

Governing Body Meeting in Public Agenda

Date: Thursday 5th September 2019, 13:00hrs to 15:45hrs
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
Alan Sharples	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
Brendan Prescott	Responsible 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

Matthew Ashton	Director of Public Health	MA
Maureen Kelly	Chair, Healthwatch	MK

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:15hrs
GB19/92	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB19/93	Declarations of Interest	Chair	Verbal	Receive	
GB19/94	Minutes of previous meeting	Chair	Report	Approve	
GB19/95	Action Points from previous meeting	Chair	Report	Approve	
GB19/96	Business Update	Chair	Verbal	Receive	
GB19/97	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:35hrs
GB19/98	Integrated Performance Report 98.1: - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse 98.2: - Finance: Chief Finance Officer	Karl McCluskey BP MMcD	Report	Receive	45 mins
GB19/99	Improvement and Assessment Framework: Q4 2018/19 Exception Report	Karl McCluskey	Report	Receive	
Governance					14:20hrs
GB19/100	Annual Audit Letter	HN/MMcD	Report	Receive	15 mins
GB19/101	Governing Body Assurance Framework, Heat Map and Corporate Risk Register	DFair	Report	Approve	
Quality					14:35hrs
GB19/102	SEND: Update	MMcD	Report	Receive	10 mins
Service Improvement/Strategic Delivery					14:45hrs
GB19/103	Sefton NHS Five Year Place Plan	Karl McCluskey	Report	Receive	45 mins
GB19/104	Primary Care Work Programme	Jan Leonard	Report	Receive	
GB19/105	Sefton Transformation Programme Update	FLT	Report	Receive	
GB19/106	Transforming Care for people with Learning Disabilities: Update	Geraldine O'Carroll	Report	Approve	
For Information					15:30hrs
GB19/107	Public Health Annual Report 2018/19	Helen Armitage	Report	Receive	10 mins
GB19/108	Key Issues Reports: a) Finance & Resource Committee b) Quality Committee / Quality & Performance Committee: c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities	Chair	Report	Receive	
GB19/109	Approved Minutes: a) Finance & Resource Committee b) Joint Quality Committee / Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI e) North Mersey Committees in Common f) TCP Strategic Board	Chair	Report	Receive	
Closing Business					15:40hrs
GB19/110	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/ Ratify	Time
GB19/111	<p>Date of Next Meeting</p> <p>Thursday 7th November 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>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					15:45hrs

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 6th June 2019

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

The Governing Body Members in Attendance

Dr Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Brendan Prescott	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
Maureen Kelly	HealthWatch	MK
Fiona Taylor	Chief Officer	FLT

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health, Sefton MBC	HA
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In Attendance

Lyn Cooke	Head of Communications and Engagement	LC
Karl McCluskey	Director of Strategy and Outcomes	KMcC
Debbie Fairclough	<i>Minute taker</i>	

Member Apologies

Lynne Creevy	Practice Manager
Graham Bayliss	Lay Member PPI
Dwayne Johnson	Director of Social Services & Health, Sefton MBC
Dr John Wray	GP Clinical Director

Quorum: Majority of voting members.

Name	Governing Body Membership	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19
Dr Andrew Mimnagh	Chair & GP Clinical Director	A	A	A	A	A	A	
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	A	✓	✓
Graham Morris	Deputy 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	A
Lynne Creevy	Practice Manager					✓	A	A
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓

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

No	Item	Action
Questions	<p>Questions from the Public</p> <p>1. A lay member position was recently advertised for the CCG governing body. Is it correct that only two days were permitted for application?</p> <p>FLT clarified that the position was advertised by South Sefton specifically for a Lay Member for Governance. The position had become vacant due to the retirement of Graham Morris in June 2019. FLT referred to the CCG constitution and the specific membership roles that are required to be filled and that form the CCG governing body.</p> <p>The role had required a quick turnaround both for application and interview however, there had been quite a lot of interest and a number of applications have now been received.</p> <p>2. There was a query about waiting times and demand for some diagnostic services and there was concern that this could create a delay in diagnosis.</p> <p>FLT advised that at the start of the year we observed fast increases in demand and screening programmes can sometimes lead to those increases. The services do undertake capacity reviews and review patterns of referral and activity from the previous years to assist with planning. Referrals are not always “steady” and there is a need at times to re-prioritise patients so that “urgent” referrals are seen within the required timescales. This does sometimes impact on waiting times and patients may be waiting longer than expected. At such times, we will look to source additional capacity within the NHS family and if we are not able to meet demand in that way we will look to commission services from private providers, we have done this, for example, with dermatology service. MW then stated that this was an attempt to privatise the NHS. FLT offered assurances that, that was not the case and in fact the NHS Long Term Plan is very clear that it expects NHS providers to collaborate closely with each other and with local authority services to optimise our services and create seamless pathways of care for our patients.</p>	

No	Item	Action
Presentation	<p>Sefton Crowd <i>Presentation by Peter Moore, Head of Highways and Public Protection, Sefton Council, and acting lead for Social Investment.</i></p> <p>Sefton Crowd was developed as a result of work undertaken in 2018 to look at how to encourage and develop social investment within the area,</p> <p>The scheme supports initiatives that feed into the commissioning mind-set, concept being to use the resources and assets available within the community; ideas by the community to be funded and supported by the community.</p> <p>Research has shown that local projects have an increased success rate if supported through a platform. The aim of Sefton Crowd is to provide that platform, both with funding and corporate support.</p> <p>The members were briefed on the process and support offered to the projects including the vetting and the controls in relation to the project remit to join i.e. non-political, business support and assistance to development their ideas.</p> <p>The presentation took members through the current listed projects as well as those that had achieved target, some within three weeks.</p> <p>PM referred to the next steps and consideration to be given on how the CCG could get involved, including promotion and support, in-kind or finance.</p> <p>The members discussed in relation to project verification and controls including the projects being a constituted body and the monitoring of each project in relation to costs, post evaluation and follow-ups i.e. barriers and lessons to be learned. Further discussion was had regarding the responsibility for the delivery of the projects being that of the community projects and the capability to do this being part of the verification process.</p> <p>Resolution: The members received the presentation.</p>	
GB19/62	<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Lynne Creevy, Graham Bayliss and John Wray</p> <p>The Chair welcomed Brendan Prescott to the meeting who is currently acting as the Registered Nurse on the Governing Body.</p>	
GB19/63	<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 Brendan Prescott. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB19/64	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on 4th April were approved as a true record.</p>	
GB19/65	<p>Action Points from Previous Meeting</p> <p>19/37 – Integrated performance report has now been to EPEG. Action</p>	

No	Item	Action
	<p>closed</p> <p>19/41 – E-referral system. Matter now resolved. Action closed</p> <p>19/42 – IAF/AMR indicator – This will be covered in a governing body development session planned. Action closed</p> <p>19/47 – EMIS data entered by midwives. Action closed</p>	
GB19/66	<p>Business Update</p> <p>CG advised members that he was currently in the process of ensuring members had an up to date PDR.</p> <p>It was noted that this would be GM last meeting as he would be retiring on 30th June 2019. CG extended his thanks and appreciation for GMs work, diligence and scrutiny over the past few years and wished him well in his new endeavours.</p>	
GB19/67	<p>Chief Officer Report</p> <p>The governing body received the Chief Officer report. FLT noted that QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementing schemes and identifying new opportunities.</p> <p>The following areas were highlighted:</p> <p><u>1. SEND Re-inspection</u> The CCG were now awaiting the formal response from Ofsted and the CQC following the revisit 15th to 17th April 2019.</p> <p><u>2. EPRR:</u> Following assessment, the CCG has achieved substantial assurance on its level of compliance for EPRR.</p> <p><u>4. Transformation Update</u> An engagement event has taken place on 10th April 2019 covering the Health and Wellbeing Strategy and NHS 5 year planning process incorporating the 10 year long term plan. There have been a number of actions from the event and these will be looked at further at the next event due to be held 10 July 2019. Project plans are being developed and will work alongside the groups already established. Work is continuing on the refreshed Shaping Sefton II, as are plans to ensure such aligns to the refreshed Health and Wellbeing Strategy.</p> <p>The transformation PMO have been active with the Cheshire and Merseyside Place & Programme Forum which has developed a self-assessment matrix to facilitate place based integration.</p> <p>The voluntary, community and faith sector continues to have an influential role across the programme.</p> <p><u>6 Sefton transformation programme</u> The Acute Sustainability Joint Committee has now received approval from West Lancs CCG and can begin to undertake its delegated responsibilities. Representation from Southport & Formby CCG now needs to be agreed by its governing body in readiness for the committees' inaugural meeting.</p> <p>Resolution: The governing body received the report.</p>	

No	Item	Action
GB19/68	<p>Integrated Performance Report (IPR)</p> <p>The governing body were presented with a report which provided summary information on the performance, quality and finance for NHS South Sefton CCG and highlighted the Executive Summary and the summary performance dashboard.</p> <p>The members were informed that this was the last time that the report would be presented in this format. The presentation of the document was currently under review and would take into account the exception work being undertaken at committee.</p> <p>The members were taken through the report in detail with the following key areas of performance discussed:</p> <p>Planned Care</p> <p>Referrals</p> <p>Members were advised that the year to date referrals in 2018/19 have increased by 2.7% when comparing to 2017/18 and that GP referrals in 2018/19 are comparable to 2017/18 levels with a small increase of 0.6%. Routine GP Referrals have seen a 1.4% reduction in 2018/19 with urgent and two week wait referrals increasing by 11% and 16.9% respectively.</p> <p>Year to date consultant-to-consultant referrals have increased by 7%. Aintree's consultant-to-consultant increases have been focused within T&O, Respiratory Medicine, Gastroenterology and Ophthalmology. CG queried this data and KMck confirmed that the referrals do also include DNAs. There are some concerns in respect of e-referral targets, as the target is that 100% of all referrals should be electronic, but the current performance is at 62%. Work continues with NHS Digital to ensure accuracy of the data and since that work began there have been some improvements.</p> <p>Diagnostics</p> <p>KMcK reported that the CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March recording 1.75%, similar to last month when 1.64% was recorded. In March, out of 2,572 patients, 45 patients were waiting at 6+ weeks of those 3 at 13+ weeks. The majority of breaches were for Echocardiography (16) and MRI (8). The Trust mainly responsible for the CCG underperformance is Liverpool Heart & Chest. Out of 48 patients they have 8 waiting over 6 weeks and 2 over 13 weeks reporting 20.83% against the less than 1% plan.</p> <p>Aintree achieved the under 1% of patients waiting more than 6 weeks for a diagnostic test in March.</p> <p>In terms of the diagnostic performance issues emanating from Liverpool Heart & Chest, members were advised that the Trust has recruited three new consultants (two radiologists and one imaging cardiologist) which are all expected to start employment between May and early July. The building programme to house the new CT and MRI scanners remains on track with the revised schedule meaning building works is expected to be completed by July 2019. This will enable the new scanners to be operational in August 2019. However, LH&C will implement a waiting list initiative to work towards reducing the backlog; expected improved performance will be Q4 2019/20.</p>	

No	Item	Action
	<p>Referral To Treatment (RTT) NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In March, the CCG had 10,863 incomplete pathways, 57 patients more than the March of the previous year and is therefore has not achieved the target year end plan.</p> <p>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 March. This is similar to last month. In March, of 10,914 patients, 1,191 were waiting over 18 weeks on the incomplete pathway. Work continues to Aintree to evaluate patient level detail.</p> <p>Cancer Members were disappointed to note that the CCG failed the 93% target in March for patients referred urgently with suspected cancer with 91.06% and are failing year to date with 90.06%. 61 patients out of 682 waited longer than two weeks for a first outpatient appointment. Out of the 61 breaches, 57 breaches were at Aintree, 3 at Royal Liverpool and 1 at Liverpool Women's. 37 breaches were due to inadequate out-patient capacity and 24 were due to patient choice to delay first out-patient appointment. The maximum wait was 35 days and was due to patient choice to delay. In 2018/19 there were 748 breaches from a total of 7,525 patients seen.</p> <p>It was noted that Aintree missed the target for March for cancer 2 week waits with 85.9% and remains below target YTD with 87.10%. In March there were 163 breaches from a total of 1158 patients seen. Of the 163 breaches, 109 breaches were due to inadequate out-patient capacity and 54 due to patient choice to delay. The maximum wait was 50 days and was due to inadequate out-patient capacity.</p> <p>The CCG also failed the 93% 2 week breast target in March reporting 68% out of 50 referrals only 34 had their appointment within 2 weeks, year to date reporting 84.44%. All breaches were at Aintree with 14 due to inadequate out-patient capacity and 2 due to patient choice to delay first out-patient appointment. The maximum wait was 34 days and was due to patient choice to delay. In 2018/19 there were 115 breaches from a total of 739 patients seen.</p> <p>Aintree failed the 93% breast target for March reaching 64.83% also failing year to date reporting 81.16%. In March, out of 145 patients there were 51 breaches. 42 breaches were due to inadequate out-patient capacity and 9 due to patient choice to delay. The maximum wait was 39 days and was due to inadequate out-patient capacity.</p> <p>Members asked what remedial and immediate action was being taken to recover this position to ensure patients are getting proper access to services.</p> <p>South Sefton CCG is showing steady rates of total GP referrals over last 12 months but a 5% shift from routine to 2ww. There are similar patterns in Southport and Formby and Liverpool.</p> <p>Conversion rates are reducing slowly, currently 5.4% across all tumour sites which is lower than the Cancer Alliance average and still higher than the NICE NG12 indicative threshold of 3%. Mode of presentation i.e. 2 week wait versus routine referral or urgent methods of presentation is considered a better marker of improvement than conversion rates.</p>	

No	Item	Action
	<p>Cancer referrals and conversion rates from 2 week to 62 day pathways were items discussed at Governing Body development sessions for both CCGs. in May. Members are satisfied that greater adherence to NICE guidelines, aimed at earlier detection of cancer, is the dominant factor in the evidently reducing conversion rates</p> <p>GH advised that concerns about stroke had been raised by the CCG and that the issue had now been escalated.</p> <p>Unplanned care</p> <p>A&E Members discussed in detail the performance data relating to A&E provided on page 77 of the governing body pack. It was noted that the trust are implementing a number of remedial actions to address their A&E performance and these are now beginning to have an impact.</p> <p>Ambulance Governing body members discussed the NWAS performance data and noted that investment would be made available in respect of targets. MK sought clarity on that point and asked if the funding is available “up front” to help the trust meet targets, or the funding only paid when targets are met and performance standards complied with. KMck advised that the funding profile for those services had changed and the trust had received £1m which was the combined total from all commissioners.</p> <p>Mental health</p> <p>IAPT To improve performance KMck reported that group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity.</p> <p>Dementia The CCG is performing reasonably well on this target achieving 95% with a target of 97%. 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.</p> <p>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.</p> <p>CAMHS FLT queried the data in the performance report and expressed concern that it</p>	

No	Item	Action
	<p>was difficult to understand. FLT has requested a review of all performance reports relating to children's services, including SEND services so that a clear and comprehensive picture of performance is available for review and scrutiny by the governing body.</p> <p>Adult eating disorders GH expressed concern that performance had deteriorated and requested further scrutiny on the reasons for that decline. KMCK agreed to review.</p> <p>SALT MMCD advised members that additional resource had now been made available to Alder Hey to address waiting list issues with a view to the service being able to perform at RTT standards. There is ongoing dialogue with Alder Hey on a number of services particularly those relating to SEND.</p> <p>Quality BP took members through the quality performance section of the integrated performance report. In particular was noted that Aintree had been subject to enhanced surveillance for some time but the level of surveillance had now reduced following positive assurances being received in respect of a number of serious incidents.</p> <p>Finance</p> <p>CCG Recovery Plan MMCD presented this section of the integrated performance report and reflected that the most significant challenge faced by the CCG in 2018/19 was the Acting as One agreement which did not enable any planned or unplanned care cash efficiencies to be easily released in year. The CCG delivered £2.379m savings in 2018/19 which brings the total QIPP saving over the past three financial years to £11.295m. 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.</p> <p>Members noted that the long term QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes.</p> <p>The cumulative deficit brought forward from previous years is £2.892m which will reduce to £1.892m in the next financial year following external audit review. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.</p> <p>2018/19 Financial Position</p> <p>It was reported that cost pressures have emerged in the financial year which have been offset by underspends in other areas. The main areas of forecast overspend are within the following areas:</p> <ul style="list-style-type: none"> • 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 £1.677m. • Overspend of £0.174m within prescribing due to NCSO pressures which have been partly mitigated with efficiencies in other areas of prescribing expenditure. 	KMCK

No	Item	Action
	<ul style="list-style-type: none"> • Cost pressures within Acute provider contracts of £0.840m 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 £0.267m on the learning disabilities budget due to new individual high cost packages emerging during the year. • Cost pressures of £0.306m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably in plastic surgery and trauma and orthopaedics. <p>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.</p> <p>Resolution: The governing body received the reports</p>	
GB19/69	<p>Improvement and Assessment Framework: Q3 2018/19</p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q3 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>The members were highlighted to the clinical priority area. The CCG was noted as being in the top quarter of 18 of the indicators. This, on balance, showed good performance.</p> <p>Reference was made to indicator which related to falls in people aged 65+. It was recognised that the population demographic and large proportion of care homes impacted on this indicator. Further recognised was the substantial work that was known to be happening. The members discussed the prior reporting format for this indicator and requested the something along similar lines which was more comprehensive and that detailed the work being done. The members raised concern on the capacity issues being experienced by the falls clinic, the impact that such is having on the service and service users and the increased risk.</p> <p>The members were updated on the recent review in relation to antimicrobial resistance, indicator and the prescribing of a broad spectrum antibiotic due to the multiplicity of potential for infection by the elder population. The review of which had confirmed appropriate prescribing by the GP's. Further discussion was had on this indicator, specifically in relation to the figures quoted within the report given the outcome of the review. The CCG scored particularly well on the diabetes indicator and members acknowledged the work of Dr. Nigel Taylor.</p> <p>Resolution: The governing body received the report and noted the progress.</p>	
GB19/70	<p>Final Budgets 2019/20</p> <p>The paper, presented by MMcD provided members with a final report on the budget for 2019/20. Updated from the paper previously presented following the conclusion of contract negotiations and agreements. Members confirmed that they are fully aware that the CCG has a statutory financial duty for</p>	

No	Item	Action
	<p>expenditure not to exceed the resource in each financial year. The standard business rules set out by NHS England require a 1% surplus in each financial year. However, NHS England has set the CCG control total for 2019/20 at £1m surplus which is 0.4% of the CCG allocation.</p> <p>Based on the current planning assumptions, the QIPP target to achieve the required £1m surplus in 2019/20 is £14.000m. The QIPP target will increase if further pressures emerge in year.</p> <p>The final budget includes contract values agreed with providers. Provider contracts have increased significantly compared to the previous financial year. Access to central funding – the Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) is dependent on providers achieving control totals set by NHS England / NHS Improvement. MMCD reported that the CCG has agreed investment and growth funding to support providers in the delivery of their financial plans to enable access to these funds. This means that the CCG has significant exposure to financial risk in 2019/20.</p> <p>It was also noted that the North Mersey Acting as One contract agreement ended in March 2019. A revised agreement for 2019/20 is under negotiation, and the CCG is committed to an approach which is focussed on supporting all parties in the local health economy, operates in the financial envelope available and places emphasis on delivery of all organisations control totals.</p> <p>The members recognised the challenges to achieve £1m surplus position and the need for system change across the system and working with partners to achieve such.</p> <p>Resolution:</p> <p>The Governing Body received the report and:</p> <ul style="list-style-type: none"> • Ratified the final budget for 2019/20 which was approved by the CCG Senior Leadership Team in May 2019 following delegation in the April Governing Body Meeting. • Noted the control total set by NHS England for 2019/20 of £1m surplus (0.4%) and the value of the QIPP requirement of £14.000m which has not changed since the draft budget was presented in March. • Noted that the CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2019/20. The Governing Body also noted that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to: <ul style="list-style-type: none"> ○ Provide leadership required to deliver change ○ Be clear on the risk adjusted pressures arising from QIPP 	
GB19/71	<p>CCG Governing Body Sub-Committee Terms of Reference</p> <p>The members were presented with a report which set out the proposed revised terms of reference for each of the governing body sub-committees. Reviewed in light of the changing work programmes and to ensure they continue to be aligned so that that they operate in a way that ensures the CCG is delivering all of its statutory duties.</p> <p>Resolution: The members approved the terms of reference presented subject to the agreed change to the Joint Quality and Safety Committee:</p> <ul style="list-style-type: none"> • Joint QIPP and Financial Recovery Committee 	

No	Item	Action
	<ul style="list-style-type: none"> • Finance and Resource Committee • Audit Committee • Joint Quality and Performance Committee • Remuneration Committee • Approvals (Conflicts of Interest) Committee 	
GB19/72	<p>Audit Committee Annual Report 2018/19</p> <p>GM presented this item. The members were taken through the report which presented an overview of the Audit Committees role, its membership and the work undertaken in 2018/19.</p> <p>Reference was made to the MIAA opinion on the operations of the CCG. It was noted that in all areas reviewed to date the CCG has been assessed as either 'Substantial Assurance' or 'High Assurance'. This was considered a good achievement and thanks were relayed to all involved, specifically Tahreen Kutub for co-ordinating.</p> <p>Resolution: The members received the report.</p>	
GB19/73	<p>Annual Equality Reporting including Equality Delivery Systems 2 and Equality Objective Plan</p> <p>The members were presented with the CCG's annual Equality & Diversity Report 2018 (Appendix A) which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) and will provide evidence for meeting the Equality Acts 2010 specific duties which forms part of the NHS England assurance requirements.</p> <p>The report highlighted the progress and completion against the Equality Objective Plan for 2016-2019, the new revised Equality Objectives 2019 to 2021 and outlines the CCG's approach to implementing the Equality Delivery Systems 2 (EDS2) toolkit in close collaboration with other Merseyside CCGs and all NHS providers who operate within Merseyside, in line with the vision outlined in the Five Year Forward View and NHS Long term Plan.</p> <p>The members discussed the work of the CCG in leading the implementation of EDS2 and the work being done to develop similar plans so as to enable barriers to be tackled collectively.</p> <p>It was noted that good progress had been made but recognised that there was a lot of work to be done. Further noted was the recognition that nationally health inequalities were widening.</p> <p>Resolution:</p> <p>The governing body:</p> <ol style="list-style-type: none"> a) Received the Equality and Diversity Annual Report (Appendix A) b) Received CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1) c) Received progress and completion of 2016 to 2019 Objectives Plan (Annual Report section 3 –and Appendix 2). d) Received the Workforce Equality Plan (which was monitored and considered by the Finance & Resource Committee including CCG's work around the workforce Race Equality Standard (Annual Report section 5 and Appendix 4) 	

No	Item	Action
	e) Approved the refreshed Equality Objective Plan 2019- 2021(Appendix B)	
GB19/74	<p>Governing Body Assurance Framework and Corporate Risk Register: Q4 2018/19</p> <p>The paper presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register and Heat Map for Q4 2018/19 as at 29th March 2019 and as presented to the Audit Committee April 2019 for review and scrutiny.</p> <p>The members were advised of the process followed and the discussion and outcome from Audit. Further discussed and noted was the current review of risks for Q1 2019/20 which is taking into account the outcome from Audit Committee and a review of process so as to ensure fit for purpose.</p> <p>Resolution: The Governing Body:</p> <ul style="list-style-type: none"> • received the report • noted the review, scrutiny and approval by the Audit Committee in April 2019 • agreed no further recommendation for action in addition to that which has either been suggested by the Audit Committee or is being carried out as part of the normal process 	
GB19/75	<p>Sefton Transformation Programme Update</p> <p>The members were presented with an update on the Sefton Health and Social Care Transformation Programme which provided a consolidated report on the prior discussions and was in addition to that provided within the Chief Officer report.</p> <p>Resolution: The members received the report.</p>	
GB19/76	<p>Operational Plan 2019/20</p> <p>The paper outlined the rigorous process undertaken to produce the CCGs 2019/20 Operational Plan to provide assurance to the Governing Body. It detailed the requirements nationally, the standards to be met and the key issues encountered during the planning process.</p> <p>The members were informed that the report provided an update to that previously presented and as per delegated authority to the leadership team.</p> <p>There has been an increased requirement to work in closer collaboration with the main acute providers in the planning round for 2019/20. Historically Southport & Ormskirk NHS Trust have compiled their plan along the NHSI route and the CCG along the NHSE route. The joining of NHSE and NHSI has facilitated the collaborative approach.</p> <p>Resolution: The governing body received the report.</p>	
GB19/77	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee (F&R): March 2019 b) Quality Committee: February 2019 c) Audit Committee in Common: January 2019 d) Joint Commissioning Committee PTI: March 2019 	

No	Item	Action
	e) Primary Care Commissioning Committee in Common: April 2019 f) Locality Key Issues: February to May 2019 It was recognised that similar issues were being highlighted as that which were raised at the Primary Care Networks. Resolution: The governing body received the key issues reports	
GB19/78	Approved Minutes: a) Finance & Resource Committee (F&R): March 2019 b) Joint Quality Committee (JQC): February 2019 c) Audit Committee in Common: January 2019 d) Joint Commissioning Committee PTI: March 2019 e) Primary Care Commissioning Committee in Common: f) North Mersey Committees in Common: None. RESOLUTION: The governing body received the approved minutes.	
GB19/79	Any other business None	
GB19/80	Date of Next Meeting Thursday 6 th September 2019, 13:00 hrs in the Boardroom, 3 rd Floor, Merton House. <u>Future Meetings:</u> The Governing Body meetings are held bi-monthly, on the first Thursday of the month. Future meeting dates: 5 th September 2019 7 th November 2019 6 th February 2020 2 nd April 2020 4 th June 2020 All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3 rd Floor Merton House.	
	Estimated meeting close and 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)	15:15 hrs

Governing Body Meeting in Public Action Points

Date: Thursday 6th June 2019

No	Item	Action
GB19/68	Integrated Performance Report (IPR) CAMHS FLT queried the data in the performance report and expressed concern that it was difficult to understand. FLT has requested a review of all performance reports relating to children's services, including SEND services so that a clear and comprehensive picture of performance is available for review and scrutiny by the governing body.	KMcC

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/97	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: September 2019							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.							
Recommendation							
<p>The Governing Body is asked :</p> <ul style="list-style-type: none"> - To formally receive this report. - To approve the addition of Stroke services to the work plan of the North Mersey Joint Committee. - To approve the extension of the CSU contract for a further 12 months during which time a review of the procurement options available for commissioning support requirements for 2021/22 will be explored. - To note the interim assessed level of compliance against the core standards for EPRR and approve delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30th September 2019. - To approve delegated sign off of the BCF submission to the CCG Chair and Chief Officer. 	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">x</td></tr> <tr><td>Approve</td><td style="text-align: center;">x</td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	x	Approve	x	Ratify	
Receive	x						
Approve	x						
Ratify							

Links to Corporate Objectives 2019/20	
X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.

X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to Governing Body September 2019

General

1. SEND

The CCG is continuing to work with providers and local authority partners to ensure that we are able to secure improvements in our SEND services within Sefton. A combined improvement plan has been shared with the Department for Education and feedback on that plan is now awaited. In the meantime there is a sustained focus on the performance of our services.

A new performance dashboard is being developed for all of our children's services so that the governing body is able to review and scrutinise performance in detail.

The CCG has also commissioned an external review of the arrangements in place for the commissioning and provision of children's services the outcomes of which will be shared with the leadership team with recommendations.

2. EU Exit Planning

The CCG continues to participate in planning events arranged by NHS England. The CCG participated in a regional teleconference on 19th July when updates in terms of national planning were provided. There are further events planned for EU leads during September and a communication leads event was held on 23rd August which was attended by CCG leads.

The CCGs Head of Medicines Management has been working at a national level in terms of medicines supply and the risks associated with that. Recently a "medicines hub" model has been introduced into primary care medical practices which will provide resilience in the event of a no-deal exit.

The Information Commissioners Officer (ICO) has also issued a Six Step Guide to ensure continued compliance with GDPR

1. Continue to comply: Continue to apply GDPR standards and follow current ICO guidance.
2. Transfers to the UK: Review your data flows and identify where you receive data into the UK from the EEA. Think about what GDPR safeguards you can put in place to ensure that data can continue to flow once we are outside the EU.
3. Transfers from the UK: Review your data flows and identify where you transfer data from the UK to any country outside the UK, as these will fall under new UK transfer and documentation provisions.
4. European operations: If you operate across Europe, review your structure, processing operations and data flows to assess how the UK's exit from the EU will affect the data protection regimes that apply to you.
5. Documentation: Review your privacy information and your internal documentation to identify any details that will need updating when the UK leaves the EU.
6. Organisational awareness: Make sure key people in your organisation are aware of these key issues. Include these steps in any planning for leaving the EU and keep up to date with the latest information and guidance.

The Midlands and Lancs CSU are providing support to the CCG to ensure compliance.

3. Stroke and North Mersey Joint Committee

The Governing Body approved the North Mersey Joint Committee work plan. At a meeting in April the Committees in Common proposed that they now support the addition of stroke services to the Joint Committee work programme. **The governing body is asked to approve the addition of Stroke services to the joint committee work plan.**

4. Midlands and Lancs Commissioning Support Unit contract 2020/21

The current contract for commissioning support services is due to expire on 31st March 2020. Under the existing arrangements there is the option to extend the existing arrangements for a further 12 months, until March 2021.

This was a matter that was discussed with our co-commissioning colleagues for this contract in Halton, Liverpool, St Helens and Knowsley and reported to the Finance and Resources Committee in July this year.

The governing body is asked to approve the extension of the contract for a further 12 months during which time a review of the procurement options available for commissioning support requirements for 2021/22 will be explored.

5. National appointments

On 5th June 2019 NHSE/I wrote to CCGs and providers advised that Amanda Pritchard appointed NHS' Chief Operating Officer and Chief Executive of NHS Improvement. Amanda was previously Chief Executive of Guy's and St Thomas' NHS Foundation Trust in London. The appointment follows an open competitive selection process and Amanda took up the new post full time with effect from 3rd July this year.

The new NHS chief operating officer post is directly accountable to the NHS chief executive Simon Stevens, and serves as a member of the combined NHS England /NHS Improvement national leadership team. The COO oversees NHS operational performance and delivery, as well as implementation of the service transformation and patient care improvements set out in the NHS Long Term Plan. The COO is also accountable to the NHSI Board as NHS Improvement's designated accountable officer with regulatory responsibility for Monitor.

To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.

6. Healthwatch views on the NHS Long Term Plan

On 11th July Healthwatch organisations across Merseyside and Cheshire published their report on local people's views about the long term plan. The findings from the report are designed to feed into the work on producing a health and care strategy within the Cheshire and Merseyside Health and Care partnership (HCP) and more specifically to inform the development of the Shaping Sefton Strategy. For Sefton, the key highlights are listed below:

- Having access to the **help and treatment needed when it is wanted** was the most important factor people told us was needed in living a healthy life. For example, people said they wanted more education about how to pursue a healthy lifestyle, and to access support resources.
- To help **keep independence and stay healthy whilst getting older**, people indicated that being able to stay in their own home for as long as possible was most important to them. People mentioned that they would like more **support in the local community** and in their home, as well as financial support for adaptations to their home.
- **Choosing the right treatment being a joint decision** between the person and the relevant health or care professional is most important to people in Sefton in managing and choosing support and treatment. **Being offered care and support in other areas** if people

cannot be seen in a timely way in their local area was deemed as the second most important option. People believed that the NHS requires more funding for staff and online services, as well as better communication and signposting to services.

- People in Sefton told us that being able **to talk to their doctor or other health professional wherever they are** and having absolute confidence that their personal data is managed well and kept secure, were both deemed as the most important when interacting with the NHS
- A number of people talked about not only the continued **use of technology** for a more accessible service, but also an awareness that not everybody is able to use technology.
- Better **access to GP appointments**, for example through weekend appointments, was a common theme of comments.
- People with specific conditions felt that they would rather **see someone they had seen before** even if it meant having to wait for a diagnosis or support. Those with dementia, or looking after someone with dementia, told us that the wait for their initial assessment and diagnosis was slow, but that the wait between being diagnosed and receiving treatment was fast.
- People in Sefton commented that they would like to see **more accessible services in the community**, for example through the creation of health and wellbeing centres and 'one-stop shops' where various services can be accessed.

The full report is available on the Healthwatch Sefton website at <https://healthwatchsefton.co.uk/reports/>

7. Trans Health Sefton wins national award

Trans Health Sefton has been named as a winner in this year's Healthcare Transformation Awards 2019, which recognise the very best in innovation and improvement across the NHS. The joint Sefton CCG service was nominated in the Innovation in Primary Care category for their trans service in Sefton, which launched in November 2017.

Across the country, trans people generally experience poorer healthcare than the wider population, which can mean significant risks to their health and wellbeing. Many health professionals don't have the relevant skills or understanding to achieve the best access and outcomes for transgender patients. To address this, the CCGs in Sefton worked with patients and health professionals to design an innovative primary care based service.

The service now provides timely and holistic support for transgender patients and their families to improve their experience and health outcomes. Now in its second year, the 'Trans Health Sefton – a unified approach to gender care' service has gone from strength to strength. The clinic is the first of its kind and a true grass roots initiative. Patients say it is better and have reported higher levels of wellbeing.

As the service has been so successful in Sefton, a new collaborative called 'Cheshire and Merseyside Area Gender Identity Collaborative' (CMAGIC) has applied for funding to roll out this approach across Cheshire and Merseyside. Trans Health Sefton is available for anyone registered with a GP in Sefton and patients can be referred by a healthcare professional such as their GP, or can refer themselves to the service.

8. Transformation Programme

The main focus of the Programme to date has been to develop rigour around clarity of purpose, programme structure, staffing, roles and responsibilities. This has progressed to establishing all the various project groups; supporting the development of the Provider Alliance; assisting in supporting the development of strategic commissioning; supporting Southport & Ormskirk Hospitals on the preparations towards a pre consultation business case; considering a future state position; contributing to the development of Sefton's NHS five year place plan; as well as supporting the sharing of learning from other parts of the NHS.

The next phase is to progress the project groups through the preparation of baseline positions; the production of plans to describe the required actions over the next 12 months; compiling any strategies; and getting the local system ready for transition in 2020/21.

A more detailed report is included within the main agenda.

9. Clinical Senate report – Southport & Ormskirk Hospitals

As discussed in previous Governing Body meetings discussions have been underway for some time on how services at Southport & Ormskirk hospitals can be clinically and financially sustained to meet the required quality standards for the people of Southport, Formby, West Lancashire and the surrounding area. To assist in this process a second independent clinical review has been undertaken by the Yorkshire & Humber Clinical Senate which follows a similar document published by the Northern England Clinical Senate in 2017.

Clinical Senate Reviews are designed to ensure that proposals for large scale change and reconfiguration are sound and evidence-based, in the best interest of patients and will improve the quality, safety and sustainability of care. Clinical Senates are independent non statutory advisory bodies hosted by NHS England. Implementation of the guidance is the responsibility of local commissioners, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of access.

The key findings of the report include:

- The Case for Change provides a comprehensive review of the issues.
- Reconfiguring the services across the two sites is a necessity.
- Partners do not present a single view of care for the whole population and there is no well-developed Cheshire and Mersey view.
- The best option is a new build located between the two existing sites, however, in the interim, a move to a hot/cold site configuration should be pursued.
- The Trust Executive need to do more to present a compelling clinical vision.

This work sits within the overall approach across Sefton of building a sustainable health and care system, reducing health inequalities and improving health where there is more emphasis on prevention and self-care supported by integrated community and primary care based services where acute services are available when required.

It should be emphasised there are no immediate service changes resulting from receiving the report. It is a very helpful document to add to the evidence base and to assist in the work currently underway looking at future service provision to ensure the provision of high quality acute services.

A joint Committee involving governing body members from Southport & Formby and West Lancashire CCGs is being established and will meet in public during September. The committee has been set up to consider acute services provided to the local people using Southport & Ormskirk Hospitals. They will be looking at the report too along with receiving the other work underway and to consider the next steps in the process which will involve wider public engagement later in the year.

The report is available on <https://www.southportandformbyccg.nhs.uk/get-informed/publications/>

10. Health and wellbeing marketplace at 'Big Chat meets Annual Review' event

Sefton residents will be able to pick up a range of useful information about local services and speak directly with health and care professionals at a 'marketplace' style event that kicks off the CCGs' next Big Chat events.

The CCGs' Big Chats are again combined with their annual general meetings (AGM). As well as reviewing performance over the past year, the events provide attendees with the chance to give their views about the CCGs latest work.

Ahead of the main programme getting underway, people will be able to browse a range of stalls from organisations such as the Stroke Association and Macmillan Cancer Support. In addition, there will be advice from the CCGs medicines management team, whilst IMerseyside will be showcasing some of the latest technological advances coming to GP practices in Sefton. The events take place as follows:

- NHS Southport and Formby CCG - Tuesday 10 September 2019, 1pm to 4.30pm, The Bliss Hotel (formerly the Ramada), Southport
- NHS South Sefton CCG - Thursday 12 September 2019, 1pm to 4.30pm, Bootle Cricket Club
-

People are asked to notify the CCGs of their attendance in advance by calling 0151 317 8456.

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

11. Improvement and Assessment Framework (IAF) assessment outcome 18/19

On the 9th July 2019, Graham Urwin, NHSE/I wrote to the CCG confirming the outcome of the 2018/19 IAF assessment.

The CCG annual assessment provides each CCG with a headline assessment against the indicators in the CCG Improvement and Assessment Framework (CCG IAF). The headline assessments have been confirmed by NHS England's Statutory Committee.

The categorisation of the headline rating is either Outstanding, Good, Requires Improvement or Inadequate. The 2018/19 headline rating for South Sefton CCG is Requires Improvement.

Members of the leadership team have been reviewing the assessment in detail so that efforts can be prioritised on those areas that may be giving cause for concern.

12. EPRR Standards – Annual Compliance Self-Assessment

The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. The CCG must be aware of its responsibilities in preparing for and for responding to emergencies and is required to undertake a self-assessment and issue a statement of compliance on an annual basis, which this year needs to be returned by 30th September 2019.

The CCG is supported in its EPRR responsibilities by Midlands and Lancashire Commissioning Support Unit (MLCSU) who are commissioned to offer expertise, strategic advice and practical delivery in relation to this area of work. They have assisted with this assessment and are commissioned to lead on aspects of work related to the core standards.

The CCG has carried out an interim assessment and is currently demonstrating substantial compliance against NHSE's levels for compliance. Following further work scheduled for September the CCG is expected to be able to demonstrate full compliance by the submission date of 30th September 2019.

The governing body **is asked to note the interim assessed level of compliance against the core standards.** Furthermore **approve delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30th September 2019** with final documentation to be ratified by governing body at its next meeting.

13. One to One (North West Limited)

On 29 July 2019 One to One (North West) Limited informed NHS commissioners, including the CCGs in Sefton that it was unable to continue to operate. The independent midwifery provider

notified CCGs that it would therefore cease trading on 31 July 2019. In response, CCGs who collectively commissioned services from One to One, took immediate action working with NHS trusts to ensure the safe and quick transfer of women to alternative providers. This included putting a helpline in place based at Wirral University Teaching Hospital NHS Foundation Trust run by experienced midwives to support women who were booked with One to One.

On the date the company notified CCGs of its decision to cease operating, it had over 1,600 women booked for either ante-natal or post-natal care - 41 of these were from south Sefton and 20 were from Southport and Formby. By 12 August, the helpline was closed and nearly all Sefton women booked with One to One had been safely transferred to new providers. Maternity services have now contacted all remaining Sefton women.

The contract with One to One was due to expire on 31 March 2020 and commissioners had already begun to tender for a provider. There was an expectation that One to One would continue to deliver services until the end of the contract. A decision has now been taken to pause this procurement and commissioners will shortly begin a review to determine any lessons learned.

14. Criteria based clinical treatments

The CCG, along with a number of other Mersey CCGs have been reviewing the Policy for Assisted Conception Treatment. A final draft is being prepared which aims to improve clarity, ensure equity of access and maintain alignment with NICE Guidance CG156 as much as possible. This version will then be made available for a period of engagement with patients and the public. The following policies were subject to engagement during July 2019 and the feedback from this is being reviewed before the final policies being drawn up.

1. Cough assist devices policy
2. Continuous Glucose Monitoring Systems
3. Insulin pumps policy
4. Prostatism or lower urinary tract infection policy
5. Secondary care joint injections policy
6. Trans-anal irrigation policy

15. Winter planning

The local system is working in partnership with Midlands and Lancashire CSU to support the development of the Winter Plan. A meeting was held on 20th August 2019 to examine further the data in order to ensure the system schemes are evidenced based and are focused on areas of greatest risk and greatest volume.

High level plans / schemes have been identified in addition to those that will need to be considered when the Venn Capacity & Demand Report is received by the system on 29th August 2019. A further meeting is scheduled for week commencing 26th August 2019 with the intention to augment the plan further, assess and identify any risk to delivery.

16. Patient and public participation IAF Patient and Community Engagement Indicator

CCGs have a statutory duty to involve the public in commissioning (section 14Z2). In addition to meeting statutory responsibilities, effective patient and public participation helps CCGs to commission services that meet the needs of local communities and tackle health inequalities. NHS England has a legal duty (section 14Z16) to assess how well each CCG has discharged its public involvement duty (section 14Z2), as well as a commitment to supporting continuous improvement in public participation.

A robust, and improvement focused, process of national assessment has been now been carried out for 2018/19 to reach final RAGG ratings and scores for individual CCGs.

Members are asked to note that the CCG achieved a GREEN STAR rating in the 2018/19 assessment which is a great reflection of the positive work undertaken by the communications and

engagement team as well as being reflective of our commitment to engaging and working with our local populations.

17. Sefton Local Safeguarding Children Board – MASA publication

Sefton Local Safeguarding Children Board (LSCB) published their Multi-Agency Safeguarding Arrangements (MASA) on 25th June 2019) which were then implemented on 1st July 2019.

Access to the Sefton LSCB website where the published document can be accessed is provided here. <https://seftonlscb.org.uk/lscb/about-us/sefton-local-safeguarding-children-board-lscb>

18. Child Death Overview Panel (CDOP) arrangements

Working Together 2018 and the accompanying transition document requires Child Death Review partners (LA and CCG) to publish their Child Death Review arrangements by 29 June 2019.

The local plans Merseyside Child Death Arrangements were submitted to NHS England on Tuesday 25th June and they have been published on Liverpool's Children's Safeguarding Partnership website, with a link provided to the other areas. The plan can be accessed at the following link <https://liverpoolscp.org.uk/scp/news/merseyside-child-death-overview-panel-cdop-1>

19. Sefton Transformation Board – Information Sharing Agreement

Further to the Sefton Transformation Programme Board (STB) meeting on 10 July and information Sharing Agreement and Programme Governance Framework has now been approved and signed off by the CCG, the CCG's Deputy Chief Officer (who is also the Senior Information Risk Owner – SIRO) has delegated authority to sign such agreements.

This is a positive example of how partners are beginning to collaborate within the transformation programme and work collectively to improve the services for our patients

To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.

20. QIPP

The CCG continues to develop its QIPP Level 2 plans and stretch its Level 1 savings. Current forecast suggests that the CCG will deliver circa £5.8 million of QIPPs against a forecast of £14 million. This leaves the CCG with a QIPP gap of £8.2 million. This is an improvement of £0.9 million compared to the initial system financial recovery plan.

The CCG's position is further exacerbated by newly emerging budget overspend which if unmitigated, would further deteriorate the overall position by up to £1 million.

The CCG continues to progress its QIPPs via the QIPP week challenge and started joint work with S&O Trust on several areas such as gastroenterology and dermatology which should deliver both Level 1 and Level 2 savings. Aintree's Turnaround Director will be joining the QIPP week to help to progress and further stretch some of the Level 2 savings that could become available via co-operation with Aintree.

Following the System meeting with the Regulator, the CCG has engaged with various parties to provide additional resources to the CCG's PMO and to the System PMO.

Meeting to finalise this support is currently scheduled with the CSU on 3rd September.

To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

21. Primary Care Network (PCN) update

The CCG has continued to support the development of the four Primary Care Networks (PCNs) within the CCG as they transition from the regionally funded scheme to responding to the requirements of the new national contract. The focus for the PCNs continues to be the sustainability and development of general practice through closer working amongst practices in the network but over time they aim to work increasingly in partnership with other health and care organisations to improve services for local residents in their locality.

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

22. Aintree and Royal hospitals coming together

Work to bring together Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust in a formal merger is on track, with the recent appointments of a chair and chief executive for the proposed new organisation's shadow interim board. From 1 September Sue Musson will become the chair of the interim board of the proposed Liverpool University Hospitals NHS Foundation Trust, the name of the merged organisation, whilst Steve Warburton has been appointed as its chief executive. From 1 September until the merger takes place, Steve will also take up the role of chief executive of both trusts, while Sue will become chair of the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The merger proposal is clinically led and grounded in meeting the health needs of local people. By coming together doctors, nurses and health professionals at the trusts want to improve the quality of services and ensure all patients have access to the very best care, wherever they live or are treated. By coming together they believe they can:

- Improve clinical quality so patients have the best results from their care
- Deliver consistently good care, seven days a week
- Ensure excellent patient experience
- Enable patients to access more clinical trials
- Reduce duplication of healthcare services
- Attract the best staff

Throughout May and June this year, staff at the trusts were given the opportunity to share their views on the merger proposal and how the trusts come together to improve care. At the same time, a series of public engagement events were held at locations across Liverpool, Sefton and Knowsley, together with promotion of an online survey for those who preferred to share their views electronically. A full report of the findings from this engagement work is expected to be published shortly.

The Competition and Markets Authority (CMA), which is responsible for assessing the impact of the merger on patient choice, has cleared the proposal having concluded that it would not result in a loss of choice for patients. The decision follows the completion of a Phase 1 inquiry by the CMA, which saw it review a detailed proposal that was submitted by the trusts in June 2019. Clearing the CMA process is a significant step towards merger. The merger proposal will now be considered by NHS Improvement (NHSI), who will assign the merger with a risk rating that will be considered by the boards and councils of governors at both trusts in September, who will take it into consideration in advance of a final decision to apply for merger. Subject to the above, and subject to obtaining approval from the Secretary of State, the trusts are expected to merge formally in October 2019.

Running alongside the merger proposal is the reconfiguration of trauma, orthopaedics and ENT services, which was considered and approved by the Joint Health Scrutiny Committee for Cheshire & Merseyside in March 2019. The trusts have confirmed the new models will be implemented

during November 2019 and a separate briefing will be issued with further details for the Overview and Scrutiny Committee in due course.

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

23. Integration

Following a successful extended Integrated Commissioning Group Workshop held on the 25th July, the CCGs in Sefton and Sefton Council have identified a range actions to further the development of integrated commissioning including the intent to publish joint commissioning intentions for 2020/21.

In line with the publication of new Better Care Fund (BCF) guidance, work on the refreshed CCG and Council BCF plan is underway to meet the submission deadline of September 27th 2019. Due to the tight timescales from the publication of the guidance to submission **the Governing Body is asked to delegate approval for signing of the BCF submission to the CCG Chair and Chief Officer pending ratification by the Governing Body at its next meeting.** The associated Section 75 will also be updated to reflect any changes to be BCF for which GB approve will be subsequently sought.

24. NHS Health Checks

Following the successful pilot of the new Sefton NHS Checks Health Service, we will begin a roll-out of the programme in July. As well as the existing pre-bookable clinic appointments, in community venues, there will be a workplace based NHS Health Check offer within the Council and other local employers. Further community elements of the programme are being developed and will roll-out over the coming months.

Information about the programme, including how to book an appointment can be found on the website <http://www.activelifestyles-sefton.co.uk/what-is-the-nhs-health-check/>

To support efficient flow of information from the Service into General Practice, and in line with national guidance, all practices in Sefton will receive an information sharing agreement to be signed; this will enable an electronic transfer of Health Check results information to General Practice. Pending sign-up to this information sharing agreement, results will be sent via letter to General Practice.

25. Recommendation

The Governing Body is asked:

- To formally receive this report.
- To approve the addition of Stroke services to the work plan of the North Mersey Joint Committee.
- To approve the extension of the CSU contract for a further 12 months during which time a review of the procurement options available for commissioning support requirements for 2021/22 will be explored.
- To note the interim assessed level of compliance against the core standards for EPRR and approve delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30th September 2019.
- To approve delegated sign off of the BCF submission to the CCG Chair and Chief Officer .

Fiona Taylor
Chief Officer
September 2019

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/ 98.1	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468						
Report date: September 2019							
Title: South Sefton Clinical Commissioning Group 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 The Governing Body is asked to receive this report.	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (<i>x those that apply</i>)	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
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	
		Actual	66%	62.8%	70.9%											67%
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)																
% 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	G	R	R										R	
		Actual	0.765%	1.055%	1.559%											1.13%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% 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	
		Actual	89.486%	89.64%	78.791%											81.604%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
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	G	R										R	
		Actual	1	0	1											2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G	
		Actual	0	0	0											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G	
		Actual	0	0	0											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer</p>	South Sefton CCG	RAG	R	G	G										R	
		Actual	86.142%	94.578%	93.813%											91.513%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	R	R	R										R	
		Actual	50.00%	86.842%	91.176%											78.866%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></p> <p>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</p>	South Sefton CCG	RAG	G	G	G										G	
		Actual	96.296%	98.718%	100.00%											98.148%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	G	G	R										G	
		Actual	100.00%	100.00%	93.333%											97.222%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	G	G										G	
		Actual	100.00%	100.00%												100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G										G	
		Actual	96.667%	100.00%	100.00%											98.913%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></p> <p>The % of patients receiving their first definitive treatment for cancer within two months of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	R	R										R	
		Actual	75.00%	77.273%	65.517%											73.333%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></p> <p>Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	n/a	R	R										R	
		Actual	-	85.714%	0.00%											75.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></p> <p>% 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.</p>	South Sefton CCG	RAG	R	R	R										R	
		Actual	60.00%	70.00%	33.333%											60.714%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency																
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R										R	
		Actual	78.178%	78.324%	81.153%											79.207%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
EMSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G										G	
		Actual	0	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G										G	
		Actual	0.00	0.00	0.00											0.00
		Target	0	0												
HCAI																
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G										G	
		YTD	0	0	0											-
		Target	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G										G	
		YTD	7	7	11											11
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60	60
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R										R	
		YTD	15	33	47											47
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128	128

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	100.00%												100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
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	R	G	No patients										R
		Actual	50.00%	60.00%											54.545%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%
IAPT (Improving Access to Psychological Therapies)															
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	37.70%	52.90%	36.8%										40.80%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
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	1.23%	1.14%	0.94%										3.31%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
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	99.60%	97.70%	100%										99.0%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
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%										100.00%
		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%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R
		Actual	64.169%	64.37%	64.60%										64.27%
		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%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	South Sefton CCG	RAG	R												
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual	86.96%												
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week	South Sefton CCG	RAG	R												
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual	50%												
Wheelchairs															
Percentage of children waiting less than 18 weeks for a wheelchair	South Sefton CCG	RAG													
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.		Actual	Nil Return												
		Target													

1. Executive Summary

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

Planned Care

Month 3 referrals are -5.2% down on 2018/19 due to a -11.9% reduction in GP referrals. In contrast, consultant-to-consultant referrals are 2.7% higher when compared to 2018/19 and a trend of 3 consecutive monthly increases has been apparent.

At provider level, Aintree Hospital saw a -8% decrease in total referrals in month 3 when comparing to 2018/19. Liverpool Womens has also reported a reduction of -14%

For Diagnostics the CCG are failing the improvement plan for June (1.26%) reporting 1.56% and are failing the National Standard of under 1%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks the CCG has remained just over 89% for the past several months but dipped slightly in June recording 88.46% this has resulted in the CCG now failing the improvement plan of 90.2%. In June the incomplete waiting list for the CCG was 11,880 against a plan of 11,046 - a difference of 834 patients. This was also a 41/1.3% increase in June Incomplete Pathways compared to May.

The CCG are failing 5 of the 9 cancer measures year to date. Aintree are failing 6 of the 9 cancer measures.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in June 2019 at 20.8%. The percentage of patients who would recommend the service decreased to 94% below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.

Unplanned Care

In relation to A&E 4-Hour waits, Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan target of 88% in June reaching 85.96%.

The NWAS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. Based on this the 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWAS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

Aintree have had no new cases of MRSA in June, but reported a case of MRSA in May so have failed the zero tolerance threshold for 2019/20.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20 (NHS South Sefton CCG's year-end target is 128). In June there were 14 cases (47 YTD) and the CCG are reporting red for this measure.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M3 19/20 is approximately 1.58%. Month 3 performance was 0.94% so failed to

achieve the target standard. The percentage of people moved to recovery was 36.8% in month 3 of 2019/20 with the target of 50% not being achieved.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in June of 64.60%, which is under the national dementia diagnosis ambition of 66.7%. This is very similar to last month when 64.37% was reported.

Community Health Services

CCG and Mersey Care leads continue to work on a collaborative basis to progress the outcomes and recommendations from the service reviews undertaken of all South Sefton community services. A transformation plan has been 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.

Children's Services

Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. Long waits in Paediatric speech and language remains an issue. Alder Hey has provided a Recovery Plan to bring waiting times down by February 2020 and as part of this South Sefton and Southport & Formby CCGs have provided additional investment.

Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date. Work is now ongoing in regard to collaborative work between health and social care which will evidence the 2019/20 BCF returns.

CCG Improvement & Assessment Framework

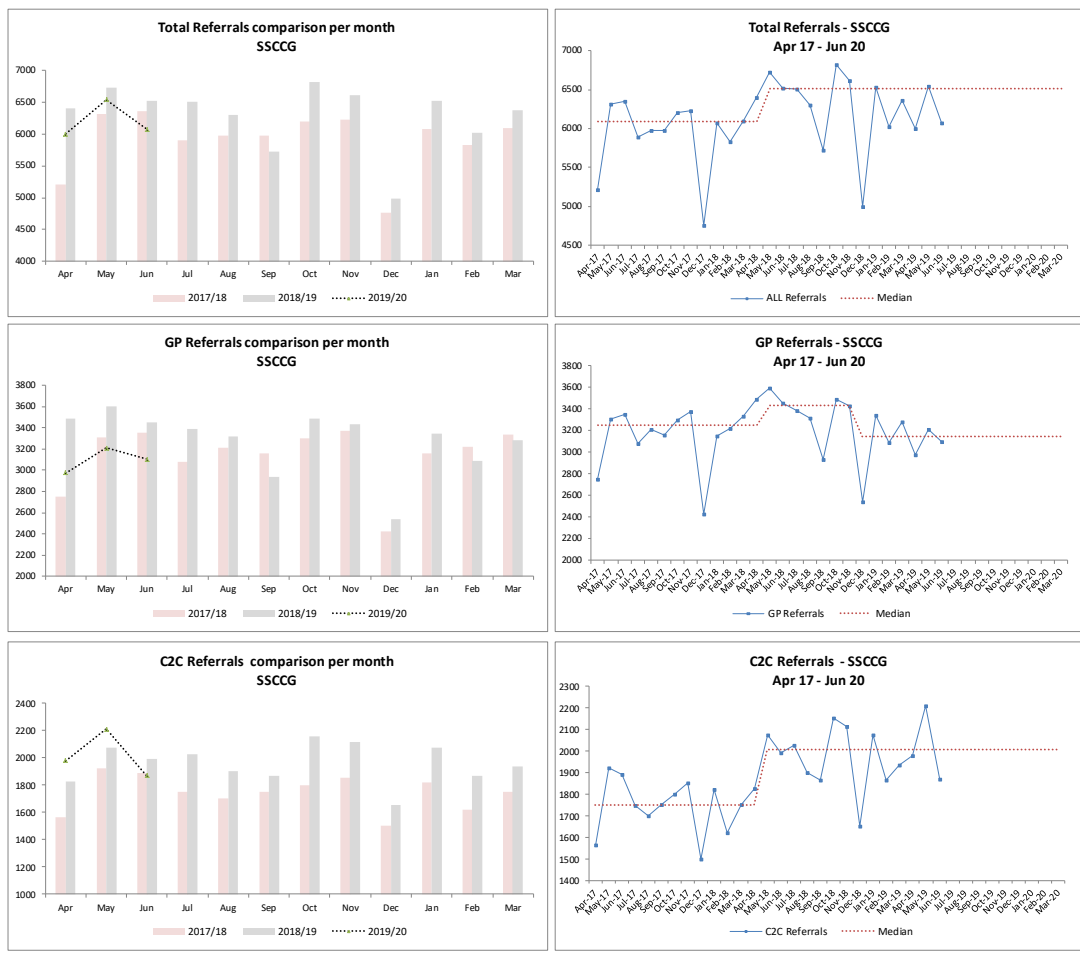
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	3487	2977	-510	-14.6%	1828	1979	151	8.3%	6399	6004	-395	-6.2%
May	3599	3210	-389	-10.8%	2076	2209	133	6.4%	6727	6543	-184	-2.7%
June	3453	3102	-351	-10.2%	1992	1870	-122	-6.1%	6525	6076	-449	-6.9%
July	3386				2025				6510			
August	3320				1899				6303			
September	2934				1864				5727			
October	3487				2154				6825			
November	3430				2114				6613			
December	2541				1653				4993			
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	3280	3096	-183	-5.6%	1957	2019	63	3.2%	6296	6208	-88	-1.4%
YTD Total Month 3	10539	9289	-1250	-11.9%	5896	6058	162	2.7%	19651	18623	-1028	-5.2%
Annual/FOT	39354	37156	-2198	-5.6%	23479	24232	753	3.2%	75549	74492	-1057	-1.4%

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20





Data quality note:

Royal Liverpool Hospital data for month 2 of 2019/20 is currently unavailable. As a result, monthly averages have been applied for this particular month.



Month 3 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, a recent downward trend has been evident with referrals below average for five of the last seven months.
- Year to date referrals at June 2019 are -5.2% down on 2018/19 due to a -11.9% reduction in GP referrals.
- In contrast, consultant-to-consultant referrals are 2.7% higher when compared to 2018/19 and a recent trend of three consecutive monthly increases has been apparent leading to a peak throughout the reporting period in May-19. A decrease has then occurred in month 3.
- Southport & Ormskirk and Alder Hey Hospitals are responsible for the majority of consultant-to-consultant increases. The former has reported increases within Gynaecology, Paediatrics and Trauma & Orthopaedics.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported a -8% decrease in total referrals at month 3 when comparing to 2018/19. Liverpool Women's have also reported a reduction of -14%.
- St Helens & Knowsley (Plastic Surgery), Renacres (ENT/Gastroenterology) and Southport & Ormskirk (Gynaecology/Clinical Physiology) are seeing a notable increase in referrals when comparing to the previous year.
- GP referrals were below average from Dec-18, which triggered a decrease in the baseline median. This can largely be attributed to reduced referrals to Aintree Hospital.
- Taking into account working days, further analysis has established there have been approximately 24 fewer GP referrals per day in 2019/20 when comparing to the previous year.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality are currently -4.5% lower than in 2018/19.

2.2 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				IAF - 144a (linked)	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		65%	66%	62.8%	70.9%		
		Plan: 100% by end of Q2 2018/19					
Performance Overview/Issues:							
<p>The national ambition is that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 this wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for June 2019 and reports performance to be 70.9%. An improvement from previous month but remains significantly below the national position. The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the demonimator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used. The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. June data shows an overall performance of 81.2% for South Sefton CCG, an improvement on last month (79.4%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
Actions to Address/Assurances:							
<p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>The reporting of ERS was escalated to NHSE as part of an SI investigation relating to ERS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of ERS is not consistent with no suggestion of a fix imminently. Initial escalation to NHSE was on 21st May, with subsequent requests for update on NHSE performance calls in July and August. No resolution identified, however, NHSE stated that they will provide an update as soon as it is available.</p>							
When is performance expected to recover:							
A recovery trajectory will be formulated after discussions with providers.							
Quality:							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> - A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee). - NHSE to escalate to NHSI concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received). 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		CCG	1.75%	0.73%	1.05%		
		Aintree	0.38%	0.09%	0.21%	0.33%	
		Plan: less than 1% June's CCG improvement plan: 1.26% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%					
Performance Overview/Issues:							
The CCG are failing the improvement plan for June (1.26%) reporting 1.56%, out of 2823 patients waiting there were 44 who waited over 6 weeks including 3 patients waiting over 13 weeks. Of the 44 there were 13 for Echocardiography and 10 for CT. The 3, 13+ week waiters was for MRI, Echocardiography and Urodynamics. The issues affecting performance are mainly with Liverpool Heart and Chest and Southport Trust. It is understood that LH&C issues relate to planned upgrades to their diagnostic facilities where performance is expected to recover by quarter 4. Southport Trust is experiencing staffing and workforce problems, no immediate assurance on recovery. It is understood that the Trust is negotiating to outsource activity, however, no detail has been provided as to the provider, quantity and planned commencement.							
Aintree are achieving in June reporting 0.33%							
Actions to Address/Assurances:							
CCG performance currently just over trajectory, expectation that Liverpool Heart & Chest recovery will happen in quarter 4 which will bring the CCG back under the less than 1% target.							
A close eye is being kept on performance at Aintree as waiting list initiatives are in the process of ceasing due to tax and pension implications. This is regularly being monitored via the Planned Care Group but latest information suggests performance to remain on trajectory for the near future.							
When is performance expected to recover:							
Recovery is expected in quarter 4.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Terry Hill			

2.4 Referral to Treatment Performance



Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		CCG	89.04%	89.48%	89.64%		
		Aintree	88.98%	89.67%	90.08%	89.00%	
		Plan: 92% June's improvement plan: CCG - 90.2% and Aintree - 90.3% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%					
Performance Overview/Issues:							
<p>The CCG's Performance has remained just over 89% for the past several months but dipped slightly in June to recording 88.46%, which has resulted in the CCG now failing the improvement plan of 90.2% in June. The CCG's main provider Aintree are also under the 92% target reporting 89% also failing their local trajectory of 90.3% for June. Gastroenterology is the speciality most underperforming with achievement of 79.5% which is an improvement of last month when 73.9% was reported. For June this equates to 435 patients waiting over 18 weeks and equivalent to 2.45% of their overall denominator. The CCG is working closely with the main provider, Aintree, via the Planned Care Group to ensure performance remains on trajectory. Updates provided by a highlight report and suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of waiting list initiatives whilst recruitment to posts ongoing. Delivery of waiting list initiatives have been challenging due to HMRC Pensions and Tax issues. Latest indications suggest performance to remain on trajectory; however, outsourcing of scopes has been extended but on a reduced number of weekends. The CCG are working with all its acute providers to develop a system plan for Gastroenterology on the 9th September with an aim of developing an action plan that will both reduce unwarranted demand and seek to share resources across the system that will provide system resilience and improve performance.</p> <p>Referral rates comparing YTD positions in 19/20 and 18/19 indicate a reduction in GP initiated activity (however, the CCG is still a significant outlier in first and follow-up activity in gastroenterology), this is monitored on an on-going basis internally by the CCG with a view to see if demand is increasing and therefore possible pressures on RTT.</p> <p>In June the incomplete waiting list for the CCG was 11,880 against a plan of 11,046 a difference of 834 patients. South Sefton CCG has seen a 153/1% increase for Jun-19 Incomplete Pathways compared to May-19. Aintree make up 50% of the CCG increase with a Provider monthly increase of 77/1%. Compared to the same period of the previous financial year, 2018/19, current incomplete waiting list is 1143/3% higher than last year. In terms of the NHSE submitted plans, 2019/20 Incomplete Pathways is currently 2103/6% above plan. The CCG are conducting analysis on waiting list by speciality and will pick up improvement trajectory at the next Planned Care meeting with Aintree Hospital.</p>							
CCG Actions:							
<ul style="list-style-type: none"> The CCG have escalated RTT performance through its Governance structure and have now instigated a Contract Performance Notice, against RTT performance more specifically in relation to gastroenterology. Discussions with clinical director and Clinical Business Unit Manager at Aintree in relation to performance and risk of 52 week breaches, the Trust have indicated that they have reduced overall wait times and have assured the CCG that there are not expecting any over 52 week breaches. In addition the CCG have been working on a system approach to provided a sustainable delivery model for gastroenterology working with the STP. The CCG have organised a Task and Finish/Vision Event on the 9th September to try and pull together a system action plan that will hope to recover performance. This event will be supported by turnaround directors at respective trusts to provide additional impetus. The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution. 							
Trust Actions Overall:							
<ul style="list-style-type: none"> Improve theatre utilisation at speciality level as per the theatre improvement programme. 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. 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. 							
Trust Actions Gastro:							
<ul style="list-style-type: none"> 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. Endoscopy capacity and demand modelling has been implemented. Additional scoping activity commissioned by Trust in August by independent provider Medinet. Recruitment to posts ongoing however locum consultants recruited until permanent posts are filled. Virtual consultant led clinics scheduled (30 patients per clinic) with an expected 80% discharge rate. Telephone confirmation of endoscopy appointments implemented reducing DNA rates from 14% to 9% (in line with national average). 							
When is performance expected to recover:							
The CCG have an improvement plan trajectory which shows the performance plans to improve by Quarter 4, 2019/20. CCG will request the Trust to provide an improvement trajectory along with action plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Terry Hill			

Figure 2 – RTT Performance & Activity Trend

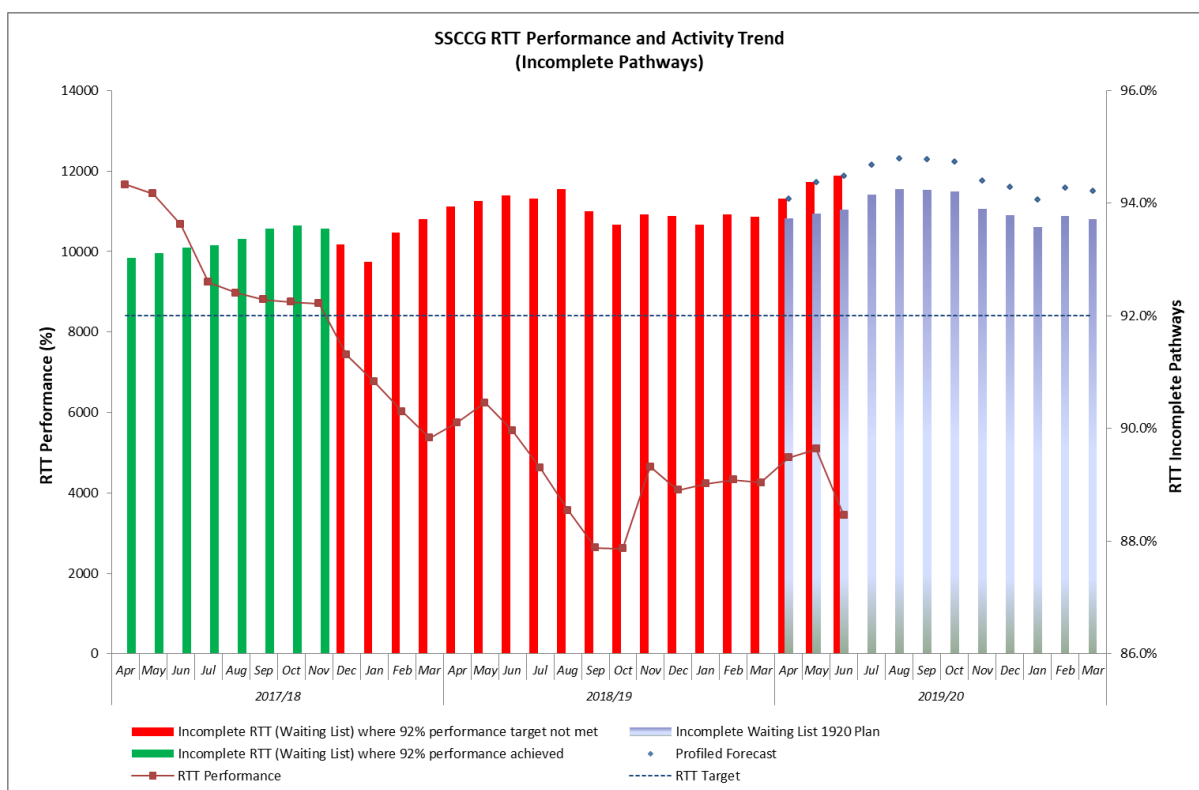




Figure 3 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,805	10,833
2019/20	11,309	11,727	11,880										11,880
Difference	476	793	834										1,047

South Sefton CCG has seen a 153/1% increase for Jun-19 Incomplete Pathways compared to May-19. Aintree make up 50% of the CCG increase with a Provider monthly increase of 77/1%.

Compared to the same period of the previous financial year 2018/19, the current incomplete waiting list is 1143/3% higher than last year. In terms of the NHSE submitted plans, 2019/20 Incomplete Pathways is currently 2103/6% above plan.

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

Indicator		Performance Summary				Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		CCG	1	1	0		1
		Aintree	0	0	0		0
		Plan: Zero					
Performance Overview/Issues:							
There has been 1 over 52 week waiter in June for South Sefton CCG this patient was at the Liverpool Womens. Patient initially referred 18th June 2018, however, due to some admin errors the referral to urodynamics was not made, patient then re-referred to UroGynae. Patient agreed to surgery, however, the patient DNA'd 3 times up until attendance on the 18th July and clock was stopped on attendance. Discharged without treatment as not required by patient. Subsequent discussions with Trust suggest that it was a clinical decision not to rigorously follow the access policy due to clinical reasons. The CCG awaiting further details from patient's latest appointment from the Trust. A discussion with NHSE was held regarding this breach and they are happy with the unavoidable nature and the decision based on clinical need.							
Actions to Address/Assurances:							
No new breaches are on the radar for next month. Monitoring of the 36 week waiting continues with the CSU.							
When is performance expected to recover:							
Next month.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Terry Hill			

2.4.2 Provider assurance for long waiters



Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
South Sefton CCG	Liverpool Womens	Gynaecology	52	Patient initially referred 18th June 2018, referrals to urodynamics not made referred to UroGynae, patient wanted surgery, patient DNA'd 3 times then attended 18th July booked out as STOP - discharged treatment not required by patient, awaiting further details from patient's latest appointment from the Trust.
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 50 weeks	24 patients; Focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in February & March have affected the position. This was further impacted upon by one locum being on leave for all of April. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited in March 2019 to address this shortfall. This is anticipated to improve as new Consultants started in post in May with a phased increase in activity as they become familiar with Trust pathways/processes.
South Sefton CCG	Aintree	Gastroenterology	36 to 43 weeks	12 patients; all patients have been treated
South Sefton CCG	Aintree	General Surgery	36 to 43 weeks	7 patients; all patients have been treated
South Sefton CCG	Aintree	T&O	37 to 41 weeks	4 patients; all patients have been treated
South Sefton CCG	Aintree	ENT	37 to 42 weeks	2 patients; 1 patient treated other has TCI of 2-8-19
South Sefton CCG	Aintree	Ophthalmology	36 to 38 weeks	3 patients; all patients have been treated
South Sefton CCG	Aintree	Urology	36 weeks	1 patient; patient has TCI date of 12-8-19
South Sefton CCG	Aintree	All other	38 weeks	1 patient; patient treated 24-7-19
South Sefton CCG	Alder Hey	All Other	to 47 weeks	33 patients; community - capacity issues. Sent to service for dates.
South Sefton CCG	The Royal Liverpool Broadgreen	Dermatology	36 to 48 weeks	6 patients; 3 pathway stopped, 2 with TCI dates, 1 no date yet
South Sefton CCG	The Royal Liverpool Broadgreen	Gastroenterology	39 weeks	1 patient waiting, pathway stopped
South Sefton CCG	The Royal Liverpool Broadgreen	General Surgery	37 weeks	1 patient waiting, pathway stopped
South Sefton CCG	The Royal Liverpool Broadgreen	T&O	36 and 37 weeks	2 patients; 1TCI, 1 pathway stopped
South Sefton CCG	The Royal Liverpool Broadgreen	Cardiology	36 weeks	1 patient waiting, pathway stopped
South Sefton CCG	Wirral Teaching	Dermatology	37 and 38 weeks	2 patients; Trust does not supply update on over 40 week waiters
South Sefton CCG	Wirral Teaching	Gynaecology	41 weeks	2 patients; Trust does not supply update on over 40 week waiters
South Sefton CCG	St Helens & Knowsley	Plastic Surgery	37 and 38 weeks	2 patients; no provider update
South Sefton CCG	St Helens & Knowsley	Other	41 weeks	1 patient; no provider update
South Sefton CCG	North Midlands	Other	38 and 40 weeks	2 patients; 1 has TCI and 1 discharged
South Sefton CCG	Robert Jones	T&O	36 weeks	1 patient; This patient is currently waiting for a Surgery date, no TCI
South Sefton CCG	Hull University Teaching	Other	45 weeks	Patient has TCI date of 1-8-19
South Sefton CCG	West Hertfordshire	Ophthalmology	36 weeks	Patient treated 23-7-19
South Sefton CCG	Spire Liverpool	T&O	37 weeks	Awaiting results, still active.
South Sefton CCG	Manchester University	Gynaecology	44 weeks	1 patient; no provider update
South Sefton CCG	Southport & Ormskirk	Urology	38 weeks	stopped 17-7-19, multiple UDA cancellations



The CCG had a total of 114 patients waiting 36 weeks and over. Of the 114, there was an over 52 week breach, details in table above, there were 28 patients treated, 7 have a TCI date, 9 patients stopped (not required) and 70 patients unknown, which includes Trusts who don't provide updates under 52 weeks.

2.5 Cancer Indicators Performance



2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	86.14%	86.14%	94.58%	93.81%	91.51%	
		Aintree	85.92%	76.97%	93.88%	95.00%	88.39%	
		Plan	93%	93%	93%	93%	93%	
		Aintree June Trajectory: 93.4% (National 93%)						
Performance Overview/Issues:								
South Sefton CCG achieved the target for June with 93.91% but is still failing to achieve YTD target with 91.51%, due to performance in previous months. YTD there have been 161 breaches from a total of 1,897 patients seen.								
Aintree also achieved the 93% target reporting 95% in June but also failing YTD due to poor performance in April.								
Actions to Address/Assurances:								
Breast services have dominated any previous underperformance against this standard. There has been a significant improvement for month 2 onwards brought about by workforce re-design and waiting list initiatives within breast services. However there are pressures within other local services, especially St Helens and Knowsley NHST which may result in increased demand at Aintree.								
When is performance expected to recover:								
Continued recovery expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	68.00%	50.00%	86.84%	91.18%	78.87%	
		Aintree	64.83%	39.10%	85.42%	96.43%	75.00%	
		Plan	93%	93%	93%	93%	93%	
		Aintree June Trajectory: 93.3% (National 93%)						
Performance Overview/Issues:								
The CCG failed the target for June with 91.18% and is also below YTD target with 78.87% but have showed an improvement from last month. In June there were 6 breaches from a total of 68 patients seen. 4 breaches were at Aintree with 1 each at Royal Liverpool and Whiston. 5 delays were due to patient choice and 1 due to inadequate out-patient capacity. The maximum wait was 24 days.								
Aintree reported 96.43% in June and are now achieving the 93% target, having 6 breaches out of a total of 168 patients.								
Actions to Address/Assurances:								
As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. However there are pressures within other local services, specifically St Helens and Knowsley NHST breast services which may result in increased demand at Aintree.								
When is performance expected to recover:								
July 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.3 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment drug		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	100%	100%	100%	100%	100%	
		Aintree	95.45%	100%	97.22%	95.24%	97.26%	
		Plan	98%	98%	98%	98%	98%	
Performance Overview/Issues:								
CCG Achieving.								
Aintree have again failed in June and are now failing YTD. In June the Trust has 1 breach out of a total of 21 patients which resulted in the failure of the 98% target. The breach was an Upper Gastro patient who waited 35 days								
Actions to Address/Assurances:								
Breaches relate to Transcatheter Arterial Chemoembolization (TACE). Plans to address capacity constraints to be discussed at Aintree Cancer Improvement Group on 22nd August 2019.								
When is performance expected to recover:								
July 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.4 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	100%	100%	100%	93.33%	97.22%	
		Aintree	95.24%	96.88%	96.55%	95.45%	96.39%	
		Plan	94%	94%	94%	94%	94%	
Performance Overview/Issues:								
The CCG failed the target for June with 93.33% but remains above target YTD with 97.22%, due to performance in previous months. In June there was 1 breach from a total of 15 patients seen, this urological patient's delay was due to diagnosis delay - medical reasons, number of days waited was 50 first treatment trust was The Royal Liverpool.								
Actions to Address/Assurances:								
Further clarity is required, delay reasons point to a diagnosis delay which would not be a factor for a 31 days pathway. One patient has resulted in the failure of this measure, historically reporting 100%.								
When is performance expected to recover:								
Next month, target failure in June was due to 1 patient breach.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.5 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Mar-19	Apr-19	May-19	Latest	YTD	
		CCG	78.79%	75.00%	77.27%	65.52%	73.33%	
		Aintree	81.58%	69.06%	70.20%	60.90%	66.90%	
		Plan	85%	85%	85%	85%	85%	
		Aintree June Trajectory: 73.8% (National 85%)						
Performance Overview/Issues:								
<p>The CCG failed the target for June reporting 65.52%. In June there were 10 breaches from a total of 29 patients seen, breach reasons include delays due to complex diagnostic pathways, delay due to treatment delay (medical reasons) and other reasons not stated. Performance is reported at a tumour site level. For Aintree no tumour site was compliant with the 85% operational standard in June 2019</p> <p>Aintree also failed the target and planned trajectory of 73.8% in June reporting 60.90%.</p>								
<p>CCGs have received recovery plans from Aintree which will be reviewed monthly at the Aintree Planned Care Group. Key areas of focus include:</p> <ul style="list-style-type: none"> - Leadership and internal management processes. - Capacity and demand review. - Radiology workforce solutions. - Work with Liverpool Clinical Laboratories on improvement of pathology turnaround times. - Work with CCG clinicians around referral quality and interface issues, shared understanding of issues, meeting of Cancer Improvement Group 22nd August. - A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator. The next steps will be agreed at the Aintree Planned Care Group on 29th August 2019. 								
When is performance expected to recovery:								
Trajectory submitted by Aintree does not indicate recovery within this financial year.								
Quality:								
Root cause analyses should be undertaken on any tumour pathway which is failing 62 days. Themes should populate the provider's cancer improvement plan.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.6 62 day wait for first treatment following referral from an NHS Cancer Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Mar-19	Apr-19	May-19	Latest	YTD	
		CCG	100%	No patients	85.71%	0.00%	75.00%	
		Aintree	91%	92.86%	86.96%	73.33%	84.62%	
		Plan	90%	90%	90%	90%	90%	
Performance Overview/Issues:								
<p>The CCG are failing the 62 day wait for first treatment following referral from the screening service reporting 0% in June. This equates to 1 patient not seen out 1 screening referral. This lower gastro patient delay was due to complex diagnostic pathway, first seen trust being Aintree, first treatment trust also Aintree, 87 days waited.</p> <p>Aintree report 73.33% for screening in June, which equates to 2 patient breaches out of a total of 7.5 patients, breaches being for breast and lower gastro patient whose delays were due to (breast) admin delay and gastro complex diagnostic pathways.</p>								
Actions to Address/Assurances:								
<p>Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement following a positive screening result which exhibits as higher numbers of DNAs and patient-initiated cancellation for appointments and investigations in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway.</p> <p>A representative from the Operations & Delivery Directorate of NHSE will be attending the Bowel Cancer Screening Programme Board in September to discuss these issues and impact on performance.</p>								
When is performance expected to recovery:								
Very small numbers in this patient cohort (typically 2-3 per month) make for volatile performance against this standard and difficult prediction of recovery.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.7 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors	
62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority RED		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
		TREND		Mar-19	Apr-19	May-19			Latest
 		CCG	90.91%	60.00%	70.00%	33.33%			60.71%
		Aintree	76.47%	70.00%	66.67%	45.45%			63.46%
		Plan	85%	85%	85%	85%			85%
		Aintree June Trajectory: 87.5% (Local target 85%)							
Performance Overview/Issues:									
The CCG failed the target for June with 33.33%. In June there were 2 breaches from a total of 3 patients seen, reasons for delay being Health Care Provider initiated delay to diagnostic test/treatment and other reasons (not stated). Aintree failed the monthly target for June with 45.45% also failing the trajectory of 87.5%. There were the equivalent of 6 breaches out of a total of 11 patients breach reasons include complex diagnostic pathways, delay due to Health care provider delaying diagnostic test/treatment and other reasons (not stated).									
Actions to Address/Assurances:									
Numbers in this cohort appear to be reducing making for increasing volatility in performance. The Cheshire and Mersey Cancer Alliance are undertaking some work to promote more consistent use of the 62 day upgrade pathway especially from emergency settings which should result in increased numbers of patients in this target cohort. An update will be requested from Aintree at the Cancer Improvement Group meeting on 22nd August.									
When is performance expected to recovery:									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

2.5.8 104+ Day Breaches

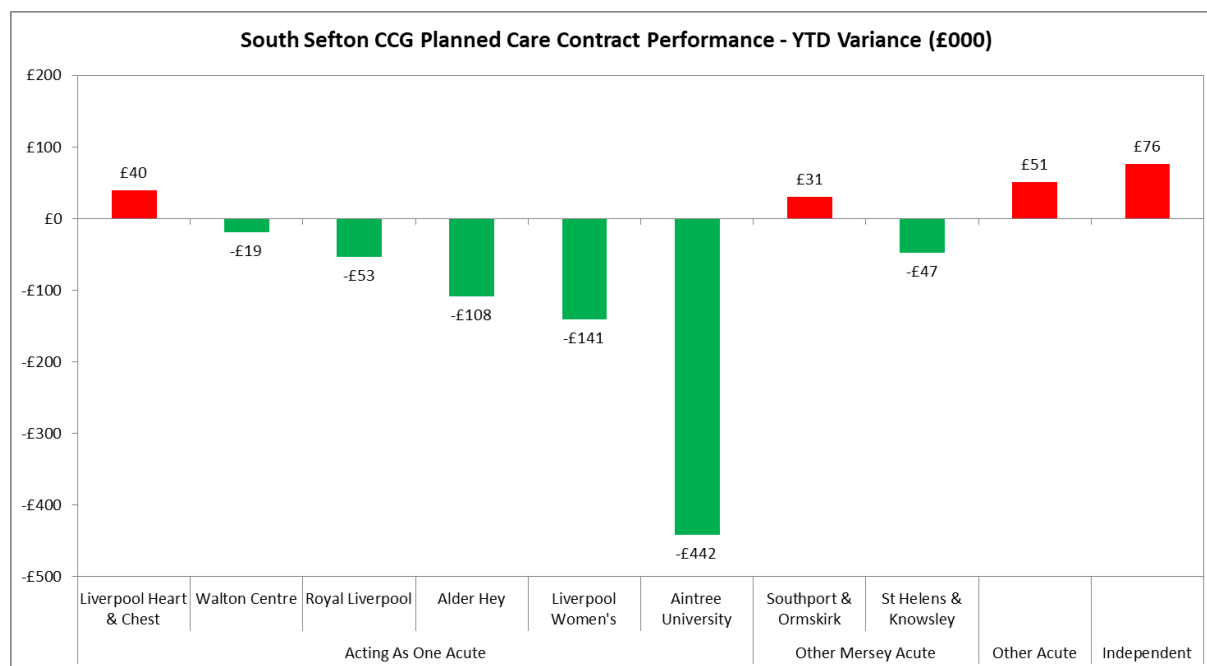
Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Cancer waits over 104 days - Aintree		Latest and previous 3 months					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		4	4	6	6		
		Plan: Zero					
Performance Overview/Issues:							
In June there were 6 over 104 day breaches at Aintree the longest waiting 131 days, this was a head and neck patient delay due to patient choice delay relating to first out-patient appointment.							
Actions to Address/Assurances:							
<p>RCAs for very long waiting patients treated in April 2019 were reviewed at the Performance and Quality Investigation Review Panel (PQIRP) and thematic review undertaken. Key issues identified to date include:</p> <ul style="list-style-type: none"> - availability of chemicals for Transcatheter arterial chemoembolization (TACE) - delays in accessing diagnostics at peripheral trusts (head and neck pathway) - complex sequential diagnostic pathways and access to radiology investigation and reporting - 3-4 week waits for CT colonography <p>South Sefton CCG will continue to work with Aintree to ensure best use of PQIRP as a forum to achieve sustained improvement</p>							
When is performance expected to recovery:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Debbie Harvey		Sarah McGrath			

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Aintree Friends and Family Test Results: Inpatients		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		RR	20.8%	16.0%	18.0%		20.8%
		% Rec	94.0%	92.0%	95.0%		94.0%
		% Not Rec	4.0%	4.0%	3.0%		4.0%
		May 2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
Aintree Trust has reported a response rate for inpatients of 20.8% in June this is below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 94% below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.							
Actions to Address/Assurances:							
On an annual basis the provider will submit a report to the CCG and present at the Clinical, quality and Performance Group (CQPG) the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
Patient experience aggregate review annual progress update to the October CQPG							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at month 3 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£531k/-4.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £165k/1.3%.

At individual providers, Aintree Hospital is showing the largest under performance at month 3 with a variance of -£442k/-6%. In contrast, a notable over performance of £90k/17% against Renacres Hospital has been evident.

At speciality level, Trauma & Orthopaedics represents the highest area of spend for South Sefton CCG in 2019/20 to date. Overall spend within this speciality is currently aligned to planned levels at month 3. However, over performance is evident at Renacres Hospital. Market share for this particular provider has increased from 17% to 20% when comparing 2019/20 to the equivalent period of 2018/19.

NB. There is no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 5 - Planned Care – Aintree Hospital

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	3,050	3,160	110	4%	£1,968	£1,948	£-20	-1%
Elective	386	360	-26	-7%	£1,234	£1,181	£-54	-4%
Elective Excess BedDays	149	218	69	46%	£39	£57	£18	47%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	75	54	-21	-28%	£15	£11	£-4	-24%
OPFANFTF - Outpatient first attendance non face to face	463	278	-185	-40%	£14	£9	£-5	-36%
OPFASPCL - Outpatient first attendance single professional consultant led	8,206	7,451	-755	-9%	£1,362	£1,198	£-165	-12%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	199	179	-20	-10%	£21	£19	£-2	-12%
OPFUPNFTF - Outpatient follow up non face to face	1,631	1,449	-182	-11%	£41	£36	£-5	-11%
OPFUPSCL - Outpatient follow up single professional consultant led	18,235	16,573	-1,662	-9%	£1,344	£1,230	£-114	-8%
Outpatient Procedure	5,963	5,656	-307	-5%	£849	£782	£-67	-8%
Unbundled Diagnostics	3,739	3,552	-187	-5%	£314	£296	£-18	-6%
Wet AMD	410	398	-12	-3%	£323	£317	£-7	-2%
Grand Total	42,508	39,328	-3,180	-7%	£7,525	£7,083	£-442	-6%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£442k/-6% is driven in the main by reduced outpatient activity, specifically first appointments.

South Sefton CCG GP referrals to Aintree Hospital are currently below 2018/19 levels and further analysis has established a number of specialities are currently below planned levels for outpatient appointments at month 3. This includes Gastroenterology and Trauma & Orthopaedics for outpatient first appointments and Nephrology, Ophthalmology and General Surgery amongst others for follow up appointments.

Elective excess bed days is currently the single point of delivery to be over performing against plan within planned care. The majority of variance against plan is within the Gastroenterology speciality.

NB. 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.

2.7.2 Renacres Hospital



Figure 5 - Planned Care – Renacres Hospital

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	148	167	19	13%	£178	£217	£39	22%
Elective	35	37	2	6%	£194	£220	£25	13%
Elective Excess Bed Days	4	0	-4	-100%	£1	£0	-£1	-100%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	331	353	22	7%	£56	£59	£3	5%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	482	551	69	14%	£33	£38	£5	14%
Outpatient Procedure	257	199	-58	-23%	£32	£37	£5	16%
Unbundled Diagnostics	153	201	49	32%	£14	£20	£6	45%
Physio	370	393	23	6%	£11	£12	£1	6%
OPPREOP	0	128	128	0%	£0	£8	£8	0%
Grand Total	1,779	2,029	250	14%	£520	£611	£90	17%



Renacres over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality. Small numbers of high cost procedures account for the over performance within electives and day cases.

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in such specialties as ENT at Renacres. The CCGs are currently undertaking a deep dive into ENT to understand the reasons for the over performance, including reviewing coding and counting. Business intelligence have produced detailed analysis on activity delivered for this specialty and there was commissioner representative at the July contract review meeting to understand the pathways into Renacres.



2.8 Personal Health Budgets

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		Previous 3 quarters and latest				105b	
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		38	42	46	86		
		90	90	90	90		
		Plan 150 PHBs in Place 2019/20					
Performance Overview/Issues:							
<p>Quarterly plans for 2019/20 have been set with the expectation of the total number of PHBs for Quarter 1 to be 85 to increase to 150 by Quarter 4 cumulative position shows 86 PHBs and an actual rate of 55.48, this is a big 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.</p>							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Adults: Target missed by 4. CCG have commissioned Sefton Carers Centre to provide 3rd party support services to potential PHB clients as a 12 month pilot, which was initiated in Q1 19/20. Implementation group has been set up with all stakeholders to support development. Sefton Carers Centre as planning to support publicity in relation to PHBs via article in local paper to promote the public understanding and uptake of PHBs. There are a number of events planned in Q3 to support engagement with the 3rd sector, and engagement and training offer to community NHS providers with the support of CHC and Sefton Carers Centre. PHBs is a standing agenda at the CCG CHC and operational programme board. • Children Continuing Care: Currently the CCG is unable to progress the offer. There are small numbers of children who meet CC funding which in the majority of cases receive tripartite funding. There is additional complexity with the CCG commissioning Alder Hey Children's Hospital to provide domiciliary care services as part of this offer. Currently a lack of capacity and resource across the CCG Quality and Commissioning to develop this offer at this stage. • Wheelchairs: There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue consider how PHBs can be provided and achieved as part of 2020 / 2021 plans. • Mental Health S117: There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans. 							
When is performance expected to recovery:							
End of Quarter 1 of 2020/21.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Tracey Forshaw		Tracy Forshaw			

2.9 Continuing Health Care

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of cases with positive CHC checklist eligibility decision made		Previous 3 quarters and latest				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		83%	81%	78%	76%	
		Target: 80%				
Performance Overview/Issues:						
For quarter 1 2019/20, the CCG reported 76% of cases with a positive CHC checklist eligibility decision within 28 days, against an 80% target. 10 patients breached the target out of a total 42 patients.						
Actions to Address/Assurances:						
Performance monitored through the CHC operational meeting with CSU and providers. Actions to address, the review of patients placed in discharge to assess beds within 28 days action to instruct providers to ensure referral information for CHC eligibility provided enough clarity to allow for decisions to be made.						
When is performance expected to recover:						
End of quarter 2 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Fiona Taylor		Brendan Prescott		Brendan Prescott		



2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	
RED	TREND	Q2	Q3	Q4	Latest		
		15.00%	14.50%	13.30%	12.30%		
		National ambition of 11% for % of maternities where mother smoked					
Performance Overview/Issues:							
<p>The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services. Quarter 1 shows a reduction in mothers smoking at time of delivery compared to quarter 4 2018/19.</p>							
Actions to Address/Assurances:							
<p>The 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. CCG will be working with Public Health and the Provider to establish what improvements are required to meet the target.</p> <p>CCG influence is indirect. The CCG doesn't commission the smoking cessation services, but we do commission midwifery where the provider would do screening as part of general pathway and signpost/refer accordingly. If the stop smoking service is not getting the expected number of referrals, public health can directly engage with the provider. If they have any issues with this e.g. the provider won't comply or any changes are required to clinical pathways then the CCG would get involved.</p>							
When is performance expected to recovery:							
Ongoing.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Peter Wong		



3. Unplanned Care

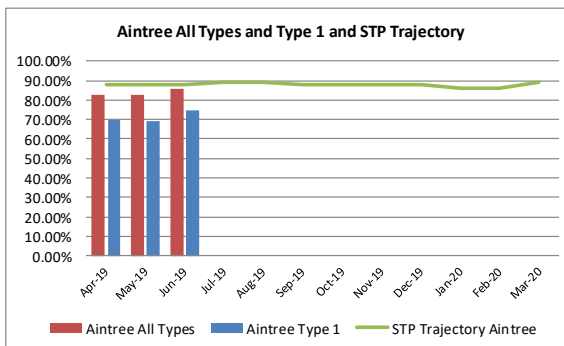
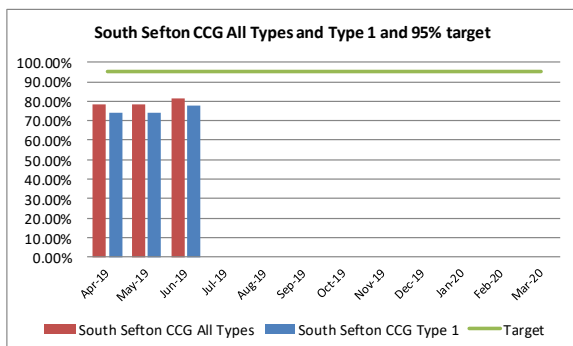
3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: South Sefton CCG

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-19	Apr-19	May-19	Latest	YTD		
		All Types	80.64%	78.17%	78.34%	81.15%		
		Type 1	77.15%	74.01%	73.92%	77.55%	75.15%	
		Plan: 95% Improvement trajectory 89% March 2020						
Performance Overview/Issues:								
The CCG is failing the national standard of 95% in June reporting 81.15% although this an improvement on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target.								
Actions to Address/Assurances:								
<p>A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:</p> <ul style="list-style-type: none"> 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. This work will remain on-going in 2019/20. 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 was 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. Aintree managed AED pressures over a challenging winter often providing support through ambulance diversions for other local Trusts. This support has continued in 2019. The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have being 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. Working to maintain focus on patient flow from front door units has continued in 2019/20 with system work initiated to improve ambulatory care pathways within the Frailty Assessment Unit. On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported. Work is being rolled out within Mersey Care to Liverpool and aim to share good practice and roll out to Southport & Formby to ensure consistent offer to NWS. Collaborative work continues 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 held as required 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. <p>In addition to above the three priority areas which the Trust have identified will make the greatest impact on A&E performance are:</p> <ul style="list-style-type: none"> Optimising processes for See and Treat / Primary Care Streaming cohort of patients - Review of process underway with opportunity to learn from Royal where higher uptake to primary care streaming Ambulance turn around times and introduction of direct conveyancing to agreed front door units - Awaiting Aintree revised ambulance turnaround plan Integrated work with partners to address superstranded and support patient flow in and out of hospital - On target for South Sefton patient cohort in regard to NHSI Long Length of Stay action plan and trajectory 								
When is performance expected to recovery:								
Aintree have an agreed trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12 not the national target of 95%.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Janet Spallen			

3.1.2 A&E 4 Hour Performance: Aintree

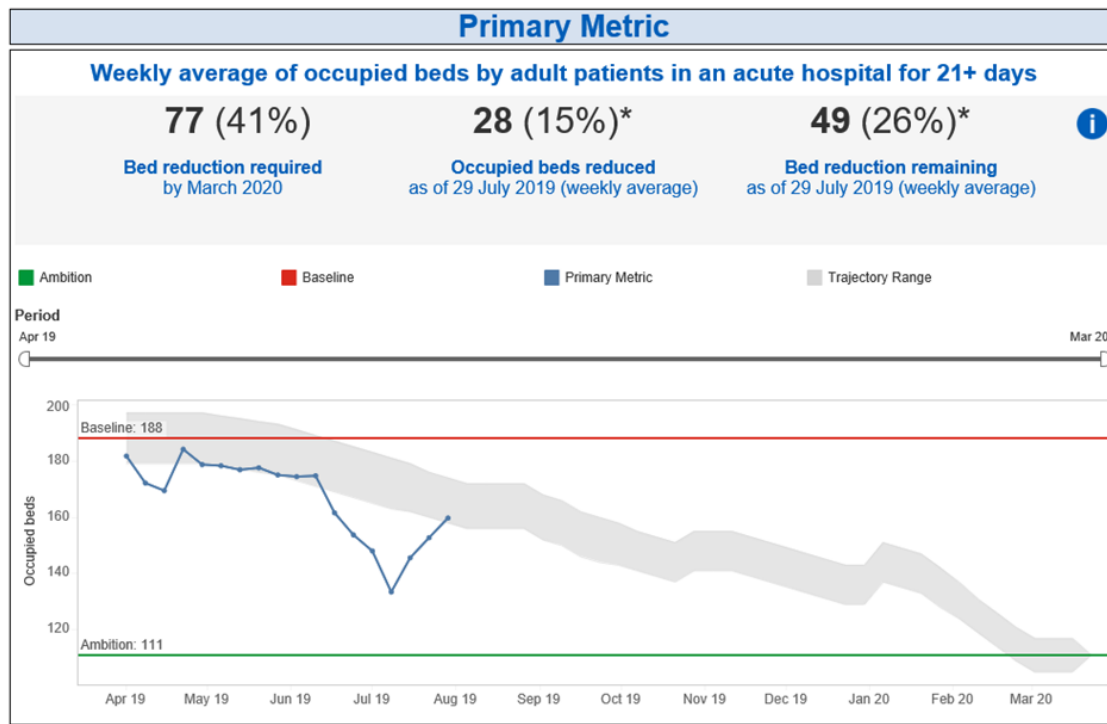
Indicator		Performance Summary					Potential organisational or patient risk factors	
Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%  		Previous 3 months, latest and YTD					Risk that the Trust is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
		RED	TREND	Mar-19	Apr-19	May-19		Latest
		Improvement Plan	95%	88%	88%	88%		
		All Types	85.12%	82.67%	82.92%	85.56%		83.70%
		Type 1	73.36%	69.69%	69.29%	74.82%		71.25%
		Plan: 95% June's improvement plan: 88% Yellow denotes achieving 19/20 improvement plan but not national standard of 95%						
Performance Overview/Issues:								
Overall performance in June was 85% (type 1 and 3) with a 5.5% improvement noted in type 1 performance against a 3% decrease in overall attendances. This is a 3% improvement on May's overall position.								
Actions to Address/Assurances:								
Trust Actions:								
1. To improve Non Admitted performance *To recruit substantive staff so to support consistent application of agreed processes Recruitment of 14 candidates in process. These are both Medical staff and Advanced Nurse Practitioners. *Increase utilisation of Primary Care Streaming (PCS) The external review of PCS has commenced and the recommendations will be available at the end of July. * Improve AEC functionality The AEC Pathway Improvement Event took place as planned w/c 24th June and resulted in 6 key improvement ideas/themes designed to remove waste from the pathway and dramatically reduce the lead time per patient. This will support further patients being safely diverted to same day emergency care (SDEC). The themes include better coordination of the inputs needed per patient and a separation of the three main pathways with separate designated clinical leadership to oversee each stream on a daily basis. The changes are now the subject of PDSA cycles to ensure they are sustainably implemented * Extend ANP hours The extension of hours has commenced from beginning of July * Improve Pitstop Consistency The Clinical Director and CBM will reaffirm to all clinicians of FY3 and above the need to Pit Stop between the hours of 07:00 and midnight every day. The aim will be to formalise a Pit Stop roster encompassing the full set of staff required to successfully deliver the model during these hours including senior nurse, FY1's, staff nurse and HCA.								
2. Minimise frequency of overcrowding (surge) in the Department * To implement Direct Conveyancing to Assessment Areas A desk top exercise has been proposed to retrospectively clinically assess patients who were conveyed by ambulance, referred to the medical team and later discharged. This will be scheduled for August. Patients categorised as Amber pathway patients, following a call to AEC and following a predetermined clinical criteria, will travel directly to AEC via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in AEC to discuss the safe conveyance of a patient to the department. This process will then progress to other assessment areas (Mab/Fab, SAU, FAU) *Improved role clarity in the Department This new structure has been in operation for 3 weeks and will be strengthened by the recruitment of 2 WTE's Band 8a Deputy Operational Lead Nurses to strengthen leadership to the Emergency Department team. The recruitment process is underway and the expected start date for this role is be August.								
When is performance expected to recovery:								
Quarter 4, 2019/20 trajectory is 89%.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		John Wray			Janet Spallen			



3.2 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.

Figure 6 – Occupied Bed Days, Aintree Hospital





Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 77 (41%) by March 2020; therefore the target is 111 or less. This target is yet to be achieved as the latest reporting as at 29th July 2019 (weekly average) shows 160 occupied beds. Unfortunately the past 3 weeks have shown an increase in occupied beds. Therefore a reduction of 49 is now remaining in order to achieve the ambition in March 2020.

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. Collaborative work by all Aintree partners is detailed in NHSI action plan and trajectory to address patients with long lengths of stay.

3.3 Ambulance Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Latest and previous 2 months					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Apr-19	May-19	Latest		
		1 mean	<=7 mins	00:07:13	00:06:57	00:07:15		
		1 90	<=15 mins	00:11:36	00:11:24	00:12:21		
		2 mean	<=18 mins	00:26:56	00:25:34	00:29:03		
		2 90	<=40 mins	01:01:45	00:59:13	01:03:26		
		3 90	<=120 mins	03:03:14	02:33:43	02:53:14		
		4 90	<=180 mins	03:00:37	03:14:38	02:35:24		
Performance Overview/Issues:								
<p>In June 2019 there was an average response time in South Sefton of 7 minutes 15 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 29 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 90th percentile response but reported green for category 4. Performance is 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.</p>								
Actions to Address/Assurances:								
<p>Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards, critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review</p>								
When is performance expected to recovery:								
<p>The 2019/20 contract agreement with NWAS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Janet Spallen			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Target	Apr-19	May-19	Latest		
		(a) <=15-30mins	183	151	150		
		(b) <=15-60mins	101	91	43		
Performance Overview/Issues:							
Ambulance delays of 30 minutes remained static at 150 with an improvement noted in the number of delays over 60 minutes from 91 in May to 43 in June (-48). The average time from notification to handover for June was 12:45 minutes showing an improvement of 2:02 minutes. The median time to see 1st clinician also saw an improvement in June to 79 minutes against May's 82 minutes and April's 88 minutes. There was a significant improvement in the % of patients seen from registration within 15 minutes to 83.01% (+9.3%). The clinical quality indicators for the number of patients who leave the department before being seen has decreased to 407 down from 461 in May (-54).							
Actions to Address/Assurances:							
Aintree have been part of the Super Six working with NWS to improve processes to support achievement of the handover targets. They have identified that the priority area which will have the greatest impact will be the introduction of direct conveyancing of appropriate patients to front door units e.g. Ambulatory Medical Unit, Frailty Assessment Unit, without being first triaged through AED. The Trust have been asked to update their Ambulance Handover Improvement Plan with details of implementation plans and timescales for the introduction of direct conveyancing.							
When is performance expected to recovery:							
This is a priority area for immediate improvement. We are awaiting an update Improvement Plan which will detail timescales for implementation of direct conveyancing. Aintree have advised that a desk top exercise has been proposed to retrospectively clinically assess patients who were							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Janet Spallen			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Aintree Stroke & TIA		Latest and previous 3 months				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Mar-19	Apr-19	May-19	Latest		
		70.60%	60.00%	76.10%	80.90%		
		Stroke Plan: 80% TIA 60% (achieving in June)					
Performance Overview/Issues:							
Performance against the National Quality Stroke metric of 80% of patients to spend 90% stay standard was 80.9% for June 2019 at Aintree so have achieved. There were 47 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 38 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified.							
TIA also continue to achieve reporting 100% in June.							
Actions to Address/Assurances:							
Achieving in June.							
When is performance expected to recovery:							
Quarter 3, 2019/20.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Janet Spallen		



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
GREEN	TREND	Mar-19	Apr-19	May-19	Latest		
		CCG	0	0	0		0
		Aintree	0	0	1		1
		Plan: Zero					
Performance Overview/Issues:							
The CCG and Trust have reported no new cases of MRSA in June. Aintree have had a case of MRSA in May so has failed the zero tolerance threshold for 2019/20.							
Actions to Address/Assurances:							
Proposed Trust Actions for the 1 case in May :							
<ul style="list-style-type: none"> • To undertake a post infection review with the clinical team. • To review the post infection review with CCG. • To identify lessons learnt and actions. • Draft action plan. • Monitor action plan through DAG and Infection Prevention Control (IPC) Operational Group. 							
When is performance expected to recovery:							
Recovery plan commenced.							
Quality:							
Awaiting final report through the quality schedule for the 1 case reported in May. No further cases for June 2019.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months, latest (cumulative position)					
RED	TREND	Mar-19	Apr-19	May-19	latest		
		CCG	59	7	7		11
		Aintree	39	9	16		25
<i>2018/19 CCG plan 53 and failed, Trust plan 45 and achieved</i> 2019/20 Plan: < /=60 YTD for the CCG 2019/20 Plan: < /=56 for Aintree							
Performance Overview/Issues:							
The CCG had 4 new cases of C.Difficile in June making a total of 11, against a year to date plan of 15 (year end plan 60) so are under plan currently (5 apportioned to acute trust and 6 apportioned to community).							
The national objective for C Difficile has changed. All acute trusts are now performance monitored on all cases of healthcare associated infections including those which are hospital onset health care associated (HOHA): cases detected in the hospital three or more days after admission and community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks. The Trusts national objective is to have no more than 56 healthcare associated cases in 2019/20. In June the Trust reports they had 9 cases of c diff (25 YTD). 1 community onset healthcare associated (COHA) and 8 hospital onset healthcare associated (HOHA). This is over the monthly objective of no more than 4.66 cases per month. NB the national PHE data set does not currently reflect this change attribution and shows Aintree have had 9 cases in June (25 YTD) (11 apportioned to the trust and 14 community onset) this is the data reported above.							
Actions to Address/Assurances:							
Trust Actions: • To undertake a post infection review with the clinical team. • To review the post infection review with CCG. • To identify lessons learnt and actions. • Draft action plan. • Monitor action plan through DAG and IPC Operational Group.							
When is performance expected to recovery:							
Quality:							
Eight cases being prepared for CCG appeal.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months, latest (cumulative position)					
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		CCG	170	15	33		47
		Aintree	358	32	63		93
2018/19 CCG plan <=128 and failed 2019/20 Plan: <=128 YTD There are no Trust plans at present numbers for information							
Performance Overview/Issues:							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20 NHS South Sefton CCG's year-end target is 128 the same as last year when the CCG failed reporting 170 cases. In June there were 14 cases (47 YTD) against a year to date plan of 32. Aintree reported 30 cases in June (93 YTD) there are no targets set for Trusts at present.							
Actions to Address/Assurances:							
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with further work with Public Health England around ecoli who have asked the sustainability and transformation partnership (STP) for nominated responsible officer to impement, oversee and deliver a systemwide Antimicrobial Resistance (AMR) strategy. A Single Issue Quality Surveillance Group (SIQSG) is also taking place on the 3rd September with CCG and AMR leads invited. At the next GNBSI meeting further discussion on the potential to visit Leeds CCG as they have brought the numbers of those with Ecoli down							
When is performance expected to recovery:							
Less cases reported via Aintree.							
Quality:							
North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC. IPC Lead Nurse attending CCG hydration workstream also.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.5 Hospital Mortality

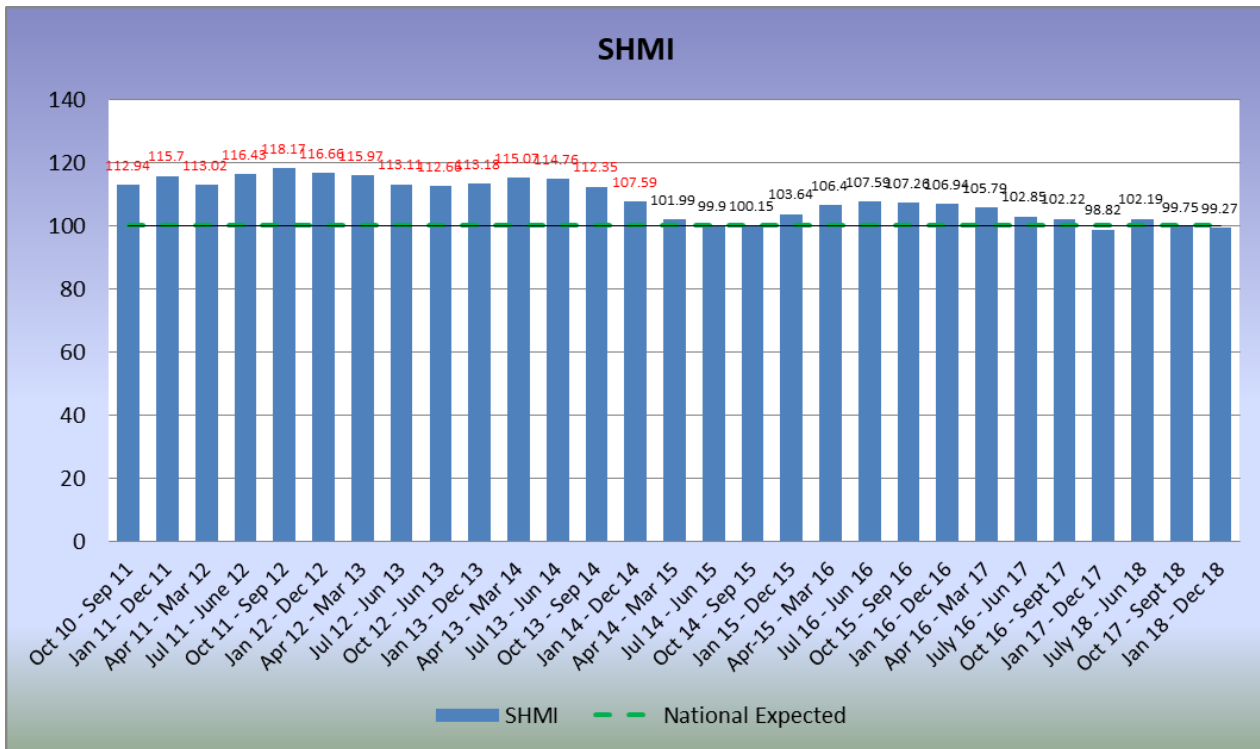
Figure 7 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - June	100	90.64	↔

HSMR is similar to last month at 90.64 (April 18 to March 19 - 90.83 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 99.27 is lower than previous period and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 8 - Summary Hospital Mortality Indicator



3.6 CCG Serious Incident Management

CCG SI Improvement Action Plan 2019/20

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 to further enhance the SI process and obtain the necessary assurances from our Providers. This was presented at Joint Quality and Performance Committee in July and will be monitored on a monthly basis and includes the following key areas of improvement:

- Enhance the current CCG systems and processes to ensure appropriate assurances are gained from providers following the reporting and investigation of serious incidents
- Utilise Datix module to capture trends and themes following CCG assurance review of SI RCAs.
- Establish effective methods for capturing and distributing lessons learnt following SI investigations.
- Ensure all SIRG panel members and other appropriate CCG staff undertake RCA training.
- Enhance current CCG systems and processes to ensure provider compliance is maintained in relation to reporting an SI within the 48 hour timescale.
- Revise the current Terms of Reference for the CCGs Serious Incident Review Group (SIRG), to ensure appropriate quoracy is maintained and supported.

Figure 9 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

In June 2019 there are a total of 35 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a

South Sefton CCG patient. This continues to decrease from 37 in Month 2. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Trust	SIs reported (M3)	SIs reported (YTD)	Closed SIs (M3)	Closed SIs (YTD)	Open SIs (M3)	SIs open >100days
Aintree University Hospital	1	7	9	18	16	7
Mersey Care NHS Foundation NHS Trust (SSCS)	1	6	1	1	8	1
South Sefton CCG	0	0	0	1	1	1
Mersey Care NHS Foundation Trust (Mental Health)	2	3	1	3	4	1
Royal Liverpool and Broadgreen	0	0	0	1	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey Children's Hospital	0	0	0	0	1	1
UC24	0	0	0	0	1	1
North West Boroughs NHS Foundation Trust	1	2	0	1	2	0
TOTAL	5	18	11	25	34	13

Of the 7 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 5 have been reviewed and are now closed
- 2 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

For the remaining 4 SIs open > 100 days the following applies:

- Mersey Care NHS Foundation Trust (Mental Health) – RCA reviewed at SIRG but further assurances requested from the provider via Liverpool CCG.
- The Walton Centre NHS Foundation Trust - This RCA is being performance managed by NHSE Specialised Commissioning.
- UC24– The RCA is awaited from the provider via Liverpool CCG.
- Alder Hey Children's Hospital – RCA received and reviewed at SIRG and further assurances requested from the Provider.

Figure 10 – 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	7	0	6	0	1*	5	2	2	1	0

* A 72 hour report was not submitted for this SI as a downgrade was agreed and the incident was closed.

Figure 11 – 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)	6	0	0	6*	3	0	0	0	3*

*The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust. South Sefton CCG Quality Team have escalated concerns in relation to compliance with the SI framework and the requirements of the Providers Quality Schedule 2019/20 to the Lead Commissioner which will be discussed at the Contract and Clinical Quality Review Meeting (CCQRM) in September 2019.

3.7 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. Collaborative action by all Aintree partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay.

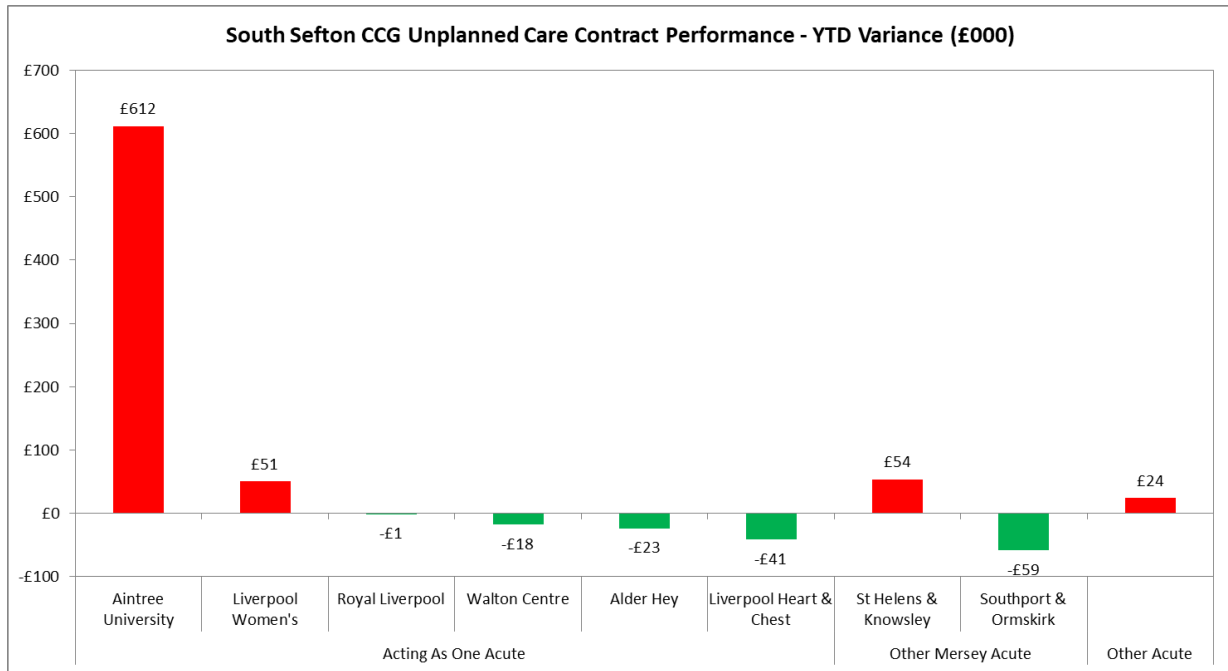
Total delayed transfers of care (DTC) reported in June 2019 was 945, a decrease compared to June 2018 with 1,026. Delays due to Social Care have worsened, with those due to NHS improving. The majority of delay reasons in June 2019 were due to patient family choice, further non-acute NHS and care package in home.

See DTC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 12 - Month 3 Unplanned Care – All Providers



Performance at month 3 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £598k/4.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a small over performance of approximately £19k/0.1%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £612k/6% against plan at month 3.

NB. There is no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified in the above chart.

3.8.2 Aintree University Hospital

Figure 13 - Unplanned Care – Aintree Hospital

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	10,604	9,850	-754	-7%	£252	£252	£0	0%
A&E - Accident & Emergency	8,936	9,193	257	3%	£1,443	£1,496	£53	4%
NEL - Non Elective	4,308	4,424	116	3%	£7,786	£8,526	£740	9%
NELNE - Non Elective Non-Emergency	12	11	-1	-10%	£45	£60	£15	33%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	68	0	-68	-100%	£18	£0	-£18	-100%
NELST - Non Elective Short Stay	826	869	43	5%	£573	£603	£30	5%
NELXBD - Non Elective Excess Bed Day	3,585	2,736	-849	-24%	£918	£710	-£208	-23%
Grand Total	28,339	27,083	-1,256	-4%	£11,035	£11,647	£612	6%

A&E type 1 attendances are 3% above plan for South Sefton CCG at Aintree Hospital with the Trust (catchment) reporting an historical peak for monthly attendances in May-19. Litherland walk-in centre continues to see decreased activity against plan as in 2018/19.

Non-elective admissions account for the majority of the total over spend at Aintree. Plans were rebased for 2019/20 to take into account a pathway change previously implemented by the Provider. Aligned to increased A&E attendances, non-elective activity is currently 3% above plan but costs are exceeding planned values by 9%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various HRGs including those related to Pneumonia, Stroke and Alzheimers Disease / Dementia.

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

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Mersey Care NHS RiO M3 update

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports.

Performance which is dependent on the Trust's RiO system is expected to be fully reported from Quarter 2 with performance backdated, however commissioners are expecting some improvements to take place in Quarter 1.

Any KPI that is rag rated Red the Trust will be submitting a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPI.



The Commissioners at the next CQPG in August 2019 are seeking assurance that RiO will be fully able to capture data and KPIs. Communication and Eating Disorder KPIs will also be subject to further scrutiny at the August CQPG and contract performance notice(s) cannot be ruled out at this stage as a contractual lever to improve performance.

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.

4.1.2 Mental Health Contract Quality



KPI 125: Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service: Treatment commencing within 18 weeks of referrals		Latest and previous 3 months				KPI 125
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		5.9%	0.0%	25.0%	70.0%	
		Plan: 95% - June 2019/20 reported 70.0% and failed				
Performance Overview/Issues:						
Out of a potential 10 Service Users, 7 started treatment within the 18 week target, which is an improvement from the 25% starting treatment within 18 weeks for the previous month. Issues contributing to this poor performance are the high number of referrals to the service and there is also a vacant post that the provider is planning on recruiting for; in the meantime the possibility of internal or bank staff carrying out additional duties is being explored, as well as current staff being offered overtime. In addition to this, two part time staff will be returning from maternity leave which will increase the therapy capacity.						
Actions to Address/Assurances:						
Demand for the service continues to increase and to exceed capacity. Commissioners have asked for the trust to present an action plan as part of a Deep Dive at August CQPG to include service transformation/ eligibility/primary care/capacity& modelling and managing risk of long waiters. The Trust is developing a business case for commissioners to consider for funding by October 2019. Any additional investment would be made in 2020/21 subject to approval.						
The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.						
When is performance expected to recover:						
Performance is linked to current service capacity which mitigates against significant recovery. The Deep Dive at August CQPG will better inform commissioner as to when performance is expected to recover.						
Quality:						
Linked to the above comments re: August CQPG Deep Dive.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



KPI 19: Patients identified as at risk of falling to have a care plan in place across the trust – Target 98%

Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: Of the patients identified as at risk of falling to have a care plan in place		Latest and previous 3 quarters				KPI 19
RED	TREND	Q2	Q3	Q4	Latest	
		69.2%	28.6%	50.0%	57.1%	
		Plan: 98% - 2019/20 Quarter 1 reported 57.1% and failed.				
Performance Overview/Issues:						
The Trust reported performance well below the 98% target in Q1, 57.1% which was higher than quarter 4 when 50.0% was reported. In Quarter 1 there were a total of 7 patients, 3 of which didn't have a care plan in place. On examination of the data by the provider 1 of these was identified as a recording error, which would result in a performance of 71.4% as oppose to 57.1%.						
Actions to Address/Assurances:						
Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place. Modern Matrons are working with staff to ensure that care plans are now in place for those who require one.						
When is performance expected to recover:						
From Q2 The Trust will submit a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPIs.						
Quality:						
Narrative will include an impact of not achieving a KPI has on quality of care for the patient.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



KPI 25 (Keeping nourished) Patients with a score of 2 or more to receive an appropriate care plan – Target 100%

Indicator		Performance Summary				Potential organisational or patient risk factors
Patients with a score of 2 or more to receive an appropriate care plan		Latest and previous 3 quarters				KPI 25
RED	TREND	Q2	Q3	Q4	Latest	
		66.7%	50.0%	80.0%	77.8%	
Plan: 100% - 2018/19 YTD reported 63.6% and failed						
Performance Overview/Issues:						
The Trust reported performance below the 98% target in Q1, with the above performance reported. Out of 9 patients there were 2 patients who didn't receive an appropriate care plan. The transition to Rio had an impact on MUST KPI's as templates in Rio are different to Epex forms therefore ward teams needed additional support. The changes to the observation form in Rio are now completed. BI continue working on reports where there are inaccuracies.						
Actions to Address/Assurances:						
The indicator is number sensitive however to improve KPIs the Dietetic team and Physical Health Performance Nurse are offering a range of support and training to ward staff. MUST training will continue for staff induction. The Dietetic team are also planning on offering training to each ward on the new observation form. The Dietetic team lead will meet with ward managers of the wards that are not meeting the target to develop an action plan how they will improve performance for Quarter 2.						
When is performance expected to recover:						
Quarter 2 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.2 Learning Disability Health Checks



Indicator		Performance Summary					Potential organisational or patient risk factors
Learning Disabilities Health Checks		Latest and previous 3 quarters					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.
GREEN	TREND	Q1	Q2	Q3	Latest	2018/19	
		6.5%	11.7%	7.6%	13.8%	40.0%	
		Plan: 18.7% 2018/19					
Performance Overview/Issues:							
A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 4, the CCG reported a performance of 13.8%, below the plan of 18.7%. Out of 675 registered patients 95 patients checked compared to a plan of 126. Year to date out of an average LD registered patients of 638 there have been a total of 255 patients who have received their check, giving a total for 2018/19 of 39.97%. This is the latest data available, Q1 data due.							
Actions to Address/Assurances:							
The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check. To review reporting to mitigate data quality issues.							
When is performance expected to recover:							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

4.3 Improving Physical Health for people with Severe Mental Illness (SMI)



Indicator		Performance Summary				Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				<p>As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.</p> <p>Risk that CCG is unable to achieve nationally mandated target.</p>
RED	TREND	Q2	Q3	Q4	Latest	
		14.5%	15.3%	17.2%	18.6%	
		Plan: 50% - 2018/19 YTD reported 17.2% and failed				
Performance Overview/Issues:						
The most recent data period is April to June 2019/20. In the 12 month period to the end of quarter 1 2019/20, 18.6% of the 2035 of people on the GP SMI register in South Sefton CCG (361) received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (17.2%).						
Actions to Address/Assurances:						
A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee. EMIS screens to enable data capture have been developed, however the initial version is being refreshed in Q2 (meeting on 14/08/2019) to as to be more user friendly.						
When is performance expected to recover:						
Performance should improve from Quarter 2 2019/20 onwards.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.4 Cheshire & Wirral Partnership (Adult)



4.4.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		1.28%	1.23%	1.14%	0.94%	
		Access Plan: 19.0% - May 2019/20 reported 1.03% and failed.				
Performance Overview/Issues:						
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) target for 2019/20 is to achieve 19% (4.75% per quarter). The monthly target for M3 19/20 is therefore approximately 1.59%. Month 3 performance was 0.94% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. Waiting times from referral continue to be within national timescales.						
Actions to Address/Assurances:						
Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups(eg Colleges) to encourage uptake of the service. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. Fortnightly teleconference is taking place monitor performance.						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll/Karl McCluskey		Sue Gough		Geraldine O'Carroll		

4.4.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		47.4%	37.7%	47.8%	36.8%	
		Recovery Plan: 50% - June 2019/20 36.8% and failed				
Performance Overview/Issues:						
The percentage of people moved to recovery was 36.8% in month 3 of 2019/20 and the target was not achieved and a significant drop from the previous month. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughout the treatment which has had a detrimental effect on Recovery performance.						
Actions to Address/Assurances:						
Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll/Karl McCluskey		Sue Gough		Geraldine O'Carroll		

4.5 Dementia

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to to reduce waiting times for the South Sefton Memory Service.
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		65.00%	64.17%	64.37%	64.60%		
		Plan: 66.7%					
Performance Overview/Issues:							
The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in June of 64.6%, which is under the national dementia diagnosis ambition of 66.7% although a slight increase on last month when 64.37% was reported. CCG believes that coding issues in primary care may be impacting on performance. Memory service waiting times have increased to 14 plus weeks in some cases, along with a delay in memory service sending diagnosis letters back to primary care. In addition there may be care home residents who may not have a diagnosis of dementia.							
Actions to Address/Assurances:							
<ol style="list-style-type: none"> 1. Work continues with iMersey Staff and Merseycare Trust Staff to deliver a rolling programme of work across primary care to identify registry coding errors that will have a negative impact of Dementia Diagnosis rates. 2. Merseycare Trust acknowledge there have been consultant staffing vacancies within the memory service. They are working to recruit, which will improve waiting times for the service. 3. Merseycare Trust acknowledge there have been delays in returning diagnostic letters to primary care. This was largely due to administration post vacancies that are now being recruited. In addition primary care / CCG have requested that the diagnosis decision is required on the front page of letters from the service. This will help to improve the delay in diagnosis being entered on to primary care registers. 4. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that may have residents who have a diagnosis of dementia but are not on primary care registers. In addition there may be residents who might benefit from a diagnosis. A proposal will go to Clinical Advisory Group in September. 							
When is performance expected to recover:							
Plans are in place to achieve in 2019/20.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

5. Community Health

5.1 Adult Community (Mersey Care)



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 2019/20 reporting requirements 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 detailed action plan has been developed by the Trust to support this and regular meetings with the CCG have been arranged. It has been agreed that additional reporting requirements and activity baselines will be reviewed alongside service specifications and transformation. A discussion regarding ICRAS reporting took place at a recent information sub group and amendments to the current report were agreed to meet CCG requirements.

5.1.1 Quality



The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) are in the process aligning the Quality Schedule, KPIs, Compliance Measures and CQUIN for community services with Liverpool

CCG for 2019/20. 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.

5.1.2 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Feb-19	Mar-19	Apr-19	May-19		
		23 wks	20 wks	20 wks	20 wks	Target: 18 weeks <i>(reported a month in arrears)</i>	
Performance Overview/Issues:							
May's incomplete pathways reported above the 18 week standard with 20 weeks, showing no improvement on last month. The longest waiter on the incomplete pathway was 2 patients at 27 weeks, an improvement on last month. Completed pathways reported a 95th percentile of 26 weeks, a slight decrease on 28 reported last month. The Trust has reported that capacity issues due to staff sickness and vacancies have resulted in increased waiting times.							
Actions to Address/Assurances:							
Remedial actions have focussed on workforce and review of processes to manage referrals: - Utilisation of agency physiotherapists whilst waiting for new starter to commence in post - commenced in February - Implementation of single point of contact for all South Sefton OT & Physio referrals - commenced in April - Recruited band 7 co-ordinator to support team with triage - awaiting start date - Senior daily support from ICRAS Clinical Therapy Lead to allocate waiting list - commenced in May - Senior Therapy Support reviewing caseload - commenced in May							
When is performance expected to recover:							
Trajectory identifies return to 18 weeks in July 2019 following implementation of all actions. The CCG are working closely with the Trust in regard to therapy waiting times and are assured that all action is being taken to address workforce issues. There has been a steady decrease in the number of patients waiting over 18 weeks with indications that this will resolve in line with the Trust trajectory of July 19 data still to be validated but feedback identifies waiting times down to 17 weeks in July.							
Quality impact assessment:							
The Trust has advised that all referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Sunil Sapre			Janet Spallen		



5.1.3 Mersey Care Adult Community Services: Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Dietetics		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)				<= 18 weeks: Green > 18 weeks: Red	
		Feb-19	Mar-19	Apr-19	May-19		
		15 wks	16 wks	14 wks	19 wks		
		Target: 18 weeks (reported a month in arrears)					
Performance Overview/Issues:							
<p>Mersey Care has reported an increase in average waiting times for patients waiting on an incomplete pathway in the Dietetics service. In May an average (92nd Percentile) of 19 weeks was reported, breaching the 18 week standard. This shows an increase from April 2019 when average waits were at just 14 weeks.</p> <p>The Dietetics service continues to experience high DNA rates, although they have recently decreased with 8.9% in June 2019 compared to the 8.5% target; 12 DNAs out of a total 123 booked appointments. Provider cancellation rates are also above the Trusts internal threshold of 3.5% with 4.7% in June.</p>							
Actions to Address/Assurances:							
<p><u>Trust Actions</u></p> <ul style="list-style-type: none"> - Proactive caseload cleanse took place. Waiting list reviewed in line with access policy. - Opt in process reviewed, patients triaged and discharged as per access policy. - Process to triage daily and a duty line clinician is being explored. 							
When is performance expected to recover:							
The Trust has reported that local unvalidated data suggests the position has improved and waits are back within the 18 week							
Quality impact assessment:							
The Trust has reported that all referrals were triaged as a priority. Those with the highest clinical need were appointed urgently and lower risk patients added to the waiting list.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Sunil Sapre		Janet Spallen			



6. Children's Services

6.1 Alder Hey Children's Mental Health Services



6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				
RED	TREND	Q1	Q2	Q3	Latest	
		11.3%	5.5%	5.8%	6.8%	
		Access Plan: 32% - 2018/19 reported 29.4% and failed				
Performance Overview/Issues:						
The CCG has now received data from a third sector organisation Venus. This Provider has not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating a variation in previous data.						
The CCG still failed to achieve the target of 8% in Q4 with 6.8%; a total of 181 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is an increase on the 5.8% of children and young people receiving treatment in quarter 3. The CCG is narrowly failing to meet the year to date target of 32% (yearly performance being 29.4%).						
Actions to Address/Assurances:						
Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted. Figures for 18/19 are big improvement from previous years.						
When is performance expected to recover:						
Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only.
RED	TREND	Q2	Q3	Q4	Latest	
		100.0%	90.9%	92.3%	86.96%	
		Access Plan: 100% - 2019/20				
Performance Overview/Issues:						
In quarter 1 the Trust reported under the 100% plan, out of 23 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 86.96% against the 100% target. The 3 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet, further discussions required to establish national uplifts included in CCG baseline.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.1.3 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
RED	TREND	Q2	Q3	Q4	Latest	
		100.0%	80.0%	66.7%	50.0%	
		Access Plan: 100% - 2019/20				
Performance Overview/Issues:						
In quarter 1, the CCG had 2 patients under the urgent referral category, only 1 met the target bringing the total performance to 50% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet, further discussions required to establish national uplifts included in CCG baseline.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

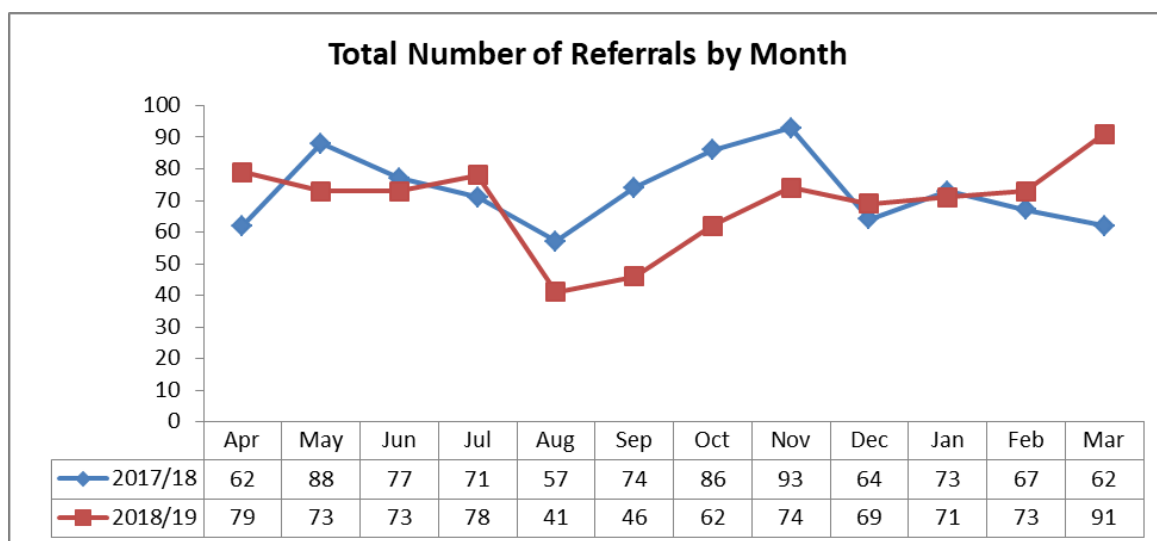
6.2 Child and Adolescent Mental Health Services (CAMHS)

The Trust is undertaking validation work on the data for 2019/20. Therefore, quarter 4 2018/19 remains the most up to date information the CCG has received from the Trust.

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

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 14 – CAMHS Referrals



Throughout quarter 4 2018/19 there were a total of 235 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals remained stable between November and February then saw a subsequent increase in March 2019.

During the fourth quarter of 2018/19 there were no DNAs, which is an improvement from the last quarter.

The remaining tables within this section will focus on only the 78 Referrals that have been accepted and allocated.

Figure 15 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	30	38.5%
2-4 Weeks	33	42.3%
4- 6 Weeks	6	7.7%
6-8 weeks	0	0.0%
8- 10 weeks	5	6.4%
Over 10 weeks	4	5.1%
Total	78	100%

The biggest percentage (42.3%) of referrals where an assessment has taken place waited between 2 and 4 weeks from their referral to assessment. 94.5% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of those referrals that waited over 10 weeks, there was one referral that waited 94 days (13.4 weeks) which was the longest wait during this quarter.

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 has 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 16 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	10	12.8%	23.8%
2-4 Weeks	9	11.5%	21.4%
4- 6 Weeks	14	17.9%	33.3%
6-8 weeks	5	6.4%	11.9%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	3	3.8%	7.1%
Over 12 Weeks	1	1.3%	2.4%
(blank)	36	46.2%	
Total	78	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.

46.2% (36) of all allocated referrals did not have a date of intervention. Of these, 10 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 26 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 26 waiting for an intervention, 17 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If the 36 referrals were discounted, 90.5% of the referrals made within Quarter 4 of 2018/19 waited 8 weeks or less from their referral to their first intervention taking place.

The one referral that waited over 12 weeks for an intervention waited for 94 days (13.4 weeks). This is an improvement on the previous quarter when there was 1 referral that waited over 14 weeks.

Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks.

How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20.

When is the performance expected to recover by?



Impact of NHSE funding will be seen in the first quarter of 2019/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

Who is responsible for this indicator?



Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Vicky Killen	Peter Wong

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
		Mar-19	Apr-19	May-19	Latest		
		45 wks	45 wks	43 wks	37 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<p>In June the Trust reported a 92nd percentile of 37 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on May when 43 weeks was reported. In June the longest waiting patient was 1 patients waiting at 58 weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.</p> <p>At the end of June there were 28 children with an appointment and 6 children without an appointment who have waited over 40 weeks. Out of those without an appointment, 2 had appointments in June but had cancelled and have an appointment in July, 2 have been sent letters out but not yet responded and 2 have out of date information on the spine which we are investigating with GP/referrer.</p>							
Actions to Address/Assurances:							
<p>Sefton SALT waiting times have been raised and discussed at contract review meetings. Alder Hey has developed a formal recovery plan to bring long waiting time to 18 weeks by 28-2-20. As part of this the CCGs have provided additional funding. Discussions are on-going at a senior and also operational level on the reporting, including narrative on long waiters. A wider piece of work with Alder Hey and the CCG is taking place to review and improve current data flows across all community and mental health services.</p> <p>June 2019: Business case approved for some non-recurrent and recurrent therapists.</p> <p>Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p> <p>The CCG are working with provider to develop an improvement trajectory from Q2 onwards.</p>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 wk RTT by Feb 2020 and sustained thereafter.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Wendy Hewitt			Peter Wong		

6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				DNAs <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red	
RED	TREND	Outpatient Clinic DNA Rates					
		Mar-19	Apr-19	May-19	Jun-19		
		17.2%	20.0%	22.6%	14.50%		
		Outpatient Clinic Provider Cancellations					
		Mar-19	Apr-19	May-19	Jun-19	Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red	
		0.0%	7.1%	9.7%	3.10%		
		DNA threshold: 8.5% Provider cancellation threshold: 3.5%					
Performance Overview/Issues:							
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In June 2019 this decreased but was still significant with a rate of 14.5%. Provider cancellations also decreased in June with 3.1%.							
Actions to Address/Assurances:							
The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system.							
In the contract review meeting in June it was agreed that operational issues relating to dietetics would be raised advance of the next contract meeting, so as to arrange attendance of the service or commissioning leads at the next contract review meeting.							
When is performance expected to recover:							
To be confirmed following the next contract review meeting and meeting with the leads.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Wendy Hewitt		Peter Wong			

7. Third Sector Overview

Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q1, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

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 Q1 397 service users engaged with the service, 46 cases were closed and 60 new referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 112 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were via self-referral or family & friends. GP referrals have increase during Q1 but still remain low. During this quarter a further 11 volunteers were recruited to the service, the number of active volunteers has now increased to 87, this is an increase of 61%.

Alzheimer's Society

The Alzheimer's Society continued to deliver Dementia Support sessions in GP practices during Q1; 9 in total (8 in the South and 1 in the North). Pre-arranged sessions are booked and run on an as-needed basis. 7 practices were actively engaged with during the period. The service plan to meet with PCN's shortly to scope further need working with practices across Sefton.

The Society received 66 new referrals; 42% of referrals during Q1 were from a mixture of memory clinics, GP's and other health providers. Referrals from health have doubled since Q4.

The Side-by-Side service presently has 20 service users matched with volunteers, 4 additional volunteers have signed up to the service during this period. A total of 210 visits were made during Q1.

Dementia Community Support conducted 56 Individual Needs Assessments. The Dementia Peer Support Group ran 9 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes.

Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q1 34 new referrals were received. 57% were self-referrals and 43% from Mental Health Professionals on the ward. The type of advice required was mainly in regard to benefits (94%). Other types of advice included debt management and housing. Of these new referrals 76% were recorded as being permanently sick or disabled. New award or increases following a revision or intervention from the service totalled £299,478 during this period.

Crosby Housing and Reablement Team (CHART)

During Q1 the service received 46 new referrals, with half coming from Mersey Care NHS Foundation Trust. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices and self-referrals. Case outcomes during the period included accommodating 28 service users and supporting a further 22 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 13 patients to be discharged). It prevented 13 people from becoming homeless. The majority of new referrals were recorded as female (61%) with the remainder recorded as male.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 67% of new referrals were received via self/carers whilst the remaining 33% were received via GP recommendation. 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 Q1 there were 1,516 drop-in contacts (Monday to Friday). A total of 2,502 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and health information talks and groups.

Imagine Independence

During Q1 Imagine Independence carried forward 109 existing cases. A further 93 were referred to the service via IAPT and 30 cases were closed during the period. Of the new referrals 61% were female and 39% male. All completed personal profiles and commenced job searches. A total of 12 service users attended job interviews; all managed to secure paid work for 16+ hours per week. The service supported 55 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 25%, employment engagement meetings attended by service 2% and service contact with employers 15%.

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). Three paid staff are employed to deliver this service together with a small number of volunteers.

Monitoring information has not yet been received for Q1 reporting, this will be updated for Q2.

Parenting 2000

During Q1 the service received 15 adult and 81 child referrals. A total of 128 service users accessed counselling for the first time. Of the 271 appointments available during this period a total of 252 were booked and 203 were actually used. There were 27 cancellations whilst 22 did not attend their scheduled appointment. The top five referral sources during Q1 were GPs 27%, Self/Carer/Parent 24%, Hospital 16% (CAMHS & Alder Hey), Other VCF 9% & Children's Centres. The referring GP surgeries were recorded as Cumberland House, Village Surgery, Family Surgery, Norwood Surgery, Ainsdale Medical Centre, Corner Surgery, St Marks MC, Chapel Lane Surgery, Grange Surgery & Elbow Lane Surgery.

Sefton Advocacy

During Q1 215 existing cases were brought forward. A total of 138 new referrals were received and of these 23% were signposted to more appropriate support, whilst 7% comprised general enquiry /information-only queries. 71 cases were closed. During Q1 there were a total of 2,259 contacts comprising of 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, Representations made, Information given, Client empowerment, Signposting and Support. During Q1 these case outputs resulted in financial outcomes worth a total of £365,407 being achieved.

Sefton Carers Centre

The number of Carers supported during Q1 remained steady; there were 40 new referrals to the service along with 306 existing cases. The Carers Support Team continue to work to reduce the backlog of 50 referrals (longer than 28 days) that remain outstanding, whilst also successfully completing more than 24% above the quarterly target for Carers Needs Assessments and Reviews. In addition to the above, the Carers Centre received 176 new referrals for other types of carers along with 1,606 existing carers registered with the service. The majority of which were self-referrals (59%) followed by Sefton MBC (21%) and other health services (13%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed and various training courses. The service has an average of 66 volunteers helping to deliver services to carers across Sefton, during Q1 a total of 2,009 hours were worked by volunteers this equates to approximately £26k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 168 Young Carers registered with Sefton Carers Centre (in Tier 2)

Sefton Council for Voluntary Service

Sefton CVS provide the following services on behalf of both CCGs 4 x Health & Wellbeing Trainers that develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes; to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources; & signpost to other health/social care services.

Health & Wellbeing Development Officer and Support Officer facilitate meetings Health & Social Care Forum, election of sector representatives to partnership /planning groups; evaluate CCG/LA funded VCFSE sector health & wellbeing performance; & support Sefton Partnership Older Citizens. Community Development Worker (BME) tackles health & social care service inequalities.

Reablement & Care For You Service Coordinator and Signposting Worker promote reablement reducing dependency statutory services; work in partnership with other healthcare providers; manage interface between social work teams, OT's, GPs, home care & residential/nursing care providers; take responsibility safeguarding; and contribute policy & development work.

Children, Young People & Family Lead (Every Child Matters) provides representation on working groups & partnerships; enabling VCFSE participation in decision-making; identify gaps and needs; develop training for & promote VCFSE groups working with children; and identify under-represented groups. Outcomes include development & extension of partnership working.

Monitoring information has not been submitted for Q1, this will be updated for Q2 reporting.

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 VCF partnership working. During Q1 there were 527 new referrals, 210 assessments completed and 78 are pending further action; 138 were closed due to support being refused. There are currently 406 women and 190 children in receipt of support. During the period the refuge accommodated 6 women along with 5 children for 23 weeks.. Referrals came from various sources, with the top three being the police 31%, self-referrals 21% and CYPS Safeguarding Children 14%. Other sources included Adult Social Care, Children's Centres, family and friends.

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. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q1 there were 79 referrals in South Sefton and 120 in Southport & Formby. The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 35%. This is higher than the current national average of 25%. These service users were given post-stroke information on going back-to-work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. 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. During this quarter there were 74 (2 South Sefton and 72 Southport and Formby) volunteering hours to support service delivery, which equates to an added value of £966 (£33 South Sefton and £934 Southport and Formby)

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q1 there were 66 new referrals for counselling services, 17 to the support group and a further 4 for the outreach service.

The majority of women accessing the service self-referred but the number of GP referrals has increased significantly, this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the counselling sessions available during this period 72% were booked and used, 24% were cancelled by the client and 4% were recorded as DNA. 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, there were 4 referrals made to the Outreach Service (with 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. There were 17 new referrals received during the period with 77 attendances in total.

Macmillan Cancer Support Centre – Southport

During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the centre up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.



Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q1 the centre received 100 new referrals; 67% were self-referrals, 12% Aintree UHT, Southport & Ormskirk Hospital NHS Trust & 9% GPs. There were 162 contacts at the centre and a further 62 active service users.

The main reasons for advice and support during the period were Emotional Support, Benefits/welfare advice, Financial Support, Information, Carers Issues, Social Isolation, Work related issues, grants, travel and onward signposting/referrals.

8. Primary Care

8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access 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.
GREEN	TREND	Mar-19	Apr-19	May-19	Latest	
		73.5%	64.6%	72.7%	67.9%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). June target 66.2%				
Performance Overview/Issues:						
A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.						
In June South Sefton CCG practices reported a combined utilisation rate of 67.9%, exceeding the 66.2% target. Total available appointments was 1377 with 1040 being booked (75.53%) and 105 DNA's (7.63%). This shows an decline in utilisation compared to May but still on target.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Craig Gillespie		Angela Price		

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 has been one recent inspection at Moore Street Medical Centre, this remains good in all areas. All results are listed below:

Figure 17 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	30 April 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	27 March 2019	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Surgery	19 February 2019	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	07 September 2018	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice PC24	30 October 2018	Good	Requires Improvement	Good	Good	Good	Good
N84004	Glovers Lane Surgery	27 March 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre PC24	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

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

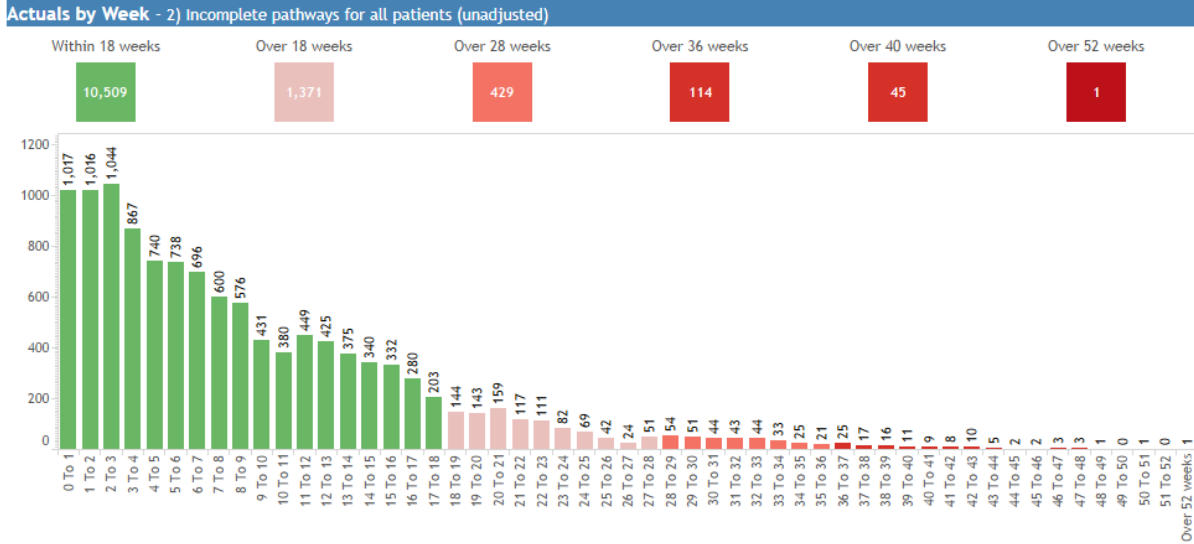
9. CCG Improvement & Assessment Framework (IAF)

The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. 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.

10. Appendices

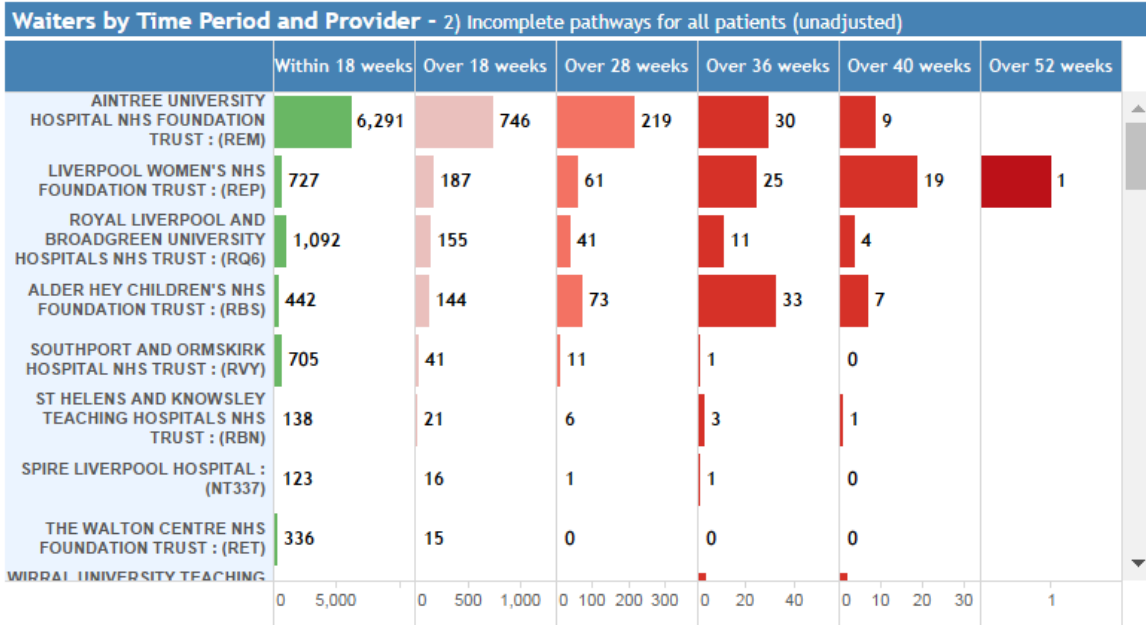
10.1.1 Incomplete Pathway Waiting Times

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



10.1.2 Long Waiters analysis: Top Providers

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



10.1.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

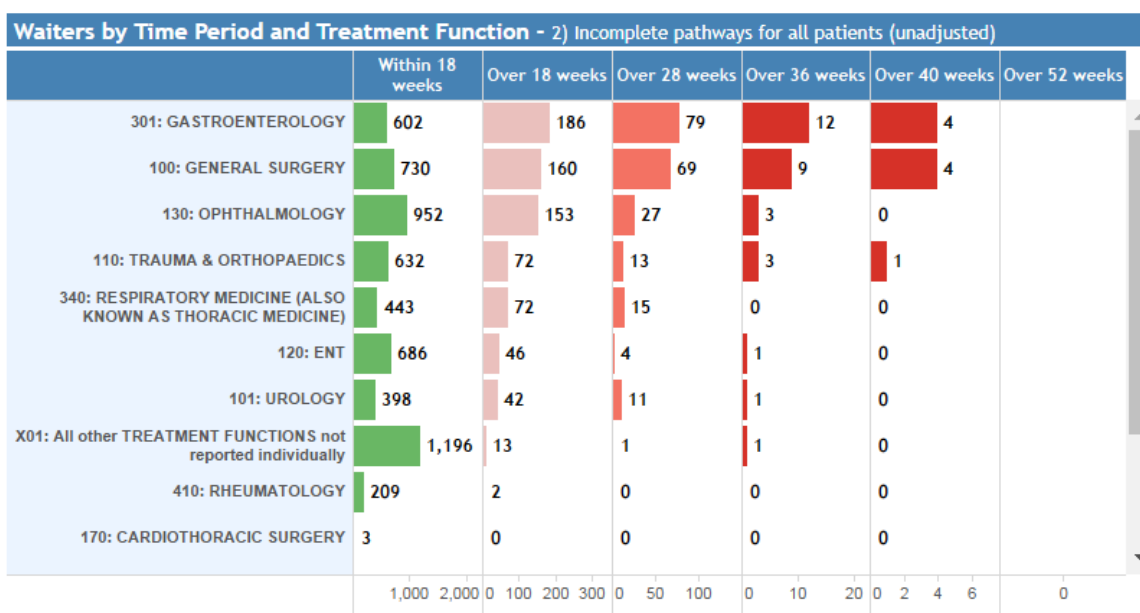
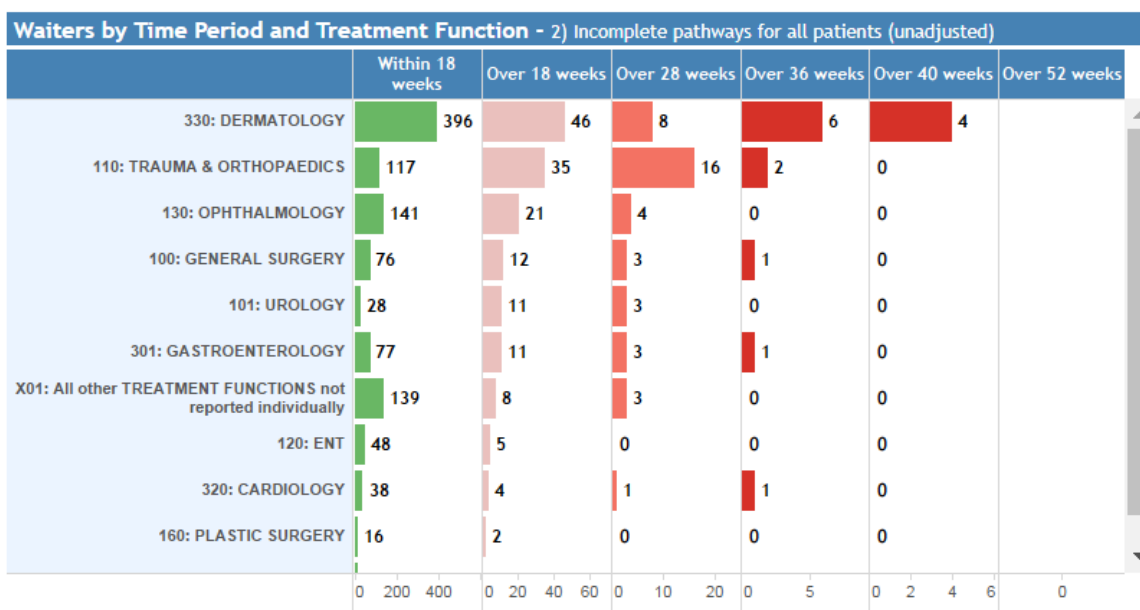
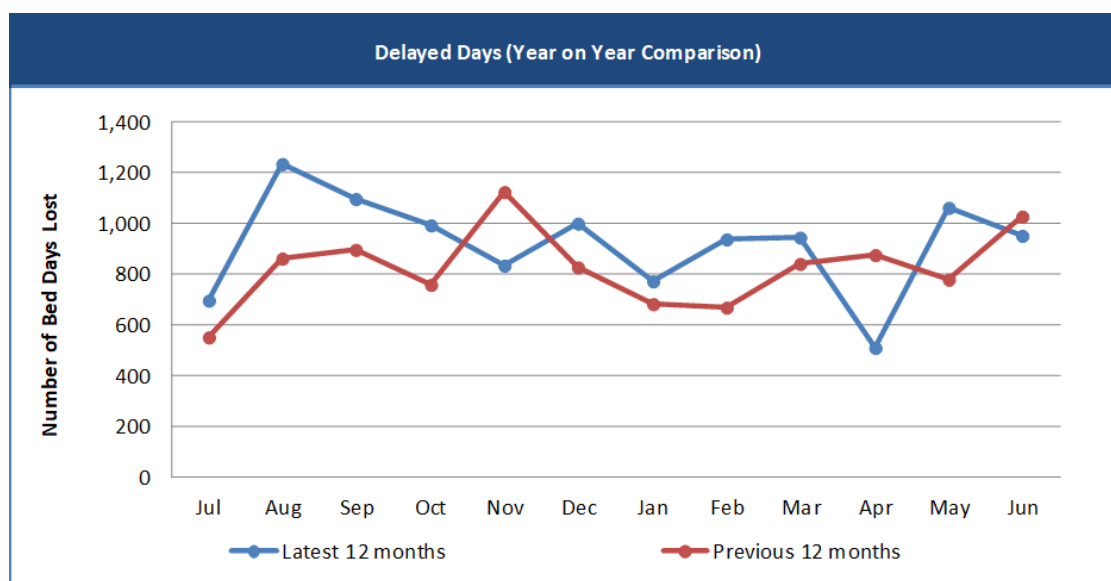


Figure 21 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



10.2 Delayed Transfers of Care

Figure 22 – Aintree DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jun-19	May-19	Jun-18
Total	948	1,062	1,026
NHS	77.0%	89.5%	71.4%
Social Care	23.0%	10.5%	28.6%
Both	0.0%	0.0%	0.0%
Acute	46.5%	60.4%	48.4%
Non-Acute	53.5%	39.6%	51.6%

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

AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Care Package in Home	20.8%
Community Equipment Adapt	5.2%
Completion Assessment	7.3%
Disputes	0.0%
Further Non-Acute NHS	26.5%
Housing	1.5%
Nursing Home	0.0%
Patient Family Choice	37.3%
Public Funding	1.5%
Residential Home	0.0%
Other	0.0%

10.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20							
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	262	-0.76	267	278	242	273
		Total Contacts (Domiciliary)	1,740	1,740	1,628	-6.44	149	115	143	407
		Total New Referrals	174	174	192	10.34	11	15	22	48
	Paediatric Dietetics	Caseload at Month End	5	5	202	3,940.00	216	195	196	216
		Referral to 1st contact (weeks average)	8.6	8.6	4.7	-45.35	7	2.4	4.6	7
		Total Contacts	356	356	452	26.97	27	45	41	113
		Total Contacts (Domiciliary)	64	64	84	31.25	7	10	4	21
		Total Contacts (Outpatients)	292	292	368	26.03	20	35	37	92
	Paediatric Occupational Therapy	Total New Referrals	279	279	256	-8.26	20	18	26	64
		Caseload at Month End	201	201	143	-28.86	151	140	139	151
		Referral to 1st contact (weeks average)	15.9	15.9	13.8	-13.21	14.4	13.9	13.1	14.4
		Total Contacts (Domiciliary)	4,862	4,862	3,668	-24.84	298	291	328	917
		Total New Referrals	619	619	564	-8.89	41	60	40	141
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.8	24.8	33.6	35.45	35	35.5	30.2	35.3
		Total Contacts (Domiciliary)	12,815	12,815	14,408	12.43	1,044	1,235	1,303	3,602
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	644	27.02	56	54	51	161
		Total New Referrals	1,096	1,096	1,032	-5.94	92	88	78	258
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0

If Plan is <10,000:

- FOT is <10% above or below plan
- FOT is 10%-20% above or below plan
- FOT is > 20% below plan
- FOT is > 20% above plan

If Plan is >10,000:

- FOT is <5% above or below plan
- FOT is 5%-10% above or below plan
- FOT is > 10% below plan
- FOT is > 10% above plan

10.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 18/20	% Variance
Number of Referrals	145	161	137										1,842	1,485	-19.4%
Incomplete Pathways - 82nd Percentile	45	43	37												
Total Number Waiting	941	916	874											9,382	
Number waiting over 18 weeks	520	462	467											4,688	
Longest weeks waiting - weeks	52	54	58											567	
Longest weeks waiting - patients	2	2	1											25	

- RAG rating
- ≤ 18 weeks
 - 19 to 22 weeks
 - 23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

10.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
DNA	66	53	41	147	68	116	13	19	16	48
DNA Rate	18.8%	8.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.6%	14.5%	18.5%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	6	0	5	29	0	44	4	7	3	14
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	8.7%	3.1%	6.2%

Outpatient Clinics - Cancs by PATIENT

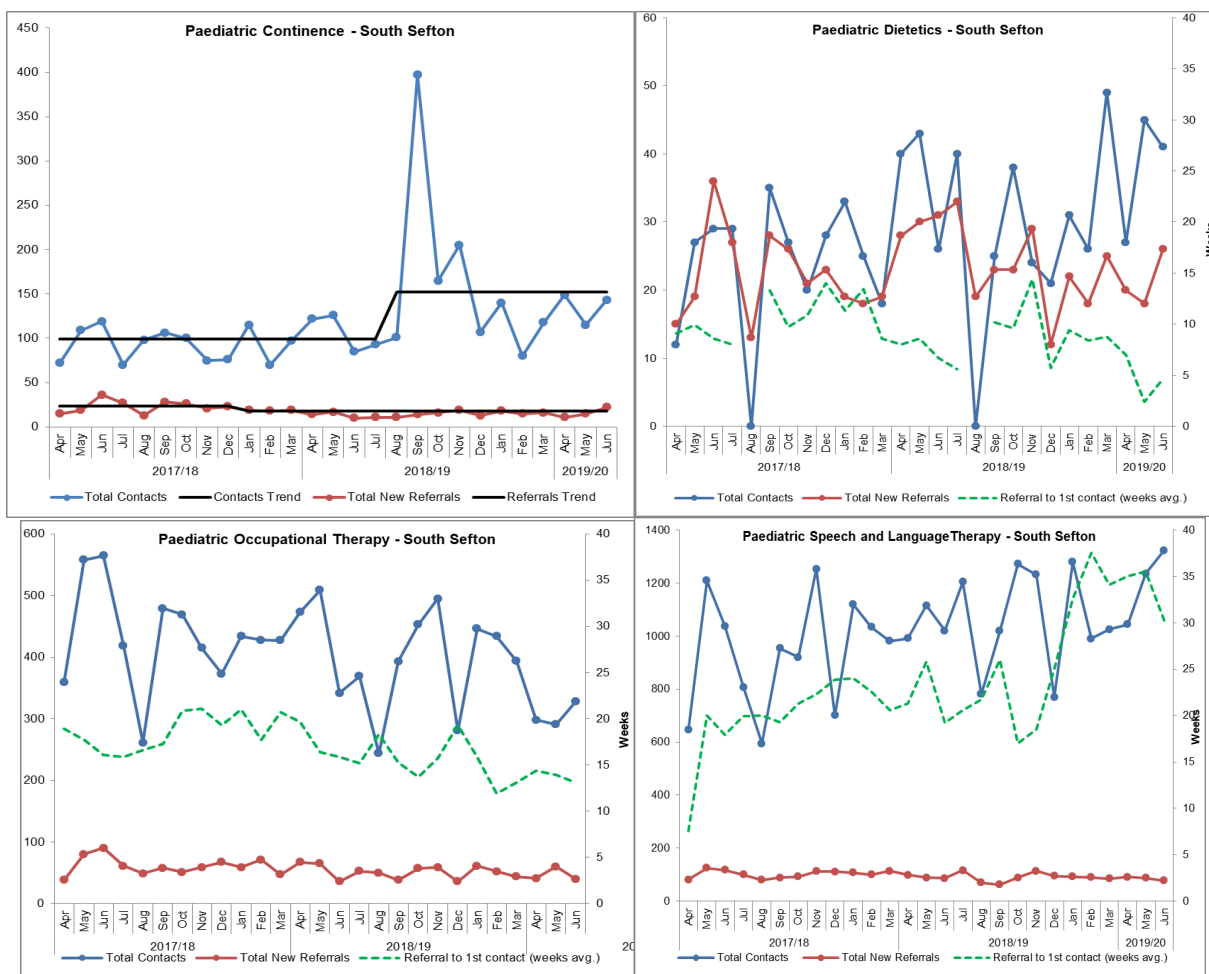
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	27	63	63	207	128	184	10	38	18	66
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	23.8%

Rag Ratings & Targets 19/20

DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

10.6 Alder Hey Activity & Performance Charts



10.7 Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

Figure 23 – 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 admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27, 310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	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 monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. 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. Reablement, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation 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 but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	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 of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

Figure 24 – BCF High Impact Change Model assessment

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	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 continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
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 monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
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 ongoing of impact alongside social work activity at weekend to move to more mature assessment.
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 implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across Sefton catchment.
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 ensuring consistency in processes e.g. best interest, capacity assessments. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

10.8 NHS England Monthly Activity Monitoring

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 as previously the threshold was set at +/-3%. 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 3 performance and narrative detailed in the table below.

Figure 25 - South Sefton CCG's Month 3 Submission to NHS England

Month 03 (June)	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,470	3,344	-3.6%	<p>GP referrals have increased in month 3 following an expected seasonal trend but were below planned levels. Despite this, GP referrals were comparable to a monthly average for South Sefton CCG.</p> <p>Other referrals remain high against plan although month 3 saw referral numbers comparable to an average for the CCG. Local monitoring has identified relatively increases evident for T&O referrals at Southport Hospitals and Cardiology referrals at LHCH. However, total referral numbers are within the 2% threshold at month 3 and year to date for South Sefton CCG. Seasonal trends suggest referral increases in month 4 before reductions during month 5. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.</p>
Other	2,583	2,644	2.4%	
Total (in month)	6,053	5,988	-1.1%	
Variance against Plan YTD	17,502	17,628	0.7%	
Year on Year YTD Growth			-1.9%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5,433	4,408	-18.9%	<p>First and follow up OP attendances decreased in month 3 against seasonal trends and each has seen activity numbers well below current monthly averages. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities including T&O, Acute Medicine, Gastro and General Surgery amongst others. A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20. CCG planned care leads are also querying the overall reduction in OP numbers with the lead provider.</p>
Follow Up	12,576	9,945	-20.9%	
Total Outpatient attendances (in month)	18,009	14,353	-20.3%	
Variance against Plan YTD	50,774	44,335	-12.7%	
Year on Year YTD Growth			-3.7%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,740	1,788	2.8%	<p>CCG local monitoring of day case and elective spells has activity at less than 1% variance against plan year to date at month 3 (-0.4% overall with electives and day cases each aligned to planned levels). A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20.</p>
Elective Ordinary spells	253	248	-2.0%	
Total Elective spells (in month)	1,993	2,036	2.2%	
Variance against Plan YTD	5,583	6,219	11.4%	
Year on Year YTD Growth			0.5%	
Urgent & Emergency Care				
Type 1	4,479	4,425	-1.2%	<p>Type 1 attendances are aligned to plan in month 3 as they had been in the previous month. Attendances remain historically high but 4hr performance at the main hospital provider has improved in month 3 to 85.6%. A trend of decreasing attendances at Litherland WIC has been evident in the last 12 months, which has contributed to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances. CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system.</p>
Year on Year YTD			3.3%	
All types (in month)	9,065	8,183	-9.7%	
Variance against Plan YTD	27,351	25,112	-8.2%	
Year on Year YTD Growth			-3.0%	
Total Non Elective spells (in month)	2,089	2,162	3.5%	<p>Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider. Admissions decreased in month 3 as part of a seasonal trend and local monitoring suggests that YTD activity remains within the 2% threshold.</p>
Variance against Plan YTD	6,500	6,643	2.2%	
Year on Year YTD Growth			5.0%	

**MEETING OF THE GOVERNING BODY
SEPTEMBER 2019**

<p>Agenda Item: 19/98.2</p>	<p>Author of the Paper:</p> <p>Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350</p> <p>Rebecca McCullough Head of Strategic Financial Planning Email: rebecca.mccullough@southseftonccg.nhs.uk Tel: 0151 317 8396</p>
<p>Report date: September 2019</p>	
<p>Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 4 2019/20</p>	
<p>Summary/Key Issues:</p> <p>This paper presents the Governing Body with an overview of the Month 4 financial position for NHS South Sefton Clinical Commissioning Group as at 31st July 2019.</p> <p>The standard business rules set out by NHS England require CCGs to deliver a 1% surplus in each financial year. However, the agreed financial plan for 2019/20 requires the CCG to deliver a £1m surplus (0.5%).</p> <p>The cumulative deficit brought forward from previous years is £1.892m, this has reduced from £2.892m following delivery of £1m surplus in 2018/19. The cumulative deficit will need to be addressed as part of the CCG longer term financial recovery plan.</p> <p>The QIPP efficiency requirement to deliver the agreed financial plan of £1m surplus is £14.000m. The QIPP requirement has increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.</p> <p>The CCG has identified potential QIPP schemes of £19.751m although the majority are rated high risk at this stage and further work is required to implement. Prescribing efficiency schemes continue and are expected to be delivered and savings realised in later months when prescribing reports are published and values can be confirmed.</p> <p>The CCG Financial Recovery Plan has been submitted to NHS England. The plan has been prepared as a System Financial Recovery Plan including South Sefton CCG, Southport and Formby CCG, West Lancashire CCG and Southport and Ormskirk Hospital NHS Trust. The plan outlines the governance arrangements, priorities, risks, mitigations and transformation schemes required to deliver the system long term financial plan.</p>	

The CCG deficit at Month 4 has been calculated at £3.314m, the year to date deficit reflects the under delivery of QIPP savings and cost pressures which have emerged at this stage in the financial year.

Delivery of the 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.

Recommendations;

Receive	X
Approve	
Ratify	

The Governing Body is asked to receive this report and to note that:

- The agreed financial plan for South Sefton CCG is a surplus of £1m for 2019/20.
- The QIPP efficiency requirement to deliver the agreed financial plan is £14.000m. QIPP schemes of £19.751m have been identified but further work is required to implement schemes and realise savings.
- The CCG deficit at Month 4 has been calculated at £3.314m and the risk adjusted likely case is assessed at £9.943m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace. Following discussion with NHS England and Improvement an update to the CCG risk adjusted position and QIPP delivery will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019.
- The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan and immediate action is required to rectify the position. It must build on the work undertaken during the QIPP week. The next stage is to develop clinical leadership in the CCG who can engage with colleagues across the system and influence change which leads to improved quality and reductions in cost. Governance arrangements to support full system working will also need to be finalised.
- The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.

Links to Corporate Objectives (x those that apply)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
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X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton.
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 and strategic commissioning 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	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Report to Governing Body
September 2019

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 31st July 2019.

Table 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
Acute Care	148,183	49,873	50,294	421	148,775	593
Mental Health	23,187	7,766	8,036	270	24,198	1,011
Continuing Care	12,744	4,248	4,844	597	13,910	1,166
Community Health	33,932	11,311	11,420	109	34,131	198
Primary Care	61,671	20,339	20,040	(299)	61,825	154
Corporate Costs & Services	3,228	1,066	996	(70)	3,166	(62)
Other CCG Budgets	9,179	3,392	3,595	203	9,430	251
Total Operating budgets	292,123	97,995	99,226	1,232	295,434	3,311
Reserves	(12,107)	(2,083)	0	2,083	(15,418)	(3,311)
In Year (Surplus)/Deficit	1,000	0	0	0	0	(1,000)
Grand Total (Surplus)/ Deficit	281,016	95,912	99,226	3,314	280,016	(1,000)

The year to date financial position is a deficit of £3.314m and the full year forecast financial position is anticipated to be £1m surplus. This position represents the best case scenario and is reliant on delivery of the QIPP plan. It should be noted that significant risk exists in terms of delivering the plans in full and at this stage; the risk adjusted financial position is calculated as a £9.943m deficit. Following discussion with NHS England and Improvement an update to the risk adjusted position and QIPP delivery will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019.

Cost pressures have emerged in the first four months of the financial year. However these have been offset by underspends in other areas and reserves budget due to the 0.5% contingency held.

The main areas of risk are the following:

- Increased costs within Continuing Health Care and Learning Difficulties budgets due to increased volumes and high cost cases emerging in 2019/20, there is also a cost pressure on the budget for Funded Nursing Care.
- There are forecast overspends on the acute commissioning budget due to an over performance in the Independent sector and charges for high cost drugs.
- Cost pressures relating to property services on the Commissioning non-acute budget

- The budget for mental health care packages is forecast to overspend due to an increased number of packages in year.
- The Intermediate care budget is forecast to overspend due to an additional bed commissioned at Oak Vale gardens, based on the outturn for 2018/19. It is anticipated that this overspend will be offset in year with reduced usage of Cheshire and Mersey rehab beds.
- There are cost pressures on the Commissioning - Non-Acute budget relating to Estates costs.

CCG Recovery Plan

The CCG's draft financial recovery plan was submitted to NHS England and Improvement at the end of June 2019. Following feedback, the final version of the Financial Recovery Plan was submitted to NHS England and Improvement on 2 August 2019.

The plan describes the CCG financial recovery plan in the context of the local health system including South Sefton CCG, Southport and Formby CCG, West Lancashire CCG and Southport and Ormskirk Hospital NHS Trust.

A system recovery meeting was held on 6 August 2019 to discuss the plan. The meeting was attended by the respective organisation's Accountable Officers; Chief Executive; Chief Finance Officers, Director of Finance and the System Turnaround Director. With effect from September 2019 monthly update reports will be provided to NHS England and Improvement along with monthly meetings to review operational and financial performance across the system.

The plan has been co-ordinated by the system wide turnaround director and highlights:

- The 2019/20 financial position as at the year to date including risks and mitigations
- Joint approach - CCG QIPP plans and Trust Cost Improvement Plans (CIP) 2019/20
- The CCG strategic financial plan
- Governance processes in place and in development
- CCG Opportunities – based on RightCare data.

The plan includes key provider metrics (e.g. Model Hospital, GIRFT) for comparison with RightCare data in order to identify joint opportunities to make system wide savings.

The plan acknowledges the CCG's positive performance in the delivery of QIPP efficiencies in prior years and the challenge for the CCG to deliver further efficiencies of £14.000m in 2019/20. In context, the CCG delivered £2.379m savings in 2018/19 which brought the total QIPP saving over the past three financial years to £11.285m.

The long term 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 Leadership Team have agreed that monthly QIPP weeks will be held to allow CCG managers to work at pace on the development of identified QIPP opportunities. In July, a multi-disciplinary approach was employed to facilitate production of working plans for further discussion with stakeholders and implementation. The next QIPP week will be week commencing 19 August 2019. Next steps will be to finalise the governance arrangements to support system delivery.

The cumulative deficit brought forward from previous years is £1.892m; this has reduced from £2.892m following delivery of £1m surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

2. Finance Dashboards

1. Finance Key Performance Indicators				
Report				Commentary
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	<ul style="list-style-type: none"> The standard business rules set out by NHS England require CCGs to deliver a 1% surplus. The CCG agreed financial plan for 2019/20 is £1m Surplus. The 0.5% Contingency Reserve is held as mitigation against potential cost pressures. The QIPP target for 2019/20 is £14.000m. QIPP schemes of £19.751m have been identified although the majority are rated high risk at this stage. The reported risk adjusted position is £9.943m deficit. BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.
		0.5% Contingency Reserve	✓	
		0.5% Non-Recurrent Reserve	✓	
2	Breakeven	Financial Balance	✓	
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	x	
4	Running Costs	CCG running costs < 2019/20 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	99.70%	
		NHS - Volume YTD > 95%	97.95%	
		Non NHS - Value YTD > 95%	96.09%	
		Non NHS - Volume YTD > 95%	96.15%	

2. CCG Financial Position – Month 03 2019-20																									
Report	Commentary																								
<p style="text-align: center;">South Sefton CCG Forecast Outturn at Month 4</p> <table border="1"> <caption>South Sefton CCG Forecast Outturn at Month 4 Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CONTINUING HEALTH CARE</td> <td>981</td> </tr> <tr> <td>LEARNING DIFFICULTIES</td> <td>660</td> </tr> <tr> <td>ACUTE CARE</td> <td>485</td> </tr> <tr> <td>MENTAL HEALTH PACKAGES</td> <td>351</td> </tr> <tr> <td>ESTATES COSTS (CHP, NHSPS)</td> <td>200</td> </tr> <tr> <td>FUNDED NURSING CARE</td> <td>185</td> </tr> <tr> <td>PRIMARY CARE</td> <td>154</td> </tr> <tr> <td>INTERMEDIATE CARE</td> <td>149</td> </tr> <tr> <td>AINTREE UNI HOSP NHS FT</td> <td>553</td> </tr> <tr> <td>SOUTHPORT/ORMSKIRK NHST</td> <td>100</td> </tr> <tr> <td>OTHER RESERVES</td> <td>2,512</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CONTINUING HEALTH CARE	981	LEARNING DIFFICULTIES	660	ACUTE CARE	485	MENTAL HEALTH PACKAGES	351	ESTATES COSTS (CHP, NHSPS)	200	FUNDED NURSING CARE	185	PRIMARY CARE	154	INTERMEDIATE CARE	149	AINTREE UNI HOSP NHS FT	553	SOUTHPORT/ORMSKIRK NHST	100	OTHER RESERVES	2,512	<ul style="list-style-type: none"> • The CCG best case scenario is breakeven for the 2019/20 financial year. This position is dependent on delivery of QIPP efficiency savings of £14.000m. • The main financial pressures relate to: • Continuing Health Care, Learning Difficulties and Funded Nursing Care relating to increased cost and volume of packages. A full reconciliation to Local Authority FNC information is being progressed across the Sefton CCGs. • Cost pressures with the Acute Commissioning budget relating to over performance in the private sector and charges for high cost drugs which are outside the Acting as One contract agreement. • Increased costs and volumes of Mental Health care packages. • Cost pressures relating to property services. • Other overspends relate to Intermediate Care relating to an additional bed commissioned. • The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation against potential cost pressures. The underspend on the Aintree contract relates to High cost drugs and underperformance on AQP contracts.
Cost Area	Variance (£'000)																								
CONTINUING HEALTH CARE	981																								
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3. CCG Reserves Budget						
Report						Commentary
Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m	
QIPP Target	(14.000)				(14.000)	<ul style="list-style-type: none"> 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. Additional resource is anticipated to be available in year in respect of primary care. Funding is held in reserve for agreed investment in Community Services. The investment is non-recurrent and relates to transformation. Funding has been allocated to I&E budgets to support costs for the Primary Care Extended Access service (GP Forward View) and for the Sefton Transformation team. Additional resource was received in Month 4 relating to funding approved from the Cheshire & Mersey Health Care Partnership for transformation of community services.
QIPP Achieved			0.214		0.214	
Primary care allocation	(1.500)				(1.500)	
CHC Growth Reserve	0.250				0.250	
Financial Plan investments	1.500			(0.851)	0.649	
Community services investment	0.770				0.770	
Other investments / Adjustments	(0.490)	0.031	(0.077)	0.153	(0.383)	
0.5% Contingency Reserve	1.395				1.395	
GP Forward View - NHSE income	0.000	1.014		(1.014)	(0.000)	
0.2% HCP Placed based funding	0.000	0.512		(0.512)	0.000	
Cheshire & Mersey H&C programme	0.000	0.498		0.000	0.498	
Total Reserves	(12.075)	2.055	0.137	(2.224)	(12.107)	

4. Provider Expenditure Analysis – Acting as One																				
Report	Commentary																			
Acting as One Contract Performance: (Year to Date at Month 3)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="width: 70%; padding: 5px;">Provider</th> <th style="width: 30%; padding: 5px;">Pressure/(Benefit) £m</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Aintree University Hospital NHS Foundation Trust</td> <td style="text-align: right; padding: 5px;">0.138</td> </tr> <tr> <td style="padding: 5px;">Alder Hey Children’s Hospital NHS Foundation Trust</td> <td style="text-align: right; padding: 5px;">(0.153)</td> </tr> <tr> <td style="padding: 5px;">Liverpool Women’s NHS Foundation Trust</td> <td style="text-align: right; padding: 5px;">(0.147)</td> </tr> <tr> <td style="padding: 5px;">Liverpool Heart & Chest NHS Foundation Trust</td> <td style="text-align: right; padding: 5px;">(0.004)</td> </tr> <tr> <td style="padding: 5px;">Royal Liverpool and Broadgreen NHS Trust</td> <td style="text-align: right; padding: 5px;">0.108</td> </tr> <tr> <td style="padding: 5px;">Mersey Care NHS Foundation Trust</td> <td style="text-align: right; padding: 5px;">0.000</td> </tr> <tr> <td style="padding: 5px;">The Walton Centre NHS Foundation Trust</td> <td style="text-align: right; padding: 5px;">0.007</td> </tr> <tr style="background-color: #d3d3d3;"> <td style="padding: 5px;">Total</td> <td style="text-align: right; padding: 5px;">(0.051)</td> </tr> </tbody> </table>	Provider	Pressure/(Benefit) £m	Aintree University Hospital NHS Foundation Trust	0.138	Alder Hey Children’s Hospital NHS Foundation Trust	(0.153)	Liverpool Women’s NHS Foundation Trust	(0.147)	Liverpool Heart & Chest NHS Foundation Trust	(0.004)	Royal Liverpool and Broadgreen NHS Trust	0.108	Mersey Care NHS Foundation Trust	0.000	The Walton Centre NHS Foundation Trust	0.007	Total	(0.051)	<ul style="list-style-type: none"> The CCG is included in the Acting as One contracting arrangements for the North Mersey providers. Contracts have been agreed on a block contract basis for 2019/20. The agreement protects against over performance with these providers but does not protect against pass through costs which are not included in the Acting as One Contract. Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the contract period. However, 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 of expenditure against plan, this would represent an overspend of £0.051m under usual contract arrangements. Analysis of the Month 3 data received from providers indicates areas of over performance at Aintree hospital and Royal Liverpool hospital. Aintree in non-elective activity relating to General Surgery, Respiratory and Endocrinology and Royal Liverpool in Critical Care relating to two high cost cases. 	
Provider	Pressure/(Benefit) £m																			
Aintree University Hospital NHS Foundation Trust	0.138																			
Alder Hey Children’s Hospital NHS Foundation Trust	(0.153)																			
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Mersey Care NHS Foundation Trust	0.000																			
The Walton Centre NHS Foundation Trust	0.007																			
Total	(0.051)																			

5. QIPP							
Report				Commentary			
RAG Rated QIPP Plan 2019/20:							
	Rec	Non Rec	Total	Green	Amber	Red	Total
Prescribing Plan	1,825	0	1,825	1,598	113	114	1,825
Urgent Care Plan	6,167	0	6,167	0	0	6,167	6,167
Elective / Planned Care Plan	6,365	0	6,365	50	620	5,694	6,365
Community Plan	1,042	0	1,042	114	312	616	1,042
CHC/FNC Plan	553	0	553	0	0	553	553
Value for Money Reviews Plan	0	0	0	0	0	0	0
High Risk Proposals	3,800	0	3,800	0	0	3,800	3,800
Total QIPP Plan	19,751	0	19,751	1,762	1,045	16,944	19,751
QIPP Delivered 2019/20				214		0	214
<ul style="list-style-type: none"> The 2019/20 QIPP target is £14.000m. The QIPP Schemes worth £19.751m have been identified, however many of the schemes have been identified as rated high risk at this stage. The CCG held a 'QIPP Week' in July and August to focus on implementation of schemes and assurance of delivery. The updated QIPP plan and risk assessment has been incorporated into the System Financial Recovery Plan. The CCG Leadership Team has agreed to hold a QIPP week on a monthly basis to continue focus on delivery and assurance. Challenge and scrutiny sessions with QIPP leads will continue during the year in order to maximise efficiency savings for 2019/20. 							

6. Risk				
Report				Commentary
CCG Financial Position:				<p>Financial Position</p> <ul style="list-style-type: none"> The CCG financial position for Month 4 is a deficit of £3.314m which reflects under delivery of QIPP savings against plan. The agreed financial plan is £1m surplus for the financial year. This position represents the best case scenario and is dependent on delivery of QIPP savings of £11.724m. The underlying financial position is a deficit of £8.900m, this has increased in 2019/20 due to increased cost pressures mainly in provider contracts and continuing healthcare. The underlying position will improve as further efficiency schemes are identified during the year. The most likely financial position is a deficit of £9.943m and includes the current assessment of expected QIPP delivery for the year, further risks in respect of increased cost pressures and mitigations with the CCG contingency reserve and other reserve budgets. Following discussion with NHS England and Improvement an update to the previously reported (month 3) risk adjusted position will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019. The worst case scenario assumes only QIPP schemes rated green are delivered and only the CCG contingency budget is used as mitigation against cost pressures.
	Recurrent £000	Non-Recurrent £000	Total £000	
Agreed Financial Position	1.000	0.000	1.000	
QIPP Target	(12.500)	(1.500)	(14.000)	
Revised surplus / (deficit)	(11.500)	(1.500)	(13.000)	
I&E Impact & Reserves budget	0.000	1.000	1.000	
Management action plan				
QIPP Achieved	0.214	0.000	0.214	
Other Mitigations	3.386	10.400	13.786	
Total Management Action plan	3.600	10.400	14.000	
Year End Surplus / (Deficit)	(8.900)	9.900	1.000	
CCG Risk Adjusted Position				
South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m	
Underlying Deficit	(13.000)	(13.000)	(13.000)	
Predicted QIPP achievement	11.724	4.414	2.433	
I&E impact	0.000	(0.072)	(0.072)	
Forecast Surplus / (Deficit)	(1.276)	(8.658)	(10.639)	
Further Risk	0.000	(3.411)	(4.195)	
Management Action Plan	2.276	2.126	1.845	
Risk adjusted Surplus / (Deficit)	1.000	(9.943)	(12.989)	

7. Statement of Financial Position			
Report		Commentary	
Summary Working Capital			
Working Capital and Aged Debt	Quarter 1	Quarter 2	Prior Year 2018/19
	M3 £'000	M4 £'000	M12 £'000
Non-Current Assets	105	103	116
Receivables	2,254	2,765	3,709
Cash	2,002	2,283	136
Payables & Provisions	(16,126)	(16,329)	(14,656)
Value of Debt> 180 days	102	102	55
		<ul style="list-style-type: none"> • The non-current asset balance relates to assets funded by NHS England for capital projects. The movement in balance relates to depreciation charges applied. • The receivables balance includes invoices raised for services provided accrued income and prepayments. • Outstanding debt in excess of 6 months old stands at £0.102m. This balance relates predominantly to two invoices; <ul style="list-style-type: none"> ○ NHS St Helens CCG (£0.044m) relating to Cheshire & Mersey Rehab charges for Q1 2017/18. It is unclear why these charges remain outstanding when subsequent invoices have been paid. ○ Southport & Ormskirk NHS Trust (£0.039m) relating to GP Assessment Unit charges, the provider has indicated that this debt will be settled in October 2019. • The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year. Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £279.471m at Month 4. The actual cash utilised at Month 4 was £96.409m which represents 34.50% of the total allocation. The balance of ACDR will be utilised over the remainder of the year. 	

8. Recommendations

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for South Sefton CCG is a surplus of £1m for 2019/20.
- The QIPP efficiency requirement to deliver the agreed financial plan is £14.000m. QIPP schemes of £19.751m have been identified but further work is required to implement schemes and realise savings.
- The CCG deficit at Month 4 has been calculated at £3.314m and the likely case forecast outturn is £9.943m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace. Following discussion with NHS England and Improvement an update to the CCG risk adjusted position and QIPP delivery will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019.
- The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan and immediate action is required to rectify the position. It must build on the work undertaken during the QIPP week. The next stage is to develop clinical leadership in the CCG who can engage with colleagues across the system and influence change which leads to improved quality and reductions in cost. Governance arrangements to support full system working will also need to be finalised.
- The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/99	Author of the Paper: Luke Garner Head of Business Intelligence, Strategic Planning and Performance Email: luke.garner@southseftonccg.nhs.uk Tel: 0151 317 8465						
Report date: September 2019							
Title: South Sefton Clinical Commissioning Group Improvement and Assessment Framework 2018/19 Quarter 4 Exception Report							
<p>Summary/Key Issues:</p> <p>This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q4 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.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (<i>x those that apply</i>)	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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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	
Quality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees		x		

Report to the Governing Body September 2019

1. Executive Summary

The Improvement and Assessment framework draws together in one place 58 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 Q4 dashboard was released on Future NHS in July 2019.

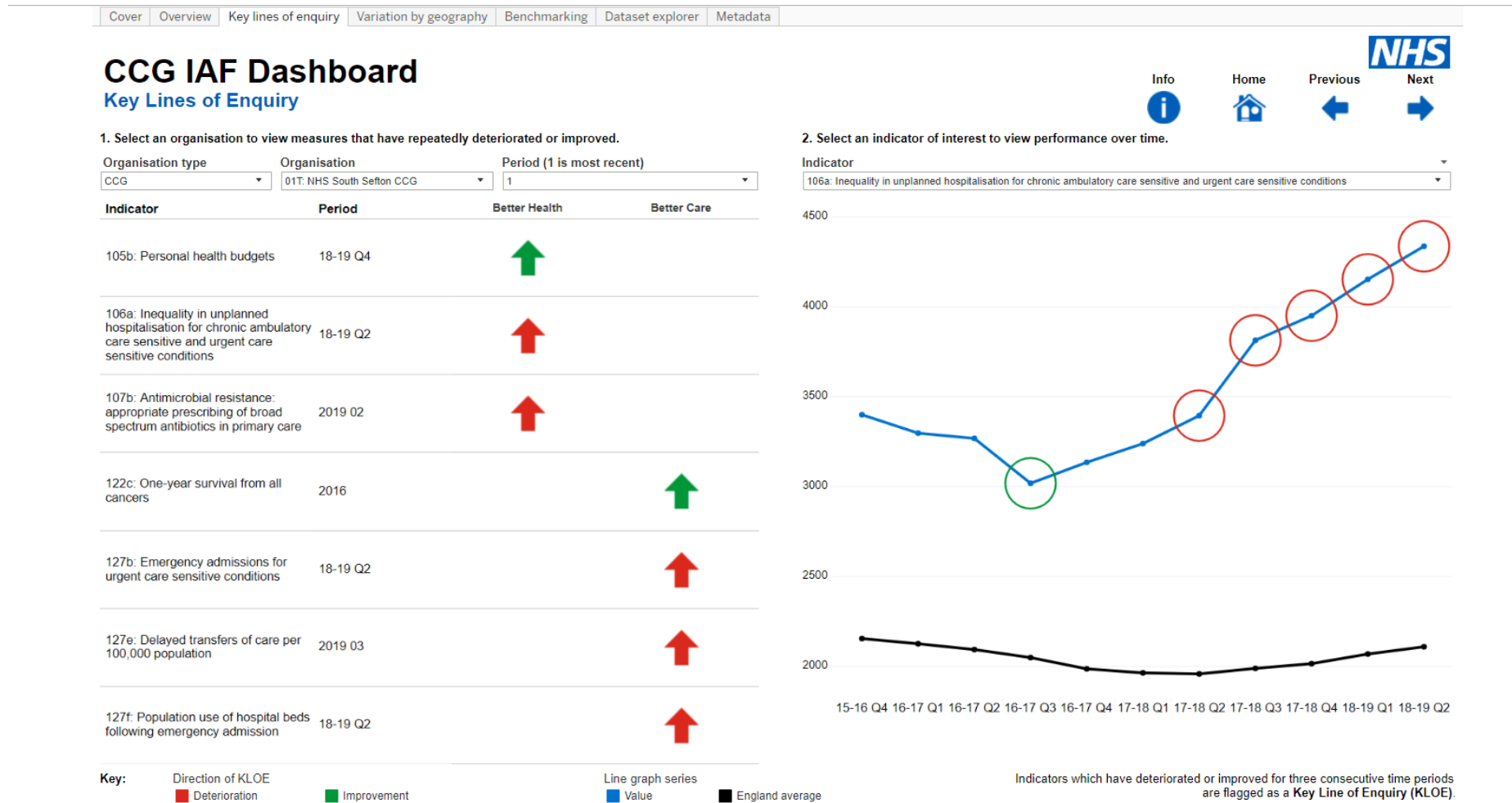
Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators identified as residing in the best or lowest performing quartile (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 Q4 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

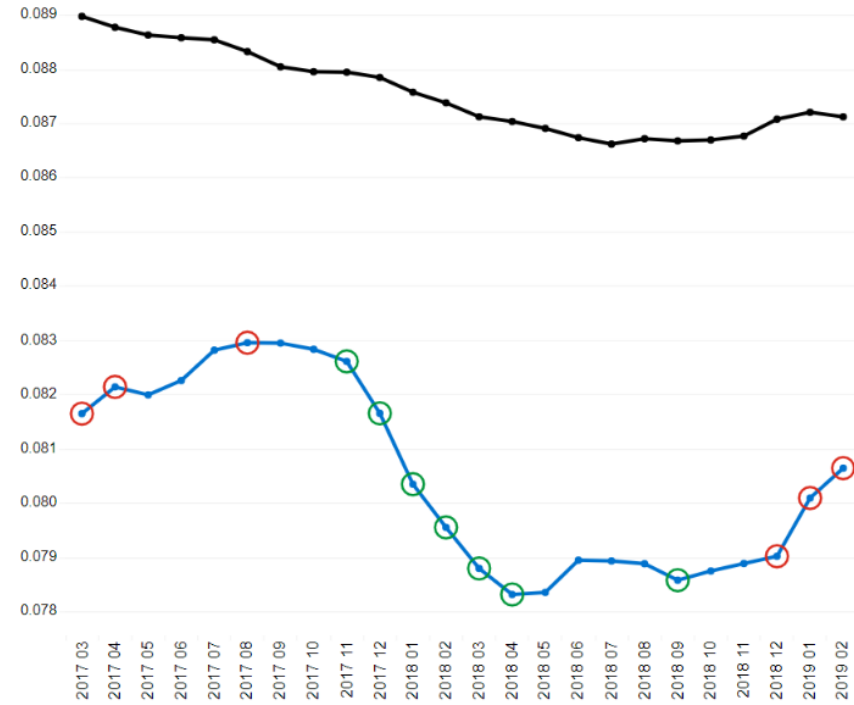
A dashboard is released each quarter by NHS England outlining performance for all performance indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance 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 – Q4 2018/19 IAF Dashboard: Key Lines of Enquiry



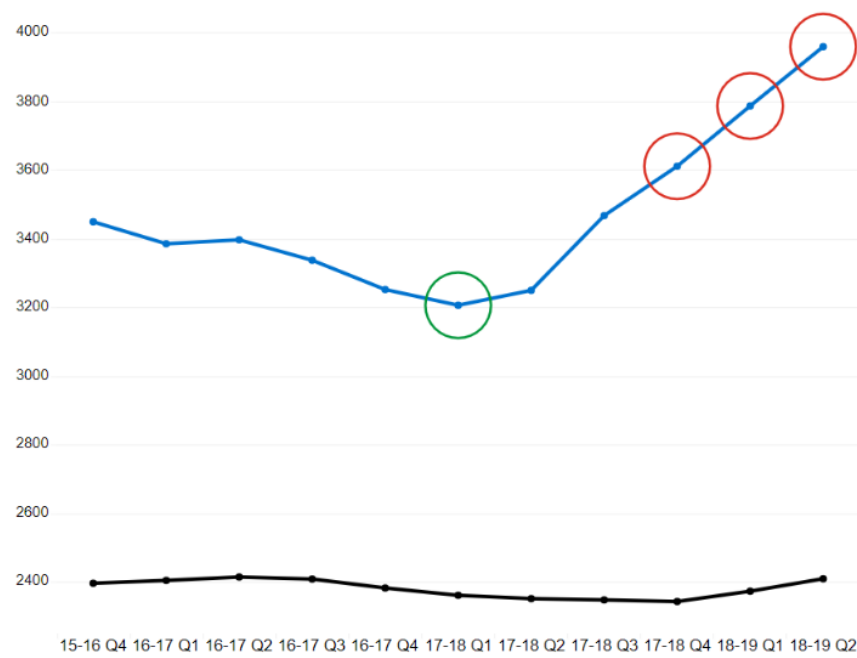
2. Select an indicator of interest to view performance over time.

Indicator: 107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care



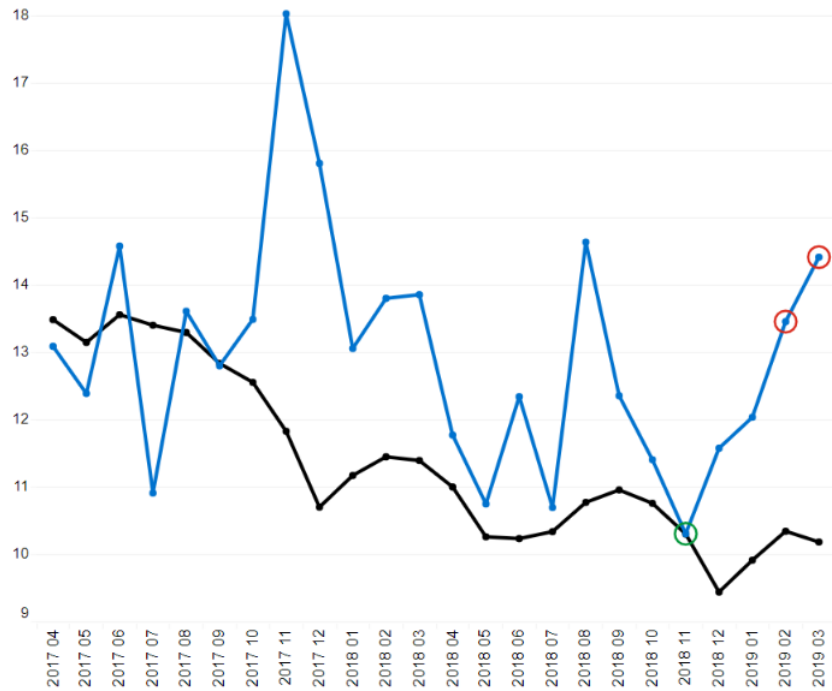
2. Select an indicator of interest to view performance over time.

Indicator: 127b: Emergency admissions for urgent care sensitive conditions



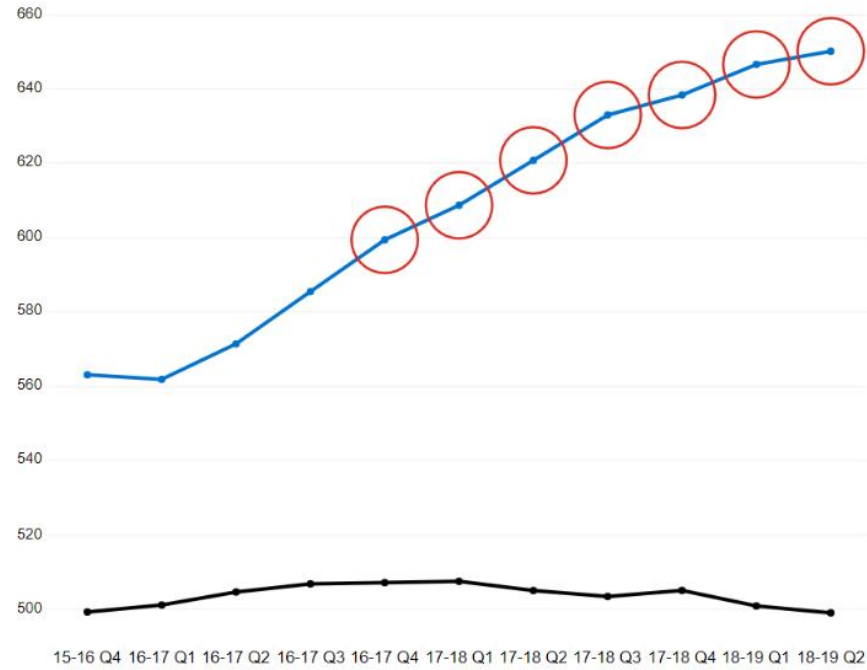
2. Select an indicator of interest to view performance over time.

Indicator



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

Indicator



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:

122c One-year survival from all cancers is recognised in the KLOE for having improved performance with 73.1%. The CCG is ranked joint best amongst peers alongside St Helens CCG.

123a IAPT Recovery performance has improved significantly and the target of 50% is being exceeded with 56.7% in Q3 18/19. The CCG is now ranked in the best quartile nationally (30th) and the third best amongst peers.

124a Specialist inpatient care for learning disability and/or autism performance has improved in Q3 18/19 with the CCG no longer ranked in the lowest performing quartile nationally

128c Primary Care Extended Access – the CCG has been ranked number 1 nationally (alongside 10 other CCG peers) in March 2019 with a performance of 100%.

133a Percentage of patients waiting 6 weeks or more for a diagnostic test – although the target of less than 1% was not achieved, with a performance of 1.64% in February 2019, this shows an improvement and therefore the CCG is no longer in the lowest performing quartile nationally.

Indicator No.	Indicator Description	Q4 2018/19 Performance	SLT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people aged 65yrs +	Lowest performing quartile, and declining (3,018 falls in over 65s Q3 17/18)	Karl McCluskey/ TBC/ Janet Spallen	The indicator focuses on the extent of utilisation of healthcare resources from emergency sources and will be used to address critical business question regarding the extent of local health and care integration. Areas with a lower rate of emergency bed days are likely to have services in place which support people to remain independent and support timely discharge if they do have to be admitted to hospital	Work has been completed on behalf of the CCG by Deloitte in collaboration with the CCG Urgent Care Lead 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 also engaged in this work. A detailed report was provided by Deloitte with identification of whole system work which will help to reduce and address falls. Discussions are being held with the Sefton Provider Alliance who are considered to be the most appropriate vehicle to progress the essential partnership working across organisations.	2019/20 and ongoing in regard to prevention and reduction

106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	<p>Lowest performing quartile and deteriorating (4,336 in Q2 18/19)</p> <p>This has been recognised in the KLOE for repeatedly deteriorated performance.</p>	Karl McCluskey / TBC/ Janet Spallen	<p>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 emergency admissions compared to the least deprived decile at a national level.</p> <p>Performance of this indicator is affected by changes in coding and major pathway changes within the CCGs main acute provider which 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>	<p>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 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.</p> <p>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>In addition, urgent care data has been shared and reviewed at CCG locality level with the opportunity for primary care to benchmark their A&E attendances with peers. Further work will be undertaken to share primary care level ASC data and agree action that can be progressed at practice level.</p> <p>Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.</p>	On-going work
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107a	Anti-microbial resistance – appropriate prescribing in primary care	Lowest performing quartile but improving (1.163 antibacterial drug items per STAR PU February 2019)	Jan Leonard/ Anna Ferguson/ Susanne Lynch	<p>Applying national antimicrobial guidance locally remains a challenge when local resistance patterns/clinician concerns are taken into account.</p> <p>Practice level audits have revealed an increasing number of multiple infections e.g. respiratory and UTI which increases the use of broad spectrum antibiotics.</p> <p>Local update of online guidance remains a challenge and hence our decision to provide printed booklets.</p>	<p>Organisation to increase awareness and delivery of AMR work to increase appropriate prescribing of broad spectrum antibiotics</p> <ul style="list-style-type: none"> - Printing and dissemination of antimicrobial guidance booklets to all clinicians as well as promotion of the online version via the CCG medicines management team and CCG AMR clinical lead - Active involvement/attendance at the Cheshire & Mersey AMR group. Working directly with the GP and pharmacist supporting the AMR work across Cheshire and Merseyside along with CCG clinical AMR lead and medicines management AMR lead. - CCG working with Public Health team in the Local Authority to raise awareness of AMR via communications - CCG via quality schedules within contracts of commissioned services receives quarterly reports detailing AMR work undertaken by providers. - CCG medicines management team to review antimicrobial prescribing activity and query inappropriate use of broad spectrum antibiotics via the CCG commissioned primary care local quality contract. - Quarterly feedback relating to practice level antimicrobial prescribing to each GP practice by CCG medicines management team supported by CCG clinical AMR lead. - CCG Medicines Management Team to undertake two audits in a 12 month period. - GP practices to peer review audit results at locality meeting and share learning to inform future AMR work. Practice level reports & review of antibiotic indicators using Epact2 data. - % Co-amoxiclav, Cephalosporins & Quinolones Items 	December 2019
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121a	Provision of high quality care: hospital	The CCG was ranked in the lowest performing quartile nationally with 58 in Q3 18/19. Compared to 10 CCG peers this is the third worst performance	Debbie Fagan/ Gina Halstead/ Brendan Prescott	Secondary care performance remains challenged due to staffing, recruitment, training and continued service pressures.	The Quality Improvement Plan continues to be monitored via the CQPG. CQPG has been focussed on areas of challenge for the Trust for assurance on areas. As a result of the work undertaken and reporting through to the CQPG, the Trust has been deescalated from enhanced to routine surveillance on theatre/ never events. Work continues on theatre safety and culture at the Trust. Escalation process to ensure robust contract management has been reviewed via the Planned Care Group. Awaiting CQC inspection report, inspected June 2019.	On-going
122b	Urgent GP referral for first definitive treatment for cancer within 62 days	The CCG was ranked in the lowest performing quartile nationally with 72.3% in Q4 18/19. Compared to 10 CCG peers this is the 4th worst performance	Jan Leonard/ Debbie Harvey/ Sarah McGrath	<p>The CCG failed the target for June reporting 65.52%. In June there were 10 breaches from a total of 29 patients seen. Breach reasons include delays due to complex diagnostic pathways, delay due to treatment delay (medical reasons) and other reasons not stated.</p> <p>Performance is reported at a tumour site level. For Aintree no tumour site was compliant with the 85% operational standard in June 2019. Aintree also failed the target and planned trajectory of 73.8% in June reporting 60.90%.</p>	<p>CCGs have received recovery plans from Aintree which will be reviewed monthly at the Aintree Planned Care Group. Key areas of focus include:</p> <ul style="list-style-type: none"> - Leadership and internal management processes - Capacity and demand review - Radiology workforce solutions - Work with Liverpool Clinical Laboratories on improvement of pathology turnaround times - Work with CCG clinicians around referral quality and interface issues, shared understanding of issues, meeting of Cancer Improvement Group 22nd August - A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator. The next steps will be agreed at the Aintree Planned Care Group on 29th August 2019. <p>Root cause analyses should be undertaken on any tumour pathway which is failing 62 days. Themes should populate the provider's cancer improvement plan.</p>	Trajectory submitted by Aintree does not indicate recovery within this financial year.
123b	Improving access to psychological therapies – access	The CCG was ranked in the lowest performing quartile nationally with 3.66% in Q3	Geraldine O'Carroll/ Sue Gough/ Gordon Jones	The service has had a number of vacancies and long term sick which has impacted on performance. Direct self-referral process was identified as an impediment to access.	<ul style="list-style-type: none"> • Recruitment of additional staff • 4 HIT trainees will finish University in October and will be full time within the provider. • Increased opening times with late evening sessions • Practitioners have undergone NHSE Long Term Condition training and EMDR training 	2019/20

		18/19. Compared to 10 CCG peers this is the fourth worst performance		One to One model limited access.	<p>(specific therapy for trauma clients) to meet population needs.</p> <ul style="list-style-type: none"> • Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. • Anxiety workshops • Telephone system upgrade. • Online referral has been refreshed to enable quicker access to treatment. Group work has been developed • Service is planning to develop on line therapy through Silver Cloud on line tool. 	
123c	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	The CCG was ranked in the lowest performing quartile nationally with 67.9% in March 2019. Compared to 10 CCG peers this is the worst performance. Local information is more up to date and shows that performance in June 2019 was 54.5%.	Geraldine O'Carroll/ Sue Gough/ Gordon Jones	The CCG performance of 67.9% in March 2019 is above the national target of 53%.	The provider is taking step to ensure that referrals that are received by its Single Point of Access are appropriately directed to Early Intervention so as ensure compliance with the standard however the service has confirmed that is resources are directed towards ensuring the RTT standard which has impacted on other service delivery Business case for additional investment to ensure that achievement of the standard is maintained along with the provision of NICE recommended packages of care is going through CAG and QIPP in August 2019.	2019/20
123g	Proportion of people on GP severe mental illness register receiving physical health checks	The CCG was ranked in the lowest performing quartile nationally with 17.2% in Q4 18/19. Compared to 10 CCG peers this	Jan Leonard/ Sue Gough/ Gordon Jones	The CCG failed the 50% target in Q4 with just 17.2%.	SMI Physical Health checks are contained within the 2019/20 LQC scheme to incentivise primary care to undertake SMI health checks. Performance is expected to improve 2019/20 as GPs become familiar with the scheme.	2019/20

		is the third worst performance				
123j	Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)	The CCG was ranked in the lowest performing quartile nationally with 0.78 in January 2019. Compared to 10 CCG peers this is ranked 7/11.	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	CCG has multiple providers submitting to MHSDS including 3rd sector providers Issues with 3rd sector flowing NHS number (key data item)	2019/20 MHSDS DQ CQUIN applied to Mersey Care and Alder Hey (CAMHS) contracts and penalties will be applied. This will also apply to 3rd sector providers (where applicable) Work on-going to facilitate additional data flows for those not currently submitting. One provider (3rd Sector) will begin to flow during 19/20 will be gaining access and populating NHS numbers in their submissions Continued work with CSU/ DSCRO to develop reports to support monitoring and commitment to partake in any additional support provided by NHS Digital / NHS England National data sets/DQIP's discussed at information sub groups with providers from all sectors with collaboration to improve the data. Mersey Care NHS FT has made significant improvement and their February 2019 DQMI score was 92.8%.	2019/20
124b	LD Annual Health checks	The CCG was ranked in the lowest performing quartile nationally with 32.3% in 2017/18. Compared to 10 CCG peers this is the worst performance	Jan Leonard/ Sue Gough/ Geraldine O'Carroll/ Angela Price	Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	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. 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. 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. The responsibility for the commissioning of the DES for learning disabilities now falls within the remit of the CCG. The CCG has a plan in place to work with primary care/federations to deliver the DES	March 2020

125b	Women's experience of maternity services	The CCG was ranked in the lowest performing quartile nationally with 80.2 in 2018. Compared to 10 CCG peers this is the worst performance although variation is minimal	Debbie Fagan/ Wendy Hewitt/ Peter Wong	System wide pressures in relation to provision of maternity services, shortage in staffing both midwifery and medical.	The CCG continues to liaise with the coordinating commissioner in terms of patient experience and to improve current performance. The CCG lead commissioner has requested an update from Liverpool Women's hospital. Some South Sefton CCG patients receive treatment at Southport & Ormskirk. Work is ongoing with the Trust and Southport & Formby CCG.	2019
125d	Maternal Smoking at Delivery	The CCG was ranked in the lowest performing quartile nationally with 14.5% in Q3 18/19. Compared to 10 CCG peers this is the third worst performance	Debbie Fagan/ Wendy Hewitt/ Peter Wong	Performance for this indicator has improved from quarter 2 18/19 at 15% to quarter 4 at 13.3%. Current performance is reported as 12.3%.	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. CCG influence is indirect. The CCG doesn't commission the smoking cessation services, but we do commission midwifery where the provider would do screening as part of general pathway and signpost/refer accordingly. If the stop smoking service is not getting the expected number of referrals, public health can directly engage with the provider. If they have any issues with this e.g. the provider won't comply or any changes are required to clinical pathways then the CCG would get involved.	Ongoing
126a	Dementia Diagnosis Rate	The CCG was ranked in the lowest performing quartile nationally with 65% in March 2019. Compared to 10 CCG peers this	Jan Leonard/ Sue Gough/ Kevin Thorne	CCG believes the following issues are impacting on performance: 1. Coding issues / errors in primary care registers 2. Memory service waiting times have increased to 14 plus weeks in some cases. 3. Delay in memory service sending diagnosis letters	1. Work continues with iMersey Staff and Merseycare Trust Staff to deliver a rolling programme of work across primary care to identify registry coding errors that will have a negative impact of Dementia Diagnosis rates. 2. Merseycare Trust acknowledges there have been consultant staffing vacancies within the memory service. They are working to recruit, which will improve waiting times for the service. 3. Merseycare Trust acknowledges there have been	2019/20

		is the second worst performance		back to primary care 4. There may be care home residents who may not have a diagnosis of dementia	delays in returning diagnostic letters to primary care. This was largely due to administration post vacancies that are now being recruited. In addition primary care / CCG have requested that the diagnosis decision is required on the front page of letters from the service. This will help to improve the delay in diagnosis being entered on to primary care registers. 4. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that may have residents who have a diagnosis of dementia but are not on primary care registers. In addition there may be residents who might benefit from a diagnosis. A proposal will go to Clinical Advisory Group in September.	
127b	Emergency admissions for urgent care sensitive conditions (UCS)	Lowest performing quartile with 3,959 in Q2 18/19. This has been recognised in the KLOE for repeatedly deteriorated performance.	Karl McCluskey/ Andy Mimmagh/ 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 NWAS 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.	On-going
127c	A&E admission, transfer, discharge within 4 hours	The CCG was ranked in the lowest performing quartile nationally with 80.8% in March 2019.	Karl McCluskey / Andy Mimmagh/ Janet Spallen	Aintree has seen a significant increase of 7% in AED activity in 18/19 higher than other local trusts within North Mersey. Whilst the AED target has not been achieved it has performed at a higher level for Type 1 activity than	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	March 2020

				<p>local Trusts and maintained a strong position in terms of service delivery over the winter period providing support for other trusts at times of extreme pressures. In the past year there has been a focus on workforce and skill mix in conjunction with revised processes to support assessment and treatment. Whilst there have been improvements these have not been sustained with medical workforce remaining a challenge. This has been highlighted in weekly NHSE calls.</p>	<p>establishment with additional sessions arranged to cover gaps in the existing rotas. Maintaining the medical workforce remains a challenge though with 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 NWS 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.</p> <p>At a strategic level work is being undertaken on a South Sefton & Liverpool footprint to determine how best to take forward the Urgent Treatment Model. This will seek to reduce attendances at Aintree with a positive impact for the 4 hour target.</p>	
127e	Delayed transfers of care	The CCG was ranked in the lowest	Karl McCluskey / Andy	This has been an area of focus for all partners within the Aintree footprint from	Detailed action plans in place to support main three themes – decision making, home care and placements following on from the Newton Europe	On-going

		<p>performing quartile nationally with 14.4 in March 2019.</p> <p>This has been recognised in the KLOE for repeatedly deteriorated performance.</p>	<p>Mimnagh/ Janet Spallen</p>	<p>health and social care. Work has been undertaken to identify areas requiring improvement with data shared on a weekly basis. Patient/family choice in regard to placements has been one of the reasons for health delays. The Merseyside Choice policy has been reviewed in 18/19 but now requires robust and consistent implementation. Other issues include the need to refine discharge to assess pathways and capacity within our reablement/domiciliary care market. Work is underway and is captured within our Newton Europe work plans.</p>	<p>work with involvement of all partners within Aintree footprint. These are also reflected in the NHSE/I Long length of stay trajectory and action plan submitted. Aintree are performing well in regard to the super stranded patients and have been meeting the trajectory targets on a monthly basis. At an operational level there are weekly DTOC meetings with frontline staff and stranded/super stranded meetings to identify specific themes that need to be progressed.</p>	
127f	<p>Population use of hospital beds following emergency admission</p>	<p>The CCG was ranked in the lowest performing quartile nationally with 650 in Q2 18/19.</p> <p>This has been recognised in the KLOE for repeatedly deteriorated performance.</p>	<p>Karl McCluskey / Andy Mimnagh/ Janet Spallen</p>	<p>Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.</p>	<p>There has been an increased focus by the Aintree 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.</p>	<p>Ongoing</p>

105c	% of deaths with 3+ emergency admissions in last 3 months of life	The CCG was ranked in the lowest performing quartile nationally with 9.73% in 2017	Karl McCluskey / Andy Mimmagh/ Janet Spallen	There are multiple factors which impact upon this performance in relation to in-hospital and community services and which services patients choose. Work is on-going to identify performance for patients preferred place of death. The CCG is investigating to identify the root cause.	<p>The CCG has the following services in place:</p> <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 increase • 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 	2019/20
128d	Primary care workforce	The CCG was ranked in the lowest performing quartile nationally with 0.87 in September 2018	Jan Leonard/ Craig Gillespie/ Angela Price	<ul style="list-style-type: none"> • Ageing clinical workforce • NHS Digital – Data Quality • Difficulty recording locums 	<ul style="list-style-type: none"> • International Recruitment Programme • Award for GP Fellowship, attempts made to recruit to placement (currently vacant) • HEE have announced an increase in the target numbers of GP trainees to be recruited, communication has been circulated to GP practices for interest • Each practice to ensure that workforce information accurately reflects the practice workforce and is quality assured by the practice at the end of each quarter(LQC) • Exploring paramedic workforce • APEX/Insight tool implementation in 2019/20 – awaiting date for rollout • 3 PCNs in South Sefton – workforce planning across the PCN footprint to be explored, pharmacy and social prescriber plans for 2019/20 • GP retention/First Five Support Group implemented in May 2019 (PCN Implementation) • CCG to identify clinicians between the age of 55 – 60 who would be eligible for the GPFV retainer scheme 	March 2019

					<ul style="list-style-type: none"> • Each practice implementing 2 high impact actions in 19/20 (LQC) • Continue digital champion post • CCG Practice Nurse Facilitator to promote any opportunities through: <ul style="list-style-type: none"> • Clinical Supervision Policy 9 supervisors trained up with further opportunity to train 10 more in the winter • Preceptorship Programme • Higher education institutions (HEI) student nurse placements • Attempts to place return to practice (RTP) trainees • Encourage development of health care assistants as nursing associates via apprenticeship route • Training support programme for practice manager and administration staff 	
130a	Achievement of clinical standards in the delivery of 7 day services	The CCG was ranked in the lowest performing quartile nationally with a value of 1 in 2017/18	Karl McCluskey / Andy Mimmagh/ Janet Spallen	Assessment was carried out for 16/17 and needs to be reviewed on line with significant work undertaken in all acute Trusts including Aintree since the standards were published. Systems are in place to support all aspects of the standards with the need for us to monitor the quality of those interventions and how effective they are.	<p>Since the standards were published significant work has been carried out in all acute Trusts including Aintree to ensure systems are in place to support these:</p> <ul style="list-style-type: none"> • SAFER board rounds • Consultant reviews in place • ICRAS response with wide ranging MDT involvement available 7/7 • CORE 24 established to support mental health crisis within AED 	2019/20
163a	Staff engagement index	The CCG was ranked in the lowest performing quartile nationally with a value of 3.71 in 2018.	Tracy Jeffes	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	<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> <p>Current overview of staff survey 1. Experienced discrimination</p>	2018/19

				<p>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>a) (from patients, relatives or members of the public) 0% (average 6%) b) (from manager/team leader or colleagues) 1.2% (average 23.1%) 2. Opportunity for flexible working – 89.3% (average 74%) 3. Feel trusted to job – 96.3% (top ranked) (average 86.3%) 4. Respect from colleagues – 90.2% (top ranked) (average 75.7%)</p>	
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Clinical Priority Areas

Independent panels have now completed assessments for 2018/19 for all CCG's nationally. The outcomes of these assessments were made available on the MyNHS website in July 2019. The CCGs overall rating for 2018/19 is 'Requires Improvement'. The Sefton CCGs were the only two in Merseyside to receive a Green Star for patient and public engagement. Ratings for each of the clinical priority areas are detailed below, along with actions being taken by commissioning leads to improve certain areas. The clinical priority areas are cancer, maternity, mental health, dementia, learning disabilities and diabetes.

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 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Cancer		Good
Cancers diagnosed at early stage	50.77%	<i>of all newly diagnosed cases of cancer are diagnosed at an early stage</i>
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	72.34%	<i>of people treated within 62 days</i>
One-year survival from all cancers	73.10%	<i>one year survival</i>
Cancer patient experience	9	<i>is the average score given by patients asked to rate their care on a scale from 1 to 10 (10 being best)</i>

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 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Maternity		Requires Improvement
Maternal smoking at delivery	14.47%	<i>of 387 mothers smoked at delivery</i>
Neonatal mortality and stillbirths	62.73	<i>is the score out of 100 based on six survey questions</i>
Women's experience of maternity services	80.2	<i>is the score out of 100 based on six survey questions</i>
Choices in maternity services	62.73	<i>is the score out of 100 based on six survey questions</i>

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 seven 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
- Delivery of the mental health investment standard
- Mental health crisis team provision
- Ensuring the quality of mental health data submitted to NHS digital is robust (DQMI)
- Proportion of people on GP severe mental illness register receiving physical health checks

NHS South Sefton CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Mental Health		Requires Improvement
Improving Access to Psychological Therapies - recovery	56.66%	<i>of people who finished treatment moving to recovery</i>
Improving Access to Psychological Therapies - access	3.65%	<i>of people who have depression and/or anxiety disorders who have started treatment</i>
People with 1st episode of psychosis starting NICE-recommended treatment within 2 weeks of referral	67.92%	<i>of 53 people with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral</i>
Delivery of the mental health investment standard	Green	
Mental health crisis team provision	0%	<i>Proportion of crisis resolution and home treatment (CRHT) services in the STP area able to meet selected core functions</i>
Ensuring the quality of mental health data submitted to NHS digital is robust (DQMI)	78.32	<i>78.32 average score against the Mental Health Services Dataset component of the DQMI for providers commissioned by the CCG</i>
Proportion of people on GP severe mental illness register receiving physical health checks	17.15%	<i>17.15% of people on general practice SMI registers received a comprehensive physical health check in a primary care setting in the last 12 months</i>

IAPT

The overall recovery rate for 2018/19 was 46.6% against a recovery rate of 43.78% in 2017/18. The CCG continues to work with the provider to ensure that 50% recovery will be achieved in 2019/20. Access rates remain challenging. In June 2019 the access rate was 1.21% against monthly target of 1.58%, with Q1 2019/20 access rate being 3.31%. 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).

In addition the following actions are being undertaken to improve access rate.

- Expand the current group work programme as a first line intervention, whilst improving engagement.
- Licences have been taken out with Silver Cloud to enable on line therapy to be offered.
- 4 x HIT trainees currently employed, completing University in October 2019 and will increase service capacity.

Early Intervention Psychosis (EIP)

EIP waiting times in 2017/18 were reported at 67.3% against the 53% standard. Current YTD performance for the CCG in 2018/19 is 54.5%. The 2018 National Clinical Audit of Psychosis results were published in July 2019 and overall the rating of the EIP service has improved from Level 1 Greatest Need of Improvement to Level 2 Requires improvement. Business case for additional investment to ensure that achievement of the standard is maintained

along with the provision of NICE recommended packages of care is going through CAG and QIPP in August 2019.

Mental Health Crisis Provision

The CCG has made provision for additional Crisis Resolution Home Treatment and car triage as part of memorandum of understanding within the 2019/20 contract and it is awaiting detailed proposals subject to approval will enable the funding to be released.

DQMI

Mersey Care NHS Foundation Trust has made significant improvement and their February 2019 DQMI score was 92.8%. The CCG continues to monitor this.

SMI Physical Health Checks

The CCG has a Local Quality Scheme in place (Commenced April 2019) to enable SMI Physical Health checks to be undertaken by primary care. Current Q1 2019/20 performance was 18.6%. Performance is expected to improve during 2019/20.

Dementia

The CCGs overall rating for Dementia is 'Requires Improvement'. The 2018/19 rating for dementia considers two indicators: dementia diagnosis rates, care plan reviews and post-diagnostic support for people with dementia.

NHS South Sefton CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Dementia		Requires Improvement
Estimated diagnosis rate for people with dementia	65.00%	<i>of the estimated number of people with dementia have a recorded diagnosis</i>
Dementia care planning and post-diagnostic support	77.71%	<i>of patients with dementia whose care plan has been reviewed in the preceding 12 months</i>

The diagnosis rate for the CCG in March 2019 was 65.0% which is an increase when compared to the IAF 2017/18 diagnosis rate of 63.1%. The CCG is now only 31 undiagnosed patients away from achieving the National Ambition of 66.7%. The CCG is working to achieve the 66.67% by December 2019.

Learning Disabilities

The CCGs overall rating for Learning Disabilities is 'Requires Improvement'. The 2018/19 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.
- Completeness of the GP learning disability register

NHS South Sefton CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Learning Disability		Requires Improvement
Reliance on specialist inpatient care for people with a learning disability and/or autism	61	<i>per million registered population</i>
Proportion of people with a learning disability on the GP register receiving an annual health check	32.30%	<i>of people on a GP learning disability register received an annual health check</i>
Completeness of the GP learning disability register	0.50%	<i>of the population (all ages) are included on a GP learning disability register</i>

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.

Diabetes

The CCGs overall rating for Diabetes is '**Outstanding**'. The 2018/19 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.

NHS South Sefton CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Diabetes	★	Outstanding
Diabetes patients that have achieved all the NICE recommended treatment targets	40.32%	100.00% participation in the NDA
People with diabetes diagnosed less than a year who attend a structured education course	13.80%	100.00% participation in the NDA

4. 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	14/11/2018
Q2	24/01/2019
Q3	18/04/2019
Q4	09/07/2019

5. Recommendations

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

Luke Garner

Head of Business Intelligence, Strategic Planning and Performance
September 2019

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/100	Author of the Paper:						
Report date: September 2019	Document produced by Grant Thornton. To be presented by: Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk Tel: 0151 317 8350						
Title: Annual Audit Letter							
Summary/Key Issues: The Annual Audit Letter summarises the key findings from the external audit work for NHS South Sefton CCG for 2018/19. As this is a public document, the Annual Audit Letter has been displayed on the CCG website.							
Recommendation The Governing Body is asked to receive the Annual Audit Letter.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (*x those that apply*)

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Received by the Audit Committee on 10 th July 2019



The Annual Audit Letter for NHS South Sefton CCG

Year ended 31 March 2019

June 2019



Contents



Your key Grant Thornton
team members are:

Robin Baker
Director

T: 0161 214 7232
E: robin.j.bakerh@uk.gt.com

Georgia Jones
Senior Manager

T: 0161 214 6383
E: georgia.s.jones@uk..gt.com

Lucinda Highfield
Assistant Manager

T: 0151 224 7238
E: Lucinda.m.highfield@uk.gt.com

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Appendices

- A Reports issued and fees

Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at NHS South Sefton Clinical Commissioning Group (the CCG) for the year ended 31 March 2019.

The Letter is intended to provide a commentary on the results of our work to the CCG and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the CCG's Audit Committee as those charged with governance in our Audit Findings Report on 23 May 2019.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the CCG's financial statements and regularity assertion (section two)
- assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the CCG's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

Materiality

We determined materiality for the audit of the CCG's financial statements to be £4,977,000, which is 2% of the CCG's 2017/18 gross revenue expenditure.

Financial Statements opinion

We gave an unqualified opinion on the CCG's financial statements on 28 May 2019.

As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion. Based on our review of the CCG's expenditure we gave an unqualified regularity opinion.

NHS Group consolidation template (WGA)

We also reported on the consistency of the financial statements consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.

Use of statutory powers

We did not identify any matters which required us to exercise our statutory powers.

Executive Summary

Value for Money arrangements We were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the members of the Governing Body on 28 May 2019.

The CCG achieved just less than half of its planned efficiencies in the year but was able to meet its financial targets through other mitigating actions. For 2019/20 the CCG's target is a £1m surplus although that requires the delivery of £14m of savings. It will be important the CCG continues to monitor and assess the delivery of these planned savings.

Certificate We certified that we have completed the audit of the financial statements of NHS South Sefton CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice on 28 May 2019.

Working with the CCG

During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness.
- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the CCG's staff.

Grant Thornton UK LLP
June 2019

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the CCG's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the CCG's financial statements to be £4,977,000 which is 2% of the CCG's 2017/18 gross revenue expenditure. We used this benchmark as, in our view, users of the CCG's financial statements are most interested in where the CCG has spent its allocation in the year.

We also set a lower level of specific materiality for senior officer remuneration and related party transactions.

We set a lower threshold of £248,000 above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining enough evidence about the amounts and disclosures in the financial statements to give sufficient assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and are adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the CCG and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the CCG's business and is risk based. We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Operating expenses – purchase of secondary healthcare</p> <p>A significant percentage of the CCG's expenditure is on contracts for healthcare with NHS providers and non-NHS providers, such as operations and hospital care. This expenditure is primarily derived through block contracts that are agreed up front for a predetermined cost or level of activity. Contract variations are agreed with the supplier throughout the year to recognise demand and price adjustments against the agreed contracts. Costs related to contract variations are recognised when the adjustment has been agreed with the provider, with accruals raised at the year-end for completed activity for which an invoice has not been issued.</p> <p>We identified the accuracy and occurrence of secondary healthcare expenditure – contract variations, and the existence of associated payables and accruals, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We performed the following procedures:</p> <ul style="list-style-type: none"> ▪ gain an understanding of the financial reporting processes used for the purchase of secondary healthcare and evaluate the design of the associated controls ▪ agree, on a sample basis, invoices for variations to secondary healthcare contracts to supporting evidence ▪ using the DHSC mismatch report, we will investigate unmatched expenditure and payable balances with NHS bodies over the NAO £0.3m threshold, corroborating the unmatched balances included in the CCG's financial statements to supporting evidence, and ▪ agree, on a sample basis, payable and accrual balances relating to secondary healthcare to supporting evidence. 	<p>Our audit work did not identify any issues in respect of secondary healthcare expenditure – contract variations.</p>

Audit of the Financial Statements

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Management override of internal controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management override of controls is present in all entities. . The CCG faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We performed the following procedures:</p> <ul style="list-style-type: none"> • evaluated the design effectiveness of management controls over journals • analysed the journals listing and determine the criteria for selecting high risk unusual journals • Tested unusual journals made during the year and after the draft accounts stage for appropriateness and corroboration • gained an understanding of the accounting estimates and critical judgements applied made by management and consider their reasonableness • evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions. 	<p>Our audit work did not identify any issues in respect of management override of controls</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the CCG's financial statements on 28 May 2019.

As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion.

Based on our review of the CCG's expenditure we gave an unqualified regularity opinion.

Preparation of the financial statements

The CCG presented us with draft financial statements in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the CCG's Audit Committee on 23 May 2019.

Annual Report, including the Governance Statement

We are also required to review the CCG's Annual Report and the Governance Statement included within the Annual Report. It provided these on a timely basis with the draft financial statements with supporting evidence.

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of NHS South Sefton CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice on 28 May 2019.

Value for Money arrangements

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risks we identified and the work we performed are set out overleaf.

Overall Value for Money conclusion

We are satisfied that in all significant respects the CCG put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2019.

Value for Money arrangements

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Financial Sustainability</p> <p>The CCG has a brought forward cumulative deficit of £2.892m and has agreed a target outturn of a £1m surplus in 2018/19. In order to achieve this the CCG will need to deliver QIPP savings of £5.329m. The month 8 figures showed a year to date deficit of £1.2m with a best case scenario of a year end £1m surplus. The likely year end position being forecast at that time is a deficit of £4.495m.</p>	<p>We reviewed the CCG's arrangements for updating, agreeing and monitoring its financial plans, and for communicating key findings and actions to be taken as reported to the Governing Body.</p> <p>We assessed the progress of the CCG against the agreed control total of £1m surplus in year reviewed the reasonableness of its financial plans for 2019/20.</p>	<p>The CCG, along with the wider Cheshire and Merseyside Health economy, continued to face an increasingly significant financial challenge in 2018/19. The 2018/19 control total was £1m surplus for the year and the CCG achieved this total. During 2018/19 the Governing Body received regular finance reports that set out key financial forecasts and risks alongside analysis of progress toward the required QIPP target</p> <p>The QIPP requirement for 2018/19 was £5.329m. As at 31st March 2018 the CCG reported that £2.379m of the QIPP requirement had been delivered and this represented 45% of the requirement.</p> <p>For 2019/20 the CCG target again is a £1m surplus. The CCG has set an ambitious target of £14m QIPP savings in 2019/20. The CCG has actually identified potential opportunities for savings of £22m although the majority are rated as 'red' so will need careful monitoring through the year. The CCG's aim in identifying additional prospects for potential savings is to try to maximise opportunities and try to mitigate those at risk. The CCG also held a Governing Body development session in order to take account of members views and to reinforce key messages around QIPP.</p> <p>Although in 2018/19 the CCG did not achieve all the savings it had originally planned, through identifying mitigating actions and agreeing these with the Governing Body, the CCG was able to achieve it's control total of £1m surplus in the year. Overall the CCG remains in deficit with a cumulative deficit of £1.892m</p> <p>Based on the above, we concluded appropriate arrangements are in place. Looking ahead it is important that the delivery of the QIPP programme is closely monitored and the CCG needs to continue to work effectively with partners to seek to address the underlying issues in the local health economy</p>

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit

Reports issued

Report	Date issued
Audit Plan	January 2019
Audit Findings Report	23 May 2019
Annual Audit Letter	June 2019

Fees

	Planned Actual fees 2017/18 fees		
	£	£	£
Statutory audit	38,000	38,000	38,000
Mental Health Investment Standard	TBC	TBC	N/A
Total fees	TBC	TBC	38,000

Audit related services:

Mental Health Investment Standard Compliance Statement - we anticipate that this work will be completed by the end of September and that the estimated fees will be £10k. A formal letter of engagement has not yet been agreed



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MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/101	Author of the Paper:						
Report date: 21 August 2019	Judy Graves Corporate Business Manager Judy.Graves@southseftonccg.nhs.uk 0151 317 8352						
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map							
<p>Summary/Key Issues:</p> <p>The report presents the Corporate Risk Register (CRR) as at 27 June 2019 (Q1 2019/20) and corresponding Heat Map which summarises all the mitigated risks of the CCG with a score of 12 and above and as scrutinised by the Audit Committee in July 2019.</p> <p>Further presented is an interim Q2 GBAF report as at 21st August 2019 which is being presented for scrutiny.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> Fully review, scrutinise and if satisfied, approve the CRR and Heat Map as recommended by the Audit Committee Fully review, scrutinise and if satisfied approve the interim Q2 2019/20 GBAF Note the update on the review carried out to date and the further considerations. Make recommendation for any further updates and actions 	<table border="1"> <tr> <td>Receive</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	X	Approve	X	Ratify	<input type="checkbox"/>
Receive	X						
Approve	X						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2019/20 (*x those that apply*)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

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 and strategic commissioning 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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	x			Risk reports reviewed by the respective leads and committees and presented to the leadership team for review on 2 nd July 2019. With further review of the interim Q2 GBAF as submitted to leadership team on 20 August 2019

Report to the Governing Body

September 2019

1. Executive Summary

The paper provides the Governing Body with an updated Corporate Risk Register (CRR) and Risk Heat Map as at 27 June 2019 and presents a quarter 1 2019/20 position, as presented for review and scrutiny by the Audit Committee in July 2019.

Also included is an interim Q2 GBAF being presented for review and scrutiny following discussion at Audit Committee.

The CRR has been presented to the risk leads for update and is reviewed by the respective committees and leadership team as part of the risk process.

The GBAF has been further reviewed by the risk leads and presented to leadership team for review in August 2019.

2. Position Statement as at 27th June 2019 (Q1 2019/20)

2.1. Corporate Risk Register and Risk Heat Map

Of the 44 South Sefton CCG operational risks on the CRR (Appendix A) as at the end of Quarter 1 2019/20, there are 24 rated high (score of 12) or above:

- Finance and Resource: 3
- Quality: 18
- Primary Care Commissioning: 3 (1 of which is presented in the PTII section of the meeting)

During this period:

- The CRR has been refreshed for 2019/20. Risks have been reviewed to ensure appropriate and in some cases split or merged including:
 - The risks for SEND have been merged: QUA033 has been updated to include QUA065
 - QUA008: cancer target risk has been split to include 14 day and 62 day. Please see QUA070 and note that the 14 day target risk QUA073 currently sits below the reporting threshold.
- Joint Commissioning Committee risks are now the Primary Care Commissioning Committee in Common risks
- 18 risks have remained the same score to that reported for the last quarter. This also includes those risks that have had the descriptions refreshed.
- 0 risks have improved
- 2 risks have increased
 - QUA033: Risk to non-delivery of the SEND recommendations: Actions are being implemented and additional controls put in place to ensure the regular reporting and close monitoring of requirements. Score will remain as is until improvements evidenced.

- QUA044: Potential inability to provide the necessary quality assurance to the governing body as a result of decreased capacity within the quality team: A plan is in place and actions undertaken however results from these will not be seen until the next quarter.
- 4 new risks: FR0010, FR0010a, QUA071, QUA074

CRR Risk Positions

Risk	Score	Number of Risks
High	(8-)12	14
Extreme	15 - 25	10

CRR Highlights: Risk Heat Map

The highlights are as shown in the Heat Map, Appendix B. Please note that the map plots the position of the refreshed risks as at Q1 2019/20. Reports through the year will show the movement from that point.

3. Risk Review: Update

An initial review has been carried out on the CRR and has taken into account risk and organisational change. This review will continue through the following quarter and will look at:

- the support needed for those involved in the process, both the risk owners and those responsible for collating the updates and feeding through to the respective committees
- clarity on content and scoring so as to ensure meaningful and appropriate
- process so as to ensure the timely completion of updates for review and scrutiny at each stage of the process.

Review has also commenced on the GBAF for 2019/20. Further review of content is needed by some of the risk leads.

4. Audit Committee Recommendations 10 July 2019

The committee recommended approval of the updates to the Heat Map and CRR.

It was noted that the GBAF was not presented to the committee for review and scrutiny due to requiring further review by some of the risk leads. As such it was requested that an updated GBAF should be presented to the Governing Body in September 2019 to enable review and scrutiny.

5. Governing Body Assurance Framework (GBAF)

There are a total of 12 risks against the 6 strategic objectives for South Sefton CCG. This is an increase on the 2018/19 GBAF of 6 risks (Appendix D).

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	1
High	8-12	10
Extreme	15 - 25	1

GBAF Highlights

A full review has been carried out on the GBAF including an update of the new objectives for 2019/20 and the risks against these which have been either removed, re-written or added.

The highlights to the refreshed GBAF can be seen in the first section of the GBAF report (Appendix D). Reports through the year will show the movement from that point.

6. Recommendation

The Governing Body is asked to:

- Fully review, scrutinise and if satisfied, approve the CRR and Heat Map as recommended by the Audit Committee
- Fully review, scrutinise and if satisfied approve the interim Q2 2019/20 GBAF
- Note the update on the review carried out to date and the further considerations.
- Make recommendation for any further updates and actions

7. Appendices

Appendix A: Corporate Risk Register

Appendix B: Risk Heat Map

Appendix C: Risk Themes

Appendix D: Governing Body Assurance Framework

Appendix E : Risk Matrix

Judy Graves
Corporate Business Manager
August 2019

Governing Body Meeting	Responsible Committee/ Team	Committee ID	CRR ID: 1st	CRR ID: 2nd	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Update on CRR Mitigation	Consequence (CRR Mitigation)	Score (Pre Mitigation)	Owner Review Date	Comm. Review Date	18/19 Q4 Score	19/20 Q1 Score	Trend to prior Q	Overall Trend
PTI	Finance and Resource	FR0010	X	BS	01/2019/20	NA	Nairn McDowell	Finance	There is a risk of non delivery of the CCG's statutory duty to break even in 2019/20 due to emerging pressures on expenditure or non delivery of its savings plan.	<ul style="list-style-type: none"> Robust review of all CCG expenditure through monthly management accounting reviews. Examination of QPFF savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year. Scheme of delegation in place internally to lend authority to control CCG resources to senior management. Joint QPFF Committee and F&R Committee Reports Monthly RRs to QD. 	4	4	16	<ul style="list-style-type: none"> QPFF Week scheduled for week commencing 1/7/19. CCG led system wide recovery plan due for submission (June 2019). 	<ul style="list-style-type: none"> CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QPFF projects. On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. 2019/19 - Agreement at F&R Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QPFF plan. Likely case deficit reported as £9.0m. 	4	5	16	Jun-19	Jun-19	NA	NA	NA	↑
	Quality Committee	QUA070	X	BS	refreshed 6.5.19	SS001/ QUA008	Karl McCloskey (Chair) McGrath	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 62 day conditional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes.	<ul style="list-style-type: none"> Airline CRM and QPFG (monthly) Airline Patient Care Group (monthly) Airline Cancer Improvement Group (quarterly) RESEARCH Collaborative Cancer Performance meeting (monthly) Strengthened process for sharing pathway level and 104 days breaches with CCG. 	5	3	15	<ul style="list-style-type: none"> Meeting to agree tumour level focus of support from NICE/ performance notices being formalised June 2019. Awaiting HSE agreement on standard operating procedure for RCA 104 day breaches to be added as contract variation. 	<ul style="list-style-type: none"> CPI to be issued at Airline contract meeting w/c 24/6/19. SOP to be issued at NICE performance call 24/6/19. 	4	5	12	Jun-19	X	NA	12	NA	↓

SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q1 2019/20
(MITIGATED SCORES - 12 AND ABOVE)

Risk	Scor	Risk Rating
Extreme	15-25	
High	8-12	
Moderate	4-6	
Low	1-3	

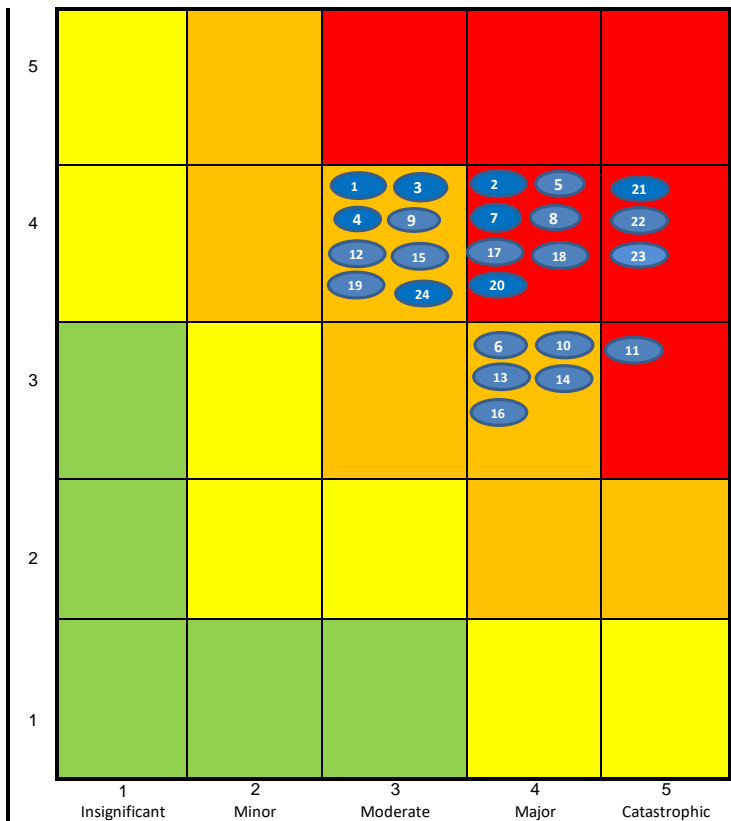


Significant

- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed
- Change in risk score

Likelihood

Almost Certain
Likely
Possible
Unlikely
Rare

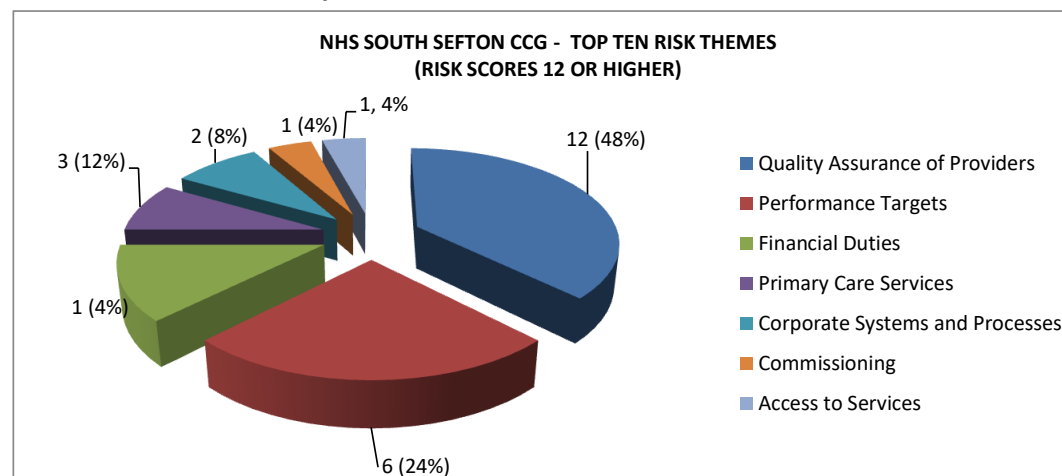


Key Risks	Risk	Score	Risk Owner
1 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC
2 Non delivery A&E target - patient flow	QUA009	16 (4x4)	KMcC
3 Infectory hospital admissions - poorly maintained nebuliser equip	QUA011	12 (4x3)	JO
4 Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	12 (4x3)	KMcC
5 Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	16 (4x4)	BP
6 Locality working not leading to greater clinical engagement	QUA025b	12 (3x4)	TJ
7 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ
8 Non delivery of SEND recommendations	QUA033	16 (4x4)	MMcD
9 Lack of timely reviews joint packages or S117 MH Care	QUA039	12 (4x3)	GO
10 Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	12 (3x4)	BP
11 Quality of care - AUH challenging performance	QUA047	15 (3x5)	BP
12 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP
13 Performance/Quality - Mersey Care system change impacting KPI's	QUA060	12 (3x4)	GJ
14 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS
15 Failure to meet PHB trajectory	QUA064	12 (4x3)	TF
16 Non delivery of CQC recommendations	QUA066	12 (3x4)	HC
17 Non delivery of GP medical services	JC03	16 (4x4)	JL
18 Records transfer issues.	JC05	16 (4x4)	JL
19	JC07	12 (4x3)	JL
20 Ability of hospice to sustain provision relating to financial resource	QUA068	16 (4x4)	MH
21 Non delivery of the CCGs control total £1m surplus	FR009	20 (4x5)	MMcD
22 Failure to deliver planned QIPP target for 2019/20	FR009a	20 (4x5)	MMcD
23 Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	20 (4x5)	MMcD
24 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	12 (4x3)	KMcC

Note: item 19 presented in PTII

NHS SOUTH SEFTON CCG - MAPPING OF RISKS TO CCGs GBAF BENCHMARKING EXERCISE (MITIGATED SCORES - 12 AND ABOVE)

TOP TEN CCG AF RISK THEMES	
1	Corporate Systems and Processes
2	Partnership Working
3	Reconfiguration and Design of Services
4	Commissioning
5	Quality Assurance of Providers
6	Financial Duties
7	Public and Patient Engagement
8	Access to Services
9	Performance Targets
10	Primary Care Services



Key Risks	Risk	Owner	Risk Owner	
1	Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
2	Non delivery A&E target - patient flow	QUA009	KMcC	Performance Targets
3	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
4	Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	KMcC	Performance Targets
5	Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	BP	Quality Assurance of Providers
6	Locality working not leading to greater clinical engagement	QUA025b	TJ	Primary Care Services
7	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
8	Non delivery of SEND recommendations	QUA033	MMcD	Quality Assurance of Providers
9	Lack of timely reviews joint packages or S117 MH Care	QUA039	GO	Performance Targets
10	Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	BP	Commissioning
11	Quality of care - AUH challenging performance	QUA047	BP	Quality Assurance of Providers
12	Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
13	Perfomance/Quality - Mersey Care system change impacting KPI's	QUA060	GJ	Corporate Systems and Processes
14	Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
15	Failure to meet PHB trajectory	QUA064	TF	Performance Targets
16	Non delivery of CQC recommendations	QUA066	HC	Performance Targets
17	Non delivery of GP medical services	JC03	JL	Primary Care Services
18	Records transfer issues.	JC05	JL	Corporate Systems and Processes
19		JC07	JL	Access to Services
20	Ability of hospice to sustain provision relating to financial resource	QUA068	MH	Quality Assurance of Providers
21	Non delivery of the CCGs control total £1m surplus	FR009	MMcD	Financial Duties
22	Failure to deliver planned QIPP target for 2019/20	FR009a	MMcD	Financial Duties
23	Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	MMcD	Financial Duties
24	Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	KMcC	Performance Targets



South Sefton
Clinical Commissioning Group

South Sefton CCG
Governing Body Assurance Framework
2019/20
Update: 21 August 2019 (Interim Q2 2019/2020)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.	1.1 Lack of partnership engagement	Karl McCluskey	9	9	<ul style="list-style-type: none"> •STB with independent chair in place with all partnership engagement •Regular liaison with partners including Board to Board meetings and co-ordination meetings
	1.2 Reconfigurations of organisations detract from transformation agenda	Karl McCluskey	9	9	<ul style="list-style-type: none"> •Focussing on business as usual •Increased focussed on performance levels •Clarity of roles and responsibilities during times of change
	1.3 Lack of partner and public engagement on developing the 5 year plan	Karl McCluskey	6	6	<ul style="list-style-type: none"> •Proactive engagement with partners, patient groups and voluntary sector •Maintaining ongoing comms on progress reports •Sense check meetings to confirm agreement on draft plans
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> •New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	<p>2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</p>	<p>Tracy Jeffes</p>	<p>16</p>	<p>8</p>	<ul style="list-style-type: none"> • Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee • Identified individuals update monthly through integrated performance meetings and SMT • Newly established escalation process has been developed for performance issues • EPRR and Business Continuity Support from MLCSU • Business Continuity plans approved and exercised • Training and awareness raising continues • NHSE Self-Assessment Assurance process complete and development plan in place • Statutory Lead in place • Mutual aid confirmed with neighbouring CCGs • Fast access laptops in place so as to enable remote working at all times • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans with substantial assurance received against the EPRR core standards for 2018/19. • Compliance statement, demonstrating “substantial

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.3 Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues	Jan Leonard	20	8	<p>assurance" going to GB and to NHSE in September</p> <ul style="list-style-type: none"> • CCG continues to participate in NHSE events on planning • CCG MM lead is linked into national programme • MM hub model will provide medicines resilience in primary care • Leadership Team EU exit planning training to take place in September
3. To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan	3.1 Transformation programme requirements exceed funding and staffing in place		9	9	<ul style="list-style-type: none"> • STB with independent chair meets monthly to progress the transformation plan • Working groups established to progress key aspects of the programme • Maximising the existing resources and managing workloads • Monitoring performance of transformation programme milestones
4. To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton	4.1 Current work pressures reduce ability to engage on the transformation agenda.	Jan Leonard/ Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Delegated Commissioners of Primary Medical Care services • Primary Care Commissioning Committee established • LQC for 19/20 in place • Work plan for transformation in place

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> • New GP contract in place
<p>5. To advance integration of in-hospital and community services in support of the CCG locality model of care.</p>	<p>5.1 Lack of engagement of all providers in the development of the Provider Alliance.</p> <p>5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.</p>	<p>Jan Leonard</p> <p>Jan Leonard</p>	<p>12</p> <p>16</p>	<p>12</p> <p>16</p>	<ul style="list-style-type: none"> • Supporting the development of the Provider Alliance • Producing a project initiation document and project plan for the development of the Provider Alliance • Supporting monthly meetings of the Provider Alliance and the Operational Group • Phased development of PCNs • PCN progress reviewed by Primary Care Commissioning Committee
<p>6. To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</p>	<p>6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans.</p>	<p>Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> • Integrated Commissioning Group established and plan for more ambitious joint working • Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements • Working together on developing the Health & Wellbeing strategy and the 5 year plan

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	6.2 Organisation reconfiguration detracts from strategic commissioning	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Working together on developing the Health & Wellbeing strategy and the 5 year plan • Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. • Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change.

Strategic Objective 1	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.		
Risk 1.1	Lack of partnership engagement		
Risk Rating	Lead Director		
Initial Score	Karl McCluskey		
Current Score	Date Last Reviewed		
	26 June 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> STB with independent chair in place with all partnership engagement Regular liaison with partners including Board to Board meetings and co-ordination meetings 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monthly reviews at STB meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.		
Risk 1.2	Reconfigurations of organisations detract from transformation agenda		
Risk Rating	Lead Director Karl McCluskey Date Last Reviewed 15 August 2019		
Initial Score	3 x 3 = 9		
Current Score	3 x 3 = 9		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.		
Risk 1.3	Lack of partner and public engagement on developing the 5 year plan		
Risk Rating	Lead Director Karl McCluskey Date Last Reviewed 15 August 2019		
Initial Score			
Current Score	2 x 3 = 6		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports Sense check meetings to confirm agreement on draft plans 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Regular review of progress at Leadership Team meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.1		There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score 4x4 = 16 Current Score 2x4 = 8		Lead Director Karl McCluskey Date Last Reviewed 15 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings and SMT Links between Contracting team and CQPG to triangulate on quality aspects of performance New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body. CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body Newly established escalation process has been developed for performance issues 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> A&E performance Diagnostic test waits performance Cancer wait times performance RTT performance 	All	On-going
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting (complete) 				

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
<ul style="list-style-type: none"> Performance continues to be maintained Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting 		
Additional Comments:	Link to Risk Register:	

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.2		Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating		Lead Director		
Initial Score	4x4=16	Tracy Jeffes		
Current Score	2x4=8	Date Last Reviewed		
		5 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG Commissions EPRR and Business Continuity support from MLCSU CCG has in place business continuity plans with plans and strategies refreshed September 2018 Emergency Planning training CCG Statutory Lead is Chief Delivery and Integration Officer NHSE Self-Assessment Assurance process completed. Development Plan in place. Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. Mutual aid confirmed with neighbouring CCGs Fast access laptops now in place to enable working at remote locations at all times 		Action	Responsible Officer	Due By
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
		On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> NHSE assurance through self-assessment and improvement plan Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 		<ul style="list-style-type: none"> System wide Pan Flue planning to be established 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.3	Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues		
Risk Rating	Lead Director		
Initial Score	Jan Leonard		
Current Score	Date Last Reviewed		
	21 August 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG continues to participate in NHSE events on planning CCG MM lead is linked into national programme MM hub model will provide medicines resilience in primary care 	Action	Responsible Officer	Due By
	Leadership Team EU exit planning training to take place.	Debbie Fairclough	September 2019
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
Additional Comments:	Link to Risk Register:		

Strategic Objective 3		To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan		
Risk 3.1		Transformation programme requirements exceed funding and staffing in place		
Risk Rating Initial Score 3 x 3 = 9 Current Score 3 x 3 = 9		Lead Director Martin McDowell Date Last Reviewed 15 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads 		Action	Responsible Officer	Due By
		Revised project plans when all complete to reduce duplication	Cameron Ward	September 2019
		-		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 4	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton.		
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda.		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Jan Leonard / Tracy Jeffes Date Last Reviewed 5 August 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee established LQC for 19/20 in place Work plan for transformation in place New GP contract in place 	Action	Responsible Officer	Due By
	3 PCNs authorised via DES Network Contract, due to go live on 1/7/19	JL / TJ	1/7/19
	Support offer for medicines management and social prescribing made to PCNs	JL / TJ	31/7/19
	Extended access due to go live via PCNs 1/7/19	JL / TJ	31/7/19
	LQC for 19/20 operational, monitor impact	JL/ TJ	30/09/19
	7 day extended access service live. Continue to monitor utilisation and impact.	JL / TJ	30/09/19
	Plans in place to offer Network DES services to non PCN practices in place	JL / TJ	1/7/19
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Primary Care Dashboard in development in Aristotle Transformation agenda monitored through Primary Care Commissioning Committee LQC Monitoring 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.		
Risk Rating	Lead Director		
Initial Score	3 x 4 = 12	Jan Leonard	
Current Score	3 x 4 = 12	Date Last Reviewed	
		5 August 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group 	Action	Responsible Officer	Due By
	Confirmation of Provider Alliance priorities	TP	Sept 19
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Regular review by the STB of Provider Alliance progress 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating	Lead Director		
Initial Score	4 x 4 = 16	Jan Leonard	
Current Score	4 x 4 = 16	Date Last Reviewed	
		5 August 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Primary Care Commissioning Committee 	Action	Responsible Officer	Due By
	Dedicated support offer for PCNs shared	JL / TJ	August 19
	PCNs develop plan for delivery (included in CCG offer of support)	JL / TJ	tbc
	Additional roles offer made to PCNs for social prescriber and medicines management	JL / TJ	August 19
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

Strategic Objective 6		To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.		
Risk 6.1		There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans		
Risk Rating		Lead Director		
Initial Score	3x3=9	Tracy Jeffes		
Current Score	3x3=9	Date Last Reviewed		
		31 July 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements Integrated Commissioning Group established and plan for more ambitious joint working Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Finalised iBCF and BCF and aligned to “Making it Happen” Working together on developing the Health & Wellbeing strategy and the 5 year plan 		Action	Responsible Officer	Due By
		Steering Group in place and plan in development for new BCF requirements and to include review of reporting requirements and process with council lead.	Tracy Jeffes	Sept 2019
		Joint planning group established to refresh HWB Strategy and development of underpinning Sefton 5 Year Plan. Including approval of plan by governing body and HWB Board.	Cameron Ward	October 2019
		ICG role and function under review as part of Sefton Health and Care Transformation work to strengthen and widen remit.	Tracy Jeffes	July 2019
		New S75 in development	Tracy Jeffes	September 2019
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 		<ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.		
Risk 6.2	Organisation reconfiguration detracts from strategic commissioning		
Risk Rating	Lead Director		
Initial Score	3x3=9	Tracy Jeffes	
Current Score	3x3=9	Date Last Reviewed	
		2 nd August 2019	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. 		Action	Responsible Officer
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 		Capacity to deliver on all priority areas.	
Additional Comments:		Link to Risk Register:	

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/102	Author of the Paper:
Report date: August 2019	Martin McDowell Deputy Chief Officer Martin.mcdowell@southseftonccg.nhs.uk
Title: SEND Update	
Summary/Key Issues: To update the governing body on the work to date.	
Recommendation The Governing Body is asked to receive the update.	
	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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	

Report to Governing Body September 2019

1. Executive summary

Between 21st and 25th November 2016 NHS Southport & Formby CCG and NHS South Sefton CCG (the “CCGs”) along with Sefton Metropolitan Borough Council (the “Local Authority”) were subject to an initial Special Educational Needs and Disabilities (SEND) inspection. Due to concerns identified during that review, the inspectors determined that a written statement of action (WSOA) was required from the CCG’s and the Local Authority due to significant areas of weakness in the local area’s practice. In July 2017 an improvement plan was developed and implemented to address those concerns.

Between 15th and 17th April 2019, Ofsted and the Care Quality Commission (CQC) revisited Sefton to decide whether the local area has made sufficient progress in addressing the areas of weakness as identified in the WSoA (The Sefton SEND Improvement Plan).

In May their findings were shared with the CCG and Local Authority following which immediate actions were taken to respond to those concerns.

2. Progress to date

The CCG is continuing to work with NHS provider and local authority colleagues to improve SEND services commissioning and provision.

A combined remedial action plan was submitted to the DfE in July and is currently being reviewed. The CCG is awaiting a formal response from the DfE but the action plan can be submitted and signed off by the governing body.

3. Recommendations

Recommendation

The Governing Body is to receive the update.

Martin McDowell
Deputy Chief Officer
August 2019

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/103	Author of the Paper: Cameron Ward Programme Director Email: cameron.ward1@nhs.net Tel: 0151 296 7119						
Report date: September 2019							
Title: Sefton NHS Five Year Place Plan							
<p>Summary/Key Issues:</p> <p>Sefton is currently engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire & Merseyside Health & Care Partnership.</p> <p>The plan is draft and is subject to ongoing engagement for feedback and comment prior to concluding the document in November 2019.</p> <p>The paper includes the approach and content of the plan and seeks initial feedback. A final version of the plan will be prepared for the November 2019 Governing Body meeting.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> i. note the progress on the development of the NHS Five Year Place Plan ii. note the draft outline plan is subject to further engagement iii. make any initial comments on the draft outline plan iv. note the final version will be submitted to the November Governing Body meeting for approval. 	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (*x those that apply*)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.

X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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			This is ongoing engagement.
Clinical Engagement	X			This has been with general practices (as CCG members).
Equality Impact Assessment		X		No service changes are being proposed and the plan is intended to improve health across the population.
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	Y			There is additional national funding available to support the new NHS LTP related schemes
Locality Engagement	Y			The Wider Group has received a presentation
Presented to other Committees	X			The Clinical Advisory Group, QIPP Committee, Engagement & Patient Experience Group (EPEG)

Report to the Governing Body September 2019

1. Executive Summary

- 1.1 Sefton is currently engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire & Merseyside Health & Care Partnership.

The plan is draft and is subject to ongoing engagement for feedback and comment prior to concluding the document in November 2019.

The paper includes the approach and content of the plan and seeks initial feedback. A final version of the plan will be prepared for the November 2019 Governing Body meeting.

2. Introduction and Background

- 2.1 As part of the NHS Long Term Plan (LTP), published in January 2019, all systems were asked to produce a five year plan. This is being developed for Sefton as part of the Cheshire & Merseyside Health & Care Partnership (C&MHCP).

The overarching position for Sefton working in a collaborative based system is set within the need to develop a sustainable health and care system; improving wellbeing and health; and there is a reduction in health inequalities. The Plan is expected to deliver the requirements of the NHS Long Term Plan (LTP).

The work on developing the plan is taking into account:

1. Joint Strategic Needs Assessment (JSNA) priorities prepared by Sefton's Public Health Team
2. 4 pillars of public health (prepared by the Kings Fund):
 - i. Wider determinants
 - ii. Our health behaviours and lifestyles
 - iii. Integrated health and care system
 - iv. Places and communities we live in
3. The population life courses of starting well, living well, aging well and dying well
4. The need to meet quality standards in health services
5. Workforce shortfalls
6. Health and care finances not in balance
7. Increasing elderly population
8. Increasing incidence of children, young people and adult mental health issues
9. Children and young people's poverty
10. NHS Long Term Plan requirements

2.2 Approach

The approach undertaken to prepare the plan has intended to incorporate:

- The establishment of an internal CCG planning group including representatives from across the CCG.
- Alignment with the JSNA, the evolving Health & Wellbeing Board Strategy, the NHS LTP, the CCG's Improvement & Assessment Framework, and Cheshire & Merseyside Health & Care Partnership priorities.
- Defining the CCG's ambitions and priorities based on available local and national evidence and information.
- Engagement with the public, partners, other CCGs and Primary Care Networks (PCNs) using existing meeting for a
- Work closely with Sefton Council including Public Health
- Discussions to seek clarity on the NHS contribution to population life course and the 4 pillars of population health management
- Based on feedback to refine the ambitions, priorities and objectives to produce a final plan.

2.3 Expected outcomes and foundations

Through implementing the plan the following are the expected outcomes for the people of Sefton:

- Reduction in health inequalities
- Improvement in health and healthy life expectancy
- Delivery of the Health & Wellbeing Strategy supported by the NHS contribution
- The four pillars of population health are addressed through the NHS contribution
- Maximising the Sefton pound
- Sustainable health and care system

As part of implementing the NHS LTP there are a number of foundations which are expected to be in place during the five year period. These are:

- Integrated community services and primary care, including primary care networks and new community health services
- Delivery of urgent and emergency care standards
- Personalised care
- Digital primary care and outpatients
- Improved cancer outcomes
- Improved access to mental health services
- Doing more planned surgery, cutting long waiters, and reducing the elective waiting list

There is also a requirement for all systems becoming integrated care systems (ICSs) by April 2021, including setting out "how they see the provider and commissioner landscape developing". For Sefton this means being part of an ICS incorporating Cheshire & Merseyside; working as a strategic commissioner with Southport & Formby CCG and Sefton Council; and developing Sefton's Provider Alliance (all health, care and voluntary service providers working together). This is currently being discussed.

2.4. Ambitions

Through delivering on the five year plan as a contribution to the NHS Long term Plan there a number of ambitions as detailed below:

- i. Making a full contribution to Sefton's Health & Wellbeing Strategy eg wider determinants like air pollution
- ii. Reducing health inequalities
- iii. Increasing healthy life expectancy
- iv. Embedding early intervention
- v. NHS majoring on prevention
- vi. Empowering self- care
- vii. Access to high quality services (in health and care)
- viii. Meeting NHS Long Term Plan (LTP) requirements

- ix. Delivering a sustainable health and care system
- x. Maximising social value (eg NHS as anchor institutions)

2.5 Priorities

Based on local and national evidence the following are the Plan's priorities linking in with the Cheshire & Merseyside Health & Care Partnership:

- Child development - ensure all children are ready for school
- Mental health (all age) – ensure timely access to mental health services and support reductions in incidence
- Parenting & early years -
- Prevention and early intervention (all age) including vaccination rates and reduce variation across Sefton
- Looked after children – to assist in reducing the number of looked after children and to ensure the health of looked after children is improved.
- Obesity (all age) – to reduce the level of obesity and to turnaround the current increase at age 11.
- Smoking – to continue to reduce the incidence especially within most deprived areas of Sefton and when pregnant.
- Alcohol – to reduce the impact in all ages
- Cancer – this is addressed through two key aspects. Prevention through a healthier lifestyle and increasing the rate of screening. Earlier intervention when treatment is required.
- Substance misuse – improved access to services and reduce the incidence
- Social isolation – acknowledging this is a significant issue for older people. Working with the VCF for all people who feel isolated to be supported to reduce the impact
- Dementia – supporting patients to reduce the onset and provide support
- Frailty – reducing the incidence of falls

Further work is required on prioritising the ambitions and priorities identified to date.

There are several supporting actions and priorities to be in place to maximise local delivery including:

- Digital – this includes preparing a plan for Sefton – currently underway
- Workforce – identifying issues and considering a plan for Sefton in conjunction with health and care providers
- Estates – preparing a Sefton plan incorporating One Public Estate.
- Finance and demonstrating value for money to the taxpayer

2.6 Reference to future state

A future view of Sefton has been developed to assist in explaining what this could look like and to facilitate engagement with the public and partners (appendix 1). This includes aspects of population health management; Health & Wellbeing priorities, population self-care, integrated community care and hospital care when it is required.

2.7 Expectations and population responsibility

As a key part of the emphasis within the plan is the population taking responsibility to look after themselves as well as having a number of expectations from the NHS. Based on dialogue with Healthwatch Sefton who have been undertaking a survey on the NHS Long Term Plan we are designing a series of “I would like” and “I will” statements. These will provide helpful clarity on patient expectations and the expectations of the NHS of the population.

2.8 Timeline

The following outlines the timing of actions over the next few months:

- June to August – engagement on the ambition and priorities Utilise existing meetings
- April, July and October engagement events
- August 30 – draft plan to C&M HCP
- September – October engagement on the draft outline
- 12 September Big Chat event

- October 30 – C&M HCP 5 year plan agreed
- November 29 – plan refined based on agreed C&M HCP 5 year plan

There are regular meetings with Sefton Council during the above period to align the feedback and development of the Five Year Plan with the evolving Health & Wellbeing Strategy refresh which is also underway concluding January 2020.

2.9 Feedback to date

Arising from discussions underway to date as part of the engagement process with patient groups, NHS organisations and other partners a number of comments have been received as follows which include initial responses:

Feedback, comments	Response
Agreement to the ambitions and priorities.	Subject to ongoing review.
Need to consider the level of improvement (and how measured) for ambitions and priorities.	Under review.
Need to identify a small number of key priorities.	Prioritisation to be undertaken based on feedback.
Dying well occurs through each life course rather than in ageing well.	Accepted and incorporated into the draft outline plan.
In the priorities section include reference to the health & care system.	Accepted and a future state description has now been included.
VCF sector – longer term contracts eg 5 years.	To be considered as part of the draft outline plan.
Transition between children & young people to adults.	Under review.
Locality build up/focus.	Locality (PCN) based JSNA reports being prepared – any specific locality issues to be highlighted in the plan.
One plan – HWB strategy and 5 year plan.	There are significant overlaps within the evolving Health & Wellbeing strategy refresh and the NHS Five Year Place Plan although the timescales for completion do not align. It is intended to ensure the Place Plan will support the delivery of the Health & Wellbeing strategy.
Role of PCNs and how they influence local development.	All practices have been invited to contribute to the plan to ensure clinical leadership and engagement. With the initiation of the PCNs recently underway there is likely to be greater PCN influence in 2020/21.
Include the contribution of schools.	Dialogue with schools to be included as part of the September – October period.
Sustainability of the voluntary sector.	Links to the above on longer contracts plus increased investment the voluntary sector – to be considered by the CCG.
Diversity and inclusion to consider.	This is being reviewed.
How the plan gets stakeholder sign-up.	Through ongoing engagement with partners and the public
Progress on the Shaping Sefton 2014/19 plan.	This is underway.
Comms with the public on self-care.	Links to the “I would like” and “I will” statements.
Increase use of social prescribing.	To be considered by the CCG

How include neighbourliness.	To be considered by the planning group
Increasing investment in prevention.	To be considered as part of CCG consideration pending the financial position in later years of the plan.
The plan needs to be realistic in terms of what it can achieve.	<p>The content of the plan needs to be prioritised against the key issues facing Sefton's residents. In addition the plan will be phased over the period to 2024.</p> <p>The current financial positions of the health and care organisations in Sefton need to be considered when considering the content of the plan as investment over and above that which is targeted to specific schemes will not be available until the latter 3 years of the plan.</p>

2.10 Next steps

1. Ongoing engagement meetings including:
 - Health & Wellbeing Board – 11 September
 - Healthwatch champions – 1 October
 - School Head Teachers – 1 October
 - Overview and Scrutiny Committee - 15 October
 - Patient Groups – meetings being organised eg Older People fora (6 meetings) in September
2. Online survey for the public (September to October) – to collate responses
3. Feedback to be considered in the final version of the plan by 30 October
4. Plan to be submitted to November's Governing Body meeting
5. Submit plan to C&MHCP by 30 November.

3. Key Issues

- 3.1 To date the feedback on the content of the plan has been supportive with a number of helpful and additional comments which are all being used to inform the final version of the plan.
- 3.2 The plan is deliberately covering a high number of ambitions and priorities to encourage a debate and the relative key issues that need to be addressed. In addition further work is required to provide further examples of specific schemes and actions to support the ambitions and priorities.
- 3.3 There are several other issues to consider including:
 - i. Ongoing engagement to ensure this is widespread involvement in collating the plan and being able to provide feedback.
 - ii. the number of priorities which can sensibly and realistically be achieved over the period of the plan.
 - iii. the financial positions of the organisation in Sefton which will impact on the timing of all

4. Conclusions

- 4.1 The work underway on developing the Five Year Place Plan endeavours to provide the strategic direction for the next 5 years. This is focussed on a collaborative approach to developing the plan and its implementation. This has a greater focus on wellbeing and how the NHS can contribute to the wider determinants of health improvement within the funding it has available.

5. Recommendations

- 5.1 The Governing Body is asked to note the progress on the development of the Five Year Place Plan and to receive the final version in November for approval.

6. Appendices

Future state diagram

Cameron Ward
Programme Director
21 August 2019

DRAFT A confident and connected borough - future health, care and wellbeing in Sefton

Health, care and wellbeing services are joined-up, with many provided in local communities. Empowered people make positive changes to their lives and it is easy to get the right support in the right place first time and they live longer, healthier and happier lives as a result. There has been a reduction in health inequalities and key identified needs have been addressed

Living, working and having fun

On the move

Integrated Care Partnership

Integrated Care System

Strategic commissioning

Primary care networks

Healthy behaviours and lifestyles

Early Intervention, Self-Care and Prevention: coordinated and seamless healthy living. Health, care and wellbeing services offer **prevention and early intervention services** in partnership with **voluntary, community and faith sector services**. **Mobilised communities** are empowered to actively engage in self-care and wellbeing **for all ages**. **Integrated intelligence systems** support self care and prevention; 'make every contact count' is embedded and enables risk stratification for targeted and personalised services.

Integrated health and care

Primary Care Networks are part of a multi-disciplinary and multi-agency **integrated care team** across all **health, care and wellbeing** providers with a **digitally enabled single point of access** and targeted care coordination supporting geographies of 30-50k population, with **GPs as the senior clinical leader** and an overseer of patient care. People know what **local services** are available and will have access to **care navigators** to help them access services. People will experience **seamless care between the hospital, community and primary care** with integrated services making sure they are home and accessing community care as quickly and as safely as possible. Services are available closer to home and outside of the hospital setting wherever possible with **Integrated Specialist Teams**.

Optimised acute care

Urgent & Emergency Care and Planned Care are focussed on whole pathway optimisation for physical and mental health and people only **attend hospital when they need inpatient or specialist outpatient care**. People can access to **acute services** which will provide quality services that meet **national standards**, achieve **best practice** and deliver the **best possible clinical outcomes**. This, in most cases, will be **delivered locally**, but for **some areas this may be further away** to ensure the **best possible expertise, facilities and care** are available.

Starting well... living well... ageing well... dying well...

- 21st Century digital and technological solutions
- An integrated trained flexible workforce supports care delivery; system leadership enables empowered teams to work 'without walls'
- Financially sustainable and working to a capitated budget maximising the Sefton £
- Whole system optimised estates across Sefton
- System level coordinated communication and engagement

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/104	Author of the Paper: Jan Leonard Director of Place Jan.leonard@southportandformbyccg.nhs.uk 01704 395781						
Report date: September 2019							
Title: Primary Care Work Programme							
<p>Summary/Key Issues:</p> <p>The CCG published its strategy for Primary Medical Care earlier this year. Since then The NHS Long Term Plan has been published which has set the direction for primary medical services. One of the key components of the plan (reflected in changes to the GP Contract in April 2019) was the introduction of Primary Care Networks (PCNs). This paper provides the Governing Body with an update on the progress of the implementation of the Primary Care Strategy.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report</p>	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (*x those that apply*)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
X	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Report to the Governing Body

September 2019

Primary Care Work Programme September 2019

1. Introduction and Background

The CCG published its strategy for Primary Medical Care earlier this year. Since then The NHS Long Term Plan has been published which has set the direction for primary medical services. One of the key components of the plan (reflected in changes to the GP Contract in April 2019) was the introduction of Primary Care Networks (PCNs). PCNs will see GP practices working in clusters based on local populations and their needs, with a redesigned primary care workforce to support access and sustainability of Primary Care. New roles of clinical pharmacists, physician associates, first contact physiotherapists, first contact paramedics and social prescribing link workers are to be introduced in a phased approach with increased funding to support new ways of working in Primary Care and enable patients to be seen at the right time in the right place by the right person.

Primary care needs to transform to provide a service that is sustainable, efficient, effective and attractive to work in. It needs to play a central role in primary and community care operating at scale to deliver the commitments set out in the NHS Long Term Plan through the five-year framework for the GP services contract (Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan).

2. Key Issues

Within the CCG strategy six key themes were identified. These are:

2.1 Access

The 2019 GP Survey was published In July 2019, South Sefton practices performed well and scored above the national average for a number of indicators including 'overall experience of General Practice' and 'helpfulness of receptionists'. Whilst the results are recognition of the commitment and hard work from local practices there remains variation between practices. This is a key area of focus to understand the variation and improve the patient experience.

The NHS Plan sets out an ambition to join up the urgent care system. By April 2021 funding for the Extended Hours Access Directed Enhanced Service and the CCG commissioned 7 Day Access Service will be combined and become the responsibility of PCNs. This work will commence in 2019 with a national review of access.

One of the aims of this work will be that every patient who needs a same day intervention will be able to get one. This intervention will not necessarily be face to face and with a GP, with online access and advice, telephone consultations and alternate practitioners increasingly available.

2.2 Quality

Patient involvement, experience and satisfaction will be paramount in supporting future service development and supporting quality improvements. Co-production through patient engagement networks and joint decision making between clinicians and patients will have the potential to enhance outcomes for the patient. The introduction of a range of different consultation types, including group consultations offering patients shared appointments with appropriate clinicians will provide the opportunity to develop peer support networks, build capacity and encourage self-care in patients managing their condition.

A key feature of the Network Contract DES delivered by PCNs is the implementation of seven national service specifications. The aim of the specifications is to

- improve health and save lives
- improve the care for people with multiple morbidities
- help make the NHS more sustainable

During 2019 / 2020 NHSE will work with stakeholders to develop the services specifications these will cover:

- Structured medications reviews and optimisation
- Enhanced Health in Care Homes
- Anticipatory Care
- Supporting early cancer diagnosis
- Personalised Care

These are to be implemented from April 2020. During 2021 / 22 the final 2 specifications covering

- CVD prevention and diagnoses
- Tackling neighbourhood inequalities

We will support PCNs to develop plans to deliver the specifications as details of the specifications are made available.

2.3 Workforce

The Long Term Plan describes how the primary care workforce will expand to include many new roles, some of which will qualify for reimbursement through the national additional role reimbursement scheme which will be implemented from 2019 to 2021.

The scheme includes 5 roles (clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and community paramedics) other new roles will also be in place such as medical assistants and care navigators and all staff will be up-skilled to work at the “top of their licence”.

The 2 roles to be introduced during 19/20 are social prescribing link workers and clinical pharmacists. The CCG has supported PCNs with the introduction of these two roles. Further guidance is expected regarding the roles to be introduced in future years and we will work with PCNs to facilitate these as far as possible,

2.4 Premises and Estates

Primary care is involved in estates work streams that form part of the Shaping Sefton transformation plans. As integrated services develop shared estates will be key to enable service delivery.

2.5 Transformation & Collaboration

One of the main features of the Long Term Plan is primary care working at scale in Primary Care Networks. The 4 characteristics of Primary Care Networks are: -

- Provision to a defined registered population of approximately 30 – 50,000.
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

PCNs have been contracted through the Network Contract Directed Enhanced Service. The CCG has Offered local support to PCNs through a range of functions to enable PCNs to develop and function effectively. A national offer of support through a Primary Care Network Development programme will also be available .

Technology will be a key feature of transformation and through the use of technology Primary Care will support patients to remain independent for as long as possible and support the management of their long term conditions through available aids and equipment. Increased use of digital technology will allow increasing numbers of patients to be empowered to self-manage and play a more active role in their care. Enhanced use of digital technology will also enable clinicians to work flexibly and increase capacity for example from remote consultations and the use of apps.

2.6 Integration of Services in Localities

The Long Term Plan describes how all services that can be delivered safely and according to best practice in the community will be provided within a neighbourhood or network, thereby ensuring that patients can access care closer to where they live, avoiding the need to attend hospital unnecessarily.

The CCG will support PCNs to develop plans aligned to this aim. Initial plans to pilot Integrated Community Teams are progressing with key stakeholders.

3. Recommendations

The Primary Care Commissioning Committee held a development session in July to review the work plan and programme report. These changes will be introduced and reviewed by the committee in the coming months. As the CCG receives local PCN plans these will be incorporated into the plan so that oversight of delivery against CCG priorities is maintained. Local plans are also being fed up into the Cheshire and Merseyside STP Primary Care Strategy.

The Governing Body is asked to note the progress.

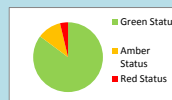
Appendices

Primary Care Programme Report

Jan Leonard
Director of Place
September 2019

SF/SSCCG Primary Care Programme Report

Last Updated	29/08/2019 15:48
Total Projects	27
Green Status	23
Amber Status	3
Red Status	1
Closed	5



Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Resilience Funding	Transformation	GP Five Year Forward View	GP Resilience Programme	01.04.2017	31.03.2021	G	Gemma Murray	Angela Price/Jane Elliott/ Clare Touhey	All practices and federations have received information from NHSE on the 19/20 process to apply for resilience funding. The deadline to submit bids to NHSE is 12pm 1st July 2019. A panel where all CCGs & LMCs will be able to send a representative to agree those schemes that meet the national criteria is planned for 15th July 2019. The C&M funding available is approx £350K Successful practices will receive an MOU in August.
Clerical and Admin Training (Active Signposting)	Transformation	GP Five Year Forward View	Releasing Time for Care	01.04.2017	31.03.2021	G	Gemma Murray	Jane Elliott/ Claire Touhey	A training post is now operational via iMerseyside to support signposting. There was a presentation at both wider groups re document management, EOLs are being sort from general practice. Numbers of practices interested in training are currently being collated.
International Recruitment	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.2017	31.03.2021	G	Sharon Howard	Craig Gillespie/Kati Scholtz	Meeting held on Tuesday 26th June - 5 interested practices attended. Further weekend event being held for potential recruits currently being planned for early 2019. Potentially there are two recruits identified within C&M. Practice readiness forms will need to be completed by GP practices
GP5V - Additional 5000 Doctors	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.17	31.03.2021	R	Sharon Howard	Angela Price	5000 is the number of doctors required nationally, this drilled down to C&M is 194 additional doctors. Information is being collected quarterly via the GP5V monitoring returns on the number of hours provided by GPs in alternative settings.
ETTF- Estates Bids	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jan Leonard/Sam McCumiskey	3 bids for co-location originally submitted, this has reduced to two bids, one for Maghull and one for Formby. The bids are at PID stage, further discussion required with practices, to establish next steps.
E-Consultations/Online Consulting	Transformation	GP Five Year Forward View	Online Consulting	01.04.2017	31.03.2020	G	Gemma Cullen	Jane Elliot/Paul Shillcock	A roll out plan has been agreed across both CCGs. Discussions are in place regarding how this could work in the 7 day access service and at PCN level. There is an opportunity to establish an e- hub pilot with one PCN in both CCGs. In order to do this all practices within a PCN would need to be utilising e-consult. Currently there are 26 out of 49 practices across Sefton who are either using e-consult or are in a planned stage of roll out. We will be in a position to trial an e-hub in approximately 6 months time should a PCN be identified to trial. Primary care team and iMerseyside to meet to develop an e-consult strategy.
7 Day Access	Transformation	GP Five Year Forward View	Primary Care HUB	01.08.2017	ongoing	G	Jan Hughes	Angela Price /Clinical Leads	Both services went live on Monday 1st October 2018, positive feedback is being received. Monthly reporting data is being received. iMerseyside are working with NHS Digital regarding ERS and ICE, testing took place in March 2019. First contact physiotherapy has started in S&F, and is due to begin in South Sefton. Contract meetings with both providers taking place quarterly. Both services were commissioned via an APMS contract for a 2 year period (September 2020) with the option to extend for a year if needed.
Clinical Pharmacy Pilot	Transformation	GP Five Year Forward View	Workforce	01.04.2017	ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Susanne Lynch/Clinical Leads	Pilots ongoing in Crosby and North Southport localities based on hub models, initially dealing with medication queries, discharge review/reconciliations. 4WTE pharmacists under NHSE scheme recruited. NHSE have confirmed CCG can be employer of PCN clinical pharmacists if all parties in agreement. SL liaising with networks which will inform proposal to be considered by CCG.
Apex/Insight	Transformation	GP Five Year Forward View	Workload		ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Angela Price	Apex/Insight has been demonstrated at both wider group meetings. Practices have been asked to express an interest in using the tool as part of an NHSE pilot. Awaiting an implementation date, roll out of the tool has been delayed.

Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
ETTF- IT	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jane Elliot/Paul Shillcock	The amount of money for ETTF IT bids has reduced this year in order to increase ETTF for premises. There is an IM&T group looking at IT requirements, this includes representation from the primary care team, finance team, GP practice and iMerseyside
Practice Nurse 10 Point Plan	Transformation	GP Five Year Forward View	Practice Nurse 10 point plan	23.07.2017	Ongoing	G	Pippa Rose	Colette Page	ETP has employed a p/t mentor to increase numbers of practices accepting student nurses and number of mentors within practices. 8 PNs to become clinical supervisors allowing them to offer clinical supervision to PNs across both CCGs. Progress being made with a preceptorship programme for new PNs. Promoting 'All our Health' learning platform - to embed prevention, health protection and promotion of wellbeing - MECC training delivered previously and training in Anti-Microbial Resistance ongoing. 4 more PNs and 3 pharmacists on the NMP course. 7 PNs on the GPN Leadership for Quality programme. Promoting the 2 year Advanced Care Practitioner course across CCGs. In discussion with NHSE lead to promote Nursing Associate trainees within practices. Recruitment and retention continues to be challenging for many practices nationally. Promoting GPN as a viable career pathway is ongoing.
Workforce Steering Group	Transformation	GP Five Year Forward View	Workforce	01/05/2018	ongoing	A	Alan Cummings/Sharon Howard	Angela Price	A C&M workforce steering group has been developed. This is an extension of the Task and Finish Group for International Recruitment. This group will feed into the LWAB (Local Workforce Action Board).
2019/2020 GP Contract	GP Contract	Delegation		01.04.2019	31.03.2020	G	Alan Cummings/ Jan Hughes	Angela Price	Practice guide and timetable circulated to practices.
Primary Care Networks	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Sharon Howard / Gemma Murray	Angela Price	PCN registration documents for 7 PCNs submitted and approved in May 2019. South Sefton PCN exploring using the federation to deliver extended access. A local incentive scheme between the CCG and PCNs who are willing to cover populations where GP practices have not agreed to become part of a PCN is currently in development. 1 practice in S&F is not part of a PCN, 4 practices in South Sefton have declined to be part of the PCN. Awaiting further information from NHSE on national data sharing agreement, and funding per weighted patient for the PCN additional staff from April 2020. There will be a variation to the GP contract in October to include a duty of co-operation to data share.
Minor Surgery		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	DES participation is now confirmed. Practices who do not provide this service can refer patients to Joint Health or DMC. A GPSI is in discussion to provide locum session with a small number of practice in southport and Formby.
Out of Area Registrations		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	A number of practices across Sefton have signed up to provide this DES, awaiting information from NHSE about how home visits were provided for this cohort of patients pre delegation.
Special Allocation Scheme		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	One practice in Sefton operates this scheme, and has signed up to deliver this DES again in 2019/20.
Learning Disabilities	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angie Price	All practices in S&F have agreed to do the learning disabilities for their own patients. 2 practices in SS have opted for the federation to deliver scheme to their patients, there are a further 4 practices who have not stated an option to date, further information from these practices is being sought. The CCG will be meeting with South Sefton Federation to review how the health checks are delivered, there may be an option to broaden the scheme to home visits and health checks provided in a community setting.
GP Contract	Business As Usual	Delegation	NHS Digital Finance Data	01.04.2019	31.03.2020	G	N/A	Angela Price	Practice finance visits are being planned using NHS digital data on NHS funding earned in 2017/18. A meeting has taken place with PC24 management where all 7 PC24 practices were reviewed.
Local Quality Contract Phase 4	Business As Usual	Primary Care Operational	Business As Usual	01.04.2018	01.09.2019	G	N/A	Angela Price/ Craig Gillespie/ Kati Scholtz	Phase 4 LQC has been operational 01.04.18 - 31.03.19. Validation panel has met to agree outcomes for both CCGs. Currently working through the validation for medicines management elements of the LQC.
Local Quality Contract Phase 5	Business As Usual	Primary Care Operational	Business As Usual	01.04.2019	01.09.2020	G	N/A	Angela Price/Craig Gillespie/Kati Scholtz	Phase 5 LQC agreed and circulated to GP practices - Practice sign up complete, quarter 1 invoices have been processed.

Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Localities	Business As Usual	CCG	CCG	01.04.2019	ongoing	G	N/A	Jane Elliott/ Claire Touhey	Business as usual, PCNs have formed some discussions at localities. Locality mangers - Clare Touhey for Southport and Formby, and Jane Elliot for South Sefton. There is an option to merge localty and PCN meetings to maximise efficiencies, this is currently being discussed locally.
Influenza Coordination 2019/2020	National Mandate	CCG	CCG	01.04.2019	ongoing	G	Jennie Piet	Colette Page	Member of Flu task & Finish group with NHSE and sub group at Sefton Local authority. Begin developing coordination plans for 2019/20 season
Local Authority Health Protection Forum	National Mandate	CCG	CCG	01.04.19	ongoing	G	Charlotte Smith	Colette Page	Attend bi monthly Health Protection Forum (HPF) chaired by the LA. Flu subgroup reports into the HPF, which then feeds into NHSE.
NHSE/ PHE S&I Programme Boards	National Mandate	CCG	CCG	01.04.2019	Ongoing	G	Hayley Mercer	Colette Page	Attend quarterly Screening & Immunisation Programme Boards. Review targets achieved by CCGs and address concerns. Contact practices not attaining national targets to gain assurance or assist/ provide support where necessary. Liaise with PHE S&I coordinator/ managers.
Practice Nurse/ HCA meetings					ongoing	G	N/A	Colette Page	Arrange and coordinate PN/ HCA meetings and training events. Source speakers/ training providers. Utilise flexible cash funding available from Health Education England to support Non-medical prescribing courses for PNs and clinical pharmacists. Fully fund a clinical supervision course for 8 PNs to offer supervision across the CCG in line with GPFV PN 10 PP. Review priorities across CCG in LTCs/ disease areas and focus training for PNs/ HCAs around these.
Protected Learning Time (PLT)	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange 4-6 PLT events per year. Source consultants and expert speakers from acute/ community/ voluntary providers. Arrange for pharmaceutical sponsors to support the events. Facilitate the afternoon with 150-200 delegates in attendance. The CCG with the LMC have reviewed the historic PLT scheme which was inequitable across practices, with agreement that the funds will be utilised to support admin and PM training - a training plan to be devised with input from PMs regarding topics to prioritise.
Project Activity Key				Project RAG Key					
↗		Ahead of Schedule		G					
↘		Behind Schedule		A					
→		On target		R					
X		No Activity							

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 9/105	Author of the Paper: Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk
Report date: 28 August 2019	
Title: Sefton Transformation Programme Update	
Summary/Key Issues: This paper presents the Governing Body with an update as to the work of the Sefton Health and Care Transformation Programme.	
Recommendation	
The Governing Body are requested to receive this update on progress of the Sefton Health and Care Transformation Programme	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20 (*x those that apply*)

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

Programme update

1. Background

The Sefton Health and Care Transformation programme (the “programme”) aims to deliver the agreed vision for transformation of health and care services in Sefton:

“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.”

Sefton Health and Care Transformation Board (“STB”), November 2018

The agreed objectives for this programme are:

- 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 those for children and 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.

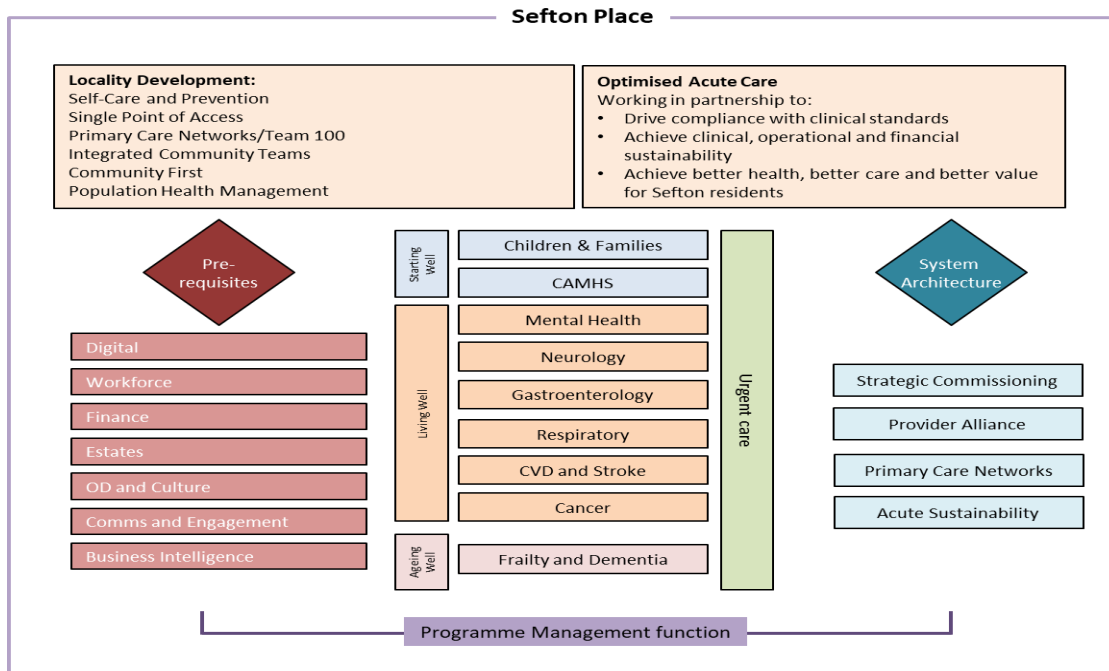
This report provides an update as to progress so far.

2. Scope of transformation work (agreed March 2019)

The Programme is focussed on:

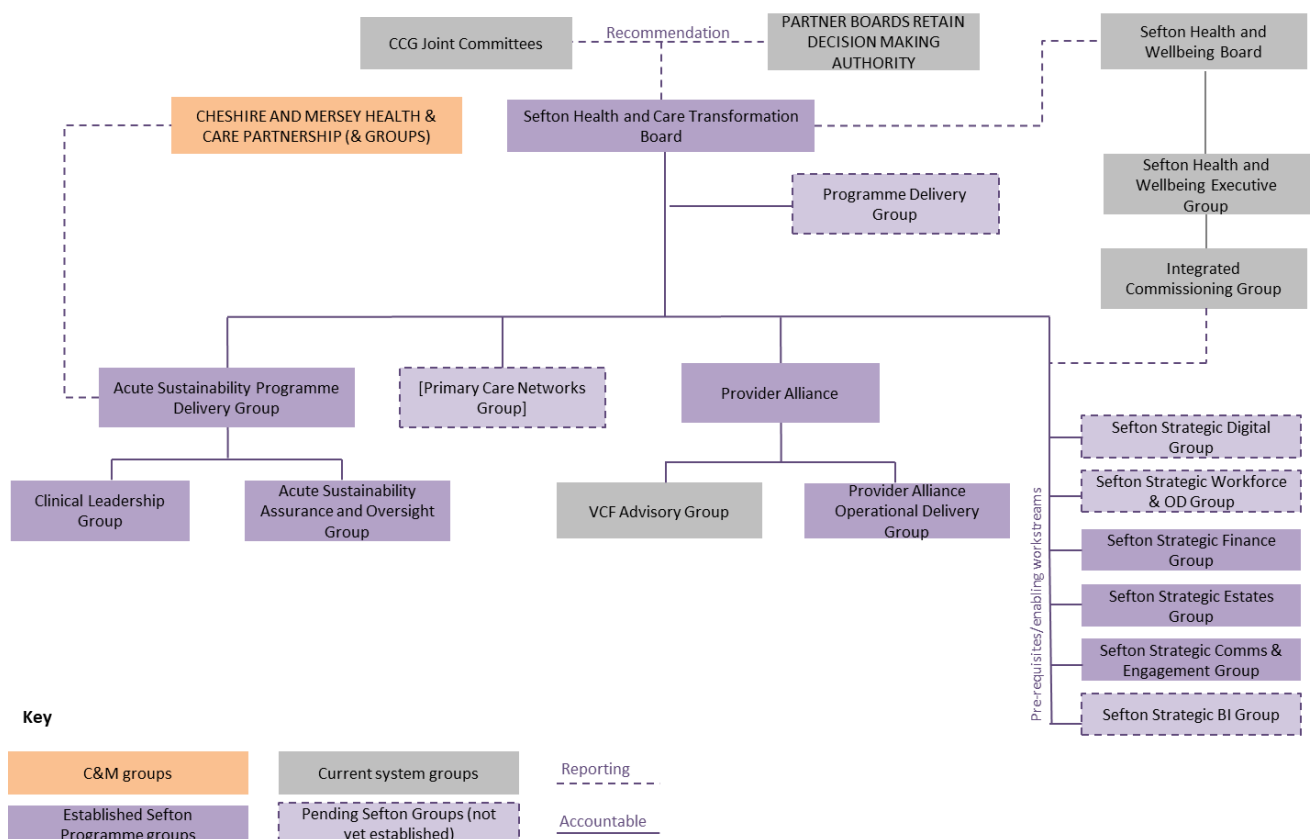
1. developing community or Sefton place based provision and support to the local population;
2. acute care meeting quality standards;
3. developing several key building blocks around how the local system is structured with strategic commissioning (Sefton Council and Sefton CCGs), Primary Care Networks and the Provider Alliance (collaboration between health, care and voluntary sector providers);
4. facilitating a range of key support groups including finance, workforce, estates
5. working within Sefton on a range of key care groups or services.

This is described in the diagram below:



3. Governance framework (agreed 10 July 2019)

The governance arrangements have been reviewed and agreed at the July Sefton Transformation Board meeting and summarised in the diagram below.



4. Progress update

The following is a summary of the work undertaken recently:

- establishing the working groups for Estates, Digital, Finance, Workforce and OD, Comms and Engagement, Business Intelligence;

- workshop on 27 June to co-ordinate Estates, Workforce and digital programmes;
- two engagement events relating to the refreshed Sefton Plan (incorporating the NHS Long Term Plan) with the third and final event on 9 October;
- revised governance (see 3 above);
- Project Briefs agreed for Acute Sustainability (Southport and Ormskirk), Provider Alliance, Digital, Workforce and OD, Finance, Estates and Primary Care Networks;
- Project Initiation Documents and plans delivered in relation to Acute Sustainability (Southport and Ormskirk), Provider Alliance, Digital, Workforce and OD, Finance, Estates and Primary Care Networks for the September Sefton Transformation Board meeting;
- supporting Southport & Ormskirk Hospitals NHS Trust on developing a series of models of care;
- supporting the establishment of the Provider Alliance and a model for integrated community care;
- facilitating the development of strategic commissioning;
- charter developed and agreed by partners (see Appendix 1)
- Communications and Engagement Policy agreed by all partners.

A full progress update in relation to each of the workstreams can be found at Appendix 2.

5. Future state

A draft 'future state of health, care and wellbeing in Sefton' can be seen at Appendix 3 and is currently being reviewed in partnership with the programme's stakeholders. This describes a collaborative Sefton in the future with a far greater emphasis on the wellbeing of the population with integrated community based support including general practice with acute services available when required. This is encapsulated within the health and wellbeing strategy and population health management. How does that read?

6. Recommendation

The Governing Body are requested to receive this update on progress of the Sefton Health and Care Transformation Programme.

Appendices

Appendix 1	Charter
Appendix 2	Workstream Update
Appendix 3	The Future State of Health, Care and Wellbeing in Sefton (draft)

Charter for the Sefton Health & Care Partnership

Our Vision for Sefton

The Sefton Health and Care Partnership seeks to deliver the 2030 Vision for the Sefton Borough:

“A confident and connected borough that has everything we need to start, learn, work and age well, and ensures a fair stake for everyone” (Sefton 2030).

Our Values

Core Value 1 - We will demonstrate an **openness** in all our dealings by:

- Sharing pressures
- Sharing resource constraints
- Sharing delivery issues
- Recognising exceptional restrictions to openness
- Sharing our long-term plans

Core Value 2 - We will share **common goals** by:

- Jointly defining needs
- Jointly developing solutions
- Jointly owning and implementing solutions
- Recognising and agreeing what we can and will do together and what we won't
- Our commitment of energy and resource to deliver our common goals

Core Value 3 - We will work in a way which **demonstrates trust and belief** in each other by:

- Acting in good faith towards each other
- Developing belief in each other
- Demonstrating consistency in what we do and say
- Committing to relationships based on mutual benefit
- Demonstrating honesty and integrity

Our Commitments to Sefton and each other










Together we commit to:











- Work together for the greater good of Sefton citizens;
- Act as ambassadors for the Sefton system and the people that live and work within it;
- Collaborate and co-operate to deliver the 2030 vision;
- Work to improve outcomes and the quality of care in our services;
- Provide the highest standards of health and safety in our services;
- Achieve best value for the Sefton pound (£);
- Create a financially sustainable Sefton system;
- Communicate openly about concerns, risks, issues or opportunities;
- Develop clear, consistent, open and constructive communication at all relationship levels;
- Be clear about our collective strategies, objectives and challenges;
- Work collaboratively to identify solutions, eliminate duplication and mitigate risk across the system;
- Protect and enhance the reputation of partners and the partnership;
- Seek to develop the Sefton system, its people and organisations to achieve their full potential.

Signatories to the Charter:

- | | |
|--|---|
| Aintree University Hospital NHS Foundation Trust | Alder Hey Children's NHS Foundation Trust |
| Lancashire Care NHS Foundation Trust | Liverpool Women's NHS Foundation Trust |
| Mersey Care NHS Foundation Trust | NHS England and NHS Improvement |
| North West Boroughs NHS Foundation Trust | Sefton Local Authority |
| South Sefton CCG | South Sefton Primary Care Networks |
| South Sefton Primary Health Care Ltd (GP Federation) | Southport & Formby CCG |
| Southport & Formby Health Ltd (GP Federation) | Southport & Formby Primary Care Networks |
| Southport & Ormskirk NHS Trust | VCF organisations |
| West Lancashire CCG | |

Appendix 2 - Workstream Update

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Acute Sustainability	Suzy Ning				Due Sept 2019		Models of care developed. Finance and activity modelling commenced. Working towards deadline for outline draft Pre Consultation Business Case of the end of October 2019.
Primary Care Networks (South)	Tracy Jeffes	To be agreed			Due Sept 2019	Due Sept 2019	Three PCNs approved, confirmation of Clinical Directors and key governance arrangements in place. PCNs representation at STB and Provider Alliance. Developing individual PCN-level plans. Social workers in pilot PCNs.
Primary Care Networks (North)	Jan Leonard	To be agreed			Due Sept 2019	Due Sept 2019	Three PCNs approved, confirmation of Clinical Directors and key governance arrangements in place. Formby PCN coverage still under review. PCNs representation at STB and Provider Alliance. Developing individual PCN-level plans.
Provider Alliance	Teresa Clarke				Due Sept 2019	Due Sept 2019	Priorities identified. Planning for development of population segmentation tool, consultation on integrated care team specification. Recruitment of social prescribing link workers under way. Preparing for Integrated Community Care Team pilot in Southport.
Strategic Commissioning	Stephen Williams	Due Sept 2019		Due Sept 2019			Initial workshop held August 2019. Series of next steps including the project plan agreed.
Digital	Mel Wright		Due Sept 2019		Due Sept 2019		Initial meeting took place August 2019, digital baseline for Sefton established. Scoping out programme of work.
Workforce, OD & Culture	Cameron Ward		Due Sept 2019	Due Sept 2019			Initial meeting took place August 2019 as a workshop and group now established. Looking to prepare a baseline assessment

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Finance	Rebecca McCullough				Due Sept 2019		Contract negotiation process finalised, all contracts signed for 2019/20. High level estimate for System Financial deficit - £58m before system funding. Work to understand partner organisations financial headlines for Q1 2019/20. Discussion on key efficiency schemes for focus in 19/20. Working on system financial planning, draft system recovery plan, detailed financial baseline for all partners, finance support to clinical models.
Estates	Louise Halloran						Draft Estates strategy due September 2019
Comms and Engagement	Dan Grice			Due Sept 2019			During Summer/Autumn 2019, there are plans for concurrent engagement for the main elements of the programme; a joined approach with full engagement on the Place Plan and engagement around acute services with public audiences aligned to the overall programme. This will be supported by more targeted activity for the acute sustainability work with staff, select public, clinical and patient groups.
Business Intelligence	Anne Tattersall	Due Sept 2019		Due Sept 2019			Leadership identified, initial meeting being organised for September, mobilisation commencing.

Appendix 3



*Four pillars of population health (King's Fund, Nov 2018)

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/106	Author of the Paper: Geraldine O'Carroll Senior Manager – Commissioning & Redesign Email: Geraldine.o'carroll@southseftonccg.nhs.uk Tel: 0151 317 8457						
Report date: September 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 receive/approve/ratify* this report.</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						
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Links to Corporate Objectives 2019/20 (<i>x those that apply</i>)	
x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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		
Quality Impact Assessment	x			
Resource Implications Considered	x			
Locality Engagement			x	
Presented to other Committees		x		

Report to Governing Body September 2019

1. Executive Summary

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

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

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

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

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

2. Introduction and Background

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

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.

Table 1: SSCCG Inpatient Position

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

Currently there is 1 inpatients in hospital as at 30th July commissioned by NHS South Sefton CCG. The length of stay is <6months.

Reducing inpatient activity

The Transforming Care Programme is committed to reducing unnecessary admissions and planning safe and sustainable discharges. Local performance is intensively monitored by NHS England. South Sefton CCG is required to:

- Regularly update the Assuring Transformation data on individual patients status and new admissions - weekly

- Submit compliance and assurance returns based on NHS Digital data extracts - weekly
- CTR / Blue Light – admission avoidance returns - Bi weekly
- Submit individual patient gantt chart assurance returns – monthly
- Submit ad hoc requests for data / delivery / discharge plans
- CTR reviews in line AT guidance for inpatients
- Desk top reviews – monthly
- New AT guidelines are also recommending that in future all CCGs review out of area placements on a 6 weekly basis.

NHS South Sefton CCG bed activity within the Mersey Care FT contract has been under contract plan in recent years for Learning Disability Inpatient beds. There is a proposal with our lead commissioner to discuss with Mersey Care Trust to reduce the number of inpatient beds and possibly shift this resource to support the IST model. Currently the position is that the LD Inpatient beds are part of the total block contract with NHS Mersey Care Trust and this will require further consideration. An initial meeting with commissioners and providers has scheduled for September to begin these discussions.

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.

Community Infrastructure

Intensive Support Function (ISF)

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 Specialist Learning Disability Division in Mersey Care NHS Foundation Trust were successful in a bid for £250k of Transforming Care Partnership monies. In line with the National Transforming Care Programme, establishing a community-based model of care reduces the reliance on specialist inpatient care for adults with a learning disability and/or autism who have behaviour that challenges, so that these are only used when absolutely necessary.

At present the original money is non-recurrent and posts have been recruited to on a temporary basis to join the Community Learning Disability Teams in Liverpool and Sefton with evidence of impact being reported through the Contract Review Meeting with Commissioners. The ISF Team went live on 01/02/2019 and the ISF Team mobilisation plan has been completed and the impact of this service will be reviewed monthly between Mersey Care and Commissioners.

Funding for this service will end in 2020, as part of the discussions planned for September meeting (as above) to discuss bed utilisation, the discussion to continue the ISF role will also be considered and reviewed.

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.

Housing Infrastructure

- The Sefton Housing strategy will include a section around planning for the specific needs of people with complex needs (LD and Autism). A Task and Finish group has been established to develop this further.
- Plans are being considered for a short break unit of up to 20 beds, with provision for people with autism on the same site.

Support

- PBS training 52% of providers have taken part in the training, 70 providers in Sefton and 59 providers in Liverpool have completed training. The next step is to include specialist schools, respite provisions and colleges in the training programme. Funded for more providers so additional training being offered to families.
- Health Action Plan has had an increase in uptake. There are plans to evaluate the delivery of Health Checks in day services.
- Development of a group of preferred providers is being considered with specialist skills and training to work as partners to develop a competency framework.

Training

- Autism Awareness eLearning is available for all staff in the Council and is also offered to all NHS providers.
- Specialist training for assessors has been identified and is being rolled out; establishing future numbers due to pending Autism Strategy refresh in September which will introduce an all age autism pathway and include staff from children's services.

Children and Young People

- Current redevelopment of EHC process and SEN services is underway.

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. South Sefton 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.

People First (a group who support people with a learning disability) met with the CCGs medicines management to discuss the use of Easy Read / pictorial information regarding the use of medication.

Children & Young People

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

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

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

4. Conclusions

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

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

5. Recommendations

The Governing Body is asked to:

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

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

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/107	Author of the Paper: Helen Armitage Public Health Consultant Sefton Council helen.armitage@sefton.gov.uk						
Report date: September 2019							
Title: Public Health Annual Report 2018/19							
<p>Summary/Key Issues:</p> <p>The purpose of this report is to provide information about the preparation, content and key messages in the 2018/19 Sefton Public Health Annual Report (PHAR) 2018/19 on Air Quality. The PHAR is the independent annual report of the Director of Public Health and is a statutory duty.</p> <p>Animation and a fact-file is available in support of this report and can be found here https://www.sefton.gov.uk/phar</p>							
<p>Recommendation</p> <p>The governing body is asked to receive this report:</p> <ul style="list-style-type: none"> Note the information presented in the PHAR as an animated film and supporting 'fact-file', and Consider how Governing Body members can support relevant recommendations and calls to action from the report 	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (*x those that apply*)

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Report to:	South Sefton CCG Governing Body	Date of Meeting:	5 September 2019
Subject:	Public Health Annual Report 2018/19		
Report of:	Matthew Ashton Director of Public Health/Head of Health and Wellbeing Sefton Council	Wards Affected:	All wards
Is this a Key Decision?	No. This report is for information		
Exempt / Confidential Report?	No		
Contact:	Helen Armitage, Public Health Consultant Sefton Council Matthew Ashton, Director of Public Health/Head of Health and Wellbeing Sefton Council		
Email Address:	helen.armitage@sefton.gov.uk		

Summary:

The purpose of this report is to provide information about the preparation, content and key messages in the 2018/19 Sefton Public Health Annual Report (PHAR) 2018/19 on Air Quality. The PHAR is the independent annual report of the Director of Public Health and is a statutory duty.

Recommendation(s):

Members of South Sefton CCG Governing Body are invited to:

- Note the information presented in the PHAR as an animated film and supporting 'fact-file', and
- Consider how Governing Body members can support relevant recommendations and calls to action from the report

Reasons for the Recommendation(s):

The PHAR is the independent report of the Director of Public Health. Improving air quality and protecting people from the harmful effects of air pollution is a population health priority in Sefton.

Appendices:

There are no appendices to this report. The animated PHAR and accompanying fact-file can be viewed here <https://www.sefton.gov.uk/phar>

1. Background

1.1 Requirements and purpose of the Public Health Annual Report

The Public Health Annual Report (PHAR) is a statutory requirement upon Directors of Public Health. It is an independent report on one or several aspects of health in the local population. In recent years, PHARs have increasingly been used to advocate for action on a particular public health priority or under-recognised population health concern, or to highlight the needs of a specific group; and promote the value of public health perspectives.

There is an expectation that a PHAR should include health statistics but be presented in an accessible, public-facing format, typically accompanied by lots of pictures, simple graphics, and brief case studies to illustrate local successes.

A typical structure comprises a foreword by the DPH, with sections setting out: the scale and nature of the issue, positive work already taking place, opportunities presented by public health evidence and local assets, future recommendations and calls to action, with brief reflections on progress made following the previous PHAR.

Many areas have taken the decision to publish primarily online with print copies available on request. Some councils have experimented with films or animations e.g. last year's PHAR on the Emotional Wellbeing and Mental Health of Sefton's Children and Young People, which was short-listed for a national award.

2. Air Quality in Sefton

2.1 Rationale

The Director of Public Health's Annual Report for 2018/19 focuses on the issue of air quality. This topic was selected for several reasons;

- Health problems caused by air pollution have fallen in Sefton as air quality improves, but this remains a significant population health risk
- Improving air quality is a top priority for many residents, particularly those living in or close to air quality management areas in the south of the borough. At the same time, there is recognition of a need for awareness-raising activity elsewhere in Sefton
- Sefton Council has put in place a wide range of measures to improve air quality, often ahead of other local authority areas, but this type of work is not always visible
- Nationally, air quality has become more high profile, both in the media and in national policy following publication of the National Clean Air Strategy in January 2019, and there is now stronger evidence on the harm caused by poor air quality

2.2 Format and presentation

Following positive feedback on the use of a film format for last year's PHAR, a decision was taken to present this report in an animated format, which was produced by the Council's own Graphics Team. The aim is to present complex information on a sensitive subject in an accessible, engaging and transparent format, which is easy to disseminate

and can reach a broad audience. The twelve minute film is hosted on Sefton Council's Youtube channel and will also be released in shorter 'bites'. In this format, the PHAR has an important and continuing role to play as a spur to action in the wider system and as part of an ongoing public communications and engagement strategy. The animation is a valuable tool to raise awareness, present reliable information and advice, and as context to frame other campaigns and engagement, for example on anti-idling and domestic burning. As previously, the YouTube element of the PHAR is accompanied by an online pdf booklet, or 'Fact-file' with clickable links to other resources.

2.3 Content

Whilst, the Public Health Annual Report is the independent report of the Director of Public Health, the intention is to emphasise the essentially collaborative nature of Sefton Council's work to improve air quality. Since air pollution comes from a variety of different sources improvements in air quality require wide-ranging, collective effort and many changes must be led by other sectors.

The content and presentation of information was informed by a public engagement event to develop a Sefton Community Response to the Government's Draft Clean Air Strategy held in August 2018, and a community focus group held in early 2019. These provided valuable insights about what people want to know and how they wish to receive this information.

In addition, evidence-based guidance based on research carried out by the Department of the Farming and Rural Affairs (DEFRA) on how to communicate effectively about environmental risks was used to help select and order information.

The **animation** is narrated by Matthew Ashton ('mini-Matt') and covers:

- *Why Air Pollution and Health?*
- *What do we mean by 'air quality' and what is air pollution?*
- *Where does pollution come from?*
- *It's not just the great outdoors...*
- *What happens when we breathe polluted air?*
- *How big a problem is air pollution for Sefton?*
- *What is air quality like in Sefton?*
- *Protect yourself and your family*
- *So, what is the Council doing to tackle air pollution?*
- *What can you do (walking and cycling)?*
- *What can you do (drivers)?*
- *What's next (our goals)?*
- *Who are the other key people we need to work with?*
- *Calls to action*
- *So, let's make change happen (highlighting additional information and resources in the accompanying pdf)*

The **Fact-file** is written in an accessible style and gives more information about,

- *Air pollution in Sefton* – what are the different types of air pollution? Distribution and sources in Sefton, how the Council monitors and reports on air quality, pollution concentrations compared to national targets and other areas

- *Air quality and health* – how air pollution causes health problems, vulnerable groups, air pollution forecasts and health messages and the contribution of air pollution to major health problems and health inequalities in Sefton, including cardiovascular disease and lung cancer
- *Sefton Council's goals for improving air quality and calls to action* (below), which also explains about the visible and less obvious steps the council has implemented to improve air quality in Sefton and within our four Air Quality Management Areas (AQMAs) in the far South of the borough
- *So, let's make change happen!* – advice and information for everyone, which also includes sections on myth-busting, indoor air quality and a comprehensive list of national and local online information and opportunities to get involved
- *Reflection and recommendations from last year's public health annual report*

2.4 Key health messages

Important health messages in the report are centred on the impact of nitrogen dioxide, which is predominantly from road transport, and particulate matter (PM) which comes from a broader range of sources including domestic and commercial burning and wear and tear from traffic.

Nitrogen dioxide (NO₂) is an irritant. Evidence shows that babies and children who live with sustained high levels of NO₂ are more likely to experience impaired lung development and be at higher risk of chronic respiratory illness as an adult. The risk of developing asthma also with increases with concentration of NO₂ exposure. The evidence linking NO₂ and asthma is strongest, but some studies also implicate this pollutant as a cause of dementia, diabetes, lung cancer and low birthweight.

PM is a recognised carcinogen. There is good evidence to show that PM_{2.5} exposure increases risk of cardiovascular disease, stroke, asthma and lung cancer, with emerging evidence that PM_{2.5} can contribute risk for Chronic Obstructive Pulmonary Disease and low birthweight.

In Sefton, monitoring shows that concentrations of PM are within current target levels and that there are isolated, small exceedances of the annual NO₂ target within areas already being intensively managed as AQMAs. However, epidemiological studies suggest a dose-response relationship, which calls for continuing action to both improve health and reduce health inequality amongst people at-risk (older people, children and people with existing chronic illness) and especially those with pre-existing vulnerability from multi-morbidity or psycho-social risk factors.

It is not possible to discern the specific impact of air pollution on health outcomes in Sefton, however ward level emergency admissions data presented as maps in the fact-file certainly can support an added risk from current and past exposure to air pollution in southernmost wards.

Using local authority level Global Burden of Disease models, PM ranked as the seventh highest modifiable contributor to the four main causes of premature death and disability in Sefton in 2017 (see Fact-file, p14).

A few times a year weather conditions cause air pollution events when concentrations can remain very high for several hours or even days at a time. There are national health messages linked to the Daily Air Quality Index that advise vulnerable groups on specific protective actions to take. It is important to manage the burden of anxiety some people may feel when giving routine or specific clinical advice on air pollution.

Health services can help reduce the health impacts of air pollution in two main ways – by addressing risk awareness and risk management as part of routine clinical care and possibly during air pollution events, and by introducing Clean Air Policies to reduce emissions from transport and other processes required for the day to day running of services. These are summarised in a specific call to action in the PHAR:

‘We are calling on our NHS partners to:

- Use their Sustainable Development Management Plan to highlight actions to deliver on the air quality goals in the NHS Long Term Plan, and
- Share how they are supporting patients and staff to reduce health impacts from air pollution’

There are links to more information on each of these key messages in the Fact-file¹ on the www.sefton.gov.uk/phar webpage and set the scene for continuing work with CCG colleagues on this issue.

2.5 Sefton Council goals

The PHAR explains how Sefton Council is using a range of information on the sources of pollution in hotspot areas plus the latest guidance to look at other potential interventions to improve air quality more quickly. The PHAR also commits the Council to,

- Continue to involve communities and further develop communications, using community feedback to build a better website and look at different ways to keep people informed about air quality
- Start work on a new project enabling residents to reduce their exposure to air pollution at home following a successful funding bid to DEFRA
- Build on existing work with schools, starting with activities on Clean Air Day and the fantastic Clean Air Crew resource for schools developed by the Southport EcoCentre <https://www.southportecocentre.com/cleanaircrew#!>
- Support opportunities for citizen-led science and action to help tackle air pollution, such as community planting and air monitoring projects

In addition, the PHAR also affirms the Council’s continuing input into work taking place at a regional level, e.g. the Liverpool City Region Air Quality Task Force and through partnerships with public and private sector organisations and national agencies, some of which are highlighted in the Calls to Action section (below).

2.6 Calls for action

We are calling on our NHS partners to:

- Use their Sustainable Development Management Plan to highlight actions to deliver on the air quality goals in the NHS Long Term Plan, and

¹ <https://indd.adobe.com/view/2038c29f-1cd5-4dd2-ae66-6f7e4915a88b>

- Share how they are supporting patients and staff to reduce health impacts from air pollution

Our challenge to industry, other businesses and organisations is to:

- Make one big change this year! Whether that's a brand new Clean Air Strategy, an attractive active travel policy or introducing a fleet recognition scheme for drivers.

We're asking Schools across Sefton - our pupils and parents to tell us their ideas to promote cleaner air:

- Will you adopt an air pollution monitor? Host an anti-idling campaign? Develop a fresh approach to the 'school run'? Or do a project on indoor air pollution? The Clean Air Crew website is full of inspiration

And finally, to our community, voluntary and faith sector:

- Please help by bringing your creative energy and ideas to share the messages from this report far and wide.

3.0 Recommendations

Members of South Sefton CCG Governing Body are invited to:

- Note the information presented in the PHAR animation and 'fact-file', and
- Consider how Governing Body members can support relevant recommendations and calls to action from the report

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 16th May 2019

Chair:
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The delivery of 2018/19 financial plan. 	<ul style="list-style-type: none"> The CCG has delivered its financial plan of £1m surplus subject to final external audit confirmation. However, the CCG's underlying financial position at the end of 2018/19 was circa £2.5m-£3.0m deficit. This position has deteriorated in 2019/20 due to comparatively low allocation growth / unfunded pressures and activity demand. 	<ul style="list-style-type: none"> The CCG must continue to review all expenditure in order to identify opportunities to deliver improvements in efficiency and effectiveness of services. This must be done alongside system partners.

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

- The committee approved the following policies:
 - Mobile Device/ Smartphone Policy (subject to a minor update)
 - Pay Protection Policy
 - Security Management Policy
 - Attendance Management Policy
- The committee reviewed the HR dashboard and asked for further information relating to:
 - High percentage of absence due to stress, anxiety and depression.
 - Mandatory training performance and potential for improvement.
- The committee remains concerned regarding the apparent increase in actual costs compared with DPS costs (Continuing Healthcare).
- The committee reviewed the risk register, noted changes and agreed the risks for the 2019/20 financial year.

- The committee noted the possible achievement of Quality Premium funding if the CCG could meet its incomplete pathways target.
- The committee noted that the adjusted prescribing forecast is a £2.59m underspend / (9.1% of opening budget).
- The committee noted the proposed reduction in Running Cost Allowance (RCA) for 2020/21. The CCG's RCA will reduce from £3.228m to £2.848m, a reduction of 12% which takes account of real-term inflation and recent pay awards.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 20th June 2019

Chair:
Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit has been forecast at £8.899m, mainly due to lack of assurance that QIPP opportunities available to the CCG / wider system will be delivered during this financial year. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year. 	<ul style="list-style-type: none"> The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.

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

- After reviewing the month 2 financial position, the committee agreed to raise the post mitigation consequence score of the risk of not delivering the financial plan from 4 to 5. This has raised the overall risk to '20', and the committee were advised that this is now the highest risk facing the CCG subject to moderation.
- The committee noted that the prescribing budget underspend for 2018/19 was confirmed as 9.4% below budget.
- The committee received the Individual Funding Request Service Annual Report 2018/19, noting that a Cheshire & Merseyside view had been included to help identify any potential service development trends. There were no issues for the CCG to consider further in relation to emerging service developments.
- The committee noted that GPIT / ETTF bids had been prioritised following a request from NHS England.
- The committee approved a discount price agreement for Omnipod tubeless insulin pumps and consumables.
- The committee noted that the F&R Committee Terms of Reference had been updated with the inclusion of the Director of Strategy & Outcomes in the membership, following recent changes to the portfolios of Leadership Team members. The committee approved the change.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality Committee held on 28th March 2019 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
•	•	•

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

- Cancer Referral to Treatment - Breast symptom deterioration. Item to be discussed at the Planned Care Group and the Leadership Team Meeting
- Early Intervention Psychosis – quality issues
- Eating disorder service - physical assessment not being commissioned for Mersey Care NHS Foundation Trust or Primary Care
- Woodlands Hospice – potential funding gap, approx. £250 - £400k for 2020 – 2012
- QIA on the decommissioning of Telehealth and agreed for it to go to QIPP
- Serious Incident Programme Plan closure

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality Committee held on 30th May 2019 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
•	•	•

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

- Mental Health Capacity Act/Deprivation of Liberty Safeguards Update Report to be taken to Governing Body as a presentation in future when changes to legislation are understood.
- Multi Agency Safeguarding Arrangements Plan was approved.
- Quality Accounts Lay members to be invited for an annual review.
- Provider Cost Improvement Plans to be picked up with Brendan Prescott.
- Centralisation of the Health Visiting Service – North West Boroughs Healthcare NHS Trust and Margaret Jones from Sefton Council to present changes at the next Joint Quality Committee.
- Quarter 4 Serious Incident Reporting – need to formally escalate the absence of 72 hour incident reports.
- There have been 2 serious incidents at Aintree University Hospital NHS Foundation Trust; one relating to surveillance of Barrett’s Oesophagus and the other in relation to surveillance of patients with chronic severe liver disease. These will be managed through the SIRG.
- Concerns in relation to the centralisation of the Health Visiting Service which is a national mandate. This was discussed earlier in the meeting and Fiona Taylor had advised that she would invite Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Trust representative to attend the next Committee meeting to provide an update.
- Feedback from membership has been received in relation to locality/networks not receiving feedback from Aintree University Hospital NHS Foundation Trust regarding quality queries regarding patient care (e.g. inadequate discharge information) directed through the Quality Team. The process Aintree University Hospital NHS Foundation Trust already have in place to be used as this is monitored and reported to Aintree’s CQPG. The following email address is to be used from practice or personal nhs.net accounts - concerns@aintree.nhs.uk.

- Controlled Drug Report – decommissioned controlled drug report. Escalate discussion regarding cd prescribing to JMOT via Dr Anna Ferguson.
- NWAS/NHS 111 – commissioner need further detail for the Joint Quality Committee Report, draft to the next meeting.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 27th June 2019 Chair:
Brendan Prescott

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Senior Leadership change within the CCG Quality Team. 	<ul style="list-style-type: none"> There is a risk of senior oversight on quality and safety performance issues across the CCG may be limited due to the changes within the team. 	<ul style="list-style-type: none"> Recruitment to the senior post is underway.

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

- Safeguarding Quarter 4 Update – training is still an issue.
- Southport and Ormskirk NHS Trust QRPT tool has been completed with NHSE. Acknowledged improvement in performance in a number of areas with significant work to do.
- Improvements made in relation to 2 week cancer waits at Aintree University NHS Trust.
- Terms of Reference approved. Clarity around what is expected from the Committee is required.
- De-escalation from enhanced to routine surveillance at Aintree University Hospital NHS Trust.
- Child Death Overview Panel – CCG and Local Authority are statutory partners.
- Audit of Prescribing for COPD in a GP Practice in South Sefton approved.

Key Issues Report to Governing Body

Audit Committee: Thursday 18th April 2019
NHS South Sefton CCG

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- The committee received the Information Governance Annual Report (published 8th March 2019).
- Data Security and Protection Toolkit signed off on 26th March 2019.
- The committee received the MIAA Data Security and Protection Toolkit Assurance Report 2018/19 – Substantial Assurance level.
- Annual Governance Statement noted that no significant internal control issues have been identified in 2018/19; all CCG internal audit reviews have concluded either high or substantial assurance.
- The committee received the draft un-audited Annual Report and Accounts 2018/19. A number of amendments and checks to be actioned.
- Scheme of Reservation and Delegation approved, subject to confirmation that section regarding disciplinary arrangements for employees is correct.
- The committee reviewed the Whistleblowing policy – minor issues to be addressed before approval.
- The committee received report on losses, special payments and aged debt.
- The committee received the draft Audit Committee Annual Report – to be presented to the Governing Body at meeting in June 2019.
- The committee approved the Audit Committee Terms of Reference.

- The committee approved updates to the Corporate Risk Register, Governing Body Assurance Framework and Heat Map.
- The committee approved the Internal Audit Plan 2019/20.
- The committee received the Internal Audit Progress Report.
- Head of Internal Audit Opinion for 2018/19 has been reported as Substantial Assurance.
- The committee approved the Anti-Fraud Services Work Plan 2019/20.
- The committee received the Anti-Fraud Services Annual Report 2018/19.
- The committee received the External Audit Progress Report – on track with audit deliverables.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Audit Committee: Thursday 23rd May 2019 NHS South Sefton CCG	Chair: Graham Morris
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Key Issue	Risk Identified	Mitigating Actions

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

- Grant Thornton (CCG External Auditors) presented their review of the CCG's corporate reports for 2018/19 and have issued unqualified opinions for both the CCG annual accounts and reports and also for the Value for Money arrangements.
- The committee approved the Annual Report, Annual Governance Statement and Annual Accounts.
- The committee reviewed and approved the CCG Letter of Representation.
- The committee reviewed a disclosure issue relating to Governing Body GP members not being identified as relating to their practices and decided to keep existing reporting arrangements but will review ahead of the 2019/20 audit.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 16th May 2019

Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions
<p>PCN applications.</p> <p>The CCG has received applications as per the Network Contract Directed Enhanced Service. The CCG has an obligation to ensure that all registered populations are covered by a PCN.</p>	<p>One application is below the population threshold of 30 000 patients therefore is unlikely to progress.</p> <p>Four practices have not signed up to a network.</p> <p>The CCG will need to ensure these populations are able to access PCN network services as specified within the Network Contract Specification.</p>	<p>Applications to be considered formally by Leadership Team.</p> <p>Discussions to take place to ensure registered population is covered.</p>

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

- The Joint Operational Group supported a list closure for 3 months for Bridge Road Practice to enable redesign of internal processes to embed.
- The Group also supported an extension to the closed list at Blundellsands Surgery due to the high number of patient registration requests. This was supported by evidence from the previous pilot. To be further discussed by PCN and supported by LQC work on access.
- The Joint Operational Group reviewed LQC sign up for 19/20 and have issued a revised deadline after which payments will cease until sign up is complete.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 16th June 2019 **Chair: Gill Brown**

Key Issue	Risk Identified	Mitigating Actions
Planning for influenza vaccination – winter 19/20	From data received from practices there was concern that some practices may have insufficient vaccine to target all patient groups.	Communication with practices to understand reasons for levels of vaccine ordering. Ongoing discussion and monitoring via established flu groups.
The committee noted that the CCG Leadership Team had received and supported applications from 3 Primary Care Networks (PCN) in Seaforth and Litherland, Bootle and Crosby & Maghull.	4 practices have opted to not join a PCN, the CCG has an obligation to provide network coverage for the practice populations.	PCNs have been approached to provide coverage for the registered populations of practices who are not part of a PCN.

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

The Committee noted the CQC report for Moore Street Surgery which rated them as ‘good’.

The Committee received Healthwatch ‘Enter & View’ reports on GP access for the following practices: Bootle Village Surgery, Concept House Surgery, Moore Street Surgery, North Park Health Centre, Park Street Surgery, Strand Medical Centre.

The committee received an update on the ‘7 day Extended Access’ service and noted that this was also being presented to the Health Overview and Scrutiny Committee this month. The committee noted the component within the PCN DES for Extended Hours and the potential confusion for patients over the two services.

The CCG is finalising an offer to PCNs for the Medicines Management Hub and Social Prescribing Offer.



Key Issues South Sefton Localities

Meeting Date

June - July 2019

Bootle Locality/PCN - Chair Catherine Aspden		
Key Issues	Risks Identified	Mitigating Actions
1.		
2.		
3.		
4.		

Information Points for Governing Body to Note:

No Key issues identified

Crosby Locality/Crosby and Maghull PCN - Chair Craig Gillespie		
Key Issues	Risks Identified	Mitigating Actions
5.		
6.		

Information Points for Governing Body to Note:
No key issues identified

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



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Seaforth and Litherland Locality/PCN - Chair Emma McDonnell/ Dr Sandra Oelbaum		
Key Issues	Risks Identified	Mitigating Actions
10.		
11.		
12.		

Information Points for Governing Body to Note:
No Key issues identified

Finance and Resource Committee Minutes

Thursday 16th May 2019, 1pm to 3pm

Room 5A, NHS South Sefton CCG, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Graham Morris	Lay Member (F&R Committee Chair), SS CCG	GM
Debbie Fagan	Chief Nurse, SS CCG	DF
Jan Leonard	Director of Place, 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
Dr John Wray	GP Governing Body Member, SS CCG	JW
Apologies		
Graham Bayliss	Lay Member, SS CCG	GB
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Lisa Gilbert	Corporate Governance Manager, SS CCG	LG
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Membership	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	May 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member	A	✓	✓	✓	A	✓	✓	✓	✓	✓	A
Dr Pete Chamberlain	GP Governing Body Member								A	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	✓	✓	✓	A	✓
Debbie Fagan	Chief Nurse	✓	A	A	✓	✓	✓	✓	A	✓	A	✓
Jan Leonard	Director of Place	A	✓	✓	✓	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		
FR19/54	<p>Apologies for absence</p> <p>Apologies for absence were received from Graham Bayliss and Pete Chamberlain.</p> <p>Apologies for absence had also been received from Lisa Gilbert who was due to attend to present item <i>FR19/58: HR & Corporate Policies</i>. It was noted that MMcD would present this item in her absence.</p>	
FR19/55	<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. 	
FR19/56	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 21st March 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>	
FR19/57	<p>Action points from the previous meeting</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> SL reported she is still awaiting a response from Midlands & Lancashire CSU regarding the use of Blueteq to further gain assurance relating to sequential use. She is awaiting information from the CSU as to whether the software will allow this. Action still open.</p> <p>FR19/24 HR Policies Further to review by the Leadership Team, the Attendance Management policy has been brought back to the F&R Committee for consideration / approval – to be discussed under item <i>FR19/58: HR & Corporate Policies</i>. Action closed.</p> <p>FR19/40 Action points from the previous meeting (FR19/25 Brexit Considerations) MMcD reported that a response is still awaited from Sefton Council to the CCG letter seeking assurance regarding the local situation with care home staffing</p>	

No	Item	Action
	<p>and Brexit. Given the current situation with Brexit, it was decided to close this action.</p> <p>FR19/40 Action points from the previous meeting (FR19/33 F&R Committee Terms of Reference) In reference to recruitment of a Practice Manager Governing Body member to the F&R Committee – JL reported that Lynne Creevy has been invited to join the committee but has not yet responded despite a couple of follow up emails. It was agreed to continue to follow up for a response; TK to action.</p> <p>FR19/41 Midlands & Lancashire CSU: Summary Service Report Committee feedback on the format of the CSU Summary Service Report has been provided to the CCG's Interim Lead – Corporate Services, who has confirmed that future reports will be focussed on the Sefton CCGs only. Action closed. MMcD noted that the CCG's Interim Lead – Corporate Services has provided assurance that there was no IG breach within the CSU report presented to the F&R Committee on 21st March 2019.</p> <p>FR19/41 Midlands & Lancashire CSU: Summary Service Report The CSU has responded to GM's request for clarity regarding the text related to CHC delivery and staff absence in the CHC Summary Service Report. The CSU have confirmed that the text is correct and relates to Southport & Formby CCG and Liverpool CCG. DF provided further explanation regarding CHC delivery and staff absence, and noted the issue has been reported to the Governing Body. Action closed.</p> <p>FR19/44 Finance & Resource Committee Risk Register The F&R risk register has been updated with the changes agreed at the F&R meeting on 21st March 2019. Action closed.</p> <p>FR19/47 GPIT and ETTF Bids for 2019/20 MMcD is yet to ask iMerseyside to contact the Primary Care Networks (PCNs) for comments once the GPIT and ETTF proposals are at a final stage. Action still open. MMcD noted that he will be meeting with Paul Shillcock (Primary Care Informatics Manager) today to discuss GPIT and ETTF bids.</p>	TK
<i>Policies / frameworks for approval</i>		
FR19/58	<p>HR & Corporate Policies</p> <ul style="list-style-type: none"> • Mobile Device / Smartphone Policy • Pay Protection Policy • Security Management Policy • Attendance Management Policy <p>MMcD reported that following discussion at the F&R Committee meeting in February 2019, the Attendance Management Policy and the clause regarding routine medical appointments was reviewed by the Leadership Team on 19th March 2019. The Leadership Team had agreed that the clause regarding routine medical appointments should be a decision reserved to the line manager's discretion; managers are to continue to be flexible in allowing staff to make up time taken off for appointments. As staff side had been consulted on the development of this policy, it was agreed that the CCG should be guided by the advice contained and the policy be approved as presented. Since presentation</p>	

No	Item	Action
	<p>to the F&R committee in February 2019, the CSU team have made minor amendments to the policy (highlighted in yellow within the meeting pack) to make the process clearer.</p> <p>It was noted that the Mobile Device/ Smartphone Policy, Pay Protection Policy and Security Management Policy have been reviewed and recommended for onward approval by the Corporate Governance Support Group.</p> <p>MMcD referred to section 7.2 of the Mobile Device / Smartphone Policy and noted that the reference to N3 connection needed to be updated; he confirmed this would be actioned by the CCG's Corporate Governance Manager.</p> <p>MMcD referred to the Security Management Policy and the recent change to the reception service at Merton House. He confirmed that the CCG's security management specialist undertakes quarterly security reviews for the CCG and is satisfied that the change to the reception service at Merton House does not present an issue. This will continue to be reviewed on a quarterly basis.</p> <p><i>The committee approved all four policies subject to the update to section 7.2 in the Mobile Device / Smartphone Policy.</i></p>	
<i>HR</i>		
FR19/59	<p>HR Performance Dashboard</p> <p>MMcD presented the HR dashboard and noted that the sickness absence rate has shown an increase since the last report presented to the committee in January 2019. This is due to some staff members being on long term sick. GM raised concerns about the high percentage of days lost due to stress / anxiety / depression (63.95% in March 2019) and requested further information on this. MMcD to action with the CCG's corporate team.</p> <p>MMcD commented that he would have expected the Statutory and Mandatory Compliance rate to have exceeded the 85% monthly target in March 2019 given the drive from the CCG to ensure staff were up to date with statutory and mandatory training by the end of the financial year. The committee asked for this issue to be reviewed; MMcD to action with the CCG's corporate team.</p> <p><i>The committee received this report.</i></p>	<p>MMcD</p> <p>MMcD</p>
<i>Brexit</i>		
FR19/60	<p>Brexit Considerations</p> <p>The committee discussed Brexit considerations. Members noted the current Brexit situation and the extension to the UK's leave date to 31st October 2019. It was agreed for Brexit considerations to continue to be a standing F&R agenda item.</p>	
<i>Finance</i>		
FR19/61	<p>Finance Report - Month 12 2018/19</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st March 2019. The following points were brought to the</p>	

No	Item	Action
	<p>committee's attention:</p> <ul style="list-style-type: none"> The full year financial position for the CCG is a surplus of £1m, which is in line with the agreed financial plan. This position is subject to external audit review, which is in progress. The CCG is working on the annual report for 2018/19. Feedback has been received from NHS England following submission of a draft on 18th April 2019. Another draft is to be submitted to NHS England by 22nd May 2019. BPPC performance is above the 95% target in all areas for the 2018/19 financial year. <p>MMcD noted that although the CCG has delivered its financial plan of £1m surplus subject to final external audit confirmation, the CCG's underlying financial position at the end of 2018/19 was circa £2.5m-£3.0m deficit. This position has deteriorated in 2019/20 due to comparatively low allocation growth / unfunded pressures and activity demand.</p> <p>MMcD explained the impact of the CCG's distance from target on the CCG allocation.</p> <p>A discussion followed which included the CCG's 19/20 financial plan and system wide CIP and QIPP plans.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR19/62	<p>CHC Update</p> <p>DF and AOR provided an update on Continuing Healthcare (CHC) and Funded Nursing Care (FNC).</p> <p>DF reported that work continues with Liverpool CCG regarding the options for provision of an end to end service and meeting with providers. The CCG's quality and finance teams continue to work together on reviewing CHC and FNC data.</p> <p>AOR reported on ongoing discussions between the CCG and the local authority to clarify responsibilities in respect of FNC processes. A meeting between the CCG and local authority is scheduled to take place on 21st May 2019 to discuss a resolution.</p> <p>AOR reported that the CCG has been provided access to a portal providing benchmarking data for CHC and FNC, which will be reviewed by the finance team. An update on this will be provided at the next F&R Committee meeting in June 2019.</p> <p>MMcD noted that the CCG is continuing to see provider average weekly costs being higher than the bid / offer. A discussion followed on pricing and the number of providers currently placing bids through the Adam DPS. AOR reported that Adam are undertaking work on engagement to encourage more providers to join the pool of providers bidding against offers via the DPS.</p> <p><i>The committee received this verbal update.</i></p>	AOR

No	Item	Action
FR19/63	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the risk register, noting that this has been reviewed internally, and proposed the following changes.</p> <ul style="list-style-type: none"> • Risks FR002, FR004, FR006 and FR008 are to be closed – the rationale for closing is provided in blue under the 'Update on Mitigating Action' section against the relevant risk on the register. • Risk FR005 and FR005b: the likelihood post mitigation score is to be reduced from 3 to 2, as the CCG has reported £1m surplus in the draft final accounts for 2018/19 which have been submitted to NHSE. The audit process is underway (29th May 2019 - submission date). <p>MMcD noted that new finance risks and sub-risks for 2019/20 have been added: FR009, FR009a and FR009b and FR0010. Post mitigation scores for these risks will be proposed at the next F&R Committee meeting in June 2019. MMcD explained the proposed new finance risks. He noted that the risk of non-delivery of the CCG's control total and risk of non-delivery of the CCG's statutory duty have been captured as two separate risks for 2019/20 (FR009 and FR0010); this has been done to ensure clarity and ease of monitoring given that the CCG's control total of £1m surplus is different to the statutory duty to breakeven.</p> <p><i>The committee approved the proposed updates, risk closures and addition of new risks to the F&R risk register.</i></p>	
<i>Estates</i>		
FR19/64	<p>Estates Update</p> <p>MMcD provided an update on CCG estates. He noted that the CCG will be providing the Governing Body's comments to the third party developer that presented an outline business case for a proposed scheme in the Crosby / Waterloo area at the Governing Body Part II meeting in April 2019.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Performance</i>		
FR19/65	<p>Quality Premium Report</p> <p>JL and MMcD presented the Quality Premium report and noted the possible achievement of Quality Premium funding (given that the CCG has met its financial plan in 2018/19 subject to external audit review) if the CCG can meet its incomplete pathways target.</p> <p>JL provided commentary on the CCG's performance against the indicators. The committee noted the summary of performance within the report.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR19/66	<p>Prescribing Spend Report – Month 11 2018/19</p> <p>SL provided an overview of the prescribing report for month 11. It was noted that at month 11, the CCG is forecast to be underspent by £2.59m or 9.1%.</p> <p>An extensive discussion followed which included Direct Oral Anticoagulants, cost</p>	

No	Item	Action
	<p>pressures in relation to FreeStyle Libre, and NHSE restricted items.</p> <p><i>The committee received this report.</i></p>	
FR19/67	<p>FreeStyle Libre Commissioning</p> <p>MMcD updated the committee on NHS England guidance, issued in March 2019, regarding national funding arrangements for flash glucose monitoring. The guidance expands the criteria for patients who are suitable to receive this technology. The meeting pack includes a letter from the Deputy Chair of the Pan Mersey Area Prescribing Committee, dated 28th March 2019, raising concerns regarding the new guidance. Members noted that the new criteria would entail a significant annual cost pressure for the CCG. SL confirmed that this is national guidance and not NICE guidance.</p> <p><i>The committee received this letter and update.</i></p>	
Minutes of Steering Groups to be formally received		
FR19/68	<ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – January 2019 • Sefton Property Estates Partnership (SPEP) Steering Group – February 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (January 2019) and the SPEP Steering Group meeting (February 2019).</p>	
Closing business		
FR19/69	<p>Any Other Business</p> <p><u>Benchmarking CCG visit</u></p> <p>GM reported that PC has offered to provide clinical input and participation if the CCG decide to visit a CCG / Trust that has shown significant improvement in financial position, for benchmarking purposes. MMcD confirmed this would be considered should a visit be arranged.</p> <p><u>Running Cost Allocations</u></p> <p>MMcD updated the committee on the proposed reduction in CCG Running Cost Allowance (RCA) for 2020/21. He reported the CCG's RCA will reduce from £3.228m to £2.848m, a reduction of 12% which takes account of real-term inflation and recent pay awards. He noted the finance team are reviewing this to understand the options that are available for the CCG.</p> <p><u>GM</u></p> <p>MMcD noted that this is the last F&R Committee meeting that will be chaired by GM, as he will be leaving his Governing Body role in June 2019. He thanked GM on behalf of the CCG for his work on the committee and offered the committee's best wishes for his future endeavours.</p>	
FR19/70	<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>	

No	Item	Action
	Date of next meeting Thursday 20 th June 2019, 1pm to 3pm 3 rd Floor Boardroom, NHS South Sefton CCG	

Approved

Finance and Resource Committee Minutes

Thursday 20th June 2019, 1pm to 3pm

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

Attendees (Membership)		
Graham Bayliss	Lay Member, SS CCG (F&R Committee Vice Chair)	GB
Jan Leonard	Director of Place, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Ex-officio Member*		
Fiona Taylor (item FR19/77 onwards)	Chief Officer, SS CCG	FLT
Apologies		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
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	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	May 19	June 19
Graham Morris	Lay Member (Chair) – Left CCG in June 2019	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	A	✓
Dr Pete Chamberlain	GP Governing Body Member					✓	✓	A	A	✓	A	A
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	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	✓	✓	✓	A	✓	A
Debbie Fagan	Chief Nurse	A	A	✓	✓	✓	✓	A	✓	A	✓	
Jan Leonard	Director of Place	✓	✓	✓	A	✓	✓	✓	A	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	✓	✓	✓	A	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes											✓
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	✓	*	*	*	*	*	*	*	✓

No	Item	Action
General business		
FR19/71	<p>Apologies for absence</p> <p>Apologies for absence were received from Alison Ormrod, Dr John Wray and Dr Pete Chamberlain.</p> <p>It was noted that Graham Bayliss (F&R Committee Vice Chair) would chair this meeting, as the newly appointed Lay Member for Governance and Chair of the F&R Committee would not be starting his Governing Body role until September 2019 at the earliest.</p>	
FR19/72	<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. • <i>FR19/80: Revised GPIT and ETTF Bids for 2019/20</i> It was noted that SS is a partner GP at two practices in South Sefton which could potentially benefit from GPIT and ETTF bids. SS had an indirect pecuniary conflict of interest in relation to this item. It was noted that the information in the report for this item was to be received and that a decision / resolution was not required. The Chair reviewed the declaration and decided that SS could be present during this item and participate in discussion, as the item did not require a committee decision. 	
FR19/73	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 16th May 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>	
FR19/74	<p>Action points from the previous meeting</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> In reference to the Pan Mersey APC recommendation for <i>Rheumatology high cost drug pathways - sequential options</i>, SL reported that Midlands & Lancashire CSU have confirmed Blueteq does not have the functionality to provide further assurance regarding sequential use. She noted that the committee had approved this Pan Mersey APC recommendation in February 2019, subject to</p>	

No	Item	Action
	<p>the request for the use of Blueteq to further gain assurance relating to sequential use. SL commented that despite Blueteq not having the required functionality, she would recommend the committee maintains approval of this APC recommendation in the interest of patient needs. She confirmed that CCG discussions will continue with Trusts to further gain assurance in this area as part of the wider system work. The committee agreed with this approach and confirmed approval of the Pan Mersey APC recommendation for <i>Rheumatology high cost drug pathways - sequential options</i>. Action closed.</p> <p>FR19/47 GPIT and ETTF Bids for 2019/20 MMcD reported that Paul Shillcock (Primary Care Informatics Manager at iMerseyside) has had extensive discussions with practices regarding GPIT and ETTF bids and therefore the proposed bids were not presented to the Primary Care Networks for comments. Action closed.</p> <p>FR19/57 Action points from the previous meeting (FR19/33 F&R Committee Terms of Reference) TK reported that she and Tracy Jeffes (the CCG's Director of Place) have continued to follow up with Lynne Creevy (Practice Manager Governing Body member at the CCG) for a response to the invitation to join the committee membership. It was agreed to close this action and approach the wider CCG membership for practice manager interest in joining the committee; JL confirmed she would action this.</p> <p>FR19/59 HR Performance Dashboard MMcD reported that a request has been made to the CCG's corporate team for further information and a breakdown in relation to the high percentage of days lost due to stress / anxiety / depression (63.95%) in March 2019. As the CCG's Corporate Support Officer is currently off work due to sickness, there has not been the capacity in the team to action this request with current priorities. It was agreed to defer this action to the next meeting scheduled for 18th July 2019.</p> <p>FR19/59 HR Performance Dashboard MMcD reported that the CSU Learning Team have provided the raw data behind the CCG statutory and mandatory training compliance rate for March 2019, which was below the 85% monthly target. He explained how the compliance rate had been calculated. MMcD confirmed he and TK will review this data to understand what the main issues are behind the lower than expected compliance rate for March 2019. This action is to supersede the current action on the tracker.</p> <p>FR19/62 CHC Update As AOR was not present at the meeting, the committee agreed to defer the action regarding an update on benchmarking data for CHC and FNC to the next meeting scheduled for 18th July 2019. Action still open.</p>	<p>JL</p> <p>MMcD / TK</p>
Service Contracts		
FR19/75	<p>Midlands & Lancashire CSU: Summary Service Report MMcD presented the Midlands & Lancashire CSU Summary Service Report for the period 1st January 2019 to 31st May 2019.</p> <p>MMcD confirmed an update on contract renewal of externally commissioned services with the CSU and costs will be provided to the Governing Body.</p>	MMcD

No	Item	Action
	<p>It was noted that the Sefton CCGs have requested a proposal from the CSU to provide a Discharge to Assess service. The CCGs have also requested clinical support to case manage complex non-CHC patients.</p> <p>GB enquired about capacity within the CSU to deal with HR changes if the proposed CCG merger between the Sefton CCGs, Liverpool CCG and Knowsley CCG goes ahead. MMcD confirmed the CCG will be monitoring this.</p> <p><i>The committee received this report.</i></p>	
<i>Brexit</i>		
FR19/76	<p>Brexit Considerations</p> <p>MMcD reported queries (to the CCG) regarding Brexit considerations have been limited at this stage and commented that he expects to have a fuller update by September 2019, given the extension to the UK's leave date to 31st October 2019.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Finance</i>		
FR19/77	<p>Finance Report - Month 2 2019/20</p> <p>MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st May 2019. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG's likely case deficit has been forecast at £8.899m, mainly due to lack of assurance that QIPP opportunities available to the CCG / wider system will be delivered during this financial year. • The CCG has identified potential QIPP schemes of £22.538m, although the majority are rated high risk at this stage; further work is required to implement schemes and realise savings. • Due to the early stage in the financial year, the CCG has limited data from providers to enable forecasting. • The main financial pressures at month 2 relate to Learning Difficulties due to high cost packages of care, Continuing Health Care and Funded Nursing Care. • Acting as One contracting arrangements have been agreed on a block contract basis for the financial year 2019/20 although savings will be available to the CCG if the CCG can work with partners to deliver reductions in activity / costs. <p>A discussion took place regarding the CCG's financial position, Acting as One, CCG QIPP saving opportunities as well as system wide QIPP and CIP opportunities. It was noted that the CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	

No	Item	Action
FR19/78	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register and reported on the following proposed changes:</p> <ul style="list-style-type: none"> • It was proposed that the finance risks for 2018/19 (FR005, FR005a and FR005b) are closed, as the 2018/19 financial position has been concluded with the production and audit of the 2018/19 Annual Report & Accounts. These risks have been renewed for 2019/20 as risks FR009, FR009a, FR009b and FR0010, which were presented at the last committee meeting on 16th May 2019. • It was proposed that the consequence post mitigation scores for each of the below risks and sub-risk be raised from 4 to 5, in line with the CCG risk matrix, as the initial month 2 report indicates that the CCG is behind on delivery of QIPP plan, with the likely case deficit reported as £8.899m. This would raise the overall post mitigation score of each risk and sub-risk to 20. <ul style="list-style-type: none"> - <i>Risk FR009: There is a risk of non delivery of the CCG's control total of £1m surplus in 2019/20 due to emerging pressures on expenditure or non delivery of its savings plan.</i> - <i>Sub-risk FR009a: There is a risk that the CCG will not fully deliver its planned QIPP target in 2019/20 caused by non delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.</i> - <i>Risk FR0010: There is a risk of non delivery of the CCG's statutory duty to breakeven in 2019/20 due to emerging pressures on expenditure or non delivery of its savings plan.</i> <p>The committee approved the above proposed changes; the risk register is to be updated with these changes. MMcD commented that the risk of not delivering the CCG's control total is now the highest risk facing the CCG subject to moderation.</p> <p>MMcD confirmed an update on risk FR007 (the risk of reputational damage caused by incorrect treatment of payments to GP Governing Body members and Clinical Leads resulting in a potential for cost pressures) would be provided at the Senior Leadership Team meeting scheduled for 25th June 2019.</p> <p><i>The committee reviewed the risk register and approved the proposed changes.</i></p>	MMcD / TK
FR19/79	<p>Individual Funding Request Service Annual Report 2018/19</p> <p>JL presented the Individual Funding Request Service (IFR) Annual Report 2018/19. She reported that the majority of IFR applications were made by Primary Care, which is not in line with the commissioning policy and is an issue that will be monitored by the CCG.</p> <p>JL referred to <i>Appendix 1 - Service Developments Identification</i> and confirmed that she will be reviewing whether the IFRs for services associated with SEND service provision (e.g. Speech and Language Therapy and Autism Spectrum Assessment) are listed for children or adults and will report back at the next F&R Committee meeting.</p>	JL

No	Item	Action
	<i>The committee received this report.</i>	
<i>IT</i>		
FR19/80	<p>Revised GPIT and ETTF Bids for 2019/20</p> <p>A declaration of interest in relation to this item was noted for SS (details of this together with the decision made are under item <i>FR19/72: Declarations of interest regarding agenda items</i>).</p> <p>MMcD presented a report outlining revised bids that were submitted to NHS England for GPIT and Estates and Technology Transformation (ETTF) schemes (by the deadline of 31st May 2019). Revised bids were submitted following a review of priorities further to feedback from NHS England that the value of the initial bids (submitted in March 2019) needed to be scaled down as proposed schemes exceeded the available budget.</p> <p>MMcD provided an overview of the revised GPIT and ETTF bids as detailed in the report.</p> <p>MMcD reported that concerns have been raised about the speed of IT connections in Sefton and confirmed that this issue will be reviewed.</p> <p><i>The committee received this report and noted submission of bids to NHSE following review of priorities.</i></p>	
<i>Prescribing</i>		
FR19/81	<p>Prescribing Spend Report – Month 12 2018/19</p> <p>SL provided an overview of the prescribing report for month 12. It was noted that at month 12, the CCG is forecast to be underspent by £2.67m or 9.4%.</p> <p>SL reported on monitoring activity (on areas such as anti-microbial items) being undertaken by the Medicines Management team in relation to national and local projects and indicators; further details are contained within the report. The committee noted the positive work being undertaken by the Medicines Management team regarding quality and patient safety in addition to reducing expenditure.</p> <p><i>The committee received this report.</i></p>	
FR19/82	<p>Omnipod tubeless insulin pump discount price agreement</p> <p>SL presented a paper recommending approval of a discount price agreement for Omnipod tubeless insulin pumps, which is being offered by Insulet International Ltd (Insulet), and will be valid for a 12 month period from 1st July 2019.</p> <p>The report notes that Animas Corporation recently announced it will discontinue the manufacturing and sale of Animas Vibe insulin pumps. Insulin dependent diabetic patients at Aintree University Hospital NHS Foundation Trust and Southport & Ormskirk NHS Trust, who have been issued with Animas Vibe insulin pumps, are being switched to an Omnipod insulin pump when appropriate.</p> <p>SL confirmed that the potential savings per switch, with the discount agreement, would be £381.55.</p>	

No	Item	Action
	<p>The committee discussed the discount agreement and approved it providing the switch to Omnipod tubeless insulin pump is appropriate for each individual patient.</p> <p><i>The committee approved the discount price agreement for Omnipod tubeless insulin pumps providing the switch to Omnipod tubeless insulin pump is appropriate for each individual patient.</i></p>	
FR19/83	<p>Sefton Continence Prescription Service - 2018/19 Review</p> <p>SL presented a paper relating to prescribing activity for the Sefton Continence Prescription Service provided by Coloplast Ltd, as at March 2019. The paper reviews and details the factors that have been considered upon review of the overspend of the service at year end 2018/19. SL provided an overview of the factors detailed within the report, which was noted by the committee. SL commented that the review undertaken for this report provides assurance on the quality of care the service has provided but noted there is still a financial issue in terms of overspend which needs to be monitored.</p> <p>SL reported that there is a piece of work to be undertaken to ensure the Sefton Continence Prescription Service is working seamlessly with Mersey Care.</p> <p>FLT noted that work with Coloplast Ltd is required to analyse future forecast projections and trends, taking into account demographics and clinical need; JL and SL to action.</p> <p><i>The committee received this report.</i></p>	JL / SL
FR19/84	<p>Erenumab (Aimovig) – Novartis ‘Free of Charge’ (FOC) Supply Scheme</p> <p>SL presented a paper regarding a ‘Free of Charge’ (FOC) supply scheme for Erenumab (Aimovig) used in the prevention of migraines, which is being offered by Novartis prior to NICE approval. The Walton Centre has informed the CCG of intention to sign up to this scheme. SL noted that the paper has been brought to the F&R Committee to make members aware of the existence of FOC supply schemes. Members noted that the Pan Mersey Area Prescribing Committee does not recommend that CCGs or Trusts sign up to FOC supply schemes at present; concerns are listed within the report which were noted by the committee.</p> <p>It was agreed for a letter to be sent from FLT to the Walton Centre to confirm the CCG’s position (based on discussions by the Joint Medicines Operational Group) that signing-up to FOC schemes is not recommended; SL and FLT to action.</p> <p><i>The committee received this report.</i></p>	SL / FLT
Minutes of Steering Groups to be formally received		
FR19/85	<ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – March 2019 • Sefton Property Estates Partnership (SPEP) Steering Group – April 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (March 2019) and the SPEP Steering Group meeting (April 2019).</p>	

No	Item	Action
Closing business		
FR19/86	<p>Any Other Business</p> <p><u>Updated F&R Committee Terms of Reference</u> MMcD presented an updated F&R Committee Terms of Reference. The committee Terms of Reference had been reviewed and approved at the Governing Body meeting on 6th June 2019. Since approval, it had been noted that the Director of Strategy & Outcomes should have been included in the committee membership as a voting member further to recent Leadership Team portfolio changes. This role has now been added to the Terms of Reference.</p> <p>The committee noted and approved this amendment, which will be reported as a key issue at the next Governing Body meeting.</p> <p><u>QIPP Week</u> MMcD reported that the CCG will be holding a QIPP Week on 1st-5th July 2019 to focus on developing QIPP plans. Jitka Roberts, the system turnaround director jointly appointed by the Sefton CCGs and Southport and Ormskirk NHS Trust, has been working on the agenda for QIPP Week.</p> <p><u>Next Committee Meeting</u> MMcD provided advance apologies for the next committee meeting scheduled for 18th July 2019, as he will be representing the CCG at a SEND meeting in London. Members decided to keep the current F&R meeting date for July, as the Deputy Chief Finance Officer would be present.</p>	
FR19/87	<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 18th July 2019 1pm to 3pm 3rd Floor Boardroom, NHS South Sefton CCG, 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 28th March 2019 at 09.00 – 12.00
Venue: 5A, Merton House, Stanley Road, Bootle, L20 3DL

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 (SSCCG/SFCCG)	BP

Ex Officio Member

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

Helen Roberts	Lead Pharmacist (SSCCG/SFCCG)	HR
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Dr Rob Caudwell	GP Governing Body Member - Chair (SSCCG/SFCCG)	RC
Martin McDowell	Chief Finance Officer (SFCCG/SSCCG)	MMcD
Dr Doug Callow	GP Quality Lead/GB Member (SSCCG/SFCCG)	DC
Moira Harrison	Planned Care Lead (SSCCG/SFCCG)	MH
Helen Case	Designated Nurse Children in Care (SSCCG/SFCCG)	HC
Mel Spelman	Programme Manager for Quality & Risk - Quality Team (SSCCG/SFCCG)	MS

Apologies

Debbie Fagan	Chief Nurse & Quality Officer (SFCCG/SSCCG)	DF
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Gill Brown	Lay Member (SFCCG)	GB
Graham Bayliss	Lay Member (SSCCG)	GBa

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)

Name	Membership	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Dr Rob Caudwell	GP Governing Body Member	N	L	✓	✓	L	N	✓	A	✓	N	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	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	A	A
Billie Dodd	Head of CCG Development	N	✓	A	✓	A	N	A	A	A	N	✓	A
Debbie Fagan	Chief Nurse & Quality Officer	N	✓	✓	✓	L	N	A	✓	✓	N	A	✓
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	✓	A
Dr Andrew Mimmagh	Clinical Governing Body Member	N	A	A	A	A	N	A	A	A	N	A	A
Dr Jeffrey Simmonds	Secondary Care Doctor	N	✓	✓	A	✓	N	✓	A	A	N	A	A

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

No	Item	Actions
19/49	<p>Welcome, Introductions & Apologies</p> <p>Dr Robert Caudwell welcomed everyone to the meeting. Apologies were noted from Fiona Taylor, Debbie Fagan, Dr Gina Halstead, Gill Brown and Dr Jeffrey Simmonds.</p> <p>Having received the above apologies, the meeting was deemed as not being quorate, therefore all agenda items requiring approval will be circulated via email to the Committee Members to request their approval with formal ratification to be made at the next meeting.</p> <p>Action: Michelle Diable to circulate all agenda items requiring approval via email to the Joint Quality Committee members prior to the next Joint Quality Committee.</p>	MD
19/50	<p>Declarations of Interest</p> <p>No declarations were noted.</p>	
19/51	<p>Minutes & Key issues log of the previous meeting</p> <p>The previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 28th February 2019.</p>	

No	Item	Actions
19/52	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</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 advised that he had forwarded the information to Michelle Diable to circulate to the Committee. Martin McDowell suggested checking the information as the action relates back to September 2018.</p> <ul style="list-style-type: none"> • 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report <p>Action to remain on the tracker for when the legislation changes come in to force.</p> <ul style="list-style-type: none"> • 19/6 (ii) Amanda Gordon to contact Gill Brown in relation to context being added against the metrics to provide assurance. <p>Brendan Prescott advised that Amanda and Gill are meeting to take forward this action.</p> <p>Action completed and therefore to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/6 (iii) Dr Rob Caudwell to raise the small TIA patient numbers with the Medical Director <p>Dr Rob Caudwell advised that the meeting is to be convened but possible meeting dates have been circulated.</p> <ul style="list-style-type: none"> • 19/6 (iv) Amanda Gordon to highlight the lack of provider comments in relation to key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) to Gordon Jones and Sue Gough. <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/16 Tracey Forshaw to present the amended Clinical Supervision Policy at the March Joint Quality Committee. <p>Action on agenda therefore can be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/28 (i) Michelle Diable to circulate the Quality Team Portfolio Presentation to the Joint Quality Committee Members <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/28 (ii) Debbie Fagan to escalate the concerns raised in relation to the Quality Team portfolio and revisit the Quality Team Budget. <p>Brendan Prescott advised that this action was included in the Key Issues Log which is presented at Governing Body. Action completed and to be removed from the tracker.</p>	<p>TF</p> <p>RC</p>

No	Item	Actions
	<ul style="list-style-type: none"> • Action 19/28 (iii) Programme Manager Realignment paper to be presented to the Joint Quality Committee in April 2019. <p><i>Action to be undertaken in April, therefore to remain on the tracker.</i></p> <ul style="list-style-type: none"> • Action 19/28 (vii) Dr Gina Halstead to liaise with Dr Doug Callow regarding potential coding differences. <p><i>Action deferred to the next meeting, therefore to remain on the tracker.</i></p> <ul style="list-style-type: none"> • 19/29 (ii) Michelle Diable to circulate the full extended clinical review report to the Joint Quality Committee. <p>Action completed and therefore to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/33 The CCG to look at NRLS reporting to compare MCFT and LCFT. <p><i>Mel Spelman advised that she would contact Gill Murphy to take this action forward.</i></p> <ul style="list-style-type: none"> • Action 19/36 Debbie Fagan to raise the concerns of the impact of Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. <p><i>Action deferred to the next meeting and therefore to remain on the tracker.</i></p>	<p style="text-align: center;">DF</p> <p style="text-align: center;">GH</p> <p style="text-align: center;">MS</p> <p style="text-align: center;">DF</p>
19/53	<p>Chief Nurse Report</p> <p>Brendan Prescott presented the Chief Nurse report which seeks to update the Committee with any key issues that have occurred since the last report presented on 28th February 2019.</p> <p>The main points noted by the Committee were as follows:-</p> <ul style="list-style-type: none"> • Quality Risk Profile Tool for the Southport and Ormskirk NHS Trust has been updated. • Serious Case Review 2 and 3 have been presented to the LSCB and the recommendations have been accepted by the Partnership. Serious Case Review 4 is progressing as per the timeline. <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/54	<p>Performance Highlight Report</p> <p>Brendan Prescott presented the performance highlight report which seeks to provide the Committee with a summary of key issues, narrative and accompanying performance dashboard.</p> <p>Dr Rob Caudwell highlighted the significant number of cancer Referral to Treatment (RTT) cases in particular breast symptom deterioration. It was noted that this issue was on the agenda at the Planned Care Group Meeting scheduled that day. It was requested that this be highlighted at the next Leadership Group Meeting.</p> <p>Action: Brendan Prescott to highlight the significant number of cancer RTT cases in particular breast symptom deterioration at the next Leadership Group Meeting.</p> <p>It was noted that there are quality issues in relation to Early Intervention Psychosis and physical assessments not being commissioned for Mersey Care NHS Foundation Trust to do or Primary Care.</p> <p>Outcome: The Committee received the report.</p>	BP
19/55	<p>North West Ambulance Service (NWAS) Performance Report</p> <p>Brendan Prescott advised that the NWAS Performance Report would be presented at the next meeting</p> <p>Outcome: The Report was deferred to the next meeting.</p>	
19/56	<p>NHS 111 Performance Report</p> <p>Brendan Prescott advised that the NHS 111 Performance Report would be presented at the next meeting.</p> <p>Outcome: The Report was deferred to the next meeting.</p>	
19/57	<p>CCG Safeguarding Team Q3 (2018-2019) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update</p> <p>Helen Case presented this report which provides analysis of commissioned health services in respect of Q3 Safeguarding Quality Schedule and also the developments and updates in respect of the Safeguarding Children and Adults Agenda.</p> <p>The Committee noted that Aintree University Hospital NHS Foundation Trust and Liverpool Women's NHS Foundation Trust have provided a limited assurance rating.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/58	<p>Multi- Agency Safeguarding Arrangements – Plan Update</p> <p>Helen Case presented the report which seeks to provide an update on the progress of Sefton’s multi-agency safeguarding arrangements plan. Brendan Prescott advised that the plan had been presented at the Sefton Safeguarding Board the day before.</p> <p>The Committee noted that the multi-agency safeguarding plan is currently being developed based on the requirements set out in “Working Together 2018”, in line with timescales for the proposed publication date of 29th June 2019.</p> <p>Helen advised the Committee that the CQC action plan is be resubmitted on 4th July 2019. The action plan is progressing; the CCG had facilitated 5 workshops in relation to Looked After Children and Safeguarding and the outcome had been presented to the Overview & Scrutiny Committee.</p> <p>Brendan Prescott wished to formally thank Helen Case and the team for the work they have undertaken.</p> <p>Outcome: The Committee received the plan update.</p>	
19/59	<p>Quality Risk Register</p> <p>Mel Spelman presented the report and advised that the following 2 new risks had been added to the Quality Risk Register:-</p> <ul style="list-style-type: none"> • MCA/DoLs - the process caused by amended legislation due to come in to force in April 2019, resulting in risk to quality and safety of care for vulnerable patients. The risk is not yet known but the CCG does not have the system in place to support it. • Woodlands Hospice – there is a risk that the hospice will not be able to sustain the level of provision caused by the lack of financial resource resulting in the potential closure of Woodlands Hospice. <p>The Committee noted that there are a total of 43 open risks for South Sefton CCG and Southport & Formby CCG and closure has been requested for 3 risks, confirmation of which is awaited.</p> <p>Brendan Prescott requested that the gap in performance for Youth Offending Service be added to the Quality Risk Register. He advised that controls are in place to mitigate the risk.</p> <p>Outcome: The Committee received and noted the Quality Risk Register.</p>	
19/60	<p>Performance and Quality Investigation Review Panel (PQIRP)</p> <p>Mel Spelman presented the report which seeks to request approval of the PQIRP terms of reference.</p> <p>It was noted that the PQIRP is supported by the Senior Management Team and will report to the Joint Quality Committee as a sub-group.</p> <p>Outcome: The Committee approved the terms of reference which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	

No	Item	Actions
19/61	<p>Clinical Supervision Policy</p> <p>Brendan Prescott presented the draft Clinical Supervision Policy and advised that the following changes had been made since it was last presented to the Committee in January 2019:-</p> <ul style="list-style-type: none"> • Policy title to be more specific as to which cohort of staff the policy applies; • Clarification of funding for both roles and to make clear whether clinical supervision is compulsory. <p>Outcome: The Committee approved the draft policy which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/62	<p>De-Commissioning of Telehealth Service in Care Homes – QIA</p> <p>Moira Harrison presented the report and advised that there were no clinical benefits to continue with the Telehealth service and she explained that numbers were high which may impact on A&E admissions and will also impact on primary care as GPs will receive the calls.</p> <p>A business case for a new model is to be drafted, the model should demonstrate value for money and “buy in” from the local authority. The contract ends on 31st March 2019 but a period of grace has been requested to enable a demobilisation plan to be put in place. Moira advised that she will be attending a Primary Care Network Leads Meeting and also the next QIPP meeting where this will be discussed.</p> <p>Outcome: The Committee ratified the report.</p>	
19/63	<p>Work Plan</p> <p>Mel Spelman presented the work plan to the group and explained that there were no major changes made.</p> <p>Outcome: The Committee received and noted the work plan.</p>	

No	Item	Actions
19/64	<p>GP Quality Lead Report</p> <p>Dr Doug Callow advised that through the SI process there have been recurring issues around a lack of senior supervision at Southport and Ormskirk Hospital. Tracey Forshaw and Dr Callow met with Dr Terry Hankin and were assured that progress has been made and that the issues were fully acknowledged as cultural.</p> <p>A Critical Care Outreach Team has been established for outliers. Consultant job plans are dealing with Senior oversight and review rather than a SOP on senior clinical review and clinical standards at this point. Fridays had been an issue but have been now been addressed as previously many senior staff members were not rostered in.</p> <p>A 5 day service has been established which will move to implement a 7 days service delivery. Virtual board rounds are helping with flow and quality care. Feedback from F1 to Health Education North West are changing the culture to support juniors.</p> <p>Dr Terry Hankin has been invited to the monthly clinical meetings which are attended by Gill Brown and lead clinicians This is designed to deal with interface issues as well as improve communication lines and clinical engagement.</p> <p>2 week wait referrals are not just a cancer exclusion service. GPs refer with a clinical question that requires the trust to investigate and answer, it has been made clear that often Trust clinicians are not responding to or addressing clinical questions asked, just doing a series of tests and not providing joined up care. This results not infrequently in patients coming to see the GP to find out what was found and what needs doing and this is not good value or quality. Dr Terry Hankin received this feedback at CCQRM.</p> <p>At CCF and CCQRM the Trust was asked to make its clinicians aware that patients with frailty or in need of therapy services or enhanced support after admission, should be referred directly to ICRAS or to therapy services and not leave it to the GP.</p> <p>Dr Rob Caudwell informed the Committee about the Mortality Review Group being cancelled for three consecutive months and had not been rearranged. Brendan Prescott advised that this was raised at the CCQRM Meeting and that Tracey Forshaw would be making enquires as to why the last three meetings were cancelled.</p> <p>Action: Tracey Forshaw to make enquiries as to why the last three meetings were cancelled.</p> <p>Outcome: The Committee received the report.</p>	TF
19/65	<p>Locality Updates</p> <p>Brendan Prescott advised that there were no locality updates to note.</p>	

No	Item	Actions
19/66	<p>Engagement and Patient Experience Group (EPEG) – Key Issues Log</p> <p>Mel Spelman presented this item and advised that she had attended the EPEG Meeting on 13th March 2019. Mel informed that Southport and Ormskirk Hospital NHS Trust had presented their 2020 vision at the EPEG meeting which was a useful presentation and she would circulate it if anyone wished to view it.</p> <p>It was noted that there is a gap in young people engagement and that not many patients complete Friends and Family questionnaires. There was no representation at EPEG from Mersey Care NHS Foundation Trust, but this was due to a miscommunication however, confirmation of attendance at the May meeting had been received.</p> <p>Outcome: The Committee received the EPEG Key Issues Log.</p>	
19/67	<p>Joint Medicines Operational Group (JMOG) Terms of Reference</p> <p>Helen Roberts presented the JMOG Terms of Reference for approval by the Committee.</p> <p>Outcome: The Committee approved the JMOG Terms of Reference which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/68	<p>Evaluation of Medicines Management Hub Pilot</p> <p>Helen Roberts presented the report and requested approval from the Committee. The evaluation will be undertaken by the GP practices covered by the pilot hubs being asked to complete a questionnaire.</p> <p>Outcome: The Committee approved the evaluation of the Medicines Management Hubs which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/69	<p>Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Key Issues Log</p> <p>The Committee noted the key issues from the JMOG meeting held on 1st March 2019.</p> <p>Outcome: The Committee received the report.</p>	
19/70	<p>Month 12 CCG's Serious Incident Management Improvement Programme</p> <p>Mel Spelman presented the paper which provides an update on the CCG serious incident improvement programme and action plan. All actions are in place and the Committee was asked that the action plan be closed down, be removed from the risk register and receive quarterly reporting.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/71	<p>CCG's Personal Health Budget (PHB) Policy Extension</p> <p>Brendan Prescott presented the report which seeks to request that the PHB policy be extended a further three months until June 2019, for the necessary changes to be made which need to reflect the legal framework for adults who Continuing Health Care eligibility are to be offered a PHB as a result.</p> <p>Outcome: The Committee approved the PHB Policy Extension which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/72	<p>Serious Incident Review Group (SIRG) Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 14th February 2019 • Southport and Formby CCG – 6th February 2019 <p>Outcome: The Committee received the SIRG minutes.</p>	
19/73	<p>Joint Quality Committee Attendance Tracker April 2018 – February 2019</p> <p>Brendan Prescott introduced this item and explained that the CCG's Annual Report includes Committee attendance information from April 2018 to current date and requested that the Committee confirm if the attendance tracker is correct.</p> <p>Outcome: The Committee approved the Joint Quality Committee Attendance Tracker which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/74	<p>Any Other Business</p> <p>No items discussed.</p>	

No	Item	Actions
19/75	<p>Key Issue Log (issues identified from this meeting)</p> <p>South Sefton CCG:</p> <ul style="list-style-type: none"> • Cancer Referral to Treatment - Breast symptom deterioration. Item to be discussed at the Planned Care Group and the Leadership Team Meeting; • Early Intervention Psychosis – quality issues; • Eating disorder service - physical assessment not being commissioned for Mersey Care NHS Foundation Trust or Primary Care; • Woodlands Hospice – potential funding gap, approx. £250 - £400k for 2020 – 2012; • QIA on the decommissioning of Telehealth and agreed for it to go to QIPP; • Serious Incident Programme Plan closure. <p>Southport and Formby CCG:</p> <ul style="list-style-type: none"> • Health visiting configuration, locality versus practice model. Discussion to take place with Local Authority Commissioner and Lancashire Care NHS Foundation Trust ; • QIA on decommissioning of Telehealth and agree for it to go to QIPP; • Serious Incident Programme Plan closure. 	
19/76	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 25th April 2019 at 9am – 12noon at Marshside Surgery, Southport.</p> <p>Apologies noted for the next meeting:</p>	

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

Date: Thursday 30th May 2019 at 09.00 – 12.00
Venue: 5A, Merton House, Stanley Road, Bootle, L20 3DL

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
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP

Ex Officio Member

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

Helen Roberts	Lead Pharmacist (SSCCG/SFCCG)	HR
Karen Garside (for agenda item 19/91 only)	Designated Nurse Safeguarding Children (SSCCG)	KG
Mel Spelman	Programme Manager for Quality & Risk - Quality Team (SSCCG/SFCCG)	MS
Sharon Forrester (for agenda item 19/87 & 19/88 only)	Head of Commissioning and Delivery Urgent Care (SFCCG)	SF
Amanda Gordon (for part of the meeting)	Programme Manager, Quality and Performance (SSCCG/SFCCG)	AG

Apologies

Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP

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	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19
Dr Rob Caudwell	GP Governing Body Member	✓	✓	L	N	✓	A	✓	N	L	✓	✓	N	✓
Graham Bavliss	Lay Member for Patient & Public Involvement	✓	A	✓	N	A	A	✓	N	✓	✓	A	N	✓
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	A	N	✓	✓	A	N	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	A	N	✓	✓	✓	N	A	A	✓	N	✓
Billie Dodd	Head of CCG Development	A	✓	A	N	A	A	A	N	✓	A	A	N	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	L	N	A	✓	✓	N	A	✓	A	N	-
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	✓	N	✓	✓	✓	N	✓	✓	A	N	✓
Martin McDowell	Chief Finance Officer	A	A	A	N	A	✓	✓	N	✓	A	✓	N	✓
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	A	N	A	A	A	N	A	A	-	N	-
Dr Jeffrey Simmonds	Secondary Care Doctor	✓	A	✓	N	✓	A	A	N	A	A	A	N	A

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

No	Item	Actions
19/77	<p>Welcome, Introductions & Apologies</p> <p>The Chair welcomed everyone to the meeting and introduced Fiona Taylor - Chief Officer who was present to verbally update the quality committee on two matters.</p> <p>(i) SEND Revisit</p> <p>The SEND revisit had taken place from 15th– 17th April 2019 led by Ofsted with the CQC. The informal feedback and subsequent draft letter is to be published on 10th June 2019. Whilst the criticisms were system wide affecting; Education Health Care Plans (EHCP) and educational progress, there are specific issues for the CCGs as commissioners; with the role of the Designated Clinical Officer, waiting times, appointment systems, holding providers to account and interaction with parents all receiving attention. The inspectors also commented on the lack of pace and little change from the previous inspection. Some positives were also highlighted.</p> <p>As Accountable Officer, Fiona had pulled together an action plan to understand CCG systems and this is to be shared at the June Governing Bodies.</p> <p>The task for overseeing the original plan had been previously delegated to the Quality Committee. The inspectors commented on the leadership and oversight of the plan. An immediate governance review had demonstrated that papers had been received across both internal and external meetings and assurance had been given re progress against plan.</p> <p>One of the governance changes going forward as a result of the revisit will be a change to the governing body having direct oversight of the new action plan.</p> <p>Fiona also reported that Martin McDowell is now acting as the CCG SEND lead. Immediate actions had been put in place to increase SALT service provision.</p> <p>Media interest is likely; therefore the CCG Chairs with Fiona and Martin have received media training. Martin is working closely with Alder Hey Children’s NHS Foundation Trust, North West Boroughs NHS Healthcare NHS Foundation Trust colleagues, Emma Powell, Designated Clinical Officer and local authority colleagues. An action plan was being developed across the partnership with a newly established SEND Improvement Board, co-chaired by Fiona Taylor Accountable Officer and Dwayne Johnson CEO at Sefton Council. The Chairs have met with the Leader and other Council colleagues. They had expressed the concern and disappointment of SMBC with health services.</p> <p>Fiona also reported that she had met with representatives of the Sefton SEND Parent Carer Forum.</p> <p>Fiona would be meeting Graham Bayliss & Gill Brown as Lay Members to request their ongoing support with the interface with parents, to promote ongoing improvements.</p> <p>Fiona also reported that there would be a challenge session arranged in the very near future for both Governing Bodies arranged in order to consider lessons learned. The Quality Committee will also have the opportunity to meet to explore Committee member’s reflections.</p>	

	<p>Fiona reminded the Committee of confidentiality as the Ofsted/CQC letter was not yet in the public domain.</p> <p>(ii) Quality Committee and Team Changes</p> <p>Fiona informed the Joint Quality Committee that subject to approval by the governing body, it will become the Joint Quality and Performance Committee, in order to reflect the recent governance review. The proposed revised terms of reference will be taken to the June 2019 Governing Bodies for approval.</p> <p>Debbie Fagan Chief Nurse is on secondment in a system leadership role as Programme Director of Unplanned & Emergency Care until 31st March 2020. The Chief Nurse role will be covered by a secondment.</p> <p>The vacancy within the Quality Team as Deputy Head of Quality and Safety has been recently filled. The Band 7 Programme Manager role to replace Amanda Gordon is also filled by Jenny Piet who starts on 1st July 2019.</p> <p>The quality review being undertaken by Julie Bolus is also due to report; this would help shape any future capacity requirements in the quality team.</p> <p>Apologies were noted from Dr Jeffery Simmonds and Brendan Prescott.</p>	
19/78	<p>Declarations of Interest</p> <p>No declarations were noted.</p>	
19/79	<p>Minutes & Key issues log of the previous meeting</p> <p>With the following amendments, the previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 28th March 2019.</p> <ul style="list-style-type: none"> • Agenda Item 19/64 – GP Quality Lead Report, wording to be amended by Dr Doug Callow. • Agenda Item 19/64 –GP Quality Lead Report, Tracey Forshaw to enquire why the last three Mortality Review Group Meetings had been cancelled, to be highlighted as an action. <p>Action: Amanda Gordon to take forward the above action in Tracey Forshaw's absence.</p>	AG
19/80	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</p> <ul style="list-style-type: none"> • 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report <p>Fiona Taylor advised that a presentation will be taken to Governing Body when the legislation changes are understood. Action to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/6 Provider Quality and Performance Report/Dashboard (ii) Amanda Gordon to contact Gill Brown in relation to context being added against the metrics to provide assurance. 	

	<ul style="list-style-type: none"> NHSE have requested that CCGs have assurance of current Electronic Referral Service Standard (ESR) Operating Procedures (SOPs) being in place with providers to facilitate the ESR process and mitigate the risk of patients not being re referred when rejected by the provider due to paper referrals. Provider Cost Improvement Plans to be discussed with the Deputy Chief Nurse. CIP report to be presented to a future Joint Quality Committee Meeting. Concerns were raised in relation to Aintree University Hospitals NHS Foundation Trust paper switch off in radiology from August 2019. This will be discussed at the next CCF and CQPG meetings and an update to be provided at the future Joint Quality Committee. <p>Action: Lay Members to be invited to future North Mersey Quality Accounts events.</p> <p>Action: Provider Cost Improvement Plans to be discussed with the Deputy Chief Nurse.</p> <p>Action: Fiona Taylor, Brendan Prescott and Martin McDowell to produce CIP report demonstrating the potential impact and present it at a future Joint Quality Committee.</p> <p>Action: ERS SOPs to be presented at a future Joint Quality Committee meeting to provide assurance.</p> <p>Action: Aintree University Hospital NHS Trust paper switch off in radiology update to be provided at a future Joint Quality Committee.</p> <p>Outcome: The Committee received the report.</p>	<p>BP</p> <p>FLT</p> <p>FLT/BP/MMc</p> <p>BP</p> <p>GH</p>
19/82	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead raised concerns in relation to Aintree University Hospitals NHS Foundation Trust paper switch off in radiology from August 2019. This will be discussed at the next CCF and CQPG meetings and an update to be presented at the Joint Quality Committee.</p> <p>Dr Gina Halstead noted the following issues:-</p> <ul style="list-style-type: none"> There have been 2 serious incidents at Aintree University Hospital NHS Foundation Trust; one relating to surveillance of Barrett’s Oesophagus and the other in relation to surveillance of patients with chronic severe liver disease. These will be managed through the SIRG. Concerns in relation to the centralisation of the Health Visiting Service which is a national mandate. This was discussed earlier in the meeting and Fiona Taylor had advised that she would invite Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Trust representative to attend the next Committee meeting to provide an update. Feedback from membership has been received in relation to locality/networks not receiving feedback from Aintree University Hospital NHS Foundation Trust regarding quality queries regarding patient care (e.g. inadequate discharge information) directed through the Quality Team. The process Aintree University Hospital NHS Foundation Trust already have in place to be used as this is monitored and reported to Aintree’s CQPG. The following email address is to be used from practice or personal nhs.net accounts - concerns@aintree.nhs.uk. 	

	<p>Dr Doug Callow advised of the following issues:-</p> <ul style="list-style-type: none"> • Bowel prep issue, work has been undertaken with Southport and Ormskirk Hospital NHS Trust and the Cancer Lead GP, improvements have been made. A joint letter to GPs from Dr G. Allen around the refined arrangements has been prepared. • There was an issue regarding communications to patients/GP which has been raised with the Southport and Ormskirk NHS Trust Medical Director. • CCF Meeting – ICRAS/frailty best way to improve quality and stop work unnecessarily going to GPs is on discharge after NE admission Southport and Ormskirk should be referring directly to ICRAS and therapy/community services not to the GP. • CCQRM – All pregnant women booking at Southport and Ormskirk Hospital - the Trust has confirmed that the GP will get a letter. • Stroke and HASU – There are 2 locums in place but they are not on the specialist register. • Guardian of Safe working GOSW – Colleagues briefed around the positive work to support junior staff. • Never Event – pain block wrong site - received report and concern as in spite of “stop before you block campaign RCS anaesthetists 2018”. AA LOCSIPS NATSSIPS – report highlights lack of clear governance, WHO check lists, risk lies with patient no operator, theatre culture will be focus of work, Kevin Thomas taking a lead role. • Clinical Meetings are held monthly, attended by local GP and clinical leads and Mr Terry Hankin and Mr Kevin Thomas. • Digital Software – discharge summaries are poor, do not know the reason why certain drugs are suspended. • Mortality – Chris Goddard is the lead, 3 meetings had been cancelled but have resumed again. <p>Outcome: The Committee received the updates.</p>	
<p>19/83</p>	<p>Quarter 4 Serious Incident Reports</p> <p>Mel Spelman introduced the quarter 4 serious incident reports for South Sefton and Southport and Formby CCGs. It was noted that there continues to be an improvement on the numbers of incidents closed on StEIS which has been attributed to the presence of the Trust at the SIRG panel.</p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>Dr Gina Halstead referred the Committee to page 31 of the meeting pack, page 6 of the report to the provider Sui’s table. There were 2 incidents and 1 Never Event. One serious incident related to a failure in following up liver patients. The recall system failed and this was highlighted by a nurse. There were 331 patients recalled, there was no harm made. A proposal to use the same recall system as Barrett’s has been made. The Serious Incident Review Group (SIRG) is managing both incidents.</p> <p><u>Mersey Care NHS Trust (South Sefton Community Services)</u></p> <p>It was noted that there were 3 incidents open for South Sefton Community Services at the end of quarter 4. There were no 72 hour reports submitted for the 3 incidents reported. Mel Spelman will formally write on behalf of the Chief Officer to Mersey Care NHS Foundation Trust with a formal statement to request that 72 hour reports be submitted as part of their contractual obligations. A copy of the letter to be sent to Jan Ledwood.</p>	

	<p>Action: Mel Spelman to formally write to Mersey Care NHS Foundation Trust to request that the 72 hour reports are submitted.</p> <p><u>Southport and Ormskirk Hospitals NHS Trust</u></p> <p>A big improvement with 48 hour report was noted. The Trust has a deadline of November 2019 to clear the back log and be compliant.</p> <p>The Committee noted that Lessons learned need to be captured and also that success should be celebrated.</p> <p><u>Lancashire Care NHS Foundation Trust</u></p> <p>Mel Spelman noted that there is 1 Root Cause Analysis on going relating to a pressure ulcer which was transitioned over. There are no other issues currently.</p> <p>Fiona Taylor asked how the CCG is kept informed of Serious Case Reviews (SCR) and requested that the case, background of the issue and the findings and outcome are included in the report going forward.</p> <p>Action: Mel Spelman to include the following in the Serious Incident Report going forward; state the case, the background of the issue and both the findings and outcome including lessons learned.</p> <p>Outcome: The Committee received the reports.</p>	<p>MS</p> <p>MS</p>
<p>19/84</p>	<p>Performance Highlight Report</p> <p>Amanda Gordon presented this item which seeks to provide the Committee with an overview of provider performance.</p> <p>Dr Gina Halstead referred the Committee to page 79 of the meeting pack, page 3 of the report in relation to Key Performance Indicators (KPI) for home equipment. Dr Halstead raised concerns in relation to the data which is missing from August to March. Amanda advised that she was aware of a change in provider but would investigate why the data is missing.</p> <p>Action: Amanda Gordon to link in with lead commissioners regarding non-reporting against KPIs/ poor performance to request remedial action plan and provide an update at the next Committee meeting.</p> <p>It was suggested inviting the appropriate commissioning manager to attend the Joint Quality Committee meetings going forward to provide further information on their specific areas.</p> <p>Action: Billie Dodd to invite the appropriate commissioning managers to the Joint Quality Committee to address any performance issues arising from the Committee.</p> <p>Martin McDowell suggested having a contract meeting after the Joint Quality Committee Meeting to address any issues arising from the Committee.</p> <p>Action: Contract Meeting to be convened after the Joint Quality Committee.</p> <p>Outcome: The Committee received the reports.</p>	<p>AG</p> <p>BD</p> <p>MMc</p>
<p>19/85</p>	<p>Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester & SFSS</p>	

	<p>Billie Dodd presented this report which seeks to provide the Committee with a summary of the quality performance of the Out of Hours provider Go To Doc.</p> <p>Gill Brown referred the Committee to page 91 of the meeting pack, in relation to Patient Feedback and raised concerns about the low numbers of home visits. The Committee noted that home visits are mainly undertaken by one GP.</p> <p>Billie Dodd advised that the contract was extended in line with others due to changes in urgent care.</p> <p>Billie Dodd to investigate why delays are occurring. It was noted that a broader discussion is required with the Primary Care Networks in relation to the Out of Hours Service.</p> <p>Action: Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>Outcome: The Committee received the report.</p>	<p style="text-align: center;">BD</p>
<p>19/86</p>	<p>Quarterly Controlled Drug Report</p> <p>Helen Roberts presented this item which seeks to provide the Committee with quarter 4 2018-2019 quarterly controlled drug occurrence report.</p> <p>The Committee requested that GP practice names be included in this report going forward.</p> <p>Action: Helen Roberts to include GP practice names in the report going forward.</p> <p>Dr Gina Halstead advised that the Bootle Network is to pilot in collaboration with Mersey Care NHS Trust in relation to controlled drugs.</p> <p>Concerns were raised about the escalation of opioid doses by clinicians in the pain clinic at the Walton Centre.</p> <p>Action: Helen Roberts to raise at JMOG with a view to the GP Prescribing Lead Dr Anna Ferguson raising this issue with the Walton Centre CDAO and Medical Director.</p> <p>Outcome: The Committee received the Quarterly Controlled Drug Report.</p>	<p style="text-align: center;">HR</p> <p style="text-align: center;">HR</p>
<p>19/87/ 19/88</p>	<p>North West Ambulance Service (NWAS) Performance Report/ NHS 111 Performance Report</p> <p>Sharon Forrester presented this report which seeks to provide the Committee with key intelligence relating to clinical, safeguarding and operational quality elements of the NHS NWAS Patient Emergency Services and 111 Telephony Service in the North West.</p> <p>Sharon asked the Committee what they would like included in this report going forward. She explained that there are no quarterly aggregated reports for the purpose of individual Quality Committees and that exception reporting against quality Key Performance Indicators (KPIs) on a quarterly basis would need to be requested from the Lead Commissioner – NHS Blackpool CCG and be reported in to the NHS Liverpool CCG Commissioners Meeting as coordinating commissioner.</p> <p>Sharon advised that she has raised the issue in relation to the gap on how we report in to the Joint Quality Committee with Ian Davies.</p>	

	<p>The Committee noted that the gap in the reporting structure will be formally raised at the next Contract Meeting.</p> <p>The Committee suggested inviting a Community Paramedic representative to EPEG and Governing Body to inform the CCG about their role.</p> <p>It was noted that further detail is required for the Joint Quality Committee, with a draft report to be presented at the next Committee Meeting.</p> <p>Sharon requested that a recommendation be made for her to request a formal annual report from NHS Liverpool CCG and NHS Blackpool CCG.</p> <p>Gill Brown suggested investigating what NHS Blackpool CCG and NHS Liverpool CCG present to their Quality Committees and Governing Body in the first instance.</p> <p>Fiona Taylor suggested discussing this with the Primary Care Network and confirm what is required for the purpose of this Committee, then take it to the Leadership Team Meeting and then present it at the next Joint Quality Committee.</p> <p>Action: Plan to be presented at the next Joint Quality Committee.</p> <p>Outcome: The Committee received report.</p>	SF
19/89	<p>Joint Quality Committee Terms of Reference</p> <p>The Committee noted that Governing Body will be reviewing all Committee Terms of Reference to ensure that roles and responsibilities are delegated to the best effect to ensure the CCGs are able to discharge their responsibilities. Any changes will be reflective of the Sefton Transformation programme, including place based developments, and we can also expect to see changes in the quality and performance management of our providers. It is likely that we will be seeking more robust assurances about the way in which providers are delivering our services.</p> <p>Outcome: The Committee received the Terms of Reference Update which was noted within the Chief Nurse Report.</p>	
19/90	<p>Proposal for both CCGs to act as a sponsor for 2 research and 2 audit projects</p> <p>Fiona Taylor introduced this report on behalf of Brendan Prescott which was discussed by the Committee. However as the CCG has been a participant in established research projects, but has not acted as a sponsor for independent research such as this proposal. The Committee did not feel able to support it at this time.</p> <p>Outcome: The Committee noted the report but does not support the proposal.</p>	
19/91	<p>Multi Agency Safeguarding Arrangements (MASA) Plan</p> <p>Karen Garside introduced this item which seeks to provide the Committee with an update with further progress and the MASA Plan which was agreed by the Local Safeguarding Children Board (LSCB).</p> <p>The Committee approved the plan subject to the following amendments:-</p> <p>Where reference is made to Chief Operating Officer be amended to Chief Officer.</p> <p>Page 15 of the report/page 166 of the meeting pack wording to be amended in relation to the Voice of the Child section providing context and to make it clearer.</p>	

	<p>Action: Karen Garside to take forward the action of amending the report providing a clear statement in relation to the Voice of the Child section and to replace Chief Operating Officer with Chief Officer within the report.</p> <p>Gill Brown queried if the housing providers obtain information from other housing providers as she noted that only one had attended the LSCB.</p> <p>Action: Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</p> <p>Fiona Taylor queried if the report would be available on the CCG website. Karen Garside advised that she would enquire and report back to the Committee.</p> <p>Action: Karen Garside to confirm if the MASA plan would be available on the CCG website.</p> <p>Outcome: The Committee received and approved the MASA Plan.</p>	<p>KG</p> <p>KG</p> <p>KG</p>
19/92	<p>Serious Incident Review Group Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 14th March 2019, 11th April 2019 • Southport and Formby CCG – 6th March 2019, 20th March 2019 and 3rd April 2019 <p>Outcome: The Committee received the Serious Incident Review Group Minutes.</p>	
19/93	<p>Engagement and Patient Experience Group (EPEG) Meeting Key Issues Log</p> <p>Gill Brown noted GP Trainee Emma had attended the last EPEG on 8th May 2019 and her presentation was well received. Presentations from Macmillan and Sefton CVS were also well received.</p> <p>Dr Gina Halstead noted that Dr Raj Patel will mentor the GP trainees and informed that a dual programme of work is being undertaken and attendance at EPEG will be offered to trainees as part of the programme.</p> <p>Outcome: The Committee received the EPEG Key Issues.</p>	
19/94	<p>Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Key Issues Log</p> <p>The Committee noted the key issues update from the last JMOG meeting held on 3rd May 2019. The Datix Report to be included in the next JMOG Key Issues Log.</p> <p>Action: Susanne Lynch to include the Datix Report in the next JMOG Key Issues Log.</p> <p>Outcome: The Committee received the JMOG Key Issues.</p>	<p>SL</p>
19/95	<p>Any Other Business</p> <p>None.</p>	
19/96	<p>Key Issue Log (issues identified from this meeting)</p> <p><u>South Sefton CCG</u></p>	

- Mental Health Capacity Act/Deprivation of Liberty Safeguards Update Report to be taken to Governing Body as a presentation in future when changes to legislation are understood.
- Multi Agency Safeguarding Arrangements Plan was approved.
- Quality Accounts Lay members to be invited for an annual review.
- Provider Cost Improvement Plans to be picked up with Brendan Prescott.
- Centralisation of the Health Visiting Service – North West Boroughs Healthcare NHS Trust and Margaret Jones from Sefton Council to present changes at the next Joint Quality Committee.
- Quarter 4 Serious Incident Reporting – need to formally escalate the absence of 72 hour incident reports.
- There have been 2 serious incidents at Aintree University Hospital NHS Foundation Trust; one relating to surveillance of Barrett's Oesophagus and the other in relation to surveillance of patients with chronic severe liver disease. These will be managed through the SIRG.
- Feedback from membership has been received in relation to locality/networks not receiving feedback from Aintree University Hospital NHS Foundation Trust regarding quality queries regarding patient care (e.g. inadequate discharge information) directed through the Quality Team. The process Aintree University Hospital NHS Foundation Trust already have in place to be used as this is monitored and reported to Aintree's CQPG. The following email address is to be used from practice or personal nhs.net accounts - concerns@aintree.nhs.uk.
- Commissioning Managers to attend to Joint Quality Committee meeting to advise on areas of performance.
- Controlled Drug Report – decommissioned controlled drug report. Escalate discussion regarding cd prescribing to JMOT via Dr Anna Ferguson.
- NWAS/NHS 111 – commissioner need further detail for the Joint Quality Committee Report, draft to the next meeting.

Southport and Formby CCG

- Mental Health Capacity Act/Deprivation of Liberty Safeguards Update Report to be taken to Governing Body as a presentation in future when changes to legislation are understood.
- Multi Agency Safeguarding Arrangements Plan was approved.
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- Quarter 4 Serious Incident Reporting – need to formally escalate the absence of 72 hour incident reports.
- Bowel prep issue, work has been undertaken with Southport and Ormskirk Hospital NHS Trust and the Cancer Lead GP, improvements have been made. A letter to GPs from Dr G. Allen has been prepared.
- There was an issue regarding communications to patients/GP which has been raised with the Southport and Ormskirk Hospital NHS Trust Medical Director.
- It was queried at a recent CCF meeting if Southport and Ormskirk Hospital NHS Trust could refer ICRAS patients themselves as discharge quality is poor.

	<ul style="list-style-type: none"> • CQRM – pregnant women will receive a letter. • Stroke – There are 2 locums in place but they are not on the register. • Safeguarding – Junior doctors can email their concerns. • Never Event – pain block, received report from MIAA. Kevin is leading on this. • Digital Software – discharge summaries are poor, do not know the reason why certain drugs are suspended. • Commissioning Managers to attend the Joint Quality Committee meeting to advise on areas of performance. • Controlled Drug Report – decommissioned controlled drug report. Escalate discussion regarding cd prescribing to JMOT via Dr Anna Ferguson. • NWAS/NHS 111 – commissioner need further detail for the Joint Quality Committee Report, draft to the next meeting. 	
<p>19/97</p>	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 27th June 2019 at 9am – 12noon at Marshside Surgery, Southport</p>	

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

Date: Thursday 27th June 2019 at 09.00 – 12.00

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

Membership		
Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG) (Chair)	FLT
In attendance		
Karen Garside (for agenda items 19/108 & 19/109 only)	Designated Nurse Safeguarding Children (SSCCG)	KG
Amanda Gordon	Programme Manager, Quality and Performance (SSCCG/SFCCG)	AG
Alison Ormrod	Deputy Chief Finance Officer (SSCCG/SFCCG)	AO
Susan Calvert	Interim Deputy Head of Quality & Safety	SC
Susanne Lynch	Head of Medicines Management	SL
Apologies		
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Fiona Taylor	Chief Officer (SFCCG/SSCCG) (Chair)	FLT
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMc
Karl McCluskey	Director of Strategy and Outcomes (SFCCG / SSCCG)	KMc
Minutes		
Michelle Diabie	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD

For the Joint Quality and Performance 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	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19
Dr Rob Caudwell	GP Governing Body Member	✓	L	N	✓	A	✓	N	L	✓	✓	N	✓	A
Graham Bayliss	Lay Member for Patient & Public Involvement	A	✓	N	A	A	✓	N	✓	✓	A	N	✓	✓
Gill Brown	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	A	N	✓	✓	A	N	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	A	N	✓	✓	✓	N	A	A	✓	N	✓	✓
Billie Dodd	Head of CCG Development	✓	A	N	A	A	A	N	✓	A	A	N	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	L	N	A	✓	✓	N	A	✓	A	N	-	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	N	✓	✓	A	N	✓	-
Martin McDowell	Chief Finance Officer	A	A	N	A	✓	✓	N	✓	A	✓	N	✓	D
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	N	A	A	-	N	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	A	✓	N	✓	A	A	N	A	A	A	N	A	✓

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

No	Item	Actions
19/98	<p>Welcome, Introductions & Apologies</p> <p>Brendan Prescott chaired the meeting in the absence of Dr Rob Caudwell. He welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Fiona Taylor, Dr Rob Caudwell, Karl McCluskey and Martin McDowell. Alison Ormrod, Deputy Chief Officer attended on behalf of Martin McDowell.</p> <p>The Committee noted that in the absence of Dr Gina Halstead, the meeting was not quorate and therefore all agenda items requiring approval would be circulated via email, to Dr Halstead requesting her approval following the Committee's recommendations.</p>	
19/99	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
19/100	<p>Minutes & Key issues log of the previous meeting</p> <p>With the following amendments, the previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 30th May 2019.</p> <ul style="list-style-type: none"> • 19/77 Welcome, Introductions and Apologies – re-wording of whole section; • 19/82 Clinical Director Quality Update – the first bullet point in Dr Doug Callow's update to read <i>Bowel prep issue</i>; • 19/84 Performance Highlight Report – the owner of the action to invite the appropriate commissioning managers to the Joint Quality Committee to address any performance issues arising from the Committee, to be changed from Amanda Gordon to Billie Dodd. 	
19/101	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • 19/28 Matters Arising/Action Tracker (iii) Programme Manager Realignment paper to be presented to the Joint Quality Committee in April 2019. Contact list to be circulated to primary care colleagues and uploaded on to the intranet. <p>Action completed and to be removed from the tracker. It was noted in addition that an email account is to be set up for queries.</p> <ul style="list-style-type: none"> • 19/33 NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Service Incident - The CCG to look at NRLS reporting to compare MCFT and LCFT. <p>Mel Spelman advised that Gill Murphy had left her role. Community data was not available. Mel to contact Lee Taylor or Trish Bennett.</p> <p>No update received, action to remain open on the tracker.</p>	MS

<ul style="list-style-type: none"> • Action 19/36 GP Quality Lead Update - Debbie Fagan to raise the concerns of the impact of Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. Fiona Taylor advised that she would take forward this action and invite a Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Foundation Trust representative to attend the next Committee meeting to provide an update. <p>Margaret Jones had been invited to attend the Committee meeting but was unable to attend. She will attend a future meeting.</p> <p>Action to remain open on the tracker.</p>	
<ul style="list-style-type: none"> • Action 19/64 GP Quality Lead Report – Tracey Forshaw to enquire why the last three Mortality Review Group Meetings had been cancelled. Amanda Gordon to take forward this action in the absence of Tracey. <p>Action completed and to be removed from the tracker. It was noted that the Mortality Review Group Meetings have now resumed.</p> <ul style="list-style-type: none"> • Action 19/81 Chief Nurse Report (i) Lay Members to be invited to future North Mersey Quality Accounts Events 	BP
<p>Brendan Prescott advised that he will invite the lay members to next year’s North Mersey Quality Accounts Event. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> (ii) Provider Cost Improvement Plans (CIP) to be discussed with Brendan Prescott. 	
<p>Brendan Prescott advised that he had attended a CIP meeting in March 2019 and that he would provide a summary from that meeting at next month’s Committee meeting.</p> <ul style="list-style-type: none"> (iii) Fiona Taylor, Brendan Prescott and Martin McDowell to produce CIP report demonstrating the potential impact and present it at a future Joint Quality Committee Meeting. 	BP
<p>To be included on next month’s meeting agenda.</p> <ul style="list-style-type: none"> (iv) Electronic Referral System (ERS) SOPs to be presented at a future Joint Quality Committee meeting to provide assurance. 	BP
<p>Brendan Prescott to present at future Committee meeting.</p> <ul style="list-style-type: none"> (v) Aintree University Hospitals NHS Trust paper switch off in radiology Update to be presented at the Joint Quality Committee. 	BP
<p>The Committee noted that this had been requested 12 months ago. Action to be deferred to the next meeting.</p> <ul style="list-style-type: none"> • Action 19/83 Quarter 4 Serious Incident Reports (i) Mel Spelman to formally write to Mersey Care NHS Foundation Trust to request that the 72 Hour reports are submitted. <p>Action completed and to be removed from the tracker.</p>	GH

<p>(ii) Mel Spelman to include the following in the Serious Incident Report going forward; state the case, the background of the issue and both the findings and outcome including lessons learned.</p> <p>No update received action to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/84 Performance Highlight Report <p>(i) Amanda Gordon to link in with lead commissioners regarding non reporting against KPIs/poor performance and to request a remedial action plan and provide an update at the next Committee meeting.</p> <p>Karl McCluskey to lead on this. Action completed and to be removed from the tracker.</p> <p>(ii) Billie Dodd to invite the appropriate commissioning managers to the Joint Quality and Performance Committee to address performance issues arising from the Committee.</p> <p>Billie Dodd advised that Karl McCluskey has a plan in place to take forward this action.</p> <p>(iii) Contract Meeting to be convened after the Joint Quality and Performance Committee.</p>	<p>MS</p>
<p>Action not progressed, to remain on the tracker. Brendan Prescott to discuss this action with Martin McDowell.</p> <ul style="list-style-type: none"> • Action 19/85 Q1/Q2 Quality Assurance Report 2018/19 Urgent Care Greater Manchester and SFSS. Billie Dodd to feed back the concern raised in relation to care home visits and to investigate why delays are occurring. 	<p>BP</p>
<p>Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and update the Committee at the next meeting.</p> <ul style="list-style-type: none"> • Action 19/86 Quarterly Controlled Drug Report <p>(i) Helen Roberts to include GP practice names in the report going forward.</p>	<p>BD</p>
<p>Action completed and to be removed from the tracker.</p> <p>(ii) Helen Roberts to raise at JMOG with a view to the GP Prescribing Lead Dr Anna Ferguson raising the issue with the Walton Centre CDAO and Medical Director.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/87 and 19/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report. Plan to be presented at the next Joint Quality and Performance Committee meeting. 	<p>BP</p>
<p>Action to remain on the tracker. Brendan Prescott advised that further information is awaited from Jane Lunt.</p> <ul style="list-style-type: none"> • Action 19/91 Multi Agency Safeguarding Arrangements (MASA) Plan 	<p>BP</p>

	<p>(i) Karen Garside to take forward the action of amending the report providing clear statement in relation to the Voice of the Child section and to replace Chief Operating Officer with Chief Officer within the report.</p> <p>Action completed and to be removed from the tracker.</p> <p>(ii) Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</p> <p>A response is awaited, therefore to remain on the tracker.</p> <p>(iii) Karen Garside to confirm if the MASA plan would be available on the CCG Website.</p> <p>MASA plan is available on the CCG website. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> Action 19/93 Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Key Issues. Susanne Lynch to include the Datix Report in the next JMOG Key Issues Log. <p>Susanne Lynch advised that the Datix Report will be included in next month's JMOG Key Issues Log. Action completed and to be removed from the tracker.</p> <p>Matters Arising Gill Brown wished to highlight that the Joint Quality Committee is now the Joint Quality and Performance Committee and should be referred to as such.</p>	
19/102	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which provides an update on the key issues since the last report which was presented in May 2019. The Committee noted that Aintree University Hospitals Trust has been de-escalated from enhanced to routine surveillance for Theatre Never Events. Also noted were the improvements that have been made on the health data sets compared with last year's return which reflects the hard work undertaken.</p> <p>It was noted that Silas Nicolls, CEO at Southport and Ormskirk NHS Trust Hospital has resigned. Susan Musson has been appointed as Chair of the Interim Board for the proposed merger of Aintree University Hospital NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospital NHS Trust.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	
19/103	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow advised that following a meeting with the Trust on referral for patients for diagnosis and planning. The issue of referrals going back to the GP without a plan has been acknowledged by the Medical Director.</p> <p>Outcome: The Committee received the verbal Clinical Director Quality Update.</p>	
19/104	<p>Performance Highlight Report</p> <p>Brendan Prescott presented this item which seeks to provide quality and performance highlights. Focus on surveillance status, the merger, CQC inspection and cancer waits at Aintree University Hospital NHS Trust was noted. An action plan had been received. Cancer 2 week waits are expected to be back on track by July 2019. Joint working is going well.</p>	

	<p>The CCG is not going to issue a contract performance notice given the improvements made and this will be reported at the next Governing Body meeting.</p> <p>The Committee also noted that A&E performance remains under pressure at Southport and Ormskirk NHS Hospital Trust. There had been four 12 hour breaches noted in the previous week of June. Feedback from the NHSE exercise in relation to QRPT is awaited. 60% of Healthwatch calls relate to dental health service issues.</p> <p>A number of care home issues were also noted by the Committee.</p> <p>Brendan Prescott advised that this report is presented at the Cheshire and Merseyside Quality Surveillance Group and will include that in the summary. It was suggested including Liverpool CCG and Knowsley CCGs reports going forward.</p> <p>Action: Brendan Prescott to include in the summary of the Performance Highlight Report that the report goes to Cheshire and Merseyside Quality and Surveillance Group and would also include Liverpool CCG and Knowsley CCG's reports going forward.</p> <p>Outcome: The Committee received the Performance Highlight Report.</p>	BP
19/105	<p>Commissioning for Quality and Innovation (CQUIN) Update</p> <p>Amanda Gordon presented this item which seeks to provide quality and performance highlights on CQUIN performance for quarter 4.</p> <p>Amanda advised that she had focussed the report on the red areas and that as part of QIPP, the plan is to look at outpatients and reduce inappropriate activity.</p> <p>Outcome: The Committee received the CQUIN update.</p>	
19/106	<p>Audit of Prescribing for Chronic Obstructive Pulmonary Disease (COPD) in a GP Practice in South Sefton</p> <p>Susanne Lynch presented this item which seeks to request approval of the Audit of Prescribing for COPD in a GP Practice in South Sefton. Susanne advised that another audit will be presented at the next Committee meeting.</p> <p>Outcome: The Committee made a recommendation to approve the Audit subject to approval by Dr Halstead.</p>	
19/107	<p>Joint Quality and Performance Committee Revised Terms of Reference – 2019/20</p> <p>Brendan Prescott presented this item which had been approved at both Governing Body Meetings. The changes made were in relation to reference being made to the Sefton Transformation Programme and the title of the Quality Committee Meeting has been changed to Joint Quality and Performance Committee Meeting.</p> <p>It was noted that throughout the revised terms of reference document, reference is made to the Quality Committee instead of the Joint Quality and Performance Committee. This is to be amended accordingly.</p> <p>Action: Michelle Diable to amend the terms of reference to ensure that any reference made to the Joint Quality Committee is changed to Joint Quality and Performance Committee.</p>	BP

	<p>It was asked which reports could now be expected and how will issues be escalated. Clarity is required in relation to streamlining the process of the agenda and oversight. Further information is required in relation to roles and responsibilities.</p> <p>Action: Brendan Prescott to provide an update following the questions raised in relation to what can be expected in terms of reports and how issues are escalated and also clarity in relation to streamlining the process of the agenda and oversight.</p> <p>It was suggested having a Policy Sub Group so that the Committee does not have to read whole policies when only small changes have been made.</p> <p>Outcome: The Committee made a recommendation to approve the Terms of Reference subject to the necessary amendments and approval by Dr Halstead.</p>	BP
19/108	<p>Safeguarding Quarterly Report</p> <p>Karen Garside introduced this item which seeks to provide an analysis of commissioned health services in respect of Q4 2018 - 2019 Safeguarding Quality Schedule and to present the Committee with developments and updates, in respect of the Safeguarding Children and Adult's agenda.</p> <p>It was noted that all key providers are all on reasonable assurance. Training remains an on-going issue. The Committee discussed the percentage of the training figures. It was noted that there are constant pressures in relation to staff undertaking training. A question was raised around what providers can put in place to reduce training gaps, to ensure compliance and suggested looking to develop visits where there is impact of safeguarding training at the clinical area. The CCG needs to be able to measure the impact of learning/training and share the learning taken from serious case reviews.</p> <p>The Committee noted that data cleansing is a long process. The CCG will endeavour to keep abreast of it. The next update on data cleansing will be presented to the Committee in twelve months' time. Gill Brown suggested that this could also relate to SEND. An audit on 10 cases on the child protection plan is being undertaken.</p> <p>Karen advised that the learning taken from the CQC review was shared at recent primary care event.</p> <p>Karen informed that there are 4 serious case reviews and another one is to be published. Gill Brown requested a breakdown of which ones relate to South Sefton CCG and which relate to Southport and Formby CCG.</p> <p>Action: Karen Garside to provide a breakdown of which Serious Case Reviews relate to South Sefton CCG and which ones relate to Southport and Formby CCG.</p> <p>The Looked After Children (LAC) Action Plan will be presented to the Overview and Scrutiny Committee on 9th July 2019 and will also be presented at this meeting.</p> <p>Action: LAC Action Plan to be presented to the Committee at a future meeting.</p> <p>The new North West Boroughs Healthcare NHS Trust LAC team has been demonstrating areas of improved performance with on-going support from the Designated Nurse for Children in Care.</p> <p>Brendan Prescott advised that the LeDeR reviews are being presented to Performance and Quality Investigation and Review Panels for CCG receipt on lessons learned.</p>	<p>KG</p> <p>HC</p>

	<p>It was noted that the Safeguarding Quarterly Report was well presented, easy to read and understand.</p> <p>Outcome: The Committee received the Safeguarding Quarterly Report.</p>	
19/109	<p>Child Death Review Partners</p> <p>Karen Garside introduced this item which seeks to inform the Committee of the statutory requirement for the Child Death Review Partners to publish their arrangements and be completed within timeframes.</p> <p>The Committee noted that CCGs and Local Authorities are statutory partners and the new child death overview panel arrangements have been published and are on the website as per statutory duty. Discussion took place on the completion of a child death reporting template for primary care, required for key themes to promote learning.</p> <p>It was also noted that The Children and Social Work Act (2017) replaces the requirement for Local Safeguarding Children Boards to ensure that child death reviews are undertaken by a Child Death Overview Panel with the requirement for "Child Death Review Partners" to make arrangements to review child deaths.</p> <p>Outcome: The Committee received the Child Death Review Partner Report.</p>	
19/110	<p>Health Visiting Service Update</p> <p>The Committee noted that Margaret Jones - Public Health Consultant, Sefton Council had been invited to the meeting to provide a health visiting service update but was unable to attend. Margaret will attend a future meeting.</p>	
19/111	<p>Serious Incident Review Group (SIRG) Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 9th May 2019 • Southport and Formby CCG – 26th April 2019 and 1st May 2019 <p>Outcome: The Committee received the Serious Incident Review Group Minutes.</p>	
19/112	<p>Engagement and Patient Experience Group (EPEG) Meeting – Key Issues Log</p> <p>The EPEG had not met since the last Committee meeting, therefore there were no updates to note.</p>	
19/113	<p>Joint Medicines Operation Group (JMOG) Key Issues Log</p> <p>The Committee noted the key issues update from the last JMOG meeting held on 7th June 2019. Susanne Lynch advised that the Datix Report will be included in the next key issues update.</p> <p>Outcome: The Committee received the JMOG Key Issues.</p>	
19/114	<p>Any Other Business</p> <p>Gill Brown highlighted that the key issue logs are not being fully utilised. She noted that SEND and Quality Team re-organisation should have been included in the previous key issues log with the risks and mitigating actions. It was suggested spending time at the end of each Committee meeting to agree the key issues arising from the meeting, confirming the risks and mitigation actions.</p>	

	<p>Susan Calvert suggested the use of patient stories.</p> <p>Brendan Prescott wished to formally thank Amanda Gordon for her work and contribution to this Committee as she leaves to undertake another role in the Commissioning Team from 1st July 2019.</p>	
19/115	<p>Key Issue Log (issues identified from this meeting)</p> <p><u>Information Points for Noting at South Sefton CCG Governing Body</u></p> <ul style="list-style-type: none"> • Safeguarding Quarter 4 Update – training is still an issue. • Southport and Ormskirk NHS Trust QRPT tool has been completed with NHSE. Acknowledged improvement in performance in a number of areas with significant work to do. • Improvements made in relation to 2 week cancer waits at Aintree University Hospital and needs to be maintained. • Terms of Reference approved. Clarity around what is expected from the Committee is required. • De-escalation from enhanced to routine surveillance at Aintree University Hospital NHS Trust. • Child Death Overview Panel – CCG and Local Authority are statutory partners. • Audit of Prescribing for COPD in a GP Practice in South Sefton approved. <p>Key Issue – Senior Leadership change within the CCG Quality Team. Risk - There is a risk of senior oversight on quality and safety performance issues across the CCG may be limited due to the changes within the team. Mitigation – Recruitment to the senior post is under way .</p> <p><u>Information Points for Noting at Governing Body Southport and Formby CCG</u></p> <ul style="list-style-type: none"> • Safeguarding Quarter 4 Update – training is still an issue. • GP Clinical Lead update meeting with Trust on referral of patients for diagnosis and planning had taken place. There are issues of referrals back to the GP without a plan. The Medical Director has acknowledged that this as being an issue. • Southport and Ormskirk AED performance is still under pressure. • Southport and Ormskirk NHS Trust QRPT tool has been completed with NHSE. Acknowledged improvement in performance in a number of areas with significant work to do. • Improvements made in relation to 2 week cancer waits at Aintree University Hospital and needs to be maintained. 	

	<ul style="list-style-type: none"> • Terms of Reference approved. Clarity around what is expected from the Committee is required. • De-escalation from enhanced to routine surveillance at Aintree University Hospital NHS Trust. • Child Death Overview Panel – CCG and Local Authority are statutory partners. • Audit of Prescribing for COPD in a GP Practice in South Sefton approved. <p>Key Issue – Senior Leadership change within the CCG Quality Team. Risk - There is a risk of senior oversight on quality and safety performance issues across the CCG may be limited due to the changes within the team. Mitigation – Recruitment to the senior post is under way.</p>	
19/116	<p>SEND Revisit - April 2019 Update</p> <p>Brendan Prescott presented this item on behalf of Fiona Taylor which seeks to provide a follow up to describe the process since the last update. It was noted that a fuller written report was discussed Governing Body Part II for both CCGs in June 2019 and a further update is planned at the July 2019 Governing Body Part II.</p> <p>SEND updates will be presented at Governing Body and not to the Joint Quality and Performance Committee going forward. Graham Bayliss expressed a concern as to whether it will receive the correct level of scrutiny, given the amount of other Governing Body agenda items. Graham requested that the findings be presented to the Joint Quality and Performance Committee allowing lessons learned to be shared. Receiving this information before it is presented to Governing Body would be preferable.</p> <p>Gill Brown requested presenting the Governance Review to this Committee for feedback. Gill noted that whilst extra resources are going to be allocated to SALT service provision, that SALT is one part of the offer and SEND incorporates a lot of other services. Brendan Prescott advised that SALT was part of the inspector's findings and therefore required immediate action. Gill asked that the wording in the SEND report be changed to reflect this and to also state what actions will be undertaken to improve the wider services.</p> <p>Graham Bayliss suggested putting SEND on the Governing Body Part I agenda as well as Part II.</p> <p>The Committee highlighted that clarity is required in relation to what is expected from the lay members in terms of patient group activity and when it is required, thus allowing meeting dates and deadlines to be diarised.</p>	
19/117	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 25th July 2019 at 9am – 12noon, 5th Floor, Merton House, Stanley Road, Bootle, Liverpool L20 3DL.</p> <p>Apologies were received from Karl McCluskey and Billie Dodd.</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

Approved Minutes – Part I

Date: Thursday 16th May 2019. 10.00am – 11.00am

Venue: Room 3A, Merton House, Stanley Road, Bootle L20 3DL

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Non Voting Attendees:		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Minutes		
Jane Elliott	Commissioning Manager - Localities	JE

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

Name	Membership	April 19	May 19	June 19	July 19	August 19
Members:						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A			
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A			
Graham Morris	SS CCG Lay Member	A	✓			
Helen Nichols	S&F CCG Lay Member	✓	✓			
Fiona Taylor	S&F SS CCG Chief Officer	A	A			
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓			
Jan Leonard	S&F CCG Director of Place (North)	✓	✓			
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	A	✓			
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓			
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓			
Non Voting Attendees:						
LMC Representative		✓	N			
Health Watch Representative		A	A			
Health & Well Being Representative		A	N			
Dr Craig Gillespie	GP Clinical Representative	✓	✓			
Dr Kati Scholtz	GP Clinical Representative	✓	✓			

No	Item	Action
PCCiC19/26	<p>Apologies for absence Apologies were received from Healthwatch, Gill Brown, Graham Bayliss and Fiona Taylor. It was noted that the meeting is not quorate.</p> <p>Welcome and Introductions GM advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. No members of the public were in attendance at the meeting.</p>	
PCCiC19/27	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/28	<p>Minutes of the previous meeting The minutes of the meeting held on Thursday 16th April 2019 were approved as an accurate record of proceedings.</p> <p>It was noted that initials for Gill Brown and Graham Bayliss needed to be distinguishable by adding a further letter from their surname. Debbie Fairclough's initials need to be consistent throughout the document. Alan Cummings title has changed to Senior Commissioning Manager NHSE & I.</p> <p>ACTION: Above changes to be made throughout the document.</p>	JE
PCCiC19/29	<p>Action points from the previous meeting Members reviewed the action log and the following was agreed:</p> <p>Item 18/42 – Action closed. David Scannell attended Joint Operational Group to give an update. Item 19/29 – Action Closed. HN name has been removed from previous minutes Item 19/10 – Action closed. PCN has been placed as a standard agenda item</p> <p>All other items are to remain open, progress ongoing.</p>	

<p>PCCiC19/30</p>	<p>Report from Operational Group and Decisions made</p> <p>The Joint Operational Group had agreed a temporary list closure for Bridge Road Medical Centre. This was to enable internal workflow efficiencies to embed. The Group also agreed to an extension to Blundellsands Surgery list closure for a further 3 months. This was due to the continued demand for patients registering within the practice. The original pilot scheme highlighted movement between practices. Within the LQC practices are required to submit regular figures around the number of patients registering and leaving their practice. This will help monitor figures across Sefton. The group asked that the closure was discussed at the PCN meeting.</p> <p>Following an update around ETTF bids it is unlikely that Formby's PID will progress this will be clarified with practices in the next month. Maghull PID will continue.</p> <p>LQC - it was noted that very few practices have signed up to the LQC by the deadline of 31.4.19. It was agreed that a further deadline would be sent to practice in May. An updated list would be brought to the next meeting. Practices will be informed that without sign up of contract no further payments will be made.</p>	<p>JL</p> <p>JE</p>
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<p>PCCiC19/31</p>	<p>Update on GPFV Operational Plan/ Primary Care Programme Report The GPFV Primary Care Programme was presented to the group. The report lists all those projects that are live within the team. The projects are categorised as business as usual, transformational or nationally mandated.</p> <p>There have been no significant changes since last update.</p> <p>The following items were discussed as are RAG rated amber or red:</p> <p>5000 GP's – This is a national shortage. There was an expectation of 194 GP's to come to the Cheshire and Merseyside area. Numbers are in single figures. No direct action to be taken by CCG.</p> <p>ETTF bids – Crosby has formally withdrawn their PID and will progress this privately. Formby PID unlikely to continue as there is a lack of engagement by practices. Maghull PID is progressing. Confirmation re status of Formby to be obtained.</p> <p>Workforce steering group has not met recently. The next meeting is due on 22 May in Chester.</p> <p>Resilience funding has been announced for 19/20. Communications have been sent out to practices. CCG team will support any practices wishing to make application.</p> <p>Local Quality Contract (LQC) – AP gave an overview of the history of the LQC. Part 1a is a block contract, Part 1b has finance linked to activity. KPI's will need to be returned on a quarterly basis. As part of the LQC this year practices have been asked to review data of patients who have attended other services such as A&E, Walk in Centres etc. The data will be presented to individual practices that will be expected to review internally and then have a peer discuss within their PCN or locality and devise an action plan. The expectations will be that high intensity users are identified and the demand on other services is reduced.</p> <p>Learning Disabilities – Historically there has been poor uptake of health checks. The CCG redesigned the offer in 18/19 the practices were given the option of delivering the scheme themselves or opting for South Sefton Federation to provide the health checks. Only 2 practices in Sefton chose neither of these options. The scheme has shown a significant increase in the amount of health checks provided in Sefton. This year the primary care team have worked with the local authority to ensure the registers of LD is robust. Work continues to establish accurate figures across Sefton.</p>	
<p>PCCiC19/32</p>	<p>Primary Care Network update</p> <p>Application deadline was 15th May 2019. All PCN's have submitted their applications on time. There are 4 practices in Sefton who are not part of a PCN, these are largely based in Maghull. The applications will be presented to the Leadership team on Tuesday 21st May 2019. The application will need to be submitted to NHSE by 31st May 2019. The CCG will be supporting those PCN who current list sizes are lower than 30,000. This decision is based on the unusual geographical area and the support for how they have been working historically, making changes would potentially destabilise current network structures.</p> <p>Hightown Practice is currently part of the Formby Network as their host practice is located here. Options as to how this can be accommodated to stream line service delivery will be considered over the coming months and presented to the committee.</p>	

PCCiC19/33	Primary Care Budget Workshop Deferred to July Meeting due to annual leave.	
PCCiC19/34	Healthwatch Feedback Apologies were received from Healthwatch therefore no issues were raised. JE confirmed that the CCG have been working with Healthwatch on a programme to reinvigorate patient participation groups. A workshop had been attended by practice and patients. Some of the difficulties that that had been encountered were recruiting of patient members that represented the practice demographic. Further workshops will be hosted by Healthwatch and CCG.	
PCCiC19/35	Key Issues Log JL and GM summarised the key issues of the meeting that are to be reported to the governing body.	
PCCiC19/36	Any Other Business AC sent his apologies for the next meeting.	
PCCiC19/37	Date of Next Meeting: Date of Next Meeting: 20 ^h June 2019 Family Life Centre, Almond Room, Ash Street Southport PR8 6JH	
<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>		

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

Approved Minutes – Part I

Date: Thursday 20th June 2019. 10.00am – 11.00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Non Voting Attendees:		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Minutes		
Jane Elliott	Commissioning Manager - Localities	JE

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

Name	Membership	April 19	May 19	June 19	July 19	August 19
Members:						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A	✓		
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A	✓		
Graham Morris	SS CCG Lay Member	A	✓	-		
Helen Nichols	S&F CCG Lay Member	✓	✓	✓		
Fiona Taylor	S&F SS CCG Chief Officer	A	A	✓		
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓		
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓		
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	✓	N		
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	A		
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	A		
Non Voting Attendees:						
LMC Representative		✓	N	A		
Health Watch Representative		A	A	✓		
Health & Well Being Representative		A	N	N		
Dr Craig Gillespie	GP Clinical Representative	✓	✓	A		
Dr Kati Scholtz	GP Clinical Representative	✓	✓	A		

No	Item	Action
PCCiC19/46	<p>Apologies for absence Apologies were received from Dr Craig Gillespie, Dr Kati Scholtz, Alan Cummings and Angela Price.</p> <p>Sharon Howard attended as NHSE representative. Debbie Fagan has gone on secondment; therefore, Brendan Prescott will represent Quality team at future meetings.</p> <p>It was noted that the meeting was not quorate. There was also no clinical representation.</p> <p>Welcome and Introductions GBr advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. Two members of the public were present at the meeting.</p>	
PCCiC19/47	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/48	<p>Minutes of the previous meeting The minutes of the meeting held on Thursday 16th May 2019 were approved as an accurate record of proceedings.</p>	
PCCiC19/49	<p>Action points from the previous meeting Members reviewed the action log and the following was agreed:</p> <p>JCCiC19/29 Item closed. Report is prepared and awaiting signature from practice</p> <p>PCCiC 19/05 Item closed. TOR are prepared and will be reviewed at the subcommittee.</p> <p>PCCiC 19/05 Item closed. The committee will discuss this within the development session in July.</p> <p>PCCiC 19/28 Item closed. Initials of delegates have been amended throughout the documents.</p> <p>All other items are to remain open, progress ongoing.</p>	

<p>PCCiC19/50</p>	<p>Report from Operational Group and Decisions made</p> <p>LQC 5. There are a small number of practices who have not returned their signup sheets for the local quality contract. The deadline has been extended until 30th June 2019 to enable practices to submit their paperwork. Failure to sign up will result in payments ceasing, this has been discussed with the LMC.</p> <p>Moore Street Surgery has undergone a recent CQC inspection. They achieved an overall 'Good' rating.</p> <p>Healthwatch had published 'Enter and View' reports for a number of practices in the Sefton area. The operational group have received these reports.</p> <p>Outstanding complaints. There are a small number of outstanding complaints being reviewed as a matter of priority. NHSE will continue to receive and deal with complaints from patients but will pass along complaints that can be dealt with locally with CCG input. Future complaints will be dealt with contemporaneously and a summary report will be submitted to the Commissioning Committee on a six monthly basis.</p> <p>The CCG are overseeing ordering of Influenza Vaccinations for the winter period 2019/20.</p> <p>The CCG are looking at Interpreting Services to support accessibility to GP practices.</p>	
<p>PCCiC19/51</p>	<p>Primary Care Quality</p> <p>The committee noted that there is a vacancy for a post to support quality in primary care, this will be recruited once an internal review of quality is completed. A work plan for the forthcoming development session has been drafted which has a section for quality to be discussed.</p> <p>The terms of reference for the joint operational committee have reviewed and amended to reflect quality remit. Quality will be a standing item on the agenda.</p>	

<p>PCCiC19/52</p>	<p>Update on GPFV Operational Plan/ Primary Care Programme Report</p> <p>Additional 5000 doctors – It is recognised that this is a national issue. Although NHSE are committed to supporting GP’s into the area, there clearly is shortage across the country.</p> <p>Following discussions it was decided that AP would review the Primary Care Programme. GPFV aspirational targets are to be removed. Broader headings will be introduced to reflect workflows. The programme of work will be added to the development session to be discussed further.</p> <p>e-consult – An explanation was given of how patients utilise e-consults as an alternative way of accessing primary care services. Patients are able to fill in an electronic form, accessed from the practice website, explaining in full the reason for the contact. GP can then respond appropriately to the patients. There is a facility within the process that will signpost patients to alternative providers of care where appropriate or highlight ‘red flag’ symptoms which would require priority treatment. This has an impact on practices by reducing the number of patients who contact the practice by telephone. GBr requested a demonstration of the software.</p> <p>Apex/Insight software had been placed on hold due to some difficulties experienced nationally. Issues have now been resolved and rollout will continue. The software will enable reporting on workforce and workload within GP practices.</p> <p>A request was made for CP to present the 10 point nursing plan to the committee in August.</p>	<p>JL</p> <p>AP</p> <p>CP</p>
<p>PCCiC19/53</p>	<p>Primary Care Network update</p> <p>Applications for PCN were received by the deadline of 15th May 2019. The CCG have authorised 7 PCN across Sefton. 4 in Southport and Formby CCG and 3 in South Sefton CCG. Maghull PCN application was declined due to being under the threshold for patient list size. A revised application was submitted for Maghull and Crosby practices as a joint PCN which was approved. There are 4 practices in South Sefton who have decided not to be part of a Network. PCNs have been approached to provide network services (as described in the DES specification) for registered patients within those practices. All practices in Southport and Formby are members of a network.</p> <p>The operational group had agreed that for PCNs supporting non PCN practices would be able to access the participation payment from the DES to support the network to offer network services to the population.</p> <p>PCN are now looking at providing assurances around governance and providing extended hours access across the community by 1st July 2019. The CCG will be supporting the PCN’s through this process. Sharing agreements have not been released nationally, currently awaiting further information.</p> <p>A discussion took place around how the possible confusion for the public between 7 Day Access services and Extended Hours services.</p>	

<p>PCCiC19/54</p>	<p>7 Day Access utilisation</p> <p>JL presented data from the service with utilisation rates. Healthwatch reported that they are receiving feedback from members of the public that they are not being offered appointments at the 7 day access service when contacting GP practices. This will be fed back to the Federations.</p> <p>Primary Care have secured funding from NHSE forward view monies to fund 'Digital Champion Trainers' They work with practice to promote the 7 day access services and train reception staff on how to use the EMIS to make appointments.</p> <p>Utilisation rates were shared with the group broken down into practice level data. It was noted that the 'unknown' option within the data; this was when the service or NHS111 book the appointments. The committee ask for numbers to be presented as percentages of the practice list size in future.</p> <p>Explanation was given on some of the issue the 7 day access service face due to technical difficulties; they do not have access to requesting tests electronically via ICE requests are made in paper format. The service does not have access to ERS which is software for referring patients electronically; the CCG and the federation are working with NHS Digital to rectify this problem.</p> <p>The Southport and Formby service have a physiotherapist as part of their team. South Sefton have experienced some issues in securing a physio' and have decided to subcontract via another route. The committee asked for assurances that allied health professionals are not working outside of their competencies. NHSE was asked to provide data across the Cheshire and Merseyside footprint to enable comparisons to be made.</p> <p>Overall feedback from service users is positive.</p>	
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<p>PCCiC19/55</p>	<p>Healthwatch Feedback</p> <p>Healthwatch confirmed that the ‘enter and view’ report for St Marks and Trinity has been finalised and is with the practice for their signature. The practice had requested a definition of continuity of care. Healthwatch responded with the following definition:</p> <p><i>"Continuity of care is defined by Healthwatch Sefton as repeated contact between an individual patient and a doctor for a period of time required to treat a specific illness/ condition. We understand that it is not always possible to see the same GP, but we believe continuity is important, as being treated by different clinicians can be upsetting, particularly when you have to repeat your story again and again. It is important that the patient is asked how they would like their care to be delivered to ensure their medical needs are met, recognising their personal situation."</i></p> <p><i>In sharing the above definition, we would also like to share that whilst understanding that it is not always possible to see the same GP during an episode of care, the lead GP (the one you saw at the beginning of your episode) should co-ordinate the process. In reducing the need for the patient to repeat their story again and again, it is important that patient notes are available to all concerned to reduce the need for repetition. This should provide better outcomes, increase patient satisfaction and be more cost effective.</i></p> <p>Healthwatch are in the process of pulling together a template to enable a summary of reports to be produced. This will detail which practices have been visited and when. Comparisons can be made between practices. DB to submit template broken down into Localities for submission to committee.</p> <p>Some practices have not known how to respond to reports that have been sent to them, Healthwatch again will produce a template to support practices.</p> <p>Some observations that have been fed back to Healthwatch include practices not being consulted on new housing developments. It was noted that large development are listed on website for consultation with the public, practices are able to access this data. FT will liaise with the local Authority to see if there is a mechanism for practices to be alerted to future developments.</p> <p>Healthwatch has been working with a local autism group who has fed back some good work that Blundellsands Surgery have in place called ‘visible appointments’. Patients are given a coloured lanyard to alert staff they are on the autistic spectrum. This enables the patient to become independent in accessing services within the practice. First appointments in the afternoons are utilised as this is when the practice is most quiet. This model of working would be good to roll out to other practices in Sefton. Feedback will be given to CG.</p>	<p>DB</p> <p>FT</p> <p>JL</p>
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PCCiC19/56	<p>Key Issues Log</p> <p>Planning for Influenza vaccinations</p> <p>Review of 7 day access</p> <p>Authorisation of the 7 PCN's</p> <p>Medicines Management offer to PCN's</p> <p>Extended hours provision by PCN by 1st July 2019</p> <p>Healthwatch reports</p>	
PCCiC19/57	<p>Any Other Business</p> <p>None raised.</p>	
PCCiC19/58	<p>Date of Next Meeting:</p> <p>Date of Next Meeting: 18th July 2019</p> <p>Room 5A Merton House, Bootle, L20 3DL</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 8TH FEBRUARY 2019

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, Integration & Communications	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Ian Moncur (IM)	Councillor	Sefton Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Andy Pryce (AP)	Chair	Knowsley CCG
Tony Woods (TW)	Director of Strategy & Performance	NHS Knowsley CCG
Mick Dolan	C&M CVD Programme Stroke Project Lead	Health & Care Partnership for Cheshire & Merseyside
Nik Sharma	C&M CVD Programme Stroke Deputy Clinical Lead	Health & Care Partnership for Cheshire & Merseyside
Charley Ward	C&M CVD Programme Stroke Senior Project Manager	Health & Care Partnership for Cheshire & Merseyside
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG

Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council
Ian Davies	Chief Operating Officer	NHS Liverpool CCG

1.0	Welcome, Introductions and apologies:
1.1	The Chair welcomed all to the meeting and introductions were made. The agenda item 7 Cheshire & Merseyside Cardiovascular Programme Workstream: Stroke Services Outline Service Proposal would be taken first to allow the visitors from the Cheshire & Merseyside Health & Care Partnership to present and then leave the meeting.
2.0	Declaration of Interest:
2.1	None were declared.
3.0	Minutes & Actions of the previous meeting: 14th December 2018
3.1	The minutes of the 14 th December 2018 meeting were agreed as an accurate record of the meeting, subject to the amendment requested by JLe to state that an email had been received from Mike Maguire at West Lancashire CCG confirming that West Lancashire CCG were not to be involved in the North Mersey Joint Committee. FT would request explicit confirmation in writing from West Lancashire CCG.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 14th December 2018: <ul style="list-style-type: none"> ➤ Action Point One: it was noted that the inclusion of Specialist Commissioning in the Committee(s) In Common quorum should stand. ➤ Action Point Two: CH had spoken to merger team at Royal/Aintree – they would be ready to present the merger plan to Governing Bodies in the next month or so. ➤ Action Point Three: JLe had discussed Knowsley CCG’s participation in the Urgent Care Review and Alignment with Liverpool CCG with DJ. ➤ Action Point Four: Haemato-oncology services in North Mersey was on the agenda.

	<ul style="list-style-type: none"> ➤ Action Point Five: it was noted that Barney Schofield, Director of Operations & Transformation at Clatterbridge had attended the North Mersey Leadership Group meeting in January 2019. ➤ Action Point Six: it was noted that a letter had been sent to Liz Bishop at Clatterbridge under FL’s name explaining the discussions at the Committee(s) In Common in December 2018 around Haemato-oncology and proposed discussion at the North Mersey Leadership Group meeting in January 2019. ➤ Action Point Seven: CH updated that Graham Morris had been informed of the date of the Joint Overview & Scrutiny Committee. ➤ Action Point Eight: it was noted that the meeting between FL and CH was ongoing. ➤ Action Point Nine: it was noted that an email had been sent from FL asking for attendance at the Committee(s) In Common to be prioritised.
<p>4.0</p> <p>4.1</p>	<p>Urgent Care Review – Verbal– Carole Hill (‘CH’)</p> <p>CH updated the CIC on the Urgent Care Review:</p> <ul style="list-style-type: none"> • The Programme Group was meeting. • Sefton CCG and Liverpool CCG had completed early engagement, Knowsley CCG’s engagement had commenced. • Output from the engagement would feed into the options appraisal. • There would be three whole-system workshops, commencing in March <p>The Committee(s) In Common commented:</p> <ul style="list-style-type: none"> • This was a “separate but together” process to take into account the different issues for each population, with the three CCGs coming together around the requirements of the Aintree catchment.

	<ul style="list-style-type: none"> Timeline – the NHS Long Term Plan stated a requirement for the national urgent care specification be implemented by 2020. Options appraisal would be completed by May/June 2019 which would feed in to a proposal by by late summer/September. This would be considered by OSCs; would need to be endorsed by CCG Governing Bodies and , depending upon the proposals, may be subject to formal public consultation. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update.
5.0	Update on Liverpool Women’s Hospital – Verbal – Fiona Lemmens (‘FL’)
5.1	<ul style="list-style-type: none"> No further update available –the trust had received formal confirmation from NHS England/Improvement that capital was not available . <p>The Committee(s) In Common commented:</p> <ul style="list-style-type: none"> JLe noted that the lack of progress in moving forward with the proposal for a new hospital means that commissioners and the trust need to consider next steps, including any issues to be addressed regarding patient safety. JLe and FL would attend the Liverpool Women’s Hospital Board in March 2019. . <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update.
6.0	Acute Sector Configuration across North Mersey – Verbal – Carole Hill (‘CH’)
6.1	CH presented an overview of the service change reviews and programmes taking place across North Mersey, including the Royal/Aintree merger, stroke and haemato-oncology. Further information to be added regarding the Southport & Ormskirk review.
6.2	1. Royal Aintree Merger – Verbal – Carole Hill:

6.3	<ul style="list-style-type: none"> • Priorities for the Royal and Aintree post-merger include General Surgery, Dermatology, gastroenterology and stroke. <p>2. Southport & Ormskirk Update – Verbal – Fiona Taylor</p> <ul style="list-style-type: none"> • Do nothing was not an option. • There was currently no funding for capital investment. • Timelines were always ambitious, fragility was still in the system. Cheshire & Mersey Partnership to help with Women’s and Children, Neonatal workstream. • Looking to consolidate planned/elective care on the Ormskirk site. <p>FT suggested that Silas Nicholls (Chief Executive) and Therese Patten (Deputy Chief Executive) from Southport & Ormskirk Hospital should attend a meeting of the Committee(s) In Common.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
7.0	<p>NHS Cheshire and Merseyside Cardiovascular Programme Workstream: Stroke Services Outline Service Proposal – Report No CIC 01-19 & Presentation – Mick Dolan/Nik Sharma & Charley Ward</p> <p>A presentation was given by representatives from the Cheshire & Merseyside Health Partnership CVD Stroke Programme Leads:</p> <ul style="list-style-type: none"> • Proposal was clinically led, with three phases of Planning and Development, Communication /Procurement (this was current stage) and implementation. What was presented today was the outline service proposal not the business case. • High level modelling carried out – this model would cost more in acute services and rehabilitation but would have longer term benefits. • Case for Change: <ul style="list-style-type: none"> ✓ Rehabilitation – variation in access to and duration of rehabilitation and ongoing care. Some patients had no access to early-supported discharge (ESD) ✓ Acute inpatient care – volume of activity in many units was below sustainable levels; pace of reconfiguring acute stroke services had varied

- ✓ **Workforce challenges** – workforce shortages across pathway rendered some stroke units unsustainable and hindered ability to provide 7-day services.
- Inpatient services:
 - ✓ Thrombectomy was a new treatment (only worked for small number of patients), only available at the Walton Centre so strong case to argue for one Hyper-acute Stroke Unit co-located with the Walton Centre (Aintree site).
 - ✓ This fitted with the Royal/Aintree merger and transfer over time of stroke from Southport to Aintree (stroke service in Southport not sustainable as reliant on one consultant).
 - ✓ Currently 14% of stroke patients were thrombolysed and the target was 20%, target for Thrombectomy was 10%.
 - ✓ NHS England Long Term Plan was for centralised hyper-acute stroke care.
 - ✓ TIAs could go straight to stroke A&E and bypass the GP.
- Rehabilitation in the Community:
 - ✓ Patients experiencing variation depending on where they live
 - ✓ Different Early Supported Discharge ('ESD') service specifications for South Sefton and Liverpool CCG
 - ✓ Liverpool Stroke Recovery Partnership delivered comprehensive rehabilitation and ESD – 6 days/week for up to 6 months; included clinical psychology
 - ✓ South Sefton – ESD service for 3 months
 - ✓ Knowsley – combined ESD and Non-ESD, 7 days/ week, up to 6 months
 - ✓ St Helens – 8 week ESD service, week days only
 - ✓ No ESD service commissioned for Southport & Formby CCG (or **West Lancashire CCG** – 135 stroke patients admitted to Southport in 2017/2018)

FT noted the need to provide a solution for the Southport & Ormskirk situation and it made sense to consolidate with the Hyper-Acute Stroke Service at Aintree.

TW noted the need to align taking proposals to the North Mersey and Mid Mersey Overview & Scrutiny Committees. MD noted that the service was to be delivered across Cheshire & Merseyside hence the need for a Lead Commissioner on the Cheshire & Mersey model. The Mid Mersey model was 70% complete, both could be shown side by side.

AP mentioned that the NHS England Thrombectomy 10% target

was overly ambitious. AB responded that performance across the country was stronger where the Hyper-Acute Stroke Units were in place. Thrombolectomy required a neuro-radiologist and these were a scarce resource.

JLe wanted to know when there would be a fully worked up business case to consult on. MD felt that this was something for the Lead CCG to take forward, however JLe and FT noted that development of a business case would not be the commissioner's responsibility. Commissioners would be responsible for leading the service change and assurance process, in line with their statutory responsibilities. FT added that this had been discussed at the North Mersey Accountable Officers' meeting where there had been endorsement of the case. MMcD noted that there would be impact on the cost of packages of care and agreed to work with MD and his team to take this forward.

Once the Cheshire & Merseyside Health Partnership Team had left there was a short continuation of the discussions when it was confirmed that although the work they had carried out was a good start, the Trusts needed to develop a business case. Before taking a decision on the Governing Bodies adding Stroke Service Redesign to the Workplan of the Joint Committee the issue around transfer of stroke services from Southport & Ormskirk needed to be resolved which was a matter for Southport & Formby CCG to resolve. It was agreed that FL would write to the CVD Team of the Cheshire & Merseyside Health Partnership to inform them that they needed to work up a full business case to present to the commissioners.

The Committee(s) in Common:

- **Noted the Verbal Update.**
- **Agreed that the letter to the Cheshire & Merseyside Health Partnership CVD Team requesting a business case to be presented to commissioners, should be drafted and sent by FL.**

8.0 Update on Haemato-Oncology – Verbal – Carole Hill

FL noted that Clatterbridge had presented to the North Mersey Leadership Group – there was nothing more to add at this point.

	<p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
9.0	<p>Emergency ENT – Verbal – Carole Hill</p> <ul style="list-style-type: none"> • Planned ENT was part of the Orthopaedics redesign and been approved at the North Mersey Joint Committee in November 2018. • Royal/Aintree merger proposed to move emergency ENT from the Royal to Aintree which would provide better workforce utilisation and outcomes. This would affect approximately 290 patients a year, the majority of whom are Liverpool patients. The Liverpool Overview & Scrutiny Committee had deemed this not to be a substantial variation, therefore engagement was required rather than formal consultation. • It was now up to the trusts to draw up proposals ready for mobilisation October 2019 as part of the orthopaedic re-design. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
9.0	<p>Any Other Business</p> <p>There were no items.</p>
10.0	<p>Date of next meeting</p>
10.1	<p>Friday 12th April 2019, 12pm to 2pm Boardroom, Liverpool CCG.</p>

COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 12TH APRIL 2019

PRESENT:

Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Director of Strategy, Integration & Communications	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Tony Woods (TW)	Director of Strategy & Performance	NHS Knowsley CCG
Therese Patten (TP) (item 7.2 only)	Deputy Chief Executive and Director of Strategy	Southport and Ormskirk Hospital NHS Trust
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council
Ian Davies	Chief Operating Officer	NHS Liverpool CCG
Ian Moncur (IM)	Councillor	Sefton Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England

1.0	Welcome, Introductions and apologies:
1.1	The Chair welcomed all to the meeting and introductions were made. It was noted that the meeting was not quorate due to the fact that there was no representative from NHS England Specialised Commissioning present. They had been requested to field a representative when AB had sent his apologies but no one had been available.
2.0	Declaration of Interest:
2.1	None were declared
3.0	Minutes & Actions of the previous meeting: 8th February 2019
3.1	The minutes of the 8 th February 2019 meeting were agreed as an accurate record of the meeting, subject to the amendment of a small typographical error on page 5 first bullet where an extra “t” had been included.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 8th February 2019: <ul style="list-style-type: none"> ➤ Action Point One: MMcD updated the CIC that the cost savings from the Stroke Service redesign in the longer term were in the area of social care rather than health. The Chief Finance Officers would be keeping this in view at their meetings so the action could be closed down ➤ Action Point Two: FT updated that JLe had stepped forward to lead on behalf of the Commissioners on the Stroke Services Redesign. There were 2 issues (1) Business Case and Early Supported Discharge (2) the Royal/Aintree merger timescale feature stroke services to be merged in 2021 which was too late, a solution was required as soon as possible re Southport & Ormskirk Stroke Services. ➤ Action Point Three: FL updated that she had emailed the Stroke Redesign Team on behalf of the CIC to inform them that they needed to work up a full business to present to the commissioners. It was agreed that PJ would circulate the email to the CIC. ➤ Action Point Four: FT updated that she had emailed Mike Maguire at West Lancashire CCG several times asking to him

	<p>confirm formally that West Lancashire CCG did not wish to be involved in the North Mersey Joint Committee and to explain about the different roles of the CIC and the North Mersey Joint Committee. JLe noted that she too had written formally twice, with no response received so far to either letter.</p> <p>➤ Action Point Five: it was noted that Therese Patten from Southport & Ormskirk Hospital was attending today's meeting to present.</p>
<p>4.0</p> <p>4.1</p>	<p>Urgent Care Review Update – Verbal– Carole Hill ('CH') & Presentation</p> <p>CH updated the CIC on the Urgent Care Review:</p> <ul style="list-style-type: none"> • Current offer of services to the public was confusing and too many patients were ending up in the wrong place (with particular reference to A&E). Access needed to be clearer/easier to reduce A&E pressure but with better use of staff and resource. This had to be on a North Mersey footprint. • This was being carried out on a North Mersey footprint but with Southport & Formby excluded (as agreed by the Southport & Formby CCG Governing Body due to the acute sustainability programme). • A&E Department reconfiguration was not included in the Urgent Care Review. • We would consider a range of options including Urgent Care Treatment Centres ('UTC'). Doing nothing was not an option. • Public and professional engagement had been carried out at an early stage. • Key priorities for patients were: same day service, close to home, GP practice was preferred alternative to A&E, early and late opening times and tests/treatment done at the same time. • Key priorities from workforce were: availability of GP appointments, Service integration to simplify this system and create one seamless community model, Improve technology to join up services e.g. access to full patient records across primary and secondary care

and ensure more IT resource is made available, improve workforce from staffing levels, to skill mix and retention especially in mental health, paediatric specialists, diagnostics, prescribing and review services attached to A&E to reduce unnecessary admissions.

- Data Intelligence priorities were: universal offer (children were high users), 29% of urgent care came through the Walk-In Centres, geographical convenience, respiratory and ENT were the main reasons for attendance and standardisation of opening times.
- Three of four co-design events had been held, with good engagement across North Mersey providers. North Mersey required: operating hours to be standardised and longer than 12 hours, diagnostics, standardised assessment tool, mental health, IV Therapies and 'one stop shop' model. The next co-design event would be held on 15th May 2019.
- Should this matter be on the Work Programme for the North Mersey Joint Committee? Thought needed to be given on how to engage with Primary Care Networks.

The Committee(s) In Common commented:

- JLe wondered if the data was available around how many people failed to get an appointment at their GP practice and subsequently went elsewhere and noted that we needed to quantify exactly what was required to be delivered from an urgent Care Treatment Centre.
- TW noted that Knowsley CCG patients had access to both Walk-In Centre and A&E so there was no problem.
- CH commented that engagement with the Networks would fill in the "gaps" around the "bit in the middle".
- It was agreed that an update would come back to the next meeting.

The Committees in Common:

- **Noted the verbal update and looked forward to receiving a further update at the next meeting.**

5.0	<p>Update on Liverpool Women’s Hospital (‘LWH’) – Verbal – Jan Ledward (‘JLe’)</p> <p>5.1</p> <ul style="list-style-type: none"> • JL and FL had met with the LWH Board – anxiety at LWH had increased around the risk of maintaining safe services, the fact that capital monies would not be received had left them wondering about what to do next. • Liverpool City Council still had access to funding to provide capital – this still sat on the national balance sheet. • The numbers and clinical case were being refreshed, the meeting with Bill McCarthy at the end of April 2019 would be crucial. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update.
6.0	<p>Orthopaedic Restructure – Verbal – Carole Hill (‘CH’):</p> <p>6.1 CH presented.</p> <ul style="list-style-type: none"> • The decision to approve had been taken at the North Mersey Joint Committee in November 2018. This had then been taken to the joint Overview and Scrutiny Committees (‘OSCs’) over the past few weeks and supported after some interesting challenge from Knowsley and South Sefton. TW pointed out that the Knowsley and South Sefton OSCs had different issues to Liverpool. • The new service would go live in October 2019. <p>6.2</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
7.0	<p>Acute Sector Configuration across North Mersey:</p> <p>1. Royal Aintree Merger – Verbal – Carole Hill:</p> <ul style="list-style-type: none"> • The presentation which had been made to all CIC members’ CCGs’ Governing Bodies had been circulated with the papers for information. <p>2. Southport & Ormskirk Update – Verbal & Presentation – Therese Patten</p>

- The acute sustainability work was governed through the Sustainability and Transformation Partnership ('STP') for which there were two areas of assurance: East Cheshire Hospital and Southport Hospital.
- Change was essential as currently services were not sustainable.
- The Case for Change had been refreshed in February 2019.
- Southport & Ormskirk's population came under two STPs with two commissioners therefore we were trying to focus on the populations.
- The acute sustainability priorities were:
 - ✓ **Networked Services:** identified specialties to have
 - Clinically led models of care
 - Formalised network agreements with partner organisations
 - Agreement of financial frameworks, engagement and if required, consultation processes
 - ✓ **Integration of Community Services**
 - Joint commissioning view of future of community provision
 - Integration of acute and community provision model of care agreed
 - ✓ **New models of care**
 - Clinically led models of care to address the Case for Change
 - ✓ **Organisational Form**
 - Identify the options for future organisational form
 - Robust evaluation process aligning future organisational form with agreed models of care.
- The priorities were aligned to 4 groups: Group 1 Local Hospital Provider, Group 2 partnership delivery with another provider, Group 3 another acute or community provider and Group 4 specialist/tertiary provider.
- Clinical leadership was required to work across the system.
- Pre-requisites:
 - ✓ **Medical/Clinical Leadership** to design new models of care, influence the delivery of care and enable root and branch clinical engagement
 - ✓ **Joint system vision** delivered through a **joint commissioning approach**

- Enablers
 - ✓ **Workforce** Strategy and plan to enable changes
 - ✓ **Estates** Strategy and plan to enable changes
 - ✓ **Digital** Strategy and plan to optimise changes
 - ✓ Robust **communication and engagement** plan
 - ✓ **Financial framework** optimising the Sefton £ and breaking down barriers to change
 - ✓ **System PMO** supported by matrix working across organisations to develop the plans.

- October 2019 expected outputs:
 - ✓ All specialties/services reviewed against fragility test and aligned to 4 Groups of delivery
 - ✓ New models of care developed for all specialties with agreed sustainable delivery models
 - ✓ Strategic partnership framework
 - ✓ Enabling strategies and plans
 - ✓ Financial framework and modelling
 - ✓ Options and evaluation criteria for organisational form
 - ✓ Programme Definition Document to initiate the programme describing the blueprint, project portfolio, timescales and benefits realisation plan
 - ✓ Aligned commissioner approach.

- Design principles:
 - ✓ see and treat **enough patients** to operate a safe and efficient service
 - ✓ have an **appropriate workforce** to meet staffing needs
 - ✓ have **interdependent clinical services** in place and in reach to operate core services safely and effectively
 - ✓ was likely to be deliverable within the **resource envelope** that is available
 - ✓ **met national standards** to ensure the best possible outcomes
 - ✓ maximised the opportunity to **network services with partner organisation** to ensure access to the sustainability of the services
 - ✓ provided services as **local to the populations** as was **clinically and financially viable**.

JLe agreed to supply TP with the contact details for the modelling work required. CH noted that the Cancer Team were already aware of the situation over Haemato-oncology services and FT confirmed that as the Accountable Officer this had her attention.

	<p>The Committee(s) in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
8.0	Any Other Business
8.1	GM tabled a copy of the Terms of Reference for the Committee(s) in Common which were overdue for an update. As the meeting was not quorate it was agreed that members should take them away to consider and email any changes to CH for collating prior to them being approved at the next quorate meeting. PJ would ensure that they were circulated to AB.
9.0	Date of next meeting
9.1	Friday 14 th June 2019, 12pm to 2pm Boardroom, Liverpool CCG. As this was the last meeting that GM would be attending prior to his retirement CH took the opportunity to thank him on behalf of the Committee(s) In Common for all his input.

**COMMITTEE(S) IN COMMON (CIC)
 KNOWSLEY, LIVERPOOL, SOUTH SEFTON AND SOUTHPORT &
 FORMBY CCGS**

FRIDAY 9TH AUGUST 2019

**Boardroom , Liverpool CCG, 4th Floor The Department
 2 Renshaw St, Liverpool L1 2SA**

Time 12PM TO 2PM

AGENDA

1.	Welcome, Introductions and Apologies	Jan Ledward
2.	Declarations of interest	ALL
3.	Notes and actions from the 12 th April 2019 meeting	ALL
4.	Urgent & Emergency Care Review Update (post virtual approval of CIC 02-19 after cancelled June 2019 meeting).	Verbal Carole Hill
5.	End of Life Delivery Model	Report no: CIC 03-19 Presentation Dr Cathy Hubbert / Pat McGuinness / Andrew Khodabukas / Cait Taylor / Laura Chapman/ Karina Woodyer-Smith
6.	Review of Stroke Services	Report no: CIC 04-19 Carole Hill
7.	Merged trust – clinical service change programme – proposed approach	Verbal Carole Hill
8.	Terms of Reference	Report no: CIC 05-19 Carole Hill
9.	Liverpool Women’s Update	Presentation Carole Hill & LWH
10.	Any other business	
11.	Date and time of next meeting: Friday 11 th October 2019 at 2pm, to take place at Liverpool CCG	

Transforming Care Partnership Strategic Board Meeting

24 June 2019

1.30pm-4.00pm

Committee Room 3, HEE, 1st Floor, Regatta Place, Summers Road, Liverpool, L3 4BL

Present:

(Name)

(Role/Team/Organisation)

Marie Boles (MB) - Chair	Director of Nursing/Regional Deputy Chief Nurse, NHS England and NHS Improvement
Madeleine Lowry (ML)	Programme Director, NHS England and NHS Improvement
Jane Lunt (JL)	Chief Nurse, NHS Liverpool CCG
Lisa Cooper (LC)	Director Children and Young People, Community and Mental Health, Alder Hey Children's NHS Foundation Trust
Joann Kiernan (JK)	LD Consultant Nurse, Alder Hey Children's NHS Foundation Trust
Leanne Armstrong (LA)	LD Local Team Project Manager, NHS England and NHS Improvement
Sheena Hennell (SH)	Quality Manager, NHS England and NHS Improvement
Suzanne Edwards (SE)	Acting Director of Operations, Cheshire and Wirral Partnership NHS Foundation Trust
Pauline McGrath (PMcG)	Assistant Director Mental Health and Learning Disabilities Commissioning, NHS St Helens CCG and Local Authority
Paula Lomas (PL)	Support Worker
Jonathan Hurley (JH)	Independent, Pathways
Christine Wee (CW)	CO Lead of the CAMHS LD Models of Care NW ODN, Cheshire and Wirral Partnership
Siobhan Chadwick (SC)	Senior Nurse, NHS England and NHS Improvement
Michelle Creed (MC)	Chief Nurse, NHS Warrington and NHS Halton CCGs
Jennifer Littlehales (JKL)	Business Support Assistant (Transforming Care) NHS England and NHS Improvement
- Minutes	
Mahesh Odiyoor (MO)	Strategic Clinical Director and Clinical Lead ODN, Cheshire and Wirral Partnership NHS Foundation Trust
Tracey Cole (TC)	Director of Strategy and Partnerships, NHS East, West, South Cheshire and Vale Royal CCGs
Lee McMenemy (LMcM)	Director of Operations and Integration, North West Boroughs Healthcare NHS Foundation Trust
Fiona Pender (FP)	Strategic Clinical Director for Children and Young People, Cheshire and Wirral Partnership NHS Foundation Trust
Vicki Hornby (VH)	Pathways Associates
Alan Griffiths (AG)	Parent Carer, Pathways Associates
John Adams (JA)	Head of Finance, NHS England and NHS Improvement
Norma Currie (NC)	Senior Commissioning Manager for Learning Disabilities, Wirral Health and Care Commissioning
Jane Bellwood (JB)	NW Housing Lead, NHS England and NHS Improvement
Alex Cookson (AC)	Consultant Psychologist, Mersey Care NHS Foundation Trust
Claire Riding (CR)	Senior Case Manager, NHS Specialised Commissioning, NHS England and NHS Improvement
Linda McGuire (LMcG)	Case Manager, NHS Specialised Commissioning, NHS
Lakshmi Ramasubramanian (LR)	Clinical Champion Learning Disability Programme, Alder Hey Children's NHS Foundation Trust

Apologies

(Name)

(Role/Team/Organisation)

Jennifer McGovern	Director Integrated Adult Social Care and Health Commissioning, Cheshire West and Chester Council
Francesca Cairns	Deputy Chief Operating Officer, Mersey Care NHS Foundation Trust
Fiona Taylor	Hief Officer, NHS South Sefton and NHS Southport and Formby CCGs

Andy Styring
Gill Whittle

Director of Operations, Cheshire and Wirral NHS Foundation Trust
Service Manager Vulnerable Adults, NHS St Helens CCG and Local Authority

Sue Hastewell-Gibbs
Graham Hodgkinson
Sarah O'Brien

Assistant Head of Transition, NHS England and NHS Improvement
Director of Social Services, Wirral Council
Strategic Director People's Services/Clinical Accountable Officer, St Helens Council

Item	Discussion Point, Decision and Action	Action Owner
1.	<p>Welcome and Introductions</p> <p>MB welcomed everyone to the meeting. Apologies from the above were noted.</p> <p>MB explained to the Board that she is acting as interim SRO following Hazel's move to another organisation. MB thanked Hazel for leadership of the Transforming Care programme.</p> <p>Following agreement, JH circulated flyers regarding the 'Stripped of Human Rights' protest taking place outside the building. He felt these reflected the passion for equal treatment of individuals with Learning Disabilities and Autistic Spectrum Conditions. He argued that the treatment received in hospital services needs to be better. He emphasised the need for leadership to deliver improvement.</p> <p>The Board were reminded that the outcomes and aims of Transforming Care were included within the wider NHS Long Term Plan.</p>	
2.	<p>Declarations of Interest</p> <p>North Mersey had submitted two bids for review. It was agreed that representatives from the area would abstain from voting on these bids.</p>	
3.	<p>Minutes from the Previous Meeting and Matters Arising</p> <p>MB reviewed the minutes of the previous meeting with the board. All minutes were recorded as a true and accurate record of the previous meeting.</p> <p>MB invited ML to take the board through the actions. It was agreed that:</p> <ul style="list-style-type: none"> • Action from December 2018 is to be closed. • Circulation of the Beyond the High Fence Paper to Directors of Children's Commissioning is now to be closed. <p>ACTION The Action Log to be updated and circulated with Minutes of the meeting.</p>	JKL
4.	<p>TCP Progress</p> <p>ML presented an update on progress, including discussion at the recent Cheshire and Merseyside Confirm and Challenge meeting with people who use services. The following key points were made:</p>	

	<ul style="list-style-type: none"> • some patients remain in hospital because an appropriate safe and sustainable discharge route into the community is not in place (market development). • people who use services had concerns about the quality of CQC inspections, and their involvement in them • a breakdown of the numbers of inpatients with Learning Disabilities, Autism and Learning Disabilities and Autism was provided, following a request from AG at a previous meeting. It was noted that the autism-only figures for Spec Comm beds related particularly to CYP inpatients. • Inpatient numbers had reduced, with a significant decrease in CCG adult inpatients in Q1 19/20. This was due to both the efforts of CCGs and providers around discharge, and the impact of the adult intensive support function in reducing new admissions. The level of inpatients who have been in hospital for 5+ years remained high. ML acknowledged that some of this is down to the legal framework barrier. Some points about the impact of the MM judgment on discharge were made. • CYP inpatients were discussed. 2 had now been in hospital for more than 12 months (cases involving children aged 12 years and 13 years) and NS provided a brief overview of the work being done to support their treatment and move to discharge. These were complex cases involving difficult decisions around education, social care and family involvement. <p>There was a wider discussion around the work to prevent hospital admission for children. MB reminded the Board that Cheshire and Merseyside has a high number of CYP inpatients compared with the rest of the North West. She discussed work completed in Rotherham where a co-ordinated approach between health, education and social care had seen a significant reduction in CYP admissions to 1 in the last 12 months. It was noted that C&M work on the CYP Dynamic Support Database approach was similar.</p> <p>MB talked about the importance of Autism only CYP work and diagnostic support. It is important to get early diagnosis and intervention to prevent hospital admissions.</p> <p>JB discussed the peer support network and the issues that come up. She discussed the quality of placements and work progressing with Greater Manchester on the Ealing Model (CYP Accelerator site).</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • TCP to look into the Rotherham Model and see whether the process is something that can be adopted within Cheshire and Merseyside. • JB to present on the work being done with Greater Manchester and the Ealing Model. 	<p>ML</p> <p>JB</p>
<p>5.</p>	<p>Quality of Care:</p> <ul style="list-style-type: none"> • Panorama, 22nd May 2019 	

SC presented a paper on the issues raised in the Panorama documentary about Whorlton Hall. Key points were:

- Regular visits by CQC, Commissioners, Experts by Experience and families had missed the issues. This was different from Winterbourne View where issues had been raised but there had been no response.
- 16 staff have been suspended from Whorlton Hall and a criminal investigation is underway. Patients have been relocated to other units.
- Some inpatients are placed out of area at their request (closer to family/ friends) or for treatment reasons: there is a difference between inappropriate and appropriate out of area placement.
- There are elements which can contribute to a “toxic environment”, including long shifts, clinical: support worker ratios, management leadership and visibility, poor interpretation of training (eg Positive Behaviour Support).
- In Cheshire and Merseyside, a range of actions support people in hospital: C(E)TRs, Discharge meetings, Check an Challenge Meetings and Desktop Reviews. Region have undertaken a number of Deep Dives into inpatient cases as well. These all involve a range of people and are based on clinical advice and support.

SC advised that she is working with providers to enable unannounced spot visits to wards for commissioners to improve the relationships between commissioners and providers, as well as provide assurance.

SC informed the board that we need to work with staff to ensure they feel safe and empowered to whistle-blow about care quality.

The Board were reminded that we are working for safe and sustainable discharges for all patients which will avoid readmission and that these can take time.

Following a question, ML reported that around 50-55 adult inpatients are in independent sector beds. AG asked whether independent care provider representation should be considered at the meeting.

MB expanded on some work which region are doing as a result of the Panorama documentary:

- working with self-advocacy groups and helping them to work alongside commissioners.
- commissioning alternative inpatient provision for people at Whorlton Hall. This had included some very high cost care as NHS Specialised Commissioning were unable to meet the needs of some

	<p>of the complex cases.</p> <ul style="list-style-type: none"> • Arrangements to ensure there is a lead commissioners for each independent hospital provider will be issued shortly. This will require that the local CCG will take a lead on the basis that inpatients are registered with the local GP. The lead commissioning organisation will be required to make more regular visits to the provider. <p>TC thanked the TCP for all the work that is being done, although she felt there was a need to move away from spot purchasing of beds. She supported the new guidance around lead commissioner roles. It would be important for the lead commissioner to have details of the out of area patients placed by other CCGs to hospitals on their patch in order for this to work effectively. The board agreed this would be a good idea and MB suggested she would get this information from Region.</p> <p>The discussion moved to developing community support for people with more complex, specialised needs. MO suggested that commissioners need to work together to commission a unit which can support complex needs and be utilised by multiple CCGs. This would require numbers of patients with similar needs to make it viable. Without the numbers, spot purchasing is the only way to purchase beds.</p> <p>There was a discussion about the profits made by independent hospitals, with JH and VH representing views of people who use services who feel this is inappropriate and results in compromises around care quality. This was against a background of NHS and Social Care cuts. MB suggested that care quality can be mixed in both NHS and Independent provision across all care sectors (the home, community and hospital). It was important to remember that individuals are placed in independent care because their needs are not able to be accommodated in NHS provision. It was agreed that more joint working was needed between local authorities and CCGs on a wider basis to develop appropriate services.</p> <p>DECISION</p> <ul style="list-style-type: none"> • The Board approved the recommendations in the paper <p>ACTION:</p> <ul style="list-style-type: none"> • Once new guidance issued, Region to provide out of area patient to CCGs (information governance considerations to be considered) <ul style="list-style-type: none"> • Pathways/Mersey Care Quality of Life Report 	<p>MB</p>
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	<p>VH presented the Quality of Life Report to the board. Key points made were:</p> <ul style="list-style-type: none"> • People who use services felt that the care received at Mersey Care Whalley had improved • Use of bank and agency staff in care was considered to be of a lower quality and made staff feel anxious • Transition from hospital to the community was a time of anxiety • Some people felt that staff defamed them by talking about their previous history, which prevented them from moving on <p>Following a question, ML explained that the dowry system has been replaced in April 2018. It had been agreed at this Strategic Board that monies from the closure of Spec Comm beds would be split between the Intensive Support Function and a bidding process for commissioners to have extra funding towards care packages which would have received dowry funding.</p> <p>On the back of one of the recommendations from this paper, ML informed VH that the TCP have bid for some money to further develop Trauma Informed Care. That bid is currently being considered by the Local Workforce Action Board (LWAB).</p> <p>MB suggested that the TCP co-produces a plan around the recommendations from this report. It was agreed that a proposed plan be taken to the next TCP Operational Board.</p> <p>ACTION: VH and ML to bring a proposed plan on the Quality of Life recommendations to the next Operational Board meeting.</p>	<p>VH, ML</p>
<p>6.</p>	<p>Children and Young People</p> <ul style="list-style-type: none"> • North West ODN Children and Young People: Model of Care <p>CW presented a summary of the ODN paper to the board.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • The need for an Easy Read version of the model to support engagement and co-production. • An audit tool has been developed to assess current provision against the model. It was agreed that C&M would undertake this. ML suggested this be completed in the 3 hub areas, with the TCP facilitating sessions. • Where the model has been costed, the Intensive Support approach was found to be cheaper than placing an individual in long term residential school 	

	<p>DECISION The following bids were approved: TCP Annual Health Checks for CYP with Autism-only North Mersey: CYP Accelerated ASD Pathway North Mersey: CYP Intensive Support</p> <p>ACTION ML to make advise commissioners/ providers around bid success SH to continue to work with Mid Mersey to develop CYP bid</p>	ML SH
8.	<p>Physical Health Update LA presented the key finding and recommendation from the 3rd Annual LeDeR report. The following points were noted:</p> <ul style="list-style-type: none"> the common causes of premature death are better understood work is needed with coroners and hospitals to ensure correct cause of death is recorded (DNACPR) <p>MB challenged the Board to consider setting a target around reducing premature mortality in Cheshire and Merseyside. SH felt the focus should be on reducing preventable deaths. TC suggested reporting on Annual Health Checks be highlighted at Board, as well as patient stories.</p>	
9.	<p>Any Other Business</p> <p>There was none</p>	
10.	<p>Date of next meeting: 24th September 2019 The Boardroom, Liverpool CCG, 4th Floor, The Department, Lewis's Building, 2 Renshaw Street, L1 2SA 14:00-16:00</p>	