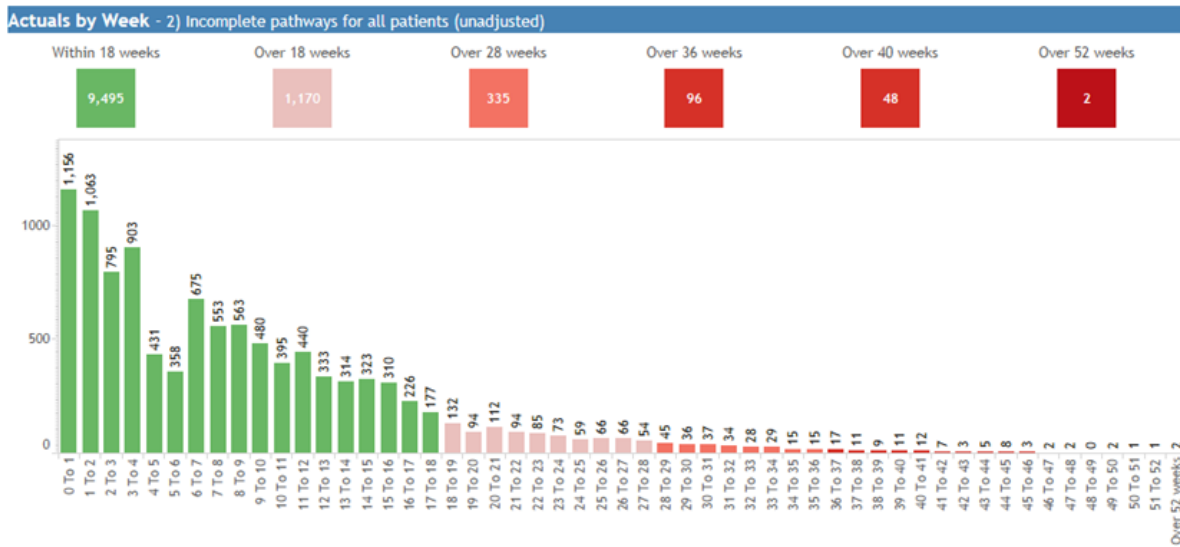
Aintree has submitted plans to NHSI to achieve the March 2019 RTT position.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Terry Hill

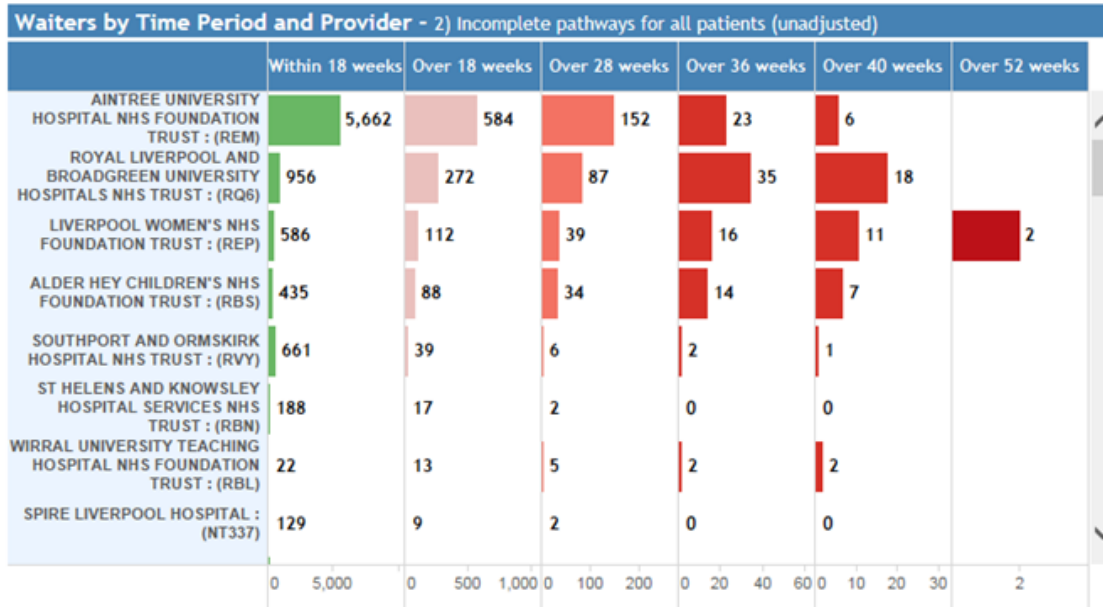
3.3.1 Incomplete Pathway Waiting Times

Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 18 - 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 19 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

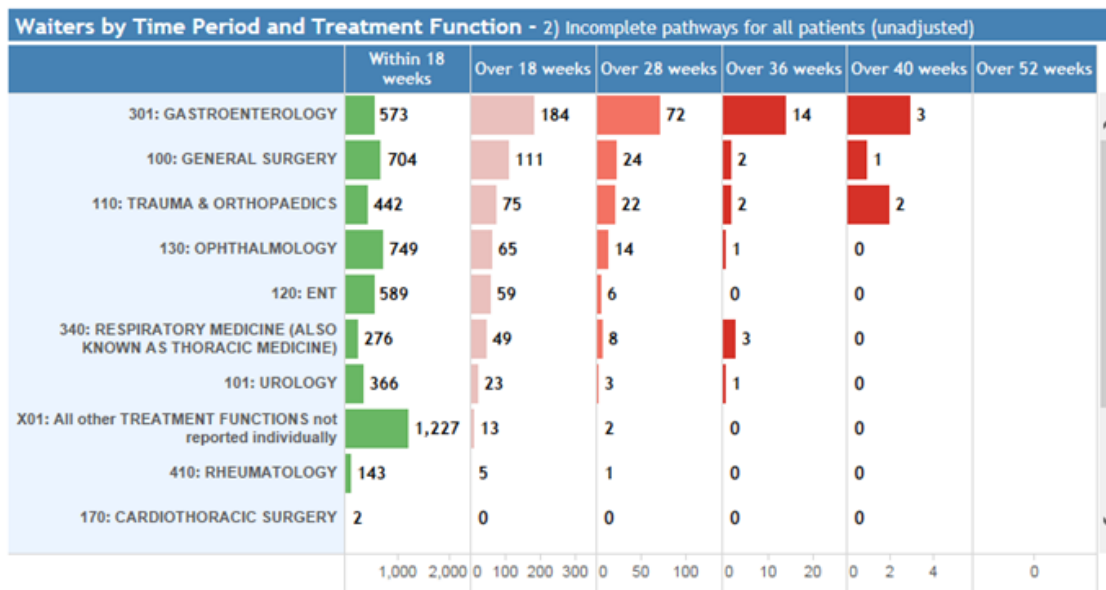
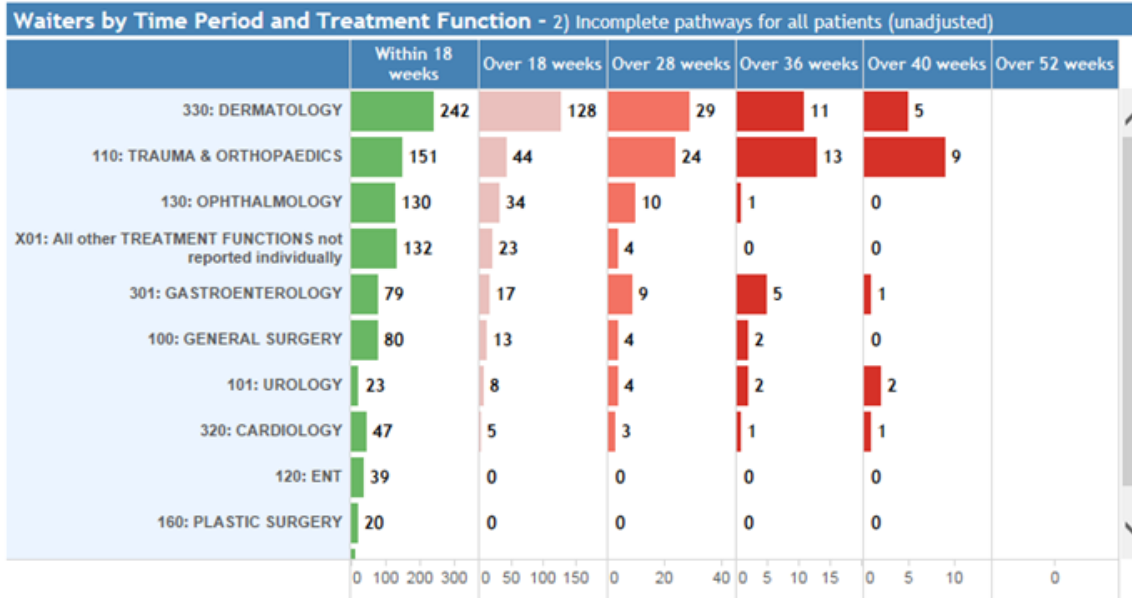


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Details
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	The patient breaching at the end of January is the same patient that was breaching at the end of December and November. The delay in her treatment is due to the initial physio treatment offered to the patient no longer being offered by the Trust. Her treatment plan was reviewed on the 28th January and the patient has decided that she wants to continue with the original treatment discussed and the Trust is therefore looking to outsource her treatment.
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	Patient treated 7th February, no further details from Trust.
South Sefton CCG	Liverpool Womens	Gynaecology	51	Patient treated.
South Sefton CCG	Liverpool Womens	Gynaecology	50	Patient treated.
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 47 weeks	12 patients; Trust will only provide details of 52+ week waiters
South Sefton CCG	Royal Liverpool Broadgreen	Dermatology	36 to 44 weeks	11 patients; 8 patients treated and 3 patients have their TCI dates
South Sefton CCG	Royal Liverpool Broadgreen	Gastroenterology	37 to 40 weeks	5 patients; 3 treated, 1 has TCI date and 1 awaiting TCI date
South Sefton CCG	Royal Liverpool Broadgreen	T&O	36 to 49 weeks	13 patients; 6 patients treated, 5 have TCI date, 2 awaiting TCI date
South Sefton CCG	Royal Liverpool Broadgreen	Urology	40 to 36 weeks	2 patients; 1 treated and 1 awaiting TCI date
South Sefton CCG	Royal Liverpool Broadgreen	General Surgery	36 weeks	2 patients; both awaiting TCI dates
South Sefton CCG	Royal Liverpool Broadgreen	Cardiology	40 weeks	Patient treated
South Sefton CCG	Royal Liverpool Broadgreen	Ophthalmology	37 weeks	Patient treated
South Sefton CCG	Aintree	Gastroenterology	37 to 45 weeks	15 patients; all have been seen or have TCI dates
South Sefton CCG	Aintree	Thoracic Medicine	36 to 39 weeks	3 patients; TCI date 6-3-19
South Sefton CCG	Aintree	T&O	40 to 45 weeks	2 patients; both seen February
South Sefton CCG	Aintree	General Surgery	36 to 40 weeks	2 patients; both seen
South Sefton CCG	Aintree	Urology	39 weeks	1 patient TCI date 21-2-19
South Sefton CCG	Aintree	Ophthalmology	38 weeks	1 patient, was seen 7-2-19
South Sefton CCG	Alder Hey	Other	36 to 49 weeks	14 patients; 1 seen and treated, 5 sent to service for action and 9 have their TCI dates
South Sefton CCG	Southport & Ormskirk	ENT	36 weeks	This patient was seen in September last year and was referred to Alder Hey for a paediatric audiogram, hadn't had audiogram for apt 21/01, audiogram performed 27/02 F/U Apt 18/03
South Sefton CCG	Imperial College	Thoracic Medicine	44 weeks	No trust update received.
South Sefton CCG	Wirral Teaching Hospital	T&O	41 weeks	Trust will only provide details of 52+ week waiters
South Sefton CCG	Wirral Teaching Hospital	Gynaecology	40 weeks	Trust will only provide details of 52+ week waiters
South Sefton CCG	University College London	Gynaecology	42 weeks	TCI date 27-3-19 - After the patient signed the required consent forms, patient required a scan ahead of treatment. Treatment was originally set for 20/03/19, however because the scan was DNA'd the TCI has now been rescheduled to 27/03/19.
South Sefton CCG	Birmingham University	Cardiothoracic Surgery	37 weeks	Not been seen as yet - awaiting 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 22 – 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 - Jan	0	1	↑

Performance Overview/Issues

The standard stipulates that cancellations of elective surgery will be minimised to less than 0.8% of all elective procedures carried out within an NHS provider and that where cancellations do occur at the last minute for non-clinical reasons that the patient will be offered a binding date for the procedure within the following 28 days. If this is not possible the Trust will, in conjunction with the commissioner, offer a suitable alternative. The Trust has had no patients waiting in excess of 28 days for rescheduling of surgery since August 2017.

In January the Trust reported 29 (0.9%) non clinical cancellations on the day of surgery of which all were offered a binding date within 28 days. One patient was unfortunately cancelled for a second time on the day of surgery due to an error on behalf of a third party in relation to loan equipment required to carry out the procedure. The patient was listed for complex orthopaedic surgery that required a representative from the loan company to be present on site to advise on the use of equipment. The equipment company representative did not follow procedure in that they failed to attend theatre prior to surgery to check on the completeness / suitability of the equipment to be used in the procedure. Regrettably the surgery was cancelled as essential equipment was not available. The patient has since had their operation.

How are the issues being addressed?

Proposed Actions:

- Ensure third party representatives follow Trust procedure/protocols and attend prior to procedure to ensure completeness and compliance.
- Undertake rapid reviews of all cancellations generated by theatre staff for non-clinical reasons and engaging with colleagues in terms of escalation procedures.

When is the performance expected to recover?

Next month.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Terry Hill

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

Figure 23 – Aintree Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 24 – 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 - Jan	93%	89.90%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Jan	93%	87.62%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Jan	93%	88.60%	↓
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 - Jan	93%	86.24%	↓

Performance Overview/Issues

The CCG failed the 93% target in January for patients referred urgently with suspected cancer with 78.89% and are failing year to date with 89.90%. 133 patients out of 630 waited longer than two weeks for a first outpatient appointment. Out of the 133 breaches, 111 were at Aintree, 20 at Royal Liverpool, 1 at Southport & Ormskirk and 1 at Liverpool Women's. 95 breaches were due to inadequate capacity. 36 were due to patient choice to delay, 2 were due to admin delays. The maximum wait was 63 days and was due to patient choice.

Aintree failed the target for January for cancer 2 week waits with 75.44% and remains below target YTD with 87.62%. In January there were 280 breaches from a total of 1140 patients seen. Of the 280 breaches, 209 were due to inadequate out-patient capacity, 66 due to patient choice to delay, 3 due to admin delays and 2 due to clinic cancellations. The maximum wait was 63 days and was due to patient choice to delay.

The CCG also failed the 93% 2 week breast target in January reporting 56.67% out of 60 referrals only 34 had their appointment within 2 weeks, year to date reporting 88.60%. Out of the 26

breaches 25 were due to inadequate capacity and 1 due to patient choice to delay. The maximum wait was 44 days.

Aintree failed the 93% breast target for January reaching 57.82 % also failing year to date reporting 86.24%. In January, out of 147 patients there were 62 breaches. 54 breaches were due to inadequate out-patient capacity, 8 due to patient choice to delay and 1 due to other reason. The maximum wait was 44 days due to inadequate outpatient capacity.

How are the issues being addressed?

South Sefton CCG is showing steady rates of total GP referrals over last 12 months but a 5% shift from routine to 2ww. Thought to be a similar pattern for Liverpool. Conversion rates are reducing slowly, currently 5.4% across all tumour sites this is still higher than the NICE NG12 threshold of 3%. Mode of presentation considered a better marker of improvement than conversion rates. RCGP cancer diagnosis audit data will help with this but uptake not likely to be high amongst practices.

Going forward Primary Care Networks will have a key role in helping to ensure that all their GPs are using the latest evidence-based guidance to identify people at risk of cancer; recognise cancer symptoms and patterns of presentation; and make appropriate and timely referrals for those with suspected cancer. A QOF Quality Improvement module for national use in 2020/21 to help practices and networks understand their own data, and work through what they can do to achieve earlier diagnosis.

Lack of capacity for 2 week breast appointments is a major concern. Referrals have risen 25% over the last year. Service has been run on WLLs. Recruitment to radiology roles and finding cover for leave is challenging. Diagnostic pathway being split, no longer a one stop service. Breast requires a city-wide solution.

The Trust are Creating sustainable workforce, 2 surgical consultant roles will be changed to be 100% breast. GPwSI recruited. Business cases for additional breast consultant and additional radiology.

Ensure safety and sustainability of breast services included in corporate risk registers for both organisations

See Trust actions below in section 3.5.3.

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 25 – 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 - Jan	96%	97.58%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Jan	96%	97.47%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Jan	94%	98.36%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Jan	94%	97.12%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Jan	94%	97.31%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Jan	98%	98.72%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Jan	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 26 – 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 - Jan	85% local target	73.86%	↓
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 - Jan	85% local target	81.63%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Jan	90%	86.27%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Jan	90%	75.19%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Jan	85%	77.81%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Jan	85%	77.35%	↔

Performance Overview/Issues

The CCG failed all 3 62 day measures in January year to date. For 62 day upgrade the CCG reported 60% in January (but 73.76% year to date). For 62 day screening the CCG failed reporting 88.89% (year to date with 86.27%). Out of 9 patients there was 1 breach, this breast patients delay due to the Health care Provider initiated delay to diagnostic test or treatment planning, days delayed 94, first seen and first treatment trust being the Royal Liverpool Broadgreen. For the 62 day standard, the CCG failed in January with 69.23% (12 breaches out of 39) and 77.81% year to date. In January, breaches were due to delay due to complex diagnostic pathway, inadequate elective capacity, outpatient capacity and other reason (not stated).

Aintree also failed all 3 of the 62 day measures in January year to date. For 62 day upgrade the Trust reported 69.70% in January and year to date performance of 81.63%. For 62 day screening the Trust reported 73.91% in January (75.19% year to date) with the equivalent of 3 breaches out of 11.5 accountable patients. For the 62 day standard the Trust reported 74.81% in January (77.35% year to date) with the equivalent of 16.5 breaches out of 65.5 accountable patients.

How are the issues being addressed?

Aintree has received £50k of Cancer Alliance money to support colorectal service improvement activity. The trust is shortly to finalise the Project Initiation Document, and confirm timescale for recruitment.

Aintree has received £150k of Cancer Alliance money to review and make recommendations around the delivery of the head and neck pathway, and whether there is a requirement to change service configuration within Cheshire & Merseyside. The project documentation is being developed for this, and is close to sign off after which recruitment will commence.

There remains work to be done to implement the colorectal, prostate and lung optimal pathways across the whole North Mersey system. Support from the Cancer Alliance will reduce over time, as local focus on implementation becomes increasingly key to sustained delivery.

The Cancer Alliance is gradually reducing its support with regards to optimal pathways for lung and colorectal. Supportive work will commence for prostate and upper GI.

Optimal pathways for Colorectal and lung are now in place.

There is some interest to explore whether some public facing communications may be helpful in addressing the apparently high numbers of patients who defer to attend their 2 ww appointment due to other priorities. South Sefton CCG and StHK are exploring this with a view to development of a bid for Cancer Alliance Transformation funds. However no funding was agreed.

Trust Actions:

- Reinforce leadership and workforce capacity within the Cancer Team, backfilling maternity leave and appointing to an Interim Head of Performance. A full time Cancer Manager will be appointed on the Aintree site. Interim Head of Performance commenced in post 19th November 2018.
- Established RCA Review Group led by DDO Surgery and DMD Support services to validate RCAs and identify improvements that can be made to reduce delays for patients.
- SoP to be finalised for escalation of delays for access to diagnostic services and reporting to DDOs.
- Work on-going 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. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient Pathways. Funding is now secured for a project manager for colorectal pathway (£50k) and host employer for a region wide review of the H&N pathway (£150k). Recruitment to posts December 18 and PIDs under development.
- £94k awarded by NHSE to schedule additional diagnostic activity to improve 62 day performance November 18 - March 19. This will be used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity underway, MRI capacity planned 4-15 January 2019. To date we have scheduled £72.5k of activity.

When is the performance expected to recover?

Quarter 1 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Debbie Harvey	Sarah McGrath

3.5.4 104+ Day Breaches

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

A Local Agreement is being finalised to support full operationalization of this Policy

In January Aintree had 10 breaches, 1 of which were fully applicable to the Trust, 4 partly due to Clatterbridge, 3 to the Royal 1 to Wirral Teaching and 1 to the Countess of Chester. Only the primary cause of delay to the patient’s treatments is recorded on the national cancer waiting times system and it is likely that there are multifactorial reasons for delays in these very protracted pathways. Primary delays were due to inadequate elective capacity (2), complex diagnostic pathway (2), other reason not listed (4), did not attend (1) and administrative delay (1). The longest waiting patient was for urology patient 196 days (elective capacity inadequate). The CCG will receive detailed root cause analyses for these patients.

Aintree are developing a refreshed SOP and submit further clarification questions if needed. The Trust are to provide the CCG monthly pathways from RCAs for tumour sites failing 62 target. Also to provide monthly refreshed cancer improvement plan.

Aintree to notify South Sefton CCG of all commissioners’ potential 104 day breaches and provide patient level detailed RCAs once criteria has been confirmed.

3.6 Patient Experience of Planned Care

Figure 27 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jan-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	24.9%	18.9%		96%	94%		2%	3%	

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in January at 18.9%; this is a similar to last month when 18.5% was recorded. The percentage of patients who would recommend the Trust has improved slightly to 94% (last month 93%) and is still below the England average of 96%.The proportion who would not recommend has decreased from 4% in December to 3% in January and is above with the England average.

The Trust were due to present an update on their FFT and patient to the CCG Engagement and Patient Experience Group (EPEG) on 21st November 2018 to EPEG. This was postponed due to service pressures on the trust has now been scheduled for EPEG on 14th March 2019. Mersey Care NHS Foundation Trust, South Sefton Community Services are also scheduled to provide a presentation on Patient Experience at the March EPEG meeting.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 10 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£416k/-1%. 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 £731k/1.8%.

At specific over performing Trusts, Royal Liverpool is reporting the largest cost variance with a total of £174k/4% followed by St Helens & Knowsley with a variance of £139/16%. In contrast, Aintree Hospital are under performing by -£1m/-4%.

Figure 28 - 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	148,359	143,850	-4,509	-3%	£25,678	£24,656	-£1,022	-4%	£1,022	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	11,566	12,571	1,005	9%	£1,461	£1,434	-£27	-2%	£27	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,022	1,130	108	11%	£349	£373	£24	7%	-£24	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	13,430	11,892	-1,538	-11%	£2,562	£2,317	-£245	-10%	£245	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	25,593	27,533	1,940	8%	£4,289	£4,463	£174	4%	-£174	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,632	2,664	32	1%	£850	£798	-£52	-6%	£52	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	202,601	199,640	-2,961	-1%	£35,189	£34,041	-£1,147	-3%	£1,147	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	155	211	56	36%	£23	£49	£27	117%	£0	£27	117%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	125	125	0%	£0	£23	£23	0%	£0	£23	-
FAIRFIELD HOSPITAL	163	254	91	56%	£44	£70	£26	58%	£0	£26	58%
ISIGHT (SOUTHPORT)	453	672	219	48%	£80	£120	£40	50%	£0	£40	50%
RENACRES HOSPITAL	5,317	6,287	969	18%	£1,635	£1,737	£101	6%	£0	£101	6%
Salford Royal NHS FOUNDATION TRUST	0	124	124	0%	£0	£38	£38	0%	£0	£38	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	10,818	10,857	39	0%	£1,841	£1,950	£109	6%	£0	£109	6%
SPIRE LIVERPOOL HOSPITAL	2,401	2,505	104	4%	£753	£788	£35	5%	£0	£35	5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,966	4,166	200	5%	£845	£984	£139	16%	£0	£139	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	1,068	1,332	264	25%	£246	£263	£17	7%	£0	£17	7%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	186	186	0%	£0	£46	£46	0%	£0	£46	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	444	444	0%	£0	£85	£85	0%	£0	£85	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,126	1,354	228	20%	£446	£491	£45	10%	£0	£45	10%
ALL REMAINING PROVIDERS TOTAL	25,468	28,517	3,049	12%	£5,914	£6,646	£731	12%	£0	£731	12%
GRAND TOTAL	228,069	228,157	88	0%	£41,103	£40,687	-£416	-1.0%	£1,147	£731	1.8%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 29 - 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	11,298	10,862	-436	-4%	£6,979	£6,775	£-204	-3%
Elective	1,664	1,298	-366	-22%	£4,732	£3,881	£-851	-18%
Elective Excess BedDays	553	457	-96	-17%	£134	£109	£-25	-18%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	374	231	-143	-38%	£78	£50	£-28	-36%
OPFANFTF - Outpatient first attendance non face to face	2,174	1,289	-885	-41%	£62	£38	£-24	-39%
OPFASPCL - Outpatient first attendance single professional consultant led	26,893	26,762	-131	0%	£4,256	£4,292	£36	1%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,212	624	-588	-48%	£102	£59	£-43	-42%
OPFUPNFTF - Outpatient follow up non face to face	2,766	6,377	3,611	131%	£67	£154	£87	131%
OPFUPSPCL - Outpatient follow up single professional consultant led	69,307	62,775	-6,532	-9%	£4,800	£4,533	£-267	-6%
Outpatient Procedure	19,032	19,425	393	2%	£2,563	£2,604	£41	2%
Unbundled Diagnostics	11,846	12,322	476	4%	£956	£1,070	£114	12%
Wet AMD	1,241	1,428	187	15%	£949	£1,090	£141	15%
Grand Total	148,359	143,850	-4,509	-3%	£25,678	£24,656	£-1,022	-4%

Underperformance within planned care at Aintree Hospital is evident against various points of delivery. However, the overall under spend of -£1m/-4% is driven by reduced elective and day case activity. Electives are currently -£851/-18% under plan, which can be attributed to a 29% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures account for the majority of this under performance.

In contrast to underperforming areas identified above, over performance is evident within a number of outpatient points of delivery, diagnostics and Wet aged related macular disease (AMD). Key over performing specialities for outpatient first attendances (single professional consultant led) include Acute Medicine, Transient Ischaemic Attack, Trauma & Orthopaedics, Geriatric Medicine and Respiratory Medicine. Non-face-to-face outpatient follow up attendances are also over performing at month 10 with the majority of this activity focussed within the Ophthalmology and Cardiology specialities.

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 30 - 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	693	743	50	7%	£447	£480	£33	7%
Elective	119	110	-9	-8%	£279	£289	£10	3%
Elective Excess BedDays	4	27	23	638%	£1	£6	£5	416%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	106	151	45	43%	£18	£29	£11	63%
OPFASPCL - Outpatient first attendance single professional consultant led	1,446	1,655	209	14%	£236	£276	£40	17%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	238	219	-19	-8%	£19	£23	£3	18%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,458	3,223	-235	-7%	£267	£257	-£10	-4%
Outpatient Procedure	4,072	3,985	-87	-2%	£520	£532	£12	2%
Unbundled Diagnostics	681	744	63	9%	£53	£57	£4	8%
Grand Total	10,818	10,857	39	0%	£1,841	£1,950	£109	6%

*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 £109k/6% at month 10 is due in part to increased day case activity and outpatient first attendances. Over performance is evident across a number of specialities in each of these points of delivery but particularly Trauma & Orthopaedics within outpatient first attendances and General Surgery within day cases.

3.7.3 Planned Care Royal Liverpool & Broadgreen Hospital

Figure 31 - Planned Care – Royal Liverpool & Broadgreen Hospital by POD

Royal Liverpool & Broadgreen Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,117	1,267	150	13%	£949	£946	-£2	0%
Elective	296	281	-15	-5%	£985	£1,054	£69	7%
Elective Excess BedDays	282	170	-112	-40%	£67	£41	-£26	-39%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	239	323	84	35%	£45	£60	£16	35%
OPFANFTF - OP 1st Attendance non face to face	18	35	17	92%	£0	£1	£1	164%
OPFASPCL - Outpatient first attendance single professional consultant led	4,092	4,132	40	1%	£644	£670	£26	4%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	406	445	39	10%	£30	£30	£0	0%
OPFUPNFTF - Outpatient follow up non face to face	292	378	86	29%	£7	£9	£2	30%
OPFUPSPCL - Outpatient follow up single professional consultant led	12,385	12,829	444	4%	£876	£900	£24	3%
Outpatient Procedure	4,528	5,216	688	15%	£493	£555	£62	13%
All Other Outpatients	150	130	-20	-13%	£6	£6	£0	0%
Unbundled Diagnostics	1,786	2,317	531	30%	£187	£190	£3	1%
AKI Unbundled	2	10	8	389%	£0	£1	£1	389%
Grand Total	25,593	27,533	1,940	8%	£4,289	£4,463	£174	4%

Over performance within planned care at Royal Liverpool & Broadgreen Hospital is evident against various points of delivery. However, the overall variance of £174/4% is driven by increased electives and outpatient procedures costs. Vascular surgery accounts for the majority of over performance within electives whereas in outpatient procedures, over performance is focussed largely within the Dermatology speciality. This may be attributed to a shift in patients away from Aintree Hospital due to reduced service provision.

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

3.7.4 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	500	495	-5	-1%	£620	£561	£59	-10%
Elective	133	126	-7	-5%	£623	£668	£44	7%
OPFASPCL - Outpatient first attendance single professional consultant led	937	1,230	293	31%	£155	£199	£44	28%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,405	1,728	323	23%	£89	£111	£21	24%
Outpatient Procedure	759	519	-240	-32%	£76	£86	£9	12%
Unbundled Diagnostics	372	537	165	44%	£36	£52	£16	45%
Physio	1,211	1,226	15	1%	£36	£36	£0	1%
OPPREOP	0	426	426	0%	£0	£25	£25	0%
Grand Total	5,318	6,287	970	18%	£1,635	£1,737	£101	6%

Renacres over performance is now evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality. Major knee procedures account for the majority of increased variance against plan as well as first and follow up outpatient appointments.

3.7.5 St Helens & Knowsley Teaching Hospitals NHS Trust

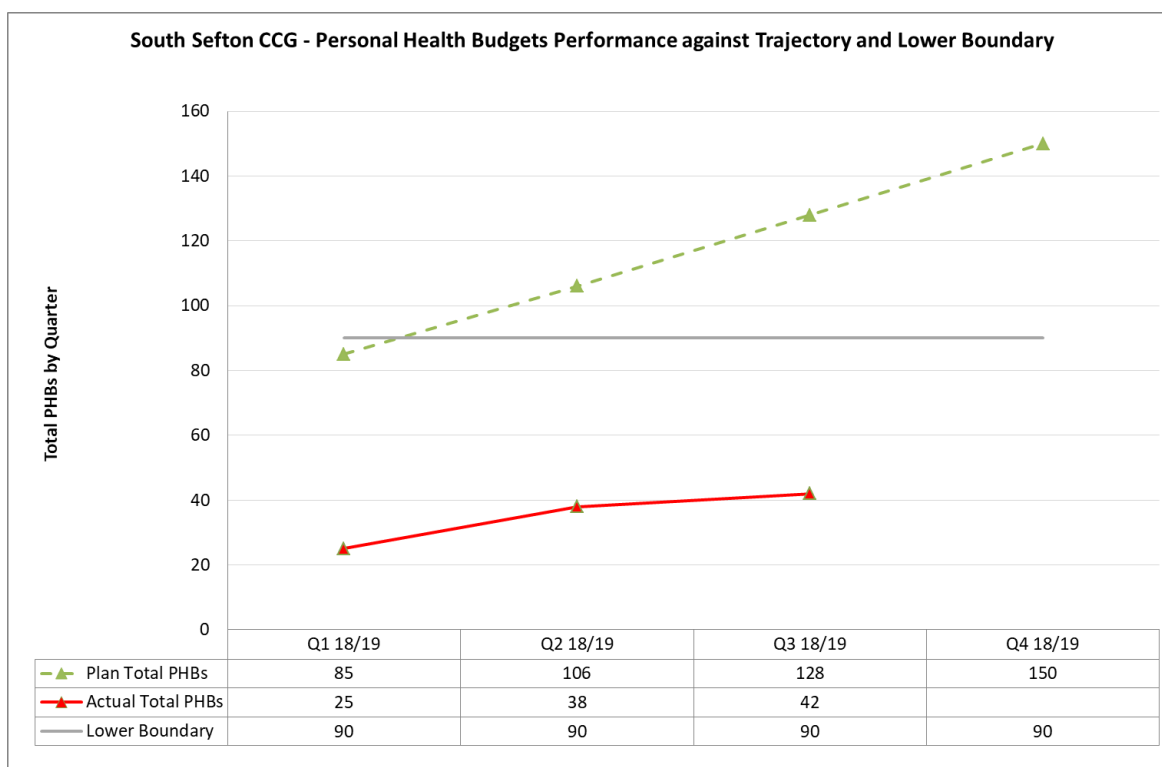
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD

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	494	522	28	6%	£417	£463	£46	11%
Elective	44	67	23	52%	£115	£205	£89	77%
Elective Excess BedDays	8	36	28	344%	£2	£10	£8	394%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	5	12	7	129%	£1	£3	£1	137%
OPFASPCL - Outpatient first attendance single professional consultant led	599	643	44	7%	£83	£87	£3	4%
OPFASPCL - Outpatient first attendance single professional consultant led non face to face	1	2	1	80%	£0	£0	£0	80%
OPFASPCL - Outpatient first attendance single professional Non Consultant Led	49	63	14	28%	£3	£4	£1	28%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led).	83	108	25	31%	£8	£10	£2	31%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,357	1,304	-53	-4%	£75	£72	£3	-4%
OPFUPSPCL - Outpatient follow up single professional non consultant led	225	367	142	63%	£10	£11	£2	16%
OPFUPSPCL - Outpatient follow up single professional non consultant led non face to face	33	27	-6	-17%	£1	£1	£0	-17%
Outpatient Procedure	860	786	-74	-9%	£115	£102	£13	-12%
Unbundled Diagnostics	208	229	21	10%	£15	£18	£3	18%
Grand Total	3,966	4,166	200	5%	£845	£984	£139	16%

St Helens & Knowsley over performance is apparent within Electives and Day Cases, with these two points of delivery showing a combined over spend of £136k. 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 relatively 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 3 to increase to 128 to reach 82.58 per 100,000 population. Quarter 3 cumulative position shows 42 PHBs and an actual rate of 27.1, whilst this is a slight increase this remains under trajectory set by NHS England. NHS England has confirmed the lower boundary of 90 would be acceptable in terms of aspirations.

How are the issues being addressed?

- Adults CHC: PHBs for adults receiving CHC will be a default position from April 2019. Discussions are on-going with Provider contracts teams in terms of the details with the service specifications to deliver against this element of the contract. A draft process map has been developed with key stakeholders who will support the contracting arrangements. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot, for Sefton Carers Centre to act as a 3rd party PHB support provider for all CCG new PHBs requiring either a direct payment and or managed budget.

Processes are in place to support the development of the SLA and reporting requirements with an expectation for the SLA to be signed off in March 2019. This should reduce current response times for PHBs in this cohort.

- Wheelchairs: The Deputy Director of Finance is liaising with NHS E Specialised Commissioning to consider a process for the contract for specialist wheelchair services to come across to South Sefton CCG. Currently the CCG is unable to progress this work due to current commissioning arrangements.
- Children Complex Care: NHS England are unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans.
- End of Life Fastrack: The case or change for Southport and Formby CCG involving Queens Court Hospice is yet to be finalised. Clarification is to be sought from Queens Court Hospice whether they wish to progress as the CCG is not able to delegate the statutory function to approve decision for meeting fast-track eligibility criteria.
- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

When is the performance expected to recover?

End of Quarter 3 of 2019/20.

Who is responsible for this indicator?

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

3.9 Continuing Health Care (CHC)

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

Figure 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

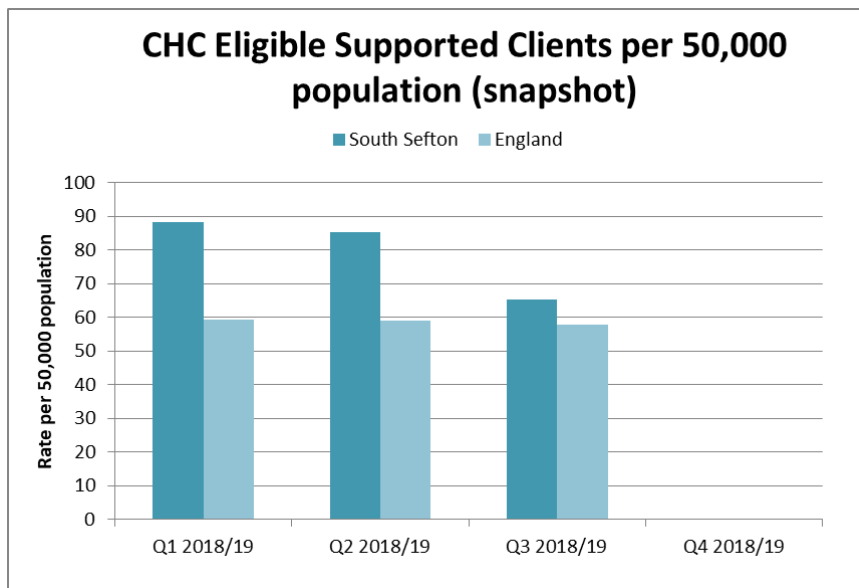


Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

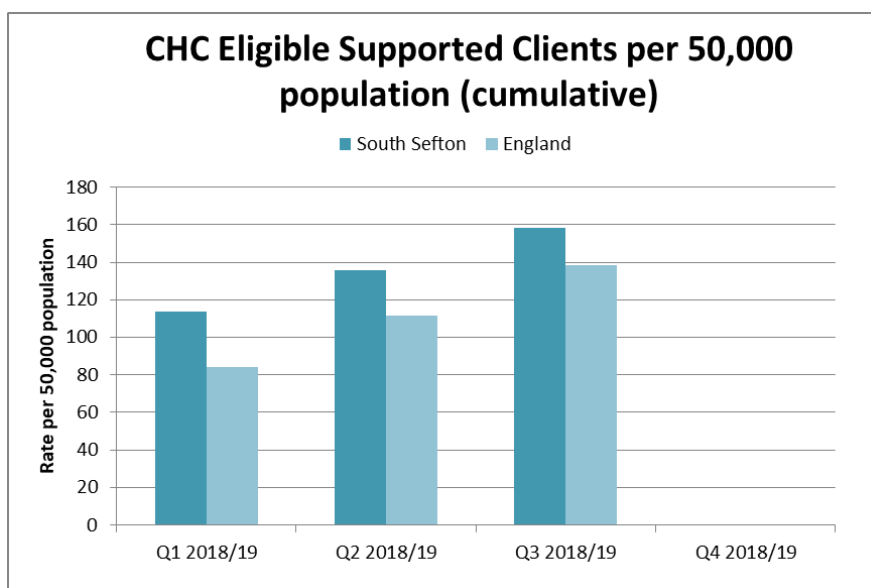


Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

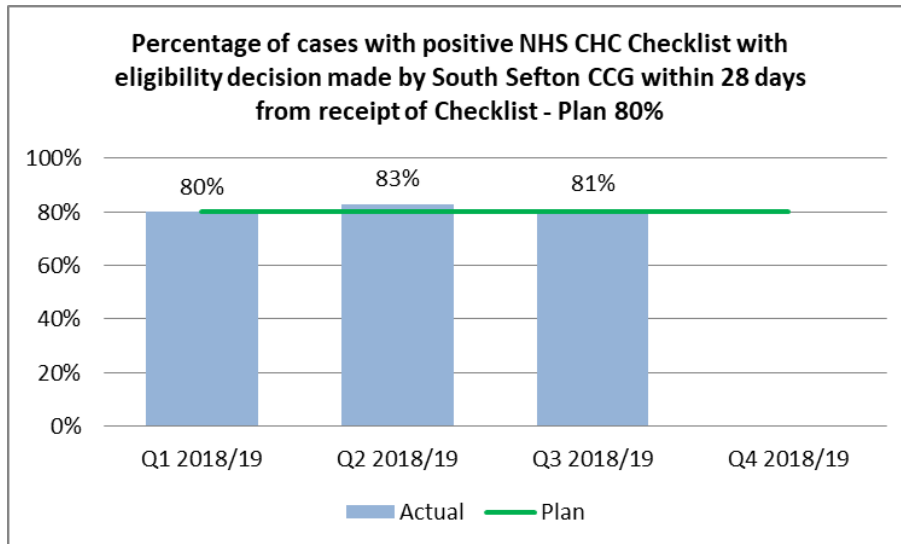
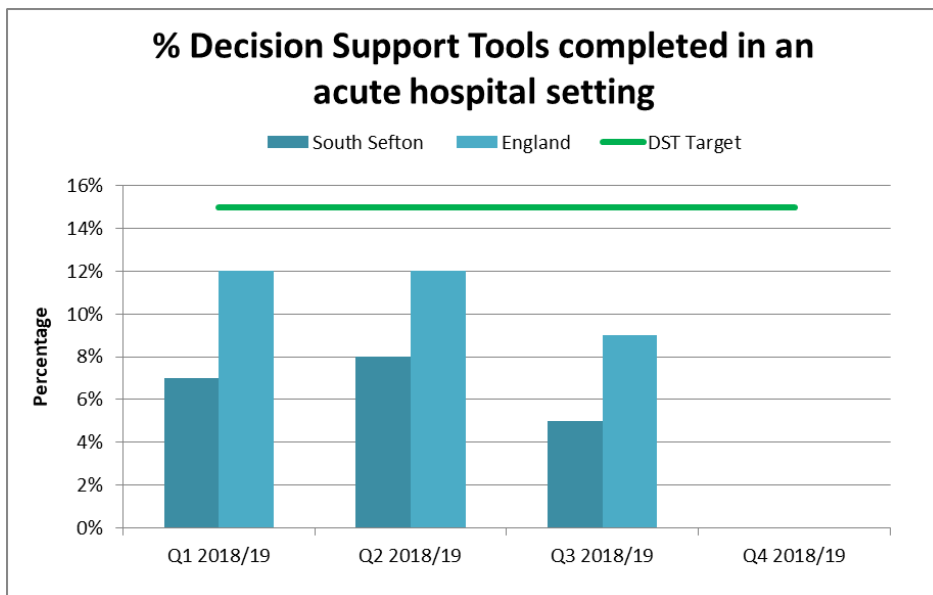


Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



3.10 Smoking at Time of Delivery (SATOD)

Figure 39 - Smoking at Time of Delivery (SATOD)

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	376	399	387		1162
Number of women known to be smokers at the time of delivery	55	60	56		171
Number of women known not to be smokers at the time of delivery	320	338	331		989
Number of women whose smoking status was not known at the time of delivery	1	1	0		2
Data coverage %	100.0%	99.7%	100.0%		99.8%
Percentage of maternities where mother smoked	14.6%	15.0%	14.5%		14.7%

The CCG is above the data coverage plan of 95% at Q3, 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.

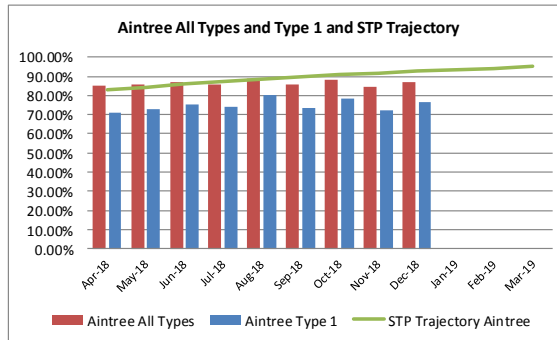
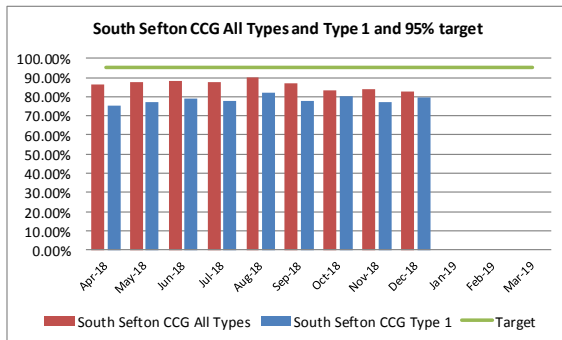
4. Unplanned Care

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 - Jan	95%	86.19%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Jan	95%	78.58%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Jan	STP Trajectory Jan Target 93.3%	86.49%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Jan	95%	75.14%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	90.8%	91.7%	92.5%	93.3%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	87.89%	84.49%	86.73%	87.55%	86.49%



Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust have failed their STP target of 93.3% in January reaching 87.55% (YTD 86.49%). 1,823 attendances out of 14,637 were not admitted, transferred or discharged within 4 hours.

Trust Actions:

- Implement and embed all actions from rapid improvement events for both See and Treat and Pit Stop/Ambulance Handover. All actions from the Pit Stop event are to be addressed by the end of February in respect of estate work and role cards. A revision/review of the See and Treat role cards has taken place and the CD and CBM are leading a 90 day post implementation review to agree a share-and-spread plan to communicate and embed the processes.
- Implementation of PCS model now agreed. All agreed shifts have now been covered with a firm commitment from the Trust doctors to work in the GP streaming service. A SOP is being updated to cover both operational and governance aspects of the new model. Once this has been concluded the service can commence in its new form.
- A review of medical staff rosters has confirmed there is limited scope for increasing the medical staff cover at weekends within the existing resource related to remaining roster compliant (weekend frequency and educational requirements for junior doctors). Options for achieving sufficient weekend cover have been reviewed and the CBU has prepared and submitted a case of need to increase the rota to 12 FY3's against a current number of 5. The case was discussed at the Finance and Performance Committee in February and is included in the Divisional Cases of Needs (process led by HMB).
- 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 team KPI's in progress to support flow from the department once decision is made to admit. ED quality & performance metrics will be displayed in ED to share regularly with staff during huddles. The first draft of the data has been completed and once approved the data can then be published on the knowing how we are doing board in ED Majors.
- The super six 90 day improvement event has now concluded and the Trust will take part in a further closing event in April to share good practice. The rapid improvement event showed how it is possible to achieve total turn-around of ambulance staff within the allocated timeframe. Commitment has been given to trial auto clear, real time handover protocol and revisit and re-energise the previous plans in order to apply direct conveyance to Ambulatory Emergency Care.

System Actions:

Action on A&E is supported by a system wide approach with significant involvement of the CCG Urgent Care lead, our community provider and local authority. Work has been refocused following the Newton Europe review with a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning that enables movement from A&E for appropriate admissions; as well as admission/attendance avoidance schemes to reduce A&E activity:

- CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey. Within Aintree Hospital there is specific focus on the decision making element of this work.
- An escalation plan has been in place over the winter within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This has been developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement.
- The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have been revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT *Flying Squads* from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward.
- On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals. Aim to share good practice and roll out to Southport & Formby and Liverpool to ensure consistent offer to NWAS.
- 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 potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.
- Weekly Aintree system calls are in place with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.

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 Mimnagh	Janet Spallen

Figure 41 - A&E Performance – 12 hour breaches

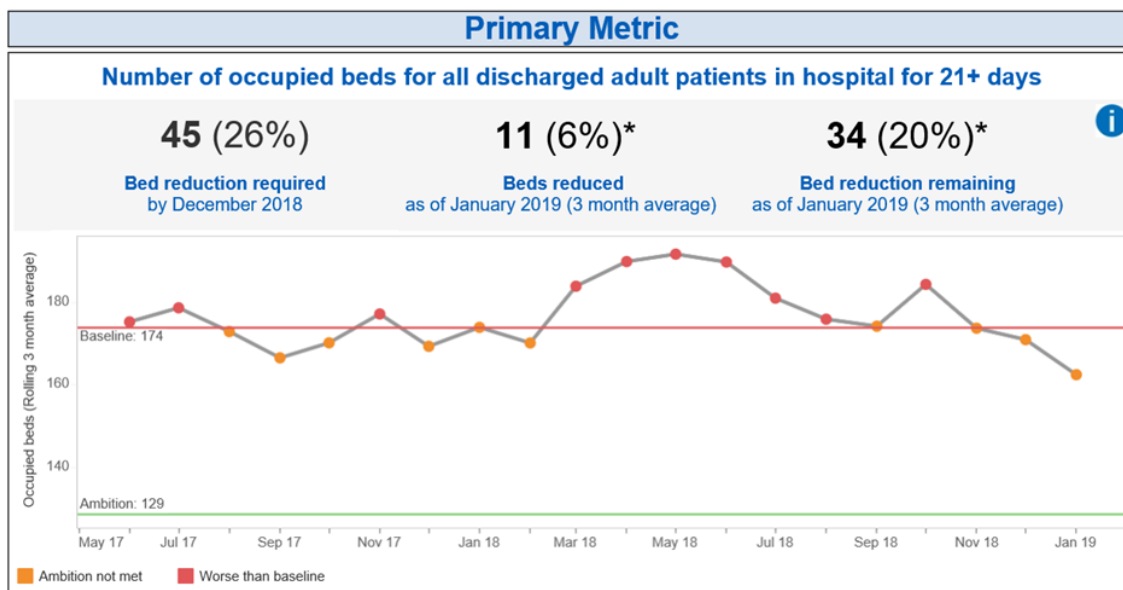
12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	18/19 - Jan	0	1	↔

No 12 hour breaches were reported in January. However, Aintree reported one 12 hour breach in July, therefore the year to date total remains at 1, above the zero tolerance threshold.

4.2 Occupied Bed Days

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

Figure 42 – Occupied Bed Days, Aintree Hospital



Data Source: NHS Improvement – Long Stays Dashboard

The Trust's target is to reduce total occupied beds by 45 (26%) by December 2018; therefore the target is 129 or less. This target is yet to be achieved as current reporting for January 2019 (rolling 3 months) shows 162 occupied beds (a decrease by 11 beds). This is a decrease of 9 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice

policy to facilitate flow, development of care home trusted assessor roles and community pathways to facilitate earlier discharge. Patient Flow Telecoms and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

4.3 Ambulance Performance

The NWS Ambulance Response Programme has progressed well during 2018/19 but with significant work still required to achieve targets. A key piece of work to support this involves rota redesign which will involve significant staff involvement and engagement in order to realign resources to areas of greatest need. There has been a positive reduction against hospital handover times within Cheshire & Merseyside.

In January 2019 there was an average response time in South Sefton of 7 minutes 50 seconds against a target of 7 minutes for Category 1 incidents – a slight improvement on December performance. For Category 2 incidents the average response time was 29 minutes 15 seconds against a target of 18 minutes, this is an improvement on December performance although still one of the slowest in Merseyside. The CCG also failed category 3 and 4 performance targets.

Category 1 and 2 remains an area of major focus with performance being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC).

Figure 43 – 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 - Jan	0	127	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Jan	0	55	↓

Performance Overview/Issues

There was a decrease in the number of ambulance handover delays both in excess of 30 minutes (-16) and 60 minutes (-12). In addition to this the average time from notification to handover has improved to 13.11 minutes in January (-1.03 minutes) against 14.13 in December. The median time to see a 1st clinician has remained fairly static with a slight decrease to 69 minutes in January (-2) against 71 minutes in December. The percentage of patients seen from registration within 15 minutes has also decreased to 73.54% in January (-9.13). The clinical quality indicators for the number of patients who leave the department before being seen has again remained fairly static with a slight decrease from December to 3.58% in January (-0.32%). The number of patients re-attending in January has seen a slight increase of 2% in January.

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 has been on Aintree and the need to improve handover times. Aintree was identified as one of six sites within the North West and has worked 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 was given to the improvement work from NHS Improvement.

Aintree Proposed Actions:

Ambulance handover performance is supported by the wider range of initiatives already highlighted to support overall AED flow and efficient use of resources. Specific work in collaboration between the Trust and NWAS is as follows:

- Implement all actions from the 4 day Rapid Process Improvement Workshop that will improve the patient experience and reduce waste, and therefore increase patients through See and Treat by maximising clinical time. The 3 day kaizen event in January focussed on improving the pit stop process in majors. The event also incorporated improving the turnaround times for ambulance handover and improving the safety and speed of handover releasing ambulance crews promptly from the department.
- The department has taken part in a number of live tests for the newly developed Ambulance Handover protocol; test results so far have shown that up to 70% of patients were safe enough to be left by the crew so they can be released to respond to emergency calls. Further tests took place in early January to refine the model and Aintree will be conducting tests with the Super Six Trusts as part of the 90 day improvement project.

When is the performance expected to recover?

ARP performance was 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 is being produced to share with CCG Governing Bodies to demonstrate performance against improvement plans at the end of Quarter 2. We are still awaiting information from other ambulance services across the country to ensure that feedback is presented within the context of comparative data.

Trust Recovery Trajectory

Q1	Q2	Q3	Q4

Who is responsible for this indicator?

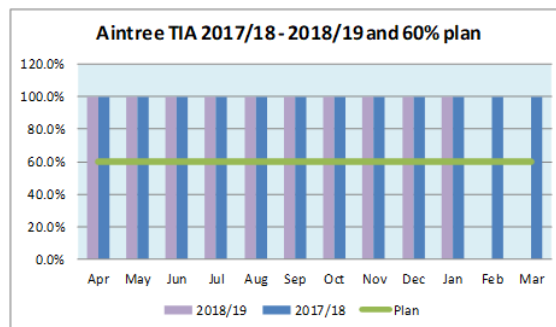
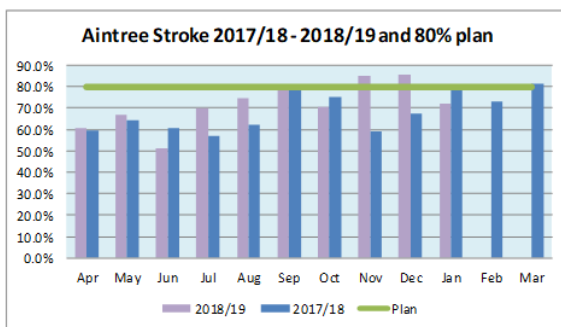
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 44 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - Jan	80%	71.88%	↓



Performance Overview/Issues

The stroke performance in January has fallen under the 80% target. Out of 32 patients only 23 spent at least 90% of their time on a stroke unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 6 patients required admission to the Stroke Unit with no bed availability
- 1 patient was GP accepted to AEC and CT confirmed a stroke
- 1 patient was not referred to the Stroke Team
- 1 patient was transferred outside of the 4 hour standard despite there being a HASU bed available

It should be noted that the frequency of stroke divers accepted from Southport have impacted on bed availability on the Stroke Unit in January and is expected to continue to be a pressure throughout February and beyond.

How are the issues being addressed?

Trust Actions:

- Develop and present a case for additional therapy support to achieve improved SSNAP scores.
- Complete clinical review of door to needle time audit to improve SSNAP Thrombolysis score.
- Improve SSNAP score for time to first CT scan (1 hour)

When is the performance expected to recover?

Forecast for improvement:			
Q1	Q2	Q3	Q4

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Cheshire & Merseyside Lead	Geraldine O'Carroll

4.4.2 Mixed Sex Accommodation

Figure 45 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 46 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Jan	44	48	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Jan	38	28	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Jan	107	145	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Jan	No Plan	299	↑

Performance Overview/Issues

The CCG had 2 new cases of C.Difficile in January bringing the year to date total to 48, against a year to date plan of 44 (19 apportioned to acute trust and 29 apportioned to community).

The CCG had 1 new case of MRSA in January; this along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. This case was at Aintree. Aintree now has 2 cases year to date and failed zero tolerance threshold for 2018/19, the earlier case was reported in May.

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 (and have failed this target). In January there

were 15 cases (145 YTD) against a year to date plan of 107. Aintree reported 30 cases in January (299 YTD). There are no targets set for Trusts at present.

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

4.4.4 Hospital Mortality

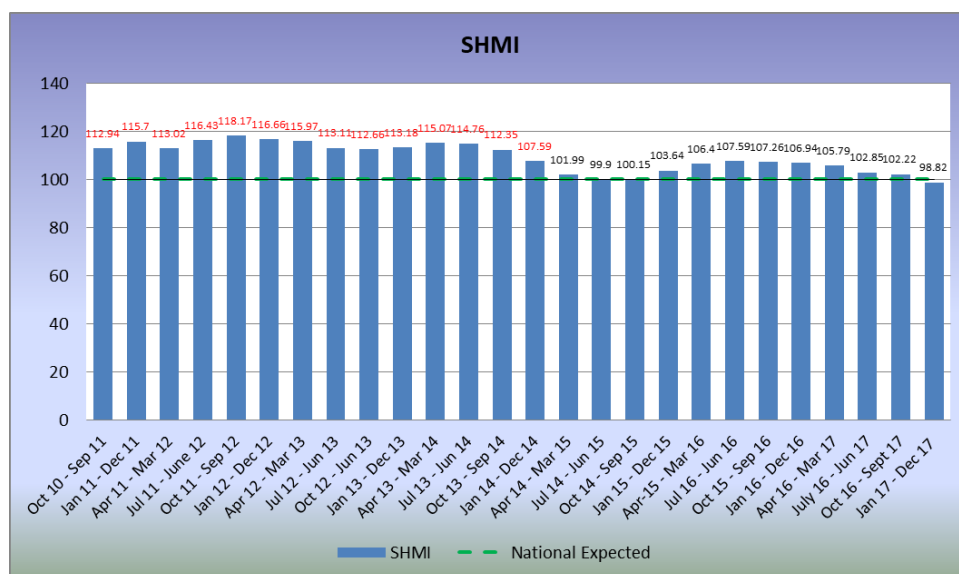
Figure 47 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Jan	100	98.58	↔
Summary Hospital Level Mortality Indicator (SHMI)	Jan 17 - Dec 17	100	98.82	↑

HSMR has remained similar to last month at 98.58 (98.04 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 98.82 is marginally better than previous period and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 48 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

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

There are a total of 52 serious incidents (SIs) open on StEIS for South Sefton (compared to 57 the previous month) as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Figure 49 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

Trust	SIs reported (M10)	SIs reported (YTD)	Closed SIs (M10)	Closed SIs (YTD)	Open SIs (M10)	SIs open >100days (M10)
Aintree University Hospital	1	40	2	53	32	14
Mersey Care NHS Foundation NHS Trust (SSCS)	1	11	1	21	6	0
South Sefton CCG	0	1	0	4	4	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	14	3	28	4	3
Royal Liverpool and Broadgreen	0	1	0	0	1	0

North West Boroughs NHS Foundation Trust	0	5	0	0	3	1
Southport and Ormskirk Hospitals NHS Trust	0	2	1	6	0	0
Liverpool Women's Hospital	0	2	0	6	0	0
Liverpool Heart and Chest	0	1	0	0	1	0
Liverpool Community Health	0	0	0	5	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey	0	0	0	1	0	0
Cheshire and Wirral Partnership	0	0	0	1	0	0
North West Ambulance Service	0	0	0	1	0	0
TOTAL	3	77	7	126	52	22

Figure 50 – Timescale Performance for Aintree University Hospital

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	31	9	18	22*	-	41	13	11	5	12

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

The CCG are continuing to monitor to length of time for the provider to respond to feedback following the review of the RCA. This is discussed regularly with the provider as part of the monthly SI meetings with providers and internal weekly SI reporting.

Figure 51 – Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS))

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+	
Mersey Care (Community)	10	1	1	10*	12	5	1	0	6	

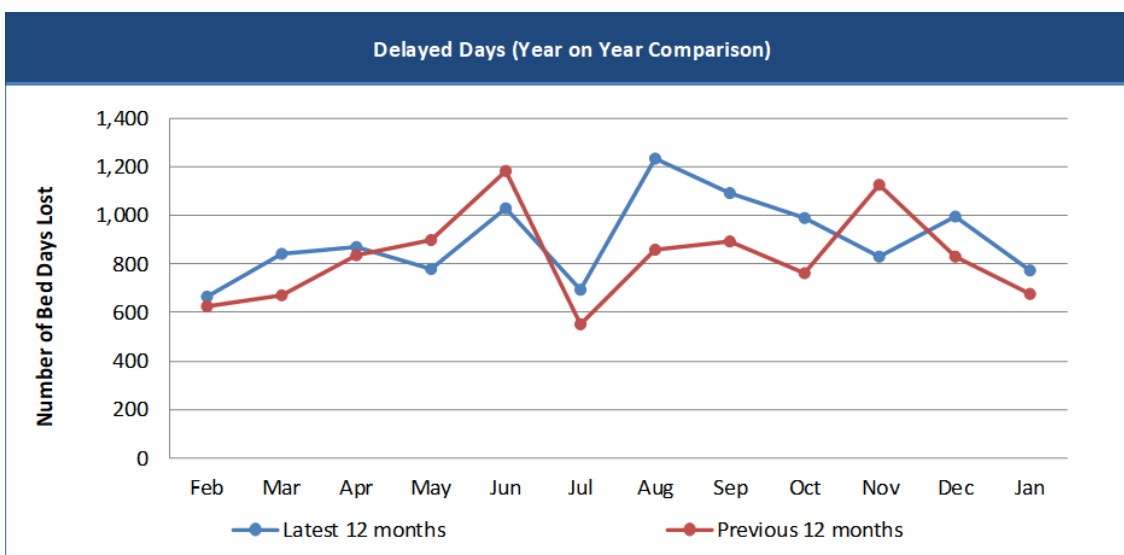
*N.B. The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust.

Progress in terms of the pressure ulcer reduction continues to be monitored on a monthly basis via the Divisional Harm Free Care Group. This group also provides monthly progress updates to CCQRM.

4.6 CCG Delayed Transfers of Care

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. There is weekly telecom to review patients waiting over 7 and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We are also working with Mersey Care as our community provider to ensure that ward staff are educated on community pathways which are available to facilitate early discharge with particular focus on ICRAS.

Figure 52 – Aintree DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-19	Dec-18	Jan-18
Total	774	997	678
NHS	82.8%	89.8%	68.0%
Social Care	17.2%	10.2%	32.0%
Both	0.0%	0.0%	0.0%
Acute	47.4%	60.8%	48.8%
Non-Acute	52.6%	39.2%	51.2%

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

AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	11.9%
Community Equipment Adapt	1.9%
Completion Assessment	8.0%
Disputes	0.0%
Further Non-Acute NHS	39.9%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	38.2%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTC) reported in January 2019 was 774, an increase compared to January 2018 with 678. Delays due to NHS have worsened, with those due to social care improving. The majority of delay reasons in January 2019 were due to patient family choice, further non-acute NHS and care package in home.

4.7 Patient Experience of Unplanned Care

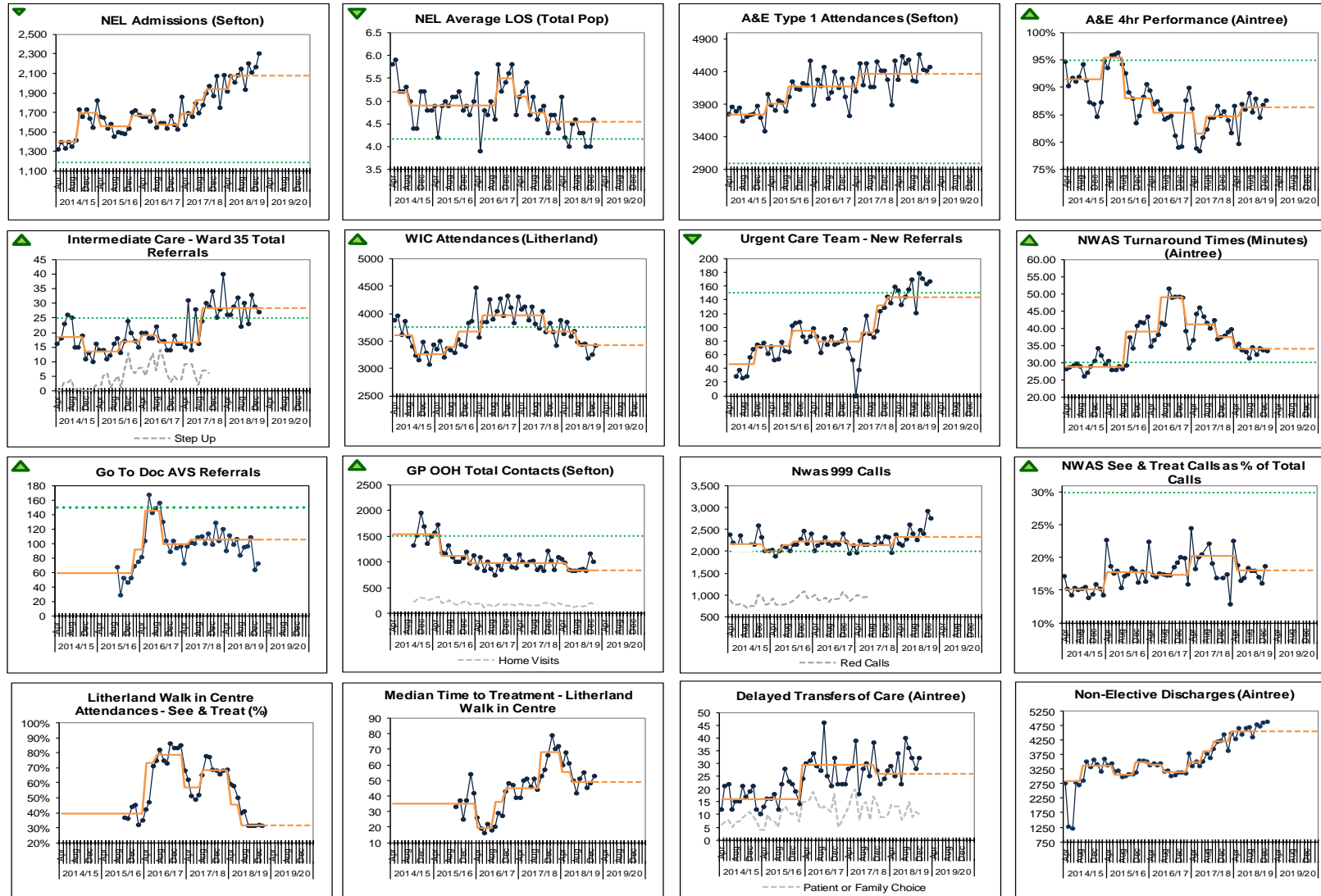
Figure 53 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jan-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.2%	18.1%		86%	88%		8%	8%	

4.8 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.



Measure	Description	Expected Directional Travel	
Non-Elective Admissions	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	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	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	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	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	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	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 AVS Referrals	All South Sefton referrals to the Alternative to Transfer (AVS) service.	↑	Commissioners aim to see an increase in referrals to the AVS service.
Go to Doc Out of Hours Activity	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	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	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	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.
Walk-in Centre See and Treat %	The percentage of attendances to Litherland Walk-in centre which were treated and discharged in the WIC with no onward referral.	↑	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.
Walk-in Centre Median Time to Treatment	The median time taken for patients to be treated from arrival at Litherland Walk-in Centre.	↓	Commissioners aim to see lower average time taken to treat patients.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.	↓	Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Aintree University Hospital from patients who were admitted as Non-Elective.	↑	Commissioners aim to see more Non-elective discharges than admissions.

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/5.5%. 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 £459k/1.1%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 10 with a year to date variance of £2.2m/7%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£275k/-7% and -£192k/-10% respectively.

Figure 54 - Month 10 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	82,322	91,310	8,988	11%	£31,659	£33,909	£2,251	7%	-£2,251	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	8,298	7,818	-480	-6%	£1,849	£1,657	-£192	-10%	£192	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	218	102	-116	-53%	£347	£340	-£8	-2%	£8	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,897	2,875	-22	-1%	£3,764	£3,489	-£275	-7%	£275	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,559	4,544	-15	0%	£1,716	£1,800	£83	5%	-£83	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	9	8	-1	-6%	£47	£51	£4	7%	-£4	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	98,304	106,657	8,353	8%	£39,382	£41,246	£1,863	5%	-£1,863	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	67	80	13	19%	£16	£35	£19	121%	£0	£19	121%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	73	73	0%	£0	£24	£24	0%	£0	£24	-
Salford Royal NHS FOUNDATION TRUST	0	33	33	0%	£0	£17	£17	0%	£0	£17	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	6,596	7,045	449	7%	£2,344	£2,541	£197	8%	£0	£197	8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	930	968	38	4%	£376	£416	£39	10%	£0	£39	10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	62	75	13	22%	£152	£187	£34	22%	£0	£34	22%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	38	38	0%	£0	£20	£20	0%	£0	£20	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	243	243	0%	£0	£115	£115	0%	£0	£115	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	42	-13	-24%	£35	£27	-£7	-21%	£0	-£7	-21%
ALL REMAINING PROVIDERS TOTAL	7,711	8,597	886	11%	£2,923	£3,382	£459	16%	£0	£459	16%
GRAND TOTAL	106,015	115,254	9,239	9%	£42,306	£44,628	£2,322	5.5%	-£1,863	£459	1.1%

*PbR Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 55 - Month 10 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	34,597	34,955	358	1%	£812	£812	£0	0%
A&E - Accident & Emergency	26,749	29,120	2,371	9%	£3,679	£4,068	£388	11%
NEL - Non Elective	12,990	15,050	2,060	16%	£24,331	£25,124	£793	3%
NELNE - Non Elective Non-Emergency	43	39	-4	-9%	£155	£138	£-17	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	18	170	152	848%	£5	£41	£36	714%
NELST - Non Elective Short Stay	1,773	2,121	348	20%	£1,199	£1,404	£206	17%
NELXBD - Non Elective Excess Bed Day	6,152	9,855	3,703	60%	£1,479	£2,323	£845	57%
Grand Total	82,322	91,310	8,988	11%	£31,659	£33,909	£2,251	7%

4.9.3 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 have not been 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 overspend of £2.2m/7% is mainly driven by an over performance within Non-Elective Excess Bed Days, Non-Elective admissions and Accident & Emergency attendances. Acute Medicine, Nephrology, Diabetic Medicine and Geriatric 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 10 (9% and 1% respectively). May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

Despite the 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 56 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M10	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M10
0 Variance	62	106	-44	-41
1 Com Prob Low Sev	40	11	29	-1
2 Prob Low Sev/Need	26	7	19	7
3 Non Psychotic Mod	93	72	21	2
4 Non Psychotic Sev	199	286	-87	-116
5 Non Psychot V Sev	80	84	-4	-7
6 Non Psychotic Dis	30	35	-5	-8
7 Endur Non Psychot	213	303	-90	-71
8 Non Psychot Chaot	120	133	-13	-17
10 1st Ep Psychosis	151	149	2	1
11 Ongo Rec Psychos	269	320	-51	-69
12 Ongo/Rec Psych	293	397	-104	-108
13 Ong/Rec Psyc High	90	107	-17	-15
14 Psychotic Crisis	25	32	-7	-10
15 Sev Psychot Cris	3	8	-5	-5
16 Dual Diagnosis	49	42	7	8
17 Psy & Affect Dis	30	40	-10	-15
18 Cog Impairment	138	245	-107	-91
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	419	436	-17	-11
20 Cognitive Impairment or Dementia Complicated (High Need)	251	446	-195	-183
21 Cognitive Impairment or Dementia (High Physical or Engagement)	83	119	-36	-49
Cluster 97	1301	116	1,185	758
Cluster 98		147		
Total	3,965	3,641	471	-41

5.1.1 Key Mental Health Performance Indicators

Figure 57 - CPA – Percentage of People under CPA followed up within 7 days of discharge

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

Figure 58 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	No Patients	No Patients	50.0%	83.3%	No Patients	87.5%	66.7%	100%	100%
Cumulative Quarter				100%	50.0%	75.0%	75.0%	87.5%	81.8%	84.6%	100%

Figure 59 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	53%	80%	100%	57.1%	100%	80.0%	66.7%	75.0%	50.0%	75%	50.0%
Cumulative Quarter				73%	100%	83.3%	77.8%	75.0%	60.0%	64%	50.0%

Of the two patients there was one breach so the 50% target was not achieved. Suspicion of first episode of psychosis (FEP) was first highlighted within the Trust by Stepped Up Care Team on 6th January. Records show that referral to EIT was considered on 11th Jan but the referral was not actually made until 14th January. EIT were able to assess within 10 days of receiving the referral on 14th January.

5.1.2 Out of Area Placements (OAP's)

Figure 60 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	95
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 18	0
	Aug 18 to Oct 18	0
	Sep 18 to Nov 18	0
Q3 2018/19	Oct 18 to Dec 18	0

5.1.3 Mental Health Contract Quality

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 recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

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

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

Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 10 the following performance was reported.

- South Sefton CCG – 40.00% (8/20)

The Trust has reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. In December 2018 the capacity will be further reduced due to annual leave and bank holidays and due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

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

Patients with a score of 2 or more to receive an appropriate care plan (MUST Tool). Target 100%

In Quarter 3 2018/19 the following performance was reported.

- South Sefton CCG – 50% (2/4)

Since moving to Rio in June 2018 the Trust's Dietetic team lead and Business Intelligence team have continued to analyse MUST data reports and have carried out deep dives to identify the reasons for reported breaches in collaboration with the ward teams. The Trust is working to adapt the reports and ensure accuracy. The breaches from these reports are sent out on a twice weekly

basis to ward managers. The Dietetic lead is working in partnership with the RiO team to adapt the observation form where MUST is reported from. This will ensure the forms are user friendly to aid compliance in completion. The Dietetic team provide MUST training at Local induction and to the wards on an adhoc basis. There are a portion of the current breaches which are patient refusals or where the patient is too mentally unwell to obtain height and weight therefore this prevents MUST from being calculated. Wards will now inform dietetic team of the patients who they are unable to obtain the MUST score after 3 attempts.

Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation by CCG Target 70%

In Quarter 3 2018/19 the following performance was reported.

- South Sefton CCG 47.31% (246/520)

An improvement plan has been agreed and a refresher training programme is in place this is demonstrated in overall Trust improvement from Quarter 2 (30.7%) to Quarter 3 39.4%

The actions agreed aim to achieve the target by the end of Quarter 1 2019/20.

Communication KPIs

The following performance relates to Quarter 3 2018/19:

- Communication - (Inpatients). Appropriate Supply of Medication on Discharge (Target 95%): 61.1% (11/18). Despite failing to achieve the target this is a considerable improvement on Quarter 2 when the performance was 36.8%.
- Communication - All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge (Target 95%): 44.4% (8/18). There is a recovery plan in place to address the improvement of this KPI. This will focus on introducing the e-discharge electronic process.
- Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days, excluding weekends and bank holidays (Target 95%): 24.5% (13/53). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.
- The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days following the service users outpatient attendance and 7 days from 2018 (Target 95%): 24.5% (13/53). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.

Outpatient Appointments and DNA rates

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

RiO and KPIs Reporting

The Trust implemented its new RiO patient information system on 1st June 2018. As per the RiO plan agreed between the Trust and CCGs the Trust was required to provide shadow data for

Month 5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For Month 6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

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

Commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4.

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




Safeguarding

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

5.1.4 Patient Experience of Mental Health Services

Figure 61 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Jan-19

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

The Trust’s response rate for mental health services for January has improved from 2.8% to 3.6%. Unfortunately they have fallen below the England average of 90% for percentage recommended reported 88%.

5.2 Improving Access to Psychological Therapies

Figure 62 - 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	386	245	283	3,495
	2018/19	315	283	295	332	272	296	361	299	194	303			2,950
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%	1.36%	1.12%	1.22%	1.48%	1.23%	0.79%	1.25%			12.13%
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%	42.7%	47.7%	40.0%	40.8%	45.1%	53.9%	45.2%	50.6%			46.7%
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%	99.5%	98.3%	100.0%	100.0%			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%	100%	100%	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	219	203	200	194	218	183	128	159			1,929
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	2	5	3	2	5			56
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	78	78	96	97	57	78			874
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%	88.6%	87.4%	89.7%	88.1%	89.7%	77.5%			87.6%

Performance Overview/Issues

Cheshire and Wirral Partnership reported 303 patients entering treatment in Month 10, which is an 56.2% increase from the 194 reported in Month 9. 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 4 2018/19 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 10 was 1.25% and therefore failed to achieve the standard.

The percentage of people moved to recovery was 50.6% in Month 10, which is an increase from the 45.2% for the previous month and achieving the target of 50%.

How are the issues being addressed?

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 63 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240	1232	1223	1214
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906	1904.8	1907.2	1911.5
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%	64.7%	65.058%	64.679%	64.13%	63.51%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

Performance Overview/Issues

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in January of 63.51%, which is under the national dementia diagnosis ambition of 66.7% and a decline on last month when 64.13% was reported.

How are the issues being addressed?

The CCG needed to find a further 61 patients to achieve the national target of 66.7% for January. The CCG will endeavour to achieve the National Ambition by March 2019. The CCG has completed the Dementia Self-Assessment Tool requested by NHS England, which has full details of the planned actions being undertaken by the CCG.

Work is being undertaken to identify any coding errors that will have a negative impact of Dementia Diagnosis rates. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that could be targeted to be included in diagnosis registry / identification. South Sefton CCG funds a Care Home liaison service that could be utilised to support dementia diagnosis rates.

When is the performance expected to recover?

The CCG will endeavour to achieve the National Ambition by March 2019.

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 64 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Performance

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	250	310	250	125	250	120	250		750	555
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%	4.0%	8.0%	3.8%	8.0%		24.0%	17.8%

The CCG failed the target of 8% in Q3 with just 3.8%; a total of 120 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is a slight decrease on the 125 children and young people receiving treatment in quarter 2.

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 65 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Plans (100% 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	21	4	20	4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4	22	4	
%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	-

In quarter 3 the Trust fell under the 100% plan, out of 22 routine referrals to children and young people’s eating disorder service, 20 were seen within 4 weeks recording 90.91% against the 100% target. Both breaches waited between 4 and 12 weeks.

Figure 66 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Plans (100% Target)

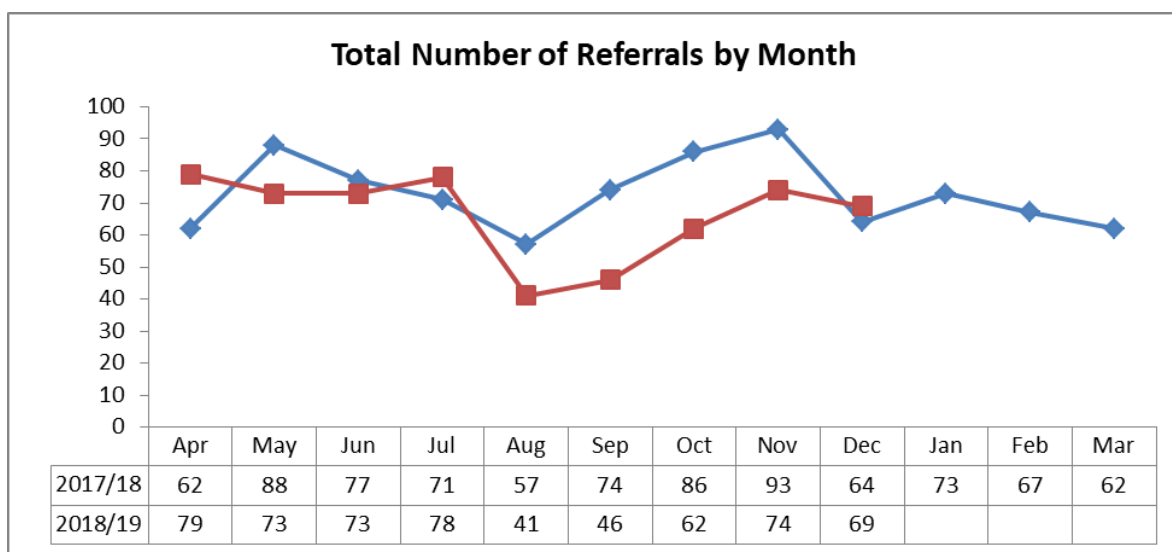
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	5	1	5	1	4	1	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1	5	1	5	1	
%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	-

In quarter 3, the CCG had 5 patients under the urgent referral category, 4 of which met the target bringing the total performance to 80% against the 100% target. The patient who breached waited between 1 and 4 weeks.

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 3 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during October to December 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

Figure 67 – CAMHS Referrals



Throughout quarter 3 2018/19 there were a total of 205 referrals made to CAMHS from South Sefton CCG patients. There was an upward trend in referrals from August to November which subsequently reduced slightly in December. This followed the same trend at the previous year.

The following tables will focus on the 81 referrals that have been 'Allocated'.

Figure 68 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	35	43.2%
2-4 Weeks	12	14.8%
4- 6 Weeks	9	11.1%
6-8 weeks	17	21.0%
8- 10 weeks	8	9.9%
Total	81	100%

The biggest percentage (43.2%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. All allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

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

Alder Hey 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 69 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	3	3.7%	10.0%
2-4 Weeks	7	8.6%	23.3%
4- 6 Weeks	5	6.2%	16.7%
6-8 weeks	7	8.6%	23.3%
8- 10 weeks	4	4.9%	13.3%
10-12 Weeks	3	3.7%	10.0%
12- 14 Weeks	0	0.0%	0.0%
Over 14 Weeks	1	1.2%	3.3%
(blank)	51	63.0%	
Total	81	100%	100%

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

63.0% (51) 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 51 referrals were discounted, that would mean 33.0% (10) of referrals waited 4 weeks or less from referral to intervention. Collectively 73.3% (22) of those referrals where an intervention took place waited 8 weeks or less from assessment to first intervention.

5.7 Learning Disability Health Checks

Figure 70 – Learning Disabilities Performance Measures

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	675	126	18.7%
Q1	200	37	18.5%
Q2	153	62	40.5%
Q3	102	45	44.1%

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 in 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 2, the CCG reported a performance of 44.1%, above the plan of 18.7%. However, just 102 patients were registered compared to a plan of 675, with just 45 checked compared to a plan of 126.

6. Community Health

6.1 Mersey Care Community Contract

The CCG and Mersey Care leads 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 service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation.

6.1.1 Quality

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

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

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. Note: There is currently a data quality issue with the report not pulling through all appointments.

Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold.

Diabetes DNAs were at 17% in October, a further decline on the previous month, showing a significant steady decline throughout the year. An update for January is currently unavailable due to a data reporting issue. This has been raised with the Trust.

Dietetics performance has shown a significant decline with 27.5%.

Provider Cancellations

The Trust monitors performance against a 3.5% threshold.

Treatment rooms continues to report above the threshold with 4.6% in January, similar to last month. Podiatry performance has declined with 5.1% in January, compared to December when 3.6% was reported. Diabetes and Dietetics have also shown a slight decline in performance.

6.1.3 Waiting Times

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

Physiotherapy: December's completed pathways reported a 95th percentile of 26 weeks, a further decline on last month when 22 weeks was reported. Incomplete pathways also reported above the 18 week standard with 23 weeks. The longest waiter on the incomplete pathway was at 26 weeks. The Trust has reported that capacity issues have resulted in increased waiting times.

Trust Actions:

- Utilisation of agency physiotherapists whilst waiting for new starter to commence in post
- Recruitment of additional Band 6 physiotherapist completed and expected to start in March 2019
- Planned utilisation of the Central Management Office to increase efficiency of referral management process
- Planned move of estates in order to increase the senior support and to enable more collaboration with ICRAS teams.
- Appointment of additional Band 7 Therapy Co-ordinator to assist in waiting list management and assist with throughput of patients.

Occupational Therapy: December's completed pathways reported a 95th percentile of 21 weeks, showing no improvement on last month. The incomplete pathways have declined reporting 20 weeks. A steady increase in average waits over the past five months can be seen in this service for the completed pathways with the incomplete following the same trend. The longest waiter on the incomplete pathway in December was at 22 weeks. The Trust has reported capacity issues due to sickness and vacancies have resulted in increased waiting times.

Trust Actions:

- Waiting list cleansed thoroughly to identify patients no longer requiring input.
- Additional Band 5 Resource appointed and due to commence in post at the beginning of March 2019.
- Appointment of additional Band 7 Therapy Co-ordinator to assist in waiting list management and assist with throughput of patients.
- Planned move of estates in order to increase the senior support and to enable more collaboration with ICRAS teams.

Podiatry: December’s position shows an improvement with completed pathways reporting a 95th percentile of 22 weeks and 92nd percentile on the incomplete at 18 weeks, with the longest waiting patient at **47 weeks**. The Trust has stated that in addition to demand for this service being 13% higher than the previous year, capacity has also been affected by a combination of sickness and vacancies.




Trust Actions:

- Meeting weekly to cleanse waiting list
- Applying DNA Policy (with relevant exceptions due to communication difficulties with client group)
- Weekend working
- Additional hours
- Extra clinics/ maximise slots in current clinics

6.1.4 Patient Experience of Community Services

Figure 71 – Mersey Care Community Friends and Family Test Performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Jan-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	3.3%	1.3%		96%	98%		2%	0%	

For community services Mersey Care is reporting a response rate of 1.3% in January against an England average of 3.3%. The percentage who recommended the service was 98%, above the England average of 96%. The percentage who would not recommend decreased to 0%, 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 9 2018/19 the total year to date costs for the CCG were £204,588 with 5,269 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. A new podiatry specification, which brings together core and specialist podiatry, is being developed jointly by the Trust and the CCG for implementation on 1st April 2019.

6.3 Alder Hey Community Services

6.3.1 Services

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, these services include Continence, Dietetics, Occupational Therapy, and Speech and Language.

6.3.2 Waiting Times

The following issues arose in January 2019.

Paediatric SALT: In January the Trust reported an average wait of 45 weeks for the 92nd percentile for incomplete pathways, with **6 patients** waiting as long as **50 weeks**. Performance has steadily declined throughout the year, and the waiting list has steadily increased from 642 patients in April 2019 to 871 in January 2019. 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’s performance has shown no improvement in January with a DNA rate of 10%, and provider cancellation rate of 16.7%.

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

Figure 72 - 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 w hose episode of care w as closed within the reporting period w here equipment w as delivered in 18 w eeks or less being referred to the service	20	Nil return	20	Nil return	20	Nil return	20	
Total number of children w hose episode of care w as closed within the quarter w here equipment w as delivered or a modification w as made	20	Nil return	20	Nil return	20	Nil return	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. Quarter 3 was also a nil return. 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

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

Age Concern – Liverpool & Sefton

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

Alzheimer's Society

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

Citizens Advice Sefton

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

Crosby Housing and Reablement Team (CHART)

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

Expect Limited

Expect Limited provides a non-judgemental environment for mentally-ill service users, helping them to regain skills lost due to illness, develop new ones, become socially included and gain independence. 40% of new referrals were received from Mersey Care NHS Trust whilst 60% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q3 there were 1,789 drop-in contacts (Monday to Friday) and a total of 2,438 structured activities were delivered

Imagine independence

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

Netherton Feelgood Factory

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

Parenting 2000

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

Sefton Advocacy

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

Sefton Carers Centre

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

Sefton Council for Voluntary Service

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

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

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

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. During Q3 there were 87 referrals in South Sefton and 78 in Southport & Formby.

Working age stroke survivors and carers figures were 30% and 14% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 97 stroke survivors were discharged. The top 5 outcome indicators for the quarter were better understanding of stroke 20% (and stroke risk 10%), feeling reassured 20%, enabled to self-manage stroke and its effects 7% and reduced anxiety or distress 6%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 113 volunteering hours were worked across Sefton during Q3 that equates to £1,472. The Association also assists with applications for grant payments/benefits, securing 4 recovery grants totalling £1,121.88.

Swan Women’s Centre

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

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 73 - South Sefton CCG - Extended Access at GP services 2018/19 Plan

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	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 hour’s hub model will launch on 1st October 2018 to provide extended access in line

with the GP Five Year Forward View requirements. The CCG is currently awaiting the release of the data which is expected May 2019.

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 2 practices recently inspected, North Park Medical Centre which still required improvement in Well-led. The second practice is Ford Medical Practice which now requires improvement in their overall rating along with Safe and Well-led this is a decline as the surgery had been classed as good for all areas previously. All results are listed below:

Figure 74 - 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	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	11 March 2019	Good	Good	Good	Good	Good	Good	Requires Improvement
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good	Good
N84627	Crossways Surgery	19 February 2019	Good	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	07 September 2018	Good	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice PC24	30 October 2018	Good	Requires Improvement	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre PC24	26 November 2015	Good	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Good	Requires Improvement

Key	
Outstanding	
Good	
Requires Improvement	
Inadequate	
Not Rated	
Not Applicable	

9. Better Care Fund

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

A summary of the Q3 BCF performance is as follows:

Figure 75 – BCF Metric performance

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

Figure 76 – BCF High Impact Change Model assessment

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

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 10 performance and narrative detailed in the table below.

Figure 77 - South Sefton CCG's Month 10 Submission to NHS England

Jan-19	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,411	3,452	1.2%	<p>GP referral levels have recovered in month 10 after a significant decrease was evident in month 9 as a result of the extended holiday period. GP referral levels in month were aligned to plan and within the statistical norm. An increase in 'other' referrals occurred in month 10 but numbers were comparable to that reported in the two months prior to Dec-18. An increase in consultant-to-consultant referrals has been evident at the main hospital provider within various specialities including Cardiology and T&O. Despite this, overall referral numbers are within the 2% threshold year to date.</p> <p>The CCG are also aware of a potential issue with local referral monitoring. This was related specifically to the paper switch off in preparation for ERS implementation at the main hospital provider. Feedback suggests this is a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that refreshes of local referral data will continue to be received each month. However, referral patterns may be impacted in the immediate months following ERS implementation. Discussions regarding referrals are also on-going via the information sub group and contract review meetings.</p>
Other	2,353	2,701	14.8%	
Total (in month)	5,764	6,153	6.7%	
Variance against Plan YTD	57,491	58,094	1.0%	
Year on Year YTD Growth			0.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5,491	4,932	-10.2%	<p>First and follow up appointments have increased in month 10 aligning to seasonal trends. Activity variances in this time are mainly focussed within the main hospital provider and overall numbers were not outside of the statistical norm. The year to date position for outpatient activity is only slightly outside of the 2% threshold at month 10.</p>
Follow Up	12,146	11,580	-4.7%	
Total Outpatient attendances (in month)	17,637	16,512	-6.4%	
Variance against Plan YTD	161,534	157,491	-2.5%	
Year on Year YTD Growth			-2.2%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,908	2,048	7.3%	<p>Total YTD elective activity is in line with planned levels with a slight -1.3% decrease evident at month 10. Seasonal variation in month has shown increased levels for electives and day cases as expected when comparing to the previous month (when activity decreased as a result of the extended holiday period). Day case trends are slightly higher per month to 1718 levels but with similar seasonal trends.</p>
Elective Ordinary spells	215	243	13.0%	
Total Elective spells (in month)	2,123	2,291	7.9%	
Variance against Plan YTD	20,770	20,491	-1.3%	
Year on Year YTD Growth			2.3%	
Urgent & Emergency Care				
Type 1	4,373	4,404	0.7%	<p>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. Local monitoring suggests type 1 A&E attendances are approx. 2.4% higher YTD when comparing to 17/18. Although increased activity levels have been noted in 1819, CCG's local monitoring of A&E activity show month 10 levels were comparable to an average for 18/19. The 4hr target position at the main hospital provider has also improved slightly at approx. 87.5% in month 10.</p>
Year on Year YTD			3.1%	
All types (in month)	9,038	8,324	-7.9%	
Variance against Plan YTD	87,812	84,256	-4.0%	
Year on Year YTD Growth			-1.7%	
Total Non Elective spells (in month)	2,016	2,315	14.8%	<p>Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions and this trend has continued into 2018/19 with admission rates continuing 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. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase. Local monitoring suggests a 3% increase in emergency admissions in month 10 when compared to the previous month, which aligns to seasonal trends.</p>
Variance against Plan YTD	19,199	21,897	14.1%	
Year on Year YTD Growth			15.4%	

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/42	Author of the Paper: Luke Garner Interim - Strategy & Outcomes Officer Email: luke.garner@southseftonccg.nhs.uk Tel: 0151 317 8465
Report date: April 2019	
Title: Improvement and Assessment Framework 2018/19 Quarter 2 Exception Report.	
Summary/Key Issues: This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q2 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.	
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 "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

Report to Governing Body

April 2019

1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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

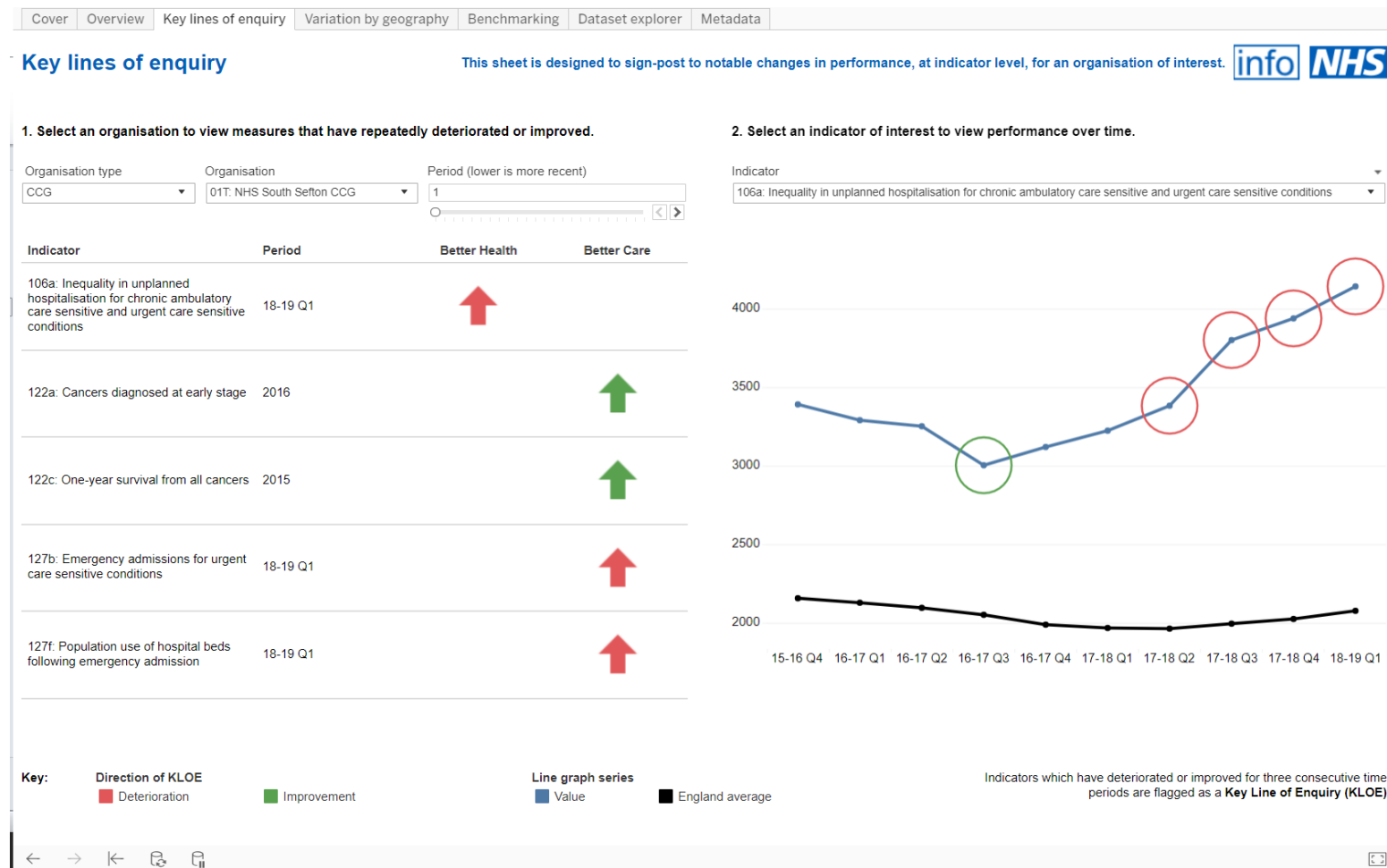
Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators identified as residing in the best or worst quartile (25%)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

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

2. Introduction and Background

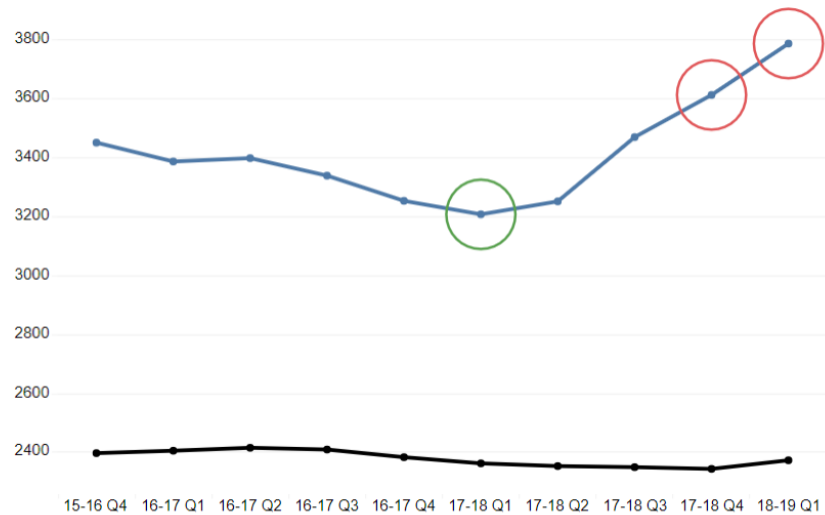
A dashboard is released each quarter by NHS England outlining performance for all performance indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance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

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



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

Indicator
127b: Emergency admissions for urgent care sensitive conditions



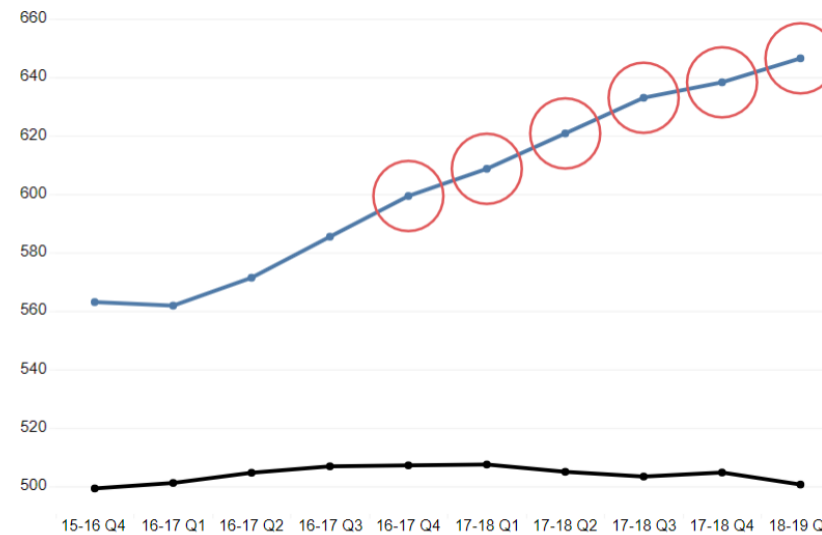
England average

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



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

Indicator
127f: Population use of hospital beds following emergency admission



England average

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



3. Key Issues

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

To note:

122a Cancers diagnosed at early stage is recognised in the KLOE for improved performance in 2016 with the CCG no longer in the worst quartile nationally (51.5%).

122c One-year survival from all cancers is recognised in the KLOE for having improved performance with 72.7%.

126b Dementia post diagnostic support is no longer in the worst quartile reporting 77.7% in 2017-18.

144a E-Referral Utilisation performance has now improved with 73.1%, moving into the interquartile range.

Indicator No.	Indicator Description	Q4 2017/18 Performance	SLT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people aged 65yrs +	Worst quartile, and declining (3,018 falls in over 65s Q3 17/18)	Jan Leonard/ TBC/ Janet Spallen	Falls identified as a priority for the CCG with clear opportunities identified from Rightcare to improve care delivery.	Work is underway on behalf of the CCG by Deloitte in collaboration with the CCG to scope existing services identify gaps in provision against population need, and to recommend improvements. Key stakeholders including acute, community, mental health providers, health and social care and the community voluntary and faith sector are engaged in this work. The work undertaken by Deloitte will conclude in Q3 with implementation to start Q4.	2019/20
106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	Worst quartile and deteriorating (4,143 in Q1 18/19) This has been recognised in the KLOE for	Jan Leonard/ TBC/ Janet Spallen	Nationally there are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas. The most deprived decile has about three times as many	Work continues to address this issue with care pathways spanning from community to secondary care. Primary care streaming remains a focus to identify appropriate patients who can be assessed and treated within AED. The service is supported during core hours by the Aintree team led by Advanced Nurse Practitioners and out of hours by the PC24 service who have a base within Aintree. As the service is embedded the volume of primary care	On-going work

		<p>repeatedly deteriorated performance.</p>		<p>emergency admissions compared to the least deprived decile at a national level.</p>	<p>eligible patients, and therefore a number of the non-complex ACS presentations, is expected to increase. This development is aimed at reducing the volume of ACS admissions into the acute Trust. Work has continued between the North Mersey acute trusts to benchmark and learn from each other given that there has been low uptake. This has been aimed at increasing awareness of criteria and communication with patients. This continues to be monitored within the North Mersey A&E Delivery action plan and information dashboard. The CCG are also working with Aintree to review data relating to the Frailty Assessment Unit (FAU) Service. This will support a review of attendances to FAU, also classified as admissions and enable us to ensure patient pathway support rapid assessment and same day discharge as appropriate.</p> <p>Major pathway changes within the CCGs main acute providers has resulted in increased A&E to admission conversion rates and a higher rate of zero length of stay admissions, mainly linked to ambulatory care conditions. Work is on-going with both the local Acute Trusts and the wider Urgent Care services to continue to improve these areas and implement national guidance relating to same day emergency care (SDEC).</p>	
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107a	Anti-microbial resistance – appropriate prescribing in primary care	Worst quartile but improving (1.185 antibacterial drug items per STAR PU September 2018)	Jan Leonard/ Anna Ferguson/ Susanne Lynch	<p>National evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately.</p> <p>Locally there have been issues with prescribing codes.</p> <p>CCG Medicines Management Team identified a need to liaise with other primary care prescribing services attached to the CCG not just GP practices (e.g. sexual health)</p>	<p>Antimicrobial resistance is within the CCG local quality contract facilitated by the CCG medicines management team (MMT).</p> <p>Discussions take place at Practice Quarterly meetings of prescribing of antimicrobials using data. Implementation within practices of a process for the issue of delayed / deferred / back-up prescriptions where appropriate, for specific clinical areas, and inclusion of the processes to support this within the practice prescribing policy. Audit on the diagnosis and treatment of urinary tract symptoms in general practice and the out of hours providers against the Pan Mersey Area Prescribing Guidelines. Audit results discussed at the quarterly practice meeting and peer reviewed at locality meetings. Root cause analysis of clostridium difficile infection cases to identify and share learning in relation to inappropriate antimicrobial use.</p>	January 2019
122b	Cancer 62 Day	Failing target and declining performance	Jan Leonard/ Debbie Harvey/ Sarah McGrath	The national standard was missed with 75.2% in Q2 2018/19.	<p>There have been significant pressures from increased demand in high volume specialties, specifically in Colorectal, Urology and Head and Neck. Patient choice to delay for various reasons. There also some capacity issues for surgery in other organisations to which we refer patients.</p> <p>The CCG have on-going actions around cancer, are undertaking a capacity and demand review. This will enable the CCG to understand the increases in demand and how to address these issues, where possible. All proposals to be taken to the Cancer Alliance.</p> <p>Aintree have a 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</p>	Q4 18/19

					allocated £50k to support service improvement for the Trust over the next 12 months. To support this initiative 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 an optimal pathway.	
123a	IAPT recovery rate	Worst quartile and declining performance (46.7% in Q2 2018/19)	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	Recovery rates dipped as the IAPT provider has worked to bring the patients who have been waiting longest into the service. These patients are more likely to disengage without completing treatment.	The service provider continues to report that complexity of new referrals has an impact on recovery levels. The newly appointed clinical lead is also undertaking a review of how recovery is recorded within internal systems. The Clinical Lead has reviewed one month of cases not recovered, and a number of learning points identified. Team Leads are working to implement actions in respect of these.	March 2019
124a	Reliance on Specialist Inpatient Care for LD/Autism	Worst quartile with a value of 66 in Q2 2018/19	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	Mersey Care NHS FT is commissioned to provide inpatient learning disabilities at its 9 bedded Assessment Treatment Centre. South Sefton CCG commission a total of 2 beds at this facility. The CCG has underutilised its LD inpatient beds for at least the last 2 years.	All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care. The CCG has had a CTR process in place since 2016 to ensure that CTRs are being undertaken by an independent panel. The use of CTR has been an effective tool in reducing inpatient activity and informing individual care planning within South Sefton.	
124b	LD Annual Health checks	Worst quartile, no update since last report.	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	2016/17 performance is reported in the Q1 2017/18 IAF and at 28.3% South Sefton is ranked one of the lowest CCGs nationally at	Working with practices with low uptake, to identify any difficulties or support issues with access to the LD health checks by people with learning disabilities. Promote awareness and importance of the LD Annual Health Checks Scheme with stakeholders.	March 2019

				190/195 CCGs. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. GP Practices commissioned through NHSE to deliver the DES; however, through joint commissioning arrangements there is agreement locally, for South Sefton CCG to manage the funding associated with the LD DES. The CCG has formulated a plan to improve local delivery, which includes an option for practices to deliver the DES themselves, or to opt for the DES to be delivered to their eligible registered patients by the local GP Federation.	
125d	Maternal Smoking at Delivery	Worst quartile and declining (15.1% in Q2 18/19)	Debbie Fagan/ Wendy Hewitt/ Peter Wong	Performance for this indicator has declined and the CCG remains in the worst quartile, ranking 154 out of 195 CCGs. Quarter 3 information available locally shows a slight improvement at 14.5%.	Contract requires providers to comply with NICE re: smoking. This corresponds also to Public Health projects commissioned by the Local Authority and specifically smoking cessation services. There has been an issue about e-referrals into this service. The CCG does support Public Health in their discussions with providers in this regard i.e. ensuring correct and timely referrals to the stop smoking service.	March 2019
126a	Dementia Diagnosis Rate	Failing target with 64.7% in November 2018.	Jan Leonard/ Sue Gough/ Kevin Thorne	November 2018 shows an improvement in performance but remains in the worst quartile range. January 2019 information is available locally, which shows a decline with 63.51%.	The CCG needed to find a further 61 patients to achieve the national target of 66.7% for January. The CCG will endeavour to achieve the National Ambition by March 2019. The CCG has completed the Dementia Self-Assessment Tool requested by NHS England, which has full details of the planned actions being undertaken by the CCG. Work is being undertaken to identify any coding errors that will have a negative impact of Dementia Diagnosis rates. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that could be targeted to be included in diagnosis registry / identification. South Sefton CCG	March 2019

					funds a Care Home liaison service that could be utilised to support dementia diagnosis rates.	
127b	Emergency admissions for urgent care sensitive conditions (UCS)	Worst quartile and declining, 3,785 in Q1 18/19 This has been recognised in the KLOE for repeatedly deteriorated performance.	Jan Leonard/ TBC/ Janet Spallen	There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived areas nationally. A well performing urgent and emergency care system should minimise the rate of emergency admission for urgent care sensitive conditions in more as well as less deprived areas.	In addition to the work identified above which will also support urgent care sensitive conditions we are developing our community offer to enable patients to be care for closer to home where clinically appropriate. Our ICRAS (Integrated Care, Reablement and Assessment Service) has been well established during 2018/19 with increasing referrals from primary care and NWS and admission avoidance / reduction in conveyance to AED. We are also working to promote and develop community pathways e.g. cellulitis, DVT which will support community based care. In the coming year we will be working with ICRAS to continue to deflect admissions through identification and support to patients in the community but also from AED and other front door units e.g. FAU, AMU (Acute Medical Unit). We will work with other partners within the integrated urgent care system e.g. NHS111, OOH to promote our community pathways and support to avoidance AED attendance and potential admission. Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.	On-going work
127c	A&E admission, transfer, discharge within 4 hours	Deteriorating position	Jan Leonard/ Andy Mimmagh/ Janet Spallen	December 2018 performance reported in the Q2 2018/19 IAF at 82.9%.	There has been focussed work to secure on-going improvements within Aintree A&E, which has involved embedding all aspects of the Emergency and Acute Care Plan with regular monitoring of performance to ensure delivery. Workforce remains a priority area of focus. There has been a complete review of the medical workforce establishment with additional sessions arranged to cover gaps in the existing rotas. Maintaining the medical workforce remains a challenge though with	March 2019



South Sefton Clinical Commissioning Group

					<p>constant review required. In addition, a review of the ED nursing establishment also carried out including a dependency study within the department that will be considered alongside the findings of the nurse review. Recruitment is also underway concerning Acute Physicians to support AEC areas. Pathway development to support different cohorts of patients is a key feature in the Aintree plan. Primary care streaming fully implemented with the need to increase uptake in relevant patients seen. Aintree has also participated in an NWAS 90 day project to improve ambulance turnaround performance and this now completed. There has been agreement of direct conveyancing of appropriate patients to AEC without need for A&E review. Other initiatives have included a rapid improvement event with focus on the See & Treat area. Further work is being carried out to develop a series of PDSA cycles to test improvements in the following elements of the EACP:- See and Treat- Board rounds - 60 minute to first clinician- Direct pathways to assessment areas. The A&E 4 hour target remains a challenge but with the above initiatives starting to show benefits in December and particularly over the Christmas / New Year period with good performance within the context of continued high activity. The positive changes need to be maintained with work both within the A&E but also with external partners within Aintree system to reduce A&E attendances but also support patient flow for patients requiring admission with timely review and discharge processes. Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.</p>	
127f	Population use	Worst quartile,	Jan Leonard/	Q1 2018/19 performance is	There has been an increased focus by the Aintree	March 2019

	of hospital beds following emergency admission	and deteriorating This has been recognised in the KLOE for repeatedly deteriorated performance.	Andy Mimmagh/ Janet Spallen	646 admissions. Emergency admissions per weighted population (age, sex, deprivation).	system on stranded and super stranded patients involving partners from local authority, acute and community providers. There are weekly reviews of all patients to understand delays and agree discharge actions. In addition, recurrent themes identified to support longer term planning and resolution of issues. These are in the main incorporated within our Newton Europe action plans. Some of these can be progressed quickly e.g. in relation to decision making processes within hospital with introduction of MDT flying squad, DTOC weekly reviews. Medium to long-term work is also on going concerning Home Care and the review of domiciliary care and reablement by our local authority. There is a combined system approach to reviewing the quality and capacity within our care home sector along with the discharge pathways to access community beds. This is a priority area of focus for the CCG working with our system partners. Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.	
105c	% of deaths with 3+ emergency admissions in last 3 months of life	Worst quartile nationally and declining	Jan Leonard/ Andy Mimmagh/ Janet Spallen	2017 performance shows 7.84%, placing the CCG 188 th out of 195 CCGs nationally.	The CCG has the following services in place: <ul style="list-style-type: none"> • Hospice at Home services to prevent hospital admissions and reduce length of stay • TRANSFORM who identify people at end of life in hospital and arrange fast transport to home if appropriate and support families/patient until normal services take over • Care home education via the Education Facilitator • Telehealth in a number of care homes to prevent hospital admissions • Commissioning of end life beds, proposal to 	Q3 2018/19



South Sefton
Clinical Commissioning Group

					<p>increase</p> <ul style="list-style-type: none"> • Additional GP sessions for the commissioned beds • Two clinical leads for end of life • Two hospices supported by the CCG • CCG work closely with community/hospital teams 	
128d	Primary care workforce	Worst quartile nationally and declining	Jan Leonard/ Craig Gillespie/ Angela Price	March 2018 is the latest reported period within the Q1 2018/19 IAF, at 0.85 per weighted population.	<p>The work being undertaken to address the recruitment crisis in Sefton is as follows:</p> <ul style="list-style-type: none"> • International Recruitment programme- we held an event in June 2018, which was attended by representatives from 13 Sefton practices. • Targeted Recruitment scheme- there was one Sefton practice who expressed interest in participating in this scheme. • LQC- as part of the Phase 4 LQC, we are asking practices to submit a completed "Wessex Toolkit" which will give us an accurate baseline of current workforce. The completion of this toolkit has been 100% across practices meaning we have a more accurate picture across the area. We have met to discuss the results of this toolkit and any necessary next steps in order to monitor results and support practices. This piece of work may be repeated in the future to monitor workforce across the two CCG areas. • Practices with no workforce data showing on the September 2018 NHS digital dataset have been contacted to ensure that data is updated prior to the December 2018 extraction (some practices who were contacted sent screenshots of data available on the primary care web tool so this needs investigating) • GP Fellowship- we have one practice in South Sefton who have successfully applied to this scheme. • The training tracks across Sefton have increased 	March 2019

					<ul style="list-style-type: none"> • Primary care networks will be focusing on workforce across each network footprint • There is an opportunity to work with Edge Hill University re medical student placements (to be explored via networks) • All 3 South Sefton networks have applied for funding via NHSE to provide backfill for GP trainers to expand their roles, and funding to increase the numbers of GP trainers across South Sefton. Outcome of bid unknown. <p>Other work includes looking at schemes, which support practice systems and processes to improve workload, which, is hoped, will make General Practice more manageable on a day-to-day basis. This includes schemes such as Document Management High Impact Action; Online Consultations software; APEX Insight Tool; and implementing a Digital Programme Training post which will support practices to adopt digital solutions that support efficiencies in workload.</p>	
129a	18 week RTT	October 2018 shows a decline in performance at 87.9%.	Jan Leonard/ John Wray/ Moir Harrison	Although this shows a decline in performance and a breach of the 92% standard, the CCG falls within the interquartile range.	<p>The significant non-elective pressure experienced at the Trust over the winter period last year combined with capacity issues brought about via increased levels of sickness in certain specialties had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The continued increase in non-elective demand is however being managed effectively and the Trust are monitoring the situation to ensure elective activity and patient experience is not negatively impacted.</p> <p>From October 1st the Trust went live with e-RS and also offered a larger range of services to advice and guidance which continues to contribute to the reduction in referrals from general practice for routine consultation. However, the volume of two week wait</p>	March 2019

					<p>urgent requests has not reduced which continues to add pressure into the system. As at January the volume of 2WW demand via all referral sources had shown a 13% increase when compared to Apr - Dec 2017/18. This has also been compounded by patients attending AED and subsequently being added to the elective waiting list which is adding to the increased demand on follow up capacity. Cancellation and DNA rates continue to be monitored and are highlighted at internal performance meetings. 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.</p>	
133a	6 week diagnostics	Worst quartile and declining performance, ranking 163/195 CCGs.	Jan Leonard/ John Wray/ Moira Harrison	<p>November 2018 is the latest reported period in the IAF, at 3.08%. This is significantly above the <1% threshold but shows an improvement. However more recent information shows a decline in January at 4.04%.</p>	<p>This performance is impacted upon heavily by Aintree Hospital. The Trust has advised that Endoscopy trained Registered Nurse (RN) recruitment has been a focus replacing the 9 RN vacancies. The Unit is now fully staffed with RN's. Nurse training packages have been intensified to ensure scope trained RNs are available to commence independent lists from 28th January 19. A loss of 21 lists (approximately 230 scopes per week) continues due to Endoscopy Nurse long term sickness, ML and a Consultant vacancy. The Trust has commenced work with Medinet to provide high volume endoscopy lists to offset the shortfall in baseline capacity. Over December and January there has been 110 lists undertaken by Medinet at weekends equating to 713 patients. Medinet lists are currently planned up to the end of February 2019. Additional waiting lists initiatives continue during the week and at weekends to ensure Cancer 2ww referrals have been scheduled within the required timescales unless the patient has chosen to wait a</p>	<p>Aintree is forecasting amber for Q4 2018/19</p>



South Sefton
Clinical Commissioning Group

					<p>longer period of time. Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK) Demand is in excess of capacity. With additional capacity put into place during January, performance against this standard for Radiology is 1.4%, which is a significant improvement compared to previous months. Additional Inpatient activity continues to have an impact, reducing Outpatient capacity for CT and MR.</p>	
163a	Staff engagement index	Worst quartile, and deteriorating (no data refresh from previous IAF publication)	Tracy Jeffes	<p>To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. The indicator of workforce engagement will show the extent of progress in good engagement across the patch which will inform discussions between the CCGs and their provider organisations on how further progress can be made. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.</p>	<p>This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. South Sefton CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.</p>	2018/19

4. Clinical Priority Areas

Independent panels have now completed assessments for 2017/18 for all clinical priority areas for CCG's nationally. NHS England initially published the outcomes of the cancer and maternity assessments in August 2018. In January 2019, further results were published for the remaining areas; mental health, dementia, learning disabilities and diabetes. Supporting documents have also been published, to offer support and improvement to CCGs. Further information on the methodologies used in these assessments is available on the NHS England website: <https://www.england.nhs.uk/commissioning/regulation/ccg-assess/clinical-priority-areas/>

Cancer

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

NHS South Sefton CCG 2017/18 Performance

<u>Cancer indicator</u>	<u>Indicator value</u>
Cancers diagnosed at early stage	51.5%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment	87.4%
One-year survival from all cancers	72.7
Cancer patient experience	8.8 out of 10

Maternity

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

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

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

NHS South Sefton CCG 2017/18 Performance

<u>Maternity indicator</u>	<u>Indicator value</u>
Stillbirth & neonatal mortality rate	3.3 per 1,000 births
Women's experience of maternity services	81.8 out of 100
Choices in maternity services	63.6 out of 100
Rate of maternal smoking at delivery	15.4%

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

Mental Health

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

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

IAPT

Since the IAF rating which was based on a recovery rate of 43.0%, the recovery rate in 2018/19 has improved with a YTD rolling quarter recovery rate of 48.9% (Oct 2018 – Dec 2018).

Access rates remain challenging. The YTD rolling quarter for the CCG for 2018/19 is 3.50% (Oct 2018 – Dec 2018). The CCG has approved additional investment for the provider to achieve Mental Health 5 year forward view access targets which have been increased (22% in 2019/20, 22% in 2020/21).

Out of Area Placements (OAPs)

Recent information for OAPs shows that no OAPs have been reported since April 2018.

Early Intervention Psychosis (EIP)

EIP waiting times in 2017/18 were reported at 78% against the 50% standard. Current YTD performance for the CCG in 2018/19 is 75.4% against the revised standard of 53%.

Crisis Resolution and Home Treatment (CRHT)

The commitment in the Mental Health 5 year forward view is that all areas will have CRHT services that are fully compliant to the CRHT model prescribed by NHS England by 2020/21. The Trust completed its peer led fidelity review in March 2017 which identified deficiencies. In 2017/18 and the IAF score is reflective of this position at that time. The Trust confirmed in 2018/19 that it is working towards having a fully compliant CRHT by March / April 2019. The Trust has been updating commissioners on the work undertaken to create a Trust wide CRHT service with 53.0 WTE staffing.

Dementia

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

The diagnosis rate for the CCG in December was 64.1% which is an increase when compared to the IAF 2017/18 diagnosis rate of 63.1%. The CCG is now only 31 un-diagnosed patients away from achieving the National Ambition of 66.7%. The CCG is working to achieve the 66.67% by March 2019.

Learning Disabilities

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

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

Reliance on specialist inpatient care

Mersey Care NHS FT is commissioned to provide inpatient learning disabilities at its 9 bedded Assessment Treatment Centre. South Sefton CCG commission a total of 2 beds at this facility. The CCG has underutilised its LD inpatient beds for at least the last 2 years. All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care. The CCG has had a CTR process in place since 2016 to ensure that CTRs are being undertaken by an independent panel. The use of CTR has been an effective tool in reducing inpatient activity and informing individual care planning within South Sefton.

LD Health Checks

The CCG has 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 South Sefton GP Federation to allow for more flexibility in offering annual health checks to patients when their own GP is not signed up to the DES.

In September 2018 the GP Federation agreed to undertake health checks and up to November 2018 24.3% of patients on the register had received a health check.

Diabetes

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

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

South Sefton CCG was the lead in 2017/18 for the NHS England diabetes transformation project work which commenced at the start of 2018/19. Performance is being monitored and the expectation is that the uptake will have improved again.

5. Conclusions

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

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

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

6. Recommendations

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

Luke Garner
April 2019

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/43	Author of the Paper: Jan Leonard Director of Place - North						
Report date: April 2019	Jan.leonard@southportandformbyccg.nhs.uk 0151 317 8464						
Title: Primary Care (General Practice) Development Strategy							
Summary/Key Issues: The document sets out the national and local challenges faced and the transformation required to support General Practice going forward. Despite the very real pressures that exist, there continues to be overall high levels of patient satisfaction with the quality of primary care in Southport and Formby. The publication of the NHS Long Term Plan and recent changes to the GP contract will be factored into the workplan going forward.							
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"/>
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.
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			Big Chat
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees	x			GB in draft form

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

Primary Care (General Practice) Development Strategy

NHS South Sefton CCG

March 2019



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1.0 Introduction

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

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

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

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

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

2.0 National and Local Context

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

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

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

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

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

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

2.1 Delegated Commissioning

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

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

3.0 Population and Local Needs

There are four localities in NHS South Sefton CCG and 30 GP Practices

Bootle	Crosby	Maghull	Seaforth & Litherland
Aintree Road Medical Centre	42 Kingsway	High Pastures Surgery	Glovers Lane Surgery
Bootle Village Surgery	Liverpool Road Medical Practice	Maghull Health Centre (Dr Sapre)	Bridge Rd Medical Centre
Moore St Medical Centre	Eastview Surgery	Westway Medical Centre	Orrell Park Medical Centre
North Park Health Centre	Blundellsands Surgery	Maghull Health Centre	Ford Medical Practice
The Strand Medical Centre	Crosby Village Surgery	Maghull Surgery	15 Sefton Road
Park Street Surgery	Kingsway Surgery		Seaforth Village Practice
Concept House Surgery	Thornton Practice		Rawson Rd Medical Centre
	Crossways Practice		Netherton Practice
	Hightown Village Surgery		



Overall, health in south Sefton is getting better, but there are clear areas for improvement:

- Life expectancy in our least affluent communities remains unacceptably low.
- Level of some long term health conditions are higher than the national average; particularly heart disease, respiratory disease, kidney disease, mental health conditions and obesity
- Levels of early deaths from heart disease have reduced over the last decade as smoking rates have reduced and our patients are better educated about risks to their health and the importance of leading a healthy lifestyle.

Population

There are approximately 154,758 people registered with a GP in NHS South Sefton CCG.

- Crosby has the largest population compared with the other localities in south Sefton. Maghull has the smallest population overall
- In terms of age distribution, all of the localities are similar, however Crosby has the highest **number** of over 65's but the **proportion** of over 65's is higher than average in Maghull and lower than average in Seaforth & Litherland
- The proportion of over 85's is higher than average in Crosby and Maghull
- Seaforth and Litherland has the highest percentage of under 20's in the CCG
- Maghull has proportionally less under 20s than the CCG average

	Total Population	Aged 0-4	Aged < 20	Aged 65+	Aged 85+
Bootle	40,048	2,358	9,147	6,241	592
Crosby	47,249	2,318	9,675	9,357	1,393
Maghull	28,266	1,173	5,330	7,078	904
Seaforth & Litherland	39,195	2,556	9,479	5,979	712
Total	154,758	8,405	33,631	28,655	3,601

	% Total CCG Population	% Aged 0-4 in Locality	% Aged < 20 in Locality	% Aged 65+ in Locality	% Aged 85+ in Locality
Bootle	25.9%	5.9%	22.8%	15.6%	1.5%
Crosby	30.5%	4.9%	20.5%	19.8%	2.9%
Maghull	18.3%	4.1%	18.9%	25.0%	3.2%
Seaforth & Litherland	25.3%	6.5%	24.2%	15.3%	1.8%

Highest

Lowest

Population Projections

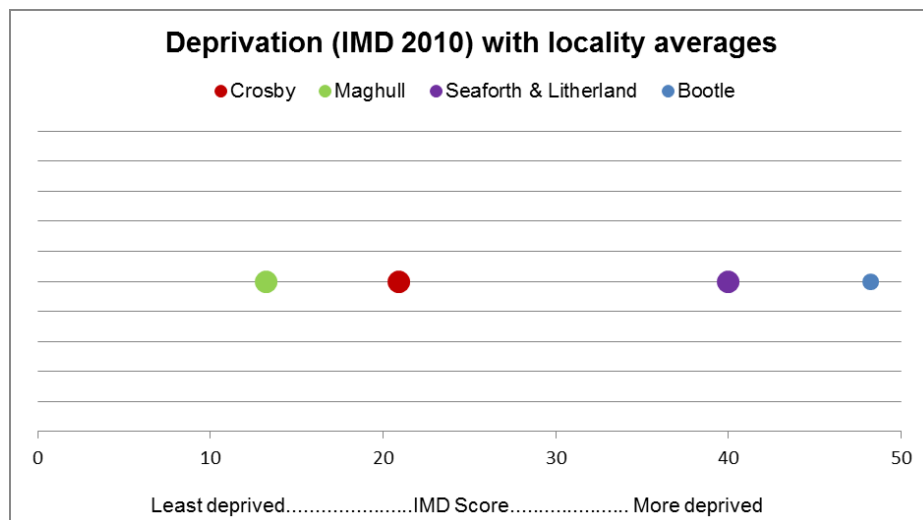
NHS South Sefton CCG has more over 65 year olds (18.3%) compared to the England average of 16.7 %. Over the next decade (using 2011 Census populations and ONS projections):

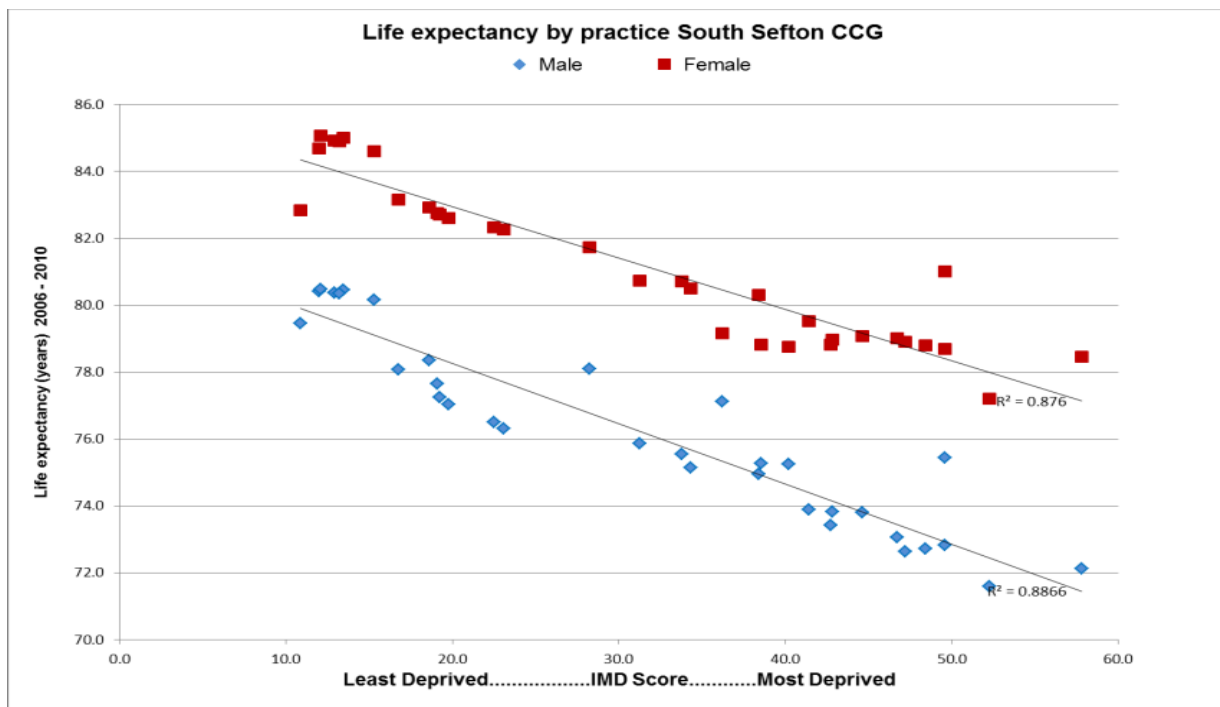
- The overall population of approx. 154,000 residents may increase by approximately 3,300 residents
- The population of 0-14 year olds may increase by 2,100 residents
- The working age population (15-64) may fall by 3,400 residents
- The 65+ population grow by 4,600 residents, which could have a significant impact on health and social care services

Wider Determinants of Health

The level of deprivation across NHS South Sefton CCG is generally higher than the national average. There is a range of deprivation across south Sefton, with the Maghull area being more affluent and the Bootle area being more deprived. The chart below shows the range of locality deprivation averages.

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





The proportion of people with a long term limiting illness increases markedly with increasing deprivation across NHS South Sefton CCG.

Disease Prevalence

Overall the CCG has higher prevalence of CHD, Stroke, Diabetes, Hypertension, Depression, COPD, Asthma and Cancer than nationally. Disease prevalence differs by locality with notably high prevalence of CHD, stroke, high blood pressure, and cancer in **Maghull**, and high rates of diabetes, depression, COPD and asthma in **Bootle**.

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

Health & Wellbeing Indicators in Sefton 2016

Key

Statistical significance compared to England average:



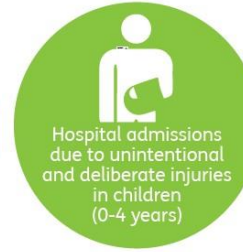
Better



Similar



Worse



4.0 Vision for Primary Care in South Sefton

What GPs and other practice staff in have told us:

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

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

We need to communicate with and educate patients

What would a good day look like?

A fully staffed practice

More shared services across practices

Portfolio working to manage demand

5.0 Development Themes

These proposed development themes are:

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

5.1 Access

Improving patient access

Patients should be able to easily access routine general practice services from all providers during core hours, Monday-Friday 8:00am-6:30pm. Achieving this outcome is seen as a key enabler to deliver other parts of service transformation. Quality of access is also important and the introduction of different methods of access, we will work with patients and partners to gain greater understanding of their needs.

As part of GPFV the 7 day extended access service has been operational from 1 October 2018. The service is provided by South Sefton Primary Health Care Limited.

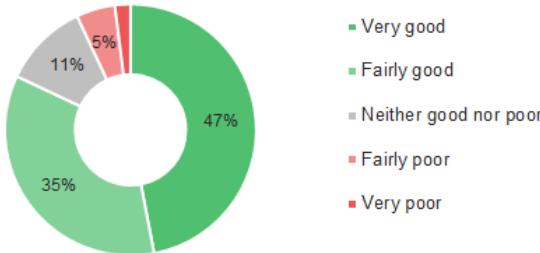
The service operates from a single location from 5pm to 8pm Monday – Friday and 9am – 12 pm on Saturday and Sunday.

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

Overall experience of GP practice

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

CCG's results



Comparison of results

CCG	National
83%	84%
Good	Good
7%	6%
Poor	Poor



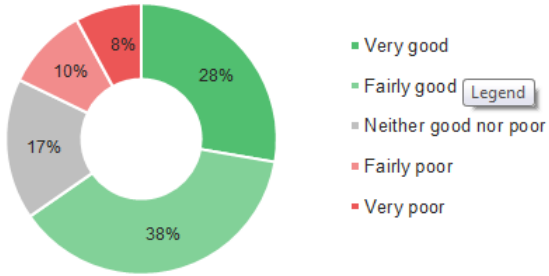
Base: All those completing a questionnaire: National (746,847); CCG (3,073); Practice bases range from 65 to 128; CCG bases range from 1,263 to 8,998

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

Overall experience of making an appointment

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

CCG's results



Comparison of results

CCG	National
66%	69%
Good	Good
18%	15%
Poor	Poor



Base: All tried to make an appointment since being registered; National (693,912); CCG (2,822); Practice bases range from 59 to 122; CCG bases range from 1,189 to 8,244

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

5.2 Quality

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

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

- Access
- Medicines management
- Use of resources

CQC Inspections

The majority of practices have received an overall rating of 'good' by the CQC, with 3 of our 30 practices rated as 'requires improvement', we have worked with those providers and NHSE to support improvements.

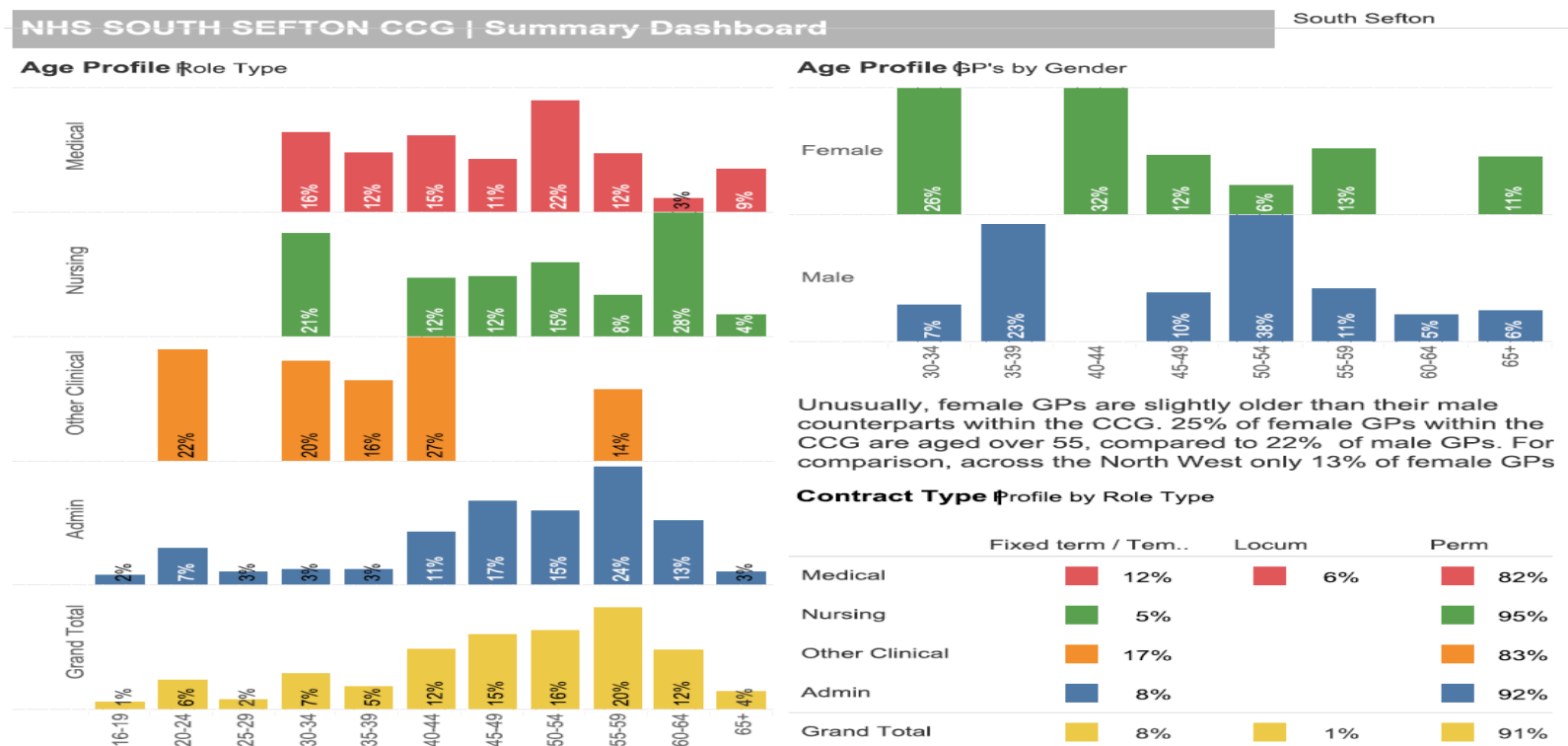
5.3 Workforce

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

A Health Education England (HEE) workforce survey in 2017 had a return rate of 53% of practices and showed:

- 36% of total workforce are over the age of 55
- 70% of GPs work part time

The information below formed part of the HEE report.



In order to support workforce development we are supporting:

5.1 Medical Training

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

5.2 Post CCT GP Fellowship

The CCG has been successful in securing funding from HEE for a fellowship post and has a local practice interested in taking up this opportunity. This will enable GPs to contribute to the transformation agenda in a leadership role.

5.3 International Recruitment

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

5.4 Clinical Pharmacists

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

5.5 Expanding the Workforce

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

We are exploring the potential to work with ambulance providers to bring a paramedic role into general practice based on the success.

Despite these measures we recognise that there remains a shortfall in the medical workforce and would look to transform the way in which care is delivered to stabilise general practice for the future.

5.6 Practice nurses and Healthcare assistants

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

Education and Training

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

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

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

Training Practices

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

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

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

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

Protected Learning Time

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

5.7 Premises and Estates and Technology

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

IM&T

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

5.8 Transformation / Collaboration

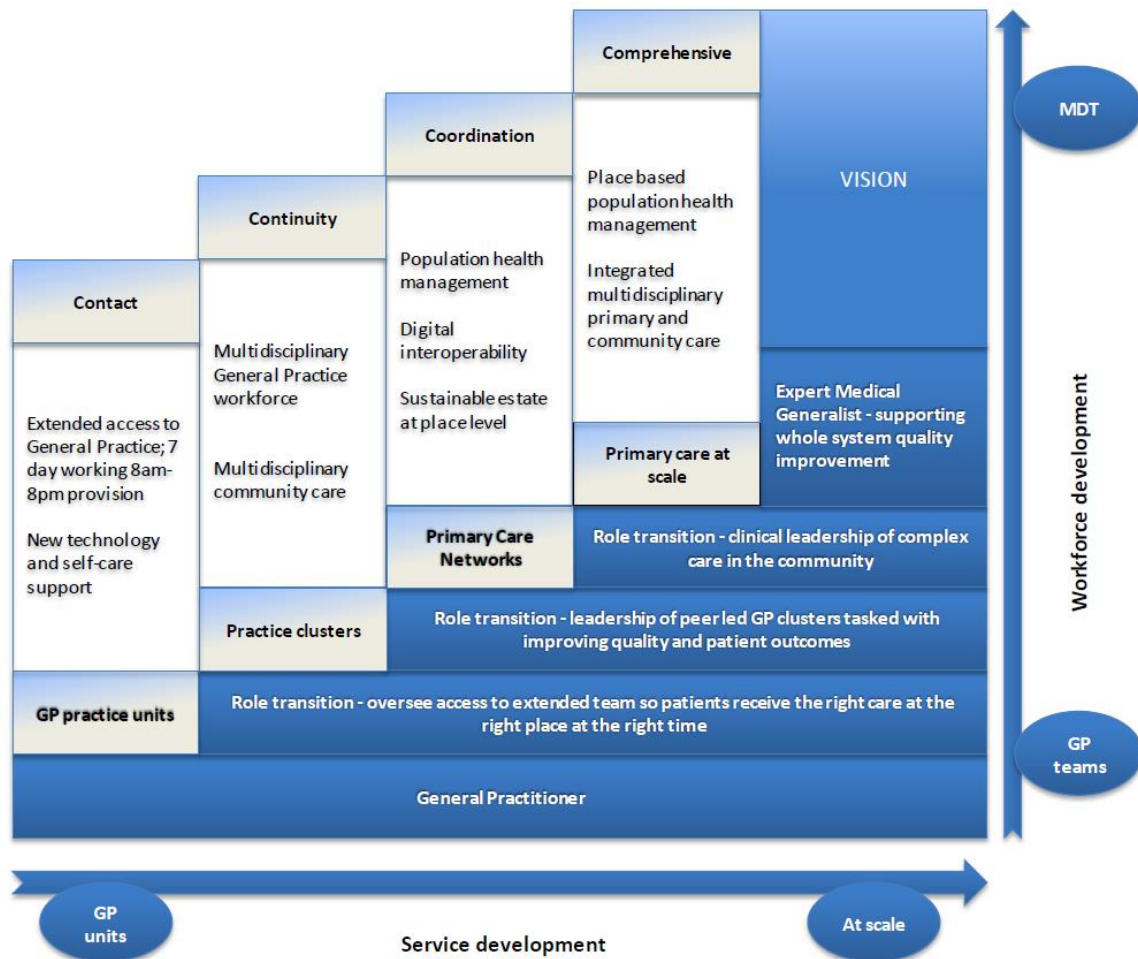
We are part of the national roll out of 'Apex' workload / workforce tool which will assist in understanding the true demand within general practice in order to look at different ways of managing this.

As part of GP Forward View practices have worked on the 10 High Impact Changes and a number of practices participated in a learning set for the Productive General Practice. We are looking to share best practice from these initiatives amongst all practices.

Three out of the four localities have been successful in bidding for Practice Network Development (PCN) funding from NHSE. This funding will enable practices to build stronger, more sustainable general practice across networks via collaborative working between practices and in collaboration with the CCG, local healthcare providers, local voluntary,

community and faith (VCF) sector and patients to develop place based systems to connect and transform local services to improve the health and wellbeing of patients.

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

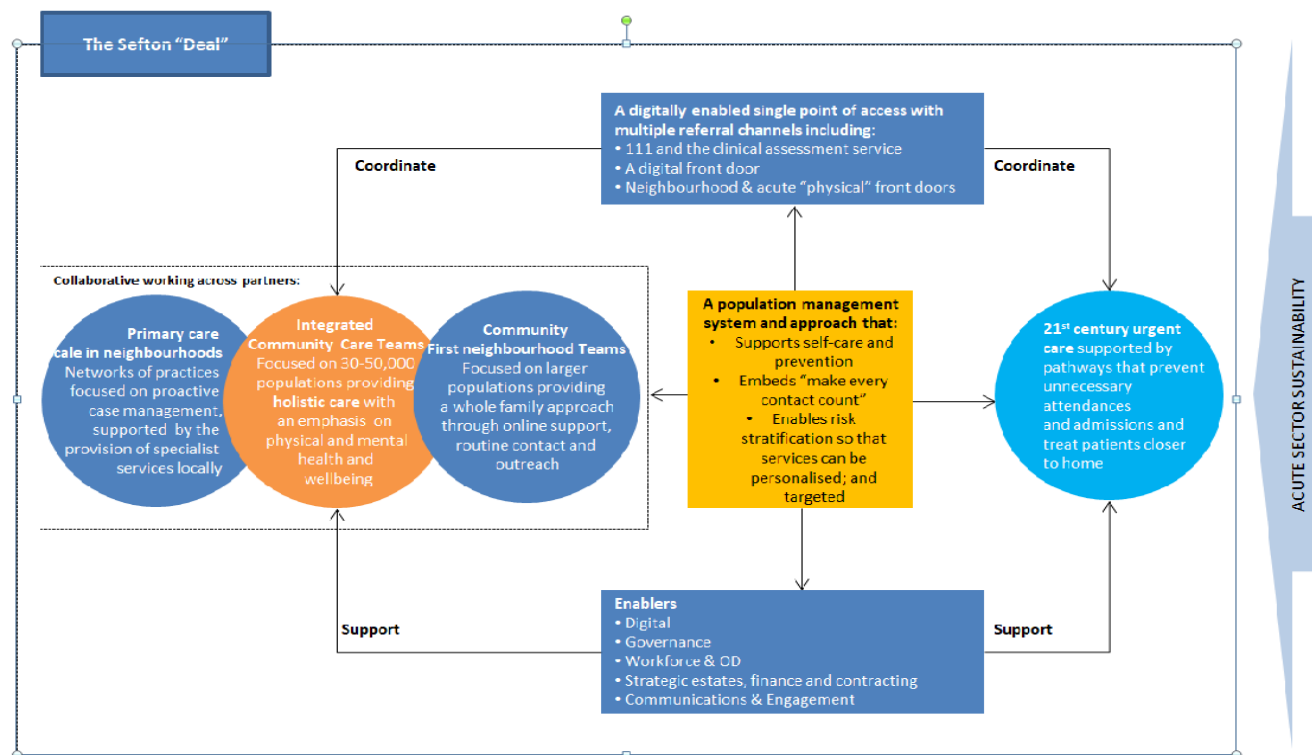


Maturity Model

7

5.9 Integration of services in Localities

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



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

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

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

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

primary care gained from previous engagement activities such as Big Chats and other specific involvement exercises

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

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

6.0 Implementation Plan

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

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

Integration

Work within localities to develop plans and pilot collaborative working

Quarter 3 & 4 2018

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/44	Author of the Paper: Natalie Hendry Designated Safeguarding Adult Manager natalie.hendry@southseftonccg.nhs.uk 0151 317 8356						
Report date: April 2019							
Title: Merseyside Safeguarding Adult Board: Annual Report 2017/2018							
<p>Summary/Key Issues:</p> <ul style="list-style-type: none"> The Merseyside Safeguarding Adult Board (MSAB) was established in 2017 in accordance with the Care Act 2014. The board has representation from Liverpool, Wirral, Knowsley and Sefton local authority areas and replaces pre-existing individual safeguarding adult boards and sub-group arrangements. The Chief Nurse and the Designated Safeguarding Adult Manager are members of the MSAB as health statutory partner for the Sefton area. The Chief Nurse for South Sefton and Southport & Formby CCG chairs the Performance and Audit sub-group This is the first annual report, and highlights the work undertaken in 2017 / 2018 and the five priorities for the MSAB from 2018 – 2020 							
<p>Recommendation</p> <p>The Governing Body is requested to receive the annual report.</p>	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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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.
	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			Approved by the Merseyside Safeguarding Adult Board. Received at Joint Quality Committee 28.02.19.

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

Report to Governing Body April 2019

1. Executive Summary

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

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

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

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

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

2. Introduction and Background

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

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

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

3. Key Issues

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

Prevalence of Abuse:

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

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

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

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

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

3.3 **Communication and Engagement – Subgroup:**

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

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

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

- Safeguarding Policy
- Persons in Positions of Trust Policy
- Information Sharing
- Escalation of Concerns

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

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

3.5 Quality Assurance – Sub-group:

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

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

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

3.6 Performance and Audit – Sub-group:

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

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

3.7 Workforce Development - Sub-group:

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

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

3.8 Priorities for 2018 – 2020:

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

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

4. Conclusions

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

5. Recommendations

The Governing Body is requested to receive this report

6. Appendices

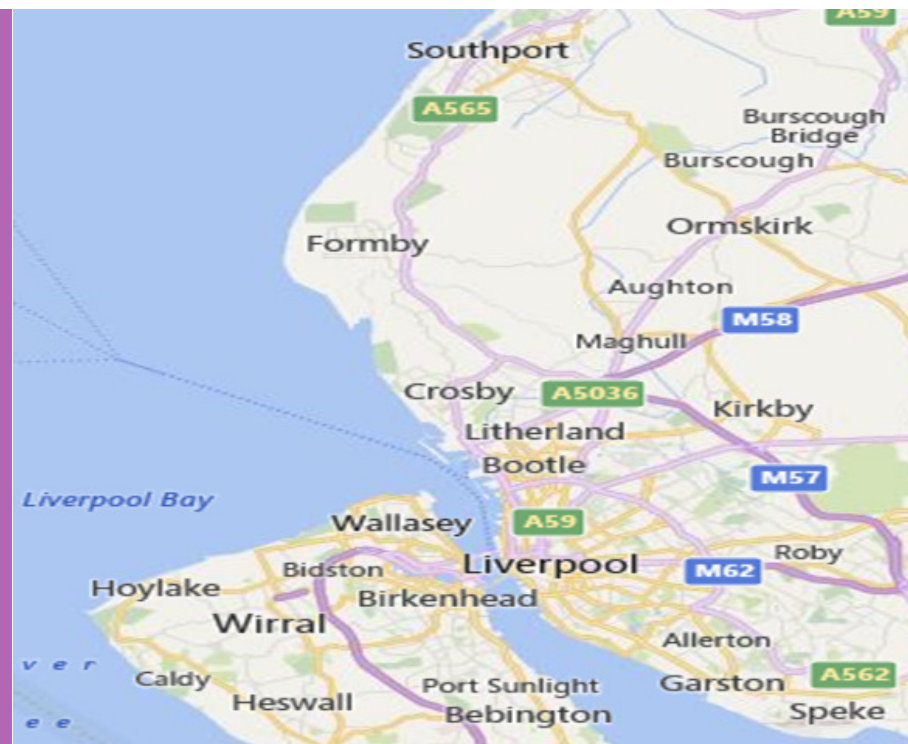
Appendix 1: Merseyside Safeguarding Adult Board Annual Report 2017-2018

Natalie Hendry
Designated Safeguarding Adult Manager
April 2019

Merseyside Safeguarding Adults Board

(Knowsley, Liverpool, Sefton and Wirral)

Annual Report 2017-2018



SAFEGUARDING IS EVERYBODY'S BUSINESS

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Content

Glossary of Terms

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



Glossary of Terms

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

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

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

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

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

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



Sue Redmond—Independent Chair



Foreword by the Chair



The Merseyside Safeguarding Adults Board

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

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

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

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

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

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

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



About the board

Membership

The following statutory organisations are represented on the MSAB:

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

Terms of Reference

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

The non-statutory organisations include:

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

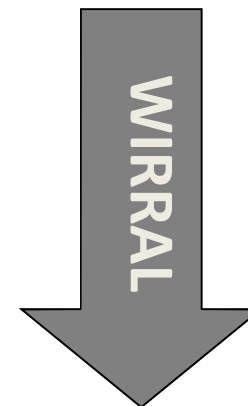
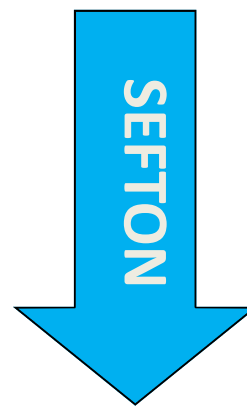
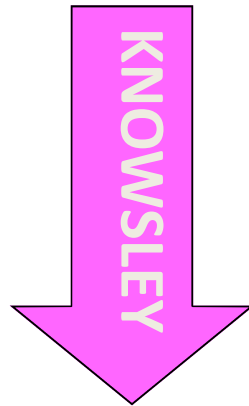


About the board

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

The subgroups of the MSAB are as follows:

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



Safeguarding Adult Review Sub-group

Communication & Engagement Sub-group

Policy, Procedure & Practice Sub-group

Performance & Audit Sub-group

Quality Assurance Sub-group

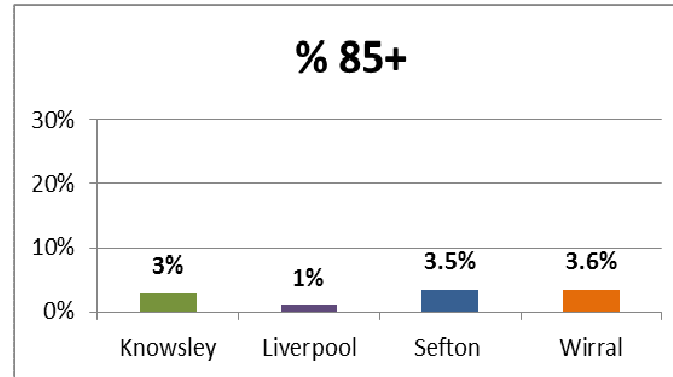
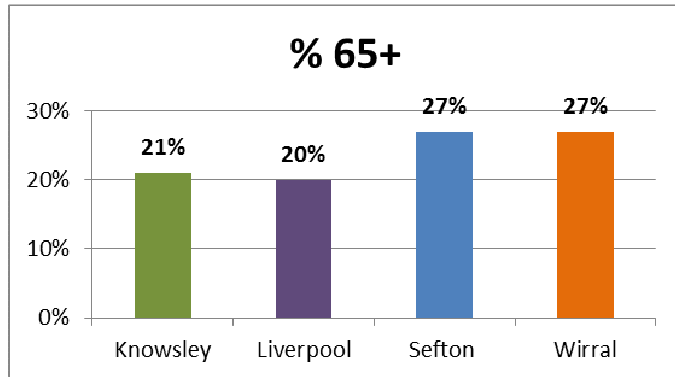
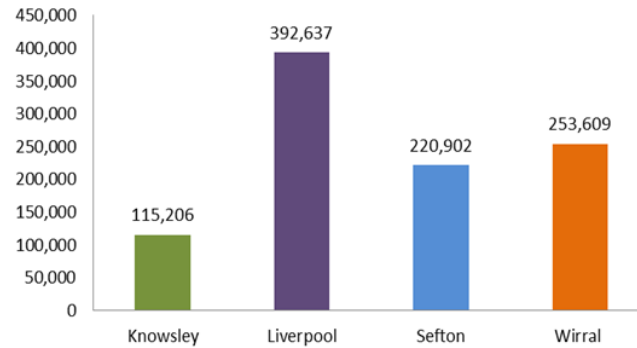
Workforce Development Sub-group



Who lives in our areas ?

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

Number of Population Per Area 18+

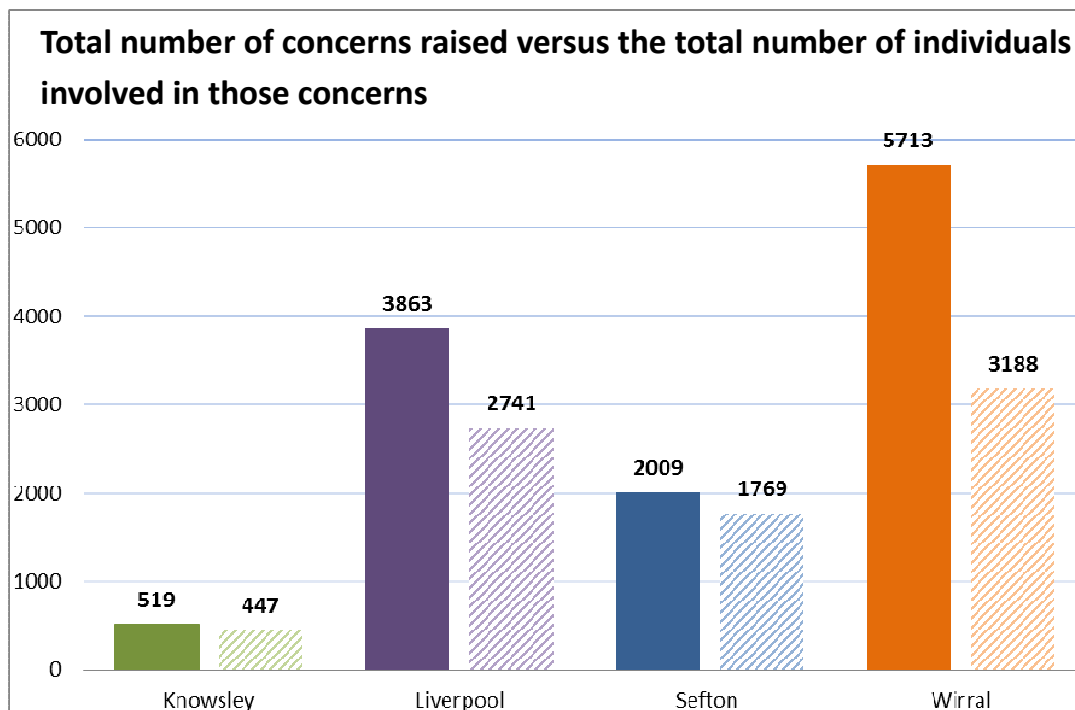


Our Population

Safeguarding Concerns



Safeguarding Data



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

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

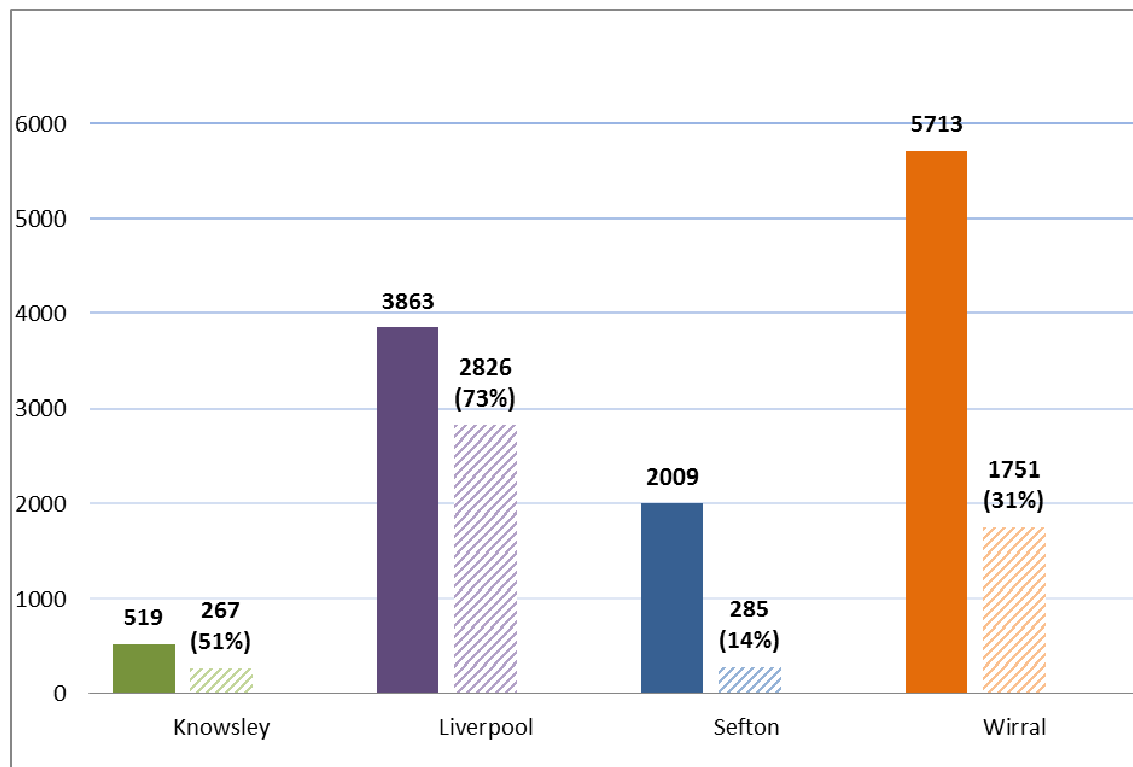
It is clear from the accompanying chart that there are significant differences between the four areas with Knowsley showing a significantly lower number of concerns received than the other 3 areas and Wirral showing the highest. This is representative of the national picture which shows the same differentials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



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

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

Safeguarding Concerns and Enquiries

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



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

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

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

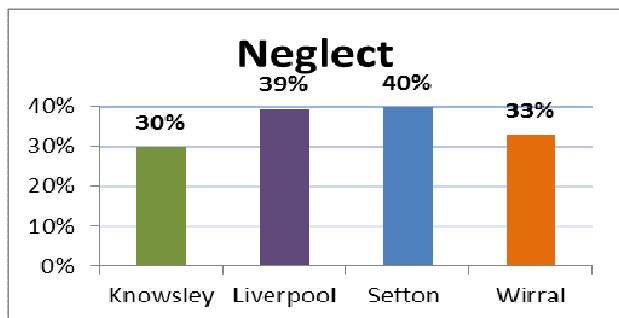
Once again the differences in conversion rates have been investigated and the board were assured that locally defined practices, pathways and triage points could explain the differentials.

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

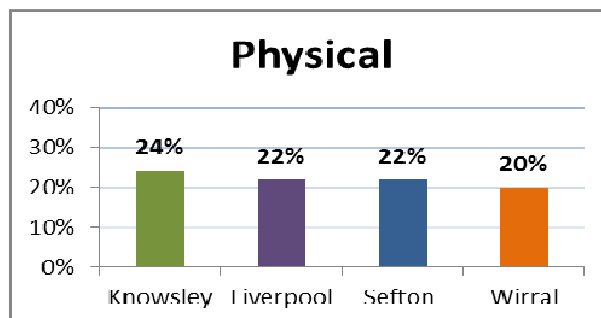


Safeguarding Data

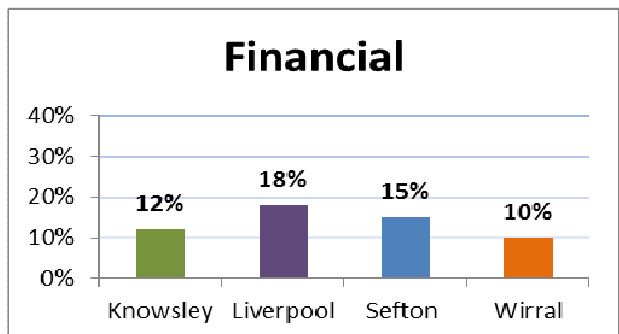
What were the most prevalent types of abuse ?



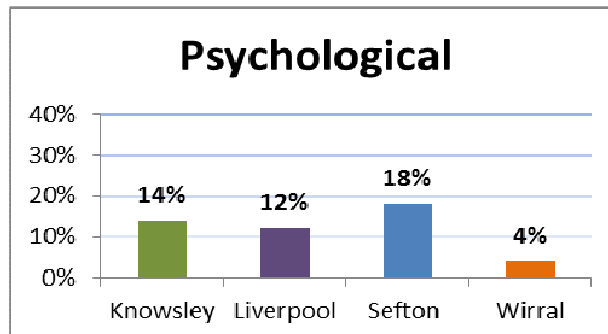
Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, nutrition and heating.



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



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



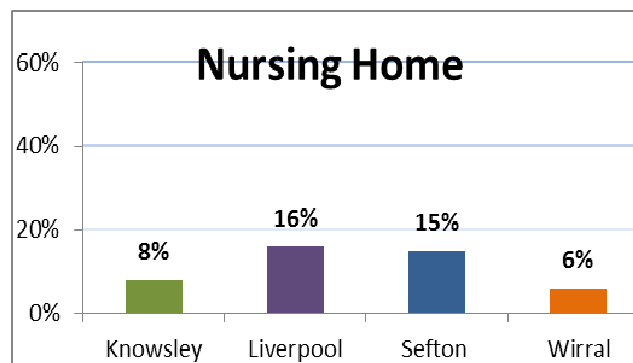
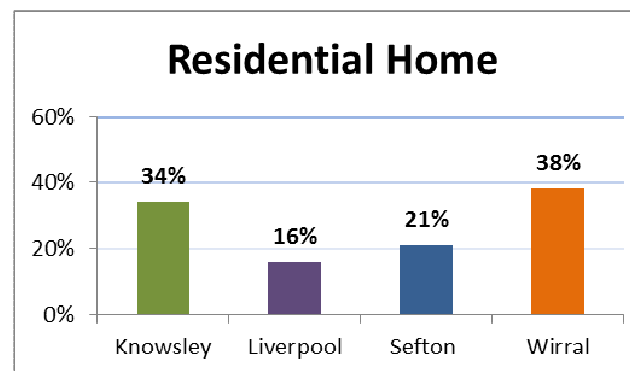
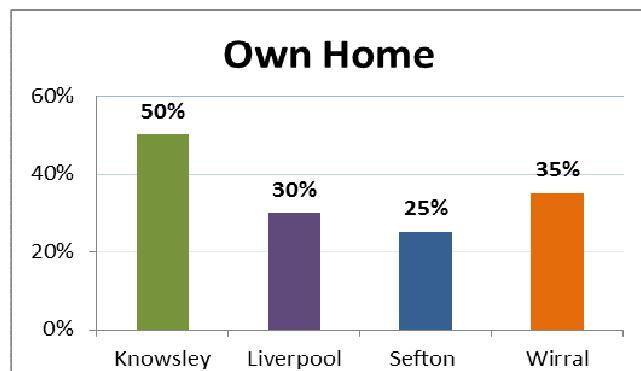
Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

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



Safeguarding Data

Where did the Safeguarding incidents take place ?



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

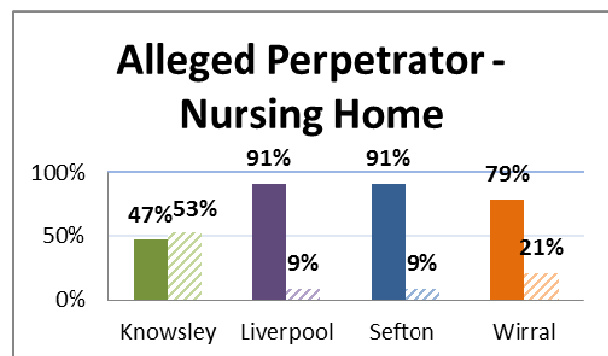
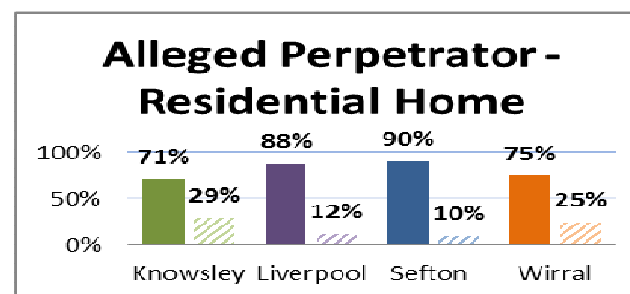
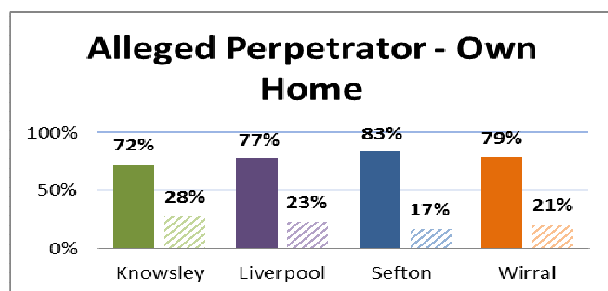
From April 2017 to March 2018 the location most frequently recorded across all four areas was 'Own Home' and 'Residential Home' and once again this reflects the national picture.

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



Safeguarding Data



Who were the alleged perpetrators of the abuse ?



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

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

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

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

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

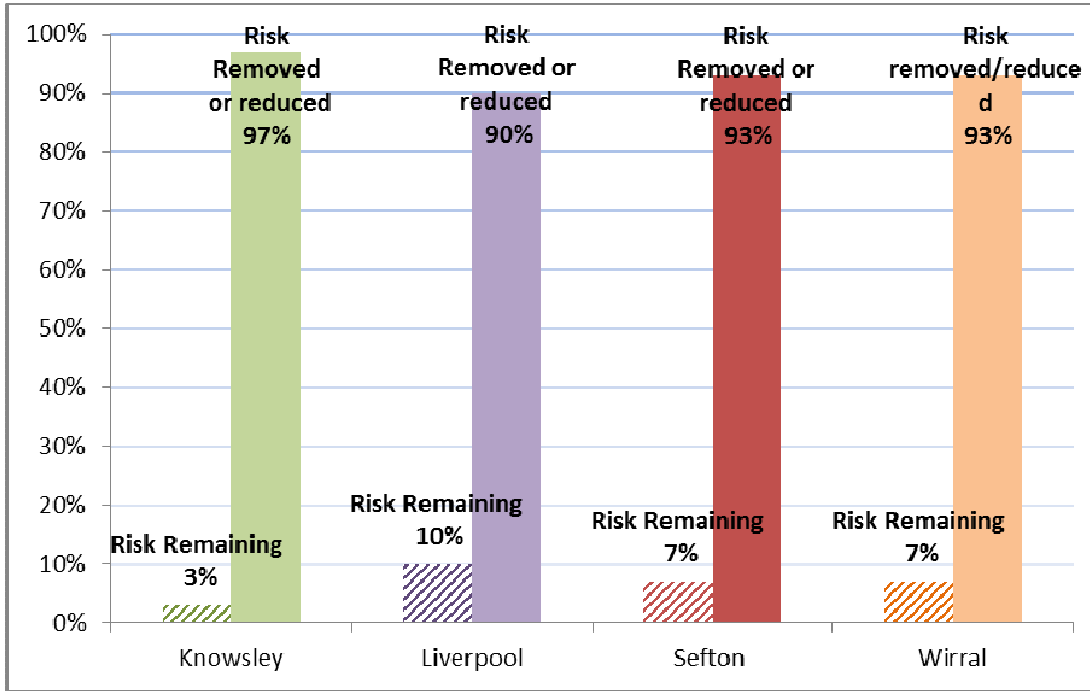


Safeguarding Data

How were the risks managed ?



Safeguarding Data

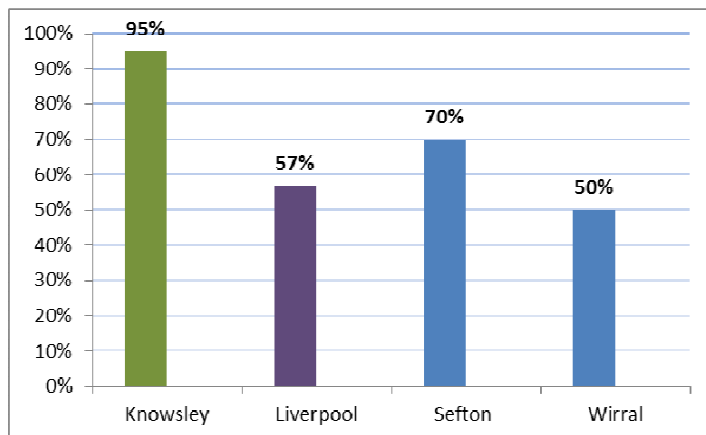


Key: Solid block illustrates the % of cases in which identified risks were removed or reduced
 Patterned block illustrates the % of cases in which identified risks remained

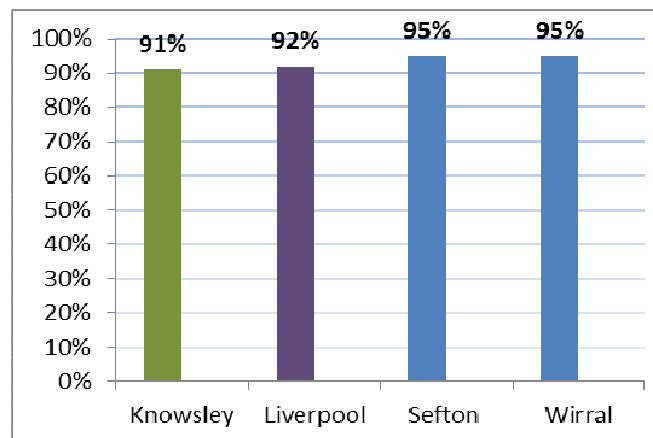
The adjacent chart illustrates the outcomes of all safeguarding enquiries between April 2017 and March 2018 and whether the risk posed to the individual was reduced or removed.

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

Where the outcomes expressed by individuals met?



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



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



Safeguarding Data

What have people told us ?

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



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



What have people told us

Safeguarding Adult Review Groups

Chaired by Senior Officer, Merseyside Police



Work of the Sub-Groups

Remit

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

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

The remit of each SAR group was to:

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

Achievements

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

The Coming Year

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



Work of the Sub-Groups

Communication and Engagement Chaired by Senior Officer, Merseyside Fire and Rescue

Remit

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

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

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

Achievements

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

The Coming Year

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

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

Policy, Procedure and Practice

Chaired by the Head of Safeguarding, Knowsley Council

Remit

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

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

Achievements

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

The Coming Year

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



Work of the Sub-Groups

Quality Assurance

Chaired by the Chief Nurse, NHS Liverpool CCG

Remit

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

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

Achievements

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

The Coming Year

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



Work of the Sub-Groups



Work of the Sub-Groups

Performance and Audit

Chaired by the Chief Nurse, NHS South Sefton CCG

NHS Southport and Formby CCG

Remit

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

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

Achievements

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

The Coming Year

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

Workforce Development

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

Remit

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

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

Achievements

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

The Coming Year

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



Work of the Sub-Groups

What have we achieved?

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



What have we achieved ?

Priorities for 2018 — 2020

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

Priorities

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



Priorities for 2018-2020



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

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

Our Aims

Priority 1

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

Priority 2

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

Priority 3

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

Priority 4

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

Priority 5

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

What we will do

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

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

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

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

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



Strategic Plan 2018-2020

2018-2019

The Year of Challenge

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

All partners will endeavour to work together to:

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



MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/45	Author of the Paper: Geraldine O'Carroll Senior Manager – Commissioning & Redesign Email: Geraldine.o'carroll@southseftonccg.nhs.uk Tel: 0151 317 8457						
Report date: March 2019							
Title: Transforming Care for People with Learning Disabilities: Update							
<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 Southport & Formby 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 Southport & Formby CCG to deliver the aims of Transforming Care Programme.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note progress being made • Endorse the continuing work on the Merseyside Transforming Care Partnership 							
	<table border="0"> <tr> <td>Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> </table>	Receive	x	Approve	x	Ratify	
Receive	x						
Approve	x						
Ratify							

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

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

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

Report to Governing Body April 2019

1. Executive Summary

NHS 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 5 inpatients are in hospital 3 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	3		5	2

Reducing inpatient activity

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.

Since the service went live it has mitigated 4 potential hospital admissions

Positive Behavioural Support training

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

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

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

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

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

110 organisations in Liverpool and Sefton are being targeted:

- Supported living providers
- Special Schools
- Respite/Day Services
- 77 supported living providers
- 30 Special schools
- 6 Opportunity/respite providers
- Community Learning Disability Team and CAMHS

Housing Infrastructure

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

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

Annual Health Checks

In order to be eligible for a Learning Disability Annual Health Check, patients need to be on the GP Learning Disability Register. Progresses in ensuring patients are offered an Annual Health Check is therefore dependent on them being identified and placed on the GP Learning Disability Register.

Nationally, 0.49% of the GP registered population is on the Learning Disability Register. It has been estimated around 2.5% of the population in England has a learning disability.

The confidential inquiry into premature deaths of people with learning disabilities highlighted the importance of Annual Health Checks.

QOF data 2017/18 Prevalence South Sefton - 0.47% 728 patients

QOF data 2017/18 Prevalence Southport and Formby – 0.61% 761 patients

The CCG is currently working with the Local Authority and the LMC to identify a suitable process to identify patients with a learning disability. The process will be shared with practices once agreed.

In 2019/20 all practices will be offered the opportunity to sign up to deliver the LD DES at practice level. Or via South Sefton Federation who can undertake the DES on behalf of the practice. However, all practices must choose one of the two options to ensure 100% population coverage being offered a health check

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.

Recognising the difficulties provider organisation had in releasing staff to undertake reviews, some work has been completed by outside agencies and additional 30 cases will be directed through this route...The CCG will be notified of their allocation to support the reviews.

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

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

The aims of STOMP are to:

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

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

We will be holding an event in Sefton in October 2019 on STOMP and looking at how we can engage with patients to educate them on the medication they are taken and, recognise changes to their health and wellbeing that they may want to discuss with a health professional.

This event will be coproduced with People First an organisation that works with people with learning disabilities.

Children & Young People

Guidance regarding Transforming Care for Children and Young People was published in March 2017. Commissioners are required to maintain a list of children and young people who are at risk of being admitted to hospital. 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 CETR are being undertaken by an independent panel of people.

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

Transforming Care is part of the SEND agenda. There is strong multi-agency working in supporting the development of the dynamic risk register, and the knowledge and undertaking of 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:

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

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
March 2019

MEETING OF THE GOVERNING BODY APRIL 2019

Agenda Item: 19/46	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 8456						
Report date: March 2019							
Title: Cheshire & Merseyside Transforming Care Partnership: Year End Report 2018/19							
<p>Summary/Key Issues:</p> <p>The paper presents the Governing Body with the Cheshire & Merseyside Transforming Care Partnership 2018/19 Year End Report.</p> <p>Over the past 12 months considerable collaborative working involving service users has taken place to improve services for our service users. The work is overseen by the Transforming Care Partnership Strategic Board, Fiona Taylor is a member of this group representing the commissioners in North Mersey.</p> <p>Work is now being concluded to describe the priorities for 2019/20 and our Sefton Place based partnership plan, Shaping Sefton II as required following the publication of the NHS Long term plan, will capture the priorities as applicable to the Sefton place. The governing body will continue to receive updates.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to note.</p>	<table border="1"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives (x those that apply)

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

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

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			Cheshire and Merseyside Strategic Board Meeting 26 March 2019

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

2018/19 Year End Report

1. Introduction

Transforming Care has clear aims to:

- help people live in homes, not hospitals; and
- improve people’s health, quality of care and quality life

This report provides an overview of the progress made by Cheshire and Merseyside Transforming Care Partnership in 18/19 against its workplan, which is divided into the following areas:

- Inpatient Performance (reducing inappropriate admissions and achieving safe discharges)
- Adult Hospital (non-secure) and Community Services
- Housing and Providers
- Children and Young People
- Workforce and Education

Running through this work has been an emphasis on co-production with people who use services in the discussions, design and implementation of projects across Cheshire and Merseyside.

2. Inpatient Progress

2.1. Reducing Admissions

Chart 1 shows the admission rate across Cheshire and Merseyside during 18/19, demonstrating a trend downwards during the course of 18/19. The Partnership has invested in Intensive Support during 18/19 and this is considered to have had a positive impact, reducing the adult admission rate, particularly in Q4.

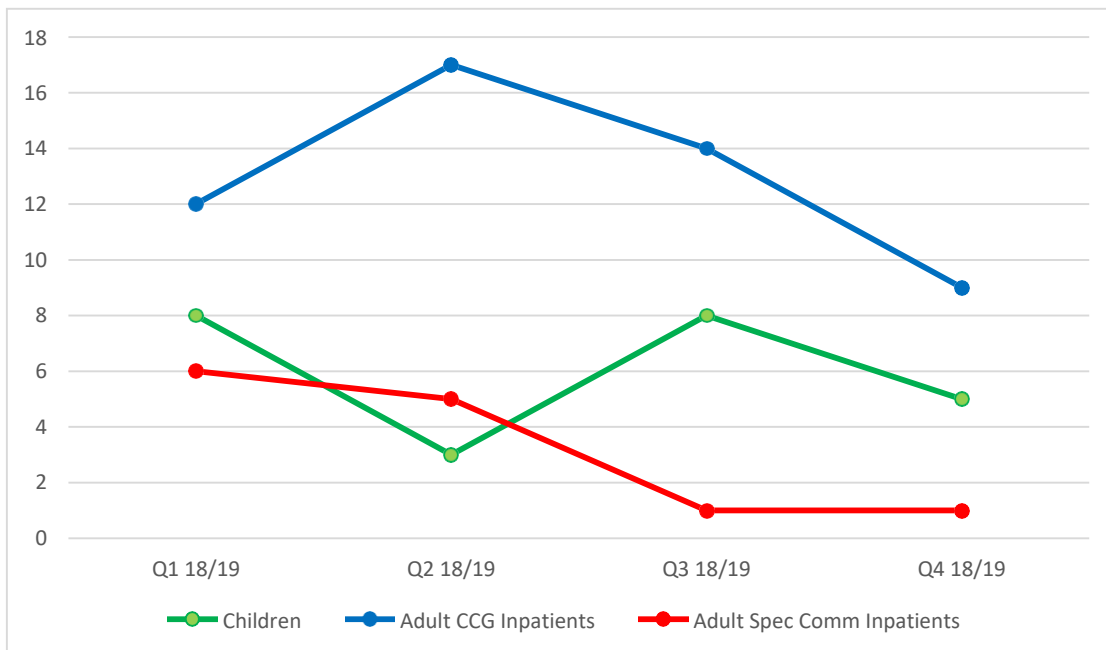


Chart 1: Admissions by Quarter (1st April 2018 to 8th March 2019)

Records held by the TCP office show that 116 admissions avoidance meetings have been held since 1st April 2018, including Pre-Admission Care and Treatment Reviews. Of these, 95 meetings resulted in an avoided hospital admission.

2.2. Achieving discharge and current inpatient position

Between 1st April 2018 and 8th March 2019, 94 people have been discharged from hospital to a community setting. All these individuals will have had person-centred plans and the opportunity to use the C(E)TR process to shape their discharge.

Despite this success, the impact of this work on the numbers in hospital has only reduced the overall inpatient population from 132 to 125 in year. This position is significantly above the target required by NHS England (82 by 31st March 2019).

Professionals across the Partnership continue to struggle to discharge people with a more complex case history with the following issues highlighted as barriers to discharge:

- Available robust market provision for people with complex needs (and/or public safety risks)
- Person centred choice and decision making
- Arrangements for people involving cross boundary or out of area discussions
- Legal Framework: Court of Protection and Ministry of Justice processes
- Funding issues between organisations and transition costs

Appendix 1 outlines some additional actions that the Partnership has undertaken in 18/19 to support complex discharge.

2.3. Current Length of Stay

Length of stay data demonstrates that the challenges around more complex inpatient presentations remain, with a high proportion of inpatients remaining in hospital over 3 years (48% of current inpatients).

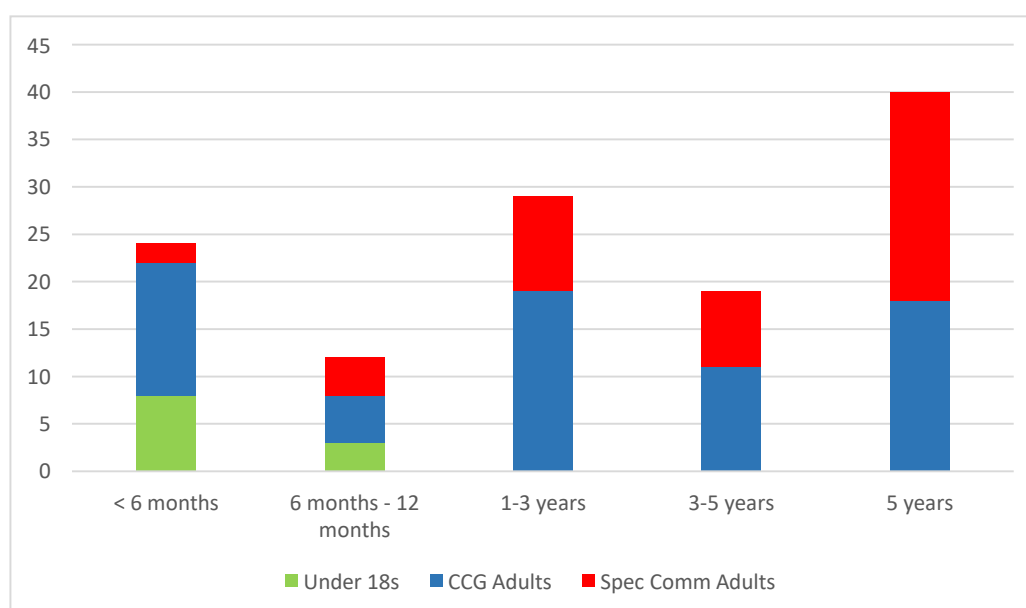


Chart 2: Length of Stay for Current Inpatients (as at 8th March 2019)

3. Adult Hospital (non-secure) and Community Services

3.1. Mobilisation of Intensive Support

Intensive Support for adult services has been implemented in 18/19 and forms part of a package of measures underpinned by standardised service specifications for the Community Learning Disability Teams (incorporating Intensive Support) and for the Inpatient Assessment and Treatment Units across Cheshire and Merseyside agreed in year. Briefly, the measures are:

- Development of skills and additional posts to deliver an Intensive Support Function within the existing Community Learning Disability Teams (CLDTs)
- Care and Treatment Reviews (CTRs) for adults
- Dynamic support database to monitor adults at risk of admission

3.2. Local area priority investment

Aside from Intensive Support, the three hub areas have invested in community infrastructure as follows in 18/19:

Area	Project
North Mersey	Positive Behavioural Support training to community teams, social care providers, special schools and colleges
Mid Mersey	Development of a pre and post diagnostic Autism offer – focused on backlog assessments initially
Cheshire and Wirral	Continued investment in Intensive Support Skills training for more complex care Social care market development activity

3.3. Annual Health Checks and Physical Health Good Practice

The Partnership continues to promote uptake of Annual Health Checks with a target of 75% completed in each CCG area. The TCP's Physical Health lead has been networking across the footprint to support health facilitators and primary care to undertake these. Individual CCGs have created their own plans for increased uptake, and the TCP awaits updated figures to understand whether an improvement has occurred.

2 Physical Health showcase events have been delivered showcasing a range of good practice from across Cheshire and Merseyside. These have included

- Eye health pathway work
- Reasonable Adjustments
- Makaton
- Positive Behaviour Support

3.4. Learning Disabilities Mortality Review (LeDeR): progress and learning

Work to undertake mortality reviews continues. Recognising the difficulties provider organisations have had in releasing staff to undertake reviews, some work has been completed through an outside

agency with excellent results. An additional 30 backlog cases will be directed through this route in order to address the backlog.

Patient Awareness

Learning from completed LeDeR reviews identified two areas as contributory or casual factors in the premature mortality of people with learning disabilities. These were

- the patients ability to recognise the early warning signs of cancer
- respiratory disease

The TCP has funded two projects through the self-advocacy group People First Merseyside (via a bidding process) to raise awareness.

'Red flag signs of cancer' is a campaign designed to develop service users understanding and awareness of warning signs of cancer symptoms which would warrant a discussion with their GP. The campaign involves providing education to the people who use People First services, designing a poster and creating a video.

'Look after your lungs' is a campaign to develop people's understanding of respiratory health. It includes a number of issues relating to respiratory care including how to use an inhaler, symptom of lung conditions such as emphysema and COPD, maintaining a healthy weight and stopping smoking.

Each of these campaigns aim to develop patients understanding of common health problems and encourage them to access medical advice earlier if they are concerned about their own symptoms. The group have then organised roadshows to share their learning with other self-advocacy groups across Cheshire and Merseyside.

Dysphagia Pathway

A Dysphagia Protocol and Guidance has been introduced to support Community Learning Disability Teams identify and advise people with dysphagia. This will deliver a consistent approach in terms of diagnosis, clinical management and advice/ support across Cheshire and Merseyside.

Dynamic Support for people with 2 or more chronic conditions

The Partnership is now progressing with a pilot project to create a Dynamic Support Database for individuals with 2 or more chronic conditions which should help improve outcomes including premature mortality.

3.5. Stop Over-Medication of People with a Learning Disability (STOMP)

A STOMP audit of 6 GP Practices has been completed, with the report launched in October 2018. This study concluded that "antipsychotic drugs are being prescribed for people with learning disabilities in the absence of recording of the conditions for which they are known to be effective". This finding is in line with other studies. As well as number of recommendations, an on-line education tool for GPs has been developed to:

- Increase awareness of STOMP, thereby reducing the use of medication for the management of challenging behaviour
- Act as a repository for peer reviewed STOMP information and resources
- Empower prescribers with decision support tools and aid them in managing challenging behaviour

Following a review of cases where individuals had experienced behaviours that challenge as medication was reduced, the TCP has commissioned a training package around STOMP to support carers.

4. Housing and Providers

4.1. Housing Plan

The TCP's Housing Plan was signed off by the Strategic Board in March 2018. The emphasis was on two key drivers:

- Meeting the requirements of the immediate cohort of inpatients
- Planning for future provision

The Partnership has benefitted from support from the sub-regional Housing Lead (Jane Bellwood), who has provided advice and support to Local Authorities and CCGs.

A number of Local Authorities have moved already to develop a range of supported living accommodation. Mapping the full extent of existing provision across Cheshire and Merseyside has proved difficult and additional support to develop housing provision has been identified as a further need.

4.2. Using small grants to support accommodation adaptations in 18/19

A number of small grant applications have been successful to support adaptations to properties to make them suitable for people leaving hospital. The most recent of these supported a patient to leave hospital after a 10 year length of stay, to a home in Knowsley which was specifically adapted to meet her needs.

4.3. Using the Transforming Care Capital Opportunity

A number of Local Authorities and CCGs have discussed the opportunity of using the capital funding scheme. The following schemes have progressed with scheme completion/ funding allocations during 18/19:

Area	Scheme	Capacity (people)	Capital Used in Financial Year
Liverpool	Besford House step through service.	8	18/19
Halton	Orchard House accommodation for young people	2	18/19
Cheshire West and Chester	Bridgemeanow step up/ step down	3	18/19
Warrington	Culceth development		18/19 & 19/20
Warrington	Raymond Avenue, Stockton Heath accommodation	2	18/19 & 19/20

Two further schemes (Knowsley, accommodation for 12 across 4 sites) and Sefton (accommodation for 3) are being worked up to funding proposal level at present.

The capital scheme remains open for further proposals.

4.4. Shaping the social care provider market

Art of the Possible events

The TCP has facilitated 3 market provider events during 18/19, each named "Art of the Possible". These have been opportunities for commissioners and providers to meet and discuss developing the provider market to meet more of the complex needs of individuals who require discharge from hospital. Discussions have outlined the following key points:

- Providers are not always clear of the range of complex care provision required across Cheshire and Merseyside
- The balance of skill mix to complex patients can be prohibitively expensive in single accommodation (where 2:1 needs may fluctuate). Contracting for shared services between individuals on one site might mitigate some of these costs.
- Providers are keen to develop services, but struggle sometimes with finding the right locations to site new developments
- There are a number of technological opportunities which may help reduce long-term staffing costs without compromising care

Considering bespoke Rehabilitation Services in the Community

Following these discussions and responding to concerns that individuals in long-term hospital care struggle to transfer directly to supported living environments, the TCP has developed 3 service specifications for step-through residential unit services. The specifications are for specific groups:

- **Teal:** Men with a forensic history of sexual offending
- **Cyan:** Young people with more complex needs (mental illness/ substance misuse)
- **Cerise:** Younger women with more complex cases of personality disorder

The specifications have been worked up with relevant service users and clinical staff, building on examples of successful services elsewhere in the country. An independent clinical view from a community professional with a history successful discharges of more complex individuals has been obtained as well. The TCP has discussed the proposals with the CQC to ensure that these meet any requirements.

Analysis has shown that there is likely to be demand for small units (no more than 6 people) in the areas of North Mersey and Cheshire and Wirral for the Teal and Cyan groups, with only 1 unit required for Cerise. This analysis has been based on current inpatients. It is clear, from discussions with CCGs and Local Authorities, that there are concerns around the long-term viability of residential units given the increase in supply of supported living options. The Partnership needs to consider whether this work will move forward.

5. Children and Young People (CYP)

5.1. Developing the CYP Network, including work with the North West ODN

Following a baseline analysis in Q4 of 17/18, the Partnership has worked to strengthen links with Children's Commissioners across Health, Social Care and Education. The Local Offer pages of each Local Authority have been updated with information about Transforming Care. A number of CYP events have been held, with parents discussing the challenges they face at these and other events.

Cheshire and Merseyside professionals have been involved in developing the Children and Young People's Model of Care through the North West Operational Delivery Network (ODN). This document highlights good practice and provides commissioners with guidance on how to develop CYP services in their local area. The document was signed off by the ODN in March 2019.

5.2. C(E)TRs: training and support

C(E)TR training has been delivered and a C(E)TR Peer Support network meeting is now well established. However, although there are a number of admission avoidance meetings held, it is clear that the challenge of identifying children at immediate risk of hospital admission remains. Of the 11 individuals in hospital at 8th March, none had received a pre-admission C(E)TR. The Partnership has asked for a Root Cause Analysis to be undertaken on the journey to admission for all admissions from Q4 in order to identify where there may have been opportunities to identify these children earlier. This will help support implementation of the CYP Dynamic Support Database.

Following discussion around difficulties completing post-admission C(E)TRs, Specialised Commissioning have received additional resources to address this.

5.3. Identification of children at risk of admission

Following successful implementation of the Adult Dynamic Support Database, which identifies adults at risk of admission, CCGs across Cheshire and Merseyside have been developing this approach for Children and Young People. This has proved more challenging in terms of triangulating information held by Local Authorities, Education and Clinical Commissioning Groups. Led by Liverpool CCG, the project has gained momentum during the year with the majority of CCGs expected to have individuals recorded on their local registers from the end of March 2019. As with the adult Dynamic Support development, it is recognised that this system will grow and develop over the next 6-12 months as professionals become more familiar with how it can support discussions around individuals in need.

5.4. Support for parents/ carers/ families

Parents often tell us of the lack of support they have experienced caring for their children, particularly support they can access from home. In 18/19, the Partnership secured some money from the Local Workforce Action Board and has commissioned a mix of on-line and face-to-face training specifically aimed at addressing the needs of Children and Young People, as follows:

- Supporting Children and Young People
- Preparing for Adulthood
- Families and Carers as Partners in Support

- Relationships, Sexuality and Sexual Health
- Autism and behaviours that challenge

Mobilisation of these projects is currently underway, with an expected go-live date of end April 2019.

6. Workforce and Education

6.1. Development of the TCP Workforce Plan

The TCP developed its Workforce Plan in 18/19, with the final version signed off by the Strategic Board in February 2019. Five priorities have been identified:

1. Increase the skills of the unpaid and frontline support worker workforce to reduce demand on health and social care
2. Increase supply and retention in terms of support workers
3. Increase supply in relation to higher skilled posts
4. Increase the awareness and skill levels of existing health and social staff in relation to the Physical Health needs of people with Learning Disabilities and/ or Autism
5. Develop employment opportunities for people with learning disabilities and autism

An implementation plan has been developed with milestones in 2019/2020.

6.2. Commissioners Development Programme

A development programme for Commissioners across health and social care was created and delivered during 18/19 with sessions focused on:

- Developing Housing
- Children and Young People
- Making Connections
- Commissioning for Personalised Futures

6.3. Training and Development for frontline carers

A Local Workforce Action Board (LWAB) funding bid has been successful and the Partnership has commissioned a range of training and support for parents, carers and support workers across the voluntary and independent sector, based on the national competency based framework for Learning Disabilities. This will deliver:

- Improved access to training and development for parents and carers who undertake a support worker function from within the voluntary care sector.
- Improved resilience and ability to care for people with learning disabilities and/ or autism in the community (paid and unpaid carers.)
- Improved access to training and development for front line support worker staff across the care sector (NHS, Social Care, Independent.)
- A consistency in approach to training, based on nationally agreed learning outcomes, supporting patient safety and person-centred care.
- Improved experience of care and quality of life for people with learning disabilities and/ or autism.
- Training to meet identified gaps in current prevention, with a prevention agenda in mind.
- Reduction in demand for health and care services for people presenting with more complex needs as a result of poor care.

A number of 3rd Sector and NHS organisations were successful in bidding for funding, with training due to go live by the end of April 2019.

7. Finance

A final breakdown of income and expenditure will be presented to the Strategic Board meeting on 26th March.

8. Conclusion

Building the Right Support requires a range of work across health and social care to achieve its aims. The Partnership has made progress across all areas of its workplan in 18/19, but remains significantly challenged in delivering the infrastructure necessary to support people with more complex needs in the community. Without a wider range of care provision in place, some of those with more complex needs will remain in hospital long-term. Market development and skill mix are key aspects moving forward.

Appendix 1: Additional actions to support complex discharge

The following actions are considered key to supporting complex discharges:

Inpatient C(E)TR compliance

Partners across the footprint have improved the inpatient C(E)TR compliance rate significantly in the last 6 months. Compliance with the C(E)TR target has improved from 47% in August 2018 to 77% at the end of February 2019. Only 12% of inpatients were more than 6 months overdue - these figures include some individuals with capacity who have refused to participate in C(E)TRs.

Clinical Support and Oversight for CCGs

In 18/19, the TCP recruited a mental health nurse to lead the hospital discharge pathway work and provide clinical support and oversight across the footprint. This individual works with CCG commissioners and Specialised Commissioning on more complex cases and provides oversight of the admissions and discharge activity across Cheshire and Merseyside.

Transitional funding

Funding for 9 individuals who were identified a particularly complex hospital discharges was provided in year to support actions to achieve discharge. 2 cases related to independent clinical review with the rest attracting funding to support a longer transition period of leave. 4 of these have been discharged already, with the remaining 3 due to leave by end of Q1 19/20.

Supporting people previously funded by a dowry

Following cessation of the dowry scheme, the TCP supported Local Authorities and CCGs with a contribution to the community care packages for 5 individuals who had previously been in hospital for more than 5 years and for whom higher cost care packages are in place.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 24th January 2019

Chair:
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £4.000m before any mitigating actions. 	<ul style="list-style-type: none"> The CCG is on target to miss both its control total (£1m surplus) and statutory duty to break-even. 	<ul style="list-style-type: none"> The CCG Governing Body agreed planned mitigations of £2m in December 2018. Continue to review all CCG expenditure and implement recovery plan. The CCG will need to review its year-end position with all partners.

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

- The committee noted an increase in Independent Sector activity, due to reduced slot availability at local Acting as One providers.
- The committee received an update regarding progress on Acting as One arrangements.
- The committee received an in depth analysis on FNC / CHC expenditure, noting an increase in the number of high cost packages. The committee expressed its concerns over the difference between the prices quoted on DPS and the actual prices charged. The committee also noted its concerns over the differential in prices paid by South Sefton CCG, noting they were significantly higher.
- The CCG's Control Total has been set at £1m surplus for 19/20.
- The committee received a verbal financial strategy update. Allocations have been published with the CCG receiving less than the national average uplift. Further work is ongoing to determine overall financial plan and an update will be given in February's Governing Body meeting.
- The CCG is working with partners in localities to review potential estate plans, and initial evaluation plans from locality reviews will be presented for discussion within the next three months.

- The committee approved the Pan Mersey APC recommendation for the commissioning of Rheumatology high cost drug pathways – sequential options for Rheumatoid arthritis, Ankylosing spondylitis and axial SpA, Psoriatic arthritis and peripheral SpA.
- The committee approved the Pan Mersey APC recommendation for the commissioning of Tofacitinib tablets (Xeljanz®▼) for Psoriatic arthritis.
- The committee noted that the Audit Committee had asked that Brexit arrangements are reported to the F&R Committee in future and this was included within the work plan.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 21st February 2019

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £3.400m before any mitigating actions. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty (break-even) or control total (£1m surplus). 	<ul style="list-style-type: none"> GB agreed mitigation plan to be expected for Month 11 report. Continued review of all expenditure to ensure CCG is receiving Value for Money from services.

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

- A number of HR policies approved (listed below) except for Attendance Management Policy, which will be considered further by the Leadership Team and reported back to the committee.
 - Agenda for Change Re-Banding Policy
 - Annual Leave and Bank Holiday Policy
 - Incremental Pay Progression Policy
 - IVF Guidance for Managers
 - Recruitment and Selection Policy
- Brexit – CCG risk centres upon medicines supply / also identified potential risk relating to care home staffing – high reliance upon non-UK residents according to national figures. CCG to seek assurance from the Council regarding local situation.
- The committee agreed to proceed with the following recommendation for CHC fee rates 2019/20, noting the level of risk in the market:
 - provide an uplift of 1% to packages live at 1st April 2019 aged more than one year effective from 1st April 2019;
 - and to implement a floor rate for pre DPS packages (greater than two years old) live at 1st April 2019 effective from 1st April 2019.
- The F&R risk register was reviewed and it was agreed to re-assess the position once the Governing Body agreed mitigation plan had been actioned in Month 11.

- The SPEP Terms of Reference were agreed.
- Prescribing continues to underspend during the year - FOT underspend 9.2% or £2.629m.
- Finance & Resource Committee Terms of Reference – further review before March meeting for consideration / sign off. Comments back to CFO / PA to CFO.
- The committee noted that the consultation relating to the 19/20 PbR tariff is to close on 21st February 2019. The committee endorsed the recommendation to reject the tariff on the basis that CCGs had not been adequately funded to support the increased costs.

Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 29 th November 2018 Southport & Formby CCG and South Sefton CCG	Chair: Dr Gina Halstead
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Information Points for Southport & Formby CCG Governing Body (for noting)
Aintree - Cancer 62 day wait is longest in Cheshire and Merseyside. Action plans required.
CCG Serious Incident Report – Number of actions remain amber. Action plan will remain open.
CQC Safeguarding Review – Actions notes. Plan to be submitted by 4 th January 2019.
Safeguarding Roles – To present paper to the next meeting.
Joint Quality Committee ToR – Approved.

Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 31 st January 2019 Southport & Formby CCG and South Sefton CCG	Chair: Brendan Prescott
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Information Points for Southport & Formby CCG Governing Body (for noting)
Concern on CCG staff being pulled in to Southport and Ormskirk Hospital which impacts on CCG performance.
Upper GI Cancer performance – Dr Halstead to raise with Dr Harvey – Cancer Lead.
LeDeR Review – highlighting the gap in commissioning of a service post adult transition.
YOS Inspection taking place w/c 4 th February 2019.

Key Issues Report to Governing Body



South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 20th December 2018

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

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

7 days access service is now live and usage is increasing in the area. NHS Digital has agreed to work with Sefton to pilot the use of ERS with the community EMIS clinical system.

As of January 2019 South Sefton Joint Committee and the Southport & Formby Committee will come together to form a committee in common in shadow form in anticipation of becoming delegated commissioners from 1st April 2019.

Key Issues Report to Governing Body



South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 7th February 2019

Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions
Publication of NHS Long Term Plan and changes to the GP Contract.	Understanding the financial and workforce impact on General Practice as changes are implemented.	Understand the impact of changes as details are published. Review additional commissioned services in light of changes. Support to developing Primary Care Networks.

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

7 Day Access overall utilisation of appointments is growing.

Changes in delivering the Learning Disabilities Health Checks has improved up take figures.

Key Issues South Sefton Localities

Meeting Date

January 2019 to March 2019

Bootle Locality - Chair Catherine Aspden		
Key Issues	Risks Identified	Mitigating Actions
1. Practices having difficulties with CRT referrals. They are finding that clinicians want to speak to GP directly. GP's have not been able to move on to next patient until this is done making delays in waiting times.	Increase in GP workload	Escalated to Quality team and Mersey Care
2. DN/CM request tests but results always go back to the GP. GP feels unsafe to interpret as they have no first-hand knowledge of the patient.	Unsafe for GP to interpret result with risk to patient health	Looking into the having the results returned to community staff. IT in place but need agreement from Mersey Care to allow this to progress.
3. Midwives do not enter clinical information onto EMIS via their own computer systems or via practice EMIS system despite having access. An incident has occurred whereby a patient has continued to receive high risk medication whilst pregnant. MW had not highlighted/reviewed medication and had not entered a diagnosis on to computer therefore the practice did not know patient was pregnant. Patients now self-refer for antenatal services.	Increase in risk to patients. If appropriate coding is not entered safety netting alerts will not be triggered.	Escalated to Quality Team. Investigations being made on how MW could be supported to enter information appropriately.
4. NEWS2 scores are to be rolled out to community staff. There has been no communications sent to GP's in Sefton	Will reduce the number of patients being seen by GP as the workload associated with NEWS scores will increase at practice level.	Escalated to Joint Commissioning Committee

Information Points for Governing Body to Note:

Crosby Locality - Chair Craig Gillespie		
Key Issues	Risks Identified	Mitigating Actions
5. Community Diagnostic tests via Aintree are now available in ERS. Aintree asking for a dual process if patient attending Litherland or Maghull as these sites are unable to view ERS. They are also enforcing referrals being done electronically.	Increase work load for GP to do both paper referral and electronic referrals	Escalated to Joint Commissioning Group
6.		

Information Points for Governing Body to Note:

Maghull Locality - Chair Ruari McKillough		
Key Issues	Risks Identified	Mitigating Actions
7.		
8.		
9.		

Information Points for Governing Body to Note:
No Key issues identified

Seaforth and Litherland Locality - Chair Emma McDonnell		
Key Issues	Risks Identified	Mitigating Actions
10. Practices are still experiencing a high number of issues with ERS.	Increase in workload for GP practices chasing issues to resolve them	Aintree have been invited to April Locality meeting to try and resolve issues on a wider footprint rather than individual practices.
11.		
12.		

Information Points for Governing Body to Note:

Finance and Resource Committee Minutes

Thursday 24th January 2019, 1pm to 3pm
NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Graham Morris	Lay Member (F&R Committee Chair), SS CCG	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
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Apologies		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Debbie Fagan	Chief Nurse, SS CCG	DF
Dr John Wray	GP Governing Body Member, SS CCG	JW
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Membership	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	A	✓	✓	✓	✓		
Graham Bayliss	Lay Member	A	A	✓	✓	✓	A	✓	✓	✓		
Dr Pete Chamberlain	GP Governing Body Member							✓	✓	A		
Dr Sunil Sapre	GP Governing Body Member	✓	A	✓	✓	✓	A	✓	A	✓		
John Wray	GP Governing Body Member	A	A	A	✓	A	A	✓	A	A		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	A	✓		
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	✓	✓	✓	A	✓	✓	✓		
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	*	✓	*	*	*	*		

No	Item	Action
General business		
FR19/01	<p>Apologies for absence</p> <p>Apologies for absence were received from Dr Pete Chamberlain, Dr John Wray and Debbie Fagan.</p> <p>Apologies for absence had also been received from Debbie Fairclough, who was due to attend to present item <i>A19/05: HR Performance Dashboard</i>. MMcD confirmed he would present this item in her absence.</p>	
FR19/02	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have 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> <ul style="list-style-type: none"> • <i>FR19/18: AOB</i> MMcD noted he would be raising an item under AOB regarding a successful bid for funding for digitisation of GP practice records. He confirmed this would be a verbal update to be noted by the committee. SS declared he is a partner GP at Maghull Family Surgery and Maghull Health Centre, which have both expressed an interest in this scheme; therefore he has an indirect-pecuniary interest in relation to this item. The Chair reviewed the declaration of interest and decided that as the item was for noting only and did not require a decision to be made, SS could participate in discussion. • 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. 	
FR19/03	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the meeting held on 22nd November 2018 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p> <p>The minutes of the meeting held on 20th December 2018 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p>	
FR19/04	<p>Action points from the previous meeting</p> <p><u>Actions from meeting on 22nd November 2018</u></p> <p>FR18/125 Contract Planning 2019/20 MMcD confirmed he has met with Pete Chamberlain to discuss work to develop a process which measures effectiveness of treatments. MMcD reported that the CCG is looking to undertake benchmarking activity with peer CCGs that seem to have been more effective in this area. He recommended undertaking this</p>	

No	Item	Action
	<p>exercise with a CCG with similar demographic characteristics. He commented that South Sefton CCG will be examining how to get from being efficient to being effective in the area of treatments. Members noted this update. Action closed.</p> <p>FR18/142 Action points from the previous meeting MMcD confirmed an update report on RTT and incomplete wait times was presented to the Governing Body; an RTT analysis was also covered at the Senior Management Team meeting on 22nd January 2019. Action closed.</p> <p>FR18/158 Action points from the previous meeting FR18/145 Continuing Health Care – Update Report A CHC update report, which includes an update on high cost cases, is to be presented under item FR19/08. Action closed.</p> <p>FR18/159 Finance Report - Month 7 Action still open - the finance report is to show how the financial position is changing month by month throughout the year. AOR to action.</p> <p><u>Actions from meeting on 20th December 2018</u></p> <p>FR18/172 Finance Report - Month 8 It was noted that FNC data is included in the month 9 finance report to be discussed under item FR19/06 and was agreed that the action could be closed.</p>	AOR
<i>HR</i>		
FR19/05	<p>HR Performance Dashboard MMcD presented the HR Performance Dashboard, which shows data from April to November 2018.</p> <p>Members noted a decrease in monthly sickness absence rates since the report was last presented to the committee in September 2018. A small increase in the mandatory and statutory training rate from September to November 2018 was noted and that all line managers are being asked to ensure staff complete the required training.</p> <p>Members referred to the increase in staff turnover from August to October 2018 and noted there may be a link with staff secondments to the Project Management Office (Sefton Transformation Programme).</p> <p><i>The committee received this report.</i></p>	
<i>Finance</i>		
FR19/06	<p>Finance Report - Month 9 MMcD provided an overview of the year-to-date financial position for NHS Sefton CCG as at 31st December 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The year to date financial position is a deficit of £1.000m, which represents deterioration against the planned surplus of £0.200m at this stage in the year. • The most likely financial outturn position for the CCG assessed at 31 December 2018 is a deficit of £4.000m before mitigation. The CCG Governing Body agreed planned mitigations of £2.000m in December 	

No	Item	Action
	<p>2018, which will reduce the most likely financial outturn position to £2.000m.</p> <ul style="list-style-type: none"> • The main financial pressures relate to CHC packages, due to an increase in overall number of cases and a number of high cost cases, and overspend within prescribing due to NCSO and other prescribing cost pressures. • QIPP delivery at month 9 is £2.050m which relates to a prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m. • The Run Rate 2018/19 graph shows the CCG's plan for the year. AOR confirmed that the run rate plan will be updated for next month's report to show the CCG's actual position against the plan in each month. • All BPPC targets have been achieved year to date; work to maintain this performance through robust cash management continues. • NHS England have provided confirmation that at this stage they are not anticipating any restriction on cash availability to CCGs between now and the end of the financial year. • The month 9 governance return, Agreement of Balances process and the month 9 accounts have all been completed and submitted to NHS England. <p>The committee discussed the finance report. Members noted an increase in Independent Sector activity, potentially due to reduced slot availability at local Acting as One providers. GM queried whether the increased spend in the month was related to volume or cost per treatment. JL to look further into this issue.</p> <p>The committee discussed Acting as One arrangements and received an update from MMcD.</p> <p>Members discussed potential cost saving schemes for the remainder of the financial year and agreed further work was required prior to 31st March 2019. It was agreed for SL and JL to review the year-end position in terms of prescribing.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendations section of the report.</i></p>	<p>AOR</p> <p>JL</p> <p>SL / JL</p>
FR19/07	<p>2019/20 CCG Financial Control Total</p> <p>MMcD presented a letter from NHS England, dated 16th January 2019, regarding 2019/20 CCG Financial Control Totals. The letter confirms that the 2019/20 control total for NHS South Sefton CCG set by reference to the in-year allocation is an underspend of £1.0m, in order to repay some or all of the CCG's historic overspends.</p> <p>The committee noted the contents of this letter and discussed the control total.</p> <p>MMcD confirmed a revised financial plan will be presented to the Governing Body in February 2019 and that the CCG will need to submit a financial recovery plan.</p> <p><i>The committee received this letter.</i></p>	

No	Item	Action
FR19/08	<p>CHC Update Report</p> <p>AOR presented an update report on the work being progressed around the following areas in relation to Continuing Healthcare (CHC):</p> <ul style="list-style-type: none"> • Retrospective reviews – previously unassessed periods of care. • High Cost Cases – assurance on actions being taken. • Adam DPS – management Information – October to December 2018. • Continuing Healthcare – external review of current processes <p>It was noted that NHS England have confirmed that any retrospective claims in respect of unassessed periods of care should be charged back to NHS England and not the CCG; this effectively eliminates financial risk associated with these claims.</p> <p>AOR presented a table of high cost packages, contained within the report, which she has reviewed with Jo Ryder (Acting Head of Service IPA Sefton Locality, Midlands & Lancashire CSU).</p> <p>AOR presented the Adam DPS management information and noted that the CCG will be having quarterly update meetings with Adam.</p> <p>The committee noted an increase in the number of high cost packages and expressed concerns over the difference between the prices quoted on the DPS and the actual prices charged. The committee also expressed concerns over the differential in prices paid by South Sefton CCG, noting they were significantly higher. MMcD confirmed this would be investigated.</p> <p><i>The committee received this report.</i></p>	MMcD / AOR
FR19/09	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R risk register and proposed no changes.</p> <p>The committee discussed the overall financial risk (FR005) and agreed the total score post mitigation is to remain at 20.</p> <p>GM queried the consequence post mitigation score for risk FR008, related to the delivery of the Sefton Transformation Programme. He proposed the score be reduced from 4 to 3, based on the CCG's risk matrix, as the financial pressure is under £1m for South Sefton CCG. Members discussed this and agreed with the change, which would result in reducing the total post mitigation score from 16 to 12. The risk register is to be updated with this change.</p> <p><i>The committee approved the F&R risk register subject to the change agreed for risk FR008, as detailed above.</i></p>	MMcD / TK
FR19/10	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy. He noted the full operational planning and contracting guidance for 2019/20 has been issued. CCG allocations have been published with the CCG receiving less than the</p>	

No	Item	Action
	<p>national average uplift.</p> <p>MMcD reported work is ongoing to determine the overall financial plan and that an update will be given at the Governing Body meeting in February 2019.</p> <p>AOR noted she had joined a webinar briefing yesterday on CCG Allocations 19/20 to 23/24 and would brief MMcD on this.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Estates</i>		
FR19/11	<p>Estates Update</p> <p>MMcD reported a third party developer attended the Governing Body Development Session on 10th January 2019 to present a proposal for the Crosby / Waterloo locality. The CCG's Corporate Business Manager has been liaising with the developer to follow up on this.</p> <p>MMcD reported the CCG is working with partners in localities to review potential estate plans; he confirmed initial evaluation plans from locality reviews will be presented for discussion within the next three months.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Prescribing</i>		
FR19/12	<p>Prescribing Spend Report – Month 7 2018/19</p> <p>SL provided an overview of the prescribing report for month 7. She reported that a review of the CCG prescribing performance at quarter 2 (2018/19) has been included in the report to compare South Sefton CCG against neighbouring CCGs in the Merseyside and Warrington area.</p> <p>It was noted that at month 7, the CCG is forecast to be underspent by £2.52m or -8.9%.</p> <p>SL reported that the Influenza & Pneumococcal vaccination budget has transferred to NHSE but that activity data is still being received by the CCG; therefore manual adjustments have needed to be made to CCG prescribing data. Actions are ongoing to resolve this issue. She reported on other adjustments that have been required due to the current prescribing environment.</p> <p>SS noted his practices have not been able to access pneumococcal vaccines. SL and JL confirmed they would liaise with Colette Page (Practice Nurse Lead at the CCG) about this issue.</p> <p>SL reported on increasing NCSO cost pressures, noting that the current forecast NCSO cost pressure for the year is £1.29m. She also reported on the fluctuating prices of Category M drugs and the potential effect on the forecast.</p> <p><i>The committee received this report.</i></p>	SL / JL

No	Item	Action
Minutes of Steering Groups to be formally received		
FR19/17	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – October 2018 • Information Management & Technology (IM&T) Steering Group – November 2018 <p>The committee received the minutes of the SPEP Steering Group meeting on 9th October 2018 and the IM&T Steering Group meeting on 13 November 2018.</p>	
Closing business		
FR19/18	<p>Any Other Business</p> <p><u>Digitisation of records</u> SS had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/02: Declarations of interest regarding agenda items</i>).</p> <p>MMcD reported the CCG has been successful in bidding for additional funding for a digitisation scheme, which allows GP practices to have their paper medical records digitised. The successful bid is for £594k. Practices had already been asked to send expressions of interest to iMerseyside.</p> <p><i>The committee noted this update.</i></p>	
FR19/19	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting Thursday 21st February 2019 1pm to 3pm 3rd Floor Board Room, Merton House</p>	

Finance and Resource Committee Minutes

Thursday 21st February 2019, 1pm to 3pm
NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Graham Morris	Lay Member (F&R Committee Chair), SS CCG	GM
Graham Bayliss	Lay Member, SS CCG	GB
Debbie Fagan	Chief Nurse, SS CCG	DF
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr John Wray (Items FR19/20 – part FR19/26 & FR19/35-36)	GP Governing Body Member, SS CCG	JW
In attendance		
Gill Roberts (Item FR19/24)	Senior HR Business Partner, People Services, MLCSU	GR
Steph Graham (Item FR19/24)	Assistant HR Business Partner, MLCSU	SG
Janet Faye	Lead Pharmacist, SS CCG	JF
Apologies		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

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

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

No	Item	Action
General business		
FR19/20	<p>Apologies for absence</p> <p>Apologies for absence were received from Dr Pete Chamberlain, Jan Leonard Susanne Lynch and Dr Sunil Sapre.</p> <p>Janet Faye was in attendance on behalf of Susanne Lynch.</p>	
FR19/21	<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"> • 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. • 	
FR19/22	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 24th January 2019 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR19/23	<p>Action points from the previous meeting</p> <p>FR18/159 Finance Report - Month 7</p> <p>It was noted that there had not been any significant movements between month 9 and month 10. AOR confirmed finance reports for 19/20 will show how the financial position is changing month by month throughout the year. It was agreed to close this action.</p> <p>FR19/06 Finance Report - Month 9</p> <p>The run rate plan has been updated for the Month 10 finance report to show the CCG's actual position against the plan in each month. Action closed.</p> <p>FR19/06 Finance Report - Month 9</p> <p>MMcD reported that the increased spend in the Independent Sector in month 9 appears to have been isolated to that month and has now been accounted for. MMcD noted this issue related in part to One to One Midwives. Action closed.</p> <p>FR19/06 Finance Report - Month 9</p> <p>MMcD reported that work on reviewing the year-end position in terms of prescribing is ongoing. It was agreed to close this action.</p>	

No	Item	Action
	<p>FR19/08 CHC Update Report In reference to the increase in the number of high cost packages, concerns over the difference in prices quoted on the DPS and the actual prices charged, and concerns over the differential in prices paid by South Sefton CCG being significantly higher – DF reported on two issues. She noted that firstly, prices of packages of care as per the offer on the DPS are increased when providers ask for additional one to one care (in addition to the original offer / bed cost). Secondly, beds are currently spot purchased for patients placed under Discharge to Assess (D2A) pathway in South Sefton. When patients choose to stay in a care home after the D2A period is up, the home can charge the same cost as the D2A bed cost, which at times may be higher than what would have been offered had the package gone through the DPS system. It was agreed to close this action.</p> <p>FR19/09 Finance & Resource Committee Risk Register The consequence post mitigation score for risk FR008, related to the delivery of the Sefton Transformation Programme, has been reduced from 4 to 3. Action closed.</p> <p>FR19/12 Prescribing Spend Report – Month 7 2018/19 The action regarding access to pneumococcal vaccines is to stay open for reporting at the next committee meeting as SL, JL and SS were not in attendance at this meeting.</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> JF reported that SL has contacted Midlands & Lancashire CSU regarding the use of Blueteq to further gain assurance relating to sequential use. She is awaiting a response from the CSU. Action still open.</p> <p>FR19/15 Committee Work Plan 2019/20 Brexit Considerations has been added as a standing item to the F&R Committee work plan. Action closed.</p> <p>FR19/15 Committee Work Plan 2019/20 MMcD confirmed there are plans in place for appointing a Chair for the F&R Committee, when GM leaves his CCG Governing Body role in June 2019. Action closed.</p>	
<i>Policies / frameworks for approval</i>		
FR19/24	<p>HR Policies</p> <p>GR presented the following policies for approval; these policies have been reviewed and recommended for onward approval by the Corporate Governance Support Group.</p> <ul style="list-style-type: none"> • Agenda for Change Re-Banding Policy • Annual Leave and Bank Holiday Policy • Attendance Management Policy • Incremental Pay Progression Policy • IVF Guidance for Managers • Recruitment and Selection Policy 	

No	Item	Action
	<p>GR reported that all policies have had only minor updates apart from the Attendance Management Policy which has fundamentally changed. The Attendance Management Policy has been reviewed and approved by the Staff Partnership Forum.</p> <p>DF referred to the Attendance Management Policy and the text in section 17, detailed below: “Routine appointments for example to a GP, dentist, clinic or regular hospital appointment should wherever possible be made in the employees own time. Working arrangements may be changed to allow the employee to make the hours up however if this is not possible time off without pay or annual leave will be given.”</p> <p>DF raised concerns about the potential effect on staff health and wellbeing if routine medical appointments need to be taken via leave without pay or annual leave. GR confirmed that this clause is generally standard in attendance management policies and is usually to the line manager’s discretion.</p> <p>In light of the concerns raised, it was agreed for the policy to be taken to the Leadership Team for discussion, with GR in attendance. GR noted that if fundamental changes are agreed to the policy, it will need to go back to the Staff Partnership Forum for approval prior to being reviewed by the F&R Committee. The committee agreed for the policy to be brought back to the F&R Committee meeting for consideration / approval when ready.</p> <p>GR referred to the Incremental Pay Progression Policy and noted that pay progression will be linked to compliance with the CCG’s personal development review process and mandatory training requirements. GR noted that to enable this, the PDR process and statutory and mandatory training will move from the Learning Management System to the Electronic Staff Records (ESR) system. GR reported that the changes will come into effect from April 2019 for new starters; the transition for existing employees is to have been completed by April 2020. She confirmed Midlands & Lancashire CSU will provide support with the required changes, including updating the PDR paperwork to match the online system.</p> <p>DF stressed that the updated PDR system would need to support the nurse revalidation process; this was noted by GR.</p> <p><i>The committee approved all HR policies presented at the meeting except the Attendance Management Policy which requires further review, as detailed above.</i></p>	MMcD
Brexit		
FR19/25	<p>Brexit Considerations</p> <p>MMcD provided an update on Brexit considerations, noting that the Audit Committee has delegated the overseeing of Brexit considerations to the Finance & Resource Committee. He presented a Brexit ‘no deal’ briefing included within the meeting pack, produced by NHS Providers for trust communications leads. He noted the briefing has been included for information and to provide assurance to the committee.</p> <p>Members discussed potential implications of a ‘no deal’ Brexit and noted the</p>	

No	Item	Action
	<p>CCG risk centres upon medicines supply. JF reported SL is liaising with regional NHS England colleagues regarding medicines supply relating to EU Brexit. She is also working in conjunction with Debbie Fairclough, the CCG's primary contact for EU Brexit planning arrangements. JF reported that there has been an increase in out of stock medicines but it cannot be confirmed as to whether this is in relation to Brexit.</p> <p>Members discussed the ordering of early prescriptions, potentially due to Brexit. It was agreed for a letter to be issued to patients, through the LMC, to advise against ordering early prescriptions due to Brexit. JW stressed that the letter should not impact those ordering early prescriptions for reasons other than Brexit.</p> <p>MMcD noted that a potential risk relating to care home staffing has also been identified and has been discussed by the Leadership Team. He reported that according to national figures, there is a high reliance upon non-UK residents for care home staffing. He confirmed the CCG (via Debbie Fairclough) would seek assurance from Sefton Council regarding the local situation.</p> <p>GM noted that Debbie Fairclough has been undertaking assurance work in relation to Brexit.</p> <p><i>The committee received this verbal update and noted the risks and actions being taken in relation to Brexit.</i></p>	<p>MMcD</p> <p>MMcD (DFair)</p>
<i>Finance</i>		
FR19/26	<p>Finance Report - Month 10</p> <p>MMcD provided an overview of the year-to-date financial position for NHS Sefton CCG as at 31st January 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> • The full year most likely financial position for the CCG is a deficit of £3.400m before mitigation and expenditure review. Agreed mitigations and expenditure review will reduce this position to breakeven. • Predicted QIPP delivery during the year is forecast to be £2.379m. • The year to date performance for the Acting as One providers shows an over performance spend against plan, which would represent an overspend of £0.755m under usual contract arrangements. • BPPC targets have been achieved year to date. <p>JW left the meeting.</p> <p>The committee discussed the finance report and the CCG's financial position. GM raised queries in relation to BPPC targets, which were answered and explained by AOR.</p> <p>MMcD noted that the CCG's year-end action plan will be reported at the Senior Leadership Team meeting scheduled for 26th February 2019 and will subsequently be reported at the Governing Body Development Session scheduled for 7th March 2019.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendations section of the report.</i></p>	

No	Item	Action
FR19/27	<p>CHC Fee Rates 2019/20</p> <p>AOR presented a report setting out recommendations for Continuing Health Care fee rates for 2019/20. She provided an overview of four options that are detailed within the report; the financial impact of the options are summarised in section 6 of the report.</p> <p>AOR noted that taking into account the risks and benefits associated with each option, the preferred option is Option 3 as detailed below:</p> <ul style="list-style-type: none"> • provide an uplift of 1% to packages live at 1st April 2019 aged more than one year effective from 1st April 2019 - with costs of approximately £67k per annum); • and to implement a floor rate for pre DPS packages (greater than two years old) live at 1st April 2019 effective from 1st April 2019 - with a cost of £29k per annum. <p>The total cost impact in 2019/20 would be £96k.</p> <p>Members discussed the proposed options and the recommendation in the report. Members agreed to proceed with option 3 but noted the level of risk in the market, which has the potential to result in additional cost.</p> <p><i>The committee agreed to proceed with option 3 as detailed above, noting the level of risk in the market.</i></p>	
FR19/28	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R risk register. He noted the register reflects the current position of the CCG and would propose no changes at this stage. He referred to risk FR005, which is focussed on the risk of non-delivery of the CCG's control total and statutory duty. MMcD confirmed the post mitigation score for this risk would be re-assessed, in relation to delivery of statutory duty, once the Governing Body agreed mitigation plan has been actioned in Month 11.</p> <p>MMcD reported that the Sefton Transformation Board have agreed to a scaled down Project Management Office, following the review of staffing requirements supporting the CCG transformation programme. He commented that he expects the post mitigation score for risk FR008 (related to the delivery of the Sefton Transformation Programme) to be reduced; the risk is to be reviewed and discussed at the next F&R Committee meeting in March 2019.</p> <p><i>The committee reviewed and approved the risk register.</i></p>	<p>MMcD / AOR</p> <p>MMcD</p>
FR19/29	<p>Individual Funding Request Service Q3 2018/19</p> <p>MMcD provided a brief overview of the Individual Funding Request (IFR) Service Quarterly Report for Q3 2018-19.</p> <p><i>The committee received this report.</i></p>	
<i>Performance</i>		
FR19/30	<p>Quality Premium Report</p> <p>MMcD presented the Quality Premium Report, which outlines the Quality Premium requirements for 2018/19 and performance to date.</p>	

No	Item	Action
	<p>It was noted there are there are two key constitution measures. Members noted the contents of the report and acknowledged the CCG would not be eligible for quality premium in 2018/19 if it missed its control total of £1m surplus.</p> <p><i>The committee received this report.</i></p>	
<i>Estates</i>		
FR19/31	<p>SPEP Terms of Reference</p> <p>MMcD presented an updated Terms of Reference for the Sefton Property Estate Partnership (SPEP) group, which were agreed at the last SPEP meeting on 6th February 2019. He reported the updated ToR takes into account recent developments such as the NHS Long Term Plan and key reviews such as the Naylor review. MMcD commented the SPEP meetings have been useful in terms of notifications of potential space that may be available and how it can be used.</p> <p>MMcD reported that the North Mersey Estate & FM Workstream is on hold, as strategic requirements are reviewed. The future of this group will be looked at given the number of estates groups in North Mersey.</p> <p><i>The committee approved the SPEP Terms of Reference.</i></p>	
<i>Prescribing</i>		
FR19/32	<p>Prescribing Spend Report – Month 8 2018/19</p> <p>JF provided an overview of the prescribing report for month 8. It was noted that at month 8, the CCG is forecast to be underspent by £2.63m or 9.2%.</p> <p>JF reported there have been no extra dispensing days in this period compared with the same period last year.</p> <p>MMcD notified the committee that more work will be done on reviewing high cost drugs in secondary care to assure the CCG that resources are being spent effectively.</p> <p><i>The committee received this report.</i></p>	
<i>Committee Governance</i>		
FR19/33	<p>F&R Committee Terms of Reference</p> <p>MMcD presented the F&R Committee Terms of Reference which are due for review in February 2019.</p> <p>The committee discussed the Terms of Reference and agreed the following:</p> <ul style="list-style-type: none"> • Section 3.7 is to be reviewed and amended to take into account the monitoring of performance of local providers. • Section 4.18, which refers to aspirant FTs, is to be reviewed as this is no longer required. <p>The above amendments are to be made to the Terms of Reference and to be brought back to the F&R meeting in March for consideration / sign off.</p> <p>MMcD asked for any further comments on the Terms of Reference to be sent to TK and himself prior to the next committee meeting.</p>	<p>MMcD / TK</p> <p>All</p>

No	Item	Action
	<p>GM referred to the membership and enquired about recruitment of a Practice Manager Governing Body member. MMcD to raise this issue with Tracy Jeffes (Director of Corporate Services at the CCG).</p> <p><i>The committee reviewed the F&R Committee Terms of Reference and agreed a further review / amendments before consideration / sign off in March 2019.</i></p>	MMcD
Minutes of Steering Groups to be formally received		
FR19/34	<ul style="list-style-type: none"> Sefton Property Estates Partnership (SPEP) Steering Group – December 2018 <p>The committee received the minutes of the SPEP Steering Group meeting on 5th December 2018.</p> <p>MMcD reported that the CCG is having discussions with the May Logan Centre regarding NHS usage of the building.</p> <p>It was noted that the CCG is to hear back from a third party developer, since presentation of a proposal for the Crosby / Waterloo locality at the Governing Body Development Session in January 2019.</p> <p>JW rejoined the meeting.</p>	
Closing business		
FR19/35	<p>Any Other Business</p> <p><u>19/20 PbR Tariff Consultation</u></p> <p>MMcD notified the committee that the consultation relating to the 19/20 PbR tariff is to close today. MMcD recommended the tariff be rejected on the basis that CCGs had not been adequately funded to support the increased costs. He noted the CCG does not have assurance that the impact on CCGs has been accurately reflected. The committee endorsed this recommendation.</p>	
FR19/36	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting</p> <p>Thursday 21st March 2019 1pm to 3pm NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL</p>	

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

Date: Thursday 29th November, 2018, 09.00 – 12.00
Venue: Merton House Conference Room 3a

Membership		
Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
In attendance		
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Graham Bayliss	Lay Member (SSCCG)	GBa
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Apologies		
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Gill Brown	Lay Member (SFCCG)	GBr
Minutes		
Linda Wyness	Temp PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	

For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Membership Attendance Tracker

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

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

No	Item	Actions
18/201	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from GB, BD, JS HR, in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/201	<p>Declarations of Interest</p> <p>Initially no declarations were reported other than those staff holding dual roles within the CCGs. When BP presented his report to the Committee Item no 18/189 RC declared a Conflict of Interest.</p>	
18/203	<p>Minutes & Key issues log of the previous meeting</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection; however a few minor errors were found such as spelling mistakes (18/160) and also recording of member's initials (18/161). GB raised the issue and not GM. (18/169) It was also noted Data Sharing Agreement (DSA) was recorded as ISA. (18/170).</p>	

No	Item	Actions
18/204	<p>Matters Arising / Action Tracker</p> <p>18/43 Chief Nurse Report – Discussion re: Stroke Service at S&O and AUH. Discussions have taken place between S&O Chief Executive, Silas Nicholls and AUH Chief Executive Steve Wharburton.- Action: Closed</p> <p>DF raised at the last S&O CRM/CQPG and those in attendance were unable to provide an update. Discussion with FLT who was advised to contact Therese Patten, a brief summary was provided and a further meeting was to be scheduled. Clinical leads are involved and have been kept up to date. Action: Closed</p> <p>18/83 Month 12 Serious Incident Performance Management BP to liaise with LC to arrange for GP Clinical Leads and Managerial Leads for each contract to be put on the website so GPs know who to contact with concerns. Action: Closed</p> <p>18/97 EPaCCS Update BD contacted Moira Harrison to link in with the ‘End of Life’ and EPaCCS Steering Group Meetings. Action: Closed</p> <p>18/109(iii) C&YP & Maternity Update DF confirmed that she’s spoken to PW regarding liaising with CCG Communications Team. Action: Closed</p> <p>18/116 S&O RTT / Follow-Up Update Trust report has yet to be circulated by FLT. Quality Team to liaise with FLT. Action: On-going to be followed up.</p>	

No	Item	Actions
	<p>18/135 Serious Incident Performance Report</p> <p>DF to meet with FLR to discuss LCCG and SSCCG responsibility to manager Mersey care SIs.</p> <p>Action: On-going.</p> <p>18/137 Deprivation of Liberty Safeguards</p> <p>TF reported that she has had a discussion with Hill Dickinson for advisement – there is no confirmed deadline date for implementation. Designated Safeguarding Adult Manager has been asked to develop an implementation plan. TF informed the Committee of processes that are already in place with providers.</p> <p>Safeguarding team to involve Debbie Fairclough in discussions to embed new processes when known in the CCGs.</p> <p>Action: To remain on the action tracker</p> <p>18/140 CQUIN Performance Reports</p> <p>CQUIN Performance Group is being set up by AG.</p> <p>Action: Closed</p> <p>18/144 LeDeR Briefing Paper</p> <p>TF reported that work was on-going to identify this funding. MMcD stated that he would work with DF on this.</p> <p>Action: On-going TF to contact G O’c.</p>	

<p>18/205</p>	<p>Chief Nurse Report</p> <p>DF presented the report to the Committee which contained information on the AUH. Work is continuing on completion of the draft assurance template in order to de-escalate the surveillance level form for the Trust in December 2018, enhanced to routine as currently the Trust remains on enhanced.</p> <p>On-going quality improvement updates are received at the CQPG.</p> <p>GH raised the issue with SAU and responsiveness of the unit.</p> <p>RCoS –</p> <p>GH attended the feedback from the review. Royal College were impressed at the Trust. GH raised the joint marking process at the Trust to direct surgery operations. Question on SOP's being followed.</p> <p>GH raised with Medical Director at NHSE Dr Kieran Murphy and advised to come through to Aintree CQPG in order to gain assurance on Joint Marking.</p> <p>AUH Regulation 28 –</p> <p>Updated the committee on the Trust revised action plan and further assurance will be requested in conjunction with LCCG colleagues. This will include a quality walk around in AED.</p> <p>CQC in Mersey care are carrying out an inspection.</p> <p>Kemp Lodge Nursing Home</p> <p>The nursing home is being closed and is in the process of being assessed regarding the management and safe transition of patients to other care homes.</p> <p>SFCCG NHS Improvement Support Telecom</p> <p>There is a planned pilot programme “To dip or not to dip” to be put in place in Care Homes with GP Practices who have a number. Care Homes have been selected to evaluate how the staff are using the pathway “To dip or not to dip” for the residents.</p> <p>Outcome – The Committee received the report.</p>	
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18/206	<p>Provider & Quality Performance Report/Dashboard BP discussed the performance report:-</p> <p>Aintree Cancer 62 day wait is longest in Cheshire and Merseyside. A discussion was held on referrals and impact on performance at the Trust.</p> <p>MMcD requested this issue be placed on the Corporate at Risk Register.</p> <p>Action:- Ask the trust to provide information on the impact on the provision of diagnostic clinics</p> <p>A discussion took place on action plans to meet the change in NICE guidance. It was also discussed the rates of diagnosis after referral.</p> <p>Requires a recovery action plan.</p> <p>Gastroenterology waiting times is still an issue with performance dropping; this too requires an action plan.</p> <p>Southport & Ormskirk</p> <p>TIA treatment still presents an issue DF will speak with the CEO regarding this. RC has already spoken with the medical director at the Trust.</p> <p>Potentially a recovery action plan is needed.</p> <p>MUST tool is not being used and not being actioned. DF informed that this will form part of the external review of the care of older people. And therefore should be getting used.</p> <p>Lancashire Care</p> <p>There is an issue with the Data flow with the Trust. Local data for SFCCG is still required. The group discussed the changes in service transformation which is not of use for primary care, for example Community matrons are having their roles changed. Continence service was discussed over review times, at 5 days.</p> <p>Discussion on the patient survey is being brought forward.</p> <p>Action: - DF to liaise with Jan Leonard & Billie Dodd regarding the changes in the matron's function as a result of the introduction of the frailty model.</p> <p>Mersey Care NHS Trust</p> <p>Mental Health Psychotherapy referral has increased. BP to ask Gordon Jones where the referrals are coming from?</p> <p>Outcome – The Committee received the report.</p>	<p>DF</p> <p>BP</p>
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18/207	<p>CCG's Serious Incident Management Process & Improvement Plan</p> <p>Confirmation has been received that the NHSE report has now been signed off, a number of actions remain amber, The MIA audit has been completed. MIAA audit verbal feedback indicated that there are no issues of concern that need addressing. Report to be received in January for the next committee meeting.</p> <p>Action plan will not close until April 2019.</p> <p>Outcome – The Committee received the report. Revised SIRG ToR was presented at the committee and was approved.</p>	
18/208	<p>South Sefton CCG Quarter 2 Serious Incident Report Aintree</p> <p>TF presented the report which provided the Q2 update in performance of serious incident management for the CCG. Reports received from Aintree state that there have been improvements in the SI processes, all vacant posts have been filled, attendance at the SIRG's and the 72 hours reports have been received at the CCG.</p> <p>Mersey Care</p> <p>Work is on-going with NHS England. Community tend to be Pressure Ulcer reports, the quality of RCS's are improving, however this is escalated through to providers when RCAs are not being received.</p> <p>Outcome – The Committee received the report.</p>	
18/209	<p>Southport & Formby CCG Quarter 2 Serious Incident Report</p> <p>TF presented the report to the Committee.</p> <p>Southport & Ormskirk are still breaching on RCA delivery, this has been escalated to Chief Officer to Chief Officer level. Discussion at CCQRM and papers provided to CCQRM.</p> <p>CCG have sent a letter to DoN regarding a number of outstanding RCA's, illustrating the outstanding RCA's and the Trust performance against the Serious Incident framework. Falls and pressure ulcer cases are common RCA's.</p> <p>Serious Incident management at the Trust will undergo a more detailed review supported by NHSI. A remedial action plan was expected from the Trust, this has not yet been received.</p> <p>Lancashire Care carried out an aggregated review of Pressure Ulcers, the report lacked information on clinical capacity of the DN teams.</p> <p>Mersey Care to start attending future SIRGs due to an issue with Mersey care RCA reports.</p> <p>Outcome – The Committee received the report.</p>	
18/210	<p>The potential Role of Community Pharmacies in Diabetes Prevention</p> <p>BP presented the report to the Committee in relation to research proposal undertaken by the School of Pharmacy at the University of East Anglia. The aim is to investigate the potential role of the community pharmacies in diabetes prevention, involving GP's nurses and pharmacists filing in an electronic way.</p> <p>MMcD queried the issuing of Letter of Assurance.</p> <p>Outcome – The Committee received the report.</p>	

18/211	<p>Adult Safeguarding Intercollegiate Document 2018</p> <p>TF presented the report to the Committee, training levels and competencies for all staff required in order to safeguard adults at risk.</p> <p>Expectation that commissioned services will have the changes implemented by April 2019 and will have achieved the required level of competence by 2021 for statutory footing for adults.</p> <p>Outcome –The Committee received the report.</p>	
18/212	<p>Safeguarding Looked after Children</p> <p>DF presented the report to the Committee; A review was undertaken and the final report was published and received on 28th November. A steering group meeting which will be chaired by FLT and will meet shortly to prepare and present the plan by 4th January 2019.</p> <p>Discussion on communications with Local Authority colleagues and transfer of confidential information and follow up of referrals. The paper will be presented to the LSCB and a further discussion on how the Local Authorities can have their attention brought to the paper. Designated professionals to present a paper on actions of the review which will include the communications with LA colleagues. Discussions on consent of parents for release of health information. DF raised the need to obtain a complete picture of provider practice, in order to address any gaps.</p> <p>Action: - A request to be made for our designated professionals attend the Committee Meeting in the new year if required.</p> <p>Outcome – The Committee received the report.</p>	
18/213	<p>GP Quality Lead Update</p> <p>GH stated all covered on the agenda. DC stated Southport & Ormskirk to review NOAC/DOAC guidance. GP's have been requested to carry out bowel prep. DC received a letter from Consultant Mike Roberts Gastroenterology SDGH and to contact him regarding any problems. Aim is to have a collaborative approach with primary and secondary care. Responsibility lies with the Trust on determination for bowel prep, EMI/Frail patients not suitable.</p> <p>Discussion took place regarding the 'form' and whether it requires redesigning.</p>	
18/214	<p>EPEG Key Issues Log</p> <p>Aintree Hospital is committed and is undertaking patient experience and engagement work which include the development of dedicated patient experience training programme. A full day of patient experience was delivered to preceptors which were well received.</p>	
18/215	<p>Locality Updates</p> <p>BP gave updates on the poor quality discharge information in SSCCG, changes to the Community Matron service in SFCCG and the follow up to safeguarding referrals.</p>	

18/216	<p>JMOG Key Issues Log</p> <p>HR mentioned the serious concerns raised around the quality of discharge letters/information. Direct efforts have been raised at Aintree and now have a facility to monitor. BP mentioned the poor quality of the letters and errors in data.</p>	
18/217	<p>Locality Updates</p> <p>Nil to report.</p>	
18/218	<p>ToR for the Commission Decision Panel.</p> <p>TF presented to the Committee that a group was required for a Commissioning Decision Panel and to meet as and when required, this was to take into account the more complex packages of care and support governance processes.</p> <p>Outcome: - Committee approved.</p>	
18/219	<p>Any Other Business</p> <p>BP to communicate a research proposal to members by email as no JQC meeting in December, 2018.</p>	
18/220	<p>Key Issue Log (issues identified at this meeting)</p> <ul style="list-style-type: none"> • Aintree - Cancer 62 day wait is lowest in Cheshire and Merseyside. Action plans required • Lancashire Care - Issue with data flow from the Trust • CCG Serious Incident – Number of actions remain amber. Action plan will remain open. • CQC Safeguarding review - Actions noted. Plan to be submitted by 4th January, 2019. • Safeguarding Roles - To present paper to next meeting. • ToR – Approved 	
18/221	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 31st January, 2019 Room 3A, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL.</p>	

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

Date: Thursday 31st January 2019 at 09.00 – 12.00

Venue: Conference Room 3a, Merton House

Membership

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

Ex Officio Member

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

Tracey Forshaw	Assistant Chief Nurse	TF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Graham Bayliss	Lay Member (SSCCG)	GBa
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Brendan Prescott	Deputy Chief Nurse (SFCCG/SSCCG)(Chair)	BP
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Susanne Lynch (attended in place of Helen Roberts)	Head of Medicines Management	SL
Helen Case	Designated Nurse (SFCCG/SSCCG)	HC

Apologies

Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM

Minutes

Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD
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For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Membership Attendance Tracker

Name	Membership	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Dr Rob Caudwell	GP Governing Body Member	✓										
Graham Bayliss	Lay Member for Patient & Public Involvement	✓										
Gill Brown	Lay Member for Patient & Public Involvement	✓										
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A										
Billie Dodd	Head of CCG Development	✓										
Debbie Fagan	Chief Nurse & Quality Officer	A										
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓										
Martin McDowell	Chief Finance Officer	✓										
Dr Andrew Mimmagh	Clinical Governing Body Member	A										
Dr Jeffrey Simmonds	Secondary Care Doctor	A										

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

No	Item	Actions
19/1	<p>Welcome, Introductions & Apologies</p> <p>Brendan Prescott chaired and welcomed everyone to the meeting. A round of introductions took place as this was Michelle Diable's first meeting. Apologies were noted from Fiona Taylor, Debbie Fagan, Dr Andy Mimmagh, Dr Jeffrey Simmonds and Dr Doug Callow.</p> <p>The meeting was deemed quorate.</p>	
19/2	<p>Declarations of Interest</p> <p>Initially no declarations were reported however under agenda item 19/21, Dr Rob Caudwell wished to note a declaration of interest as the Coloplast Service rents one of the rooms at his Practice.</p>	

No	Item	Actions
19/3	<p data-bbox="252 226 1278 327">Minutes & Key issues log of the previous meeting</p> <p data-bbox="252 226 1278 327">With the following amendments, the minutes and key issues log for both Governing Body Meetings were deemed to be an accurate reflection of the previous meeting held on 29 November 2019;</p> <ul data-bbox="300 360 1278 1227" style="list-style-type: none"> <li data-bbox="300 360 1278 427">• Agenda Item 18/204, DF rose at the last S&O CRM/CQPG, should read “DF <i>raised</i> at the last S&O CRM/CQPG”. <li data-bbox="300 461 1278 528">• Agenda Item 18/205, GH rose with Medical Director at NHSE, should read “GH <i>raised</i> with Medical Director at NHSE”. <li data-bbox="300 562 1278 629">• Agenda Item 18/205, the abbreviation TDONTD to be written in full, “To dip or not to dip”. <li data-bbox="300 663 1278 797">• Agenda Item 18/206, Cancer 62 day wait is lowest in Cheshire and Merseyside, should read “Cancer 62 day wait is <i>longest</i> in Cheshire and Merseyside”. The same amendment to be made to the South Sefton CCG Key Issues Report. <li data-bbox="300 831 1278 898">• Agenda Item 18/206, TIA treatment still prevents an issue, should read “TIA treatment still <i>presents</i> an issue”. <li data-bbox="300 931 1278 1066">• Agenda Item 18/206, DF to liaise with Jan Leonard and Billie Dodd regarding matron’s function is being moved to frailty and the continence issues should read “DF to liaise with Jan Leonard and Billie Dodd regarding the changes in matron’s functions as a result of the introduction of the frailty model”. <li data-bbox="300 1099 1278 1227">• Agenda Item 18/212, Can ask our designated professionals to come back in New Year to Committee if needs to, to go forward to receive the papers and submit through, should read “A request to be made for our designated professionals to attend the Committee Meeting in the new year if required”. 	

No	Item	Actions
19/4	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</p> <ul style="list-style-type: none"> • 18/83(ii) Month 12 Serious Incident Performance Report – A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee. <p>Brendan Prescott advised that this action had not been completed but would follow it up, therefore the action to remain on the action tracker. Gina Halstead requested roles in relation to NHS providers for the CCGs.</p> <ul style="list-style-type: none"> • 18/116 S&O RTT/Follow-Up Update – Fiona Taylor to circulate to the Committee. <p>Brendan Prescott to follow up if this action had been undertaken, therefore action to remain on the action tracker.</p> <ul style="list-style-type: none"> • 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report – Safeguarding Team to involve Debbie Fairclough in discussions to embed new process when known in the CCGs. <p>Tracey Forshaw advised that an update was contained within her report which is on the agenda, but requested that the action in relation to the proposed changes to remain on the tracker. The reference to Debbie Fairclough can be closed.</p> <ul style="list-style-type: none"> • 18/144 LeDeR Briefing Paper – TL and Geraldine O’Carroll will discuss any disconnect within the CCG. <p>Tracey Forshaw advised that she routinely sends Geraldine O’Carroll relevant briefings, keeping her fully sighted. Action completed and therefore to be removed from the tracker.</p>	<p>BP</p> <p>BP</p> <p>TF</p>
19/5	<p>Chief Nurse Report</p> <p>Brendan Prescott presented the Chief Nurse Report which seeks to present the Committee with an update regarding key issues that have occurred since the last report presented to the Committee in November 2018.</p> <p>The Committee noted that Aintree University Hospital NHS Foundation Trust remains on enhanced quality surveillance due to 2 serious incidents taking place within the operating theatres in November 2018. A review is planned for March 2019.</p> <p>It was also noted that due to system pressures at Southport and Ormskirk NHS Hospital, CCG staff are being pulled across to support with patient flow which may impact on the overall CCG’s performance. It was also noted that work was underway in relation to discharging patients safely and positive feedback has been received from patients and staff advised that it was better planned than last year. One of the issues sighted by Billie Dodd was the lack of acute beds.</p> <p>Brendan advised that the CQC are undertaking a routine inspection, an update from Mersey Care NHS Foundation Trust is awaited.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/6	<p>Provider Quality and Performance Report/Dashboard</p> <p>Brendan Prescott presented the Performance Highlight Report which seeks to provide a summary of Trust keys issues.</p> <p>Dr Gina Halstead questioned whether 2 week wait dermatology referrals are being seen at Aintree University Hospitals NHS Trust and will raise this with Dr Harvey.</p> <p>Dr Halstead also highlighted an issue in relation to a liver patient recall system breakdown. The Trust has raised this as a serious incident and a review is being undertaken.</p> <p>Action: Dr Gina Halstead to discuss the liver patient recall breakdown with Dr Debbie Harvey.</p> <p>Gill Brown raised an issue around the lack of assurance within the report and suggested having more context against the metrics. Gill advised that she would liaise with Amanda Gordon to take this forward.</p> <p>Action: Gill Brown to contact Amanda Gordon in relation to context being added against the metrics to provide assurance.</p> <p>The Committee noted that performance for TIA patients remains an issue at Southport and Ormskirk Hospitals NHS Trust. Dr Robert Caudwell advised that he would raise this with the Medical Director. It was noted that Dr McDonald was currently on a leave however there is a concern in relation to leadership and sustainability in his absence.</p> <p>Action: Dr Rob Caudwell to raise the poor performance for TIA patients with the Medical Director.</p> <p>Brendan referred the Committee to page 36 of the meeting pack in relation to the key concerns at Lancashire Care NHS Foundation Trust and advised that Debbie Fagan had written to the Trust and a response is awaited.</p> <p>Tracey Forshaw advised that staffing issue at Mersey Care NHS Foundation Trust (Community District Services) in relation to District Nursing and Podiatry Services have been highlighted through serious incidents. This is being followed up at the next CCQRM.</p> <p>Dr Gina Halstead referred the Committee to page 40 of the meeting pack in relation to the key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) and wished to note that the lack of provider comment against the local requirements as unacceptable.</p> <p>Action: Lack of provider comments in relation to key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) to be highlighted to Gordon Jones and Sue Gough.</p> <p>Outcome: The Committee received the report.</p>	<p>GH</p> <p>GB</p> <p>RC</p> <p>AG</p>

No	Item	Actions
19/7	<p>Month 10 CCG's Serious Incident Management Process and Improvement Programme</p> <p>Tracey Forshaw presented NHS South Sefton CCG and NHS Southport and Formby CCG serious incident management process and improvement programme for month 10 and subsequent action plan which seek to update the Committee.</p> <p>Tracey advised that provider performance will be reported via the Serious Incident Review Group and the performance reports to Joint Quality Committee.</p> <p>It was noted that the MIAA audit final report has been received with the assessment of "substantial assurance" with recommendations incorporated in to the overarching action plan.</p> <p>A performance notice has been issued to Southport and Ormskirk Hospital NHS Trust. There were 26 serious incidents outstanding as of the beginning of January 2019. Tracey advised that she will be leading on this and will be meeting with the Trust. Dr Halstead wished to note that clinicians should be involved in the meetings.</p> <p>Brendan Prescott advised that he has arranged two sessions with an external consultant in March 2019, these sessions are in relation to developing outcome based plans.</p> <p>Outcome: The Committee received the report.</p>	
19/8	<p>CCG Safeguarding Service Quarter 2 (2018 -19) Safeguarding Schedule Update and Quarterly Safeguarding Update</p> <p>Helen Case and Tracey Forshaw presented the CCG Safeguarding Service Quarter 2 (2018-19) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update. The report seeks to provide analysis of commissioned health services.</p> <p>The Committee noted the limited assurance rating for Aintree University Hospitals NHS Foundation Trust, however upward trajectory was noted. A new Head of Safeguarding has been appointed at Aintree University Hospitals NHS Foundation Trust. Themes in relation to the Mental Capacity Act /Deprivation of Liberty Safeguards have been identified as part of serious incidents and are being addressed with the Trust with supervision from Natalie Hendry.</p> <p>It was highlighted that a doctor's sickness absence was affecting the service performance against LAC health assessment at Alder Hey Children's Hospital NHS Foundation Trust. Dr Gina Halstead queried if she could have sight of the key performance indicators for health assessments in relation to Looked After Children. Helen advised that the data will be incorporated in the report from April onwards as the overall report format is being changed. The data shows an improving picture.</p> <p>Outcome: The Committee received the report.</p>	
19/9	<p>GP Quality Lead Update</p> <p>It was noted that each GP network at NHS South Sefton CCG has received £35k for GP retention and also a resource allocated to set up a new GP mentorship programme.</p> <p>Outcome: The Committee received the verbal update.</p>	

No	Item	Actions
19/10	<p>Locality Updates</p> <p>Brendan provided a verbal update from which following issues were noted:-</p> <ul style="list-style-type: none"> • Dr Gina Halstead is in discussions with Aintree University Hospitals NHS Foundation Trust regarding poor quality discharges. An audit has been undertaken and results are awaited. • There had been a lack of District Nurse attendance at GSF meetings at practices. District Nurse Team Leaders have since been invited to the Team Leader Meetings. • Flaws in the system were noted following a mental health patient not being able to access any services. Numerous messages were left to which no response was received. Upon investigation all the telephone numbers except one were correct. • No EMIS training provided for midwives at Liverpool Women's NHS Foundation Hospital. This is to be escalated to the Liverpool Women's NHS Foundation Hospital CQPG as a risk. <p>Outcome: The Committee received the verbal update.</p>	
19/11	<p>JMOG Key Issues Log</p> <p>The Committee noted key issue updates following two JMOG meetings held on 16th November and 7th December 2018.</p> <p>It was also noted that CCGs have not ratified the use of methadone tablets for pain relief from tertiary services which has been highlighted to localities.</p> <p>Discussed the need for clarity on low molecular weight heparin. It was noted that guidance had been circulated in relation to prescribing Fragmin which was not clear. This is to be discussed at the next LMC meeting.</p> <p>Outcome: The Committee received the key issues.</p>	
19/12	<p>Children in Care Policy</p> <p>Helen Case presented the Children in Care Policy to the Committee which seeks to demonstrate how CCGs meet their corporate responsibilities.</p> <p>Helen highlighted that the Children in Care Policy was for receipt by the Committee and not for approval as stated in the report. The policy will be presented at Governing Body for approval.</p> <p>The Committee referred to page 109 of the meeting pack under item 6 of the policy – Designated Professionals and requested further clarification within the document in relation to the roles of named and designated professional status in the policy.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/13	<p>CQC Children Looked After and Safeguarding Review of Health Services in Sefton Action Plan</p> <p>Helen Case presented the action plan to the Committee which is being progressed and monitored via the Task and Finish Group. The updated action plan is due to be resubmitted to the CQC on 4th July 2019.</p> <p>The Committee noted that the CQC action plan first draft was well received by the CQC. It was presented to the Overview and Scrutiny Committee and Corporate Parenting Board, and added to the CCG corporate risk register. Due to IT issues of the action plan within the meeting pack. It was requested that the action plan be circulated to the JQC membership</p> <p>It was confirmed that the action on when GPs can consent to share information as part of MASH is being followed up by Dr Wendy Hewitt as Named GP and NHS E C&M with LMC.</p> <p>Outcome: The Committee received the report.</p>	
19/14	<p>Learning from a Multi – Agency Learning Disability Mortality Review</p> <p>Tracey Forshaw presented the Multi-Agency Learning Disability Mortality Review Report which seeks to inform the Committee on the learning undertaken following at an event which took place on 23rd November 2018 co-ordinated by the CCG's LeDeR Local Area Contact with key stakeholders. Unfortunately there was a lack of representation from Mersey Care Mental Health/Learning Disability Services at the event. However it was well received and a number of recommendations were made and a draft action plan was presented to SMT.</p> <p>The learning event followed a review which was completed in relation to a 20 year old young adult with complex needs who was known to a number of agencies. Discussion ensued around what support is in place for children with complex needs who become adults and the lack of generalist consultants for them to be aligned. Although Alder Hey Children's NHS Foundation Trust is a Children's hospital, the life expectancy is reduced for certain complex needs therefore it was suggested that Alder Hey Children's Hospital NHS Foundation Trust continue to support such patients in to adulthood, to act as care co-ordinator. It was advised Tracey Forshaw was present at Governing Body, for Governing Body to support decision making for consideration for the CCGs to commission transition services for this small cohort of young people at Alder Hey Children's NHS Foundation Trust.</p> <p>The presentation slides were noted to be difficult to read as part of the meeting pack and for this to be circulated to the Joint Quality Committee.</p> <p>Action: <i>Michelle Diable to circulate the presentation slides to the Committee.</i></p> <p>Outcome: The Committee received the report.</p>	MD
19/15	<p>Practice Nurse Lead Report</p> <p>Brendan Prescott presented the Practice Nurse Lead Report which seeks to provide the Committee with an update involving practice nurse/health care assistant workforce and protected learning time key issues since the last report in October 2018.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/16	<p>Clinical Supervision Policy</p> <p>Brendan Prescott presented the draft Clinical Supervision Policy which seeks to provide the Committee with a policy for endorsement by the CCGs drafted by the Cheshire and Merseyside General Practice Nurse Collaborative.</p> <p>With the following suggested amendments made, the policy is to be the presented back to Joint Quality Committee for approval:-</p> <ul style="list-style-type: none"> • Title of the policy need to reflect the identified cohort of staff. • Scope of policy to reflect the identified cohort of staff • Page 240 of the meeting pack, item 3, second paragraph “It is anticipated that protecting learning time may be used to facilitate these sessions”. The words “may be” to be replaced with “should”. • Clarification on whether supervision is optional and or mandatory • Clarification on when supervision would be expected to take place; PLT, release from practice (expectations cost implications at practice level) • Clarification on where the supervisors would be sourced e.g. from PN cohort (expectations cost implications at practice level) <p>Action: Tracey Forshaw to liaise with Colette Page in relation to the suggested amendments. Following the amendments, Colette to present the amended policy to the Joint Quality Committee.</p> <p>Outcome: The Committee requested for some amendments to be made. The policy will be then be presented back to the Committee.</p>	TF/CP
19/17	<p>Serious Incident Clinical Internal Review Group (SIRG) Minutes</p> <p>The Committee received and noted the following SIRG Minutes; NHS Southport and Formby CCG held on 7th November 2018 and 5th December 2018. NHS South Sefton CCG held on 8th November and 13th December 2018.</p>	
19/18	<p>Safeguarding Children and Adults at Risk Policy</p> <p>Helen Case presented the Safeguarding Children and Adults at Risk Policy which seeks to provide an update on the policy prior to submission for approval at the NHS Southport and Formby CCG and NHS South Sefton CCG Governing Body in February 2019.</p> <p>The Committee referred to Appendix 3 – Information Sharing Guidance, “Have you identified a lawful reason to share information without consent”. The meaning of what is a lawful reason was queried and it was suggested providing further narrative to make it more clear and provide context for GP colleagues. Following the necessary amendments being made, the policy is to be presented at Governing Body for approval.</p> <p>Action: Dr Rob Caudwell and Dr Gina Halstead to liaise with Karen Garside and Dr Wendy Hewitt to produce a clear narrative in relation to the meaning of what is lawful within the guidance document.</p> <p>Outcome: The Committee received the report and requested for narrative to be added to the Information Sharing Guidance with the policy to come back through to Joint Quality Committee for approval.</p>	RC/GH/ KG/WH

No	Item	Actions
19/19	<p>Corporate Risk Register – Quality Update</p> <p>Dr Rob Caudwell highlighted Risk QUA058 which relates to the following risk: “There is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Hospital Trust resulting in compromised quality of care”. Dr Caudwell suggested that the risk be extended to include all clinical staff not specifically to nursing.</p> <p>Action: Risk QUA058 to be amended to incorporate all clinical staff not just specifically to nurses.</p> <p>Outcome: The Committee received the report.</p>	DF
19/20	<p>Quarterly Controlled Drug Report</p> <p>Susanne Lynch presented the Quarterly Controlled Drug Report which seeks to provide the Committee with Quarter 3 2018-19 data.</p> <p>It was noted that NHS Southport and Formby CCG are no longer an outlier for schedule 2 controlled drugs.</p> <p>A request to include practice names within the report going forward was noted. The Committee also noted that on pages 471 and 472 of meeting pack in relation to item 3.1 key issues, the chart titles are to be amended as they are the same.</p> <p>Outcome: The Committee received the report and requested some amendments to be made.</p>	
19/21	<p>Engagement and Patient Experience Group (EPEG) Key Issues Report</p> <p>The Committee received the EPEG Key Issue report relating the NHS Southport and Formby CCG and NHS South Sefton CCG EPEG Meeting held on 9th January 2019.</p> <p>The Committee noted that both CCGs are working jointly with Coloplast to run a catheter service across Sefton.</p> <p>Tracey Forshaw highlighted that Lancashire Care NHS Foundation Trust and Mersey Care NHS Foundation Trust Community Services have noted issues with the management of indwelling catheters for care homes. It was suggested that the service needs to be promoted. Tracey Forshaw and Susanne Lynch advised that a meeting is being convened with Coloplast ad provides to promote pathway.</p> <p>Outcome: The Committee received the report.</p>	
19/22	<p>Any Other Business</p> <p>Tracey Forshaw suggested that the Committee receives an update following the Youth Offending Service (YOS) inspection. An action plan from North West Boroughs Healthcare NHS Foundation Trust and Mersey Care NHS Foundation Trust is expected.</p>	

No	Item	Actions
19/23	<p>Key Issue Log (issues identified at this meeting)</p> <p><u>NHS South Sefton CCG</u></p> <ul style="list-style-type: none"> • Upper GI Cancer Performance – Dr Gina Halstead to raise with Dr Debbie Harvey – Cancer Lead; • LeDeR Review – highlighting the gap in commissioning of a service post adult transition; • YOS Inspection taking place w/c 4th February 2019. <p><u>NHS Southport and Formby CCG</u></p> <ul style="list-style-type: none"> • Impact on CCG performance due to staff from CCG supporting the patient flow in Southport and Ormskirk Hospital NHS Trust and the potential impact on CCG performance; • Concerns on data flow from Lancashire Care NHS Foundation Trust for assurance; • LeDeR Review – highlighting the gap in commissioning of a service post adult transition; • YOS Inspection taking place w/c 4th February 2019. 	
19/24	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 28th February 2019 at 9am – 12noon at Marshside Surgery, 117 Fylde Road, Southport PR9 9XP.</p> <p>Apologies for the next meeting have been received from Martin McDowell and Dr Doug Callow.</p>	

SS NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Thursday 20th December 2018, 11.00am – 12.00am
Venue: 5A 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	Dec 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	N	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		✓	A	A	A
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N	N	N	N
Joe Chattin	Sefton LMC	N	N	N	N	N
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	N	N	N	N	N
Jan Hughes	NHSE Assistant Contract Manager	A	✓	✓	✓	✓
Colette Page	SS&SF CCG Practice Nurse Lead	✓	✓	N	✓	✓

No	Item	Action
SSNHSE 18/104	<p>Apologies for absence Apologies were received as noted above.</p>	
SSNHSE 18/105	<p>Declarations of interest regarding agenda items GB 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>CG Declared interest as a local GP and also as Clinical Lead for Crosby Primary Care Network Lead known as "Connecting Crosby"</p>	
SSNHSE 18/106	<p>Minutes of the previous meeting The minutes of the previous meeting held on 18th October 2018 were agreed.</p>	
SSNHSE 18/107	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SSNHSE 18/108	<p>Report from Operational Group and Decisions made JH reported that the group had discussed:</p> <ul style="list-style-type: none"> • The group supported the request from Westway to extend their practice boundary • The registration pilot in Maghull will cease on 31.12.18 	
SSNHSE 18/109	<p>GPFV Operational Plan/ Primary Care Programme Report</p> <ul style="list-style-type: none"> • 7 day access is up and running and overall feedback has been positive. There have been reports from practices that their workload has been affected due to the inability of ERS to support onward referral. Utilisation of the services has increased but there continues to be a problem with DNA's. Text messaging will be used to address this. The service is hopeful that the physiotherapist element will commence in the new year. • Medicines management HUB is being utilised appropriately. This is deflecting queries away from GPs and is being positively received. • A request was made for the 10 point plan for nursing workforce to be added to the operational plan. • International recruitment continues but has not produced as many applicants as it would have liked. • GPFV 5000 Doctors. Edge Hill University are going to take on GP training and are keen to work with practice in Sefton. This is aimed at encouraging more GP trainees. 	

SSNHSE 18/110	Delegation The application for Delegated Commissioning has received positive comments and it is anticipated it will be approved. JL working with DF to review staffing levels to take on additional workload this will generate.	JL
SSNHSE 18/111	Healthwatch Feedback Apologies were received from Health Watch.	
SSNHSE 18/112	Key Issues Log <ul style="list-style-type: none"> • Update on 7 day access • Joint commissioning committees from South Sefton and Southport & Formby will combine in the New Year. 	
SSNHSE 18/113	Any Other Business None	
SSNHSE 18/114	Date of Next Meeting: To be confirmed due to combining of committees. Venue to be confirmed due to combining of committees.	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

SS NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Thursday 7th February 2019. 10.00am – 11.00am
Venue: 3A Merton House, Stanley Road, Bootle, L20 3DL

Members		
Gill Brown	SF CCG Lay Member (Chair)	GB
Graham Bayliss	SS CCG Lay Member (Chair)	GM
Graham Morris	SS CCG Lay Member	JL
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	CG
Dr Craig Gillespie	SS CCG Clinical Vice Chair	AC
Alan Cummings	NHSE Senior Commissioning Manager	SL
Suzanne Lynch	SF&SF CCG Head of Medicines Management	BP
Brendan Prescott	Deputy Chief Nurse and Quality Officer	
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	Feb 19	Mar 19	Apr 19	May 19	June 19
Members:						
Graham Bayliss	SS CCG Lay Member (Chair)	N				
Graham Morris	SS CCG Lay Member (Vice Chair)	A				
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓				
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓				
Susanne Lynch	S&F CCG Head of Medicines Management	✓				
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N				
Alan Cummings	NHSE Senior Commissioning Manager	A				
Attendees:						
Sharon Howard	Programme Manager General Practice Forward View	✓				
Angela Price	Primary Care Programme Lead	✓				
Diane Blair	Healthwatch Sefton	A				
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N				
Joe Chattin	Sefton LMC	N				
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	N				
Jan Hughes	NHSE Assistant Contract Manager	N				
Colette Page	SS&SF CCG Practice Nurse Lead	A				

No	Item	Action
JCCiC 19/01	<p>Apologies for absence Apologies were received as noted above.</p> <p>It was noted that the meeting was not Quorate. Clinical Leads had to attend a board to board meeting which was scheduled at the same time. No decisions were made.</p>	
JCCiC 19/02	<p>Declarations of interest regarding agenda items GB 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>CG Declared interest as a local GP and also as Clinical Lead for Crosby Primary Care Network Lead known as "Connecting Crosby"</p>	
JCCiC 19/03	<p>Minutes of the previous meeting The minutes of the previous meeting held on 6th December 2018 were agreed.</p>	
JCCiC 19/04	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
JCCiC 19/05	<p>Report from Operational Group and Decisions made JL reported that the group had discussed:</p> <ul style="list-style-type: none"> • The group supported the request from Blundellsands to close their list based on evidence collated as part of the Crosby Pilot. • Learning Disability Health Checks have been delivered differently this year and has shown an increase in uptake. 	

<p>JCCiC 19/06</p>	<p>GPFV Operational Plan/ Primary Care Programme Report</p> <ul style="list-style-type: none"> • Resilience funding. South Sefton have secured funding to enable 30 of the most common invite letters into the top 5 foreign languages spoken. There will also be a Welcome pack created which gives the patients knowledge of where to get the most appropriate care in Sefton. • Digital Champion – Two staff have been employed from GPFV funding to work with practices to maximise the usage of IT solutions such as on-line consultations. A presentation will be given at the wider group meeting. • International recruitment – SH would like to draw up a prospectus which focuses more on the local area and what is available. The team would also like to link up with former GP recruits to see if they can offer support in this area. • 7 day access – Contract meetings have taken place. South Sefton are continuing to negotiate access to a physiotherapist. The appointments across the service are not yet fully utilised however the figures show an increase. It is thought the digital champion will support practice utilisation. It was agreed to draft a paper reporting the good work of this service, to present to the Governing Body. • Medicines Management HUB – Recruitment has taken place for further pharmacists to enable the HUB to be rolled out to all practices. Future plans for the HUB is to scope out the potential of working more closely with Networks and considers a rotating pharmacist with a local trust. • Apex insight – There is the potential for Sefton to be part of the next roll out if we can engage interest from enough practices. A presentation will be given at the Wider Group Meeting. • Learning Disabilities – Recent figures have shown an increase in the uptake health checks. South Sefton Federation is in the process of organising health checks on behalf of the practices who have requested assistance. • Networks – Seaforth and Litherland have agreed to form a Network with engagement from all practice. There is only one practice who is not part of a Network, however they have plans in place to join. This gives South Sefton 100% engagement with Networks. • Nursing projects – CP is leading on Practice nurse 10 point plan, Influenza Vaccinations, co-ordinating PLT events and supporting Nursing in the Practices. • Data Sources – A lot of work as been done to identify different data sources. This will enable the team to standardise reporting. It will assist with supporting Networks and practices to identify and understand their financial position. <p>The 5 year forward view work streams will continue and support the new guidance in the NHS Long Term Plan.</p> <p>The GPFV programme spreadsheet will be reviewed and presented at the next meeting.</p>	
<p>JCCiC 19/07</p>	<p>Delegation</p> <p>Delegation – NHSE have given approval and the CCG will be fully delegated by April 2019. Staffing needs have been identified and recruitment has commenced shortly. A training plan has been put together and support will continue from NHSE. Revised Terms of Reference have been presented to the Governing Body.</p>	

JCCiC 19/08	<p>Healthwatch Feedback</p> <p>GP enter and view reports have been put together and are due to be signed off this week. These will be published shortly. For South Sefton patients were canvased in Community venues.</p> <p>Health Watch have decided to have Promotional publications in local press. This is hoped that it will increase awareness of Health Watch and their work to the general public. There will be different themes, first will be GP Access</p>	
JCCiC 19/09	<p>Key Issues Log</p> <ul style="list-style-type: none"> • 7 day access utilisation increasing. South Sefton is in the process of negotiating a physiotherapist contract. • Changes to the NHS 10 Year Plan • Learning Disabilities health checks have increased with the new way of working 	
JCCiC 19/10	<p>Any Other Business</p> <p>None</p>	
JCCiC 19/11	<p>Date of Next Meeting:</p> <p>Thursday 21st March 2019. 10.00am – 11.00am 3A Merton House, Stanley Road, Bootle, L20 3DL</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 14TH DECEMBER 2018

PRESENT:

Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Director of Strategy, Communications & Integration	NHS Liverpool CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Ian Moncur (IM)	Councillor	Sefton Council
Michelle Timoney (MT)	Transformation Change Manager - Cancer	NHS Liverpool CCG
Emma Rodwell (ER)	Project Manager, Cancer Team	NHS Liverpool CCG
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Chief Finance & Contracting Officer	NHS Liverpool CCG
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council

1.0 1.1	<p>1.0 Welcome, Introductions and apologies:</p> <p>1.1 The Chair welcomed all to the meeting and introductions were made.</p>
2.0 2.1	<p>2.0 Declaration of Interest:</p> <p>2.1 GM declared that he was previously the Deputy Chair and Non-Executive Director for Clatterbridge, this was in respect of agenda item 5 Development of Haemato-Oncology Services in North Mersey. However there was no decision being taken and the paper was for noting and consideration only. There were no other declarations of interest made.</p>
3.0 3.1 3.2	<p>3.0 Minutes & Actions of the previous meeting: 12th October 2018</p> <p>3.1 The minutes of the 12th October 2018 meeting were agreed as an accurate record of the meeting.</p> <p>3.2</p> <ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 12th October 2018: <ul style="list-style-type: none"> ➤ From minutes of previous meeting – it was noted that email confirmation had been received from West Lancashire CCG that they did not wish to be a member of the Joint Committee. ➤ From minutes of previous meeting re Shared Care Priorities – it was noted that there had been some confusion on where Shared Care Priorities had been allocated (paper to April 2018 CIC), however the work on this matter had not progressed so this action was to be closed off. ➤ From minutes of previous meeting re Orthopaedic & Trauma Service Business Case – it was noted that CH had spoken to AB at Specialist Commissioning re the Terms of Reference for the CIC and Specialist Commissioning’s requirement to be present for a quorum. The issue of quorum for the CIC in light of the role of the North Mersey Joint Committee still needed to be resolved. ➤ From minutes of previous meeting re Update on Royal and Aintree merger process – CH noted that a joint meeting of the Committee(s) In Common Governing Bodies had taken place to discuss what the commissioners required from the merger process. A further meeting would be convened to discuss the Business Case and propose amendments prior to it going to the

	<p>individual Trust Boards.</p> <ul style="list-style-type: none"> ➤ From minutes of previous meeting Liverpool Women's Hospital Update – CH had provided FL with a briefing in preparation for the Sefton Overview & Scrutiny Committee. ➤ Item 4 Royal Liverpool & Aintree Hospitals Merger Presentation – CH had obtained and shared the Governance Map. CH tabled the Trusts' Governance Map showing how they navigated the NHS England/Improvement requirements but which did not show the governance for service change. ➤ From item 5 Orthopaedic & Trauma Service Business Case Update – FL commented that spinal trauma was unchanged. There would still be some non major spinal trauma dealt with at the Royal for cases not included in the Orthopaedic and Trauma Service, however the vast majority of spinal trauma patients met the criteria for Major Trauma and were already being dealt with at Aintree. ➤ From item 7 North Mersey Joint Committee Inaugural Meeting – the formal public meeting had now taken place.
4.0	<p>Urgent Care Review – Report No: CIC 07-18 – Carole Hill ('CH')</p> <p>4.1 The paper provided an update on progress that Liverpool, South Sefton and Knowsley CCGs had made with the North Mersey Urgent Care Review:</p> <ul style="list-style-type: none"> • Collaboration required with South Sefton, Liverpool and Knowsley CCGs around the Aintree catchment area. • South Sefton and Liverpool had the same scope for the review and it was broader than just Urgent Care Treatment Centres. Knowsley CCG were still working through what they wanted to include in the review. Liverpool CCG would offer support to Knowsley to meet the timescales for planning. • Liverpool CCG had launched the engagement which would continue until the New Year. South Sefton CCG launched on 10th December 2018. There was more work to be done for Knowsley to carry out the engagement before Purdah.

	<ul style="list-style-type: none"> • An options co-design had begun across the CCGs, we needed to ensure the right people were involved and data quality was being worked through. <p>The Committee(s) In Common commented:</p> <ul style="list-style-type: none"> • GM commented that he spoke for South Sefton CCG who were happy to be aligned with Liverpool CCG on his. It was noted that there was no one present from Knowsley CCG which very much limited the value of the discussions. JLe agreed to pick this up with DJ when they met the following week. • JLe noted that an organisation in Liverpool had asked for the “consultation” to stop, she had responded that it was not a consultation and was engagement on urgent care services. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Updates provided on the Urgent Care Review in North Liverpool, South Sefton and Knowsley.
<p>5.0</p> <p>5.1</p>	<p>Development of Haemato-Oncology Services in North Mersey – Report No: CIC 08-18 – Michelle Timoney (‘MT’)</p> <p>MT presented to the CIC to consider the next steps for the integration of haemato-oncology services across North Mersey:</p> <ul style="list-style-type: none"> • Providers had signalled their intention to integrate haemato-oncology services in North Mersey, with management leadership from Clatterbridge for services based in the Royal and Aintree. • From early 2017 Aintree had been transferring acute leukaemia patients to the Royal. • The long term plan was to consolidate all North Mersey haemato-oncology services at the new Clatterbridge Cancer Centre in additional floor in the new centre (Royal site), and then to transfer Aintree haemato-oncology services to the new Clatterbridge Centre which would impact on Southport & Ormskirk. • Formal engagement and consultation for transfer of the current service at the Royal to the new Clatterbridge Cancer Centre was not required.

- Phase One was complete which was the managerial transfer of RLBUHT patients. Phase Two was the transfer of Aintree services to the new Clatterbridge Cancer Centre (smaller than the Royal). Southport would be phase 3.
- A Project Board had been in place for 12 month, South Sefton CCG was the lead commissioner on the Steering Group.
- More work was required around the clinical model and beds would not physically move until the new Clatterbridge Centre was open along with the new Royal Liverpool Hospital.

The Committee(s) In Common commented:

- GM spoke for South Sefton who were fully supportive, however he could not speak for Southport & Formby CCG who may have an independent view. .
- JLe felt the issue was the reviews taking place in Southport. This was not a Liverpool decision and needed to be discussed at the North Mersey Leadership Group, and had emailed FT for this to be on the agenda for discussion at the next meeting on 11th January 2019. It would be useful for MT to attend and Clatterbridge also needed to attend.
- JLe would ensure that Haemato-oncology was on the agenda for the January 2019 North Mersey Leadership Group.
- CH noted that the Southport & Ormskirk Transformation Plan needed to be on the agenda for the North Mersey Leadership Group (with representation from the specialist trusts). It could also come to the next Committee(s) In Common, to support alignment between acute programmes.
- MT agreed to invite the new CEO and Barney Schofield, Director Operations & Transformation at Clatterbridge to attend the North Mersey Leadership Group.
- A response would be sent by letter to Clatterbridge to explain that this would be discussed at the North Mersey Leadership Group on 11th January 2019 and to brief them on the discussions at the CIC. The letter would be drafted by CH to go out in FL's name as Chair of the CIC, early the following week.

	<p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the case for integrating these services; ➤ Were supportive of the transfer of the management of haemato-oncology services from Aintree to CCC; ➤ Considered the governance arrangements required for future proposals for further haemato-oncology service integration. ➤ Noted that this decision needed to be taken by the North Mersey Leadership Group as it was not a purely Liverpool issue.
6.0	North Mersey Joint Committee 28th November 2018 Update re Orthopaedic Decision – Verbal – Carole Hill:
6.1	<p>CH informed the CIC:</p> <ul style="list-style-type: none"> • The North Mersey Joint Committee had approved the Single Service for Orthopaedics between the Royal and Aintree. • Mobilisation would begin in the new year to go live October 2019. • The Joint Overview & Scrutiny Committee would be convened in January 2019. It would be useful to have an orthopaedic clinician there. FL suggested GM as Chair of the North Mersey Joint Committee should also attend. CH agreed to inform him of the date. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
8.0	Any Other Business
8.1	<p>JLe commented in respect of the Liverpool Women’s consultation:</p> <ul style="list-style-type: none"> • We needed to rethink our position in light of updates on capital monies applied for and available. • Bill McCarthy had been appointed as NHS England Regional Director and would want to meet with FL and JLe re the options, however commissioners remain convinced that “do nothing” was not an option. • New landscape and options needed to be explored, FL and CH would meet to discuss this.

8.2	FL commented about attendance as discussions today had been curtailed due to lack of representation from Knowsley CCG and Southport & Formby CCG. She asked Paula Jones to draft an email to go out in her name asking for members to prioritise the meeting and send apologies/nominate senior deputies well in advance of the next meeting.
9.0	Date of next meeting
9.1	Friday 8 th February 2019, 12pm to 2pm Boardroom, Liverpool CCG.