

Governing Body Meeting in Public Agenda

Date: Thursday 7th November 2019, 13:00hrs to 15:15hrs
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

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| Dr Craig Gillespie | 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 |
| Dr Gina Halstead | GP Clinical Director | GH |
| Jane Lunt | Chief Nurse | JL |
| 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

| | | |
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| 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 |
| GB19/129 | Apologies for Absence | Chair | Verbal | Receive | 20 mins |
| GB19/130 | Declarations of Interest | Chair | Verbal | Receive | |
| GB19/131 | Minutes of previous meeting | Chair | Report | Approve | |
| GB19/132 | Action Points from previous meeting | Chair | Report | Approve | |
| GB19/133 | Business Update | Chair | Verbal | Receive | |
| GB19/134 | Chief Officer Report | FLT | Report | Receive | |

| No | Item | Lead | Report/ Verbal | Receive/ Approve/ Ratify | Time |
|---|--|--|-------------------|--------------------------------|-----------------|
| Finance and Quality Performance | | | | | 13:35hrs |
| GB19/135 | Integrated Performance Report 135.1: - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse 135.2: - Finance: Chief Finance Officer | Karl McCluskey Jane Lunt MMcD | Report | Receive | 30 mins |
| Governance | | | | | 14:05hrs |
| GB19/136 | EPRR Standards | Debbie Fairclough | Report | Approve | 10 mins |
| Quality | | | | | 14:15hrs |
| GB19/137 | SEND Improvement Plan | MMcD | Report | Receive | 10 mins |
| Service Improvement/Strategic Delivery | | | | | 14:25hrs |
| GB19/138 | Sefton2gether - Shaping Sefton II | Cameron Ward | Report | Approve | 40 mins |
| GB19/139 | Better Care Fund Planning | Tracy Jeffes | Report | Ratify | |
| GB19/140 | Sefton Transformation Programme Update | FLT | Report | Receive | |
| GB19/141 | Health and Wellbeing Strategy | Helen Armitage | Report | To follow | |
| For Information | | | | | 15:05hrs |
| GB19/142 | Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities | Chair | Report | Receive | 5 mins |
| GB19/143 | Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI e) North Mersey Committees in Common: None f) TCP Strategic Board: None | Chair | Report | Receive | |
| Closing Business | | | | | 15:10hrs |
| GB19/144 | 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 |
|-------------------------|--|------|-------------------|--------------------------------|-----------------|
| GB19/145 | <p>Date of Next Meeting</p> <p>Thursday 6th February 2020, 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>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 | | | | | 15:15hrs |

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 5 September 2019, 13:00hrs to 15:45hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

| | | |
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| Dr Craig Gillespie | Chair | CG |
| Alan Sharples | Deputy Chair & Lay Member - Governance | AS |
| Graham Bayliss | Lay Member Patient & Public Engagement | GB |
| Dr Peter Chamberlain | GP Clinical Director | PC |
| Martin McDowell | Chief Finance Officer | MMcD |
| Brendan Prescott | Registered Nurse | BP |
| Dr Sunil Sapre | GP Clinical Director | SS |
| Fiona Taylor | Chief Officer | FLT |

Co-opted Members (or deputy) in Attendance

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|----------------|---|----|
| Helen Armitage | Consultant in Public Health, Sefton MBC | HA |
| Maureen Kelly | Healthwatch | MK |

In Attendance

| | | |
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| Tracey Jeffes | Director of Place – South Sefton | TJ |
| Karl McCluskey | Director of Strategy and Outcomes | KMcC |
| Judy Graves | <i>Minute taker</i> | |

Member Apologies

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|------------------|-----------------------|
| Dr Gina Halstead | GP Clinical Director |
| Dr Jeff Simmonds | Secondary Care Doctor |
| Dr John Wray | GP Clinical Director |

Quorum: Majority of voting members.

| Name | Governing Body Membership | July 18 | Sept 18 | Nov 18 | Feb 19 | Apr 19 | June 19 | Sept 19 |
|------------------------------------|---|---------|---------|--------|--------|--------|---------|---------|
| Dr Andrew Mimmagh | Chair & GP Clinical Director | A | A | A | A | | | |
| Dr Craig Gillespie | Chair & GP Clinical Director | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ |
| Graham Morris | Deputy Chair & Lay Member - Governance | ✓ | ✓ | ✓ | A | ✓ | ✓ | |
| Alan Sharples | Deputy Chair & Lay Member - Governance | | | | | | | ✓ |
| Matthew Ashton <i>or deputy</i> | Director of Public Health, Sefton MBC (co-opted member) | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ |
| Graham Bayliss | Lay Member for Patient & Public Engagement | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ |
| Dr Peter Chamberlain | GP Clinical Director | ✓ | ✓ | ✓ | A | A | ✓ | ✓ |
| Lynne Creevy | Practice Manager | | | ✓ | A | A | A | A |
| Debbie Fagan | Chief Nurse | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Gina Halstead | GP Clinical Director | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | A |

| Name | Governing Body Membership | July 18 | Sept 18 | Nov 18 | Feb 19 | Apr 19 | June19 | Sept 19 |
|------------------|---|---------|---------|--------|--------|--------|--------|---------|
| Dwayne Johnson | Director of Social Service & Health, Sefton MBC | A | ✓ | ✓ | A | A | | |
| Maureen Kelly | Chair, Healthwatch (<i>co-opted Member</i>) | A | A | ✓ | A | A | ✓ | ✓ |
| Martin McDowell | Chief Finance Officer | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Brendan Prescott | Registered Nurse | | | | | | ✓ | ✓ |
| Dr Ricky Sinha | GP Clinical Director | ✓ | ✓ | 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 | A |

| No | Item | Action |
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| Questions | <p>Questions from the Public</p> <p>1. I note the CCG's recent deliberations concerning patient waiting times for diagnostic services, particularly regarding gastroenterology at Aintree. Having been referred to Aintree at the beginning of June I have discovered many weeks later from the GP practice that I was on a 41 weeks 'waiting list' (i.e. some 10 months) and I could not be given an appointment date at this stage in the process.</p> <p>As a patient, it appears that the monitoring and review process of waiting times is insufficiently robust to ensure that corrective action is taken in a timely fashion when service standards fall significantly. Can I be reassured that the monitoring process for waiting times at Aintree is fit for purpose?</p> <p>The Chair explained the differing ways that waiting times are monitored, primarily through the Clinical Quality meetings held with Aintree University Hospital. At those meetings the waiting times tend to be reported as an average. However, exception reports provide the detail on any 'long waiters' outside of normal range.</p> <p>KMcC further expanded on the process for reviewing waiting times and how providers are held to account, on a monthly basis, on compliance and performance. The delivery of these can be impacted by a number of issues, for example staffing, sickness and capacity. The CCG then seeks assurance of how these issues are being managed. The other aspects that are taken into consideration include:</p> <ul style="list-style-type: none"> • National Issues which also have an impact on delivery and performance in which case the CCG assists to address the issues • Safety where there are mechanisms in place for tracking on an individual patient basis • Quality which is looked at via the contract routed and the Quality and Performance Committee <p>I have a 10 month wait but am unaware if this is a usual length of wait or just the current position as have had no communication from the</p> | |

| No | Item | Action |
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| | <p>Trust and I am unaware what the differing trigger points are.</p> <p>KMcC clarified that the first trigger is the 18 week standard that providers have to meet under the NHS Constitution. In addition to this some service lines have service and provider specific triggers. There is an expectation that no one should wait 52 weeks.</p> <p>A discussion was had in relation to the soft intelligence that is gathered from GP colleagues and the public as to their experiences and how reports might not reflect this.</p> <p>FLT offered for KMcC to contact the member of the public to address any remaining concerns.</p> <p>MK explained the role of Health Watch in gathering such intelligence and how the public can report any issues to them.</p> <p>2. A member of the public told the governing body members of the long Mental Health battle her brother had struggled with before sadly taking his own life. Sean had received great support from the community nurse at Whiston Hospital. However, there was no other support available to help fill his time. Gym membership had been offered however such services cost money and for many people with mental illness, including Sean, managing money can be difficult. Also, for a lot of men suffering with mental illness, entering a gym can be very daunting.</p> <p>A long term goal has been to set-up a centre for men to attend to reduce isolation and loneliness, increase mental wellbeing and in turn provide a sense of belonging and hope. Although too late for Sean to benefit, the intention is to help people in his name.</p> <p>‘Seans Place’ will be a centre where men can attend for free and take part in sessions such as mindfulness and fitness classes whilst having access to skills sessions and a relaxation room plus money advice guidance and counselling. Sessions are optional as the main focus is that those who attend can simply just come in for a cup of tea and a chat and to feel part of a community of people who ‘get it’. Something that would give them a purpose for the day and perhaps change their outlook and make their day a little bit brighter.</p> <p>A venue has been offered until it is possible to have a dedicated centre and support has been offered from the Women’s Organisation in Liverpool, as well as the media with Radio City podcasts and a number of celebrities.</p> <p>Primary research has been conducted which has evidenced the need for this service in the community with men stating they wish they had somewhere to go where they could make friends and open up to people who understand. They wish to take part in skills sessions to improve chances of employability and increase confidence plus they say mindfulness and yoga will help them to relax and take them away from their troubled thoughts which will reduce anxiety. Further research has claimed that men accounted for three quarters of suicides registered in the UK which has been the same since 1990’s with Males between 40-59 accounting for the highest amount of suicides since 2013. ONS (2017) suggests this could be due to men</p> | KMcC |

| No | Item | Action |
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| | <p>of this age being less likely to seek support. Having looked for similar services in the community, there is nothing of this nature. There are a lot of counselling facilities, however, counselling often makes people initially feel worse, and therefore sometimes they are seeking other means of support to occupy their thoughts and time. Socialising in local gyms can be daunting as often mental health difficulties also bring social difficulties so to be around other men who "get it" can be beneficial and more engaging.</p> <p>It has been in the media a lot recently that the NHS is promoting social prescribing to reduce depression and improve mental wellbeing which Sean's Place encompasses.</p> <p>Acknowledging the benefits of social prescribing and recognising there are very few places GPs and mental health workers are able to signpost their patients too in Sefton, Sean's Place would be the ideal place to fill the gap and enable solid support for men in the community who like Sean, do not meet the criteria for hospital but are in desperate need of social support to prevent them getting to that stage.</p> <p>The member of the public updated the governing body on the development of the business plan for the centre and any support that the CCG can give.</p> <p>The governing body offered their condolences.</p> <p>A discussion was had on the mental health services already available within the area however these were fragmented. It was felt that better signposting was needed to join up these services. It was further recognised that there was a lack of services out of normal hours and this needed to be looked at.</p> <p>FLT introduced Tracy Jeffes (TJ) and Jan Leonard (JL) who are working on 'place' and with the Primary Care Networks with GPs. TJ also leads on the work with the Community Voluntary and Faith sector. TJ and JL to link up with the member of the public outside of the meeting to see how CCG support can be given.</p> | TJ and JL |
| GB19/92 | <p>Apologies & Welcome</p> <p>Apologies were given on behalf of Gina Halstead, Jeff Simmonds, John Wray and Lynne Creevy.</p> | |
| GB19/93 | <p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell and Brendan Prescott. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>The GP members in attendance declared their interest in relation to the Primary Care Network information items GB19/108d and GB19/109d; Dr Craig Gillespie, Dr Peter Chamberlain and Dr Sunil Sapre.</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> | |

| No | Item | Action |
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| GB19/94 | <p>Minutes of Previous Meeting</p> <p>The minutes of the meeting from 6th June 2019 were confirmed as an accurate record subject to the following changes:</p> <ul style="list-style-type: none"> - Page 4: Dr Craig Gillespie position should be Chair not Acting Chair - Reference to KMcK through the minutes should be KMcC. | |
| GB19/95 | <p>Action Points from Previous Meeting</p> <p>19/68: CAMHS The review of all performance reports, including children's services and SEND, had been taken into consideration as part of the IPR review and will be discussed under item GB19/98.</p> | Closed |
| GB19/96 | <p>Business Update</p> <p>CG updated on the work being done with members to complete their PDRs. Those members that had not yet received a PDR were asked to contact CG as soon as possible. All member PDRs were to be completed by the next meeting.</p> <p>There was no further business update in addition to that already presented in the meeting reports.</p> <p>Resolution: The members received the update.</p> | Members |
| GB19/97 | <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 is continuing to work with providers and local authority partners to secure improvements. Further discussion is to be held under item GB19 /102.</p> <p><u>2. EU Exit Planning</u> Significant concerns were now starting to materialise. Debbie Fairclough has been appointed lead officer for the CCG.</p> <p>The CCG business is not affected in the same way as a Trust or provider organisation where there is high potential for supplies and medication to be affected. Instead the CCG will look at business operations and provide support to partner organisation and providers.</p> <p>An update on Medicines Management is due at the next Senior Leadership Team meeting.</p> <p>A discussion was had in relation to the EU exit risk and the management of this via the leadership team on a weekly basis and further discussions with providers in relation to potential risks. It was suggested that this be added to the SLT agenda.</p> | Judy Graves |

| No | Item | Action |
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| | <p><u>3. Stroke and North Mersey Joint Committee</u> The governing body approved the North Mersey Joint Committee work plan. At a meeting in April the Committees in Common proposed that they support the addition of stroke services to the joint committee work programme.</p> <p><u>4. Midlands and Lancs Commissioning Support Unit contract 2020/21</u> The current contract for commissioning support services is due to expire on 31st March 2020 with an option to extend for a further 12 months.</p> <p><u>6. Healthwatch views on the NHS Long Term Plan</u> 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 II Strategy. More discussion under item GB19/103.</p> <p>The full report is available on the Healthwatch Sefton website at: https://healthwatchsefton.co.uk/reports/</p> <p><u>7. Trans Health Sefton wins national award</u> Trans Health Sefton were congratulated as the winner of this year's Healthcare Transformation Awards 2019 which recognised the very best in innovation and improvement across the NHS.</p> <p><u>9. Clinical Senate Report – Southport & Ormskirk Hospitals</u> As discussed at prior governing body meetings debate has been underway for some time on how services at Southport & Ormskirk hospitals can be clinically and financially sustained to meet the required quality standards. To assist this a second independent clinical review has been commissioned by Southport & Formby CCG which follows on from a similar document published by the Northern England Clinical Senate in 2017. The report is available on https://www.southportandformbyccg.nhs.uk/get-informed/publications/</p> <p><u>10. Health and wellbeing marketplace at 'Big Chat meets Annual Review' event</u> The next CCG event is due to take place on 12 September. The event is an amalgamation of the Big Chat and Annual General Meeting, to be held in a joint format so as to maximise the opportunity for public involvement and sharing of information.</p> <p><u>12. EPRR Standards: Annual Compliance Self-Assessment</u> The CCG is required to be aware of its responsibilities in preparing for and responding to emergencies and, to this end, is required to undertake a self-assessment and issue a statement of compliance on an annual basis. The submission to NHS England is 30th September 2019.</p> <p>Following an interim assessment the CCG is currently demonstrating substantial compliance against the NHSE's levels for compliance. Further work is scheduled for September and following this the CCG is expected to be able to demonstrate full compliance by the submission date.</p> <p><u>13. One to One (North West Limited)</u> One to One (North West) Limited, provider of independent midwifery services, notified the CCG that it would be ceasing trading on 31 July 2019. In</p> | |

| No | Item | Action |
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| | <p>response the CCG has, with NHS Trusts, worked to ensure the safe and quick transfer of women to alternative providers.</p> <p>The contract with One to One was due to expire on 31 March 2020 and commissioners had already begun to review options for procuring services. However there was expectation that One to One would continue to deliver services until the end of the agreed contract.</p> <p>FLT assured the members that the women who had been booked for either ante-natal or post-natal care with One to One have now been assigned with an alternative care provider.</p> <p><u>16. Patient and public participation IAF Patient and Community Engagement Indicator</u> CCGs have a statutory duty to involve the public in commissioning of services. In meeting its statutory responsibilities, effective patient and public participation helps CCGs to commission services that meet the needs of local communities and tackle health inequalities. The CCG are assessed on how well they discharge these duties and following assessment the CCG has achieved a Green Star rating for 2018/19.</p> <p>The rating is a great reflection of the positive work undertaken by the communications and engagement team, Graham Bayliss and Tracy Jeffes. It was recognised that this was an achievement not accomplished by many CCGs.</p> <p><u>22. Aintree and Royal hospitals coming together</u> FLT updated the members and the public on the continuing work on the formal merger of the Trusts. Some appointments have been made and an interim board will operate until the merger is complete, expected October 2019.</p> <p><u>23. Integration</u> Following a successful extended Integrated Commissioning Group Workshop the Sefton CCGs and Sefton Council have identified a range of actions to further the development of integrated commissioning including the intent to publish joint commissioning intentions for 2020/21.</p> <p>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. To this end approval was being sought for delegated authority for sign off by the CCG Chair and Chief Officer.</p> <p>Resolution: The governing body received the report and:</p> <p>Item 3: Approved the addition of Stroke services to the joint committee work plan.</p> <p>Item 4: Approved the extension of the Midlands and Lancs CSU contract for Lot 1 services for a further 12 months until March 2020 and to be taken through the CCG's governance process.</p> <p>Item12: Noted the interim assessed level of compliance as 'substantial' against the core standards. Furthermore approved 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 which is expected to evidence 'full' compliance. The final documentation is to be ratified by the governing body at its next meeting.</p> | |

| No | Item | Action |
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| | Item 23: Approved delegated authority for signing off the BCF submission to the CCG Chair and Chief Officer pending ratification by the Governing body at its next meeting. | |
| GB19/98 | <p>Integrated Performance Report (IPR)</p> <p>The governing body were presented with a newly revised IPR. It was recognised that this was the first sight of the report in the new format and expected that further changes will be made over time.</p> <p>98.1: Performance & Quality</p> <p>KMcC highlighted the key differences with concentration on performance and quality and a now separate finance paper. The members were asked to note the summary dashboard on page 35 of the meeting pack and were briefed on the revised report. This included detail and increased focus on exception areas, RAG rating of red amber and green areas, performance detail for the prior quarter, a rolling 3 month 'green' timeframe to show stability of metric before removing as an exception. Changes have also been made to the format which links performance, indicator, IAF and constitutional category with a clearer overview of issues and actions.</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 University Hospital Aintree is the main provider for South Sefton and is making sustained progress in this year with a 5.2% reduction on outpatient referrals against the same period for 2018/19.</p> <p>Notably GP referrals were down 11.9%. There had been an increase of 2.7% in consultant to consultant referrals; this was a small increase in comparison to other areas.</p> <p>The members were reminded of prior concerns regarding the low GP e-referral utilisation data being reported given that GPs can only refer via the e-referral system. The members were updated to the substantial work undertaken on this which had identified some significant data quality issues on a national level. This has been escalated to NHS England. The CCG is, for the moment, using a local data set which is sighting GP e-referral utilisation in excess of 80%. This data set will continue to be used whilst the national issue is being resolved and a response received from NHS England.</p> <p>Reference was made to the discussion at the beginning of the meeting in relation to the Trust's patient communications in connection with the hospital use of electronic appointments. In some cases patients are still being informed that an appointment will be sent by letter. This was recognised as an ongoing issue and PC and CG agreed to discuss further outside of the meeting. It was noted that Dr Rob Caudwell, Southport and Formby CCG Chair, was leading on this issue for both the Sefton CCG's.</p> <p>Diagnostics The CCG are currently failing the diagnostic test target with 1.56% of patient waiting more than 6 weeks as at June 2019. This equated to 44 patients and</p> | PC and CG |

| No | Item | Action |
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| | <p>included 13 for Echocardiography, 10 for CT 3 x 13+ week waiters for MRI, Echocardiography and Urodynamics and as detailed on page 45 of the meeting report.</p> <p>KMcC updated the members on the work being done to address the failed performance. This included the planned upgrades to Liverpool Heart and Chest diagnostic facilities which are expected to recover performance by Q4 and the level of assurance being sought at contract meetings from Southport Trust regarding workforce issues.</p> <p>RTT A key contributing factor to the failed performance for RTT is gastroenterology which is experiencing key workforce and vacancy issues. Some appointments had been made and following an internal change to the way patients are seen there has been an improvement with a high percentage resolved.</p> <p>It was recognised that there were significant gastroenterology issues beyond Aintree University Hospital as a provider. To this end the CCG and providers across Merseyside are working together to look at system issues and develop a plan to address these.</p> <p>Formal Performance Notice: Aintree University Hospital Specific reference was made to Aintree performance for RTT (page 46), A&E (page 65) and Cancer 62 week (page 53). The members were reminded that the exceptions for these areas had been highlighted for a number of months. A formal Performance Notice has now been issued to Aintree University Hospital for these highlighted areas. The members were asked to note the detail of actions provided in the report for each area.</p> <p>Unplanned Care</p> <p>A&E There had been a steady improvement over recent months with June showing 85.6%. This was being monitored through contract performance.</p> <p>Mental Health Significant improvements have been seen in the 18 week wait for Eating Disorder Service Treatment which achieved performance of 70% for June compared to 25% on the previous month.</p> <p>Learning Disability Health Checks had also seen an improvement to 13.8% compared to the previous month of 7.6%. It was recognised that some of this was due to data quality issues at practices and this was under review.</p> <p>The June target for IAPT access was failing, with the CCG achieving 0.94% compared to the previous month of 1.14%, and a quarter performance of 3.31% achieved against a quarterly target of 4.75%. Members were reminded that the target attributed to the CCG was based on a national assumption and calculation based on a population algorithm. A discussion was held on whether or not the service being provided was appropriate for the needs and if not, could it be adapted. FLT expanded on the work that had been done with the service to customise and bespoke sessions, group work, 1:1 work and premises so as to ensure they were accessible. Further to the discussion on Mental Health services in the public questions section of the meeting, clarification was requested on whether there was an out of hours service so as to enable access by members of the public that work during the</p> | |

| No | Item | Action |
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| | <p>day. It was noted that the contract was due for renewal March 2020.</p> <p>Reference was made to the failed Dementia diagnosis rate of 64.6% against an ambition of 66.7% for the CCG. Although an improvement on the prior month, the CCG believe that the coding issues in primary care may be impacting on performance. The Chair noted that the issue was one of the areas of priority for the Primary Care Network Crosby.</p> <p>Community Health Concern was raised in relation to the physiotherapy waiting times at currently 20 weeks. The members requested an understanding of how the figures are generated given that another local CCG has a waiting time of half this figure.</p> <p>Report Format A discussion was had on the new report layout. Thanks were relayed to KMcC and his team for the much improved format. Further considerations to be looked at:</p> <ul style="list-style-type: none"> - Following the Executive Summary, an additional brief section on areas of the governing body to note. This would enable review of those specific areas by the membership, especially given that the report is still quite lengthy. - Those exceptions discussed in committee - Review of some of the 'trend' arrows through report <p>More differential needed in the actions sections on what has happened, what has been done, and what else can or is to be done</p> <p>Quality BP took members through the quality section of the report and highlighted:</p> <p>There had been 4 new cases of C Difficile for June 2019 making a total of 11 which was under the annual plan of 15. The national objectives for this area had changed and a workshop was planned for 6th September to look at the new definitions and classifications.</p> <p>E.Coli had been examined by the Single Item Quality Surveillance Group, with the objective of the group being to focus and drill down on individual items. This was carried out with the aim of pulling together a system wide programme to plan across the region, which would include all aspects, to enable consistency and direction, taking national resources into consideration.</p> <p>Reference was made to the data provided for the personal health budgets on page 61 of the meeting report. There had been an increase in the numbers but not in performance and not at the expected level. FLT requested that this be looked at further.</p> <p>With reference to the discussion regarding the report format changes, BP was requested to consider quality and performance items for the additional governing body section.</p> <p>Resolution: The governing body received the report.</p> <p>98.2: Finance MMcD presented members with the finance paper and highlighted:</p> | <p>KMcC (SS)</p> <p>KMcC</p> <p>BP (TF)</p> <p>BP</p> |

| No | Item | Action |
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| | <p>At month 4 the CCG deficit is £3.3m. Some trends had started to emerge in months 2 and 3 in some areas. However the main gap to breakeven is the inability to deliver on QIPP plans. As detailed on page 122 of the meeting report, QIPP plans have been identified however at this stage many are currently high risk. As shown on page 125 of the meeting report, the CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. Challenge and scrutiny sessions will continue to focus on delivery, assurance and saving opportunities. Next session will look at Gastro in relation to service and pressures.</p> <p>A discussion was had on the forecast outturn as detailed on page 119 of the report. Specifically the increased CHC costs, however this was as a result of improved systems and an increase in fact track referrals which benefitted the patients in leaving hospital to a more appropriate setting.</p> <p>The members were informed of an exercise undertaken on the financial recovery plan which has identified areas of overspend. Work is now needed across the system to deliver the plan.</p> <p>An update was given on the conversations held with NHSE regarding the CCGs financial position and the ability of the CCG to be able to demonstrate to NHSE everything that it doing to try and achieve financial balance. The members discussed the financial incentives for Trusts and how this had impacted and increased the financial risk for South Sefton CCG, with the CCG holding more of the risk on behalf of the wider system.</p> <p>The membership recognised the work being done by the CCG in trying to deliver the necessary savings and agreed that this would be extremely challenging. MMCD identified the need to ensure clinical involvement in order to deliver the savings plan. It was noted that there was recognition from across the system that there needs to be a move away from 'payment by results'.</p> <p>Resolution: The governing body received the finance report and noted:</p> <ul style="list-style-type: none"> • 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. The 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 | |

| No | Item | Action |
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| | available to the CCG and be able to explain our approach so that membership can support implementation of our recovery. | |
| GB19/99 | <p>Improvement and Assessment Framework: Q4 2018/19</p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q4 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 asked to note the key issues section of the report (page 133) which detailed the indicators and underperformance. The members were asked to note the areas that had improved. The improvements had resulted in the CCG no longer being ranked in the lowest performing quartile nationally for the five areas listed.</p> <p>Independent panels have completed the assessments for the 6 Clinical Priority areas for 2018/19. These being cancer, maternity, mental health, dementia, learning disabilities and diabetes. The outcome of these assessments were made available on the MyNHS website in July 2019. The CCGs overall rating for 2018/19 was 'Requires Improvement', as detailed in the report page 145.</p> <p>Resolution: The governing body received the report and noted the progress.</p> | |
| GB19/100 | <p>Annual Audit Letter</p> <p>The report summarises the key findings from the external audit work for NHS South Sefton CCG for 2018/19. The purpose being to give an opinion on the CCG's financial statements and regularity assertions and assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources.</p> <p>The CCG has received an 'unqualified opinion' on the CCG's financial statement and had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for 2018/19.</p> <p>The members were noted to the thanks relayed from the auditors, as detailed on page 154 of the meeting report, on the audit process and support received from the CCG.</p> <p>Resolution: The governing body received the report.</p> | |
| GB19/101 | <p>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</p> <p>The members were presented with a CRR and Risk Heat map as at Q1 2019/20 (27 June 2019) having noted that this had been reviewed and approved by the Audit Committee in July 2019. Furthermore FLT highlighted the revamp on the documents and process to be carried out as part of the Risk Management Strategy review.</p> <p>AS made reference to the CRR scoring where, in some instances the initial score is lower than the current score which indicates a deteriorated position.</p> | |

| No | Item | Action |
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| | <p>AS requested a discussion on the content and scoring of this document and, with reference to the review, offered some other examples of how this information could be presented.</p> <p>The members were presented with an interim Q2 2019/20 GBAF for review and scrutiny, as requested by the Audit Committee. Following review the members agreed the scoring for 'delivery of QIPP plan' be increased to 20.</p> <p>Resolution: The governing body:</p> <ul style="list-style-type: none"> • Approved the CRR and Heat Map • Approved the interim Q2 2019/10 GBAF with a change to the 'delivery of QIPP plan' score • Noted the update to date • 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 | <p>AS and DFair</p> <p>MMcD (Judy Graves)</p> |
| GB19/102 | <p>SEND: Update</p> <p>Reference was made to a SEND inspection carried out across the local area in 2016 where concerns had been highlighted, and the subsequent revisit in April 2019 to review progress made in addressing those concerns.</p> <p>The report presented an update on the remedial action plan developed with the NHS providers and local authority colleagues to improve SEND services and address the concerns raised in the inspection and revisit. The action plan was submitted to the DfE in July for review and the CCG were waiting a response.</p> <p>It was noted that the action plan could be shared in the public domain once a formal response had been received from DfE. In the meantime it will remain as a PTII item, where further discussion is to take place.</p> <p>Resolution: The governing body received the update</p> | |
| GB19/103 | <p>Sefton NHS Five Year Place Plan</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 and 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>A further draft document was circulated which presented the outline draft for engagement.</p> <p>A discussion was had on the work and symmetry with the Health and Wellbeing Strategy and key partners.</p> <p>The next steps encompassed a timeline and programme of engagement work including attending and presenting to the Health and Wellbeing Board and the Overview and Scrutiny Committee before submission on 30 November 2019 and as detailed on pages 201 to 205 of the meeting report with a 'Future State' diagram provided on page 207.</p> | |

| No | Item | Action |
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| | <p>The membership recognised the intensive timescale to achieve the plan and noted information regarding health inequalities, as being an important part of the plan.</p> <p>Further to the approval of the document at the November governing body an update was requested for the October Development Session.</p> <p>The members were referred to the CCG headline to describe the CCG's approach to improving population health. Following public engagement a 4th item of 'dying well' had been added to the headline which recognised the life cycle.</p> <p>Resolution: The governing body received the report and:</p> <ul style="list-style-type: none"> • Noted the progress on the development of the NHS Five Year Place Plan • Noted the draft outline plan is subject to further engagement • Made comment through discussion on the plan presented, with any further comments to be fed back to CW • Noted the final version will be submitted to the November governing body meeting for approval | CW |
| GB19/104 | <p>Primary Care Work Programme</p> <p>The CCG published its strategy for Primary Medical Care earlier in 2019. 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).</p> <p>The report presented the governing body with an update on the progress of the implementation of the Primary Care Strategy and the six key themes contained within. These key themes covered access, quality, workforce, premises and estates, transformation and collaboration, and integration of services in localities.</p> <p>Reference was made to the South Sefton practices performing above the national average for a number of indicators including 'overall experience of General Practice' and 'helpfulness of receptionist' as indicated in the GP survey. The achievement was recognised, however it was noted that variation existed across practice scores and the CCG had offered support to look at this to improve patient experience.</p> <p>Further reference was made the new roles being introduced to expand the primary care workforce, deliver against the strategy and support the Primary Care Networks. Some of which was being supported by Sefton CVS, both in recruitment and the use of the CVS link worker process so that workers are not isolated to practices.</p> <p>Further detail is shown in the RAG rated Primary Care Programme report on page 214 of the report. Although the programme had not delivered, the work and cost to recruit additional GPs through the international recruitment programme was recognised. The shortfall was now understood to be nearer 6,500 rather than 5,000.</p> <p>FLT and the members relayed thanks to Jan Leonard on her leadership role with Primary Care and the smooth transition.</p> <p>Resolution: The governing body received the report.</p> | |

| No | Item | Action |
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| GB19/105 | <p>Sefton Transformation Programme Update</p> <p>The paper presented members with an update on the Sefton Transformation Programme, with the aim being to deliver the agreed vision for the transformation of health and care services in Sefton.</p> <p>The report outlined the agreed objectives and the scope of work involved, as well as a diagram of the supporting framework and workstream update and how this linked in with the PCNs.</p> <p>Resolution: The governing body received the report.</p> | |
| GB19/106 | <p>Transforming Care for People with Learning Disabilities: Update</p> <p>The governing body were presented with a paper which provided an update 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.</p> <p>It was noted that the reference to Southport & Formby CCG on page 226 should be South Sefton CCG.</p> <p>The members were informed that more patients had been moved out of long term inpatient beds. The current position for the CCG identified one adult within specialist commissioning, one inpatient of less than 6 months and one inpatient with a length of stay of more than 4 years.</p> <p>The members were referred to the Annual Health Checks for Patients with a Learning Difficulty and the importance of these health checks being carried out as highlighted in the confidential inquiry into premature deaths of people with learning difficulties. Further work was being undertaken to review the disability mortality rate in order to understand what can be improved.</p> <p>Resolution: The governing body:</p> <ul style="list-style-type: none"> • Noted the progress made • Endorsed the continuing work on the Cheshire and Merseyside Transforming Care Partnership | |
| GB19/107 | <p>Public Health Annual Report 2018/19</p> <p>The members were presented with a report which provided information about the preparation, content and key messages in the 2018/19 Sefton Public Health Annual Report (PHAR) on Air Quality. The PHAR is the independent annual report of the Director of Public Health and is a statutory duty.</p> <p>Following positive feedback on the use of a film format for last year's PHAR, a decision was taken to present the report in an animated format. The aim being to present complex information on a sensitive subject in an accessible, engaging and transparent format.</p> <p>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.</p> <p>The animation and fact-file can be found at https://www.sefton.gov.uk/phar .</p> | |

| No | Item | Action |
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| | <p>The members discussed the animation together with the report presented. It was recognised that as a CCG it was not possible to have the same impact as some providers i.e. NWAS, but the CCG could think about how it holds providers to account and to encourage different ways of working. There were also opportunities in logistics and supplies in how these are delivered.</p> <p>The members were briefed on other aspects being looked at i.e. indoor pollution and wood burning stoves, and the 'Clean Air Crew' work being undertaken with schools.</p> <p>FLT briefed members on a section within the long term plan that looks at this topic.</p> <p>The topic was recognised as a big issue for Sefton, especially in relation to the air quality around the docks, recent fires and the psychological impact.</p> <p>In relation to the potential area developments and the impact that this would have on the pollution in the area, the members were informed that the CCG had already submitted a letter to the local authority on its position.</p> <p>Resolution: The governing body:</p> <ul style="list-style-type: none"> • Noted the information presented in the PHAR animation, 'fact-file and report • Considered how the governing body could support relevant recommendations and calls to action from the report | |
| GB19/108 | <p>Key Issues Reports:</p> <p>a) Finance & Resource Committee (F&R): May and June 2019 b) Quality Committee/Quality and Performance: May and June 2019 c) Audit Committee in Common: April and May 2019 d) Primary Care Commissioning Committee in Common: May 2019 e) Locality Key Issues: June and July 2019</p> <p>The Chair questioned the submission of blank forms as well as the format presented.</p> <p>Resolution: The governing body received the key issues reports</p> | |
| GB19/109 | <p>Approved Minutes:</p> <p>a) Finance & Resource Committee (F&R): May and June 2019 b) Joint Quality Committee/Quality and Performance Committee: March, May and June 2019 c) Audit Committee in Common: None d) Primary Care Commissioning Committee in Common: May and June 2019 e) North Mersey Committees in Common: February and April 2019, and the agenda for the meeting held 9 August 2019.</p> <p>RESOLUTION: The governing body received the approved minutes.</p> | |
| GB19/110 | <p>Any other business</p> <p>None</p> | |

| No | Item | Action |
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| GB19/111 | <p>Date of Next Meeting</p> <p>Thursday 7th November 2019, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held bi-monthly, on the first Thursday of the month. Future meeting dates:</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> | |
| | <p>Estimated meeting close and motion to exclude the public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p> | 15:45 hrs |

Governing Body Meeting in Public 19/132: Action Points

Date: Thursday 5 September 2019

| No | Item | Action |
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| Questions | <p>Questions from the Public</p> <p>1. I note the CCG's recent deliberations concerning patient waiting times for diagnostic services, particularly regarding gastroenterology at Aintree. Having been referred to Aintree at the beginning of June I have discovered many weeks later from the GP practice that I was on a 41 weeks 'waiting list' (i.e. some 10 months) and I could not be given an appointment date at this stage in the process.</p> <p>Following extensive discussion on the process for reviewing waiting times, how providers are held to account, issues that impact waiting times and waiting time triggers FLT offered for KMCC to contact the member of the public to address any remaining concerns.</p> <p>2. A member of the public told the governing body members of the long Mental Health battle her brother had struggled with before sadly taking his own life. Sean had received great support from the community nurse at Whiston Hospital. However, there was no other support available to help fill his time.</p> <p>A long term goal has been to set-up a centre for men to attend to reduce isolation and loneliness, increase mental wellbeing and in turn provide a sense of belonging and hope. Although too late for Sean to benefit, the intention is to help people in his name.</p> <p>TJ and JL to link up with the member of the public outside of the meeting to see how CCG support can be given.</p> | <p>KMcC</p> <p>TJ and JL</p> |
| GB19/97 | <p>Chief Officer Report</p> <p><u>2. EU Exit Planning</u></p> <p>A discussion was had in relation to the EU exit risk and the management of this via the leadership team on a weekly basis and further discussions with providers in relation to potential risks. It was suggested that this be added to the SLT agenda.</p> | Judy Graves |
| GB19/98 | <p>Integrated Performance Report (IPR)</p> <p><u>98.1: Performance & Quality</u></p> <p>Planned Care</p> <p>Referrals</p> <p>Reference was made to the discussion at the beginning of the meeting in</p> | |

| No | Item | Action |
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| | <p>relation to the Trust's patient communications in connection with the hospital use of electronic appointments. In some cases patients are still being informed that an appointment will be sent by letter. This was recognised as an ongoing issue and PC and CG agreed to discuss further outside of the meeting. It was noted that Dr Rob Caudwell, Southport and Formby CCG Chair, was leading on this issue for both the Sefton CCG's.</p> <p>Community Health Concern was raised in relation to the physiotherapy waiting times at currently 20 weeks. The members requested an understanding of how the figures are generated given that another local CCG has a waiting time of half this figure.</p> <p>Report Format A discussion was had on the new report layout. Thanks were relayed to KMcC and his team for the much improved format. Further considerations to be looked at:</p> <ul style="list-style-type: none"> - Following the Executive Summary, an additional brief section on areas of the governing body to note. This would enable review of those specific areas by the membership, especially given that the report is still quite lengthy. - Those exceptions discussed in committee - Review of some of the 'trend' arrows through report <p>More differential needed in the actions sections on what has happened, what has been done, and what else can or is to be done</p> <p>Quality</p> <p>Reference was made to the data provided for the personal health budgets on page 61 of the meeting report. There had been an increase in the numbers but not in performance and not at the expected level. FLT requested that this be looked at further.</p> <p>With reference to the discussion regarding the report format changes, BP was requested to consider quality and performance items for the additional governing body section.</p> | <p>PC and CG</p> <p>KMcC (SS)</p> <p>KMcC</p> <p>BP (TF)</p> <p>BP</p> |
| GB19/99 | <p>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</p> <p>AS made reference to the CRR scoring where, in some instances the initial score is lower than the current score which indicates a deteriorated position. AS requested a discussion on the content and scoring of this document and, with reference to the review, offered some other examples of how this information could be presented.</p> <p>The members were presented with an interim Q2 2019/20 GBAF for review and scrutiny, as requested by the Audit Committee. Following review the members agreed the scoring for 'delivery of QIPP plan' be increased to 20.</p> | <p>AS and DFair</p> <p>MMcD (Judy Graves)</p> |
| GB19/100 | <p>Sefton NHS Five Year Place Plan</p> <p>Further to the approval of the document at the November governing body an update was requested for the October Development Session.</p> | <p>CW</p> |

MEETING OF THE GOVERNING BODY November 2019

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| Agenda Item: 19/134 | Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456 |
| Report date: November 2019 | |
| Title: Chief Officer Report | |
| Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update. | |
| Recommendation | |
| The Governing Body is asked : | Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/> |
| <ul style="list-style-type: none"> - To formally receive this report | |

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 November 2019

General

1. SEND

The Sefton SEND Improvement Plan has been now been signed off by the DfE and by the SEND Continuous Improvement Board on 22nd October 2019.

The Deputy Chief Officer/Chief Finance Officer will provide a further update as part of the main agenda.

2. EU Exit Planning

The CCG continues to participate in planning and assurance events that are being led by NHS England. Planning for a no deal exit from the EU is discussed at weekly meetings of the leadership team and the CCG's operational lead for EU Exit Planning submitted situation reports (Sitreps) to NHSE on a daily basis providing an assessment against each key line of enquiry. That reporting procedure commenced on 21st October.

To ensure that any risks within the system are identified at an early stage the CCGs EU exit planning lead regularly liaises with the local authority, primary care colleagues and provider trust colleagues. At this stage this CCG is not anticipating any major disruption to its functions but will continue to ensure this is kept under review.

On 28th October the government and the EU agreed a "flexextension" of Article 50 to 31st January 2020 and during the intervening period the NHS will continue to assess, evaluate, escalate and mitigate as necessary any risks that emerge.

On 29th October the daily Sitrep reporting requirement was stood down until further notice but is expected to be reinstated as we approach the exit deadline.

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.

3. 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 Acute Sustainability Joint Committee that has been established as a formal joint committee between Southport and Formby CCG and West Lancs CCG is due to have an initial meeting on 7th November. The governing body will receive regular updates on the work of this committee.

There is a substantive report on the transformation programme on the main agenda.

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

4. Joint Targeted Area Inspection (JTAI)

In September the CCG and Local Authority participated in a JTAI. Relevant commissioner and provider leads supported the inspection and the findings are now being consolidated by the inspection team.

The final outcome report is expected during November following which the Local Authority and the CCG will develop any required action plans.

5. The Safeguarding Adults and Children Annual Report

The Safeguarding Adults and Children Annual Report was received at the September Joint Quality & Performance Committee and highlights how the Clinical Commissioning Groups are fulfilling their statutory duties in relation to safeguarding adults, children and young people in Sefton. The report also provides an update of the developing and emerging safeguarding agenda which the CCGs have supported throughout the 2018-19 reporting period.

This includes updates on:

- The National Context including the implications and implementation of the Children and Social Work Act (2017) in respect of future safeguarding partnership arrangements and Child Death review partnerships
- Local Context including Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2019/20

The report is available on the CCGs web page <https://www.southseftonccg.nhs.uk/get-informed/publications/>

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

6. QIPP

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.

The CCG has identified potential QIPP schemes of £19.796m 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.

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 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.

The CCG will continue to explore every opportunity to ensure it is able to deliver its statutory duties.

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

7. Primary Care Network (PCN) update

There have been a number of key developments relating to PCNs over the past few months, these are summarised below:

- A prospectus was published in August 2019, together with a self-assessment maturity matrix which set out the expectation that PCNs will prioritise specific service improvements focussed on the needs of local people and communities.
- The Cheshire and Merseyside Health and Care Partnership has written to PCN Clinical Directors requesting two outputs by the end of November; an annual plan for 2019/20 and a self-assessment across the domains of leadership, planning & partnerships, integrating care, managing resources, population health management and work with people and communities.
- PCN RightCare opportunity packs have also been published which presents an opportunity to inform service improvement and align to QIPP

The CCG leads are continuing to work collectively and collaboratively with the PCNs to ensure they are able to develop at sufficient pace to meet their local challenges.

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

8. Liverpool University Hospitals NHS Foundation Trust

On 16th October the CCG received a stakeholder update on the merger of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The briefing confirmed that the new Royal remains a priority and described the commitment to delivering the state of the art facilities that patients need and the world class hospital. The hospitals have produced a short film for stakeholders on the building process which is available at the following link [a short film for social media](#).

The hospital is working closely with regulators NHS Improvement and the Department of Health and Social Care, to scrutinise contracts with the aim of getting the best value for money for the NHS and ultimately for the tax payer. The National Audit Office investigation into Carillion's PFI hospital contracts continues and the final report is due to be published next month.

In the meantime, Laing O'Rourke is finishing a number of 'exemplar rooms'. These will be used to benchmark the standard throughout the hospital and will help to illustrate the state of the art facilities that they are working hard to deliver for patients and staff.

Background

The vision for the new Royal was not just to replace an out-dated building with a more modern and welcoming one. It was about creating a completely different kind of hospital at the heart of a radically renewed and improved local health service.

This concept aligned with national and local priorities to deliver more care outside hospital, whilst ensuring the new Royal became a world class facility for urgent and specialist treatment. Approval for the new Royal was supported by local health commissioners, Liverpool City Council and the Department of Health (as it was called at the time).

They all recognised the need to replace the current Royal but also the opportunities for the new Royal to be the catalyst to transform health and prosperity in Liverpool with the creation of a health campus for life sciences and research facilities.

The original cost for building the new Royal was £335m. Funding would come from Private Finance Initiative (PFI) with around three quarters of the funding coming from public sources including the European Investment Bank, the Department of Health and the Trust. Under the original deal, the annual PFI repayment would be less than 6% of Trust's income, compared to 15 to 20% of earlier PFIs.

Construction – Carillion

The contract for the new Royal was signed in December 2013. Carillion were awarded the tender following a detailed and extensive bidding process, set by national guidelines, and following approval from the Department of Health and Treasury. When Carillion joined the bidding process for the new Royal, they were one of the world's biggest construction firms, regarded for building roads, schools and hospitals across the UK.

Construction on the new Royal began on 3 February 2014 and was originally scheduled to be completed by March 2017. However the project was delayed and a revised completion date of February 2018 was provided by Carillion. At the end of November 2017 Carillion informed the Trust that they would be unable to meet this date. When Carillion entered into liquidation in January 2018, a new completion date had not been provided and all work on the new Royal came to a halt.

Following Carillion's collapse

Responsibility for delivering the new Royal, lay with The Hospital Company (Liverpool), who were the private finance consortium of main lenders that contracted Carillion as construction partner. The contract with The Hospital Company (Liverpool) remained in place and they remained responsible for finishing the new Royal.

The collapse of Carillion created an unprecedented situation with numerous complex legal and commercial issues to resolve. There followed months of negotiations between the Trust, the Hospital Company (Liverpool), government departments, legal teams and contractors. All parties had been committed to getting an agreement that enabled construction to restart as soon as possible.

In October 2018, the original PFI agreement was terminated and responsibility for completing the new Royal was transferred from the Hospital Company to the Trust, with financial support from the Department of Health and Social Care. This meant the new Royal was brought entirely into public ownership and would no longer be a PFI scheme and the government were committed to providing the funding. The support provided by local stakeholders including Louise Ellman MP, Metro Mayor Steve Rotheram and Mayor Joe Anderson throughout this period was hugely appreciated.

Construction – Laing O'Rourke

Laing O'Rourke took over as management contractor and began work on the site in November 2018. At this stage, it was thought the majority of work had been completed, but remedial works were needed on structural issues with beams. These issues were assessed and a plan to fix them has been developed. These works are highly complex and will take time. Together with Arup and Laing O'Rourke we have produced this [short film to explain these works](#).

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

9. Integration

In line with the publication of new Better Care Fund (BCF) guidance, work on the refreshed CCG and Council BCF plan was completed by 27th September and submitted to the regulators by the required deadline. The sign off of that submission was delegated by the governing body to the CCG Chair and Chief Officer and will be presented to the governing body for ratification as part of the main agenda business.

10. Recommendation

The Governing Body is asked:

- To formally receive this report.

Fiona Taylor
Chief Officer
November 2019

MEETING OF THE GOVERNING BODY November 2019

| | | | | | | | |
|---|--|---------|---|---------|--|--------|--|
| Agenda Item: 19/135.1 | Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468 | | | | | | |
| Report date: November 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 | | | | | | | |
| Recommendation The Governing Body is asked to receive this report. | <table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black;"></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 | |
| Quality Impact Assessment | | | x | |
| Resource Implications Considered | | | x | |
| Locality Engagement | | | x | |
| Presented to other Committees | | | x | |



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 | R | | | | | | | | R | |
| | | Actual | 66% | 62.8% | 70.9% | 69.3% | 62.1% | | | | | | | | | |
| | | 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 | G | R | | | | | | | | R | |
| | | Actual | 0.77% | 1.06% | 1.56% | 0.94% | 1.37% | | | | | | | | | |
| | | 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 | R | | | | | | | | | |
| | | Actual | 89.49% | 89.64% | 88.46% | 88.15% | 87.22% | | | | | | | | | |
| | | 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% | |
| 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 | G | | | | | | | | R | |
| | | Actual | 1 | 0 | 1 | 1 | 0 | | | | | | | | | 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 | G | | | | | | | | G | |
| | | Actual | 0 | 0 | 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 | G | | | | | | | | G | |
| | | Actual | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Cancer Waiting Times | | | | | | | | | | | | | | | | |
|--|------------------|--------|---------|---------|---------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| <p>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</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 | G | R | | | | | | | | R | |
| | | Actual | 86.142% | 94.578% | 93.813% | 94.25% | 89.09% | | | | | | | | | 91.659% |
| | | 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>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for susp breast cancer</p> | South Sefton CCG | RAG | R | R | R | G | R | | | | | | | | R | |
| | | Actual | 50.00% | 86.842% | 91.176% | 93.103% | 91.67% | | | | | | | | | 83.667% |
| | | 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>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</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 | R | | | | | | | | G | |
| | | Actual | 96.296% | 98.718% | 100.00% | 96% | 94.118% | | | | | | | | | 97.076% |
| | | 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>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p> | South Sefton CCG | RAG | G | G | R | G | G | | | | | | | | G | |
| | | Actual | 100.00% | 100.00% | 93.333% | 95.00% | 100% | | | | | | | | | 96.923% |
| | | 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>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p> | South Sefton CCG | RAG | G | G | G | G | R | | | | | | | | G | |
| | | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 96.552% | | | | | | | | | 99.222% |
| | | 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>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p> | South Sefton CCG | RAG | G | G | G | G | G | | | | | | | | G | |
| | | Actual | 96.667% | 100.00% | 100.00% | 100.00% | 100.00% | | | | | | | | | 99.291% |
| | | 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>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</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 | R | | | | | | | | R | |
| | | Actual | 75.00% | 77.273% | 65.517% | 75.676% | 68.00% | | | | | | | | | 73.054% |
| | | 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>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</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 | n/a | G | | | | | | | | R | |
| | | Actual | - | 85.714% | 0.00% | - | 100.00% | | | | | | | | | 83.33% |
| | | 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>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</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 | G | R | | | | | | | | R | |
| | | Actual | 60.00% | 70.00% | 33.333% | 88.889% | 50.00 | | | | | | | | | 65.854% |
| | | 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 | R | | | | | | | | R | |
| | | Actual | 78.178% | 78.324% | 81.153% | 80.07% | 85.15% | | | | | | | | | 80.56% |
| | | 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 | G | | | | | | | | G | |
| | | Actual | 0 | 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 | G | | | | | | | | G | |
| | | Actual | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | | | 0.00 |
| | | Target | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| HCAI | | | | | | | | | | | | | | | | |
| Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative | South Sefton CCG | RAG | G | G | G | R | R | | | | | | | | R | |
| | | YTD | 0 | 0 | 0 | 1 | 1 | | | | | | | | | 1 |
| | | Target | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative | South Sefton CCG | RAG | R | G | G | G | G | | | | | | | | G | |
| | | YTD | 7 | 7 | 11 | 17 | 22 | | | | | | | | | 22 |
| | | Target | 6 | 11 | 15 | 20 | 24 | 28 | 34 | 40 | 46 | 51 | 55 | 60 | | 60 |
| Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative | South Sefton CCG | RAG | R | R | R | R | R | | | | | | | | R | |
| | | YTD | 15 | 33 | 47 | 63 | 75 | | | | | | | | | 75 |
| | | Target | 11 | 21 | 32 | 42 | 53 | 63 | 75 | 85 | 96 | 108 | 125 | 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 | G | G | | | | | | | | G | |
| | | Actual | 50.00% | 60.00% | - | 100% | 100% | | | | | | | | | 72.222% |
| | | 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 | R | | | | | | | | R | |
| | | Actual | 37.10% | 47.1% | 35.4% | 47.8% | 43.4% | | | | | | | | | 43.4% |
| | | 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 | R | | | | | | | | R | |
| | | Actual | 1.34% | 1.22% | 1.06% | 1.11% | 0.99% | | | | | | | | | |
| | | 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 | G | | | | | | | | G | |
| | | Actual | 99.60% | 97.70% | 100% | 96.9% | 100% | | | | | | | | | 98.7% |
| | | Target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | |
| 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 | G | | | | | | | | G | |
| | | Actual | 100% | 100% | 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% | 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 | R | | | | | | | | R | |
| | | Actual | 64.169% | 64.37% | 64.60% | 63.90% | 63.90% | | | | | | | | | 64.184% |
| | | 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 The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY) | South Sefton CCG | RAG | R | | | | | | | | | | | | |
| | | 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 The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY) | South Sefton CCG | RAG | R | | | | | | | | | | | | |
| | | Actual | 50% | | | | | | | | | | | | |
| | | Target | | | | | | | | | | | | | |
| Wheelchairs | | | | | | | | | | | | | | | |
| Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service. | South Sefton CCG | RAG | | | | | | | | | | | | | |
| | | Actual | Nil Return | | | | | | | | | | | | |
| | | Target | | | | | | | | | | | | | |

1. Executive Summary

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

| Key Exception Areas for August | CCG | Aintree |
|---------------------------------------|--------|---------|
| A&E Improvement Trajectory | 89% | 89% |
| A&E (All Types) (Nat Target 95%) | 85.15% | 88.88% |
| RTT Improvement Trajectory | 90.5% | 91.3% |
| RTT (Nat Target 92%) | 88.15% | 87.92% |
| Diagnostics Improvement Trajectory | 1.51% | 1.30% |
| Diagnostics (Nat Target less than 1%) | 1.37% | 0.06% |
| 62 Day Improvement Trajectory | 86.50% | 80.3% |
| Cancer 62 Day (Nat Target 85%) | 68.00% | 71.03% |

To Note:

A Contract Performance Notice was issued to Aintree in August for the above exception areas along with ambulance handovers. Although failing the national standard, the CCG is achieving the agreed improvement trajectory.

Planned Care

Year to date referrals at August are -3.1% down on 2018/19 due to a -8.8% reduction in GP referrals. In contrast, consultant-to-consultant referrals are 6.1% higher when compared to 2018/19. Also consultant-to-consultant referrals have decreased to the lower point since February 2019 after being at an historical high in the previous month.

At provider level, Aintree Hospital saw a -4.9% decrease in total referrals in August when comparing to 2018/19. Liverpool Womens has also reported a reduction of -10.9%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCGs performance has dipped slightly in the last few months recording 87.2% in August. This has resulted in the CCG failing the improvement plan of 90.5%. In August, the incomplete waiting list for the CCG was 11,648 against a plan of 11,561; a difference of 87 patients over plan.

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

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in August 2019 at 19.3%. The percentage of patients who would recommend the service has remained the same at 94%, which is 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 the CCG reported at 5% increase in patients seen reporting 85.15%, 80.56% year to date. Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan in August with 88.88%, which is slightly below the target of 89%.

Through 2018/19 and 2019/20 NWS 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.

The CCG and Trust have reported no new cases of MRSA in August. The previous month was the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.

Aintree are reporting over their year to date plan of 23 for C.difficile as at August they have had 46 cases and are reporting red for this indicator.

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 August there were 12 cases (75 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 M5 2019/20 is approximately 1.58%. Month 5 performance was 0.99% so failed to achieve the target standard. The percentage of people moved to recovery was 43.4% in month 5 of 2019/20 which failed the 50% target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in August of 63.90%, which is under the national dementia diagnosis ambition of 66.7%. The same percentage was reported last month.

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 Oversight Framework

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the LTP priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

2. Planned Care

2.1 Referrals by source

| Indicator | GP Referrals | | | | Consultant to Consultant | | | | All Outpatient Referrals | | | |
|-------------------|----------------------------------|-----------------|-------|--------|----------------------------------|-----------------|------|-------|----------------------------------|-----------------|-------|-------|
| Month | Previous Financial Yr Comparison | | | | Previous Financial Yr Comparison | | | | Previous Financial Yr Comparison | | | |
| | 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 | 2998 | -489 | -14.0% | 1828 | 1988 | 160 | 8.8% | 6399 | 6034 | -365 | -5.7% |
| May | 3599 | 3192 | -407 | -11.3% | 2076 | 2230 | 154 | 7.4% | 6727 | 6552 | -175 | -2.6% |
| June | 3453 | 3194 | -259 | -7.5% | 1992 | 1961 | -31 | -1.6% | 6525 | 6269 | -256 | -3.9% |
| July | 3386 | 3427 | 41 | 1.2% | 2025 | 2328 | 303 | 15.0% | 6510 | 6790 | 280 | 4.3% |
| August | 3320 | 2908 | -412 | -12.4% | 1899 | 1915 | 16 | 0.8% | 6303 | 5814 | -489 | -7.8% |
| 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 | 3144 | -136 | -4.1% | 1957 | 2084 | 128 | 6.5% | 6296 | 6292 | -4 | -0.1% |
| YTD Total Month 5 | 17245 | 15719 | -1526 | -8.8% | 9820 | 10422 | 602 | 6.1% | 32464 | 31459 | -1005 | -3.1% |
| Annual/FOT | 39354 | 37726 | -1628 | -4.1% | 23479 | 25013 | 1534 | 6.5% | 75549 | 75502 | -47 | -0.1% |

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





Data quality note:

Liverpool Heart & Chest Hospital data for month 5 of 2019/20 is currently unavailable. As a result, monthly averages have been applied for this particular month.



Month 5 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, following a peak in referrals during month 4, numbers have now decreased in August 2019 to the lowest monthly total since December 2018.
- Year to date referrals at August 2019 are -3.1% down on 2018/19 due to a -8.8% reduction in GP referrals.
- In contrast, consultant-to-consultant referrals are 6.1% higher when compared to 2018/19. Also, consultant-to-consultant referrals have decreased to the lowest point since February 2019 after being at an historical high in the previous month.
- Southport & Ormskirk and Aintree Hospitals are responsible for the majority of consultant-to-consultant increases. The former has reported increases within specialties such as Trauma & Orthopaedics, Clinical Physiology, Paediatrics and ENT amongst others.
- 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 -4.9% decrease in total referrals at month 5 when comparing to 2018/19. Liverpool Women's have also reported a reduction of -10.9%.
- 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 13 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 at month 5 are currently -6.2% 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | 62.8% | 70.9% | 69.3% | 62.1% | | |
| | | Plan: 100% by end of Q2 2018/19 | | | | | |
| Performance Overview/Issues: | | | | | | | |
| <p>The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for August 2019 and reports performance to be 62.1%. This shows a decline from the previous month and 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 denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information 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. August data shows an overall performance of 70.7% for South Sefton CCG, a decline on the previous month (77.6%). 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> <p>The planned care group will have oversight of eRs performance and this is a standing agenda item. The group will look to drive improvements in advice and guidance uptake and eRs performance. Additionally, it will review the consistency of the localised datasets to ensure a standardised approach and provide assurance that the denominator used to inform eRs performance is as accurate as possible.</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 |
|--|---|-------------------------------------|--------|------------------------|--------|-------|---|
| Diagnostics - % 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. |
| YELLOW | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | CCG | 1.05% | 1.56% | 0.94% | 1.37% | |
| | | Aintree | 0.21% | 0.33% | 0.19% | 0.06% | |
| Plan: less than 1% August's CCG improvement plan: 1.51% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1% | | | | | | | |
| Performance Overview/Issues: | | | | | | | |
| <p>The CCG are achieving the improvement plan for August (1.51%) but not the national standard reporting 1.37%. In August out of a total of 2554 patients on the waiting list, 35 patients waited over 6 weeks out of them 2 waited over 13+ weeks.</p> <p>Aintree are achieving in August reporting 0.06%.</p> <p>Liverpool Heart & Chest (LHCH) diagnostic performance affecting CCG position. Upgrade of diagnostic facilities has impacted performance, with upgrade completed on 21st October, and first cohort of patients booked in on 23rd October. It is expected that there is a significant backlog of patients to book in that will impact delivery throughout the course of the current financial year. LHCH are expecting performance to recover by June 2020.</p> | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| <p>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.</p> <p>Aintree have reduced the reliance on insourcing endoscopy activity - a close eye will kept on this to ensure any dip in performance at Trust level with not impact the CCG overall performance.</p> | | | | | | | |
| When is performance expected to recover: | | | | | | | |
| A sustainable recovery expected Q4. | | | | | | | |
| 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | CCG | 89.6% | 88.5% | 88.2% | 87.2% | |
| | | Aintree | 90.1% | 89.0% | 87.9% | 86.6% | |
| | | Plan: 92% August's improvement plan: CCG - 90.5% and Aintree - 91.3% Yellow denotes achieving 19/20 improvement plan but not national standard of 92% | | | | | |
| Performance Overview/Issues: | | | | | | | |
| <p>The CCG's performance has dipped slightly over the past few months to 87.2% in August. This has resulted in the CCG failing the improvement plan of 90.5%. The CCG's main provider Aintree are also under the 92% target reporting 86.6%; also failing their local trajectory of 91.3% for August. Gastroenterology is one of the specialties most underperforming with 80.9%, which is a decline to last month when 84.4% was reported. For August this equates to 422 patients waiting over 18 weeks and equivalent to 2.35% 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 is 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 which met 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> | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| 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. In addition the CCG have been working on a system approach to provide a sustainable delivery model for gastroenterology working with the STP. The CCG 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 was supported by turnaround directors, clinical leads and CCG representatives 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. A Project Team is being mobilised to deliver the high level action plan developed at the Task & Finish Group. The CCG has escalated HMRC Pensions and Tax issues with NHSE and are awaiting a response. The trust have provided an improvement trajectory that forecasts neither attainment of either the constitutional or improvement trajectory performance by March 2020. NHS E/I have been asked to confirm if the revised performance trajectory has been ratified by the regulators. | | | | | | | |
| Trust Actions Overall: | | | | | | | |
| <ul style="list-style-type: none"> Improve theatre utilisation at speciality level in conjunction with transformational team and Ernst & Young. Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake waiting list initiatives (WLI's) where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads. Continue to support the reduction in Endoscopy waits by supporting waiting list initiative scope lists using dropped sessions in the week and additional sessions in the evening and at weekends. 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 meeting with managers on a weekly basis to focus on data quality, capacity and demand and pathway validation. This is also to include weekly performance focus on delivery against specialty level trajectories. Continue to support the Clinical Business Units with their RTT validation processes and Standard Operating Procedures (SOPs) with a special focus on inter provider transfers and data recording / entry. In conjunction with the central RTT team ensure staff undergo refresher training in RTT rules and clock stop processes. | | | | | | | |
| 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). Trust to support the delivery of actions identified in the Task & Finish Group. | | | | | | | |
| 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. The CCG have requested ratification from NHSE/I of this improvement plan. In addition, the revised improvement plan will be escalated to Aintree CCF on 7th November. | | | | | | | |
| Indicator responsibility: | | | | | | | |
| Leadership Team Lead | | Clinical Lead | | | Managerial Lead | | |
| Karl McCluskey | | John Wray | | | Terry Hill | | |

Figure 2 - RTT Performance & Activity Trend

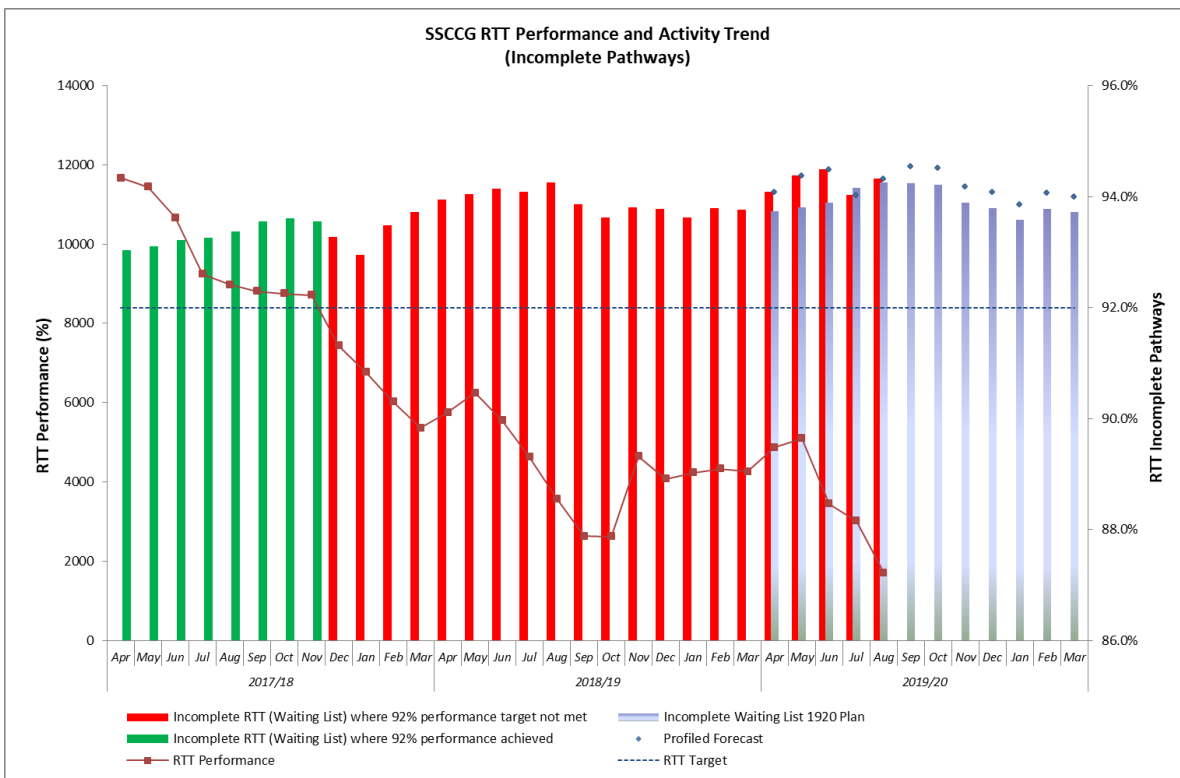




Figure 3 - South Sefton CCG Total Incomplete Pathways

| 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 | 11,234 | 11,648 | | | | | | | | 11,648 |
| Difference | 476 | 793 | 834 | -188 | 87 | | | | | | | | 815 |

In August, the incomplete waiting list for the CCG was 11,648 against a plan of 11,561; a difference of 87 patients over plan. South Sefton CCG incomplete pathways has seen a 414/3% increase for August 2019 compared to July 2019. Aintree have seen 361/5% reduction in their waiting list in August 2019 compared to July 2019. Specialty wise, this is recorded under X01 - Other.

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 | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | CCG | 0 | 1 | 1 | | 0 |
| | | Aintree | 0 | 0 | 0 | | 0 |
| | | Plan: Zero | | | | | |
| Performance Overview/Issues: | | | | | | | |
| In August there are no patients showing at over 52+ weeks. The patient which breached in June and then July has now been seen. A discussion with NHSE was held regarding this breach and they are happy with the unavoidable nature and the decision based on clinical need. This indicator will continue to show as red for 2019/20 as there has been a breach against a zero tolerance target. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| Monitoring of the 36 week waiting continues with the CSU. | | | | | | | |
| When is performance expected to recover: | | | | | | | |
| | | | | | | | |
| 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 | Aintree | ENT | 40 | Patient treated in September. |
| South Sefton CCG | Aintree | Gastroenterology | 36 to 42 | 26 patients ; all treated. |
| South Sefton CCG | Aintree | General Surgery | 36 to 43 | 16 patients ; all treated. |
| South Sefton CCG | Aintree | Ophthalmology | 36 to 44 | 8 patients ; all treated. |
| South Sefton CCG | Aintree | Respiratory Medicine | 37 & 38 | 2 patients ; both treated. |
| South Sefton CCG | Aintree | T&O | 36 to 41 | 4 patients ; all treated. |
| South Sefton CCG | Aintree | Urology | 37 | Patient treated in September. |
| South Sefton CCG | Alder Hey | All Other | 36 to 48 | 7 patients ; 3 patients treated, 1 TCI date in October and 3 unknown. Capacity issues in community paediatrics. The Trust has recruited a prescribing pharmacist who has been in post (part time) since beginning of May and has now commenced his own clinics. Additional ADHD follow up capacity has been made available in Southport & Sefton to reduce the waiting times for follow ups. Additional nurse prescribers – two have completed the course through Edge Hill University and will start solo clinics in October again supporting ADHD follow up waiting lists. A further two commenced training in September with Liverpool University with the course finishing January 2020 and will be able to fly solo around July 2020. WLI clinics for new patients have been undertaken in August, September and October. There are plans to continue with these clinics, based on outpatient capacity until the end of the year. |
| South Sefton CCG | Hull University | Ophthalmology | 38 | Patient has TCI date for October. |
| South Sefton CCG | Liverpool Women's | Gynaecology | 36 to 49 | 12 patients ; 1 patient treated in September, the rest unknown. The provider reported that most of 2018/19 the Trust has operated with 25% gaps in consultant workforce due to difficult to recruit specialist posts and long term sickness with locum Consultants and own Consultants completing WLIs to provide additional capacity currently. RTT incomplete 18 week pathways remained consistently between 80-85% as focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in from February to May has affected the position. 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 | Pennine Acute | All Other | 38 | Patient cancelled first appointment on 29/8/19 and has been given the next available appointment on 31/10/19. Given how far along the pathway they are, the Trust will see if it can bring that appointment forward but the clinic is full for the next few weeks. Once patient has had the appointment, the Trust will keep an eye on the pathway to ensure they are treated in time. |
| South Sefton CCG | Robert Jones & Agnes Hunt | T&O | 45 | Patient has TCI date for October. Scoliosis & Spinal pressures |
| South Sefton CCG | Royal Liverpool & Broadgreen | All Other | 38 to 43 | 2 patients ; both treated. Capacity issues. |
| South Sefton CCG | Royal Liverpool & Broadgreen | Cardiology | 36 | Patient treated. Capacity issues. |
| South Sefton CCG | Royal Liverpool & Broadgreen | Dermatology | 37 | Patient treated. Capacity issues. |
| South Sefton CCG | Royal Liverpool & Broadgreen | Gastroenterology | 36 | Patient treated. Capacity issues. |
| South Sefton CCG | Royal Liverpool & Broadgreen | T&O | 37 to 40 | 5 patients ; 3 treated, 1 TCI, 1 no date yet. Long Wait on Waiting List |
| South Sefton CCG | Royal Liverpool & Broadgreen | Urology | 36 | Patient treated. Capacity issues. |
| South Sefton CCG | Southport & Ormskirk | General Surgery | 37 | No Trust comments. |
| South Sefton CCG | Southport & Ormskirk | Gynaecology | 37 | No Trust comments. |
| South Sefton CCG | Spire Liverpool | T&O | 46 | Awaiting results – still active |
| South Sefton CCG | St Helens & Knowsley | Plastic Surgery | 38 & 43 | 2 patients ; both have TCI dates in November. |
| South Sefton CCG | Stockport | T&O | 42 | No Trust comments. |
| South Sefton CCG | Wrightington, Wigan & Leigh | T&O | 42 | Pathway stopped as patient was unfit for procedure. |



The CCG had a total of 98 patients waiting 36 weeks and over. Of the 98, there were 71 patients treated, 6 with a TCI date, 1 patients' pathway stopped (not required) and 20 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 urgently 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | | | |
|  |  | CCG | 94.58% | 93.81% | 94.25% | 89.09% | | | 91.66% |
| | | Aintree | 93.88% | 95.00% | 95.27% | 94.75% | | | 91.02% |
| | | Plan | 93% | 93% | 93% | 93% | 93% | | |
| | | Aintree August Trajectory: 92.4% (National 93%) | | | | | | | |
| Performance Overview/Issues: | | | | | | | | | |
| <p>The CCG failed the target for August after achieving for 3 months running reporting 89.09%. The CCG continues to fail the YTD target with 91.66%, mainly due to poor performance in April. In August there were 65 breaches from a total of 596 patients seen. There were 38 breaches at Royal Liverpool, 18 at Aintree, 8 at Southport & Ormskirk and 1 at Liverpool Women's. 41 breaches were due to inadequate out-patient capacity, 21 due to patient choice to delay, 1 due to an admin delay, 1 due to a clinic cancellation and 1 listed as other reason. The maximum wait was 51 days (at Royal Liverpool) and was due to inadequate out-patient capacity. Cancer data is monitored cumulatively so year to date the CCG is reporting red.</p> <p>Aintree have again achieved the 93% target and improvement trajectory of 92.4% reporting 94.75% in August but also failing YTD due to the poor performance in April.</p> | | | | | | | | | |
| Actions to Address/Assurances: | | | | | | | | | |
| As a health economy we have developed refreshed referral forms for suspected cancer with the aim of promoting better awareness of and compliance with NICE guidance for the management and referral of suspected cancer NG 12 published in 2015. These forms are being uploaded onto South Sefton practice EMIS systems from September onwards. | | | | | | | | | |
| 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 | | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | |
|  |  | CCG | 86.84% | 91.18% | 93.10% | 91.67% | 83.67% | |
| | | Aintree | 85.42% | 96.43% | 97.02% | 94.53% | 82.64% | |
| | | Plan | 93% | 93% | 93% | 93% | 93% | |
| | | Aintree August Trajectory: 91.9% (National 93%) | | | | | | |
| Performance Overview/Issues: | | | | | | | | |
| <p>After achieving the target last month the CCG have again failed the target in August reporting 91.67% and remains below YTD target with 83.67%. In August there were 4 breaches from a total of 48 patients seen. There were 3 breaches at Aintree and 1 at Royal Liverpool. All breaches were due patient choice to delay. The maximum wait was 24 days. Cancer data is monitored cumulatively so year to date the CCG is reporting red.</p> <p>Aintree reported 94.53% in August and are achieving the 93% target and improvement trajectory, having just 7 breaches out of a total of 128 patients.</p> | | | | | | | | |
| Actions to Address/Assurances: | | | | | | | | |
| <p>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. These forms will be installed on GP practice EMIS systems in South Sefton from September onwards.</p> <p>There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. We will continue to monitor as a system, mindful of workforce and capacity pressures for breast services at neighbouring providers.</p> | | | | | | | | |
| 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 | | | |



2.5.3 31 Day first definitive treatment of cancer diagnosis

| Indicator | | Performance Summary | | | | | IAF | Potential organisational or patient risk factors |
|---|---|--|--------|--------|------------------------|--------|--------|--|
| 31 day first definitive treatment of cancer diagnosis | | 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 | | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | |
|  |  | CCG | 98.72% | 100.0% | 96.0% | 94.12% | 97.08% | |
| | | Aintree | 97.18% | 98.17% | 99.17% | 95.33% | 97.64% | |
| | | Plan | 96% | 96% | 96% | 96% | 96% | |
| | | | | | | | | |
| Performance Overview/Issues: | | | | | | | | |
| <p>The CCG are failing the 96% target for the first time in 2019/20 reporting 94.12%, but they are achieving year to date 97.08%. In August there were 3 patient who didn't have their first treatment within 31 days out of 51 patients in total. The first gynaecological patient's treatment was delayed due to medical reasons, the second head & neck patient delay was down to the patient failing to present for their elective treatment and the third a skin patient, their delay was due to a Health Care Provider initiated delay to diagnostic test/treatment plan. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree also failed this measure in August reporting 95.33% but are also achieving year to date recording 97.64%. In August there were 5 patient breaches out of a total of 107.</p> | | | | | | | | |
| Actions to Address/Assurances: | | | | | | | | |
| Breaches occurred across a variety of specialties and reasons. No thematic trends are evident as yet. | | | | | | | | |
| When is performance expected to recover: | | | | | | | | |
| Sep-19 | | | | | | | | |
| 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 – 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 | | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | |
|  |  | CCG | 100% | 100% | 100% | 96.55% | 99.30% | |
| | | Aintree | 97.22% | 95.24% | 100% | 100% | 98.37% | |
| | | Plan | 98% | 98% | 98% | 98% | 98% | |
| Performance Overview/Issues: | | | | | | | | |
| <p>The CCG are failing this measure for the first time in 2019/20 reporting 96.55% against a target of 98%, this was due to just 1 patient breach out of a total of 29 patients, this lung patient's delay was due to the patient's choice. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree have achieved 100% in August and are now achieving year to date reporting 98.37%.</p> | | | | | | | | |
| Actions to Address/Assurances: | | | | | | | | |
| Breach was patient's own choice to delay treatment | | | | | | | | |
| When is performance expected to recover: | | | | | | | | |
| Sep-19 | | | | | | | | |
| 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 | | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | |
|  |  | CCG | 77.27% | 65.52% | 75.68% | 68.00% | 73.05% | |
| | | Aintree | 70.20% | 60.90% | 63.70% | 71.03% | 66.92% | |
| | | Plan | 85% | 85% | 85% | 85% | 85% | |
| | | CCG Improvement Trajectory August: 86.5% Aintree August Trajectory: 80.3% (National 85%) | | | | | | |
| Performance Overview/Issues: | | | | | | | | |
| <p>The CCG failed the target for August reporting 68%. In August there were 8 breaches from a total of 25 patients seen. Breach reasons include delays due to complex diagnostic pathways, delay to Health Care Provider initiated delay to diagnostic test/treatment plan, patient choice to delay with advance notice, inconclusive diagnostic and other reasons not stated.</p> <p>Aintree also failed the target and planned trajectory of 80.3% in August recording 71.03%. Performance is reported at a tumour site level. For Aintree only 1 tumour site, Breast, was compliant with the 85% operational standard for August 2019.</p> | | | | | | | | |
| <p>A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator and a recovery plan to reach the agreed trajectory has been supplied. Key actions include</p> <ul style="list-style-type: none"> - promotion of correct grading for diagnostic requests with a feedback mechanism to requesting clinicians - increase radiology capacity by outsourcing and use of mobile CT and MR - further scanning capacity secured through agreement with the Walton Centre - more rigour applied to escalation processes including establishment of a Cancer Board from September 2019 to focus on thematic review, improved compliance with Access Policy, additional co-ordination role and MDT tracker training - More collaboration with system partners including primary care | | | | | | | | |
| When is performance expected to recovery: | | | | | | | | |
| Trajectory submitted by Aintree to NHSE/I does not indicate recovery to the 85% operational standard within this financial year. However the plans predict recovery to the agreed trajectory by the end of quarter 3 2019/20. | | | | | | | | |
| 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 | | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | |
|  |  | CCG | 85.71% | 0.00% | No patients | 100% | 83.33% | |
| | | Aintree | 86.96% | 73.33% | 85.71% | 100% | 86.15% | |
| | | Plan | 90% | 90% | 90% | 90% | 90% | |
| Performance Overview/Issues: | | | | | | | | |
| The CCG reported 100% for screening services in August. Year to date the CCG are reporting 83.33% which is under the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting red. | | | | | | | | |
| Aintree report 100% for screening in August, all 3 patients were treated following referral from the screening service within 62 days. | | | | | | | | |
| Actions to Address/Assurances: | | | | | | | | |
| 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 which exhibits as higher numbers of DNAs and patient -initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway. | | | | | | | | |
| There is also an impact of the introduction of FIT testing into the Bowel Cancer Screening Programme from July 2019 in terms of higher uptake and sensitivity than had been planned for. This has resulted in increased demand for endoscopy and may mean that any patients with a positive cancer diagnosis wait longer to move through the pathway. | | | | | | | | |
| 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  | | Previous 3 months, latest and YTD | | | | | Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target | 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 | May-19 | Jun-19 | Jul-19 | | | Aug-19 |
| |  | CCG | 70.00% | 33.33% | 88.89% | 50.00% | | | 65.85% |
| | | Aintree | 66.67% | 45.45% | 79.31% | 77.78% | | | 69.23% |
| | | Plan | 85% | 85% | 85% | 85% | | | 85% |
| | | Aintree August Trajectory: 82.4% (Local target 85%) | | | | | | | |
| Performance Overview/Issues: | | | | | | | | | |
| The CCG failed the target for August reporting 50% year to date 65.85%. In August there were 2 breaches from a total of 4 patients seen. The first lung patient delay was due to out-patient capacity the second lung patient delay was due to complex diagnostic pathway. | | | | | | | | | |
| Aintree failed the monthly target for August with 77.78% also failing the trajectory of 82.4%. There were the equivalent of 4 breaches out of a total of 18 patients. Breach reasons include complex diagnostic pathways, 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. | | | | | | | | | |
| When is performance expected to recovery: | | | | | | | | | |
| Very small numbers in this patient cohort 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 | | | | |

2.5.8 104+ Day Breaches

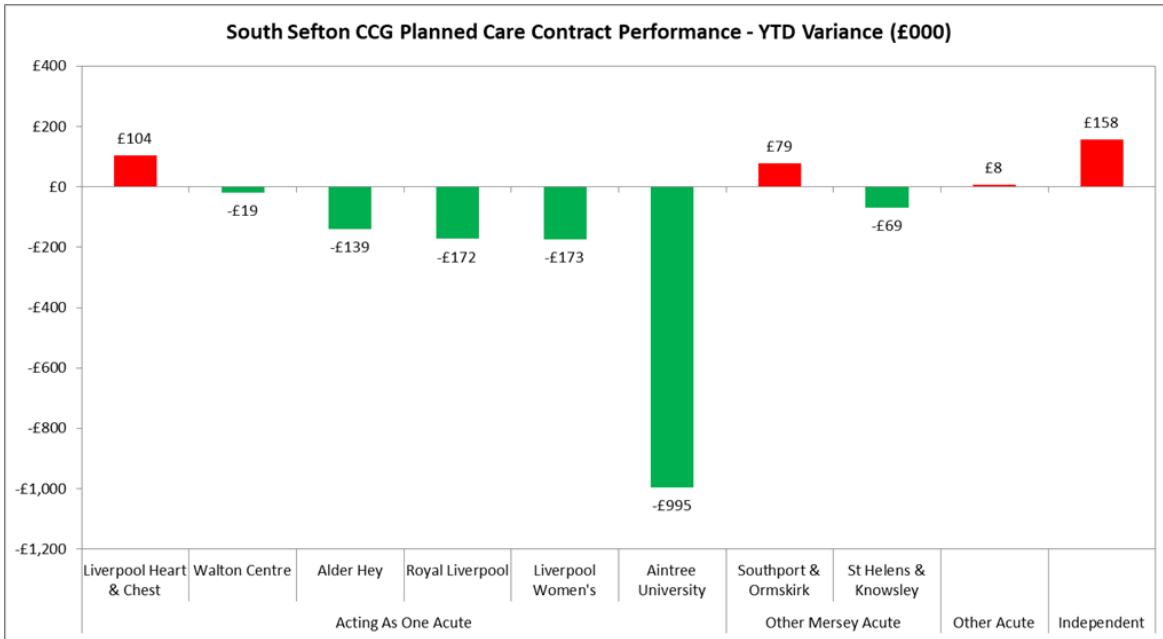
| Indicator | | Performance Summary | | | | IAF | Potential organisational or patient risk factors |
|--|---|-------------------------------------|--------------|--------|------------------------|-----|--|
| Cancer waits over 104 days - Aintree  | | Latest and previous 3 months | | | | | Risk that CCG 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 | May-19 | Jun-19 | | |
| |  | 6 | 6 | 12 | 6 | | |
| | | Plan: Zero | | | | | |
| | | | | | | | |
| Performance Overview/Issues: | | | | | | | |
| In August there were 6 over 104 day breaches at Aintree, the longest waiting 167 days. This was a urological patient delay due to complex diagnostic pathway. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| South Sefton CCG will continue to work with Aintree to ensure best use of PQIRP as a forum to achieve sustained improvement using thematic reviews that will feed into the Trust's Cancer recovery plan. | | | | | | | |
| 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | RR | 18.0% | 20.8% | 19.8% | | 19.3% |
| | | % Rec | 95.0% | 94.0% | 94.0% | | 94.0% |
| | | % Not Rec | 3.0% | 4.0% | 3.0% | | 4.0% |
| | | <u>2019 England Averages</u> Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2% | | | | | |
| Performance Overview/Issues: | | | | | | | |
| Aintree Trust has reported a response rate for inpatients of 19.3% in August, which is below the England average of 24.9%. The percentage of patients who would recommend the service has remained the same at 94%, which 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 The Trust have also published the patient and family experience plan for 2019/20 which sets out the visions and expectations of the trust. | | | | | | | |
| When is performance expected to recover: | | | | | | | |
| The above actions will continue with an ambition to improve performance during 2019/20. | | | | | | | |
| Quality: | | | | | | | |
| Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020. | | | | | | | |
| 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 5 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£1.2m/-5.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £176k/0.8%.

At individual providers, Aintree Hospital is showing the largest under performance at month 5 with a variance of -£995k/-8%. In contrast, a notable over performance of £128k/15% against Renacres Hospital has been evident. This is followed by Liverpool Heart & Chest Hospital with an over performance of £104k/69% at month 5.

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 below planned levels by -£181k/-5% at month 5 with the majority of this underperformance attributed to Aintree Hospital. However, a notable over performance is being reported at Renacres Hospital with market share for this provider increasing from 17% to 21% 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 6 - 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 | 5,244 | 5,295 | 51 | 1% | £3,384 | £3,287 | -£97 | -3% |
| Elective | 665 | 570 | -95 | -14% | £2,119 | £1,833 | -£286 | -14% |
| Elective Excess BedDays | 258 | 264 | 6 | 2% | £68 | £70 | £2 | 3% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 127 | 92 | -35 | -27% | £25 | £19 | -£6 | -24% |
| OPFANFTF - Outpatient first attendance non face to face | 778 | 490 | -288 | -37% | £23 | £16 | -£7 | -31% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 13,783 | 12,697 | -1,086 | -8% | £2,288 | £2,051 | -£237 | -10% |
| OPFUPMPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 334 | 324 | -10 | -3% | £35 | £34 | -£2 | -5% |
| OPFUPNFTF - Outpatient follow up non face to face | 2,735 | 2,586 | -149 | -5% | £68 | £65 | -£3 | -5% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 30,673 | 27,078 | -3,595 | -12% | £2,262 | £2,020 | -£243 | -11% |
| Outpatient Procedure | 9,981 | 9,369 | -612 | -6% | £1,422 | £1,305 | -£117 | -8% |
| Unbundled Diagnostics | 6,232 | 6,016 | -216 | -3% | £524 | £498 | -£26 | -5% |
| Wet AMD | 684 | 709 | 25 | 4% | £540 | £566 | £27 | 5% |
| Grand Total | 71,494 | 65,490 | -6,004 | -8% | £12,758 | £11,763 | -£995 | -8% |

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£995k/-8% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

South Sefton CCG referrals to Aintree Hospital are currently -4.9% below 2018/19 levels, influenced in the main by a reduction in GP referrals, particularly to the Trauma & Orthopaedics, ENT and Gastroenterology specialities. Further analysis has established a number of specialities are currently below planned levels for outpatient first appointments at month 5 including those noted above.

Elective procedures are also currently under performing at month 5 by -£286k/14%. This can be attributed to reduced activity within Colorectal Surgery and Trauma & Orthopaedics.

Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels.

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 7 - 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 | 247 | 281 | 34 | 14% | £297 | £348 | £51 | 17% |
| Elective | 58 | 61 | 3 | 5% | £324 | £357 | £33 | 10% |
| Elective Excess Bed Days | 6 | 0 | -6 | -100% | £2 | £0 | -£2 | -100% |
| OPFASPCL - <i>Outpatient first attendance single professional consultant led</i> | 551 | 619 | 68 | 12% | £94 | £104 | £11 | 12% |
| OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i> | 803 | 939 | 136 | 17% | £56 | £65 | £9 | 16% |
| Outpatient Procedure | 428 | 300 | -128 | -30% | £53 | £57 | £3 | 6% |
| Unbundled Diagnostics | 254 | 321 | 67 | 26% | £23 | £32 | £9 | 37% |
| Physio | 617 | 637 | 20 | 3% | £19 | £19 | £1 | 3% |
| OPPREOP | 0 | 225 | 225 | 0% | £0 | £14 | £14 | 0% |
| Grand Total | 2,965 | 3,383 | 418 | 14% | £867 | £995 | £128 | 15% |



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 specialities at Renacres. Referrals to this provider for South Sefton CCG are currently 7% above 2018/19 levels with increases evident in specialities such as ENT and Gastroenterology.



3. Unplanned Care

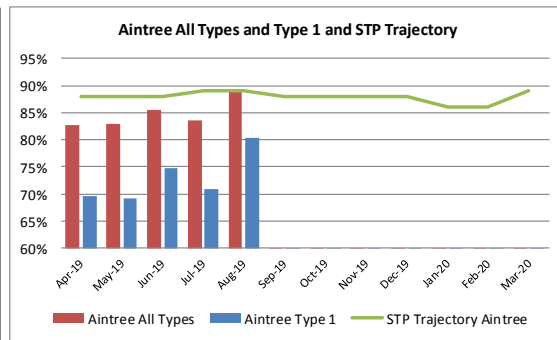
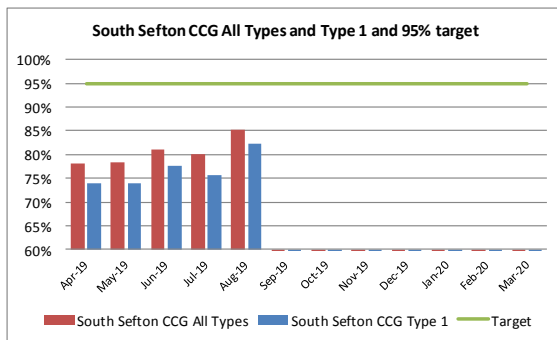
3.1 Accident & Emergency Performance

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 | |
| RED | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | YTD | | |
|  |  | All Types | 78.34% | 81.15% | 80.07% | 85.15% | 80.56% | |
| | | Type 1 | 73.92% | 77.55% | 75.67% | 82.25% | 76.66% | |
| | | Plan: 95% | | | | | | |
| | | Improvement trajectory 89% March 2020 | | | | | | |
| Performance Overview/Issues: | | | | | | | | |
| The CCG is failing the national standard of 95% in August reporting 85.15% this being an improvement on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. However Aintree AED overall performance in August was 88.88% (type 1 and 3), which has been an improvement on the last few months and just under the 89% improvement trajectory. | | | | | | | | |
| 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 been revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT Flying Squads from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward. 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 NWAS 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 NWAS. 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 super stranded 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 Hospital

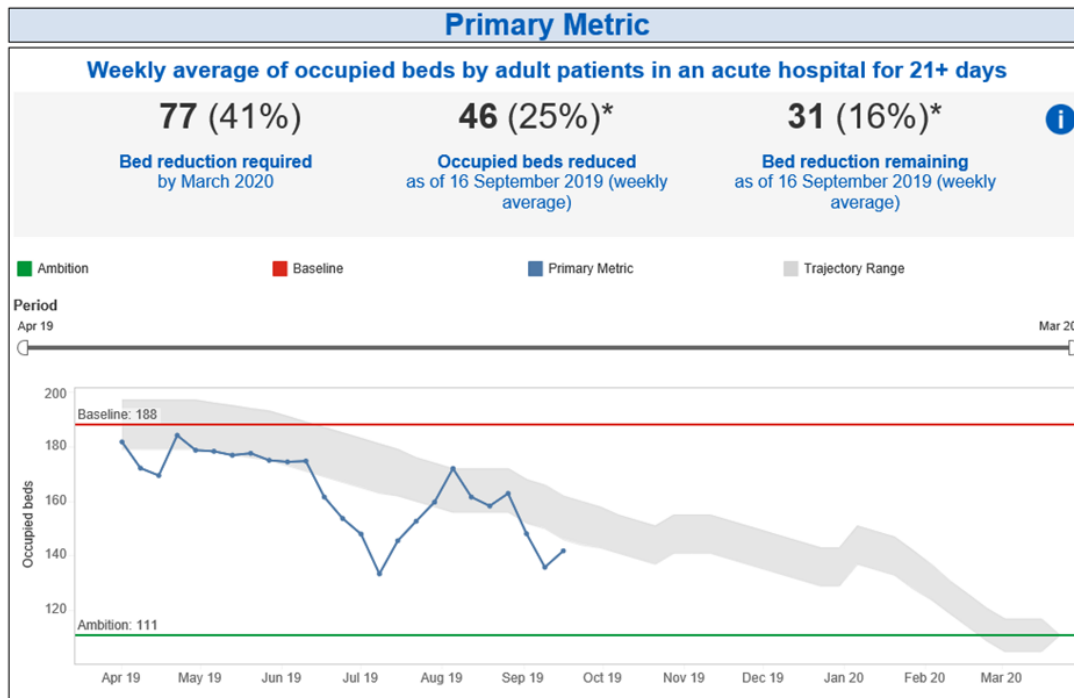
| Indicator | | Performance Summary | | | | | Potential organisational or patient risk factors | |
|---|--|---|--------|--------|------------------------|--------|--|--------|
| Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%   | | Previous 3 months, latest and YTD | | | | | 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. | |
| | | | May-19 | Jun-19 | Jul-19 | Aug-19 | | YTD |
| | | Improvement Plan | 95% | 88% | 88% | 89% | | |
| | | All Types | 82.92% | 85.56% | 83.47% | 88.88% | | 84.72% |
| | | Type 1 | 69.29% | 74.82% | 70.90% | 80.37% | | 73.02% |
| | | Plan: 95% August's improvement plan: 89% Yellow denotes achieving 19/20 improvement plan but not national standard of 95% | | | | | | |
| Performance Overview/Issues: | | | | | | | | |
| Overall performance in August was 88.88% (type 1 and 3), which has been an improvement on the last few months and just under the 89% improvement trajectory. | | | | | | | | |
| Actions to Address/Assurances: | | | | | | | | |
| Trust Actions: | | | | | | | | |
| 1. To recruit substantive staff so to support consistent application of agreed processes | | | | | | | | |
| Further work has taken place to trial streaming in See and Treat by acuity level thus enabling the workforce to be allocated to meet patient needs more effectively. The PDSA for this is in progress. | | | | | | | | |
| 2. Increase utilisation of PCS | | | | | | | | |
| Final report of Primary Care Streams (PCS) review completed and proposal for new model will be presented for approval at Operational Pressure Escalation Level Group (OPELG). | | | | | | | | |
| 3. Minimise frequency of crowding (surge) in the Department | | | | | | | | |
| To implement direct conveyancing to assessment areas – The sector manager from NWS has been invited to join the joint ED and Acute Medical Improvement forum to establish an agreed way forward to conveying patients directly to the AEC area. This will be expanded to include direct conveyancing to areas such as MAB, FAB, SAU and AMU as well as frailty. | | | | | | | | |
| 4. Improved role clarity in the Department | | | | | | | | |
| The recruitment of 2 w/e's Band 8a and Deputy Operational Lead Nurses both have now been assigned to specific areas of the department to focus on improvements. The areas of focus are non admitted performance in see and treat and NWS handover. | | | | | | | | |
| When is performance expected to recovery: | | | | | | | | |
| Quarter 4, 2019/20 trajectory is 89%. | | | | | | | | |
| Quality: | | | | | | | | |
| Indicator responsibility: | | | | | | | | |
| Leadership Team Lead | | Clinical Lead | | | Managerial Lead | | | |
| Karl McCluskey | | 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 8 - 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 9th September 2019 (weekly average) shows 136 occupied beds. Therefore a reduction of 25 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 | | Previous 2 months and latest | | | | | 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 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | 1 mean | <=7 mins | 00:07:15 | 00:07:17 | 00:07:18 | | |
| | | 1 90 | <=15 mins | 00:12:21 | 00:12:02 | 00:11:42 | | |
| | | 2 mean | <=18 mins | 00:29:03 | 00:28:13 | 00:25:22 | | |
| | | 2 90 | <=40 mins | 01:03:26 | 01:05:04 | 00:54:07 | | |
| | | 3 90 | <=120 mins | 02:53:14 | 03:40:09 | 02:57:01 | | |
| | | 4 90 | <=180 mins | 02:35:24 | 03:15:48 | 02:56:42 | | |
| Performance Overview/Issues: | | | | | | | | |
| <p>In August 2019 there was an average response time in South Sefton of 7 minutes 18 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 25 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 90th percentile. 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 NWS 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.</p> <p>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 for 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. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWS have been asked by the lead commissioners for a briefing on action that will be taken to mitigate risk.</p> <p>Aintree continues to work with NWS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times. Work is ongoing by North Mersey Commissioners with providers to develop or improve care pathways with a focus on category 3/4 calls and reduction of conveyance to AED.</p> | | | | | | | | |
| When is performance expected to recovery: | | | | | | | | |
| <p>The 2019/20 contract agreement with NWS 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 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | (a) <=15-30mins | 150 | 180 | 98 | | |
| | | (b) <=15-60mins | 43 | 85 | 38 | | |
| Performance Overview/Issues: | | | | | | | |
| NWSAS performance saw an improvement with handover delays of over 30 and 60 minutes decreasing. This demonstrates the best performance in the last 12 months with 30 minute delays decreasing from 180 to 98 and 60 minute delays decreasing from 85 to 38. There was also an improvement of 3.07 minutes for the average time from notification to handover compared to July (from 14.56 to 11.49). The median time to see 1st clinician showed a slight improvement of 4 minutes when compared with July. There was also a 4.78% improvement in the percentage of patients triaged within 15 minutes to 82.98%. The clinical quality indicators for the number of patients who leave the department before being seen has seen a decrease of 130 (1.44%) to 345. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| Aintree have been part of the Super Six working with NWSAS 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. An updated Improvement Plan has been submitted which details timescales for implementation of direct conveyancing over Autumn. Pilot work will be carried out initially to test plans that 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). | | | | | | | |
| 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | 76.10% | 80.85% | 86.67% | 80.43% | | |
| | | 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 80.43% for August 2019 at Aintree so has achieved for the third month running although a decline of just over 6% . There were 46 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 37 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 August. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| | | | | | | | |
| When is performance expected to recovery: | | | | | | | |
| Performance has recovered in the last 3 months and hopes to continue recovery in the following months. | | | | | | | |
| 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. | |
| RED | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | CCG | 0 | 0 | 1 | | 1 |
| | | Aintree | 1 | 1 | 2 | | 2 |
| | | Plan: Zero | | | | | |
| Performance Overview/Issues: | | | | | | | |
| The CCG and Trust have reported no new cases of MRSA in August. The previous month was the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20. | | | | | | | |
| Aintree have had 2 cases year to date the first case in May and the second last month, the latest case was a patient with trust apportioned MRSA bacteraemia, this was a contaminant, blood culture taken. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| PIR feedback meeting chaired by CCG. Ward managers/matrons and IPCT representation. Action plan agreed. PII's/outbreaks CDI managed as per national guidance, with increased focus on clinical practice, antibiotic stewardship and cleanliness of the environmen | | | | | | | |
| When is performance expected to recovery: | | | | | | | |
| Recovery plan commenced awaiting final report for expected recovery. | | | | | | | |
| Quality: | | | | | | | |
| 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 and latest (cumulative position) | | | | | |
| RED | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | CCG | 7 | 11 | 17 | | 22 |
| | | Aintree | 16 | 25 | 39 | | 46 |
| 2018/19 CCG plan 53 and failed, Trust plan 45 and achieved 2019/20 Plan: ≤ 60 YTD for the CCG 2019/20 Plan: ≤ 56 for Aintree | | | | | | | |
| Performance Overview/Issues: | | | | | | | |
| The CCG had 5 new cases of C.Difficile in August, the same number as reported last month, making a total of 22, against a year to date plan of 24 (year end plan 60) so are under plan currently (11 apportioned to acute trust and 11 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 August the Trust reports they had 7 cases of c diff (46 YTD). 4 community onset healthcare associated (COHA) and 3 hospital onset healthcare associated (HOHA). This is over the monthly objective of no more than 4.66 cases per month. In total Aintree have had 7 cases in August (46 YTD - 24 apportioned to the trust and 22 community onset) which is the data reported above. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| Commode cleanliness monitored weekly and performance sent to WNM. Bristol stool chart used for all patients. Review of all CDI and GDH tox B positive cases with ribotyping. Revised commode cleaning guide and checklist issues to wards. Trust wide CDI action plan in draft and being implemented, to be agreed at IPC Operational Group | | | | | | | |
| When is performance expected to recovery: | | | | | | | |
| Quality: | | | | | | | |
| Six cases appealed and upheld | | | | | | | |
| 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 and latest (cumulative position) | | | | | |
| RED | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | CCG | 33 | 47 | 63 | | 75 |
| | | Aintree | 63 | 93 | 128 | | 160 |
| | | 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 August there were 12 cases (75 YTD) against a year to date plan of 53 (this being a lower number than last month when 16 was reported, an improvement although still over ytd plan). Aintree reported 32 cases in August (160 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree trust site. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with Public Health England around E Coli who have asked the Sustainability and Transformation Partnership (STP) for nominated responsible officer to implement, oversee and deliver a system wide Antimicrobial Resistance (AMR) strategy. The Single Issue Quality Surveillance Group (SIQSG) took place on the 3rd September with action and next steps identified as <ul style="list-style-type: none"> Identify SRO Agree 4 leads for individual subgroups Collectively agree platforms to share good practice and share learning Agree next steps and forward plan to be presented on 2 October 2019 at a regional event. The C&M 2018/19 rate for community onset E. coli Bacteraemias was higher than both the England and North West , with some of the highest rates seen in Southport and Formby and South Sefton. | | | | | | | |
| 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

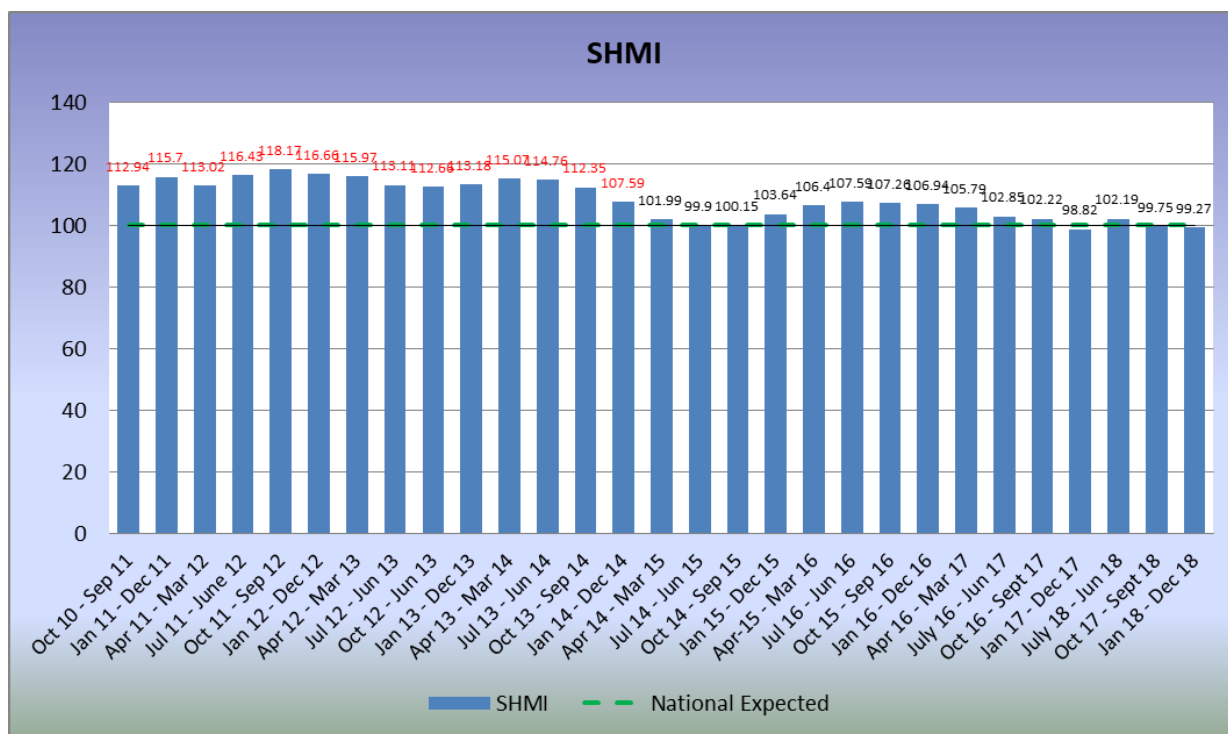
Figure 9 - Hospital Mortality

| Mortality | | | | |
|--|----------------|-----|-------|--------|
| Hospital Standardised Mortality Ratio (HSMR) | 19/20 - August | 100 | 89.83 | ↑ ↓ |

HSMR is the same as reported last month at 89.83 for the period April 2018 to March 2019. 90.64 was reported previously. 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 10 - 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 and will continue to monitor progress at the Serious Incident Review Group (SIRG) and via the Joint Quality and Performance Committee on a monthly basis.

Figure 11 - Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

In August 2019 there are a total of 34 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 is a decrease from 39 in Month 4. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

| Trust | SIs reported (M5) | SIs reported (YTD) | Closed SIs (M5) | Closed SIs (YTD) | Open SIs (M5) | SIs open >100days |
|--|-------------------|--------------------|-----------------|------------------|---------------|-------------------|
| Aintree University Hospital | 4 | 15 | 4 | 25 | 17 | 8 |
| Mersey Care NHS Foundation NHS Trust (SSCS) | 1 | 7 | 3 | 4 | 8 | 1 |
| South Sefton CCG | 0 | 0 | 0 | 1 | 1 | 1 |
| Mersey Care NHS Foundation Trust (Mental Health) | 0 | 5 | 2 | 5 | 6 | 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 | 1 | 0 | 0 | 2 | 1 |

| | | | | | | |
|---|----------|-----------|----------|-----------|-----------|-----------|
| UC24 | 0 | 0 | 0 | 0 | 1 | 1 |
| North West Boroughs NHS Foundation Trust | 0 | 2 | 0 | 1 | 2 | 1 |
| North West Ambulance Service NHS Foundation Trust | 0 | 1 | 0 | 0 | 1 | 0 |
| TOTAL | 5 | 26 | 9 | 37 | 39 | 15 |

Of the 8 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 4 have been reviewed and are now closed
- 1 further assurances requested from the provider and will be reviewed at November's SIRG meeting.
- 3 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

For the remaining 6 SIs open > 100 days the following applies:

- Mersey Care Foundation Trust)Community Division) – RCA reviewed and SI now closed.
- South Sefton CCG – Investigation involving a number of patients across a number of the South Sefton GP Practices – still ongoing.
- Mersey Care NHS Foundation Trust (Mental Health) – RCA on hold due to legal/solicitor queries. Awaiting confirmation from Liverpool CCG as to when this can be recommenced.
- The Walton Centre NHS Foundation Trust - This RCA is being performance managed by NHSE Specialised Commissioning.
- UC24– RCA received and reviewed at SIRG and further assurances requested from the Provider.
- Alder Hey Children's Hospital – RCA received and reviewed at SIRG and further assurances requested from the Provider.
- Northwest Boroughs NHS Foundation Trust – Ongoing Serious Case Review, investigation not subject to SI timescales.

Figure 12 - 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 | 14 | 1* | 14 | 0 | 1** | 12 | 6 | 4 | 2 | 0 |

* This SI was reported in retrospect following a structured judgement review.

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

Figure 13 - Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services)

| 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 rcvd 60+ |
| Mersey Care (Community) | 7 | 0 | 0 | 7* | 8 | 0 | 0 | 1 | 7* |

**The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Foundation 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 and this was discussed at the Contract and Clinical Quality Review Meeting (CCQRM) in September 2019. The provider informed the CCG that the reason for late submission of reports will be established and feedback will be provided at the next CCQRM.

The CCG also note that a deep dive into MCFT's SI processes has commenced with support being provided by Liverpool CCG and NHS England, Cheshire and Merseyside DCO.

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.

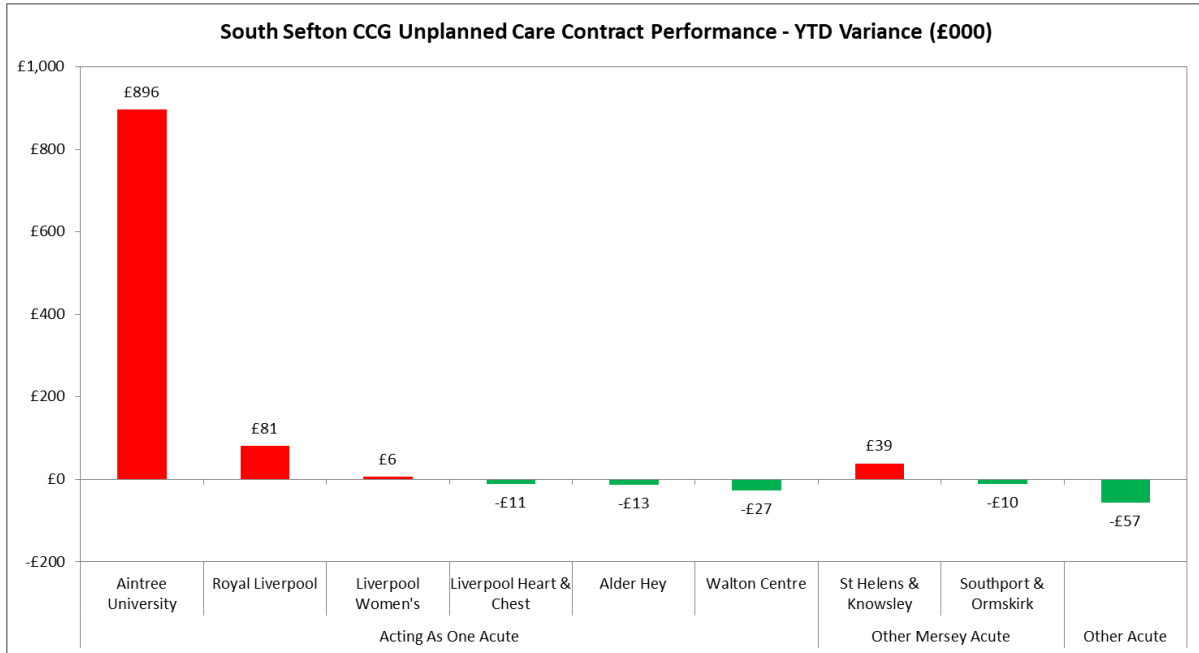
Total delayed transfers of care (DTC) reported in August 2019 was 1,395, an increase compared to August 2018 with 1,235. Delays due to social care have worsened, with those due to NHS improving. The majority of delay reasons in August 2019 were due to further non-acute NHS, patient family choice and care package in home.

See DTC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 5 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £906k/3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in costs being aligned to plan with a small variance of -0.1%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £896k/5% against plan at month 5.

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 15 - 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 | 18,052 | 17,109 | -943 | -5% | £421 | £421 | £0 | 0% |
| A&E - Accident & Emergency | 15,213 | 15,512 | 299 | 2% | £2,456 | £2,520 | £64 | 3% |
| NEL - Non Elective | 7,259 | 7,341 | 82 | 1% | £13,111 | £14,438 | £1,327 | 10% |
| NELNE - Non Elective Non-Emergency | 20 | 20 | 0 | -2% | £76 | £109 | £33 | 43% |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 115 | 24 | -91 | -79% | £30 | £6 | £-24 | -79% |
| NELST - Non Elective Short Stay | 1,395 | 1,468 | 73 | 5% | £968 | £1,017 | £49 | 5% |
| NELXBD - Non Elective Excess Bed Day | 6,048 | 3,842 | -2,206 | -36% | £1,548 | £995 | £-553 | -36% |
| Grand Total | 48,103 | 45,316 | -2,787 | -6% | £18,611 | £19,507 | £896 | 5% |

A&E type 1 attendances are 2% above plan for South Sefton CCG at Aintree Hospital with the Trust (catchment) reporting an historical peak for monthly attendances in July-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, which was related to the Same Day Emergency Care model (SDEC). Aligned to increased A&E attendances, non-elective activity is currently 1% above plan but costs are exceeding planned values by 10%, 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 Alzheimer's Disease / Dementia.

NB. Despite the indicative over spend at this Trust; there is no financial impact 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 M5 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. The Trust presented its updated RiO action plan – RiO reporting is expected to improve from Quarter 2.

ADHD Transition

Transition pathway developments planned for 2019/20 have been hindered by recruitment issues. The Trust has now recruited a consultant and it is expected that the transition pathway will commence from November 2019 onwards.

ASD

The Trust presented ASD at the October CQPG. It was highlighted that that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger's Assessment whilst 26 months was being reported for Liverpool. Sefton commissioners will be meeting with Liverpool CCG on 22/10/2019 to agree revised contract activity within and a developing proposed joint service specification with an expectation that Sefton service will prioritise assessment from their existing resource.

Eating Disorders



The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal.

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. The Trust has been advised that Safeguarding will be introducing quality review visits.



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 | | Previous 3 months and latest | | | | KPI 125 |
| RED | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | |
|  |  | 25.0% | 70.0% | 71.4% | 66.7% | |
| | | Plan: 95% - August 2019/20 reported 66.67% and failed | | | | |
| Performance Overview/Issues: | | | | | | |
| <p>Out of a potential 9 Service Users, 6 started treatment within the 18 week target, which is a decline from the 71.4% starting treatment within 18 weeks for the previous month (93 people across the Trust footprint waiting for treatment in August 2019).</p> <p>Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service pending confirmation of whether the Business Case has been approved. The Business Case recognises that since the initial service was commissioned that prevalence and identification of eating disorders in the population has increased.</p> <p>This month 93 people are waiting for treatment with 33 breaching the 18 week to treatment target. This has reduced from last month's figure of 60 breaching the 18 week to treatment KPI. Two groups have been recruited to.</p> | | | | | | |
| Actions to Address/Assurances: | | | | | | |
| Trust Actions: | | | | | | |
| <ol style="list-style-type: none"> 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service. 3. Clearer and stricter DNA and cancellation policy. 4. Using therapy contracts to contract number of sessions. 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Recruit to vacant posts. 7. Commissioners are awaiting a business identifying investment required to enhance the existing service and increase psychological provision within the service. <p>The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.</p> | | | | | | |
| When is performance expected to recover: | | | | | | |
| Performance is linked to current service capacity which mitigates against significant recovery. The group work commences in September and the Trust will develop a trajectory. | | | | | | |
| Quality: | | | | | | |
| Linked to the above comments. | | | | | | |
| Indicator responsibility: | | | | | | |
| Leadership Team Lead | | Clinical Lead | | Managerial Lead | | |
| Geraldine O'Carroll | | Sue Gough | | Gordon Jones | | |

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | |
|  |  | 1.22% | 1.06% | 1.11% | 0.99% | |
| | | Access Plan: 19.0% (First 3 quarters) - August 2019/20 reported 0.99% 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 22% (5.5% per quarter) in Quarter 4 only. The monthly target for M5 19/20 is therefore approximately 1.59%. Month 5 performance was 0.99% 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. In 2019 the voluntary sector (5 organisations) received a total of 4406 therapy related referrals. 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 being 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. The service is also recruiting 5.0 Psychological Wellbeing Practitioners to work across both CCGs. Work is being undertaken to ascertain the number of people who chose to access non - IAPT compliant counselling interventions which are provided by the voluntary sector. The provider will also be asked to provide regular age profile information so as to enable specific age groups to be targeted. Fortnightly teleconference is taking place to 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 | | |



4.2.2 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | |
|  |  | 47.1% | 35.4% | 47.8% | 43.4% | |
| | | Recovery Plan: 50% - August 2019/20 43.4% and failed | | | | |
| Performance Overview/Issues: | | | | | | |
| The percentage of people moved to recovery was 43.4% in month 5 of 2019/20 and the target was not achieved and a slight 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. This approach is being revised. | | | | | | |
| 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 | | |

4.3 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 reduce waiting times for the South Sefton Memory Service. |
| RED | TREND | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
|  |  | 64.37% | 64.60% | 63.90% | 63.90% | | |
| | | Plan: 66.7% | | | | | |
| Performance Overview/Issues: | | | | | | | |
| <p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in August of 63.9%, which is under the national dementia diagnosis ambition of 66.7% this is the same percentage that was reported last month. 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.</p> | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| <p>1. Sefton CCG dementia clinical leads and commissioners have been working with Merseycare Trust to establish a dementia referral template to be used by GPs referring to the two memory services within Sefton. This work is now complete and has been approved via LMC and Merseycare Trust. The new dementia template will be available to GPs on the EMIS System. Letters to GPs supporting the new referral system will now go to all practices across Sefton. This initiative will assist with the timely and appropriate referral to the memory service; it will assist with diagnosis rates and reduce rejected referrals by the memory service.</p> <p>2. 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.</p> <p>3. Merseycare Trust is recruiting to vacant posts within the dementia pathway / service. This includes administration support to the service.</p> <p>4. The South Sefton 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 has been developed and has been submitted to Clinical Advisory Group.</p> | | | | | | | |
| 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 | | |

4.4 Learning Disabilities 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. |
| RED | TREND | Q2 18/19 | Q3 18/19 | Q4 18/19 | Q1 19/20 | |
|  |  | 11.7% | 7.6% | 13.8% | 2.8% | |
| | | Q1 2019/20 Plan: 16.8% | | | | |
| Performance Overview/Issues: | | | | | | |
| A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 1 2019/20, the CCG reported a performance of 2.8%, below the plan of 16.8%. Out of 611 registered patients, 17 patients had a health check compared to a plan of 122. | | | | | | |
| Actions to Address/Assurances: | | | | | | |
| The CCG Primary Care Leads are working with the Council and their commissioned LD providers 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 | | |

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/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 | | | | | |
| GREEN | TREND | Incomplete Pathways (92nd Percentile) | | | | <=18 weeks: Green > 18 weeks: Red | |
| | | Apr-19 | May-19 | Jun-19 | Jul-19 | | |
|  |  | 20 wks | 20 wks | 18 wks | 17 wks | | |
| | | Target: 18 weeks (reported a month in arrears) | | | | | |
| Performance Overview/Issues: | | | | | | | |
| <p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>July's incomplete pathways reported within the 18 week standard with 17 weeks, showing an improvement on last month but it is important to note that the completed pathways continues to exceed the 18 week target at 22 weeks in July. The Trust previously identified that they would meet the 18 week trajectory in July for completed pathways but this has not been met.</p> | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| <p>Remedial actions are continuing and are focussed on workforce and review of processes to manage referrals:</p> <ul style="list-style-type: none"> - 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: | | | | | | | |
| <p>Trajectory identifies return to 18 weeks in July 2019 for completed pathways following implementation of all actions - this did not happen. The CCG are working closely with the Trust in regard to therapy waiting times and whilst assurance is being given that all actions are being taken to address workforce issues it is clear that there is a lack of consistency in performance and resilience to cope with unexpected demand, sickness or annual leave. There had been a decrease in the number of patients waiting over 18 weeks between April to July but the Trust has indicated that numbers will rise again in August.</p> <p>A Contract Performance has not been issued as yet but a formal letter to outline concerns with regard to AHP waiting times with more detailed action plan provided to the CCG. Whilst it is recognised that considerable work has been undertaken in regard to waiting times the need for greater resilience in workforce has been flagged up and also the need for capacity and demand to be modelled to understand whether present resources will support required waiting times.</p> | | | | | | | |
| 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 | | | | <=18 weeks: Green > 18 weeks: Red | |
| GREEN | TREND | Incomplete Pathways (92nd Percentile) | | | | | |
|  |  | Apr-19 | May-19 | Jun-19 | Jul-19 | | |
| | | 14 wks | 19 wks | 18 wks | 13 wks | | |
| | | Target: 18 weeks (reported a month in arrears) | | | | | |
| Performance Overview/Issues: | | | | | | | |
| <p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Mersey Care has reported a decrease in average waiting times for patients waiting on an incomplete pathway in the Dietetics service. In July an average (92nd Percentile) of 13 weeks was reported, achieving the 18 week standard. This shows a decrease from June 2019 when average waits were at 18 weeks. However the completed pathways continues to fail, increasing to 23 weeks in July.</p> <p>The Dietetics service continues to experience high DNA rates, increasing to 12.2% in August 2019 compared to the 8.5% target; 18 DNAs out of a total 129 booked appointments. Provider cancellation rates are also above the Trusts internal threshold of 3.5% with 7.9% in August.</p> | | | | | | | |
| Trust Actions | | | | | | | |
| <ul style="list-style-type: none"> - Proactive caseload cleanse took place. Waiting list reviewed in line with access policy - by June 2019 - Opt in process reviewed, patients triaged and discharged as per access policy - by June 2019 - Process to triage daily and a duty line clinician is being explored - by August 2019 currently being scoped by clinical manager | | | | | | | |
| When is performance expected to recover: | | | | | | | |
| <p>The Trust has provided a performance improvement plan indicating performance will recover in September. A Contract Performance has not been issued as yet but a formal letter to outline concerns in regard to AHP waiting times with more detailed action plan provided to the CCG. Whilst it is recognised that considerable work has been undertaken in regard to waiting times the need for greater resilience in workforce has been flagged up and also the need for capacity and demand to be modelled to understand whether present resources will support required waiting times.</p> | | | | | | | |
| Quality impact assessment: | | | | | | | |
| <p>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.</p> | | | | | | | |
| 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 | | Previous 3 quarters and latest | | | | |
| RED | TREND | Q2 18/19 | Q3 18/19 | Q4 18/19 | Q1 19/20 | |
|  |  | 5.5% | 5.8% | 6.8% | 10.9% | |
| | | Access Plan: 34% - Q1 reported 10.9% and achieved | | | | |
| Performance Overview/Issues: | | | | | | |
| The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the MHSDS and this is included in the June data, so the actual access rate would be higher if this was included in April and May's data. Quarter 1 date is reporting 10.9% achieving plan. | | | | | | |
| Actions to Address/Assurances: | | | | | | |
| Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20 which is South Sefton targeted. | | | | | | |
| 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 |
|  | |  | | 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 18/19 | Q3 18/19 | Q4 18/19 | Q1 19/20 | |
|  |  | 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 | | |

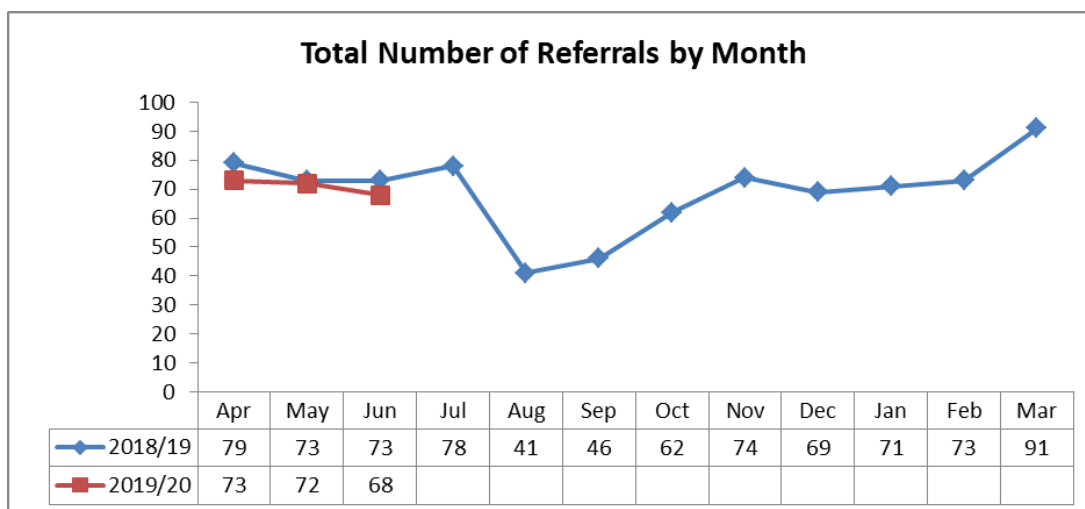
6.2 Child and Adolescent Mental Health Services (CAMHS)

Scope of Data

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 1 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during April to June 2019/20.

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 16 - CAMHS Referrals by Month



Throughout quarter 1 2019/20 there were a total of 213 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals remained stable between April and June with a slight decrease in June 2019.

During the first quarter of 2019/20 there were 8 DNAs out of 68 appointments, equating to a DNA rate of 11.8%.

Figure 17 - CAMHS Source of Referral

| Source of Referral | No. of Referrals | % of Total |
|-----------------------------|------------------|-------------|
| GP Referral | 110 | 51.6% |
| Allied Health Professional | 34 | 16.0% |
| Other | 26 | 12.2% |
| Consultant In This Hospital | 24 | 11.3% |
| A&E Attendance | 12 | 5.6% |
| A&E Dept | 7 | 3.3% |
| Total | 213 | 100% |

In relation to the Primary Referrer, 51.6% (110) of the total referrals made during Quarter 1 2019/20 derived from a GP Referral and 16.0% (34) came from an 'Allied Health Professional'.

Figure 18 - CAMHS Outcome of Referral

| Outcome of Referral | No. of Referrals | % of Total |
|---------------------|------------------|-------------|
| Declined | 108 | 50.7% |
| Pending Action | 60 | 28.2% |
| Allocated | 45 | 21.1% |
| Total | 213 | 100% |

Of the total number of referrals received during April to June 2019/20, 108 (50.7%) of which had been 'Declined', 60 (28.2%) were 'Pending Action' and 45 (21.1%) were 'Allocated'. All of those referrals that were declined were due to being an 'Inappropriate Referral'.

The term 'Inappropriate Referral' will incorporate referrals that have been rejected and turned down completely, but also include those referrals that have been signposted to a more appropriate service and so do receive support albeit in a different environment. Data recording improvements will allow this to be reported in future reports to provide a more accurate outcome of referral. This work is still in progress.

The remaining tables within this section will focus on only those 45 Referrals that have been accepted and allocated.

Figure 19 - CAMHS Waiting Times Referral to Assessment

| Waiting Time in Week Bands | Number of Referrals | % of Total |
|----------------------------|---------------------|-------------|
| 0-2 Weeks | 17 | 37.8% |
| 2-4 Weeks | 14 | 31.1% |
| 4- 6 Weeks | 3 | 6.7% |
| 6-8 weeks | 5 | 11.1% |
| 8- 10 weeks | 0 | 0.0% |
| 10 to 12 weeks | 0 | 0.0% |
| Over 12 weeks | 6 | 13.3% |
| Total | 45 | 100% |

The biggest percentage (37.8%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. 86.7% of allocated referrals waited 8 weeks or less from point of referral to an assessment being made.

Figure 20 - CAMHS Waiting Times Referral to Intervention

| Waiting Time in Week Bands | Number of Referrals | % of Total | % of Total with intervention only |
|----------------------------|---------------------|-------------|-----------------------------------|
| 0-2 Weeks | 2 | 4.4% | 16.7% |
| 2-4 Weeks | 0 | 0.0% | 0.0% |
| 4- 6 Weeks | 5 | 11.1% | 41.7% |
| 6-8 weeks | 3 | 6.7% | 25.0% |
| 8- 10 weeks | 2 | 4.4% | 16.7% |
| 10-12 Weeks | 0 | 0.0% | 0.0% |
| Over 12 Weeks | 0 | 0.0% | 0.0% |
| (blank) | 33 | 73.3% | |
| Total | 45 | 100% | 100% |

73.3% (33) of all allocated referrals did not have a date of intervention. Of these, 2 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 31 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 31 waiting for an intervention, 10 were referred to the service within the month of June 2019 and all of which have had an assessment.

If the 33 referrals were discounted, all of the referrals made within Quarter 1 of 2019/20 waited 10 weeks or less from their referral to their first intervention taking place.

Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks during 2018/19.

How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 2019/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. National uplifts being reviewed to identify what additional resource is available for increasing capacity in line with national standards/targets. Additional activity targeted at South Sefton to be brought online in 2019/20.

When is the performance expected to recover by?



Impact of NHSE funding will be seen early 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 | | | | <=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. |
| RED | TREND | Incomplete Pathways (92nd Percentile) | | | | | |
|  |  | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
| | | 43wks | 37wks | 36 wks | 35 wks | | |
| | | Target: 18 weeks | | | | | |
| Performance Overview/Issues: | | | | | | | |
| In August the Trust reported a 92nd percentile of 35 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on July when 36 weeks was reported. In August the longest waiting patient was 1 patient waiting at 55 weeks. Performance has steadily improved this financial year. | | | | | | | |
| At the end of August there were NO children who have waited over 52 weeks. 9 children have waited over 40 weeks, but have an appointment scheduled within the month. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| August's figures show an improving position in waiting times and the numbers waiting over 40 weeks have significantly reduced since April 2019. The Sefton CCGs had already provided additional investment of £50k in 2018/19, recruitment has taken place and the effects are now having an impact. Alder Hey submitted a business case for an additional £188k for additional speech therapists (recurrent and non-recurrent funding) to bring waiting times down to 18 weeks by end of February 2020. This was agreed by the Sefton CCGs. Recruitment has taken place in September and the Trust anticipate that the waiting times will further significantly reduce over the next few months. A trajectory is being sought as part of the contract variation as assurance on meeting the February timescales. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. | | | | | | | |
| 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. | | | | | | | |
| 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 Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red | |
| RED | TREND | Outpatient Clinic DNA Rates | | | | | |
|  |  | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
| | | 22.4% | 14.5% | 17.6% | 17.3% | | |
| | | Outpatient Clinic Provider Cancellations | | | | | |
| | | May-19 | Jun-19 | Jul-19 | Aug-19 | | |
| | | 9.6% | 3.1% | 3.0% | 10.7% | | |
| | | 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 August 2019 this remained static at a rate of 17.3%. Provider cancellations saw an increase from 3.0% in July to 10.7% in August. | | | | | | | |
| Actions to Address/Assurances: | | | | | | | |
| The CCGs have invested in extra capacity into the service in response to a Safe Staffing business case from Alder Hey. There are no reports on waiting times being received from Alder Hey for Sefton Dietetics and the CCGs have raised this as a significant concern at Contract Review meetings, asking for data to be submitted as a priority. | | | | | | | |
| The CCGs are working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system. | | | | | | | |
| A wider piece of work with Alder Hey and the CCGs is taking place to review and improve current data flows across all community and mental health services. | | | | | | | |
| When is performance expected to recover: | | | | | | | |
| Quality impact assessment: | | | | | | | |
| Indicator responsibility: | | | | | | | |
| Leadership Team Lead | | Clinical Lead | | Managerial Lead | | | |
| Karl McCluskey | | Wendy Hewitt | | Peter Wong | | | |

7. Primary Care

7.1 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 | May-19 | Jun-19 | Jul-19 | Aug-19 | |
|  |  | 72.7% | 67.9% | 71.3% | 75.3% | |
| | | The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). August target 67.7% | | | | |
| 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 August South Sefton CCG practices reported a combined utilisation rate of 75.3%, exceeding the 67% target. Total available appointments was 1,475 with 1,225 being booked (83.1%) and 115 DNA's (9.4%). This shows an improvement in utilisation compared to July and 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 | | |

Figure 21 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service

| Breakdown of Appointments | Month | GP | Advanced Nurse Practitioner | Practice Nurse |
|---------------------------|--------|--------|-----------------------------|----------------|
| | Apr-19 | | 337 | 552 |
| | | 32.40% | 53.08% | 14.52% |
| May-19 | | 354 | 661 | 157 |
| | | 30.20% | 56.40% | 13.40% |
| Jun-19 | | 357 | 544 | 139 |
| | | 34.33% | 52.31% | 13.37% |
| Jul-19 | | 356 | 644 | 141 |
| | | 31.20% | 56.44% | 12.36% |
| Aug-19 | | 373 | 652 | 200 |
| | | 30.45% | 53.22% | 16.33% |

7.2 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 Maghull Practice PC24, this remains good in all areas apart from Safe which still requires improvement. All results are listed below:

Figure 22 - 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 | 28 August 2019 | 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 |

8. CCG Oversight Framework (OF)

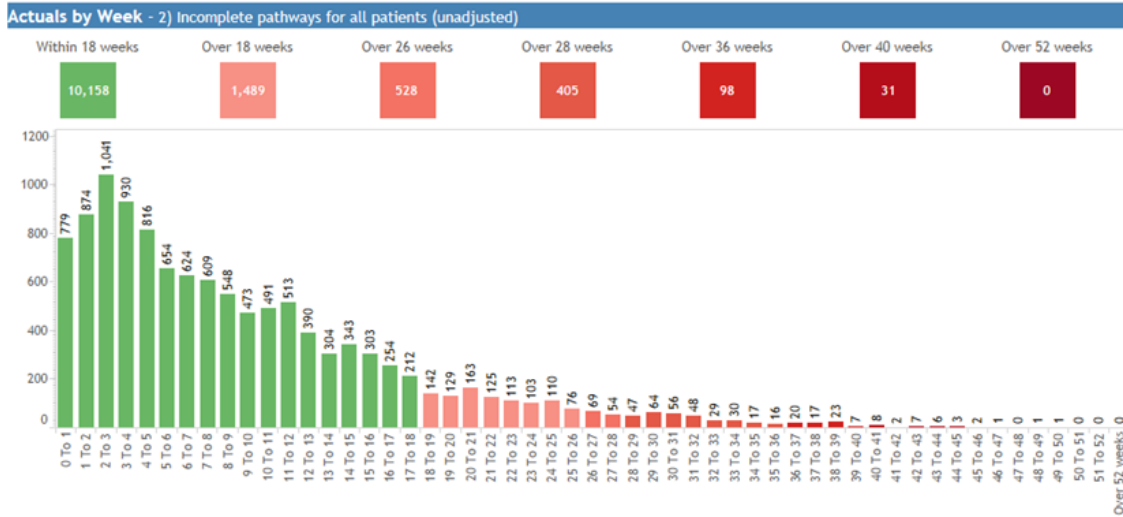
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. A full exception report for each of the indicators citing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

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the LTP priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

9. Appendices

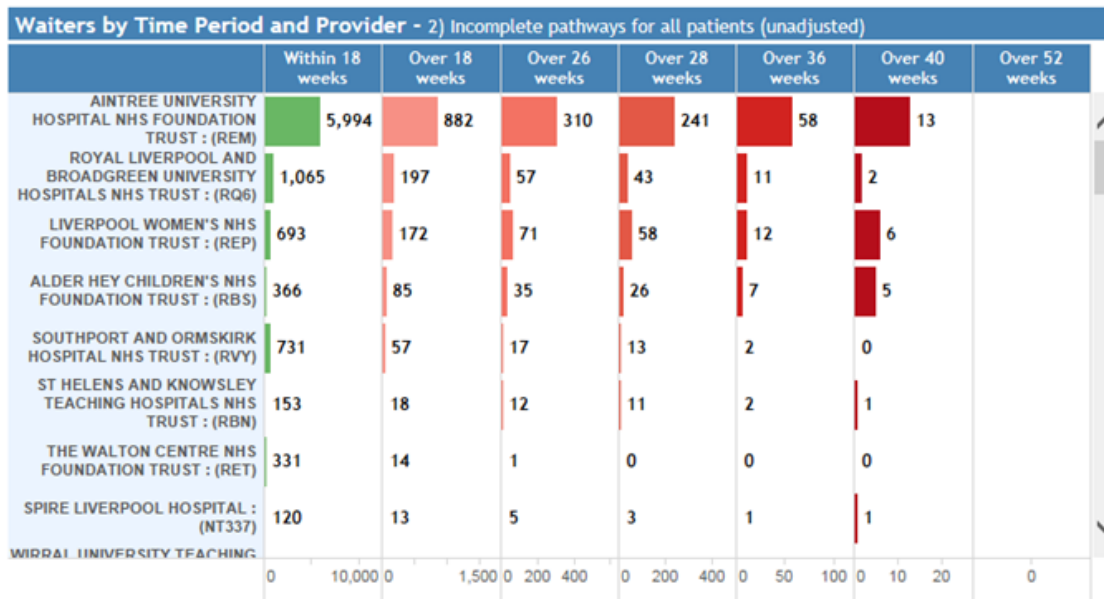
9.1.1 Incomplete Pathway Waiting Times

Figure 23 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 24 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.1.3 Long Waiters Analysis: Top 2 Providers split by Speciality

Figure 25 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

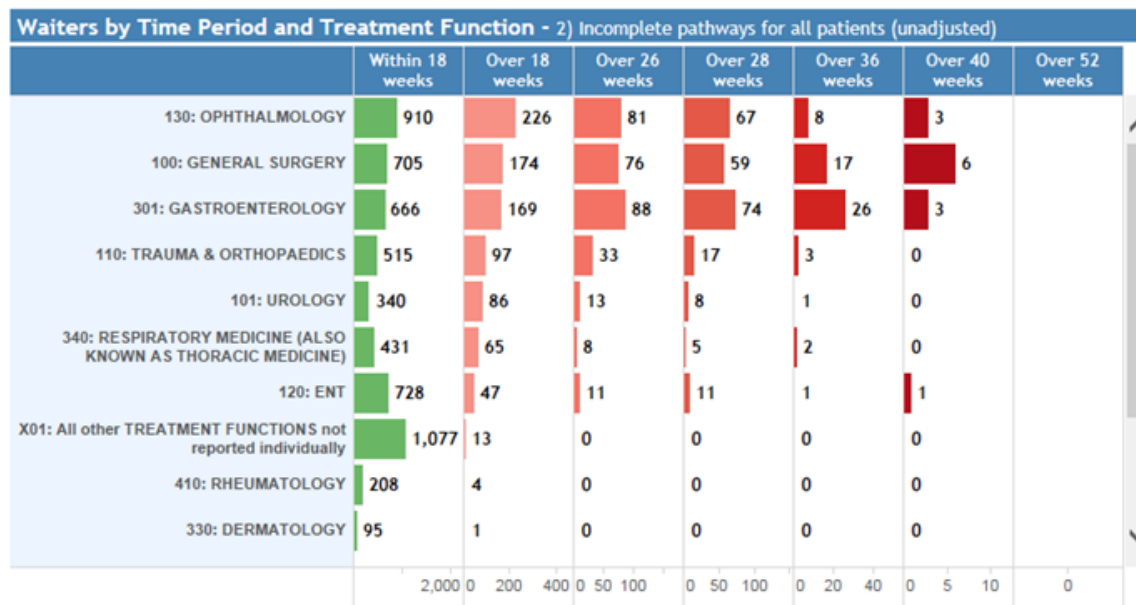
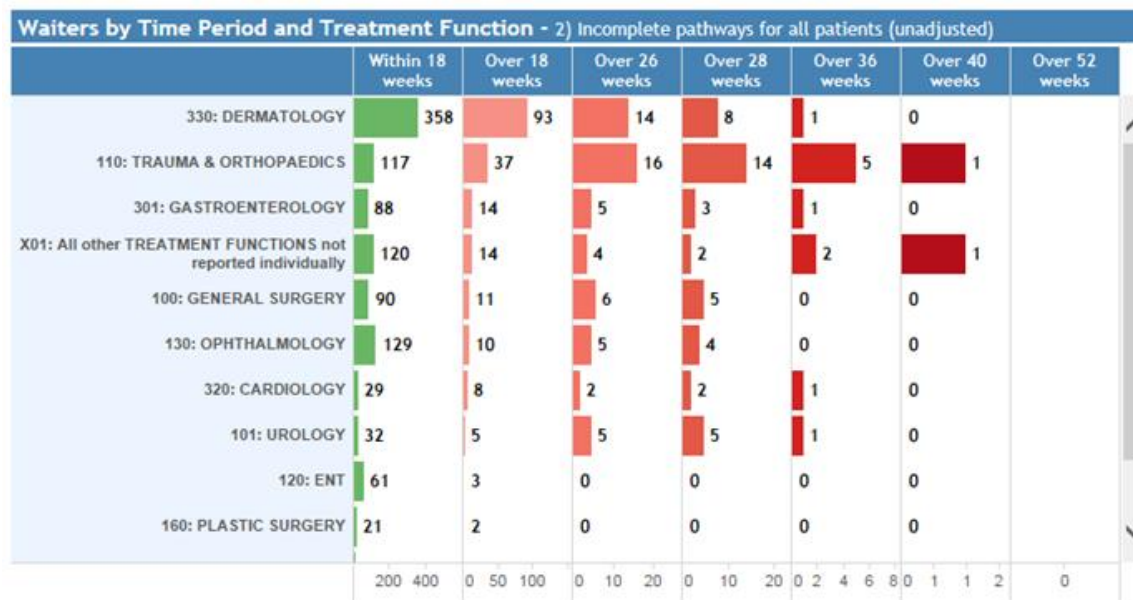
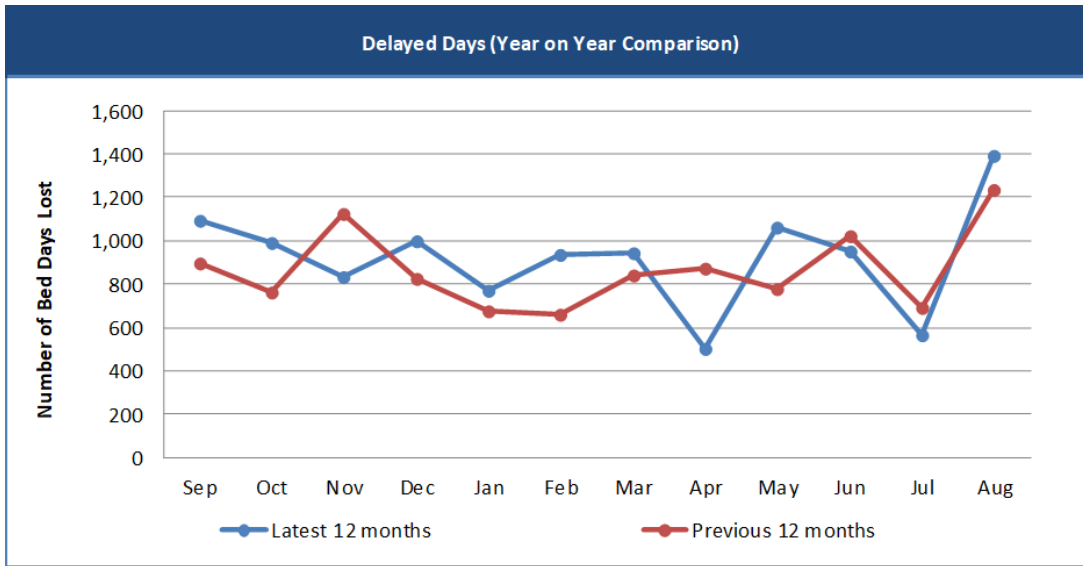


Figure 26 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 27 - Aintree DTOC Monitoring



| DTOC Key Stats | | | |
|---------------------|---------------|---------------|---------------|
| | This month | Last month | Last year |
| Delayed Days | Aug-19 | Jul-19 | Aug-18 |
| Total | 1,395 | 566 | 1,235 |
| NHS | 83.0% | 88.5% | 62.3% |
| Social Care | 17.0% | 11.5% | 37.7% |
| Both | 0.0% | 0.0% | 0.0% |
| Acute | 54.6% | 50.7% | 54.8% |
| Non-Acute | 45.4% | 49.3% | 45.2% |

| Reasons for Delayed Transfer % of Bed Day Delays (Aug-19) | |
|---|-------|
| AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | |
| Care Package in Home | 16.5% |
| Community Equipment Adapt | 6.2% |
| Completion Assesment | 5.0% |
| Disputes | 0.0% |
| Further Non-Acute NHS | 46.2% |
| Housing | 0.0% |
| Nursing Home | 0.0% |
| Patient Family Choice | 26.1% |
| Public Funding | 0.0% |
| Residential Home | 0.0% |
| Other | 0.0% |

9.3 Alder Hey Community Services Contract Statement

| Commissioner Name | Service | Currency | 2019/20 | | | | | | | | | |
|----------------------|--|---|-----------------------|--------|--------|------------|-------|-------|-------|-------|------|-------|
| | | | Previous Year Outturn | Plan | FOT | Variance % | Apr | May | Jun | Jul | Aug | YTD |
| NHS South Sefton CCG | Paediatric Continence | Caseload at Month End | 254 | 254 | 254 | -3.75 | 254 | 270 | 240 | 249 | 244 | 270 |
| | | Total Contacts (Domiliary) | 1,734 | 1,734 | 1,616 | 6.98 | 147 | 115 | 142 | 117 | 153 | 674 |
| | | Total New Referrals | 171 | 171 | 194 | -13.46 | 11 | 15 | 22 | 16 | 17 | 81 |
| | Paediatric Dietetics | Caseload at Month End | 5 | 5 | 203 | 3,960.00 | 216 | 196 | 197 | 194 | 213 | 216 |
| | | Referral to 1st contact (weeks average) | 8.6 | 8.6 | 6.9 | -19.77 | 7 | 2.4 | 4.6 | 11 | 9.5 | 7 |
| | | Total Contacts | 356 | 356 | 487 | -36.80 | 27 | 45 | 41 | 49 | 41 | 203 |
| | | Total Contacts (Domiliary) | 64 | 64 | 77 | -20.31 | 7 | 10 | 4 | 4 | 7 | 32 |
| | | Total Contacts (Outpatients) | 292 | 292 | 409 | -39.73 | 20 | 35 | 37 | 44 | 34 | 170 |
| | Paediatric Occupational Therapy | Caseload at Month End | 201 | 201 | 139 | -30.85 | 151 | 140 | 139 | 130 | 135 | 151 |
| | | Referral to 1st contact (weeks average) | 15.9 | 15.9 | 12.8 | -19.50 | 14.1 | 13.9 | 13 | 11.7 | 11.3 | 14.1 |
| | | Total Contacts (Domiliary) | 4,878 | 4,878 | 4,006 | -17.88 | 297 | 258 | 333 | 408 | 333 | 1,669 |
| | | Total New Referrals | 619 | 619 | 535 | -13.57 | 41 | 60 | 42 | 42 | 38 | 223 |
| | | Referral to 1st contact (weeks average) | 24.8 | 24.8 | 31.8 | -28.23 | 35 | 35.5 | 29.3 | 28.7 | 30.3 | 35.3 |
| | Paediatric Speech and Language Therapy | Total Contacts (Domiliary) | 12,833 | 12,833 | 13,874 | -6.11 | 1,046 | 1,240 | 1,336 | 1,295 | 864 | 5,781 |
| | | Total Contacts Complex Cochlear (N&S Sefton) | 507 | 507 | 291 | -42.21 | 30 | 30 | 30 | 6 | 21 | 117 |
| | | Total New Referrals | 1,097 | 1,097 | 953 | -13.13 | 94 | 89 | 77 | 72 | 65 | 397 |
| | | Total New Referrals Complex Cochlear (N&S Sefton) | 6 | 6 | 0 | -100.00 | 0 | 0 | 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

9.4 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 | 19/20 Outturn | FOT 19/20 | % Variance |
|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|-----------|------------|
| Number of Referrals | 146 | 162 | 139 | 149 | 108 | | | | | | | | 1,843 | 1,480 | -19.7% |
| Incomplete Pathways - 92nd Percentile | 45 | 43 | 37 | 36 | 35 | | | | | | | | 448 | | |
| Total Number Waiting | 942 | 918 | 876 | 815 | 758 | | | | | | | | 9,364 | | |
| Number waiting over 18 weeks | 519 | 461 | 466 | 433 | 403 | | | | | | | | 4,675 | | |
| Longest weeks waiting - weeks | 52 | 54 | 49 | 50 | 55 | | | | | | | | 587 | | |
| Longest weeks waiting - patients | 2 | 1 | 2 | 1 | 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.

9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

| | 13/14 Total | 14/15 Total | 15/16 Total | 16/17 Total | 17/18 Total | 18/19 Total | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | 19/20 Total |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|--------|--------|--------|--------|-------------|
| Appointments | 327 | 532 | 429 | 647 | 528 | 698 | 52 | 66 | 94 | 98 | 67 | 377 |
| DNA | 66 | 53 | 41 | 147 | 68 | 116 | 13 | 19 | 16 | 21 | 14 | 83 |
| DNA Rate | 16.8% | 9.1% | 8.7% | 18.5% | 11.4% | 14.3% | 20.0% | 22.4% | 14.5% | 17.6% | 17.3% | 18.0% |

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 | Jul-19 | Aug-19 | 19/20 Total |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|--------|--------|--------|--------|-------------|
| Appointments | 327 | 532 | 429 | 647 | 528 | 698 | 52 | 66 | 94 | 98 | 67 | 377 |
| Cancellations | 6 | 0 | 5 | 29 | 0 | 44 | 4 | 7 | 3 | 3 | 8 | 25 |
| Rate | 1.8% | 0.0% | 1.2% | 4.3% | 0.0% | 5.9% | 7.1% | 9.6% | 3.1% | 3.0% | 10.7% | 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 | Jul-19 | Aug-19 | 19/20 Total |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|--------|--------|--------|--------|-------------|
| Appointments | 327 | 532 | 429 | 647 | 528 | 698 | 52 | 66 | 94 | 98 | 67 | 377 |
| Cancellations | 27 | 63 | 63 | 207 | 128 | 184 | 10 | 38 | 18 | 33 | 17 | 116 |
| Rate | 7.3% | 10.6% | 12.8% | 24.2% | 19.5% | 20.9% | 16.1% | 36.5% | 16.1% | 25.2% | 20.2% | 23.5% |

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 |

9.6 Alder Hey Activity & Performance Charts



9.7 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 28 - 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 29 - 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. |

19.135.1 IPR M5 2019-20

| | | 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 | | Work 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 S&O area. |
| 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. |

9.8 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 5 performance and narrative detailed in the table below.

Figure 30 - South Sefton CCG's Month 5 Submission to NHS England

| Month 05 (August) | Month 05 Plan | Month 05 Actual | Month 05 Variance | ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2% |
|--|---------------|-----------------|-------------------|---|
| Referrals (MAR) | | | | |
| GP | 3,335 | 3,074 | -7.8% | GP referrals have decreased for South Sefton CCG in month 5 across a number of providers. This is part of a seasonal trend and a calculation of workdays shows that levels are comparable to Aug-18. |
| Other | 2,415 | 2,535 | 5.0% | |
| Total (in month) | 5,750 | 5,609 | -2.5% | Other referrals remain above plan but month 5 saw a drop in referral numbers as expected due to seasonal trends. Increases have been evident at the main hospital provider, notably in Ophthalmology. Southport & Ormskirk have also reported increases YTD in specialities such as T&O and Gynae. |
| Variance against Plan YTD | 29,326 | 29,711 | 1.3% | Total referral numbers are within the 2% threshold against plan and are comparable to 2018/19 levels. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group. |
| Year on Year YTD Growth | | | 0.0% | |
| Outpatient attendances (Specific Acute) SUS (TNR) | | | | |
| All 1st OP | 4,844 | 4,292 | -11.4% | First OP appointments decreased in month 5, aligning to the reduced referral rates noted above. However, first and FUP appointments have seen reductions against plan year to date in 2020. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. 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. Provider feedback has suggested on-going tax and pensions issues are affecting activity levels. Referrals to the Gastroenterology speciality have seen a notable decrease in month 5 and this will be queried with the provider as a potential data quality issue. |
| Follow Up | 11,437 | 9,178 | -19.8% | |
| Total Outpatient attendances (in month) | 16,281 | 13,470 | -17.3% | |
| Variance against Plan YTD | 84,190 | 74,759 | -11.2% | |
| Year on Year YTD Growth | | | -3.9% | |
| Admitted Patient Care (Specific Acute) SUS (TNR) | | | | |
| Elective Day case spells | 1,616 | 1,800 | 11.4% | CCG local monitoring of day case admissions has activity at less than 1% variance against plan year to date at month 5. Electives have a greater % variance against plan but activity variances are minimal. Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. Activity and performance is discussed at the planned care group. This group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above. |
| Elective Ordinary spells | 244 | 202 | -17.2% | |
| Total Elective spells (in month) | 1,860 | 2,002 | 7.6% | |
| Variance against Plan YTD | 9,428 | 10,496 | 11.3% | |
| Year on Year YTD Growth | | | 0.8% | |
| Urgent & Emergency Care | | | | |
| Type 1 | 4,337 | 4,265 | -1.7% | Type 1 attendances increased to an historical peak in July-19 but decreased in month 5 and were comparable to the equivalent period in 18/19. CCG local monitoring has attendances within the 2% threshold both in month and year to date. Activity trends are driven by the main hospital provider and A&E performance improved in month 5 to 88.88%, the highest performance reported since Aug-18. 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 (i.e. North Mersey A&E delivery board). |
| Year on Year YTD | | | 4.0% | |
| All types (in month) | 8,856 | 8,432 | -4.8% | |
| Variance against Plan YTD | 45,789 | 42,401 | -7.4% | |
| Year on Year YTD Growth | | | -0.8% | |
| Total Non Elective spells (in month) | 2,027 | 2,137 | 5.4% | Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. Admissions decreased in month 5 in line with reduced A&E attendances. CCG local monitoring has year to date admissions slightly outside of the 2% threshold against plan. As above, CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand urgent care activity and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board). |
| Variance against Plan YTD | 10,707 | 11,106 | 3.7% | |
| Year on Year YTD Growth | | | 2.7% | |

MEETING OF THE GOVERNING BODY November 2019

Agenda Item: 19/135.2

Author of the Paper:

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Report date: October 2019

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Tel: 0151 317 8396

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 6 2019/20

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 6 financial position for NHS South Sefton Clinical Commissioning Group as at 30th September 2019.

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%).

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.

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.

The CCG has identified potential QIPP schemes of £19.796m 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.

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 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.

The CCG deficit at Month 6 has been calculated at £4.475m. 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. The likely case forecast outturn is £10.125m deficit.

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.

Recommendation

| | |
|---------|-------------------------------------|
| Receive | <input checked="" type="checkbox"/> |
| Approve | <input type="checkbox"/> |
| Ratify | <input type="checkbox"/> |

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 £19.796m have been identified but further work is required to implement schemes and realise savings.
- The CCG deficit at Month 6 has been calculated at £4.475m and the likely case forecast outturn is £10.125m 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 October 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 QIPP weeks. 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 the membership can support implementation of the recovery plan.

| 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. |
| 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 the Governing Body
November 2019

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 30 September 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 | 148,329 | 74,907 | 75,365 | 458 | 148,782 | 453 |
| Mental Health | 23,176 | 11,617 | 12,137 | 520 | 24,344 | 1,168 |
| Continuing Care | 12,744 | 6,372 | 7,154 | 782 | 14,043 | 1,299 |
| Community Health | 33,951 | 16,983 | 17,158 | 175 | 34,278 | 328 |
| Primary Care | 61,642 | 30,255 | 30,016 | (238) | 61,606 | (36) |
| Corporate Costs & Services | 3,228 | 1,598 | 1,485 | (113) | 3,120 | (108) |
| Other CCG Budgets | 9,147 | 4,520 | 4,746 | 226 | 9,443 | 296 |
| Total Operating budgets | 292,216 | 146,252 | 148,061 | 1,809 | 295,616 | 3,400 |
| Reserves | (12,026) | (2,666) | 0 | 2,666 | (15,425) | (3,400) |
| In Year (Surplus)/Deficit | 1,000 | 0 | 0 | 0 | 0 | (1,000) |
| Grand Total (Surplus)/ Deficit | 281,190 | 143,587 | 148,061 | 4,475 | 280,190 | (1,000) |

The year to date financial position is a deficit of £4.475m 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 £10.125m deficit.

Cost pressures have emerged in the first six 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, Funded Nursing Care and Learning Difficulties budgets due to increased volumes and high cost cases emerging in 2019/20. There is evidence of an increase in fast track referrals compared to the previous financial year.
- There are forecast overspends on the acute commissioning budget due to an over performance in the Independent sector and the Non-Contract Activity budget for out of area activity.
- Cost pressures relating to property services on the Recharges from NHS Property Services 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.

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 Southport and Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust. (West Lancashire CCG were included in the original plan but have now been removed).

Monthly update reports are being provided and meetings to review operational and financial performance across the system are being held with NHS England and Improvement. The meetings are attended by respective organisation's Accountable Officers; Chief Executive; Chief Finance Officers, Director of Finance and the System Turnaround Director.

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. As agreed by the CCG Leadership Team monthly QIPP weeks continue to be held to allow CCG managers to work at pace on the development of identified QIPP opportunities. The latest QIPP week took place week commencing 14 October 2019.

Following on from the submission of the CCG Grip and Control matrix to NHS E/I in September, the CCG has attended a meeting led by the NHSE/I Nursing Team to discuss each KLOE on the grip and control checklist in relation to CHC packages of care. As a result a number of actions have been agreed for implementation.

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.

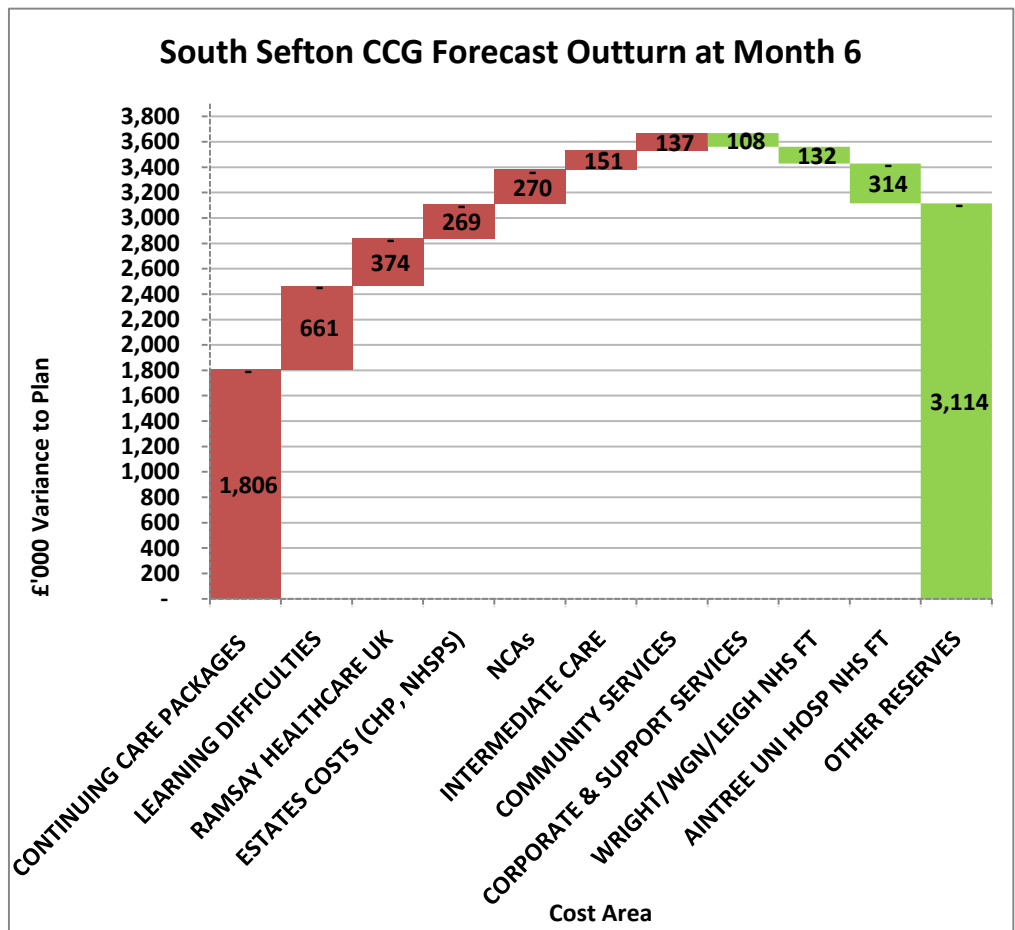
2. Finance Dashboards

| 1. Finance Key Performance Indicators | | | | |
|---------------------------------------|---------------------------|--|------------|--|
| Report | | | Commentary | |
| Report Section | Key Performance Indicator | | This Month | |
| 1 | Business Rules | 1% Surplus | n/a | |
| | | 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% | 97.46% | |
| | | Non NHS - Value YTD > 95% | 97.14% | |
| | | Non NHS - Volume YTD > 95% | 96.46% | |

- 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 £19.796m have been identified although the majority are rated high risk at this stage.
- The reported risk adjusted position is **£10.125m** deficit.
- BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.

2. CCG Financial Position – Month 06 2019-20

Report

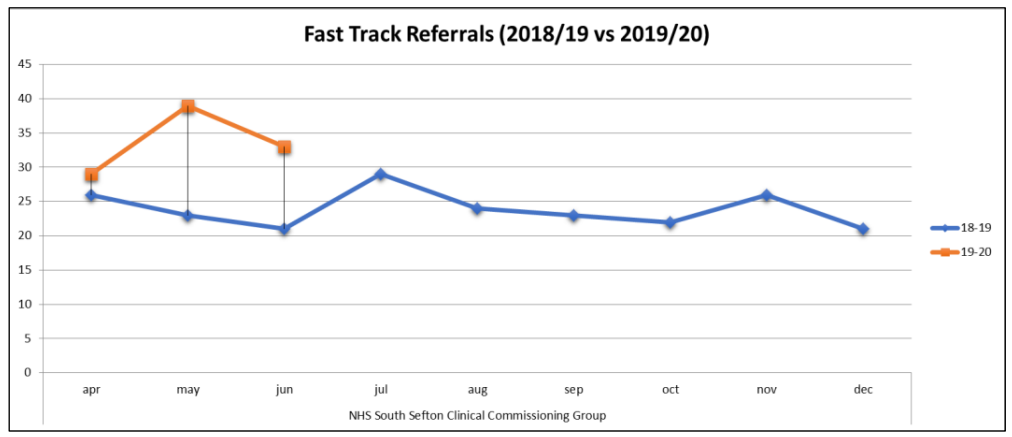
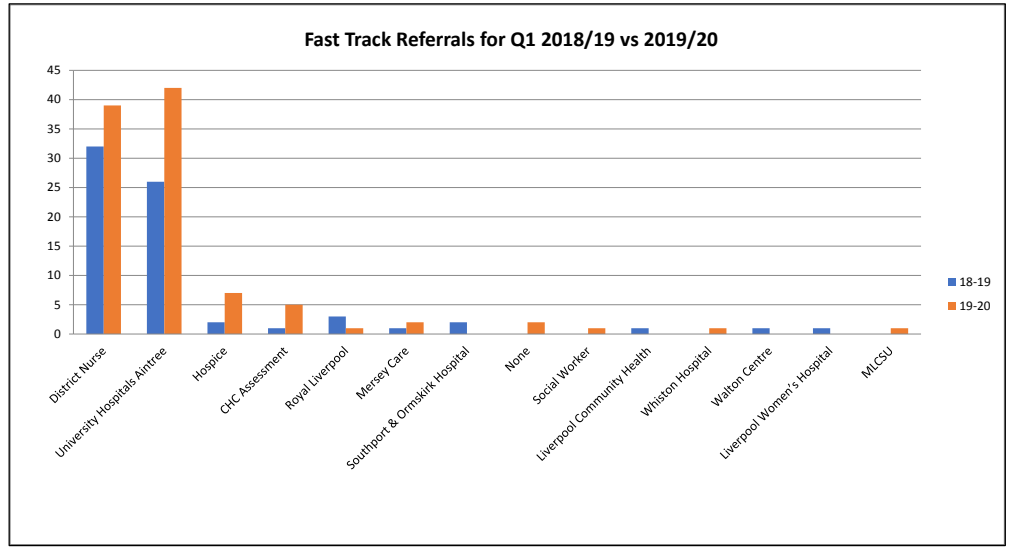


Commentary

- 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 Care packages relating to increased cost and volume of packages for Continuing Health Care, Funded Nursing Care, Personal Health Budgets and Mental Health packages.
 - Cost pressures on the Learning Difficulties budget relating to increased number of packages including one high cost package.
 - Over performance in the private sector mostly in relation to Ramsay Healthcare for Trauma and Orthopaedic activity.
 - Cost pressures relating to Estates costs.
 - Other overspends relating to Community services – Alder Hey service developments and additional staff costs for the Sefton Community Equipment Store.
 - Intermediate care due to an additional bed at Oak Vale Gardens.
- 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.

3. CHC Fast Track Referrals

Report



Commentary

- Analysis of Quarter 1 data for Continuing Healthcare, shows a sharp increase in the number of Fast Track referrals compared to the same period in the last financial year.
- During the period April to June 2019, the number of referrals was 101 compared to 72 in April to June 2018.
- The main increase relates to Aintree hospital where referrals have increased from 26 to 42. There have also been increased referrals from District Nurses and CHC assessments.
- Comparison against the previous year shows the same trend in Quarter 1.
- The CCG is awaiting updated information from the Commissioning Support Unit (CSU) for July and August.

| 4. 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) |
| 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) | 0.088 | (0.077) | 0.061 | (0.418) |
| 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 |
| Community Crisis TF | 0.000 | 0.077 | | | 0.077 |
| Transforming Care - Children & Young p | 0.000 | 0.040 | | | 0.040 |
| Total Reserves | (12.075) | 2.229 | 0.137 | (2.316) | (12.025) |

- 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.
- 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 6 relating to funding approved Flash Glucose monitoring & Diabetes.

| 5. Provider Expenditure Analysis – Acting as One | | |
|--|---------------------------|---|
| Report | | Commentary |
| Acting as One Contract Performance: (Year to Date at Month 5) | | |
| Provider | Over / (Under) Plan £m | |
| Aintree University Hospital NHS Foundation Trust | (0.135) | |
| Alder Hey Children's Hospital NHS Foundation Trust | (0.142) | |
| Liverpool Women's NHS Foundation Trust | (0.301) | |
| Liverpool Heart & Chest NHS Foundation Trust | 0.091 | |
| Royal Liverpool and Broadgreen NHS Trust | 0.041 | |
| Mersey Care NHS Foundation Trust | 0.000 | |
| The Walton Centre NHS Foundation Trust | (0.039) | |
| Total | (0.484) | |
| | | <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 underspend of £0.484m under PBR contract arrangements. Analysis of the Month 5 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. |

| 6. 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 | 45 | 0 | 45 | 45 | 0 | 0 | 45 |
| High Risk Proposals | 3,800 | 0 | 3,800 | 0 | 0 | 3,800 | 3,800 |
| Total QIPP Plan | 19,796 | 0 | 19,796 | 1,807 | 1,045 | 16,944 | 19,796 |
| 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 £19.796m have been identified, however many of the schemes have been identified as rated high risk at this stage. The CCG held 'QIPP Weeks' 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. | | | |

| 7. Risk | | | | | | | |
|--|-------------------------|---------------------------|--------------------------|--|--|--|--|
| Report | | | | Commentary | | | |
| CCG Financial Position: | | | | <p>Financial Position</p> <ul style="list-style-type: none"> The CCG financial position for Month 6 is a deficit of £4.475m 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 £11.593m. The underlying financial position is a deficit of £8.400m, 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 £10.125m 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 October 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 | 3.886 | 9.900 | 13.786 | | | | |
| Total Management Action plan | 4.100 | 9.900 | 14.000 | | | | |
| Year End Surplus / (Deficit) | (8.400) | 9.400 | 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 | 11.593 | 4.414 | 2.433 | | | | |
| I&E impact | 0.000 | 0.000 | 0.000 | | | | |
| Forecast Surplus / (Deficit) | (1.407) | (8.586) | (10.567) | | | | |
| Further Risk | 0.000 | (3.685) | (4.901) | | | | |
| Management Action Plan | 2.296 | 2.146 | 1.845 | | | | |
| Risk adjusted Surplus / (Deficit) | 0.889 | (10.125) | (13.623) | | | | |

| 8. Statement of Financial Position | | | |
|--------------------------------------|-----------|------------|--------------------|
| Report | | Commentary | |
| Summary Working Capital | | | |
| | Quarter 1 | Quarter 2 | Prior Year 2018/19 |
| Working Capital and Aged Debt | | | |
| | M3 | M6 | M12 |
| | £'000 | £'000 | £'000 |
| Non-Current Assets | 105 | 96 | 116 |
| Receivables | 2,254 | 2,080 | 3,709 |
| Cash | 2,002 | 6,555 | 136 |
| Payables & Provisions | (16,126) | (18,017) | (14,656) |
| Value of Debt > 180 days | 102 | 109 | 55 |

- 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 £0.109m. This balance relates predominantly to two invoices;
 - 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. The CCG have raised this issue with the lead commissioner in September.
 - 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 £279.645m at Month 6. The actual cash utilised at Month 6 was £142.962m which represents 51.12% of the total allocation. The balance of ACDR will be utilised over the remainder of the year.

9. 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 £19.796m have been identified but further work is required to implement schemes and realise savings.
- The CCG deficit at Month 6 has been calculated at £4.475m and the likely case forecast outturn is £10.125m 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 October 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 the membership can support implementation of the recovery plan.

MEETING OF THE GOVERNING BODY November 2019

| | | | | | | | |
|---|---|---------|--|---------|--|--------|---|
| Agenda Item: 19/136 | Author of the Paper: Debbie Fairclough Interim Programme Lead Corporate Services Debbie.fairclough@southseftonccg.nhs.uk | | | | | | |
| Report date: November 2019 | | | | | | | |
| Title: EPRR Standards - Annual Compliance Self-Assessment | | | | | | | |
| <p>Summary/Key Issues:</p> <p>The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR) by 30th September 2019.</p> <p>The Governing Body received the interim assessed level of compliance against the core standards in September 2019 and 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. It was further agreed that the final documentation would be ratified by the Governing Body in November.</p> <p>This paper presents the Governing Body with the final self-assessment of the CCG's performance against the core standards and a statement of compliance which demonstrates "Substantial Compliance" with only two "amber" rated</p> | | | | | | | |
| <p>Recommendation</p> <p>The Governing Body is asked to ratify the assessed level of compliance against the EPRR core standards.</p> | | | | | | | |
| | <table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> </table> | Receive | | Approve | | Ratify | x |
| Receive | | | | | | | |
| Approve | | | | | | | |
| Ratify | x | | | | | | |

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 November 2019

1. Executive summary

This paper presents the Governing Body with a self-assessment of the CCG's performance against the EPRR core standards, progress against the 2018/19 improvement plan, an improvement plan for 2019/20 and a statement of compliance which demonstrates "Substantial Compliance."

2. Introduction and background

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 was returned to NHSE/I on 30th September 2019. This paper sets out the CCG's self-assessment statement and identifies the actions required to address the amber rated actions.

The CCG has assessed itself as demonstrating substantial compliance against NHSE's levels for compliance. Substantial is defined as "*arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Governing Body has agreed*". This conclusion has been reached following a thorough self-assessment which identified two "amber" areas in which the CCG was not fully compliant and actions have been identified to address that. Additional training for on call staff to be arranged and a further business continuity exercise to take place for the leadership team.

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.

3. Conclusions

The CCG has continued to develop its EPRR work over the last year, addressing actions within its improvement plan. The self-assessment for 2019/20 indicates an overall rating of substantial compliance with two areas for further action, but acknowledges that this is an area for continuous development and will work to implement those actions.

4. Recommendations

Recommendation

The Governing Body is asked to ratify the assessed level of compliance against the EPRR core standards.

Appendices

Appendix 1: CCG Statement of Compliance

Appendix 2: Self-Assessment against the EPRR Core Standards

Appendix 3: EPRR Core Standards Deep Dive

**Cheshire & Merseyside Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020**

STATEMENT OF COMPLIANCE

NHS South Sefton CCG has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR

Following assessment, the organisation has been self-assessed as demonstrating the Substantial compliance level (from the four options in the table below) against the core standards.

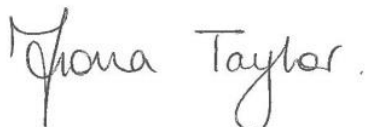
| Compliance Level | Evaluation and Testing Conclusion |
|-------------------------|---|
| Full | Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement. |
| Substantial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

The results of the self-assessment were as follows:

| Number of applicable standards (same as last year) | Standards rated as Red | Standards rated as Amber | Standards rated as Green |
|---|-------------------------------|---------------------------------|---------------------------------|
| 43 | 0 | 2 | 41 |
| Acute providers: 64 Specialist providers: 55 Community providers: 54 Mental health providers: 54 CCGs: 43 | | | |

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan.



Sign Name

Fiona Taylor
Print Name

The organisation's Accountable Emergency Officer

05/09/2019
Date of board / governing body meeting

30/09/2019
Date signed

| Ref | Domain | Standard | Detail | Clinical Commissioning Group | Evidence - examples listed below | Organisational Evidence | Self assessment RAG |
|-----|------------------------|--------------------------------|---|------------------------------|---|--|--|
| | | | | | | | Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard. |
| 1 | Governance | Senior Leadership | The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role. The organisation has an overarching EPRR policy statement. | Y | <ul style="list-style-type: none"> Name and role of appointed individual | Debbie Fairclough Interim Director Corporate Services Helen Nichols identified as Lay Member | Fully compliant |
| 2 | Governance | EPRR Policy Statement | This should take into account the organisation's: <ul style="list-style-type: none"> Business objectives and processes Key suppliers and contractual arrangements Risk assessment(s) Functions and / or organisation, structural and staff changes. The policy should: <ul style="list-style-type: none"> Have a review schedule and version control Use unambiguous terminology Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested Include references to other sources of information and supporting documentation | Y | Evidence of an up to date EPRR policy statement that includes: <ul style="list-style-type: none"> Resourcing commitment Access to funds Commitment to Emergency Planning, Business Continuity, Training, Exercising etc. | EPRR policy August 2019. | Fully compliant |
| 3 | Governance | EPRR board reports | The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: <ul style="list-style-type: none"> training and exercises undertaken by the organisation summary of any business continuity, critical incidents and major incidents experienced by the organisation lessons identified from incidents and exercises the organisation's compliance position in relation to the latest NHS England EPRR review findings. | Y | <ul style="list-style-type: none"> Public Board meeting minutes Evidence of presenting the results of the annual EPRR assurance process to the Public Board | EPRR Core standard outcome for 2018/2019 posted on website. Governing Body received full paper describing and reporting EPRR Core Standards process/outcome October 2018. EPRR report compiled by MLCSU and submitted to CCG twice year. | Fully compliant |
| 4 | Governance | EPRR work programme | The organisation has an annual EPRR work programme, informed by: <ul style="list-style-type: none"> lessons identified from incidents and exercises identified risks outcomes of any assurance and audit processes. | Y | <ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement Annual work plan | Work Plan created by CSU for 2018/19 and 2019/20. Work Plan process outlined in EPRR policy. | Fully compliant |
| 5 | Governance | EPRR Resource | The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties. | Y | <ul style="list-style-type: none"> EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board Assessment of role / resources Role description of EPRR Staff Organisation structure chart Internal Governance process chart including EPRR group Process explicitly described within the EPRR policy statement | The EPRR budget is held within the general corporate budget held by the Director of Corporate Services. In the event of an emergency and expenditure could not be drawn from an existing budget line, it would be taken from the contingency. EPRR policy contains role descriptions and responsibilities of EPRR staff and references resources CCG will rely upon. | Fully compliant |
| 6 | Governance | Continuous improvement process | The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements. | Y | <ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement | Process described within BC plan and EPRR Policy debrief section. Evidence of governing body discussion regarding incidents and exercises. BC exercise reports shared outlining action plan. Workplan outlines action work plan with associated action plan. Consideration of Major Incident at Governance meetings. | Fully compliant |
| 7 | Duty to risk assess | Risk assessment | The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers. | Y | <ul style="list-style-type: none"> Evidence that EPRR risks are regularly considered and recorded Evidence that EPRR risks are represented and recorded on the organisations corporate risk register | EPRR risk included in the Corporate Risk Register. Escalation of risk process described within the EPRR Policy. | Fully compliant |
| 8 | Duty to risk assess | Risk Management | The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks. | Y | <ul style="list-style-type: none"> EPRR risks are considered in the organisation's risk management policy Reference to EPRR risk management in the organisation's EPRR policy document | Risk Management Policy approved July 2019. Corporate Risk Register includes process for capturing EPRR risks. | Fully compliant |
| 9 | Duty to maintain plans | Collaborative planning | Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered. | Y | Partners consulted with as part of the planning process are demonstrable in planning arrangements | LHRP representation made by Good Practice across CCGs considered as part of MLCSU planning arrangements and plans. Contracts meetings provide opportunity for collaboration and assurance. Collaborate planning alongside Sefton Council. | Fully compliant |
| 11 | Duty to maintain plans | Critical incident | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework). | Y | Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | CCGs ability to maintain Business Continuity and discharge their responsibilities under the EPRR Framework and the Civil Contingencies Act covered by South Sefton CCG Business Continuity Plan. EPRR policy and EPRR plan outline the response to critical incident. Plans are current and updated within last 12 months. | Fully compliant |

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| 12 | Duty to maintain plans | Major incident | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework). | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | CCGs ability to maintain Business Continuity and discharge their responsibilities under the EPRR Framework and the Civil Contingencies Act covered by South Sefton CCG Business Continuity Plan. EPRR policy and EPRR plan outline the response to critical incident. Plans are current and updated within last 12 months. | Fully compliant |
| 13 | Duty to maintain plans | Heatwave | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff. | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | CCG circulated and shared messages from NHSE regarding response to Heatwave throughout May-July. Public Health England information hosted on CCG website. Severe weather plan in place. EPRR plan has action card in place for Heatwave response. | Fully compliant |
| 14 | Duty to maintain plans | Cold weather | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves. | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | CCG circulated and shared messages from NHS on website as part of the 'stay well campaign'. Public Health England information hosted on CCG website regarding cold weather. Severe weather plan in place. EPRR plan has action card in place for cold weather response. | Fully compliant |
| 15 | Duty to maintain plans | Pandemic influenza | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza. | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | Business Continuity plan includes Pandemic Flu guidance for response and EPRR plan action card lists responses for Pandemic Flu. CCG are aware of responsibilities under the national and working locally to update plans collaboration with Sefton Council. | Fully compliant |
| 16 | Duty to maintain plans | Infectious disease | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk. | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | Action card contained within EPRR Plan. Community providers have infectious disease action cards, following action from Exercise Gryffindor to ensure that plans in place to manage infectious disease action cards. Exercise Report for Exercise Gryffindor shared with CCGs and actions for CCGs shared with South Sefton CCG. | Fully compliant |
| 18 | Duty to maintain plans | Mass Casualty | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed). | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | CCG EPRR Plan describes process. CCG, through Business Continuity plan and EPRR plan has effective arrangements to manage Mass Casualty event. | Fully compliant |
| 20 | Duty to maintain plans | Shelter and evacuation | In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary. | Y | <ul style="list-style-type: none"> Arrangements should be: <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | CCG has effective arrangements in place to evacuate office space. Fire Wardens trained and appointed to fulfill their role. Health and Safety Policy. Provider assurance given through Business Continuity Plans and adoption of NHS Shelter and Evacuation Plan principles. | Fully compliant |
| 24 | Command and control | On-call mechanism | A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level. | Y | <ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement On call Standards and expectations are set out Include 24 hour arrangements for alerting managers and other key staff. | CCG part of the North Mersey On Call Group providing 24/7 on call response. Rota administration undertaken by MLCSU. Call Centre operating provided by Office Link. On Call Pack produced and updated quarterly by MLCSU. Escalation process listed as part of EPRR policy and on call pack circulation. | Fully compliant |
| 25 | Command and control | Trained on-call staff | On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: <ul style="list-style-type: none"> Should be trained according to the NHS England EPRR competencies (National Occupational Standards) Can determine whether a critical, major or business continuity incident has occurred Has a specific process to adopt during the decision making Is aware who should be consulted and informed during decision making Should ensure appropriate records are maintained throughout. | Y | <ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement | EPRR policy August 2019. | Partially compliant |
| 26 | Training and exercising | EPRR Training | The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this. | Y | <ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement Evidence of a training needs analysis Training records for all staff on call and those performing a role within the ICC Training materials Evidence of personal training and exercising portfolios for key staff | Training Needs Analysis undertaken June 2019. EPRR policy statement outlines requirements within role and how training will be undertaken and recorded. | Fully compliant |

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| 27 | Training and exercising | EPRR exercising and testing programme | <p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> a six-monthly communications test annual table top exercise live exercise at least once every three years command post exercise every three years. <p>The exercising programme must:</p> <ul style="list-style-type: none"> identify exercises relevant to local risks meet the needs of the organisation type and stakeholders ensure warning and informing arrangements are effective. <p>Lessons identified must be captured, recorded and acted upon as</p> | Y | <ul style="list-style-type: none"> Exercising Schedule Evidence of post exercise reports and embedding learning | Business Continuity/Incident Response exercise undertaken September 2018. Work Plan outlines dates for future exercises. Exercise reports shared with Governance Committee and AEO for learning and improvement. | Fully compliant |
| 28 | Training and exercising | Strategic and tactical responder training | Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation | Y | <ul style="list-style-type: none"> Training records Evidence of personal training and exercising portfolios for key staff | BC exercise includes elements of Tactical Management. CCG representation at exercise Ferranti in Lancashire. | Partially compliant |
| 30 | Response | Incident Co-ordination Centre (ICC) | <p>The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).</p> <p>Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p> | Y | <ul style="list-style-type: none"> Documented processes for establishing an ICC Maps and diagrams A testing schedule A training schedule Pre identified roles and responsibilities, with action cards Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards | ICC identified within the Business Continuity Plan and alternative locations identified and listed within the plan. Roles and responsibilities of Crisis Management team listed within the Business Continuity Plan and Command and Control guidelines within the EPRR Plan. ICC scheduled for test as part of general building estates management. | Fully compliant |
| 31 | Response | Access to planning arrangements | Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible. | Y | <ul style="list-style-type: none"> Business Continuity Response plans | Plans hosted on intranet and hard copies are made available through staff bulletin. Locations of hard copies within the ICC. | Fully compliant |
| 32 | Response | Management of business continuity incidents | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework). | Y | <ul style="list-style-type: none"> Documented processes for accessing and utilising loggists Training records | Business Continuity Plan and EPRR plan outline role of Loggist and exercised as part of September Business Continuity exercise. CCG has plans in place to provided 24/7 response with capture forms as part of the on call pack. 24/7 logging will be made via multi agency command and control channels in the event of a major incident. | Fully compliant |
| 33 | Response | Loggist | The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards. | Y | <ul style="list-style-type: none"> Documented processes for completing, signing off and submitting SitReps Evidence of testing and exercising | Process outlined within Business Continuity Plan and EPRR plan. On Call pack contains capture form. | Fully compliant |
| 34 | Response | Situation Reports | The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents. | Y | <ul style="list-style-type: none"> Have emergency communications response arrangements in place Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response Using lessons identified from previous major incidents to inform the development of future incident response communications Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work | Emergency Communications Plan August 2018. Business Continuity Plan outlines Communications with partners and stakeholders in event of a disruption. Roles for Communication outlined as part of Crisis Management Plan. Communications Plan outlines systems to inform / warn staff and the public include websites and other channels (such as social media) in addition to sharing information across partner channels and mechanisms. | Fully compliant |
| 37 | Warning and informing | Communication with partners and stakeholders | The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident. | Y | <ul style="list-style-type: none"> Have emergency communications response arrangements in place Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders Using lessons identified from previous major incidents to inform the development of future incident response communications Setting up protocols with the media for warning and informing | CCG Communications Plan outlines principles of communication in an emergency. Business Continuity plan lists how and when communication should happen and how to escalate. Communications Plan gives overview of how public and partners can be warned and informed of incident. Website host messages regarding Heatwave and Cold weather. | Fully compliant |
| 38 | Warning and informing | Warning and informing | The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents. | Y | <ul style="list-style-type: none"> Have emergency communications response arrangements in place Using lessons identified from previous major incidents to inform the development of future incident response communications Setting up protocols with the media for warning and informing Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads' | Emergency Communications arrangements outlined within the Business Continuity Plan and EPRR policy and Plan. CCG has identified Media Spokesperson and social media trained staff able to communicate effectively in emergency. Debrief, incident reports and exercising used to inform improvements to CCG response. Members of leadership team have been provided media training | Fully compliant |
| 39 | Warning and informing | Media strategy | The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times. | Y | <ul style="list-style-type: none"> Minutes of meetings Governance agreement if the organisation is represented | CSU attend on behalf of CCG and have attended 100% of meetings in 2019 | Fully compliant |
| 40 | Cooperation | LRHP attendance | The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LRHP) meetings. | Y | <ul style="list-style-type: none"> Minutes of meetings Governance agreement if the organisation is represented | NHSE attend LRF on behalf of Health in Merseyside. | Fully compliant |
| 41 | Cooperation | LRF / BRP attendance | The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders. | Y | | | Fully compliant |

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| 42 | Cooperation | Mutual aid arrangements | The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England. | Y | <ul style="list-style-type: none"> Detailed documentation on the process for requesting, receiving and managing mutual aid requests Signed mutual aid agreements where appropriate | Arrangements made between shared leadership team alongside Southport and Forby CCG. Mutual Aid arrangement with Liverpool CCG to utilise desk space in the event of a disruption. CCG operate as part of North Mersey On Call group alongside Southport and Forby CCG and Liverpool CCG. | Fully compliant |
| 46 | Cooperation | Information sharing | The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents. | Y | <ul style="list-style-type: none"> Documented and signed information sharing protocol Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'. | Information sharing protocols in place as part of contractual agreements. EPRR plan provides guidance on information sharing in the event of an emergency. Emergency Communications checklist provides guidance on sharing information in the event of an incident. | Fully compliant |
| 47 | Business Continuity | BC policy statement | The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301. | Y | Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement | BC Policy August 2019 | Fully compliant |
| 48 | Business Continuity | BCMS scope and objectives | The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. | Y | <p>BCMS should detail:</p> <ul style="list-style-type: none"> Scope e.g. key products and services within the scope and exclusions from the scope Objectives of the system The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties Specific roles within the BCMS including responsibilities, competencies and authorities. The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process Resource requirements Communications strategy with all staff to ensure they are aware of their roles | Business Continuity Plan Updated September 2019. CCG statutory requirements described within Business Continuity Policy, Strategy and Plan. Staff Business Continuity roles outlined within Business Continuity Plan. | Fully compliant |
| 49 | Business Continuity | Business Impact Assessment | The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s). | Y | <p>Documented process on how BIA will be conducted, including:</p> <ul style="list-style-type: none"> the method to be used the frequency of review how the information will be used to inform planning how RA is used to support. | Business Impact assessment reviewed and refreshed August 2019. Method described within Business Continuity Strategy. | Fully compliant |
| 50 | Business Continuity | Data Protection and Security Toolkit | Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis. | Y | Statement of compliance | IG Toolkit compliant to 31 March 2019. Due for review March 2020. | Fully compliant |
| 51 | Business Continuity | Business Continuity Plans | The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> people information and data premises suppliers and contractors IT and infrastructure <p>These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.</p> | Y | <ul style="list-style-type: none"> Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation | BC Plan updated September 2019 | Fully compliant |
| 52 | Business Continuity | BCMS monitoring and evaluation | The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board. | Y | <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers | Business Continuity Policy updated August 2019 | Fully compliant |
| 53 | Business Continuity | BC audit | The organisation has a process for internal audit, and outcomes are included in the report to the board. | Y | <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Audit reports | Business Continuity policy lists the process for audit. Business Continuity Plans updated September 2019. | Fully compliant |
| 54 | Business Continuity | BCMS continuous improvement process | There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS. | Y | <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Action plans | EPRR Policy documents process of Business Continuity Audit. Business Continuity Plan updated August 2019 | Fully compliant |
| 55 | Business Continuity | Assurance of commissioned providers / suppliers BCPs | The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own. | Y | <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Provider/supplier assurance framework Provider/supplier business continuity arrangements | Managed via Contracts meeting and Provider trust plans and submission to core standards. Supplier assurance reviewed as part of BIA refresh. | Fully compliant |

| Ref | Domain | Standard | Detail | Clinical Commissioning Group | Evidence - examples listed below | Organisational Evidence | Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard. | Action to be taken | Lead | Timescale | Comments |
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| Deep Dive - Severe Weather | | | | | | | | | | | |
| Domain: Severe Weather Response | | | | | | | | | | | |
| 1 | Severe Weather response | Overheating | The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility) | Y | The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions. | EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating. | Fully compliant | | | | |
| 2 | Severe Weather response | Overheating | The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility) | Y | Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan. | EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating. Buildings are well ventilated and fans available | Fully compliant | | | | |
| 3 | Severe Weather response | Staffing | The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed) | Y | The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home | staff have remote working and VPN capability. | Fully compliant | | | | |
| 4 | Severe Weather response | Service provision | Organisations providing services in the community have arrangements to allow for caseloads to be clinically prioritised and alternative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc) | | The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care | | | | | | |
| 5 | Severe Weather response | Discharge | The organisation has policies or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines on Excess Winter Deaths | Y | The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge | Contained within CCG Severe Weather Plan. | Fully compliant | | | | |
| 6 | Severe Weather response | Access | The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers | Y | The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries. When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service. | Managed by estates provider for CCG buildings. | Fully compliant | | | | |
| 7 | Severe Weather response | Assessment | The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary | Y | The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and actions as a result | staff receive and have access to weather warnings. CSU circulates severe weather warnings to on call group. | Fully compliant | | | | |
| 8 | Severe Weather response | Flood prevention | The organisation has planned preventative maintenance programmes are in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations. | Y | The organisation has clearly demonstrable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner | Building managed by Management company Regency Property Asset Management who take responsibility for management of the site at Merton House & Curzon Road managed by NHS property services. CCG occupies 1st Floor and 3rd floor locations in the building. Flood risk locations indicate low risk for the buildings (June 2019) | Fully compliant | | | | |
| 9 | Severe Weather response | Flood response | The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan. | Y | The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan | CCG have access through CSU and LRF planning via Resilience Direct | Fully compliant | | | | |
| 10 | Severe Weather response | Warning and inform | The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold. | Y | The organisation has within is arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when. | Heatwave and Cold weather information included on the CCG website and social media. Communication in emergency action plan outlines process for messaging and distribution of messages. | Fully compliant | | | | |

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| 11 | Severe Weather response | Flood response | The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required. | Y | The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations site(s). | BC plan details process for Loss of Premises. Buildings not listed as flood risk - July 2019, checked by CSU. | Fully compliant | | | | |
| 12 | Severe Weather response | Risk assess | The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements. | Y | The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these. | EPRR Risks included in organisation risk management and BC plans and EPRR plan cover severe weather. | Fully compliant | | | | |
| 13 | Severe Weather response | Supply chain | The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these. | Y | The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintained the organisation has alternative documented mitigating arrangements in place. | Supply chain considered and reviewed as part of EU exit activities. | Fully compliant | | | | |
| 14 | Severe Weather response | Exercising | The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements. | Y | The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements. | Exercise undertaken within the last 12 months. | Fully compliant | | | | |
| 15 | Severe Weather response | ICT BC | The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk. | Y | The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services | Imersey have reviewed and tested the VPN and remote working capability of staff within the CCG Jan 2019. | Fully compliant | | | | |
| Domain: long term adaptation planning | | | | | | | | | | | |
| 16 | Long term adaptation planning | Risk assess | Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register. | Y | Evidence that there is an entry in the organisations risk register detailing climate change risk and any mitigating actions | No | Partially compliant | Assess climate risk for the CCG and reflect information on risk register. | CCG AEO | end of 2019 | |
| 17 | Long term adaptation planning | Overheating risk | The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling higherachy. | Y | The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk | Triggers identified within EPRR Plan with CCG specific actions and system pressures. | Partially compliant | Monitoring of building overheating in hot weather. | CCG AEO | Q2 2020 | |
| 18 | Long term adaptation planning | Building adaptations | The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events. | Y | The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future | would be managed through impact assessments for buildings & new premises. | Fully compliant | | | | |
| 19 | Long term adaptation planning | Flooding | The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks. | Y | Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS | none identified | Fully compliant | | | | |
| 20 | Long term adaptation planning | New build | The organisation considers for all its new facilities relevant adaptation requirements for long term climate chance | Y | The organisation has relevant documentation that it is including adaptation plans for all new builds | Impact assessment for new buildings would manage this | Fully compliant | | | | |

MEETING OF THE GOVERNING BODY November 2019

| | | | | | | | |
|---|--|---------|-------------------------------------|---------|--------------------------|--------|--------------------------|
| Agenda Item: 19/137 | Author of the Paper: Martin McDowell Deputy Chief Officer Martin.mcdowell@southseftonccg.nhs.uk | | | | | | |
| Report date: November 2019 | | | | | | | |
| Title: SEND Improvement Plan | | | | | | | |
| <p>Summary/Key Issues:</p> <p>Between April 2019 and August 2019 the CCG, NHS provider colleagues and Sefton Local Authority have worked collaboratively to respond to the SEND revisit outcome letter.</p> <p>An improvement plan was submitted and feedback was provided to both the Local Authority and the CCGs and those recommendations have been incorporated into the final plan.</p> <p>The SEND Continuous Improvement Board met on Tuesday 22nd October to formally receive and sign off the plan.</p> <p>The SEND Improvement Plan has now been signed off and delivery of all the associated actions will be overseen by the SEND Continuous Improvement Board and the associated supporting work streams.</p> <p>The plan has now been shared with providers and has been published on the CCG's website.</p> | | | | | | | |
| <p>Recommendation</p> <p>The Governing Body is asked to receive the SEND Improvement Plan</p> <div style="float: right;"> <table border="1"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> | | Receive | <input checked="" type="checkbox"/> | Approve | <input type="checkbox"/> | Ratify | <input type="checkbox"/> |
| Receive | <input checked="" type="checkbox"/> | | | | | | |
| Approve | <input type="checkbox"/> | | | | | | |
| Ratify | <input type="checkbox"/> | | | | | | |

Links to Corporate Objectives 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 | |



SEND Improvement Plan



Dwayne Johnson
Chief Executive, Sefton Council

Fiona Taylor
Chief Officer for NHS South Sefton CCG and
NHS Southport and Formby CCG

SEFTON





Our Improvement Plan

This includes our key actions, the impact our actions will have, the measures we will use and milestones we are working towards from 1st July 2019. Where appropriate timescales are in quarters, however, some timescales relate to the availability of national data (provisional and validated information). For some actions where we believe we can drive a more immediate change the timescales for monitoring will be monthly.

Action 1

To improve the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stage 2

Our overall aim for this priority area: We will see an upward trajectory of educational attainment for pupils with an EHCP by taking the following actions

How we plan to improve this area of significant weakness

| RAG RATING KEY | |
|----------------|--|
| | Action completed |
| | Action not yet completed, but on track and scheduled for completion within projected timeframe |
| | Action not on track, risk to implementation |
| | Longer-term action not yet started. No risk to implementation currently anticipated |
| | Part of Business as usual |

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|---|-------------|--|--|---|---|--|---|
| 1.1 Children and young people with an Education, Health & Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally | 1.1.1 | <p>The Council will continue to work collaboratively with schools to regularly monitor pupil performance to see if the agreed goals, expectations and outcomes for pupils are being met.</p> <p>To strengthen our collaboration the Council has seconded an experienced Head of an outstanding Special School for 2 days per week to ensure oversight of the EHCP process from an education perspective.</p> <p>New EHCPs include key stage expectations from September 2019</p> | <p>We want all children and young people in Sefton to achieve their full potential.</p> <p>To ensure that children and young people with an EHCP are making good progress in line with their plan. We will do this by using the analysis of Education progress and attainment for children and young people with EHCPs including those who are educated out of the borough or at home.</p> <p>To ensure that good support is in place for those children and young people who do not make the expected progress.</p> | <p>The percentage of Sefton children educated on an EHCP achieve the expected standard in KS2 Writing and Maths and is consistent with national averages.</p> <p>Outcomes for children with Education and Health Care Plans are expressed as quantifiable at the end of key stage expectations.</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | Monitoring of KS2 forms part of the Councils wider monitoring of pupil performance. |



| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|---|--|--|--|--|--|--|---|
| 1.2 The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks. | 1.2.1 | Develop and monitor a resourced recovery plan to ensure that EHCPs are completed within the statutory timescale of 20 weeks. This will include the use of a tracker that has been developed. | To ensure compliance with the statutory timescale. To rebuild trust and confidence with parents and carers (see action 4 re survey KPIs). | EHC Plans are completed within the statutory timescale of 20 weeks and outcomes for children and young people are met. <i>NB using local performance monitoring data and comparison with 2018 LAIT</i> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | 18 months In line with national averages for new assessments completed within 20 weeks by October 2020 |
| | 1.3 EHC Plans are reviewed within the statutory timescales. | 1.3.1 | Revise guidance and processes to ensure appropriate prioritisation and resourcing of annual reviews. This will include the use of a tracker that has been developed. Prioritisation of key education transition points (Yr. 6 & Yr. 11) for children and young | Annual reviews are completed within statutory timescales. To ensure rigour in the system. To rebuild trust and confidence with parents and carers. | Reviews are completed within statutory timescales. Transitional arrangements at key points improve. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence |
| 1.4 The quality of outcome writing in Education Health and Care plans is at least consistently good. | 1.4.1 | Train the SEND system workforce to develop and write co-produced, outcome-based plans. NASEN will deliver training for staff completed by end of September 2019 A follow-up NASEN workshop for staff will take place early in 2020 to ensure the training has been embedded. | To ensure that the SEND workforce have the skills required to produce consistently good EHCPs. | EHC Plans will be of at least good quality as evidenced in audit. The impact will be better outcomes for children and families and which demonstrate partners working together to achieve consistency of approach through training and workforce development. EHCPs will be current and specific. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | 3 months September 2019 Initial workshop Complete 6 months NASEN Workshop to quality assure EHCPs 9 months April 2020 Follow up workshop |
| | 1.4.2 | Embed the robust multi-agency quality assurance framework to enable overview, challenge and scrutiny of EHC plans. From October 2019 the Quality Assurance Panel will evaluate the quality of EHCP outcomes against best practice [following on from the NASEN Training] | To ensure that EHCPs include measurable goals and intended outcomes. To ensure parental involvement in their child's plan. To ensure that the quality of plans stands up to scrutiny and that there is a corrective action loop in place. | The Quality Assurance Framework will be embedded and used by all staff working on EHC plans. Parents and carers demonstrate confidence in the assurance framework | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | 6 months Commence evaluation of the quality of EHCP outcomes against best practice from October 2019 |



| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|---|-------------|---|--|---|---|--|--|
| 1.5 Parents are clear about the assessment process, quality assurance practices and involved in the production of EHCPs. | 1.5.1 | <p>Review As Is processes (referral, assessment, plan, review, appeal and tribunal) across the system and develop To Be processes.</p> <p>Identify and secure the resources required to implement the redesigned process including system development and staffing.</p> <p>Publish our processes and undertake a regular survey to provide assurance that parents and carers understand and are actively involved in our processes.</p> | <p>We want parents and carers to understand and be involved in the assessment and planning processes and how we quality assure plans.</p> <p>To ensure that practitioners are involved/ contributing to writing the plans.</p> <p>To ensure plans are co-produced and that the young people's voice is represented in plans</p> <p>To ensure that adequate resources are available and systems in place to respond to contacts and complaints from parents and carers.</p> | <p>Our processes are joined up and understood by all stakeholders and the impact will be good quality, timely assessments which provide reassurance and avoid stress for families and complaints about practice and processes.</p> <p>Results of surveys are analysed and demonstrate understanding of process and participation in the development of EHCPs.</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | See Action 4 |
| 1.6 To increase the use of Personal Health Budgets (PHB) as part of EHCPs | 1.6.1 | To develop a campaign to promote the use of PHBs as part of delivery of EHCPs | To provide an opportunity for young people, their families and/or carers to have more control of the commissioning of SEND support bespoke to their health needs | <p>Increased satisfaction from parents, carers and young people as a personal health budget will increase their control and choice</p> <p>Improved outcomes for young people</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Office and Head of Service Education Excellence | |

Action 1 Performance Measures & Milestones - Pupils with EHCP

| Key Performance Indicator Reference | Performance Measure that we will monitor | Area | Current Baseline January 2019 SEN (E) | Pupil Performance at October 2019 SEN (E) | Pupil Performance at January 2020 SEN (E) | Pupil Performance at October 2020 SEN (E) | Pupil Performance June 2021 |
|-------------------------------------|--|---------|---------------------------------------|---|---|---|-----------------------------|
| KPI 1/1 | Progress for children and young people with SEND (KS2) | Writing | -6.70 | -4.10 | National average | National average | National average |
| | | Maths | -6.20 | -3.80 | National average | National average | National average |

Action 1 Performance Measures & Milestones - Operational EHCP Completion & Quality

| Key Performance Indicator | Performance Measure | Frequency | Baseline April 2019 - Note plan start date 1 st July 2019 | Performance at October 2019 3 Months | Performance at January 2020 6 Months | Performance at April 2020 9 Months | Performance at July 2020 12 Months | Performance at October 2020 18 Months | Performance at June 2021 24 Months |
|---------------------------|---|-----------|--|--|--|------------------------------------|------------------------------------|---|---|
| KPI 1/2 | From 01.06.19 % of New EHCPs commenced will be completed within statutory timescales | Quarterly | 3% | NA – measurement will commence from 01.07.19. 20 week window does not close until 17.11.19 | 10% of new EHCPs from 01.06.19. New statutory reporting period commences during this month | NA new statutory reporting period | NA new statutory reporting period | NA new statutory reporting period | NA new statutory reporting period |
| KPI 1/2a | % of New EHCPs commenced 01.01.20 completed within statutory timescales | Quarterly | NA | NA | 1st month of monitoring 2020 local baseline established | 15% | 25% | 50% or national average whichever is the higher | 75% or national average whichever is the higher |
| KPI 1/3 | % of EHCP Reviews completed Yr. 6 and Yr. 11 | Quarterly | NA | 16% | 50% complete | 95% | 95% | 95% | 95% |
| KPI 1/3a | All other EHCP reviews | Quarterly | NA | 16% | 32% | 48% | 60% | 16% new academic year | 100% |
| KPI 1/4 | % of EHCP audits assessed as at least Good (local measure) | Quarterly | NA | NA training in September | Baseline 50% | Baseline plus 10% | Baseline plus 10% | Baseline plus 20% | Baseline plus 20% |
| KPI 1/5 | % of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions | Quarterly | NA | 60% | 70% | 85% | 90% | 95% | 95% |
| KPI 1/6 | % improvement in the quality of health information contained in EHCPs | Quarterly | NA | Establish baseline by 31.10.19 as training taking place September | 80% | 90% | 95% | 95% | 95% |

The SEN2 survey is a statutory data collection that takes place every January (based on the previous calendar year) and this information is provided to the Department for Education by the

Local Authority. The 2020 survey deadlines are:

- survey day: Thursday 16 January 2020
- deadline for submitting data: Thursday 27 February 2020.

There is then a period of validation with the statistics not being confirmed until May 2020 for 2019.

The KPIs above will align to the statutory timetable and it is important to note that they will be used to robustly monitor local operational performance. The impact of improved EHCP completion rates and changes to processes will be that families will be more involved in the process, better informed and feel that the system is more joined up. We will demonstrate this through the actions that we are taking in Action 4 of this Improvement Plan i.e. surveys.

Action 2

To address the poor operational oversight of the Designated Clinical Officer (DCO) across health services in supporting children and young people who have special educational needs and/or disabilities and their families

Our overall aim for this priority area: To improve the delivery of SEND services leading to improved outcomes for children & young people across the local health community

How we plan to improve this area of significant weakness

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this? | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|--|-------------|---|---|---|---|--------------------------|--|
| 2.1: A documented and approved management and accountability framework to be in place for the DCO | 2.1.1 | The job description for the DCO role will be revised in accordance with national guidelines and aligned to the SEND Code of Practice. | To clearly articulate the roles and responsibilities of the DCO and ensure objectives are aligned to relevant guidelines and best practice. | A Designated Clinical Officer job description in place for which there will be ongoing review to ensure it remains aligned to relevant national guidance. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 1 month August 2019 Job description prepared Complete |
| | | The job description will be approved by the Health SEND Steering Group and shared across the system | | Practitioners and managers at the frontline of services will understand the DCO role and will understand lines of accountability. | | | 3 months October 2019 Job description approved |
| | 2.1.2 | Establish line management comprising clinical supervision. | To ensure there is robust and meaningful operational oversight of the DCO role and function across health services. | There will be evidence of accountability and clinical supervision will be available for scrutiny. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 0 months July 2019 Clinical Supervision in place Complete |
| | | Develop accountability framework, comprising clinical supervision. | | Practitioners and managers at the frontline of services will understand priorities of the DCO. | | | 3 months October 2019 1st quarterly assessment of workplan |

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this? | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|--|-------------|--|---|--|---|--------------------------|--|
| | 2.1.3 | Develop a realistic work plan with manageable objectives will be developed and agreed by all relevant stakeholders. | <p>To have clear and manageable objectives set by the Health steering group to provide a framework for the DCO work plan and against which the DCO will report to the Health steering group.</p> <p>To enable the DCO to be held to account for the delivery of system wide agreed work plan.</p> | <p>The Designated Clinical Officer will have an agreed and monitored workplan in place.</p> <p>The CCGs will be able to demonstrate progress is being made on the implementation of the DCO work plan.</p> <p>There will be evidence of SEND leadership within health services across Sefton.</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | <p>6 months</p> <p>December 2019</p> <p>Evidence of progress against workplan</p> |
| 2.2 A documented and approved SEND services oversight framework to be in place across the system ** | 2.2.1 | <p>Develop and agree a SEND oversight framework with health providers to be agreed by all relevant stakeholders</p> <p>Engaging a management consultant expert to undertake a benchmarking exercise of arrangements in other areas and to make recommendations on actions to take to address areas requiring further improvement</p> | <p>To ensure that the leadership arrangements for SEND are clearly articulated.</p> <p>To ensure there is effective operational governance arrangements are in place by which health providers are held to account for the delivery of services.</p> <p>To ensure that the DCO receives assurance regarding SEND provision and can support the CCG to hold providers to account for the delivery of health services.</p> <p>To ensure that the arrangements in place are robust and comparable to those areas that perform well on SEND</p> | <p>The CCGs will have an approved management and accountability framework in place and agreed by relevant parties and be able to hold providers to account.</p> <p>An approved SEND services oversight framework will be in place and agreed by relevant partners</p> <p>Improvements in SEND arrangements will lead to improved outcomes for young people</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | <p>3 months</p> <p>October 2019</p> <p>Framework agreed by all relevant stakeholders</p> |

Action 2 Performance Measures & Milestones

| Key Performance Indicator | Performance Measure | Frequency | Current Baseline June 2019 | Target for 6 months December 2019 | Target for 12 months June 2020 | Target for 18 months October 2020 | Target for 24 months June 2021 |
|---------------------------|--|--------------|----------------------------|-----------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| KPI 2/1 | Submission of quarterly DCO report | Quarterly | 0 | 1 | 3 | 7 | 11 |
| KPI 2/2 | Annual DCO report | Annually | 0 | 0 | 1st | NA | 2nd |
| KPI 2/3 | Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is) | Bi- Annually | 0 | 50% | 75% | 95% | 95% |

** Additional information relating to the SEND Service commissioning oversight framework and the performance management arrangements are details under Action 5, joint commissioning arrangements.

Action 3 (linked to Action 1)

To Improve the lack of awareness and understanding of Health Professional in terms of their responsibilities and contribution to EHCPs

Our overall aim for this priority area: all relevant staff to be aware of their responsibilities and contribution to EHC plans by resulting in the production of high quality plans, produced within statutory timeframes leading to improved outcomes for children & young people.

How we plan to improve this area of significant weakness

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|--|-------------|---|--|--|---|--------------------------|--|
| 3.1 All relevant health professionals are aware of their responsibilities and contribution of EHCPs. | 3.1.1 | Review and change the health information submission pathway for EHCPs | To ensure all relevant Health professionals are clear regarding their roles and responsibilities in relation to EHCPs. | Increased awareness and understanding of health professionals regarding their responsibilities and contribution to EHC plans. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 6 months December 2019 |
| | | Improve the quality of health information submitted to EHCPs which will routinely be subject to a QA process prior to completion. | Ensure that all relevant Health professionals are routinely writing good quality health submissions for EHC plans for the children and young people with whom they are directly working. To improve the quality of EHCPs. To improve outcomes for the child/ young person. | Production of good EHC plans, produced within statutory time lines leading to improved outcomes for children & young people. There will be evidence of effective quality assurance or monitoring of the timeliness of health submissions. There will be evidence of co-production, communication and engagement in EHCP process which children and families feel they have contributed to plans. | | | |

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The work stream that will deliver this | Responsible lead | Action Completion date and progress rating |
|--------------------------------|-------------|---|---|--|---|--------------------------|--|
| | 3.1.2 | Increase staff skills and knowledge of EHCPs via CPD/PDR/ workshops/NASEN training and refresher training processes and monitoring levels of understanding. | <p>To ensure consistent, on-going and sustained level of awareness, knowledge and understanding of EHCPs.</p> <p>To improve the quality of EHCPs.</p> <p>To improve outcomes for children & young people.</p> | <p>Training will be evaluated and action if required</p> <p>Actions implemented from survey findings where levels of understanding are found to be low.</p> <p>Improved quality in all produced EHCPs.</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 6 months December 2019 |

Action 3 Performance Measures & Milestones

We will be reviewing our progress and the impact of our actions with our advisors and reporting to SENDCIB.

| Key Performance Indicator | Performance Measure | Frequency | Current Baseline July 2019 | Target for 6 months December 2019 | Target for 12 months June 2020 | Target for 18 months December 2020 | Target for 24 months June 2021 |
|---------------------------|---|-----------|---|--|--------------------------------|------------------------------------|--------------------------------|
| KPI 3/1 | Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit) | Quarterly | To be established following training in September 2019 | Establish baseline by 31.12.19 | Audit will sample 10% of EHCPs | Audit will sample 10% of EHCPs | Audit will sample 10% of EHCPs |
| KPI 3/2 | % of positive "parental satisfaction survey" results received following completion of EHCP process | Quarterly | To be established | Will be considered in line with action 1 – satisfaction review at completion of plan | | | |
| KPI 3/3 | % of staff having completed training | | NA | 50% | 75% | 95% | 95% |
| KPI 3/4 | % of staff having completed refresher training | | NA | 0 | 50% | 75% | 75% |
| KPI 3/5 | % of staff confirming their increased level of confidence in the process following training | Quarterly | Baseline to be established following training in September 2019 | 25% | 95% | 95% | 95% |

Action 4 (linked to Action 1)

To address the weakness of co-production with parents, and more generally in communications with parents

Our overall aim for this priority area: We will see an increased level of co-production with parents, and more generally communication with parents relating to the production of EHC plans and provision of services by

How we plan to improve this area of significant weakness

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|---|-------------|---|--|---|---|--------------------------|---|
| 4.1 Strong and effective engagement, co-production and communication is in place with parents/carers, children and young people. | 4.1.1 | <p>Schedule and ensure strategic representatives attend regular engagement sessions with Parent Carer Forum.</p> <p>At these sessions we will update on progress, encourage the involvement of more parents and carers and identify joint activity with parents and carers.</p> <p>We will develop and co-produce a survey for all parents and carers that establishes a baseline and tracks performance.</p> | <p>Parents tell us that we need to improve general communication and that they want to be more involved in designing their children's plans and the Local Offer.</p> <p>So that we provide an opportunity for all parents and carers to feedback and to establish a baseline to measure satisfaction and can effectively track our system performance.</p> <p>To ensure young people, parents and carers can feedback on a regular basis and to build trust and confidence in all areas of the system.</p> | <p>Parent and Carer Forum will feel engaged with local leaders and have the opportunity to drive improvement and change.</p> <p>Children, young people, parents and carers will feel listened to and have confidence and trust in the local area.</p> <p>Participation levels in the survey will be good and will increase year on year as trust and confidence in the system improves.</p> <p>The Local Area will be able to make improved judgements about its effectiveness and understand</p> <ul style="list-style-type: none"> • how effectively we identify children and young people with SEND • how effectively we assess and meet the needs of children and young people with SEND • how effectively we co-ordinate between agencies • how effectively we improve outcomes for children and young people with SEND • how we ensure that that the outcomes match the diversity of need amongst children with SEND | Co-production, Communication and Engagement | Head of Communities/ DCO | 6 months December 2019 Survey developed |
| | | | | 18 months December 2020 Second survey undertaken | | | |

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|---|-------------|---|---|---|---|--|--|
| | 4.1.2 | See 1.5.1 – process reviews | To improve the level of trust and confidence of parents and carers that every day communication is well managed and that they are responded to efficiently and effectively. | Parents will tell us that contacts are responded to in a timely manner and result in better outcomes. Complaints will be responded to in line with policy timescales. Complaint resolution will be understood by complainants and the impact will be confidence and trust in partners systems. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | 18 months December 2020 |
| 4.2 EHCP plans are co-produced with parents and young people | 4.2.1 | See 1.4.1 1.5.1 | To ensure that the voices of children and young people and their families are heard in the development of their EHCPs. | Children and young people and their families will feel involved in the development of their EHCPs and the impact will be better informed plans and improvements in the delivery of the plan by services. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer/ Head of Education Excellence | 18 months October 2020 |
| 4.3 Strengthen offer from SENDIAS | 4.3.1 | Review the capacity and operational hours of the SENDIASS offer. Agree funding contribution from Health to support SENDIASS offer. Agree with Sefton CVSto host SENDIASS. | Current arrangements unable to support level of demand. Compliance with Code of Practice. Strengthen independence of SENDIASS. | Parents report improved access to and response from SENDIASS and the impact will be improved communication and avoidance of stress. | Assessment and Provision & Performance Management | CCG Deputy Chief Officer/ Head of Education Excellence | 3 months October 2019 Complete |

Action 4 Performance Measures & Milestones

| Key Performance Indicator | Performance Measure | Frequency | Current Baseline April 2019 | Baseline 6 months December 2019 | Feedback at 18 months December 2020 | Target for 24 months June 2021 |
|---------------------------|--|-----------|--|---|-------------------------------------|--------------------------------|
| KPI 4/1 | Increased level of trust and confidence of parents and carers - in the local area to provide support (via survey) | Annual | Survey will establish baseline | Baseline established by 31.12.19 | Baseline plus 10% | Baseline plus 15% |
| KPI 4/2 | Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (via Survey) | Annual | Survey will establish baseline | Baseline established by 31.12.19 | Baseline plus 10% | Baseline plus 15% |
| KPI 4/3 | Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with | Annual | Survey will establish baseline | Baseline established by 31.12.19 | Baseline plus 10% | Baseline plus 15% |
| KPI 4/4 | Parents and carers feel that they can influence change to service delivery | Annual | Survey will establish baseline | Baseline established by 31.12.19 | Baseline plus 10% | Baseline plus 15% |
| KPI 4/5 | Parents and carers feel that they are listened to in the development and review of EHCPs | Annual | Survey will establish baseline | Baseline established by 31.12.19 | Baseline plus 10% | Baseline plus 15% |
| KPI 4/6 | Parents, carers and young people believe that communication has improved (via survey) | Annual | The revisit identified that only 17% of the 150 parents who contributed to the revisit believe that communication has improved since 2016. | Initial survey will be baseline. 31.12.19 | Baseline plus 10% | Baseline plus 15% |

NB as the survey is yet to be developed and agreed with parents and carers it is important to note that the above KPIs may change as the Local Area becomes more aware of concerns and priorities for improvement. We will be reviewing our progress and the impact of our actions with our advisors and reporting to SENDCIB. Some actions will have a relatively quick impact both operationally and for children, young people and their families, such as strengthening our SENDIASS offer, others will take more time to demonstrate impact and external influences may reduce or improve the impact that our actions have. The co-production of the survey will enable us to better understand what matters most to children, young people and their families.

Action 5

To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand

Our overall aim for this priority area: We will see an improvement in joint commissioning to ensure that there are adequate services to meet local demand resulting in improved outcomes for children & young people

How we plan to improve this area of significant weakness

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The work stream that will deliver this | Responsible lead | Action Completion date and progress rating |
|--|-------------|--|--|---|---|---|---|
| 5.1 A revised joint commissioning strategy | 5.1.1 | Develop a revised joint commissioning strategy, informed by the SEND elements of the joint strategic needs assessment (JSNA) and deeper analysis to ensure the commissioning arrangements are strengthened to deliver improved outcomes across the local area. | <p>To ensure there are effective leadership arrangements in place and there is a clear vision for the commissioning and delivery of SEND services.</p> <p>To ensure that the commissioning activities are designed to correctly address identified need to secure improved outcomes for individuals.</p> | <p>Joint Commissioning Strategy agreed and understood by providers and families and better understanding of why services have been commissioned, based on evidence from the joint strategic needs assessment.</p> <p>Commissioned services respond positively to the Strategy and will operate more effectively.</p> <p>Improved outcomes for children & young people across all SEND services.</p> <p>Children and families will tell us we are meeting their needs.</p> | Joint Commissioning Sub Group | Head of Strategic Support/ CCG Deputy Chief Officer | 3 months October 2019 Draft strategy for co- production |
| | | | | | | | 6 months January 2020 Draft strategy for decision |
| | | | | | | | 18 months October 2020 Strategy implemented |
| 5.2 Commission neurodevelopmental diagnostic pathway | 5.2.1 | Implement neurodevelopmental diagnostic pathway across Sefton which includes NICE compliant diagnostic pathway for ASD | To improve outcomes for children & young people by ensuring they have access to seamless pathways of diagnostics to correctly identify needs. | <p>Improved outcomes for children & young people.</p> <p>Case studies and audits will evidence practitioners following the pathway.</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | Monitoring forms part of the wider monitoring of outcomes and provider performance management |

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The workstream that will deliver this | Responsible lead | Action Completion date and progress rating |
|---|-------------|---|--|--|---|--------------------------|--|
| 5.3 Reduction in waiting times for commissioned Paediatric services | 5.3.1 | Recovery Plan to reduce the waiting times to access health services such as speech and language therapy, occupational therapy, physiotherapy, autistic spectrum disorder (ASD) diagnostic assessment and community pediatrics Implementation of Transforming Care Partnership (TCP) funding to support ASD diagnosis for a defined cohort of 50 children and young people. | To secure improved access to services to enable early diagnosis and to implement relevant care plans To ensure that a significant number of patients can receive a diagnosis leading to improved outcomes | Plan by October Waiting times will be reduced leading to improved outcomes for children & young people Reduced waiting list meaning others on the waiting list can be seen sooner | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 3 months October 2019 |
| | 5.3.2 | Review the current appointment system for Community Paediatric Services Implement improvements required | To ensure that children & young people can access care in a timely manner To minimise the number of provider cancelled appointments To ensure that there are no repeated cancellations for the same person | Reduction in number of provider cancelled appointments leading to improved outcomes for children and young people No repeated cancellations for the same person | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 6 months April 2020 |
| | 5.3.3 | Explore opportunities for early help/ brief interventions from universal practitioners and voluntary, community and faith sector to reduce the need/ pressure on specialist services e.g. Health visitor training in Speech, Language and Communication Needs (SCLN) | To secure improved access to services to enable early diagnosis and to implement relevant care plans. | Case studies and audits to evidence impact of early/brief interventions. Reduction in numbers of children referred inappropriately for specialist interventions. Increased number of contacts identified as a reduction in referral numbers. | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | 6 months December 2019 |

| The Outcomes we are aiming for | Action Ref. | The actions we are taking | Why we are doing this | Impact we will have | The work stream that will deliver this | Responsible lead | Action Completion date and progress rating |
|--|-------------|---|--|---|---|--------------------------|--|
| | 5.3.4 | Developing a comprehensive performance dashboard for children & young people's services comprising health, local authority and public health data, qualitative metrics and expected outcomes. | <p>To ensure the system has ready access to accurate performance information, so that any emergent SEND risks can be identified and scrutinised.</p> <p>To ensure there is robust information to enable the DCO to hold providers and commissioners to account for any poor performance and for ensuring improvements are made.</p> <p>To enable correct and appropriate contract challenges to be made and improvements made.</p> | <p>Demonstrable improvements in identified and agreed priority focus areas supported by quantitative information which means better informed decisions.</p> <p>Minutes of contract meetings to evidence appropriate challenge and recovery actions taken as required so there is visibility and transparency on the issues leading to improved decision making.</p> | Performance Management and Assessment & Provision | CCG Deputy Chief Officer | Monitoring forms part of the wider monitoring of outcomes and provider performance management |
| 5.4 Improve the timeliness of health assessments for looked after children (LAC) ** | 5.4.1 | Standard operating procedures are being developed within IHA (initial health assessment) coordinating provider organisation that includes escalation to the Designated Nurse CiC if there are barriers to completing IHAs | To ensure LAC have timely access to health assessments | Demonstrable improvements in health outcomes for LAC | ** this action is being closely monitored as part of the CCGs safeguarding arrangements | CCG Deputy Chief Officer | ** This issue is being fully addressed as part of another action plan that was produced following a system wide CQC inspection of safeguarding in July 2018. |

Action 5 Performance Measures & Milestones – Provider Performance

| Key Performance Indicator | Performance Measure | Frequency | Current Baseline June 2019 | Target for 3 months October 2019 | Target For 6 months December 2019 | Target for 12 months June 2020 | Target for 18 months December 2020 | Target for 24 months June 2021 |
|---------------------------|--|-----------|----------------------------|----------------------------------|-----------------------------------|--------------------------------|------------------------------------|--------------------------------|
| KPI 5/1 | Average Waiting Time for Paediatric Dietetics | Monthly | 9 weeks | 8 weeks | 8 weeks | 8 weeks | 7 weeks | 7 weeks |
| KPI 5/2 | Average Waiting Time for Paediatric Occupational Therapy | Monthly | 15 weeks | 15 weeks | 14 weeks | 13 weeks | 10 weeks | 10 weeks |
| KPI 5/3 | Average Waiting Time for Paediatric Physiotherapy (PT) | Monthly | 6 weeks | 6 weeks | 6 weeks | 6 weeks | 6 weeks | 6 weeks |
| KPI 5/4 | Average Waiting Time for Paediatric Speech and Language Therapy (SALT) | Monthly | 30 weeks | 25 weeks | 20 weeks | 18 weeks | 18 weeks | 18 weeks |

NB. The KPIs in action 5 relate to 0 to 18-year olds. Further work is being undertaken to establish the baseline and targets for 19 to 25-year olds.

The CCG is currently reviewing and validating the waiting times for both ASD assessments and CAMHS assessments. Once validated this will be reported to the SEND Continuous Improvement Board for approval to incorporate into the action plan for monitoring.

Sharing Our Plan

Our Improvement Plan, along with future progress updates and information on SEND developments delivered by the SENDCIB will be made available at www.sefton.gov.uk/localoffer

General queries about the Improvement Plan will be sent to ImagineSefton2030@seftongov.uk Any service specific queries or issues should continue to be raised with the relevant service.

MEETING OF THE GOVERNING BODY November 2019

| | | | | | | | |
|--|--|---------|--|---------|---|--------|--|
| Agenda Item: 19/138 | Author of the Paper: Cameron Ward Programme Director Email: cameron.ward1@nhs.net Tel: 01512967119 | | | | | | |
| Report date: November 2019 | | | | | | | |
| Title: Sefton2gether | | | | | | | |
| Summary/Key Issues: The Shaping Sefton II plan now titled Sefton2gether is the local system's new five year plan incorporating the NHS Long Term Plan. The plan has been subject to extensive discussion and engagement and is now being presented for approval at partner boards and governing bodies in November. The final draft version has been submitted to Cheshire & Merseyside Health & Care Partnership as per their request. | | | | | | | |
| Recommendation The Governing Body is asked to approve the five year plan. | <table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="padding-right: 10px;">Approve</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> </tr> <tr> <td style="padding-right: 10px;">Ratify</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> | Receive | | Approve | X | Ratify | |
| Receive | | | | | | | |
| Approve | X | | | | | | |
| Ratify | | | | | | | |

| 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. |
| | 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 | | | This has been undertaken over a number of months |
| Clinical Engagement | X | | | Wider group meetings and Governing Bodies |
| Equality Impact Assessment | | X | | No specific service changes at this point requiring assessment |
| Legal Advice Sought | | X | | No legal issues requiring an opinion |
| Quality Impact Assessment | | X | | No specific service changes at this point requiring assessment |
| Resource Implications Considered | X | | | Additional funding has been made available as part of the CCG's allocation although this is subject to implementation assessment |
| Locality Engagement | X | | | Wider group meetings |
| Presented to other Committees | X | | | The content of draft plans have been discussed with EPEG, the Clinical Advisory Group and QIPP Committee |

Report to the Governing Body November 2019

1. Executive Summary

- 1.1 Sefton has been 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 as well as the NHS Long Term Plan requirements.
- 1.2 The final version of the plan, accompanying this report and now known as Sefton2gether, is being shared amongst partner organisations for approval.

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. As has been reported to previous Governing Body meetings the plan has been through a significant engagement process over a number of months. A draft plan has been shared and comments received with the final version incorporating the feedback from a variety of sources.

The plan has been set within the overarching position for Sefton working in a collaborative based system developing a sustainable health and care system; improving wellbeing and health; and with a reduction in health inequalities.

The approach to compiling the plan has been one of engagement; utilising available evidence and information; and considering all the feedback and comments. Whilst the plan is ambitious in nature it has been prepared in the knowledge of realistic implementation which will be prepared on an annual basis across the local system. Priorities will be phased over the life of the plan. This will take into account annual NHS Long Term Plan requirements.

There are a series of key messages which the process has endeavoured to include:

- How the plan through the NHS can contribute to the wider health determinants with an emphasis on prevention and early intervention acknowledging that health only plays a small part in overall health and wellbeing
- Whole system engagement and involvement
- A whole system collaborative response to implementation will be required

2.2 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 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

2.3 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, a series of statements have been prepared. In order to support these and the plan further work is required on how the population are made aware of all the services available to them through public services and the voluntary sector to provide assistance and support where required.

3. Key Issues

- 3.1 Implementation – through the engagement period this has been highlighted and will be addressed through a joint implementation plan. This will be initiated by Sefton Council and Sefton CCGs working jointly on their commissioning priorities and then through local providers working collaboratively much of which will be through Sefton's Provider Alliance.
- 3.2 The finances and workforce requirements are both of significance and they will need to be managed effectively during the life of the plan to allow progress on the ambitions and priorities.

4. Conclusions

- 4.1 The work underway to prepare the Five Year Place Plan provides guidance on the strategic direction for the next 5 years within Sefton. 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

The Governing Body is asked to approve the five year plan.

6. Appendices

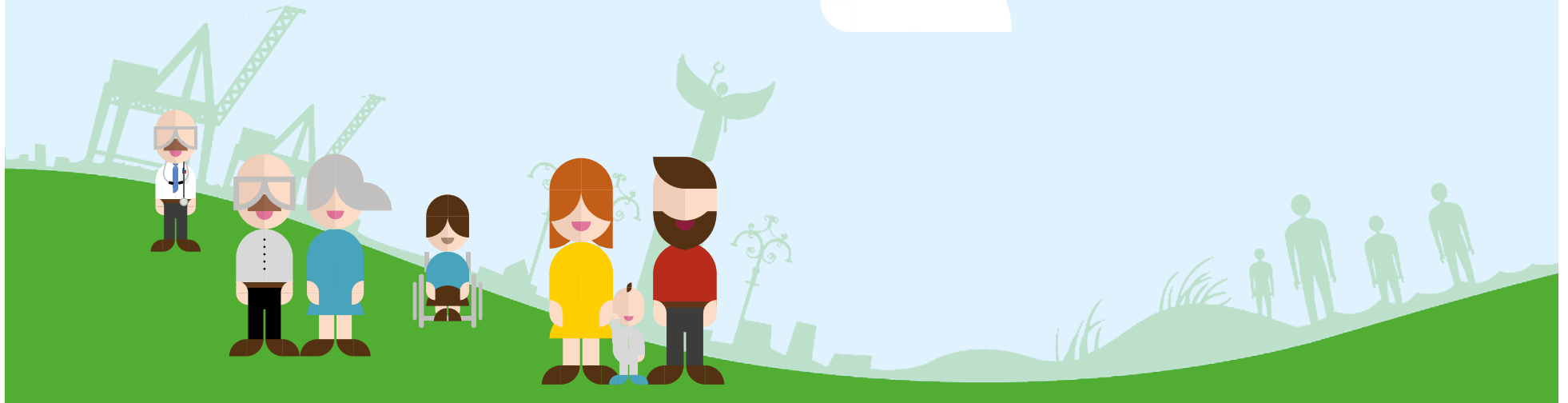
The accompanying final version of the plan.

Cameron Ward
Programme Director
November 2019



Sefton2gether Shaping Sefton II

Sefton's response to the NHS long term plan



Sefton2gether – Sefton's response to the NHS Long Term Plan

This Sefton2gether plan is prepared on behalf of the local NHS as a response to the NHS Long Term Plan and encourages a partnership approach between the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It underpins elements of the Sefton Health and Wellbeing Strategy and builds on the successes of the original Shaping Sefton Strategy.

Our aim is to continually improve health and wellbeing for all in Sefton based on a partnership approach. The ambitions and priorities in the plan will need to be considered by partners in how they can be implemented over the next five years. As part of the annual planning process we will look to set targets based on available evidence and best practice.

Importantly, this plan is a 'system' based plan for the whole of Sefton. It brings together commissioners and providers from across different sectors, including community services, social care and the VCF sector, working together to improve the outcomes and experiences of our people. Working closer in this way will enable joined up coordinated care, planned and delivered around the needs and preferences of the individual, their carer and family.

Our agreed partnership vision:

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

Sefton Health and Care Transformation Board, November 2018

The Sefton Transformation Board is made up of Chief Executives, Accountable Officers or representatives from NHS South Sefton and Southport and Formby Clinical Commissioning Groups (CCGs), Sefton Council, Mersey Care NHS Foundation Trust, Southport and Ormskirk NHS Hospital Trust, Aintree University Hospital NHS Foundation Trust, Lancashire Care NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust, Alder Hey Children's Hospital NHS Foundation Trust, Liverpool Women's NHS Foundation Trust, Sefton Primary Care Networks, Sefton GP Federations, NHS England and Improvement, the VCF sector and NHS West Lancashire CCG.

Successes since Shaping Sefton 2014 include:

Much has been achieved over the last five years, since the development of the first Shaping Sefton Plan, which was developed by the two Sefton Clinical Commissioning Groups. We have listened to what you told us in 2014 and either put in place or are in the process of developing better and more focused health, care and wellbeing to meet your needs.

- Improved access to GP practices including access to general practice through out of hours services, seven days a week
- Development of Primary Care Networks (PCNs) to improve the sustainability of general practice and delivery of more joined up care in our GP practice localities (PCNs are groups of general practices working with community services the VCF sector and to provide more joined-up care for patients)
- Improving after care for those who have sought emergency treatment through A&E
- Better linking of cancer services with community-based support and improving awareness of cancer symptoms and screening opportunities for patients
- Laying the foundations for a community-based cardiology service which will bring services closer to people's homes and include diagnostics for patients. This includes the delivery of a cardiology hub in Southport which reduces the need for hospital appointments

- The development of children and young people's audiology services to improve the quality and experience of care
- Developing a community hub for diabetes in Litherland with all of the specialists, including a dietician, under one roof. A similar satellite hub has been developed in Maghull
- Working closely with the VCF sector to improve and encourage "social prescribing", where people are referred to a range of support groups for non medical activities, such as art programmes – particularly for those with mild to moderate mental health problems
- Carrying out a full review of mental health and dementia services particularly for Early Intervention Psychosis Hospital Mental Health Liaison and developing care for people who have a long-term condition and a common mental health illness

- Introducing the 'Integrated Community Re-ablement and Assessment Service' (ICRAS) which has improved access to community and social care services across Sefton, Liverpool and Knowsley
- Developed a model of proactive care, where professionals from different health and care services provide patients with individualised support in their home, or near to where they live. This has led to of Integrated Community Teams in south Sefton and the establishment of eight localities based on 30-50,000 populations from which our seven PCNs have been able to develop

You can see from the examples above we have made a great start and so we are now in a very good position to make greater strides, not just as individual organisations, but as one "system" for the whole of Sefton.

Unfortunately those living in Sefton can expect to have a shorter healthier life-expectancy than the national average.

A lot of work has been carried out, especially in the last 12 months, by the Sefton Health and Care Transformation Partnership. We want to build on the work we have done to support the development of Primary Care Networks as well as the strides we have made by bringing together community and social care services through the ICRAS programme.

We agree we cannot "jointly" deliver everything together. However, we are committed to working closely wherever possible to link up where our ambitions align. This will all be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

We also aim to cut delays, improve the quality of care, bring care closer to your homes and reduce both A&E attendance and hospital admissions.

In line with the ambitions of the national NHS Long Term Plan, we want to refocus our efforts and increase our investment in prevention rather than cure – this represents a significant change in the way we have prioritised our resources in the past.

We also know, from developing this plan with our partners and the public, we will not be able to change everything within five years. Some of the foundations we are building on will still take many more years to show their results. Delivering greater health and care results can take generations but that will not stop us planning and working now to make a positive change for the future.

This includes things like increasing vaccination and immunisation rates as well as identifying when we can intervene earlier to stop or reduce ill health getting worse. This will help you live longer, healthier lives and reduce your need for traditional medical services in the future.

By encouraging you to live a healthier lifestyle; such as eating and drinking more healthily, taking more exercise and not smoking, you will hopefully not have to rely on health and care services as much as you go through life.



We also want to help address some of the structural / wider determinants of health, to see how best we can work together with partners on things like poverty, housing, education, transport, skills, and employment.

This includes looking at "social value"; which describes the social benefits achieved from public services. It considers more than just people's wages and income and includes things like wellbeing, health, inclusion and many other benefits of being employed and active in the community.

Our main areas of focus are outlined in the plan and you will see they are ambitious. There are though some stark health and care issues in Sefton which need to be addressed for the benefit of everyone.

We need to prevent and reduce existing conditions like diabetes, heart disease, cancer and mental health conditions across all ages; reduce the time you wait for surgery and urgent care and provide value for money to you, as a taxpayer. We can do this by thinking more strategically about our future commissioning arrangements with all providers, including the VCF sector.

How we developed this plan

We have developed this plan in discussion with our partners both across the NHS and Sefton Council. The plan also includes feedback from a number of engagement events with organisations and partners in Sefton, including those providing services to Sefton residents, people who use such services and the VCF sector.

Alongside this activity there have been numerous other engagements with existing committees, meetings and other groups and forums, listed in Appendix 1. A broader public engagement exercise has also taken place to help guide the planning process, which included an online survey around our ambitions.

As part of this 'system' based approach, a key element of the plan will be to incorporate and support delivery of Sefton Health and Wellbeing Strategy, currently being refreshed by the Health and Wellbeing Board for publication in early 2020. We are all committed to delivering the key aims of this strategy for Sefton and helping people start well, live well, age well, die well.

We want to ensure that health and care across Sefton considers your entire life-cycle so that we can help and support whether you are a new born baby or coming towards the end of life.

There will be one implementation plan combining the joint actions of the NHS and Council from the Sefton Health and Wellbeing Strategy, the Children's and Young People Plan and this Plan to ensure consistent messaging around local strategic aims and priorities.



Working with partners across the region

This plan also contributes to the Cheshire and Mersey Health & Care Partnership's NHS Five Year Plan. There are now four agreed priorities within the Cheshire and Merseyside Programme, these are:

1. **CVD Disease: Zero Stroke** – reinforcing the importance of prevention, given that diseases of the circulatory system are the second biggest killer in Sefton
2. **Mental Health and Wellbeing: Zero Suicide** – mental health is a priority across the life-course in Sefton. The suicide rate exceeds the national average (and doubled in the period to 2016/17). Hospital admissions for self-harm are also rising

3. **No more harm from alcohol** – Sefton is an outlier for alcohol admissions and mortality. Drinking too much can have numerous impacts on health as well as raising the chances of other related health issues, such as violence, or increased risk of having an accident
4. **No more harm from violence** – this work will focus on reducing violence from a Public Health and behavioural science perspective. Building on work from the UK and abroad, it is anticipated that a big difference can be made to people's quality of life if violence can be reduced. It will also have an impact on hospital admissions and the other burdens on public services

NHS Long Term Plan

The foundations of the *NHS Long Term Plan (National Health Service England, 2019) are already being implemented in Sefton including:

- Fully integrated community-based care to support general practice and bring a blend of local services closer to home to improve care and reduce the burden on GPs
- Reducing pressure on emergency hospital services
- Giving people more control over their own health
- Digitally enabling primary care and outpatients
- Improving cancer outcomes
- Expanding mental health services
- Shorter waits for planned care

The following services and care group areas are being considered both in Sefton and within the NHS Long Term Plan:

- **Mental Health** – helping more people get therapy for depression and anxiety and delivering community based physical and mental care for those with severe mental illness
- **Maternity and neonatal services** – reducing stillbirths and mother and child deaths during birth by 50 %, enabling women to benefit from continuity of carer through and beyond pregnancy and providing extra support for perinatal mental health conditions and new mothers at risk of premature birth
- **Services for children and young people** – increasing funding for children and young people's mental health, taking further action on childhood obesity and delivering the best treatments for children with cancer

- **Learning disabilities and autism** – bringing down waiting times for autism assessments and providing the right care for children and young people with a learning disability, autism or both. Our work to improve GP medication reviews will also encompass the STOMP (stopping over medication of people with a learning disability, autism or both and STAMP (supporting treatment and appropriate medication in paediatrics) agendas so that only the right medication is prescribed, at the right time and for the right reason
- **Transforming care** – increased funding for primary and community care, bringing together different professionals to coordinate care better, helping more people to live independently at home for longer and giving more people a say about the care they receive and where they receive it
- **Cardiovascular diseases, stroke and dementia care** – preventing a significant number of heart attacks and stroke cases. This will include providing education and exercise programmes to those with heart problems and making further progress on the care provided to people with dementia

- **Cancer** – saving over 3,000 more lives a year in Sefton by diagnosing more cancers early
- **Severe ill health** – increasing the contribution to tackling some of the most significant causes of ill health, including new actions to help people stop smoking, overcome drinking problems and avoid type 2 diabetes
- **Respiratory disease** – investing in spotting and treating long term conditions like asthma and COPD early to prevent stays in hospital and vaccine preventable causes of pneumonia
- **Financial tests** – continuing the work with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered and reduce spend on administration
- **Workforce** – requirements for the future workforce are being considered and will take into account current shortfalls; the need to flex and adapt the current workforce to new ways of working; maximising the potential of digital; the need to build in capacity to deliver the long term plan requirements; and to support the ongoing development of the workforce

- **Digital**
Being able to access services and information online and through digital technology is now an expectation for you. Digital transformation is key to delivering integrated care for the people of Sefton. From sharing information and enabling people to contribute to their own care, maximising opportunities for prevention, supporting the delivery of care and treatment, and helping clinicians use the full range of their skills, we can reduce out-dated bureaucracy and drive research and transformation. Our partners across Sefton already have good working relationships to build on and they will collaborate even more to make the most of digital opportunities for the people of Sefton in the future
- **Estates** – an estates strategy is currently being prepared for Sefton including One Public Estate. Work to reshape care in community settings is already underway – integrated health and social care is an emerging reality. Plans include improvements in primary care, greater access to GPs, more support for people to manage their own care, better illness prevention and more services moving from hospitals into the community

Our primary and community estate will be better utilised and enhanced to deliver these new models of care. The estates strategy is informed by the principles of enabling more care to be delivered outside of hospital by integrated health and social care teams. It is a living strategy, which over time will incorporate our plans for reconfiguring hospital estate and, working with other partners, to make best use of all public estate in Sefton

Additional indicative funding has been made available to Sefton CCGs to support the implementation of the NHS Long Term Plan. These are detailed in Appendix 2

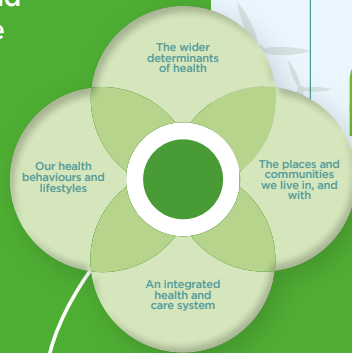
National Health Service England (NHSE) published its Long Term Plan on January 7, 2019. It sets out the plan for the future of the NHS, including ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement



The Four Pillars

These four pillars work together to address population health issues to make sure the health and care system is the best it can be.

They were developed by Public Health England.



1

The wider determinants of health

The NHS wants to look more at the bigger picture, as well as health care. We want to help to tackle big problems like air pollution. We can do this, not only through working with partners like Sefton Council but also by encouraging patients and staff to walk, cycle or use public transport to get to hospitals and GP surgeries, or technology in place of hospital attendance.

We are also looking at our own use of electric vehicles and how we can save energy use as a whole in the future. This will help with fuel emissions and it encourages people to exercise.

2

Our health behaviours and lifestyles

One of our goals is to help you live the healthiest and happiest life possible. This means we encourage and help people to stop smoking, avoid drinking in excess and improve their diet and exercise.

3

The places and communities we live in, and with

We want to make sure people have the best possible health care and to encourage you to have great relationships with friends, neighbours and the rest of your community. Being more sociable can help people to have a more positive outlook on life, reducing mental health issues and encouraging a greater feeling of wellbeing.

4

An integrated health and care system

We understand people often have more than one health care need. This is why it is important that services across health and care work together to ensure your needs are met in the most appropriate way.

Additional Public Health Goals

Adverse childhood experiences (ACEs) – evidence suggests that these have a significant negative impact on the health and wellbeing of the population and so the aim will be to consider how these can be reduced, and also responded to effectively.

Carers – To work alongside the priorities of the Sefton Carers strategy to support joined-up working for individual organisations, develop support for carers across the whole life-course, including young carers and ensuring that carers are involved in all of the planning for all services and proposals for the person they care for.

Transport – We will look at how improvements can be made to ensure sustainable and environmentally sound transport for patients and the public. This includes:

- Working with local transport providers and Sefton Council to identify potential changes to routes to improve access to services
- Working with the VCF sector to encourage more volunteer community drivers

- Working with patient transport services (including North West Ambulance Service (NWAS)) to improve access to services and encourage appropriate use

Education – we are also looking to increase collaboration between the NHS and education. This includes:

- Being school and child ready including the transition to secondary school
- Supporting mental health and wellbeing
- Increasing physical activity
- Ready for employment
- Importance of life skills
- How to provide educational information and materials to help encourage healthy lifestyles at an early age
- What can be provided by healthcare providers to reduce demand

Where there's a will...

As part of our responsibilities it is for us to encourage the people of Sefton to assist themselves and for services to be provided in the right way. The statements below describe what is hoped of all of us on this journey. We have developed the statements below in conjunction with Healthwatch Sefton, based on public surveys of the NHS Long Term Plan.

I will, while also encouraging my friends and family, try to:

- **Ask for help** from health care professionals on how best to look after myself and I will take on board their advice
- **Find time** to take regular exercise
- **Eat** a more balanced and healthy diet
- **Get help** to stop smoking, or not start in the first place
- **Take** my medication as advised by my doctor or other professional
- **Attend** my appointments, or cancel them in advance if they are not needed any more, or I cannot make them
- **Socialise** with more people in my community where possible
- **Use** digital technology to make appointments and seek health and care advice when I need help
- **Make sure** I attend invitations for cancer screening where I am eligible for cervical, breast and bowel cancer screening programmes

In the future I would like to be able to:

- **Access** the right health and treatment when I need it most
- **Easily** get advice on how to lead a healthy life and to access the resources I need
- **Learn** more about staying independent and healthy while getting older
- **See** more support in my local community
- **Choose** the right treatment for me and be offered alternatives if I can't be seen quickly
- **Talk** to an appropriate health professional about my care and be confident that my personal data is secure
- **Use** technology where possible and be offered alternatives where not
- **Have** better access to general practice which can include a GP, other health professional or another person who is best able to meet my needs
- **See** the person who knows the most about my health and treatment even if I wait a bit longer
- **Access** services closer to my home which are focussed on my community

You can find more information about a range of health and care support services at: www.seftondirectory.com

Our Ambitions

1

A healthy balance

Did you know that there is a 12-year difference between the life expectancy in the poorest parts of Sefton compared to the richest parts? Our goal is to reduce that gap through targeted advice, information and support with health care when it is needed, helping you to live longer.

3

Early intervention

If you need help, the sooner we step in the better it is. That's why we are promoting early intervention through our health care system, making sure that any worries that you have are seen to as quickly as possible before they turn into major problems.

4

Prevention

Prevention and intervention go hand in hand. This is why we are encouraging people to stay healthy and active to prevent health and wellbeing problems later on in life.

2

Great expectations

We want to make sure that you are able to live your best life by helping you choose to live longer, healthier. We want to help you increase the amount of years you live free from any major health conditions.

5

Empowering self-care

Helping you to care for yourself is very important to us. Self-care and lifestyle changes; such as not smoking, doing more exercise and eating and drinking healthily can make a big difference to you - from weight loss to managing mental existing conditions.

This also includes helping those people with long term conditions, eg. diabetes, or recovering from cancer to maintain as healthy a life as possible. After all, real change can only come from within.

7

Planning ahead

There are long-term NHS goals that we have to meet to make sure that you are well looked after. These goals include; reducing your waiting times, supporting maternity services, reducing health inequalities and tackling diabetes, improving outcomes from cancer and supporting people with mental health problems at a local and national level.

8

Sustainability

We currently spend more money than we get. We want our health and care system to be financially sound. We have to understand how we can manage our money in a way that meets all of your needs. We also want to be able to maintain the high quality of care available, no matter what happens politically and economically.

Because of this we have to make sure that we are prepared for all circumstances and have the services in place when and where they are most effective.

9

Social value

We want the NHS and other public sectors to be of value to you. We want to create a service that you love and trust, an employer who is fair and loyal and a pillar that the community can depend on. We aim to do this through constant communication and transparency about what we are doing and why.

This includes the five main things which make the NHS an "Anchor Institution":

- Purchasing more locally and for social benefit
- Using buildings and spaces to support communities
- Widening access to quality work
- Working more closely with local partners
- Reducing its environmental impact

10

Working together

We aim to make the most of the resources we have available, both within the NHS and across our partners.

We want to ensure we all focus on "whole system delivery" through working together and being as efficient as possible.

The overall approach is guided by the need to address the health issues within Sefton, which mean that people are not living as long or as healthily as they could.

Butterfly icon
Closer working together



Butterfly icon
Rooted in your community

Information published by Public Health England (PHE) shows that many of the priority areas we are focussing on, such as; obesity, alcohol consumption, smoking and lack of regular exercise have a strong effect on both the length of life and healthy life for the people of Sefton.

We in the NHS are focussing much more on our contribution to health management and the improvement of wellbeing across the population. **This includes making the most of social value and leading on the 5 principles of anchor institutions.**

WHAT MAKES THE NHS AN ANCHOR INSTITUTION?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit.
In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities.
The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners.
The NHS can learn from others, spread good ideas and model civic responsibility.



Widening access to quality work.
The NHS is the UK's biggest employer, with 1.5 million staff.



Reducing its environmental impact.
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



References available at www.health.org.uk/anchorinstitutions
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Our future landscape

There is a national requirement for all health and either care systems or economies to become integrated care systems (ICSs) by April 2021, including setting out "how they see the provider and commissioner landscape developing".

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.

For Sefton this means being part of an ICS incorporating Cheshire & Merseyside; working as a strategic commissioner with NHS Southport and Formby CCG, NHS South Sefton CCG and Sefton Council; and developing Sefton's Provider Alliance (this means all health, care and VCF service providers working together).

Transformed community based care

The "future state" for Sefton includes integrated community-based provision. This includes community and general practice services along with those from our much valued and extensive VCF providers in Sefton, of which there are around 1,200 in the borough.

This will see partners from the NHS, local authority and VCF working together with the aim of providing a seamless service for the people of Sefton.

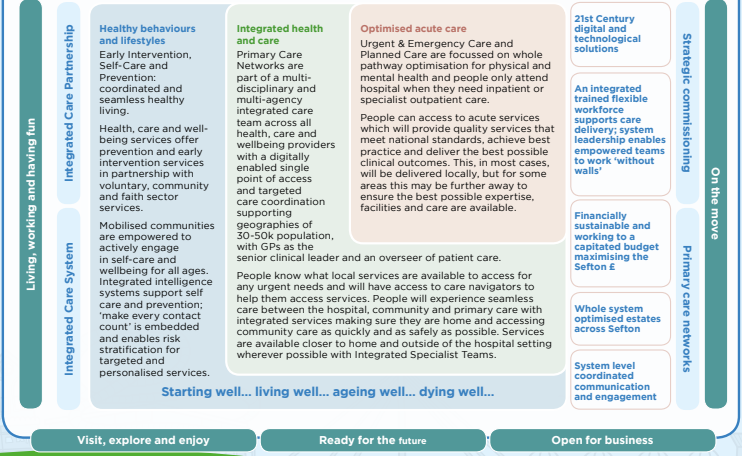


Sefton healthy future

Together a stronger community A borough for everyone A clean, green and beautiful borough

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.



Taking a Clinical Lead

The work we do within both of Sefton's clinical commissioning groups is led by clinicians. They have helped to develop our plan from the beginning; while looking at the needs of the population using their own experience and knowledge alongside detailed facts and findings from the recently refreshed Joint Strategic Needs Assessment (JSNA) for Sefton.

A number of GPs have also been involved in the development of the plan and have had the opportunity to contribute content and ambitions we are hoping to achieve.

Your health and wellbeing is at the top of our priority list; and the people who know about your needs as individuals, and as a population, are helping us to focus on how we can improve your quality and expectations for a healthy life. We will continue to engage with other clinicians in order to ensure all clinical views are considered.

Each of our priority areas of work has involvement from professional clinical staff, colleagues from Sefton Council's Public Health Team, PHE and other organisations. They will continue to be involved in the development of the plan as we move forward from this plan to

implementation. There is further work to be undertaken on the clinical aspects of the priorities we have described and this will be led through the CCGs' Clinical Advisory Group, Governing Bodies and other clinical expertise from across Sefton.

How do we balance the books in Sefton?

We are encouraging health and care partners across Sefton to stop thinking about how we fund things as individual organisations and look at where we all spend money on similar outcomes. This "system approach" to managing the financial position of Sefton is being discussed and will require a different approach to help all parts of the system to become financially stable and sustainable. There is a requirement of the regulators to deliver financial plans and this cannot be done in isolation.

It should also mean we become more efficient and target our spend to where it is most effective and in a timely fashion. This will include considering the benefits of investing in schemes that tackle the root causes of ill health.

As we work towards our new way of collaborative working we must also be aware of the need to not only be as efficient and effective as possible, but also balance the books.

The financial position across the system is currently in deficit and the CCGs have challenges to ensure savings are made to meet their obligations and those of other NHS and local authority organisations to ensure we spend only the money allocated to us.

There is an ongoing approach within the CCGs alongside other work to ensure we get the best value of taxpayers' money for you which is a key aspect of the NHS Long Term Plan. This will include considering out of hospital treatment being more cost effective.

While there are indicative funds (Appendix 2) allocated to the CCGs to support the delivery of NHS Long Term Plan requirements there is a need to contain increased healthcare activity especially in hospitals which supports the plan's aims and reduces the financial pressures on the local NHS. This will also need to take into account the demands of an ageing population with more complex (and expensive) care needs and with limited funding we need to get more from the resources we have.

The CCGs will continue to work with all NHS organisations to ensure our financial obligations are met and this is going to be a challenging position especially for the first two years of the planning period. Many of our partners are in a similar position, NHS, Local Authority, and the VCF sector, so we will make great efforts to ensure we work together

to provide the best possible outcomes in the future with the money available so maximising the Sefton pound.

To assist with this we will be looking at how budgets can be combined (pooled) to maximise their value and over time if a defined budget can be held by the Provider Alliance to increase the flexibility of budgets with providers working together. This will be supported through the integrated commissioning approach of Sefton Council and the Sefton CCGs working in an aligned fashion on areas of mutual benefit and be supported by appropriate governance.

A more collaborative approach

Through the development of the Sefton Health and Care Partnership's approach there is a greater emphasis on working together. If we work and think more as a "system" then there is a reduced need for continual procurement as more providers work collaboratively together.

This does not necessarily mean organisations have to join together but just work more effectively together, think as one and focus more clearly on joined-up outcomes for the public. We must ensure all services provide value for money and all of our providers, existing and new, are able to work collaboratively.



Showing we care in every locality

We are developing integrated care in Sefton to include community service providers, locality based mental health provision, PCNs and the VCF sector. This integrated approach will encourage a greater mental and physical health collaboration as well as making the most of local assets such as community buildings, workforce, volunteers and services and promoting social prescribing; which encourages health professionals, volunteers and other prescribers to guide people towards activities and community services rather than just considering traditional medical treatments.

Different localities may have different integrated approaches depending on the equality and diversity issues as well as their health issues. This approach will be encouraged through the PCNs working with local populations, the Council and local VCF organisations.

In your community

We aim to ensure all our communities will be covered by the integrated community and PCN arrangements, including the provision of more hospital services in the community. In addition localities will have population profiles to identify the specific health issues which require a targeted response, and may differ between localities.

We will also be considering changes to contracts with the VCF sector to give organisations more certainty and longevity and help them to plan and deliver strategically.

Reducing clinical variation across the system

In Sefton there are a few different examples of how people can receive a differing level of service depending on where they live. These can include different waiting times for certain services or differing opening hours of general practice or primary health care services. There are several approaches to addressing clinical variation, including:

- Using of national and regional benchmarking information
- Implementing the outcomes from GIRFT (Get It Right First Time), a national programme for reviewing healthcare services
- Practice variation reviews for prescribing, screening and vaccination rates

The data from these activities will be used by the PCNs to consider how best to address variation between practices. The Local Quality Contract, helps to improve the quality of services in GP practices and as part of that audits are carried out to identify variations between practices.

Reduce growth in demand for care – through better integration and prevention

In Sefton we are working hard as partners within a system to deliver our services in a joined up way. Part of that work is to strengthen and develop how our service providers can work together more closely in the future. Through the development of a "Provider Alliance" there are now regular meetings of the main health and care providers in Sefton. These include senior representatives who are looking to develop more strategic planning to ensure the services are more joined up and we are focused on where we have the chance to make things better.

There are a range of approaches under consideration which will help with reducing demand and achieving financial sustainability. These include:

- Undertaking risk stratification – to identify those most at risk of serious illness or ongoing conditions and provide them with support to reduce the need for medical intervention
- Supporting a range of alternatives to A&E departments including greater use of primary care extended hours; working with community pharmacists to offer urgent care related treatments; and increasing the profile of social prescribers as additional alternatives to accessing traditional healthcare services

- Promoting the revised integrated community and PCN offer to each locality providing universal services and directions to a range of alternatives to urgent care facilities
- Focusing the Provider Alliance on collective actions associated with people with complex lives to reduce the demand on health and care providers

Integration is about improving the outcomes and experiences of individuals who receive support and care, and less so about organisational arrangements. Integrated commissioning is about aligning budgets, whether pooled or not, and increasing investment in services that build independence. Integrated provision is about providers from different sectors, including community services, and VCF colleagues working together to create new ways of delivering services as close to home as possible. (Adapted from LGA, 2019).

Service delivery will be complemented by integrated care, which is joined up, co-ordinated care that is planned and organised around the needs and preferences of the individual, their carer and family. It means that a host of different services, treatments or equipment can be discussed for an individual person's needs and tailored to help them in the best way possible (LGA 2018).

Our Priorities



Having assessed the requirements of the NHS Long Term Plan, alongside other evidence around the health and care needs of the people of Sefton, such as the Joint Strategic Needs Assessment, and the feedback and evidence we have gathered throughout the engagement and development of this plan, we intend to focus on a number of priorities. Many of the priorities outlined below are for the Sefton Health and Care "system" to deliver and will be the subject of further, more detailed development, throughout the lifetime of this plan:

- Child development - ensure all children are ready for school
- Supporting the transition of children and young people to adults
- Parenting and early years - supporting families in the early years of a child's life
- People with learning disabilities - more accessible health, support and advice
- Looked after children - to assist in reducing the number of looked after children and to ensure the health of looked after children is improved
- Immunisation - to signpost and encourage greater uptake

- Improving the uptake of regular exercise
- Substance use including alcohol and prescribed medicines use - encouraging access to appropriate services and reducing the incidence and effects
- Frailty - reducing the incidence of falls and supporting the management of long term conditions such as diabetes and cardiovascular disease
- Social isolation - acknowledging this is a significant issue for older people we will work with the VCF sector to provide support for our residents to reduce the impact
- Supporting older people - through age friendly initiatives with our partners and Sefton Partnership for Older Citizens, we want to enable our older citizens to enjoy Sefton as a place with the freedom to be and do what they value most in good health for as long as possible
- Care homes - working to support the provision of care homes for the benefit of our residents who live in them
- Dementia - supporting patients throughout onset and provide support for patients and their families

- Cancer - this is the biggest killer in Sefton and must be addressed through four key aspects -
 - Prevention through a healthier lifestyle
 - Increasing the numbers of people who participate in cancer screening programmes
 - Ensuring earlier intervention when treatment is required
 - Personalised support for everyone living with cancer
- Mental health (all age) - ensure timely access to mental health services and support reductions in incidence. Support to be offered across all ages with a specific focus on children and young people
- Prevention and early intervention (all age) - increase the vaccination rates and reduce variation across Sefton
- Obesity (all age) - reducing levels across all ages with a specific focus on children and young people e.g. 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
- Dental - work with dental commissioners to consider how access to services for children and adults can be encouraged to increase access and promote healthy oral care
- Help and support - where it is most needed. This includes:
 1. Removing barriers to access e.g. supporting people to look after themselves, assist with fuel poverty, guiding people to use VCF services and other support services
 2. Distributing resources and intervention proportionately to address need so as to achieve more equal outcomes
 3. Recognising the earlier onset of conditions in deprived areas compared to the least deprived areas
- Funding - Increasing the amount of funding for prevention and maximise the use of the VCF sector
- Primary Care Networks - Supporting the development and maturity of PCNs and embedding the locality model with the VCF sector services, so that a 'left shift' in how and where services are provided can take place

We will aim to reduce the number of follow-up appointments and new outpatient appointments at hospital through:

- Appropriate use of technology
- Following best clinical practice to ensure patients are followed up in hospital only when clinically required
- Seeing patients in the community

As well as making better use of hospital based resources it means less travel so helping to reduce air pollution.

The plan also looks to support a number of environmental factors including climate change impacting on health, including:

- Reducing the use of car journeys through less hospital visits
- Encouraging more walking, cycling and use of public transport
- Encouraging NHS vehicles to be carbon neutral
- Support from the VCF sector - including aiding health and wellbeing, encouraging young children's learning, planting more trees within green places in Sefton

These priorities will need to be addressed on a phased basis as some will have an increased profile e.g. mental health, cancer and obesity.

The CCG will look to address health inequalities

(Source: Public Health England - July 2019):

- Ensuring commissioning plans have a specific focus on improving the health of people with the poorest health outcomes fastest
- Identifying and closing the gaps in care which have the most impact on health inequalities
- Ensuring all screening and vaccination programmes are designed to support a narrowing of health inequalities in access, uptake and outcomes, acknowledging there is significant variation in uptake across Sefton
- Ensuring commissioning processes formally assess impact on health inequalities
- Considering the potential of service models to inadvertently increase health inequalities (for example are psychosocial factors likely to impact on accessing services for some groups)
- Undertaking and acting upon Health Equity Impact Assessments

Assessment of plans and services by:

- Using formal mechanisms to proactively identify people who are most likely to benefit from earlier intervention - based on the identification of risk, and early diagnosis
- Targeting resources to support and transform care models and pathways to improve access, experience and outcomes
- Employing targeted use of personal budgets and personalisation, to empower individuals and communities including those in positions of disadvantage
- Supporting healthy workforce initiatives across the partnership
- Funding to support low-cost exercise inclusion activities and other methods to increase the amount of physical exercise
- Ensuring representation of our diverse patient population now and into the future
- Removing significant barriers to employment and financial independence through our local support programmes, including for those with mental health issues or learning disabilities

- Supporting community-centred or independent sector enterprise, to take on and maintain green or open spaces, and harness for community use including activity initiatives and events
- Working across public sector workforce as exemplars to improve physical activity
- Identifying high hospital emergency admissions in priority wards with high deprivation scores and also outliers for excess admissions
- Addressing unwarranted variation in covering primary care, and community-based issues in effective connection to services
- Setting targets to bring emergency admission rates in outlying 'priority' wards down to the average for those with similar deprivation scores, within two years
- Embedding "social value" (see p33) across the commissioning process



Primary Care Networks

PCNs will play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities. They will assess localised populations who are at risk of unwarranted health outcomes and, working with local community services, make support available to those who need it most.

This includes making the social prescribing of community services and other activities more widely available and accessible. In line with the latest guidance from NHS England and Improvement, we will ensure these networks are supported by the CCGs by enabling advice and support in all areas of business including medicines management, finance, business intelligence, governance and communications and engagement.

The four characteristics of our Primary Care Networks (PCNs) 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

There are already seven PCNs across our eight long established GP practice locality footprints, which cover a population of around 30-50,000 people.

The organisations across the partnership realise the importance of working towards a common purpose. How we do that together is fundamental to the success of implementing this plan. A charter has been developed which signifies the collective approach.

Population Health Management is an approach which aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across the whole population.

The driver for our ambitions and priorities from the NHS Long Term Plan can be seen at Appendix 3.

Other actions to be considered by PCNs include:

- Recognising the impact of people's understanding of the health system, their thoughts and behaviours on the demand, need and uptake of primary care services
- Systematically targeting and adapting services to the needs of people most likely to experience health inequalities
- Improving access to digital networks and patient records, particularly remotely in ambulances and while out in the community
- Working closely and systematically with other front-line delivery partners to co-ordinate person and family-based approaches to addressing complex needs
- Embedding community-centred approaches in their work with communities as part of developing social prescribing systems
- Ensuring community services for all ages are sustainable and continue to provide the right care at the right time, in the right environment in order to increase people's ability to remain in the community
- Using community-centred approaches to improve health and wellbeing, building social capital to help communities to reduce inequalities
- Increasing Annual Health Checks and screening to improve the physical health and wellbeing of people with a Learning Disability or Autism and increase their opportunities to live well for longer
- Delivering more care through re-designed community-based and home-based services, in partnership with social care and the VCF sector
- Introducing an emergency response car, staffed with a paramedic and a therapist linked to ICRAS, with a prescribing function, to reduce reliance on urgent input from General Practice
- Utilising staff across frontline services to actively make every contact count in identifying physical inactivity and overweight in users, and link in to social prescribing resources
- Developing multidisciplinary integrated teams of professionals with GPs becoming clinical and team leaders, so people with multiple and complex conditions are seen by the right person, first time and without delay

Health care service providers will consider the following to support delivery of the NHS Long Term Plan and population health management:

- Targeting services to the needs of individuals, families and communities most likely to experience health inequalities (including through utilising available data, for example demographic, equality and diversity or wider determinants data)
- Using evidence-based risk stratification tools to offer different levels of wellbeing support depending on individuals' health literacy as part of targeted self-care
- Implementing structures that engage community members, especially the most marginalised groups, in decision-making about service needs, priorities and appropriate delivery methods with demonstrable resulting changes
- Implementing an enhanced and targeted continuity of carer models, in particular, to help improve outcomes for the most vulnerable mothers and babies
- Improving liaison between health and care providers to increase the co-ordination of care to assist schools for children with complex needs

- Ensuring by 2023 and 2024, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- Using their role as an anchor institution to improve health outcomes through co-ordinated action on the wider determinants of health, including air pollution and employment. For example, through 'green' transport provision and targeted recruitment of people from deprived communities and offer apprenticeships
- Using community-centred approaches to improving health and wellbeing
- Continuing to create healthy NHS premises
- Ensuring as much of the healthcare spend is retained locally e.g. through procurement supply chains
- Supporting healthy workforce initiatives
- Utilising staff across frontline services to actively make every contact count in identifying physical inactivity and overweight in users, and link in to social prescribing resources

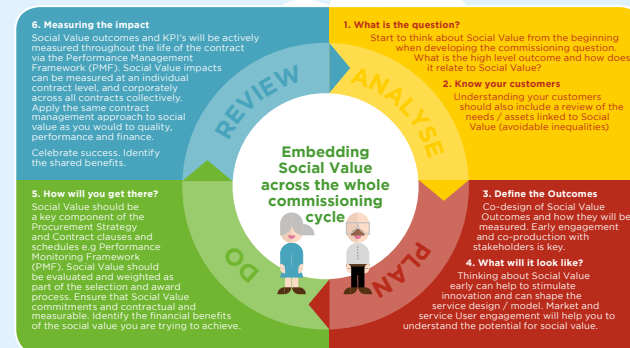
Social Value

We will develop an approach based on generating more social value which better understands and enables you and the wider community. We want our partners and everyone in the borough to see that investing in health, like in education, is indeed an *investment* rather than a cost. By having healthier, happier communities we will also create a wealthier and more prosperous borough - such as creating employment opportunities for local people.

Health, care and wellbeing partners across Sefton can help create social value when they engage with and involve their local communities. We will enable people to be better connected with their local services and resources.

As part of this work we, and our partners, have signed up to the Cheshire and Merseyside Health Care Partnership Social Value Charter.

The model below illustrates how the benefits of social value can be built into the local system of commissioning (or buying) services for the people of Sefton.



Embedding Social Value across the whole commissioning cycle

This model is based on the principles of good commissioning identified within the LGA Integrated Commissioning for Better Outcomes Framework 1, which is a practical tool for council and NHS commissioners to support improving outcomes through integrated commissioning.

Conclusion

The plan has been developed with significant contributions from many people who are enthusiastic to make a positive contribution to the health and wellbeing of people in Sefton. This is a partnership commitment towards improving health care and make a contribution to the wider health determinants and will take a number of years to fully take effect.

Joint implementation will need to be phased over the lifetime of the plan with ongoing engagement taking into account the annual priorities based on available evidence and best practice.



APPENDIX 1 –Engagement

In developing our plan we have gathered views and contributions from a wide range of partners and public including:

- | | | |
|---|--|---|
| Aintree University Hospital NHS Foundation Trust | North West Boroughs NHS Foundation Trust | Committee – Children's Sefton Provider Alliance |
| Alder Hey Children's NHS Foundation Trust | Older Persons Forum Ainsdale | Sefton Public Health Team |
| CCGs' Patient Engagement Group (EPEG) | Older Persons Forum Bootle | NHS Southport and Formby CCG Big Chat |
| Cheshire and Wirral Partnership NHS Foundation Trust | Older Persons Forum Crosby | NHS Southport and Formby CCG Wider Group of GP practices |
| Health & Care Forum | Older Persons Forum Formby | NHS South Sefton CCG Big Chat |
| Healthwatch Sefton | Older Persons Forum Maghull | Wider Group of GP practices |
| Health & Wellbeing Board | Older Persons Forum Southport | NHS South Sefton CCG Big Chat |
| Lancashire and South Cumbria NHS Foundation Trust | Partnership Stakeholder events in April, July and October | NHS South Sefton CCG Wider Group of GP practices |
| Liverpool Women's NHS Foundation Trust | Sefton Association of Primary Headteachers | South Sefton Primary Healthcare Ltd |
| Mersey Care NHS Foundation Trust | Sefton Association of Secondary Headteachers | |
| NHS Southport and Formby CCG Governing Body, QIPP Committee and Clinical Advisory Group | Sefton Council's Consultation and Engagement Panel | |
| NHS South Sefton CCG Governing Body, QIPP Committee and Clinical Advisory Group | Sefton Council for Voluntary Services | |
| NHS West Lancashire CCG | Sefton Health and Social Care Forum | |
| North West Ambulance Service | Sefton Metropolitan Borough Council | |
| | Sefton Overview and Scrutiny Committee – Adults | |
| | Sefton Overview and Scrutiny | |

APPENDIX 2

This section outline the indicative financial allocations made to both Sefton CCGs based on "Fair Share" funding for some of the priorities in the Sefton2gether Plan.

NHS Long Term Plan

Table 1 - Additional indicative Funding allocations

| England Total | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|---|----------------|----------------|----------------|----------------|----------------|
| Total | £m | £m | £m | £m | £m |
| Of which: | | | | | |
| 1. Mental Health | 60 | 65 | 220 | 441 | 592 |
| 2. Primary Medical and Community Services | 321 | 335 | 359 | 369 | 364 |
| (a) Primary Care | 0 | 30 | 70 | 204 | 343 |
| (b) Ageing Well | 118 | 89 | 71 | 68 | 68 |
| 3. Cancer | 39 | 41 | 94 | 137 | 412 |
| 4. Other | | | | | |
| Sefton Total | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| 0.57% | £m | £m | £m | £m | £m |
| Total | 3,078 | 3,204 | 4,657 | 6,973 | 10,177 |
| Of which: | | | | | |
| 1. Mental Health | 0.343 | 0.372 | 1,259 | 2,523 | 3,387 |
| 2. Primary Medical and Community Services | 1,836 | 1,916 | 2,054 | 2,111 | 2,082 |
| (a) Primary Care | 0.000 | 0.172 | 0.400 | 1.167 | 1.962 |
| (b) Ageing Well | 0.675 | 0.309 | 0.406 | 0.389 | 0.389 |
| 3. Cancer | 0.223 | 0.235 | 0.538 | 0.784 | 2.357 |
| 4. Other | | | | | |
| South Sefton CCG | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| 0.33% | £m | £m | £m | £m | £m |
| Total | 1,753 | 1,825 | 2,652 | 3,972 | 5,797 |
| Of which: | | | | | |
| 1. Mental Health | 0.196 | 0.212 | 0.717 | 1.437 | 1,929 |
| 2. Primary Medical and Community Services | 1,046 | 1,092 | 1,170 | 1,202 | 1,186 |
| (a) Primary Care | 0.000 | 0.098 | 0.228 | 0.665 | 1,118 |
| (b) Ageing Well | 0.384 | 0.290 | 0.231 | 0.222 | 0.222 |
| 3. Cancer | 0.127 | 0.134 | 0.306 | 0.446 | 1,342 |
| 4. Other | | | | | |
| Southport & Formby CCG | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| 0.25% | £m | £m | £m | £m | £m |
| Total | 1,325 | 1,379 | 2,004 | 3,001 | 4,380 |
| Of which: | | | | | |
| 1. Mental Health | 0.148 | 0.160 | 0.542 | 1,086 | 1,458 |
| 2. Primary Medical and Community Services | 0.790 | 0.825 | 0.884 | 0.909 | 0.896 |
| (a) Primary Care | 0.000 | 0.074 | 0.172 | 0.502 | 0.845 |
| (b) Ageing Well | 0.231 | 0.219 | 0.175 | 0.167 | 0.167 |
| 3. Cancer | 0.096 | 0.101 | 0.231 | 0.337 | 1,014 |
| 4. Other | | | | | |

Table 2 - Commitments to be delivered through system funding allocations

| Category | Description |
|-----------------------------|--|
| Mental Health | The expansion of community mental health services for Children and Young People aged 0-25; funding for new models of integrated primary and community care for people with SM from 2021/22 onwards; and specific elements of developments of the mental health crisis pathways. See 2.27. |
| Primary Care | This funding includes the continuation of funding already available non-recurrently to support Extended Access and GP Forward View funding streams, (eg practice resilience programme), and associated commitments must be met. Additional funding is also included to support the development of Primary Care Networks. |
| Ageing Well | Deployment of home based and bed based elements of the urgent Community Response model, Community Teams, and enhanced health in Care Homes. |
| Cancer | Rapid Diagnostic Centres funding in 2020/21 only, Cancer Alliance funding to support screening uptake delivery of the Faecal Diagnostic Standard and timed pathways, implementation of personalised care interventions, including personalised follow up pathways and Cancer Alliance core teams. |
| CVD, Stroke and Respiratory | Increased prescribing of statins, warfarin and antihypertensive drugs; Increased rates of cardiac, stroke and pulmonary rehabilitation services; Increased thrombolysis rates, and early detection of heart failure and valve disease. |
| CVF & Maternity | Local Maternity Systems Funding: Saving Babies Lives Care Bundle funding from 2021/22, postnatal physio funding from 2023/24, funding for integrated CVF services from 2023/24. |
| AD Action | Funding for rollout of community services for adults and children and carers from 2023/24. |
| Prevention | Tobacco addiction - inpatient, outpatient/day case and Smoke Free emergency smoking cessation interventions. |

NHS Long Term Plan

Table 3 - Targeted Funding available to systems

| England Total | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|---|----------------|----------------|----------------|----------------|----------------|
| Total | £m | £m | £m | £m | £m |
| Of which: | | | | | |
| 1. Mental Health | 182 | 251 | 190 | 234 | 292 |
| 2. Primary Medical and Community Services | 100 | 208 | 303 | 381 | 475 |
| (a) Primary Care | 6 | 40 | 40 | 24 | 24 |
| (b) Ageing Well | 46 | 121 | 198 | 186 | 398 |
| 3. Cancer | 26 | 238 | 198 | 192 | 179 |
| 4. Technology | 58 | 82 | 172 | 231 | 114 |
| 5. Other | | | | | |
| Sefton Total | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| 0.57% | £m | £m | £m | £m | £m |
| Total | 2,391 | 5,372 | 6,298 | 7,145 | 8,472 |
| Of which: | | | | | |
| 1. Mental Health | 1,041 | 1,436 | 1,087 | 1,339 | 1,670 |
| 2. Primary Medical and Community Services | 0.572 | 1,190 | 1,733 | 2,180 | 2,717 |
| (a) Primary Care | 0.034 | 0.229 | 0.229 | 0.137 | 0.137 |
| (b) Ageing Well | 0.263 | 0.692 | 1,133 | 1,064 | 2,277 |
| 3. Cancer | 0.149 | 1,362 | 1,138 | 1,098 | 1,024 |
| 4. Technology | 0.332 | 0.469 | 0.984 | 1,321 | 0,652 |
| 5. Other | | | | | |
| South Sefton CCG | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| 0.33% | £m | £m | £m | £m | £m |
| Total | 1,362 | 3,060 | 3,588 | 4,070 | 4,826 |
| Of which: | | | | | |
| 1. Mental Health | 0.593 | 0.818 | 0.619 | 0.762 | 0.951 |
| 2. Primary Medical and Community Services | 0.326 | 0.678 | 0.987 | 1,241 | 1,548 |
| (a) Primary Care | 0.020 | 0.130 | 0.130 | 0.078 | 0.078 |
| (b) Ageing Well | 0.150 | 0.394 | 0.645 | 0.606 | 1,297 |
| 3. Cancer | 0.085 | 0.776 | 0.648 | 0.626 | 0,583 |
| 4. Technology | 0.189 | 0.267 | 0.560 | 0.753 | 0,371 |
| 5. Other | | | | | |
| Southport & Formby CCG | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| 0.25% | £m | £m | £m | £m | £m |
| Total | 1,029 | 2,312 | 2,711 | 3,075 | 3,646 |
| Of which: | | | | | |
| 1. Mental Health | 0.448 | 0.618 | 0.468 | 0.576 | 0.719 |
| 2. Primary Medical and Community Services | 0.246 | 0.512 | 0.746 | 0.938 | 1,170 |
| (a) Primary Care | 0.015 | 0.098 | 0.098 | 0.059 | 0,059 |
| (b) Ageing Well | 0.115 | 0.238 | 0.488 | 0.458 | 0,390 |
| 3. Cancer | 0.064 | 0.586 | 0.490 | 0.473 | 0.441 |
| 4. Technology | 0.143 | 0.202 | 0.423 | 0.569 | 0,281 |
| 5. Other | | | | | |

Table 4 - Commitments to be delivered through targeted funding allocations

| Category | Description |
|--|--|
| Mental Health | Includes: Funding for continuation of previous waves such as mental health liaison or individual placement support funding pilots as part of the clinical review of standards, and other pilots such as rough sleeping. Funding to be distributed in phases in consultation with regional bodies including funding for testing new models of integrated primary and community care for adults and older adults with severe mental illness, community based integrated care, rolling out mental health teams to schools and early support for MHT pathways. See 2.28. |
| Primary Care | Digital First Primary Care support funding, the Investment and Impact Fund, and Estates and Technology Transformation Programme. |
| Ageing Well | Targeted funding to accelerate STPs to rollout the Ageing Well models. |
| Cancer | Development and roll out of innovative models of early identification of cancer (starting with lung health checks); funding for the development of Rapid Diagnostic Centres from 2020/21 onwards; support for further innovations to support early diagnosis. |
| Technology | Revenue funding for Provider Digitalisation and Local Health and Care Records. |
| Cardiovascular Disease, Stroke and Respiratory | Pilots for improving access to cardiac, stroke and pulmonary rehabilitation services and early detection of heart failure and valve disease. |
| Maternity and Neonates | Continuity of care for BME and disadvantaged women from 2021/22; funding to support the UNICEF Baby Friendly Initiative; funding to support the expansion and improvement of neonatal critical care services from 2021/22; funding from 2020/21 for Family Integrated Care; funding to support the rollout of postnatal physiotherapy and multi-disciplinary pelvic health clinics from 2021/22 to 2023/24. |
| Diabetes | Funding to pilot the use of low calorie diets from 2020/21 until 2022/23; funding to support delivery of recommended treatment targets; funding for multi-disciplinary footcare teams and diabetes implant specialist nurses (see 4.3). |
| Learning Disabilities and Autism | Funding to pilot and develop community services for adults and children and carers from 2020/21 to 2022/23; piloting of models to expand Stopping Treatment and Appropriate Medication in Halliways (STAMP-STAMP) programmes from 2020/21 to 2022/24; testing the model for orthopaedics, hearing and dental services to children and young people in residential schools from 2021/22; funding to reduce the backlog of the Learning Disabilities Mortality Review Programme (LaDR). |
| Personalised Care | Targeted transformation funding to deliver the NHS Comprehensive Model for Personalised Care from 2020/20-2024/25. |
| Prevention | Smoker Care Teams from 2020/21 to 2023/24; Tobacco addiction services early implementer sites from 2020/21; targeted support for weight management service improvements from 2020/21. |

APPENDIX 3

Evidence Base - This is drawn from the documents and engagement used to develop the priorities outlined in the Sefton2gether Plan

| Stages | Priorities | Reasoning |
|----------------------------|---|---|
| Starting and Learning Well | Child Development | The percentage of pupils attaining a good level of development is below the England rate, but the Sefton rate is above the England rate for pupils known to be eligible for free school meals. The difference between the two is 13%. The percentage of pupils attaining Level 4 or above and the expected standard in reading, writing and maths in Sefton are above the English rate. However the percentage of pupils attaining Level 4 or above in reading, writing and maths is below the England rate for those pupils known to be eligible for free school meals. The same pupils are above the English rate for meeting the expected standard. The percentage of pupils known to be eligible for free school meals attaining Level A*-C in English and Maths GCSE is well below the English rate and is widening. |
| | Mental Health | The number of hospital admissions for mental health conditions (crude rate per 100,000 0-17 Year Olds) in Sefton is above the England rate although the gap is less wide now than in 2014/15 or 2015/16. The number of hospital admissions as a result of self-harm aged 10-24 (directly standardised rate per 100,000 10-24 year olds) has increased each year from 2013/14 to 2016/17 from below the England rate to well above. |
| | Parenting & Early Years | Smoking at time of delivery (rate per 100 maternities) was above the England rate in Sefton. The percentage of mothers who give their baby breast milk in the first 48 hours after delivery is also significantly lower in Sefton. The rate is also lower after 6-8 weeks. Despite year on year variation, Sefton's percentage of low birth weight babies tends to remain around 7%. Sefton's overall rate for 2016 is 6.6%, lower than the England average (7.3%). |
| | Prevention and early intervention | The percentage of children with excess weight in reception is above the England rate. The percentage of children with excess weight in Year 6 is similar to England. |
| | Looked after children | The children looked after rate per 10,000 is 85.0 in Sefton compared to 61.7 across England. The percentage of children looked after who had a missing incident during the year (April to March) has increased since 2015 and is above the England rate. The percentage of children in care with up to date immunisations is in line with the England average after having been below in 2015 and 2016. |
| Living and Working Well | Prevention and early intervention for long term conditions e.g. heart disease, diabetes | The percentage of adults classified as active and those classified as inactive is similar to the England rate. Sports club membership is also similar. Sefton leisure centres have seen an increase in attendance. For long term conditions Sefton is above the England rate for AF, CHD, HF, Hypertension, PAD, Stroke, Diabetes, CKD and Dementia. The percentage of the eligible population aged 40 - 74 receiving a NHS Health Check is much lower in Sefton than England. |
| | Obesity | There is little difference in the percentage of adults classified as overweight or obese in Sefton compared to England. However in Sefton the percentage of adults classified as Overweight or Obese has fallen by almost seven points between 2015/16 and 2016/17. Obesity rates in both age groups were higher for Sefton's most deprived communities than for Sefton as a whole. |
| | Smoking | The smoking prevalence in adults (% weighted number of self-reported smokers aged 18+ by total number of respondents with a valid smoking status aged 18 in APS) is lower in Sefton than England. However the number of smoking related deaths is slightly higher. |



| Stages | Priorities | Reasoning |
|-------------------------|------------------|---|
| Living and Working Well | Alcohol | The number of hospital admissions for alcohol-related conditions (directly standardised rate per 100,000) is above the English rate for Sefton. Furthermore the percentage of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months has fallen from above the England rate in 2015 to below in 2016. There is also many more hospital admissions for mental and behavioural disorders due to alcohol and alcohol related mortality in Sefton. The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males. |
| | Mental Health | The percentage of people with low life satisfaction score (self-reported wellbeing) is higher in Sefton. The percentage of self-reported wellbeing - people with a high anxiety score was about in line with England in 2016/17 having been above since 2012/13. The suicide rate in Sefton is above the England rate. In most mental health prevalence indicators Sefton is above the England rate. The employment rate for working age people receiving secondary mental health services is below the England rate. |
| | Cancer | Under 75 mortality from cancer (directly standardised rate per 100,000 0-74) is higher in Sefton than England. |
| | Substance Misuse | The percentage of Opiate drug users that left drug treatment successfully and did not re-present to treatment within 6 months is lower in Sefton than England overall. For non-opiate drug users the number was similar to the England rate; however the Sefton rate has fallen from 63.4% in 2012 to 35.2% in 2016, which the England rate has remained stable around 37%. The rate of deaths from Drugs misuse is above the England average in Sefton. |
| Ageing and Dying Well | Obesity | There is little difference in the percentage of adults classified as overweight or obese in Sefton compared to England. However in Sefton the percentage of adults classified as Overweight or Obese has fallen by almost seven points between 2015/16 and 2016/17. Obesity rates in both age groups were higher for Sefton's most deprived communities than for Sefton as a whole. |
| | Smoking | The smoking prevalence in adults (% weighted number of self-reported smokers aged 18+ by total number of respondents with a valid smoking status aged 18 in APS) is lower in Sefton than England. However the number of smoking related deaths is slightly higher. |
| | Alcohol | The number of hospital admissions for alcohol-related conditions (directly standardised rate per 100,000) is above the English rate for Sefton. Furthermore the percentage of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months has fallen from above the England rate in 2015 to below in 2016. There is also many more hospital admissions for mental and behavioural disorders due to alcohol and alcohol related mortality in Sefton. The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males. |

| Stages | Priorities | Reasoning |
|-----------------------|----------------------|---|
| Ageing and Dying Well | Long Term Conditions | The percentage of adults classified as active and those classified as inactive is similar to the England rate. Sports club membership is also similar. Sefton leisure centres have seen an increase in attendance. For long term conditions Sefton is above the England rate for AF, CHD, HF, Hypertension, PAD, Stroke, Diabetes, CKD and Dementia. The percentage of the eligible population aged 40 - 74 receiving a NHS Health Check is much lower in Sefton than England. |
| | Mental Health | The percentage of people with low life satisfaction score (self-reported wellbeing) is higher in Sefton. The percentage of self-reported wellbeing - people with a high anxiety score was about in line with England in 2016/17 having been above since 2012/13. The suicide rate in Sefton is above the England rate. In most mental health prevalence indicators Sefton is above the England rate. The employment rate for working age people receiving secondary mental health services is below the English rate. |
| | Social isolation | Permanent admission to residential and nursing care homes for adults aged 65 and over (rate per 100,000 population) is 250 points above in Sefton than England. The percentage of adult social care users who have "as much social contact as they would like" according to the Adult Social Care Client Survey shows the Sefton rate has been consistently above the England rate. |
| | Dementia | The percentage with dementia recorded prevalence aged 65+ (of those on practice register) has been above the England rate from September 2015 to September 2017. There is no significant difference between Sefton and England rates for emergency hospital admission for dementia in those Aged 65+. Inpatient admissions for Alzheimer's Disease and vascular dementia Aged 65+ (directly standardised rate per 100,000) is above the England rate. |
| | Frailty | The number of emergency hospital admissions due to falls and the number of hip fractures in people Aged 65 and over is higher in Sefton than England. As recently as 2013/14 the rate was below the England average. |
| | Dying Well | The ratio of excess winter deaths is higher in Sefton than England. |



| Ambitions | Long Term Plan |
|---|--|
| Make a full contribution to Sefton's Health & Wellbeing Strategy e.g. wider determinants like air pollution | "reduced respiratory hospitalisations from lower air pollution." "Air pollution and lack of exercise are also significant." "Specifically, we will cut business mileages and fleet air pollutant emissions by 20% by 2023/24." "In 2017, 3.5% (9.5 billion miles) of all road travel in England was related to patients, visitors, staff and suppliers to the NHS. At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2026, and primary heating from coal and oil fuel in NHS sites will be fully phased out. Redesigned care and greater use of 'virtual' appointments as set out in Chapter One will also reduce the need for patient and staff travel." "The NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups. These organisations are often leading innovators in their field. Many provide a range of essential health, care and wellbeing services to groups that mainstream services struggle to reach. Of 100,000 social enterprises in the UK, 31% work in the 20% most deprived communities ⁵⁸ , creating jobs and filling gaps in support as well as addressing wider determinants of health and wellbeing such as debt and housing." |
| Reduce health inequalities | "The burden of obesity isn't experienced equally across society. The NHS will therefore provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs." "Expanding the Diabetes Prevention Programme is a key vehicle for tackling health inequalities, with a significantly higher take up from BAME groups than the general population." "Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services." "NHS England will continue to target a higher share of funding towards geographies with high health inequalities" "To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long Term Plan" "While we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do." "Over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population" |
| Increase healthy life expectancy | "People are now living far longer, but extra years of life are not always spent in good health... They are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia, so that on average older men now spend 2.4 years and women spend three years with 'substantial' care needs." "Every 24 hours, the NHS comes into contact with over a million people at moments in their lives that bring home the personal impact of ill health. This Long Term Plan sets out practical action to do more to use these contacts as positive opportunities to help people improve their health. This will contribute to the government's ambition of five years of extra healthy life expectancy by 2035." |
| Embed early intervention | "Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023. These school and college-based services will be supervised by NHS children and young people mental health staff and will provide specific extra capacity for early intervention and ongoing help." "The Five Year Forward View for Mental Health also set new waiting time standards covering the NHS' IAPT services, early intervention in psychosis and children and young people's eating disorders. All of these standards are being achieved or on track for delivery in 2020/21." |

| Ambitions | Long Term Plan |
|--|--|
| NHS majoring on the prevention agenda | <p>"Falls prevention schemes, including exercise classes and strength and balance training, can significantly reduce the likelihood of falls and are cost effective in reducing admissions to hospital"</p> <p>"As part of wider move to what The King's Fund has called 'shared responsibility for health', over the next five years the NHS will ramp up support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems."</p> <p>"Improving upstream prevention of avoidable illness and its exacerbations. So for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions."</p> <p>"This Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. It does so while recognising that a comprehensive approach to preventing ill-health also depends on action that only individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hardwired into social and economic policy."</p> <p>"The role of the NHS includes secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life."</p> <p>"The creation of a national CVD prevention audit for primary care will also support continuous clinical improvement."</p> <p>"We will design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients."</p> <p>"We will work on falls and fracture prevention, where we know that a 50% improvement in the delivery of evidence-based care could deliver £100 million in savings."</p> |
| Supporting self – care | <p>"Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care."</p> <p>"From 2019, NHS 111 will start direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management."</p> <p>"Improving upstream prevention of avoidable illness and its exacerbations. So for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions."</p> <p>"We will support people who are newly diagnosed to manage their own health by further expanding provision of structured education and digital self-management support tools, including expanding access to H&P Diabetes an online self-management tool for those with type 2 diabetes."</p> <p>"New models of providing rehabilitation to those with mild COPD, including digital tools, will be offered to provide support to a wider group of patients with rehabilitation and self-management support."</p> <p>"We will also expand access to support such as the online version of ESCAPE-pain (Enabling Self-management and Coping with Arthritic Pain through Exercise), a digital version of the well-established, face-to-face group programme"</p> |
| Meeting quality standards (in health and care) | <p>National requirement in acute, mental health, community and general practice, care homes, social care and in specific areas e.g. learning disabilities will continue to improve care for those with Learning Disabilities by learning from lived experience as well as from Learning Disability Mortality Reviews (LeDeR). These reviews will always be undertaken within six months of the notification of death and all reviews will be analysed to address the themes identified with recommendations being reported through a local LeDeR report.</p> |
| Meet NHS Long Term Plan (LTP) requirements | <p>These are referenced throughout the document</p> |



| Ambitions | Long Term Plan |
|---|--|
| A sustainable health and care system | <p>"Our aim is to ensure a sustainable overall balance between supply and demand across all staff groups. For doctors, we will focus on reducing geographical and speciality imbalances. For the wider workforce, we aim to ensure sufficient supply of nurses and to address specific shortages for ANPs and other key groups."</p> <p>"Putting the NHS back onto a sustainable financial path is a key priority in the Long Term Plan and is essential to allowing the NHS to deliver the service improvements in this Plan. This means:</p> <ul style="list-style-type: none"> • the NHS (including providers) will return to financial balance; • the NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care; • the NHS will reduce the growth in demand for care through better integration and prevention; • the NHS will reduce variation across the health system, improving providers' financial and operational performance; • the NHS will make better use of capital investment and its existing assets to drive transformation." <p>"We will also create a new Financial Recovery Fund (FRF) to support systems' and organisations' efforts to make all NHS services sustainable."</p> <p>"The NHS is leading by example in sustainable development and reducing use of natural resource in line with government commitments."</p> |
| Maximise social value (e.g. NHS as anchor institutions) | <p>"As an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities. Some NHS organisations are the largest local employer or procurer of services. For example, nearly one in five people employed in Blackpool work for the NHS and the Gross Value Added (GVA) from health spending is significantly higher than in areas in the south (over 17% vs 4% in London). Sandwell and West Birmingham Hospitals NHS Trust has committed to deploying 2% of its future annual budget with local suppliers, estimating it will add £5-8 million to the local economy. Leeds Teaching Hospitals NHS Trust is supporting the city's inclusive growth strategy by targeting its employability and schools outreach offer at neighbourhoods in the most deprived 1% nationally and is increasing its apprenticeship programmes by 51% year-on-year. In partnership with the Health Foundation, we will work with sites across the country to identify more of this good practice that can be adopted across England."</p> |



Sefton2gether Shaping Sefton II

Sefton's response to the NHS long term plan

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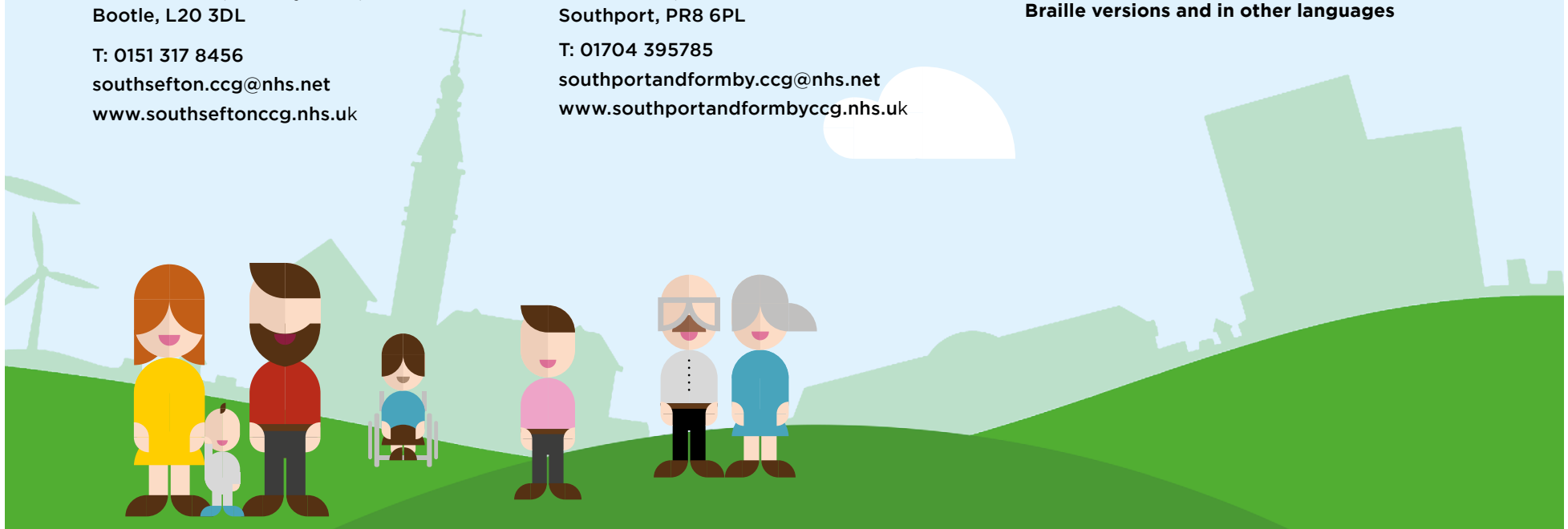
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MEETING OF THE GOVERNING BODY November 2019

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|--|---|---------|--------------------------|---------|--------------------------|--------|-------------------------------------|
| Agenda Item: 19/139 | Author of the Paper: Tracy Jeffes Director of Place Tracy.jeffes@southseftonccg.nhs.uk 0151 317 8462 | | | | | | |
| Report date: November 2019 | | | | | | | |
| Title: Better Care Fund Planning | | | | | | | |
| Summary/Key Issues: The Governing body, as its September meeting, delegated approval to the CCG Chair and Chief Officer to approve the 2019/20 Better Care Fund (BCF) Planning submission. This report provides the Governing Body with an overview of the submission. | | | | | | | |
| Recommendation The Governing Body is asked to ratify the BCF submission. | <table border="1"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input checked="" type="checkbox"/></td> </tr> </table> | Receive | <input type="checkbox"/> | Approve | <input type="checkbox"/> | Ratify | <input checked="" type="checkbox"/> |
| Receive | <input type="checkbox"/> | | | | | | |
| Approve | <input type="checkbox"/> | | | | | | |
| Ratify | <input checked="" type="checkbox"/> | | | | | | |

Links to Corporate Objectives 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 | | | HWBB and Chair sign off |
| Equality Impact Assessment | | | x | |
| Legal Advice Sought | | | x | |
| Quality Impact Assessment | | | x | |
| Resource Implications Considered | x | | | |
| Locality Engagement | | | x | |
| Presented to other Committees | x | | | CCG Leadership Team, Sefton HWBB, Sefton HWBB Executive. BCF Working group, Integrated Commissioning Group |

Report to the Governing Body November 2019

1. Executive Summary

The Governing body, as its September meeting, delegated approval to the CCG Chair and Chief Officer to approve the 2019/20 Better Care Fund (BCF) Planning submission.

The plans were submitted to NHS England on 27th September 2019, following local approvals, including that of the CCG Chair and Chief Officer and the Chair of the Sefton Health and Wellbeing Board. This report provides the Governing Body with an overview of the submission for ratification.

2. Introduction and Background

The Better Care Fund (BCF) has been in place in Sefton since 2014, with a number of “ refreshes ” or resubmissions, in response to changing national guidance and local arrangements, since then. The BCF is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme’s national requirements. The pooled budget is made up of CCG funding as well as local government grants, of which one is the Improved Better Care Fund (iBCF).

The BCF is part of our wider integration agenda which facilitates closer working between both Sefton Council and both CCGs in Sefton in relation to the use of the fund to jointly commissioning health and care services, with the aim of shifting resources into social care and community services for the benefit of the people, communities and the local health and care system. We have seen some notable successes in relation to key work streams within the BCF, such as the development and implementation of our ICRAS (Intermediate Care and Reablement Service) model, however we collectively recognise there is more that can be achieved and we have an ambition to do so.

3. Overview of the BCF submission 19/20

In response to the latest BCF guidance, updated plans were submitted to NHSE on 27th September 2019.

3.1 Key themes within the plan

The key themes within the plan are similar to previous years and cover:

- Early Intervention and Prevention
- Early Years
- Integrated Community Care
- Intermediate Care and Reablement
- Long Term Care
- Winter Planning
- iBCF schemes

Examples of schemes within these wider themes are:

| | |
|---|--|
| Falls Prevention | Step up step down bed base |
| Early Years, including mental health | Rapid responses, intermediate Care services |
| Disabilities Fund Grant Adaptations | Further integration of community equipment |
| Extra Care Housing scheme development | Advocacy services |
| Integrated workforce and supporting new models of delivery. | Care Act Implementation |
| Carers breaks | Supporting market stabilisation in Domiciliary Care, Care Homes, and LD Supported living |

3.2 Resources within the Plan

The total BCF plan equates to £48.7 Million across Sefton as described in the highlight table below both in terms of income and planned expenditure to meet the national requirements.

Income to meet BCF requirements

| Funding Sources | BCF income £ |
|-----------------------------|-------------------------|
| DFG | £4,250,963 |
| Minimum CCG Contribution | £22,734,655 |
| iBCF | £13,738,635 |
| Winter Pressures Grant | £1,524,885 |
| Additional LA Contribution | £4,756,944 |
| Additional CCG Contribution | £1,697,000 |
| Total | £48,703,082 |

| | NHS South Sefton CCG £ | NHS Southport and Formby CCG £ |
|-------------------------------|---------------------------------------|---|
| CCG Minimum Contribution | £13,012,052 | £9,722,603 |
| Additional CCG Contribution | £1,697,000 | £0 |
| | | |
| Total CCG Contribution | £14,709,052 | £9,722,603 |

Planned Expenditure

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

| | |
|-------------------------------|-------------|
| Minimum required spend | £6,460,544 |
| Planned spend | £12,890,000 |

Adult Social Care Services spend from the minimum CCG allocation

| | |
|-------------------------------|-------------|
| Minimum required spend | £11,682,450 |
| Planned spend | £12,693,655 |

Scheme Types

| | |
|--|--------------------|
| Assistive Technologies and Equipment | £564,000 |
| Care Act Implementation Related Duties | £927,000 |
| Carers Services | £720,000 |
| Community Based Schemes | £7,979,000 |
| DFG Related Schemes | £9,007,907 |
| Enablers for Integration | £20,700 |
| HICM for Managing Transfer of Care | £0 |
| Home Care or Domiciliary Care | £3,364,040 |
| Housing Related Schemes | £0 |
| Integrated Care Planning and Navigation | £903,850 |
| Intermediate Care Services | £6,193,209 |
| Personalised Budgeting and Commissioning | £2,867,565 |
| Personalised Care at Home | £0 |
| Prevention / Early Intervention | £1,020,000 |
| Residential Placements | £15,135,811 |
| Other | £0 |
| Total | £48,703,082 |

3.3 Other key requirements of the BCF

In addition to reporting on progress on each of the BCF schemes, the submission includes our assessment of our maturity position in relation to the High Impact Change Model which is included below.

| | | Planned level of maturity for 2019/2020 |
|-------|---|---|
| Chg 1 | Early discharge planning | Established |
| Chg 2 | Systems to monitor patient flow | Established |
| Chg 3 | Multi-disciplinary/Multi-agency discharge teams | Mature |
| Chg 4 | Home first / discharge to assess | Established |
| Chg 5 | Seven-day service | Established |
| Chg 6 | Trusted assessors | Established |
| Chg 7 | Focus on choice | Established |
| Chg 8 | Enhancing health in care homes | Established |

The High Impact Change Model identifies integral and essential elements of our ongoing improvement work being undertaken to optimise our acute hospital resources and ensure that where appropriate care is maintained in the community. Work is embedded within our A&E Delivery Plans

with engagement of health and social care commissioners and providers to progress and priority areas for ongoing work in the coming year.

The BCF also requires confirmation that we have met all the key planning requirements, which we have confirmed we have met.

3.4 Monitoring and Reporting on Progress

There has been a recent review and development of governance arrangements relating to the BCF through the establishment the Better Care Fund and Section 75 working group which is a sub group of the Integrated Commissioning Group (ICG). The group's membership includes senior representation from both Sefton CCGs and Sefton Council and provides the forum for discussions around potential areas of expansion of pooled budgets, detailed performance review of the schemes and review of financial information. The group has also developed a dashboard which reports on performance to the Health and Wellbeing Board Executive. Engagement with the Cheshire and Merseyside Better Care Fund Network has also offered the opportunity to share best practice and to submit draft BCF returns for comments before formal submission. A full benefits realisation review of the BCF has been proposed by our regional BCF network lead and the group will deliver this piece of work using best practice approaches.

The group has also reviewed and developed the associated Section 75 for which CCG approval will be sought, following final legal advice. The group will ensure robust governance and accountability for the programme with regular performance data being submitted to the Health and Wellbeing Executive group and to the CCG governing body through the Integrated Performance Report.

3.5 Next steps and future ambitions

Feedback from NHSE on the BCF submission is expected by the end of November 2019 and it is hoped that it will receive approval.

However the BCF is only one element our ambition to further integrate the commissioning and delivery of health and care services in Sefton. The Integrated Commissioning group has identified a range of objectives including a stated intention for development pooled budgets and increased focus on key areas to progress integrated working. Areas for further exploration include Continuing Health Care, Falls and Frailty, Mental Health & Wellbeing, and Children and Young People, with a number of these areas providing an opportunity for the developing Sefton Provider Alliance to work collaboratively across the whole system to better integrate and deliver more effective, preventative care. An integrated commissioning plan for Sefton is currently under development which will provide the direction for more ambitious integrated working for the future.

4. Recommendations

The Governing Body is therefore asked to ratify the BCF submission.

Tracy Jeffes
Director of Place – South Sefton
November 2019

MEETING OF THE GOVERNING BODY

November 2019

| | | | | | | | |
|--|--|---------|---|---------|--|--------|--|
| Agenda Item: 19/140 | Author of the Paper: Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk | | | | | | |
| Report date: 15 October 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. | <table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="border: 1px solid black; text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table> | Receive | x | Approve | | Ratify | |
| 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. |
| x | 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. |

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

| | |
|---|---|
| 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

This paper follows on from the previous update to the Governing Body submitted in September 2019 and provides an update of progress since that time.

2. Progress update

The following is a summary of the work undertaken recently:

- The 'future state' has now been approved by the Sefton Transformation Board and is being incorporated into the new Five Year Plan Sefton2gether;
- Third and final engagement event relating to the refreshed Sefton Plan (incorporating the NHS Long Term Plan) held on 9 October;
- Project Briefs approved in relation to Communications and Engagement and Business Intelligence.
- Project Initiation Documents and plans approved in relation to Primary Care Networks (North and South), Provider Alliance, Finance and Clinical Engagement;
- Benefits Management Strategy agreed;
- Draft Estates Strategy delivered;
- Work continues on developing an outline draft pre consultation business case in relation to delivering sustainable acute services for the population of Southport and Formby (and West Lancashire),. . It is important to note recent capital announcements did not include Southport and Ormskirk Hospitals NHS Trust. The Southport and Formby/West Lancashire CCGs' Joint Committee is meeting for the first time in November to consider the acute sustainability programme;
- A draft transition plan to transfer the programme into business as usual from April 2020 has been prepared and is being discussed with partners;
- Funding of £10,000 has been obtained to support system leadership development following a bid to the Leadership Academy North West.

A full progress update in relation to each of the workstreams can be found at Appendix 1.
























3. Recommendation

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

Appendices

Appendix 1 Workstream Update

Appendix 1 - Workstream Update

| Workstream | Lead | Strategic Group | | Planning process | | | Progress update |
|-------------------------------|--------------------|---|---|--|---|---|--|
| | | Established | Terms of Ref | Brief | PID | Plan in place | |
| Acute Sustainability | Suzy Ning |  |  |  |  |  | Work continues on schedule to meet deadline for outline draft Pre Consultation Business Case of the end of October 2019. |
| Primary Care Networks (South) | Tracy Jeffes | n/a | n/a |  |  |  | High level plan developed. |
| Primary Care Networks (North) | Jan Leonard | n/a | n/a |  |  |  | Four PCNs now approved to include Formby. High level plan developed. |
| Provider Alliance | Teresa Clarke |  | |  |  |  | Work continues to develop workstreams for agreed priorities of complex lives, frailty and children's services, for which a key enabler is business intelligence. |
| Strategic Commissioning | Stephen Williams | Not yet available | | Not yet available | | | Single implementation plan in relation to both the Health and Wellbeing Strategy and the Five Year Plan, where appropriate. Joint commissioning approach being considered and developed. |
| Digital | Mel Wright |  |  |  | Due Nov 2019 | | Terms of reference and digital vision for Sefton agreed. Draft strategy and supporting workplan now being developed. |
| Workforce, OD & Culture | Cameron Ward | | Due Sept 2019 | Due Nov 2019 | | | Work is underway through an external commission, Attain, to prepare a baseline assessment of workforce issues relating to Sefton which will assist in compiling Sefton's workforce plan. |
| Finance | Rebecca McCullough |  |  |  |  |  | High level estimate for System Financial deficit remains at £58m before system funding. 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 |

| Workstream | Lead | Strategic Group | | Planning process | | | Progress update |
|-----------------------|-----------------|-----------------|--------------|------------------|--------------|---------------|---|
| | | Established | Terms of Ref | Brief | PID | Plan in place | |
| | | | | | | | support to clinical models. |
| Estates | Louise Halloran | ■ | ■ | ■ | ■ | ■ | Draft Estates strategy delivered in October, refinements with partner organisations now under way. |
| Comms and Engagement | Dan Grice | ■ | ■ | ■ | Due Nov 2019 | | Full engagement on the Place Plan completed and engagement around acute services with public audiences aligned to the overall programme will be supported by more targeted activity for the acute sustainability work with staff, select public, clinical and patient groups in due course. |
| Business Intelligence | Anne Tattersall | Due Nov 2019 | | ■ | Due Nov 2019 | | Leadership identified, initial meeting being pending during October. |

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 18th July 2019

Chair:
Graham Bayliss

| Key Issue | Risk Identified | Mitigating Actions |
|---|--|---|
| <ul style="list-style-type: none"> The CCG's likely case deficit is forecast at £8.950m at month 3. This is based on the risks associated with delivery of QIPP opportunities during the 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. The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. 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. 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. Monthly QIPP week. |

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

- The committee approved the Career Break Policy.
- Finance report
 - It was noted that the CCG will be running a QIPP week once per month, every month and that clinical involvement from all parts of the health / social care system is vital to address the financial deficit.
- The F&R Committee Risk Register post mitigation scores remain unchanged.
- The committee reviewed the CHC report.
 - Adam DPS - percentage of placements made within 4 days was queried. This will be reviewed to understand the reasons and any actions

necessary to improve this.

- The committee noted and approved the CCG practice budgets for 2019/20. Quoracy to be checked with CCG's governance lead, given conflicts of interest with GP Governing Body members of the committee.
- The committee approved the CCG sign-up to the renewal of the Degarelix (Firmagon) rebate scheme.

Key Issues Report to Governing Body

| | |
|--|-------------------------|
| Finance and Resource Committee Meeting held on Thursday 22 nd August 2019 | Chair: Alan Sharples |
|--|-------------------------|

| Key Issue | Risk Identified | Mitigating Actions |
|--|--|---|
| <ul style="list-style-type: none"> The CCG's most likely case deficit is forecast at £9.943m at month 4. This has increased from £8.950 at month 3. | <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. The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. 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. 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. Monthly QIPP week. |

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

- The committee identified the need to make decisions quickly so that savings can be made in this financial year, and called for QIPP plans to be accelerated.
- The committee made a recommendation that the Governing Body reviews the high risk savings proposals at a future Part 2 Governing Body meeting.
- The committee requested that the proposed plan to gain assurance in relation to High Cost Drugs approvals is implemented with providers ASAP.

- The committee noted the need to expand clinical involvement in the support / delivery of QIPP / savings schemes and plans to engage Primary Care Networks to identify clinicians who can support prioritised work areas on a short-term / fixed term basis.
- The committee asked for an updated briefing on the FNC position in September 2019.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 19th September 2019

Chair:
Alan Sharples

| Key Issue | Risk Identified | Mitigating Actions |
|--|--|--|
| <ul style="list-style-type: none"> The CCG's likely case deficit is £9.9m. This means that the CCG is £10.9m adrift of its plan to deliver £1m surplus. | <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. The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. It must build on the work undertaken during the monthly QIPP weeks. 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. 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. |

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

- The committee received and paid due regard to the annual Workforce Race Equality Standard report.
- The committee received the Workforce Equality and Diversity Plan.
- The F&R Committee Risk Register was agreed.
- The committee asked for a further review of the CCG high risk disinvestment proposals at a future Part II Governing Body meeting.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 25th July 2019

Chair:
Dr Rob Caudwell

| Key Issue | Risk Identified | Mitigating Actions |
|---|--|---|
| <ul style="list-style-type: none"> Recent changes made to the Health Visiting Service . Mersey Care NHS Foundation Trust Review on RiO data issues and reporting. Is JQPC fulfilling its terms of reference? | <ul style="list-style-type: none"> Children Vaccinations Rates/Safeguarding Reviews. Performance reporting issues. Quality and Performance reporting. | <ul style="list-style-type: none"> Feedback from Safeguarding Leads Meeting on 18th September 2019 to be presented to the JQPC. Escalate to Contract Meetings Work with commissioning colleagues on the Integrated Performance Report and present back to JQPC. |

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

| |
|--|
| <ul style="list-style-type: none"> |
|--|

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

| | |
|--|---------------------------|
| Joint Quality and Performance Committee held on 29 th August 2019 | Chair: Dr Rob Caudwell |
|--|---------------------------|

| Key Issue | Risk Identified | Mitigating Actions |
|--|--|--|
| <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> None |

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

| |
|--|
| <ul style="list-style-type: none"> None |
|--|

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 10th July 2019
NHS South Sefton CCG

Chair:
Graham Bayliss (Vice Chair)
(Meeting chaired by Helen Nichols)

| Key Issue | Risk Identified | Mitigating Actions |
|-----------|-----------------|--------------------|
| | | |

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

- Meeting was not quorate for South Sefton CCG, as at least one other member was not present in addition to the Audit Committee Chair / Vice Chair.
- The committee received the Annual Audit Letter, presented by Grant Thornton. It was advised that as a public document, the Annual Audit Letter should be displayed on the CCG's website. The Annual Audit Letter will be taken to the September Governing Body meeting.
- The committee received and recommended approval of the management response to the Conflict of Interest Internal Audit.*
- The committee received the Losses, Special Payments and Aged Debt report.
- The committee received an update on recoveries made as part of the Liaison Accounts Payable Review 2018.
- The committee received the Register of Interests.
- The committee received the approved Audit Committee Terms of Reference.
- The committee received the Internal Audit Progress Report.

- The committee received and recommended approval of the updates to the Corporate Risk Register (CRR) and Heat Map.*
 - It was noted that the Governing Body Assurance Framework (GBAF) was not included for review as further work is required on the content by some of the risk leads. It was noted that the GBAF would be presented to the Governing Body at the September 2019 meeting.

* *Decision / approval to be ratified at the next quorate Audit CiC meeting, as the July meeting was not quorate.*

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 Report to Governing Body



| | |
|---|----------------------------------|
| Southport & Formby Primary Care Commissioning Committee Part 1, Thursday 15th August 2019 | Chair: Graham Bayliss |
|---|----------------------------------|

| Key Issue | Risk Identified | Mitigating Actions |
|------------------|------------------------|---------------------------|
| | | |

| |
|--|
| Information Points for Southport and Formby CCG Governing Body (for noting) |
| <ul style="list-style-type: none">• There has been an improvement in satisfaction results following the review of National GP Patient Survey data. The committee will be writing out to practices to congratulate their good performance• The committee will be pulling together an appropriate workflow for complaints received regarding primary care. Assurances will be sought from GP surgeries to ensure they have the correct procedures in place which will be made available for patients to enable them to make a complaint. The committee will oversee complaints to ensure they are dealt with effectively. |

Key Issues South Sefton Localities

Meeting Date August -- September 2019

| Bootle Locality/PCN - Chair Catherine Aspden | | |
|--|------------------|--------------------|
| Key Issues | Risks Identified | Mitigating Actions |
| 1. No Key issues identified | | |
| 2. | | |
| 3. | | |

Information Points for Governing Body to Note:

Team Bootle are planning to run a collaborative flu clinic to ensure the high risk group of patient who are housebound or live in care homes are vaccinated as priority

| Crosby Locality/Crosby and Maghull PCN - Chair Craig Gillespie | | |
|--|---|--|
| Key Issues | Risks Identified | Mitigating Actions |
| 4. Blundellsands have reported issues with receiving cytology results electronically | Practice is missing some results which looks like the lab have not reported on them. Practice spending time auditing and chasing results. However cytology sends correspondence direct to patient so no significant risk to patient care. | Following investigation Lab though the 7 day access service was a community service. Process have been changed and results should be going back to practice. |
| 5. | | |

| Information Points for Governing Body to Note: |
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| Maghull Locality - Chair Ruari McKillough | | |
|--|-------------------------|---------------------------|
| Key Issues | Risks Identified | Mitigating Actions |
| 6. | | |
| 7. | | |
| 8. | | |

| Information Points for Governing Body to Note: |
|---|
| The Chair of the Maghull locality will become Dr Phil Weston as of November 2019 |



| Seaforth and Litherland Locality/PCN - Chair Emma McDonnell/ Dr Sandra Oelbaum | | |
|--|------------------|--------------------|
| Key Issues | Risks Identified | Mitigating Actions |
| No Key issues identified | | |
| 9. | | |
| 10. | | |
| 11. | | |

| Information Points for Governing Body to Note: |
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Finance and Resource Committee Minutes

Thursday 18th July 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 (item FR19/94 onwards) | Head of Medicines Management, SS CCG | SL |
| Karl McCluskey | Director of Strategy & Outcomes, SS CCG | KMcC |
| 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 |
| In attendance | | |
| Gill Roberts (Items FR19/88-92) | Senior HR Business Partner, People Services, ML CSU | GR |
| Apologies | | |
| Dr Pete Chamberlain | GP Governing Body Member, SS CCG | PC |
| Martin McDowell | Chief Finance Officer, SS CCG | MMcD |
| Minutes | | |
| Tahreen Kutub | PA to Chief Finance Officer, SS CCG | TK |

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

| Name | Membership | Aug 18 | Sept 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | May 19 | June 19 | July 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 | A |
| Dr Sunil Sapre | GP Governing Body Member | ✓ | ✓ | A | ✓ | A | ✓ | A | ✓ | ✓ | ✓ | ✓ |
| Dr John Wray | GP Governing Body Member | ✓ | A | A | ✓ | A | A | ✓ | A | ✓ | A | ✓ |
| Martin McDowell | Chief Finance Officer | ✓ | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ | A |
| Alison Ormrod | Deputy Chief Finance Officer | A | ✓ | ✓ | A | ✓ | ✓ | ✓ | A | ✓ | A | ✓ |
| Debbie Fagan | Chief Nurse | 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 | | |
| FR19/88 | <p>Apologies for absence</p> <p>Apologies for absence were received from Martin McDowell and 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 had not yet started his Governing Body role.</p> | |
| FR19/89 | <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>FR19/100: Practice Prescribing Budgets 2019/20</i> JW and SS declared an interest in relation to this item, as their respective practices will be impacted by the practice prescribing budgets for 2019/20. JW and SS had indirect pecuniary conflicts of interest. The Chair reviewed the declaration and decided that JW and SS could be present during this item but could not be involved in decision making. • JW declared he is the deputy medical director of North West Ambulance Service NHS Trust. The Chair reviewed the declaration and decided that this did not constitute any material conflict of interest with items on the agenda. | |
| FR19/90 | <p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 20th June 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> | |
| FR19/91 | <p>Action points from the previous meeting</p> <p>FR19/59 HR Performance Dashboard</p> <p>TK reported that Cathy Loughlin (the CCG's Corporate Support Officer) has reviewed the information behind the high percentage of days lost due to stress / anxiety / depression in March 2019 (63.95%). She has confirmed that work related stress had not been specified on the sick notes logged by the CCG. The committee noted this update and agreed to close the action.</p> | |

| No | Item | Action |
|----|--|-------------------------------|
| | <p>FR19/62 CHC Update It was noted that a report on CHC Benchmarking - Q4 2018/19 was on the agenda to be discussed under item FR19/98. Action closed.</p> <p>FR19/74 Action points from the previous meeting (FR19/33 F&R Committee Terms of Reference) JL reported that Debbie Fairclough (the CCG's Interim Lead – Corporate Services) is reviewing practice manager interest in joining the F&R Committee. It was agreed to leave this action open on the tracker and for JL to provide an update at the next meeting.</p> <p>FR19/74 Action points from the previous meeting (FR19/59 HR Performance Dashboard) TK reported that she and MMcD have reviewed the data provided by the CSU Learning Team to understand what the main issues are behind the lower than expected statutory and mandatory training compliance rate for March 2019. She confirmed that the employee groups with low compliance rates are Governing Body members and Clinical Leads. Action closed.</p> <p>JW and SS reported that they have experienced issues with accessing ESR. TK noted she would ask Cathy Loughlin to review these issues. She would also ask her to check the Electronic Staff Records (ESR) system has the correct email addresses for all Governing Body members and Clinical Leads; this is to ensure they are receiving reminders about completing statutory and mandatory training.</p> <p>GR confirmed she would liaise with Cathy Loughlin to discuss the possibility of holding a session with Governing Body members and Clinical Leads where they could complete a condensed version of statutory and mandatory training that was face to face and not online.</p> <p>FR19/75 Midlands & Lancashire CSU: Summary Service Report TK reported that MMcD has confirmed an update on the contract renewal of externally commissioned services with the CSU and costs will be provided to the Governing Body at its meeting scheduled for 5th September 2019. Action still open and to be updated on the tracker.</p> <p>FR19/78 Finance & Resource Committee Risk Register The F&R risk register has been updated with the changes agreed at the committee meeting on 20th June 2019. Action closed.</p> <p>FR19/79 Individual Funding Request Service Annual Report 2018/19 In reference to Appendix 1 of the Individual Funding Requests (IFR) Annual Report 2018/19 - JL confirmed she will query whether IFRs for services associated with Special Educational Needs and Disability service provision were listed for children or adults, at the IFR Quarterly Review Meeting scheduled for 25th July 2019. Action still open and to be updated on the tracker.</p> <p>FR19/83 Sefton Continence Prescription Service - 2018/19 Review JL reported that analysing future forecast projections and trends, taking into account demographics and clinical need, will be part of ongoing discussions with Coloplast Ltd. She noted, however, that the current priority for Coloplast is the planned Stoma pilot within Sefton. The committee agreed to keep this action</p> | <p>JL</p> <p>TK</p> <p>GR</p> |

| No | Item | Action |
|---|--|--------|
| | <p>open on the tracker.</p> <p>FR19/84 Erenumab (Aimovig) – Novartis ‘Free of Charge’ (FOC) Supply Scheme TK confirmed a letter has been sent from Fiona Taylor (Chief Officer of the CCG) to the Walton Centre to confirm the CCG’s position that signing-up to FOC schemes is not recommended. Action closed.</p> | |
| <i>Policies / Frameworks for Approval</i> | | |
| FR19/92 | <p>Career Break Policy</p> <p>GR presented an updated Career Break Policy which has been reviewed and recommended for onward approval by the Corporate Governance Support Group.</p> <p>GR noted the update to the policy is in relation to sickness and pensions. The policy states that career breaks should not be used instead of sick leave for employees in the NHS Pension Scheme. The policy notes that, ‘Career breaks can affect the pension benefits members are entitled to in a detrimental way if they opt to apply for ill health retirement or in the event of their death.’</p> <p>Members discussed the updated section in relation to sickness and pensions, and raised queries. GR clarified that this section is only applicable to NHS employees who have joined the NHS Pension Scheme. Managers would have the flexibility to consider / approve applications for a Career Break following ill health for employees not on the NHS Pension Scheme.</p> <p><i>The committee approved the Career Break Policy.</i></p> | |
| <i>Brexit</i> | | |
| FR19/93 | <p>Brexit Considerations</p> <p>AOR reported there was currently no update to provide regarding Brexit Considerations.</p> | |
| <i>Finance</i> | | |
| FR19/94 | <p>Finance Report - Month 3 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 30th June 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 £8.950m, mainly due to lack of assurance that QIPP opportunities available to the CCG / wider system will be delivered during this financial year. • The QIPP efficiency requirement to deliver the agreed financial plan is £14.000m. QIPP schemes of £21.573m have been identified but further work is required to implement schemes and realise savings. The CCG has delivered a total of £11.295m over the past three financial years. • The Sefton CCGs held a dedicated QIPP Week on 1st-5th July 2019. Going forward, the CCG will be running a QIPP week once per month, every month. Clinical involvement from all parts of the health / social care system is vital to address the financial deficit. | |

| No | Item | Action |
|---------|--|--------|
| | <ul style="list-style-type: none"> BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained. 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 £0.181m under usual contract arrangements. <p><i>SL joined the meeting.</i></p> <p>A discussion followed regarding the finance report and the CCG's financial position. KMcC stressed that CCG officers need to work with the relevant clinical leads in order to drive QIPP schemes. He also commented on the importance of joint working with providers for system wide QIPP savings. KMcC enquired about the predicted QIPP delivery to reach the likely case deficit of £8.950m. AOR confirmed the predicted QIPP delivery is £4.414m at month 3.</p> <p>AOR reported that the CCG's financial recovery plan was submitted to NHS England and NHS Improvement in June 2019. The regulators have responded asking for a single financial recovery plan between South Sefton CCG, Southport & Formby CCG, Southport & Ormskirk NHS Trust and West Lancashire CCG. The regulators have asked to meet with representatives from all parties and have requested a single accountable officer be nominated who will be responsible for the delivery 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> | |
| FR19/95 | <p>Finance Strategy Update</p> <p>AOR provided an update on the CCG's financial strategy noting that the strategic financial plan is being reviewed for inclusion in the NHS Five Year Place Plan, which includes the requirements of the NHS Long Term Plan.</p> <p>It was noted that an update on the CCG's financial recovery plan was provided under item FR19/94.</p> <p><i>The committee received this verbal update.</i></p> | |
| FR19/96 | <p>Finance & Resource Committee Risk Register</p> <p>AOR presented the Finance & Resource Committee Risk Register. The committee agreed that no changes to scores were required at this stage.</p> <p>AOR confirmed that the narrative for the finance risks will be updated for the next meeting to take account of recent developments such as the QIPP week in July 2019 and a monthly QIPP week going forward.</p> <p><i>The committee received the F&R Committee risk register and agreed that no changes to scores were required at this stage.</i></p> | AOR |
| FR19/97 | <p>Continuing Healthcare Update Report</p> <p>AOR presented a Continuing Healthcare (CHC) report, providing an update on the work progressed around the following areas:</p> <ul style="list-style-type: none"> Retrospective reviews – previously unassessed periods of care | |

| No | Item | Action |
|---------|---|--------|
| | <ul style="list-style-type: none"> • High Cost Cases – assurance on actions being taken • Work plan 2019/20 - QIPP 2019/20 • Funded Nursing Care • Adam DPS – Management Information – June 2019 <p>AOR reported that the CCG routinely seeks updates on high cost packages from Midlands & Lancashire CSU and community providers.</p> <p>It was noted that the CCG had assurance of the robustness of the CSU criteria to assess CHC and the level of care required.</p> <p>AOR reported that discussions are ongoing between the CCG and the local authority to clarify responsibilities in respect of FNC processes. Members raised queries regarding these discussions which were answered by AOR.</p> <p>AOR reported that Mersey Internal Audit Agency (MIAA) have undertaken a review of the CCG's QIPP plans. They have identified QIPP schemes related to CHC that have been progressed at other CCGs. The CCG's Deputy Chief Nurse has details of these schemes to consider for local application.</p> <p>AOR provided an update on the Adam Dynamic Purchasing System (DPS), noting that monthly meetings are held between the CCG Quality and Finance team members, Midland and Lancashire CSU and Adam to discuss system performance. She reported that Adam have been asked to provide management information where package costs are seen to be increasing over time.</p> <p>Members referred to the percentage of placements made within 96 hours / 4 days (detailed in the Adam DPS Management Information Report) and raised concerns that this was only 40% in June 2019. JL stressed the need to review this from a quality perspective. AOR confirmed she would raise this issue at the monthly CHC meeting to understand the reasons behind this and any actions necessary to improve this.</p> <p><i>The committee received this report.</i></p> | AOR |
| FR19/98 | <p>CHC Benchmarking - Q4 2018/19</p> <p>AOR presented a Quarter 4 2018/19 report on CHC Benchmarking. The information included in this report is an extract of the NHS CHC tableau report as at Quarter 4 2018/19.</p> <p>The committee received the following data which had been extracted for information.</p> <ul style="list-style-type: none"> • CHC - expenditure per 50k population • CHC children - expenditure by 50k population • CHC fast track - expenditure by 50k population • FNC – expenditure by 50k population <p>A discussion followed regarding fast track processes and costs. KMcC commented that it would be useful to review information on the length of time that patients are on CHC fast track. AOR noted she would discuss this with the CCG's Quality team and Midlands & Lancashire CSU, and report back to the committee.</p> | |

| No | Item | Action |
|--------------------|--|--------|
| | <i>The committee received this report.</i> | |
| <i>Prescribing</i> | | |
| FR19/99 | <p>Prescribing Spend Report – Month 1 2019/20</p> <p>SL provided an overview of the prescribing report for month 1, noting that it remains too early in the financial year to rely upon the information to accurately forecast the CCG's outturn position.</p> <p>SL reported the CCG has been informed that the price of Category M drugs will increase again this year. She also reported on a significant increase in practice based non-medical prescribing (NMP) and confirmed the CCG is working with the Local Medical Committee on an NMP policy. SL also noted that there has been an increase in DOAC prescribing and the number of FreeStyle Libre sensor kit items currently being prescribed.</p> <p><i>The committee received this report.</i></p> | |
| FR19/100 | <p>Practice Prescribing Budgets 2019/20</p> <p>JW and SS had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/89: Declarations of interest regarding agenda items</i>).</p> <p>SL provided a brief overview of the Medicines Management team process to determine practice level prescribing budgets for 2019/20, which is explained in detail in the report within the meeting pack. She noted a risk pool has been set aside to utilise during the year if required.</p> <p>The committee discussed quoracy and noted that all current clinical governing body members of the committee would have a conflict of interest with this item. Taking the clinical governing body member role out of the membership for the purposes of this item, it was noted that there were at least 50% of the committee membership in attendance to form quorum. It was agreed to check this with Debbie Fairclough (the CCG's governance lead) to ensure that the meeting was quorate for this item; TK to action.</p> <p><i>The committee approved the practice level prescribing budget setting for 2019/20. JW and SS were excluded from decision making due to a conflict of interest. TK to check quoracy for this item with the CCG's governance lead.</i></p> | TK |
| FR19/101 | <p>Prescribing Rebate Scheme – Degarelix (Firmagon) – Ferring Pharmaceuticals Ltd</p> <p>SL presented a paper with a recommendation to approve the CCG sign-up to the renewal of the Degarelix(Firmagon) rebate scheme. She confirmed this is a NICE and Pan Mersey recommended drug.</p> <p><i>The committee approved the CCG sign-up to the Degarelix (Firmagon) rebate scheme.</i></p> | |

| No | Item | Action |
|---|---|--------|
| Minutes of Steering Groups to be formally received | | |
| FR19/102 | <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – May 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (May 2019).</p> | |
| Closing business | | |
| FR19/103 | <p>Any Other Business</p> <p><u>F&R Committee Provisional Meeting in August 2019</u></p> <p>The committee discussed the provisional F&R Committee meeting scheduled for 22nd August 2019. GB, AOR, KMcC, SS, SL and JL confirmed they were available to attend this meeting. JW provided apologies for this meeting. The Chair delegated the decision making as to whether this meeting goes ahead to MMcC and AOR.</p> | AOR |
| FR19/104 | <p>Key Issues Review</p> <p>AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p> | |
| | <p>Date of next meeting</p> <p>Thursday 22nd August 2019 (PROVISIONAL MEETING) 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p> <p>Thursday 19th September 2019 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p> | |

Finance and Resource Committee Minutes

Thursday 22nd August 2019, 1pm to 2pm

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

| | | |
|-------------------------------|---|------|
| Attendees (Membership) | | |
| Alan Sharples | Lay Member (F&R Committee Chair), SS CCG | AS |
| Graham Bayliss | Lay Member (F&R Committee Vice Chair), SS CCG | GB |
| 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 |
| Dr Sunil Sapre | GP Governing Body Member, SS CCG | SS |
| 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 |
| Karl McCluskey | Director of Strategy & Outcomes, SS CCG | KMcC |
| Minutes | | |
| Tricia Evers | Senior Administrator, SS CCG | TE |

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

| Name | Membership | Sept 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | May 19 | June 19 | July 19 | Aug 19 |
|---------------------|---|---------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|
| Alan Sharples | Lay Member (Chair) – Joined CCG in August 2019 | | | | | | | | | | | ✓ |
| 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 | 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 | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ |
| Alison Ormrod | Deputy Chief Finance Officer | ✓ | ✓ | A | ✓ | ✓ | ✓ | A | ✓ | A | ✓ | A |
| Debbie Fagan | Chief Nurse | ✓ | ✓ | ✓ | ✓ | A | ✓ | A | ✓ | | | |
| Jan Leonard | Director of Place | ✓ | A | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ |
| Susanne Lynch | CCG Lead for Medicines Management | ✓ | A | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ |
| Karl McCluskey | Director of Strategy & Outcomes | | | | | | | | | ✓ | ✓ | A |
| Fiona Taylor | Chief Officer (Ex-officio member of F&R Committee*) | ✓ | * | * | * | * | * | * | * | ✓ | * | * |

| No | Item | Action |
|-------------------------|--|--------|
| General business | | |
| FR19/105 | <p>Apologies for absence</p> <p>Apologies for absence were received from Dr John Wray, Dr Pete Chamberlain, Alison Ormrod and Karl McCluskey.</p> | |
| FR19/106 | <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>Finance</i> | | |
| FR19/107 | <p>Finance Report - Month 4 2019/20</p> <p>AS advised that this meeting would be a single agenda item meeting to focus upon the CCG's month 4 financial position, noting the emerging risks and mitigations.</p> <p>MMcD presented the month 4 finance report, which details the year-to-date financial position for the CCG, as at 31st July 2019, being 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, which is the most likely scenario, is calculated as a £9.943m deficit. The worst case scenario is calculated at £13m deficit. MMcD also highlighted the impact of the cost pressures that emerged in the first four months of the financial year. However some pressures have been offset by underspends in other areas and reserves budget.</p> <p>AS asked about the consequences associated with the most likely scenario of a £9.943m deficit. MMcD advised on the Recovery Plan and CCG mitigations. He also shared the detail of some high risk savings identified that could be considered.</p> <p>In relation to consequences, MMcD explained the background to the legal direction process, noting that the CCG had not been formally placed in legal directions although it was part of financial recovery process. AS asked MMcD to compile and share a list of the high risk savings options to the value of the most likely scenario deficit that could be considered to prevent the implementation of the legal direction process. MMcD agreed that these options will be discussed further at a future Part II Governing Body Meeting.</p> | MMcD |

| No | Item | Action |
|----|---|--|
| | <p>MMcD advised on the main financial pressures relating to:</p> <ul style="list-style-type: none"> • Continuing Health Care and fast track patients, Learning Difficulties and Funded Nursing Care relating to increased cost and volume of packages. • 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. A conversation took place regarding delays in adoption of the Blueteq system at Aintree University Hospital and the associated safety issues. It was confirmed that Blueteq is included in the commissioning intentions. In summary, MMcD/SL agreed to add Blueteq to the list of high risk savings to be presented to the Governing Body and also to meet with the Turnaround Director to discuss the same. • 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. It was reported that the underspend on the Aintree contract relates to underperformance on AQP contracts. MMcD informed the committee that he would be checking the detail reported relating to those underspends. <p>Independent Sector Activity MMcD shared feedback from yesterday's Southport and Formby CCG F&R Committee. He was informed that on occasions patients initially referred to Independent Sector providers were rejected at first appointment due to risk factors, and it had been difficult to get appropriate investigations within the Independent Sector, particularly where Cancer is suspected. SS had not experienced this within the Independent Sector. SS did advise of difficulties with Choose & Book and lack of availability of slots for specialties. He gave an example of difficulties in accessing the Orthopaedics Service. JL agreed to speak with the Planned Care Lead regarding Orthopaedic Service access. Inappropriate GP referrals to the Private sector were also discussed. JL agreed to alert Primary Care colleagues of the appropriate referrals process to the Independent Sector. A conversation regarding RLBUHT Allergy Service took place and JL agreed to liaise with the contract lead to obtain an update.</p> <p>Provider Expenditure Analysis – Acting as One MMcD advised that 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. Alder Hey Children's Hospital NHS Foundation Trust was discussed. MMcD advised that activity relating to Children's Services is subject to a degree of fluctuation.</p> <p>The QIPP target is £14.000m. MMcD confirmed that QIPP Schemes worth £19.751m have been identified. However, £3.8m of High Risk Proposals had been identified. Urgent Care and Elective / Planned Care are expected to deliver savings.</p> <p>Summary Working Capital MMcD advised that the outstanding debt in excess of 6 months old stands at £0.102m. This balance relates predominantly to two invoices.</p> <p>MMcD suggested that a RightCare seminar for Governing Body members could be considered.</p> | <p>MMcD/SL</p> <p>MMcD</p> <p>JL</p> <p>JL</p> <p>JL</p> |

| No | Item | Action |
|-------------------------|---|-----------------------------------|
| | <p>The committee also discussed concerns regarding the delivery of the Gastro service in South Sefton and Aintree making outsourced referrals. MMcD suggested that a Community triage system – similar to that implemented in Wolverhampton will be considered to limit referrals. It was agreed that JL will liaise with a CCG colleague to make an appeal through the Primary Care Networks for clinician support to work with CCG colleagues.</p> <p>Funded Nursing Care – Briefing MMcD advised of the background to a risk that had emerged relating to Funded Nursing Care (FNC). The Council and CCG were working together to resolve issues. The Council had been making payments and reclaiming costs from the CCG. A number of issues have been identified in relation to charges for the financial years 2017/18 and 2018/19. He confirmed the actions being progressed; further additional actions are to be taken to implement a long term solution to the issues identified and the financial impact to both Sefton CCGs. MMcD agreed to update the Governing Body and F&R Committee of an FNC emerging risk/potential pressure in the financial plan.</p> <p>All recommendations in the finance report were accepted by the committee. GB requested that the Governing Body are provided with a timeframe in relation to when proposed actions that are identified within the recommendations section of the finance report are expected to be completed.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p> | <p>JL</p> <p>MMcD</p> <p>MMcD</p> |
| Closing business | | |
| FR19/108 | <p>Any Other Business</p> <p><u>A&E Prescribing</u> SL explained the process for patient discharge/prescribing from A & E covering antibiotics/painkillers and vaccinations. SS agreed to provide SL with any incidents of concern relating to vaccinations.</p> <p><u>Review of F&R meetings</u> AS asked for an additional agenda item to cover a review of the meeting/feedback to improve processes.</p> | <p>SS</p> <p>TE(TK)</p> |
| FR19/109 | <p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p> | |
| | <p>Date of next meeting</p> <p>Thursday 19th September 2019 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p> | |

Finance and Resource Committee Minutes

Thursday 19th September 2019, 1pm to 3pm

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

| | | |
|--|---|------|
| Attendees (Membership) | | |
| Alan Sharples | Lay Member (F&R Committee Chair), SS CCG | AS |
| Dr Pete Chamberlain | GP Governing Body Member, SS CCG | PC |
| Jan Leonard | Director of Place, SS CCG | JL |
| Susanne Lynch (items FR19/110, 111 & 126 only) | Head of Medicines Management, SS CCG | SL |
| Martin McDowell | Chief Finance Officer, SS CCG | MMcD |
| Alison Ormrod (items FR19/112, 113 & 115-119 only) | Deputy Chief Finance Officer, SS CCG | AOR |
| In attendance | | |
| Andy Woods (items FR19/110, 111, 114 & 126 only) | Senior Governance Manager - Merseyside CCGs Equality & Inclusion Service | AW |
| Rob Smith | Management Accountant, SS CCG | RS |
| Apologies | | |
| Graham Bayliss | Lay Member (F&R Committee Vice Chair), SS CCG | GB |
| Dr Sunil Sapre | GP Governing Body Member, SS CCG | SS |
| Dr John Wray | GP Governing Body Member, SS CCG | JW |
| Karl McCluskey | Director of Strategy & Outcomes, SS CCG | KMcC |
| Minutes | | |
| Tahreen Kutub | PA to Chief Finance Officer, SS CCG | TK |

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

| Name | Membership | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | May 19 | June 19 | July 19 | Aug 19 | Sept 19 |
|---------------------|---|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|---------|
| Alan Sharples | Lay Member (Chair) – Joined CCG in August 2019 | | | | | | | | | | ✓ | ✓ |
| Graham Morris | Lay Member (Chair) – Left CCG in June 2019 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| Graham Bayliss | Lay Member (Vice Chair) | A | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | A |
| Dr Pete Chamberlain | GP Governing Body Member | | ✓ | ✓ | A | A | ✓ | A | 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 | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ | ✓ |
| Alison Ormrod | Deputy Chief Finance Officer | ✓ | A | ✓ | ✓ | ✓ | A | ✓ | A | ✓ | A | ✓ |
| Debbie Fagan | Chief Nurse | ✓ | ✓ | ✓ | A | ✓ | A | ✓ | | | | |
| Jan Leonard | Director of Place | A | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Susanne Lynch | CCG Lead for Medicines Management | A | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Karl McCluskey | Director of Strategy & Outcomes | | | | | | | | ✓ | ✓ | A | A |
| Fiona Taylor | Chief Officer (Ex-officio member of F&R Committee*) | * | * | * | * | * | * | * | ✓ | * | * | * |

| No | Item | Action |
|-------------------------|---|--------|
| General business | | |
| FR19/110 | <p>Apologies for absence</p> <p>Apologies for absence were received from Graham Bayliss, Dr Sunil Sapre, Dr John Wray and Karl McCluskey.</p> <p>Introductions were made. Rob Smith noted he was attending the meeting as an observer as part of his personal development, to gain further experience of the month end reporting process.</p> <p>The Chair noted that item <i>FR19/127: Review of F&R Meetings</i> would be covered at the end of the meeting.</p> <p>The Chair had been notified that SL would need to leave the meeting early. With this in consideration and given that AW was in attendance to present item FR19/114 only, the Chair decided that the below items would be discussed directly after item FR19/111, in the following order:</p> <ul style="list-style-type: none"> • <i>FR19/126: Prescribing Spend Report – Month 3 2019/20</i> • <i>FR19/114: Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard</i> <p>The rest of the meeting would follow the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda.</p> | |
| FR19/111 | <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. • PC declared he is undertaking a secondment at Mersey Care NHS Trust to assist in Community Services Transformation. The Chair reviewed the declaration and noted that this interest did not constitute any material conflict of interest with items on the agenda. The Chair will continue to monitor any area of the meeting where a conflict of interest may arise and will take the appropriate action if required. | |
| FR19/112 | <p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 18th July 2019 were approved as a</p> | |

| No | Item | Action |
|----------|--|--------|
| | <p>true and accurate record. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p> <p>The minutes of the previous meeting held on 22nd August 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 that meeting.</p> | |
| FR19/113 | <p>Action points from the previous meeting</p> <p><u>Actions from meeting on 18th July 2019</u></p> <p>FR19/74 Action points from the previous meeting (FR19/33 F&R Committee Terms of Reference) JL reported that there has not been any practice manager interest in joining the F&R Committee to date but this will continue to be reviewed. The committee noted the ongoing review of this issue and agreed to close the action for the time being. It was noted that Lynne Creevy (Practice Manager) has resigned from her CCG Governing Body role and that an advert will be issued to recruit for this role.</p> <p>FR19/79 Individual Funding Request Service Annual Report 2018/19 JL reported that she has liaised with Midlands & Lancashire CSU regarding <i>Appendix 1</i> of the <i>IFR Service Annual Report 2018/19</i>, and queried whether the IFRs for services associated with SEND service provision were listed for children or adults. The CSU have confirmed that none of the service developments listed were related to children. Action closed.</p> <p>FR19/83 Sefton Continence Prescription Service - 2018/19 Review SL reported that analysing future forecast projections and trends with Coloplast Ltd is still on hold as the current priority for Coloplast is the planned Stoma pilot within Sefton. The committee agreed to defer the completion date for this action to November 2019.</p> <p>FR19/97 Continuing Healthcare Update Report The action related to understanding the low percentage of placements made within 96 hours / 4 days in June 2019 (detailed in the Adam DPS Management Information Report) is still open.</p> <p><u>Actions from meeting on 22nd August 2019</u></p> <p>FR19/107 Finance Report - Month 4 2019/20 It was noted that a list of high risk QIPP proposals was on the agenda to be discussed under item <i>FR19/117</i>. Action closed. MMcD noted that this list had not been presented to the Governing Body and would be done at a future Part II Governing Body meeting in this financial year.</p> <p>FR19/107 Finance Report - Month 4 2019/20 The action to add Blueteq to the list of high risk savings and to meet with the Turnaround Director to discuss this remains an open action.</p> <p>FR19/107 Finance Report - Month 4 2019/20 It was noted that cost pressures and underspends would be discussed under item <i>FR19/116: Finance Report – Month 5 2019/20</i>. Action closed.</p> | |

| No | Item | Action |
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| | <p>FR19/107 Finance Report - Month 4 2019/20 In reference to reported difficulties in accessing the orthopaedics service – JL reported that the CCG’s QIPP Programme Lead has confirmed that there are plans to route all referrals for orthopaedics via MCAS services within the current financial year. Action closed.</p> <p>FR19/107 Finance Report - Month 4 2019/20 In reference to inappropriate GP referrals to the private sector and the action to alert Primary Care colleagues of the appropriate referrals process to the Independent Sector – JL confirmed that this issue is being raised with Independent Sector providers to ascertain further details. An update is to be provided at the next F&R Committee meeting.</p> <p>FR19/107 Finance Report - Month 4 2019/20 JL confirmed that the RLBUHT Allergy Service has reopened but is experiencing capacity issues, which are being addressed. She noted that the service can receive advice and guidance queries, and reported that allergy services nationally are under pressure due to workforce constraints. Action closed.</p> <p>FR19/107 Finance Report - Month 4 2019/20 In reference to concerns regarding the delivery of the Gastro service in South Sefton and the need for support from clinicians to work with CCG colleagues – MMcD confirmed that Rob Caudwell (Chair of Southport and Formby CCG) is now the clinical lead for this area and has agreed to represent both of the Sefton CCGs in this work. Action closed.</p> <p>FR19/107 Finance Report - Month 4 2019/20 MMcD confirmed that the FNC emerging risk / potential pressure in the financial plan was discussed with the Governing Body. Action closed.</p> <p>FR19/107 Finance Report - Month 4 2019/20 MMcD confirmed that the timeframe for proposed actions that are identified within the recommendations section of the finance report will be discussed with the Joint QIPP and Financial Recovery Committee. This action is to supersede the current action on the tracker.</p> <p>FR19/108 Any Other Business <u>A&E Prescribing</u> As SS was not present to provide an update on the action regarding incidents of concern relating to vaccinations, it was agreed to leave this action open on the tracker until the next F&R Committee meeting.</p> | <p>JL</p> <p>MMcD</p> |
| <i>HR</i> | | |
| FR19/114 | <p>Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard AW presented the latest update against the actions on the CCG’s Workforce Equality and Diversity Plan and the annual Workforce Race Equality Standard (WRES). He asked the committee to:</p> <ul style="list-style-type: none"> • Note and receive the latest update against the actions on the Workforce Equality and Diversity Plan; • Note and receive and pay due regard to the annual WRES Report. | |

| No | Item | Action |
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| | <p>AW reported that the CCG has two roles in relation to the WRES; that of commissioner and employer. AW confirmed the WRES submission does not highlight any concerns in relation to Black Asian and Minority Ethnic (BAME) workforce issues. He noted that as the CCG's workforce is small, it does not provide an adequate sample to identify key issues via the NHSE WRES template in Appendix B of the report and therefore the data should be considered on this basis. Members noted that the WRES template within the meeting pack was blank and requested that the completed copy be circulated to the committee. AW noted that this error may have occurred due to the file format of the template and confirmed he would circulate a completed template after the meeting via TK.</p> <p>AW confirmed that there is a metric within the CCG Improvement and Assessment Framework, under leadership, which is related to black and minority ethnic leadership ambition for executive appointments.</p> <p>AW reported the CCG has made progress against the Workforce Equality and Diversity Plan and noted that further work is to be done to address BAME workforce issues, particularly in relation to addressing the 'glass ceiling' issue and barriers to career development. The committee noted the importance of working collaboratively with partners and the need for system wide support to address the BAME 'glass ceiling' issue.</p> <p><i>The committees noted and received the latest update against the actions on the Workforce Equality and Diversity Plan. The committee requested that the populated version of the annual WRES report be circulated after the meeting. The committee demonstrated due regard to the CCG's duties under the Equality Act 2010 and the Health and Social Care Act 2012.</i></p> | AW / TK |
| FR19/115 | <p>HR Performance Dashboard</p> <p>MMcD presented the latest HR performance dashboard, which covers the period April – July 2019. He reported there has been a decline in the statutory and mandatory training compliance rate and further work is required to ascertain the reasons behind this.</p> <p>Members queried the low sickness absence rate for July 2019 (0.53%) and the accuracy of this figure. MMcD confirmed he would check this figure with the CCG's Corporate Support Officer.</p> <p><i>The committee received this report.</i></p> | MMcD / TK |
| <i>Finance</i> | | |
| FR19/116 | <p>Finance Report - Month 5 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st August 2019.</p> <p>AOR reported that the CCG's likely case deficit at month 5 has been forecast at £9.950m, which has increased from £9.943m at month 4. The year to date performance for the Acting as One providers shows an over performance of expenditure against plan; this would represent an underspend of £0.313m under PBR contract arrangements.</p> | |

| No | Item | Action |
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| | <p>The committee had an extensive discussion about addressing and communicating the CCG's financial position and likely case deficit. MMcD stressed the importance and requirement of clinical leadership and engagement to help achieve system wide savings to address the deficit.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p> | |
| FR19/117 | <p>QIPP – High Risk Proposals 2019/20</p> <p>MMcD presented a paper listing a number of high risk QIPP proposals for further consideration in support of the CCG financial recovery plan. He noted that the proposals were originally reviewed and risk assessed in 2017-18 and therefore will need to be updated.</p> <p>The committee had a detailed discussion on the high risk options and the potential effect they would have if implemented. Members discussed the possibility of an in-year reduction to all contracts, including primary care.</p> <p>The committee asked for a further review of the CCG high risk disinvestment proposals at a future Part II Governing Body meeting.</p> <p><i>The committee received this report.</i></p> | MMcD |
| FR19/118 | <p>Continuing Healthcare Update Report</p> <p>AOR presented a Continuing Healthcare (CHC) report, providing an update on the work progressed around the following areas:</p> <ul style="list-style-type: none"> • Retrospective reviews – previously unassessed periods of care • High Cost Cases – assurance on actions being taken • Work plan 2019/20 - QIPP 2019/20 • Funded Nursing Care (FNC) • Adam DPS – Management Information – August 2019 <p>AOR reported there has been a reduction in high cost cases since June 2019. She noted the CCG's quality team are reviewing entry to fast track packages and a timely assessment of this.</p> <p>AOR reported that outstanding FNC issues concerning 2017/18 have now been resolved further to discussions between the CCG and the local authority. Members of the CCG finance team have been meeting with the local authority on a fortnightly basis to discuss ongoing FNC financial issues.</p> <p>AOR noted that the CCG continue to have monthly meetings with Adam DPS. MMcD reported that the Leadership Team have made the decision to extend the contract with Adam DPS for a further 6 months from 30th November 2019, when the current contract is due to end. AS stressed the importance of monitoring the value for money provided by the contract.</p> <p>AS referred to Table 1 (Top 15 High Cost Packages – All) and Table 2 (Top 15 High Cost Packages – CHC only) and requested that in future, an analysis be provided for packages with a total annual cost that is greater than £100k. The</p> | |

| No | Item | Action |
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| | <p>analysis is to show the numbers of this type of package over time and an indication of the timeliness of reviews for these packages. AOR to action for the next CHC update report.</p> <p><i>The committee received this report.</i></p> | AOR |
| FR19/119 | <p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register, noting that it had been reviewed by the Senior Finance Team earlier in the week. He proposed no changes at this stage.</p> <p>MMcD commented that the risk of not delivering the CCG's control total is the highest risk facing the CCG subject to moderation.</p> <p>AS suggested that the finance risk register for The Walton Centre NHS Foundation Trust be reviewed in relation to the formatting of risks; MMcD to action with Debbie Fairclough (the CCG's Interim Programme Lead – Corporate Services).</p> <p>Members agreed that no changes to the risk scores on the register were required at this stage.</p> <p><i>The committee approved the F&R Committee risk register and agreed that no changes to scores were required at this stage.</i></p> | MMcD |
| FR19/120 | <p>Individual Funding Request Service Report Q1 2019/20</p> <p>JL presented the Individual Funding Request Service Report Q1 2019/20.</p> <p>JL mentioned referrals from GPs and noted that Midlands & Lancashire CSU have new software that will enable GPs to review the Commissioning Policy prior to referral; this would reduce the number of cases being referred to the IFR team. JL explained that this applied to cases that were related to the commissioning policy criteria and not IFRs which by nature would be referred by secondary / tertiary care clinicians.</p> <p>JL referred to a high cost IFR case related to rehabilitation. She noted that additional support for case management has been sourced via the CSU which would assist in managing such cases in the future and link to the Rehab Network Service.</p> <p>A discussion followed in relation to the IFR service. PC raised a number of queries which were answered by JL.</p> <p><i>The committee received this report.</i></p> | |
| FR19/121 | <p>GP Pensions Update</p> <p>MMcD provided an update on the GP pensions issue as well as the background to this. He reported that a CCG Remuneration Framework is currently under review, which will detail pay rates for each role and contractual arrangements in place. A Remuneration Committee is to be convened for the end of October 2019. New contracts will be issued to all parties concerned once finalised by HR</p> | |

| No | Item | Action |
|--|---|--------|
| | <p>and adopted by the CCG. MMcD reported NHS England have requested completion of a template return by 18th October 2019, detailing the administration of GP Board Member and Clinical Lead pensions from April 2013 through to April 2019. This is due to national, regional and local variation identified as a result of the issue with GP pensions.</p> <p><i>The committee received this verbal update.</i></p> | |
| <i>Service Contracts / Contract Planning</i> | | |
| FR19/122 | <p>Midlands and Lancashire CSU: Summary Service Report</p> <p>MMcD provided a brief overview of the Midlands and Lancashire CSU Summary Service Report for the period 1st June to 31st August 2019.</p> <p><i>The committee received this report.</i></p> | |
| FR19/123 | <p>Contract Planning 2020/21</p> <p>MMcD provided an overview of a presentation delivered to the Senior Management Team on 27th August 2019 outlining that the CCG planning for the 2020/21 contracting round. He noted the presentation had been brought to the committee for information.</p> <p>The committee discussed the content of the presentation, including areas such as mental health, primary care and community care. The future of Acting as One was also discussed; AS stressed the importance of having a mechanism that is mutually beneficial for both providers and commissioners.</p> <p><i>The committee received this report.</i></p> | |
| <i>Brexit</i> | | |
| FR19/124 | <p>Brexit Considerations</p> <p>MMcD provided an update on Brexit Considerations. He reported that following discussion at the Senior Leadership Team meeting on 17th September 2019, it has been agreed that the Leadership Team will now oversee and manage Brexit considerations given the potential of a 'no deal' exit on 31st October 2019. The Brexit Considerations item is therefore to be removed from the F&R Committee work plan; TK to action.</p> <p>MMcD reported that Debbie Fairclough, the CCG lead for EU Brexit planning, is managing all Brexit related arrangements for the CCG.</p> <p><i>The committee received this verbal update.</i></p> | TK |
| <i>Performance</i> | | |
| FR19/125 | <p>Quality Premium Report</p> <p>MMcD reported that the CCG has not received any guidance or plans for the Quality Premium 2019/20.</p> <p><i>The committee received this verbal update.</i></p> | |

| No | Item | Action |
|---|---|--------|
| <i>Prescribing</i> | | |
| FR19/126 | <p>Prescribing Spend Report – Month 3 2019/20</p> <p>SL provided an overview of the prescribing report for month 3 2019/20, noting that South Sefton CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>SL raised concerns about the NHS BSA 2019/20 forecast outturn for the CCG and noted that concerns are shared across CCGs in Cheshire & Merseyside for their respective BSA forecast outturns. She confirmed that the CCG is in discussions with the BSA to understand the information behind the forecast outturn.</p> <p>SL reported on increasing cost pressures in relation to No Cheaper Stock Obtainable (NCSO) drugs and Category M drugs. She drew the committee's attention to an issue regarding drugs that had previously been NCSO which have been returned to the drug tariff at a significantly higher price and present a considerable cost pressure. MMcD provided the background to this issue. It was noted that the combined cost pressure of NCSO drugs and drugs moved into the drug tariff from NCSO is £714k.</p> <p>An extensive discussion followed on areas including DOACs and Warfarin, and prescribing saving opportunities. SL confirmed that she represents the Sefton and Liverpool CCGs on the Medicines Optimisation Steering Committee, which reports into the Cheshire & Merseyside Health & Care Partnership.</p> <p><i>The committee received this report.</i></p> | |
| <i>Committee review and feedback</i> | | |
| FR19/127 | <p>Review of F&R Meetings</p> <p>The committee provided feedback on F&R meetings, which included the content of agendas, the process of the meetings, and behaviours.</p> <p>The following points were raised and noted:</p> <ul style="list-style-type: none"> • PC requested more time on the agenda to discuss addressing the significant financial challenges to the CCG. MMcD noted that this area is reviewed by the Joint QIPP and Financial Recovery Committee as well as the Finance & Resource Committee. • Quorum may need to be reviewed to ensure there is attendance from the large majority of members. • The overall Corporate Risk Register (from which the F&R Committee Risk Register is extracted) needs to be reviewed to make it more readable. <p>Members agreed that the approach to conducting the meetings was appropriate.</p> | |
| Minutes of Steering Groups to be formally received | | |
| FR19/128 | <ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – June | |

| No | Item | Action |
|-------------------------|---|--------|
| | <p>2019 The committee received the minutes of the SPEP Steering Group meeting (June 2019).</p> | |
| Closing business | | |
| FR19/129 | <p>Any Other Business No items of other business were raised at this meeting.</p> | |
| FR19/130 | <p>Key Issues Review The key issues from the meeting will be presented as a Key Issues Report to the Governing Body.</p> | |
| | <p>Date of next meeting Thursday 24th October 2019 1pm to 3pm 3rd Floor Board Room, Merton House</p> | |

Approved

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

Date: Thursday 25th July 2019 at 09.00 – 12.00

Venue: 5A, 5th Floor, Merton House, Stanley Road, Bootle, Liverpool 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) | FLT |
| In attendance | | |
| Helen Case (for agenda item 19/129 only) | Designated Nurse, Children in Care (SSCCG) | HC |
| Helen Roberts | Lead Pharmacist (SS&SFCCG) | HR |
| Dr Emma McDonnell | GP at Bridge Road Medical Centre | EMc |
| Dr Ruari Killough | GP at West Way Medical Centre | RK |
| Apologies | | |
| Karl McCluskey | Director of Strategy and Outcomes (SSCCG) | KMc |
| Billie Dodd | Deputy Director of Commissioning and Delivery (SSCCG) | BD |
| Jennie Piet | Programme Manager Quality and Performance (SSCCG) | JP |
| Dr Doug Callow | GP Quality Lead/GB Member (SFCCG) | DC |
| Dr Jeffrey Simmonds | Secondary Care Doctor (SFCCG) | JS |
| Susan Calvert | Interim Head of Quality and Safety (SSCCG) | SC |
| Susanne Lynch | Head of Medicines Management (SSCCG) | SL |
| Tracey Forshaw | Assistant Chief Nurse (SSCCG) | TF |
| Minutes | | |
| Michelle Diable | 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 Joint Quality and Performance 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 | July 18 | Aug 18 | Sept 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | Apr 19 | May 19 | June 19 | July 19 |
|---------------------|---|---------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|
| Dr Rob Caudwell | GP Governing Body Member | L | N | ✓ | A | ✓ | N | L | ✓ | ✓ | N | ✓ | A | ✓ |
| Graham Bavliss | Lay Member for Patient & Public Involvement | ✓ | 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 | ✓ | ✓ | A |
| Billie Dodd | Head of CCG Development | A | N | A | A | A | N | ✓ | A | A | N | ✓ | ✓ | A |
| Debbie Fagan | Chief Nurse & Quality Officer | L | N | A | ✓ | ✓ | N | A | ✓ | A | N | - | D | D |
| Dr Gina Halstead | Chair and Clinical Lead for Quality | ✓ | N | ✓ | ✓ | ✓ | N | ✓ | ✓ | A | N | ✓ | - | ✓ |
| Martin McDowell | Chief Finance Officer | A | N | A | ✓ | ✓ | N | ✓ | A | ✓ | N | ✓ | D | ✓ |
| Dr Andrew Mimmagh | Clinical Governing Body Member | A | N | A | A | A | N | A | A | - | N | - | - | - |
| Dr Jeffrey Simmonds | Secondary Care Doctor | ✓ | N | ✓ | A | A | N | A | A | A | N | A | ✓ | A |

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

| No | Item | Actions |
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| 19/117 | <p>Welcome, Introductions & Apologies</p> <p>Dr Rob Caudwell welcomed all to the meeting and round the table introductions were made. It was noted that Drs Emma McDonnell and Ruari Killough were in attendance to observe.</p> <p>Apologies were noted from Fiona Taylor, Billie Dodd, Susanne Lynch, Sue Calvert, Jennie Piet, Karl McCluskey and Tracey Forshaw.</p> | |
| 19/118 | <p>Declarations of Interest</p> <p>It was noted that Emma McDonnell is a Locality Lead in South Sefton CCG and is an LMC member. Dr Ruari Killough is a Locality Lead in South Sefton CCG.</p> | |
| 19/119 | <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 27th June 2019.</p> | |
| 19/120 | <p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • 19/33 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 with an update required for the next meeting.</p> <ul style="list-style-type: none"> • Action 19/36 GP Quality Lead Update - Debbie Fagan to raise the concerns of the impact of changes to the Health Visiting Team 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>Dr Gina Halstead updated the Committee and advised that she has contacted Margaret Jones who advised that she would not be available to attend the Joint Quality and Performance Committee until the autumn. Dr Emma McDonnell contributed concerns regarding the changes to the Health Visiting Service. The main issues being; the issuing of Memorandum of Understanding on vaccinations. North West Boroughs Healthcare NHS Foundation Trust not going through safeguarding lists as they did previously. Health Visitors will only discuss patients on a "hot list" with the GP to raise. Some patients may not be known to the Health Visiting Team. There was a discussion on vaccinations being followed up as a responsibility of the practices. Location of Health Visiting localities in Southport and Formby is an issue as it is not central to Churchtown.</p> | MS |

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| | <p>Dr Gina Halstead advised that at the recent Collaborative Commissioning Forum, process mapping for escalation on contractual breaches had been discussed. A contracts query and performance notice flow chart is being produced. Dr Halstead requested that a copy be shared with the Committee.</p> <p>Action: Michelle Diable to request a copy of the Contracts Query and Performance Notice Flow Chart from Terry Hill to share with the Committee.</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>Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and would update the Committee at the next meeting.</p> <p>Brendan Prescott advised that Go to Doc domiciliary visits was raised at the Go to Doc Contract Meeting. An update from Billie Dodd is required. Action deferred to the next meeting.</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>Action to remain on the tracker. Brendan Prescott advised that further information is awaited from Jane Lunt. Dr Rob Caudwell asked if this needs to be escalated. Brendan Prescott to take the action forward.</p> <ul style="list-style-type: none"> • Action 19/91 Multi Agency Safeguarding Arrangements (MASA) Plan (i) Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee. <p>A response is awaited, action therefore to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/104 Performance Highlight Report <p>Brendan Prescott advised that he would present it to the next Quality Surveillance Group scheduled in September 2019. The outcome will be presented to this Committee in October 2019.</p> <ul style="list-style-type: none"> • Action 19/107 Joint Quality and Performance Committee Revised Terms of Reference – 10/9/20 (i) 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>Action completed and to be removed from the tracker.</p> (ii) 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>Brendan Prescott advised that he had raised this with Debbie Fairclough. The plan is for Governing Body to discuss what this means for sub committees. Action to be removed from the tracker.</p> | <p>MD</p> <p>BD</p> |
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| <p>19/122</p> | <p>Clinical Director Quality Update</p> <p>Dr Rob Caudwell advised that having regular meetings with Dr Terry Hankin has had a positive impact. There had been cultural and engagement issues which have now improved. Discharging low risk patients back to primary care remains a big issue.</p> <p>Dr Gina Halstead informed the Committee about the Primary Care Interface Meeting; the terms of reference have been approved. LMC, Provider Trusts and Quality Teams (clinicians) are invited.</p> <p>Dr Gina Halstead highlighted a concern in relation to Liverpool Clinical Laboratories not accepting blood samples that have not been dated and signed. The change is with effect from 1st August 2019. It has not been widely communicated and poses a risk. This issue has been raised with Lisa Bailey and will be followed up with a letter to Dr Jim Anson, Clinical Director, LCL. Dr Halstead advised that she would provide an update at a future Committee meeting.</p> <p>Action: Dr Gina Halstead to update the Committee following her letter to Dr Jim Anson in relation to the changes made by Liverpool Clinical Laboratories not accepting blood samples without them being dated and signed.</p> <p>Outcome: The Committee received the verbal Clinical Director Quality Update.</p> | <p>GH</p> |
| <p>19/123</p> | <p>Integrated Performance Report</p> <p>Brendan Prescott presented the Integrated Performance Report (IPR) and noted that this is the first time performance and quality data have been presented in the form of an IPR. Further development of this report will be based on Committee member's feedback. It was noted that the report is presented at other forums for scrutiny.</p> <p>Following discussion the Committee requested a summary of any issues and actions for assurance purposes, reporting by exception. It was noted that there is too much detail contained in the report. A trajectory of improvement was suggested. A date of when concerns are raised and a trend marker to be included. Sustainability of improvement needs to be demonstrated.</p> <p>It was noted that hyperlinks had proved useful in previous reports. It was suggested re introducing them in future reports. Robust challenge is required, holding providers to account and reviewing lessons learned. Introducing a heat map for the indicators was suggested. The Committee require clarity on their role at this Committee and requested confirmation of their requirements in terms of this report. The question of whether the Committee is fulfilling its terms of reference was raised and what actions is the Leadership Team and CCG Officers putting place in terms of addressing the issues. Triaging concerns and then providing actions with data for assurance in order to streamline reports was suggested. Asking the leads what is keeping them concerned in the IPR and what requires escalation was also suggested. It was also noted that executive summaries would be more valuable for the public.</p> <p>It was highlighted that on page 20 of the report; page 48 of the meeting pack under item 2.42 - Referral to Treatment Incomplete Pathway 52+ week waiters. The indicator is noted as being red but appears as green.</p> <p>Dr Gina Halstead referred the Committee to page 21 of the report, page 49 of the meeting pack under item 2.5.1, Two Week Urgent GP Referral for Suspected Cancer. The actions to address/assurances; "Breast services dominate the underperformance against this standard.</p> | |

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| | <p>As a health economy we have developed some revised forms and educational resources for primary care aimed at better risk stratification of referrals in to suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. There will be a detailed review of cancer services for the Planned Care Group with Aintree". Dr Halstead advised that she would follow this up with the Clinical and Managerial Leads.</p> <p>Action: Dr Gina Halstead to contact Debbie Harvey and Sarah McGrath to follow up the actions noted to address item 2.5.1.</p> <p>It was highlighted that on page 21, page 49 of the meeting pack under item 2.5.2, Two Week Wait for Breast Symptoms that Mersey Care NHS Foundation Trust's ADHD long waiters were not included.</p> <p>The Committee noted that they do not need finance data, but need to know when the CCGs are the lead commissioners and if there are red indicators who are the co coordinating commissioners are and what is being put in place to address the issue(s).</p> <p>Outcome: The Committee received the Integrated Performance Report.</p> | GH |
| 19/124 | <p>Locality / Network Update</p> <p>Brendan Prescott provided the following verbal update:-</p> <p><u>South Sefton CCG</u> No quality issues identified. Medicines Management are supporting the Bootle Network. GP Federation is the preferred provider for Extended Access.</p> <p>The CCG Business Intelligence (BI) representative at the Seaforth Locality meetings left the CCG in December 2018 and their presence has been noted. The next locality meeting is scheduled for 7th August 2019, attendance from a BI representative was requested.</p> <p><u>Southport and Formby CCG</u> No quality issues identified. From the 4 networks, only one practice has not signed up to Primary Care Network development.</p> <p>It was noted that some practices had reported they are no longer aware when a patient is pregnant due to self-referral. Confirmation of pathway/procedures is being looked into. Lack of District Nurse visibility at Multi-Disciplinary Meetings had been noted.</p> <p>Outcome: The Committee received the Locality/Network Update</p> | |
| 19/125 | <p>Corporate Risk Register – Quality Update</p> <p>Brendan Prescott presented the Corporate Risk Register Quality Update on behalf of Mel Spelman. The report seeks to provide an update on the Joint Quality Risk Register for both South Sefton and Southport and Formby CCGs.</p> <p>It was noted that there are 41 open risks for South Sefton and Southport and Formby CCGs.</p> <p>The Committee referred to line 78 of the closed risks in Appendix 1 – Joint Risk Register in relation to a risk regarding the delivery of primary medical care services, caused by workload and workforce pressures resulting in reduced quality of care for patients, scored 12 which the Committee felt does not reflect the risk.</p> | |

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| | <p>It was noted that this risk is being removed from the Corporate Risk Register and being transferred on to the Joint Commissioning Risk Register (JC03). The Committee wished to object to the mitigating action. Brendan Prescott advised that he would contact Angie Parkinson to follow this up.</p> <p>Action: Brendan Prescott to contact Angie Parkinson to follow up the primary care risk which is being transferred to Joint Commissioning Risk Register.</p> <p>Outcome: The Committee received the Corporate Risk Register Quality Update.</p> | BP |
| 19/126 | <p>An Audit of the diagnosis of COPD exacerbations and the associated antimicrobial prescribing in a GP practice according to local antimicrobial guidelines</p> <p>Helen Roberts presented this item in the absence of Susanne Lynch which was approved by the Committee.</p> <p>Outcome: The Committee approved the Audit.</p> | |
| 19/127 | <p>Electronic Palliative Care Co-ordination Systems (EPaCCS) Update</p> <p>Brendan Prescott presented the EPaCCS update in the absence of Anthony Rowan Senior Project Manager, Informatics Merseyside.</p> <p>Dr Emma McDowell noted that there are several data sharing issues. Submissions have been made to LMC, no response has been received to date.</p> <p>Outcome: The Committee received the EPaCCS update.</p> | |
| 19/128 | <p>Audit Programme Lancashire Care NHS Foundation Trust (LCFT) 19-20</p> <p>Brendan Prescott presented this item. It was noted that Lancashire Care NHS Foundation Trust (LCFT) provides community services to the residents of Southport and Formby CCG. LCFT have requested the CCGs consider any specific areas to be included in the LCFT audit programme for 2019-20.</p> <p>Dr Gina Halstead noted that patients having own rescue packs poses a risk in terms of inappropriate use.</p> <p>Dr Emma McDowell noted that the guidelines on formularies do not make any reference to rescue packs.</p> <p>Action: Helen Roberts to feedback the concern raised by Dr Gina Halstead to Jenny Johnson.</p> <p>Dr Gina Halstead noted that continence services are not included in the audit plan but should be. The Committee requested that continence services be added to the audit schedule for LCFT. Dr Emma McDonnell noted that some patients had not received delivery of continence pads.</p> <p>Action: Brendan Prescott to feedback to LCFT via CCQRM regarding continence service being absent from the audit and for it to be placed on LCFT Audit Schedule Register.</p> <p>Outcome: The Committee received the Audit Programme.</p> | HR BP |

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| <p>19/129</p> | <p>Care Quality Commission (CQC) Action Plan – Update Report</p> <p>Helen Case presented the CQC Action Plan which seeks to provide a second update on the action plan, following the CQC review of health services for Looked After Children and Safeguarding which was re-submitted to CQC on 3rd July 2019.</p> <p>It was noted that out of the 15 main sections, 5 are now fully complete and of the 243 sub-actions, 217 are green, 5 are not yet due and 21 are red. This could possibly be as a result of having over ambitious timescales. Some of the greens are being tested. Assurance processes have been strengthened and quality site visits for safeguarding are being undertaken. The next question is the “so what” of going green. “One click to safeguarding” has been promoted but needs refining.</p> <p>It was noted that the action plan has been progressed since the initial CQC submission in January 2018, with a further submission evidencing updates and progress having been completed in July 2019. The action plan is to be finalised by 31st December 2019.</p> <p>It was highlighted that the safeguarding flow chart is not accessible from the home page on the intranet and will be rectified.</p> <p>Outcome: The Committee received the CQC Action Plan Update Report.</p> | |
| <p>19/130</p> | <p>2019/20 Serious Incident Improvement Plan</p> <p>Brendan Prescott presented the Serious Incident Improvement Plan and advised that a number of versions had previously been presented to this Committee. Last time there was one incident outstanding which has since been resolved. The action plan is to be presented on a quarterly basis to monitor progress.</p> <p>Dr Gina Halstead noted that provider engagement has made a positive difference.</p> <p>Outcome: The Committee approved the Serious Incident Improvement Plan.</p> | |
| <p>19/131</p> | <p>Serious Incident Review Group (SIRG) Revised Terms of Reference</p> <p>Brendan Prescott presented this item in the absence of Tracey Forshaw. The terms of reference have been revised to support the SIRGs to be quorate. This is due to the capacity of the Quality Team. There will remain a requirement for all incidents to be reviewed by GP Clinical Leads and with input where appropriate from the Designated Professionals. The revised terms of reference have been approved by the CCG’s Interim Programme Lead – Corporate Services.</p> <p>Dr Gina Halstead referred the Committee to Appendix 1, South Sefton CCG SIRG Terms of Reference on page 209 of the meeting pack, in relation to the second bullet point under the “Aim” section. Aintree University Hospital NHS Trust is not included in the list of partnership working. Dr Halstead queried which CCG works with which Trusts.</p> <p>Action: Brendan Prescott to clarify with Tracey Forshaw which CCG works in partnership with which Trust and amend the Terms of Reference accordingly.</p> <p>It was noted that in Appendix 1, South Sefton CCG SIRG Terms of Reference, under item 2 - membership, the core group will include 2 members from the Quality Team, not 3 members as stated.</p> <p>Outcome: The Committee approved the SIRG Terms of Reference.</p> | <p>BP</p> |

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| 19/132 | <p>Integrated Joint Funding Group Draft Terms of Reference</p> <p>Brendan Prescott introduced this item in the absence of Tracey Forshaw.</p> <p>The terms of reference support the Joint Funding Process Group which has been jointly set up by Sefton MBC and Sefton CCG to develop a robust methodology to support funding agreements for organisations to sign up to. It was noted that the terms of reference will also require approval by the Integrated Commissioning Group.</p> <p>Outcome: The Committee approved the Integrated Joint Funding Group Terms of Reference.</p> | |
| 19/133 | <p>Provider Cost Improvement Day</p> <p>Brendan Prescott presented this item which seeks to provide an update regarding the Provider Cost Improvement (CIP) Day hosted by Liverpool CCG on 8th April 2019. The update provides a summary of the cost improvement plans for the provider organisations providing services in the North Mersey area.</p> <p>The Committee noted that the report was thorough and the short summaries on the CIP plans were well written.</p> <p>Outcome: The Committee noted the Provider Cost Improvement Day Update.</p> | |
| 19/134 | <p>Serious Incident Review Group (SIRG) Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 13th June 2019 • Southport and Formby CCG – 5th June 2019 <p>Outcome: The Committee noted the Serious Incident Review Group Minutes.</p> | |
| 19/135 | <p>Engagement and Patient Experience Group (EPEG) Meeting – Key Issues Log</p> <p>It was noted that the last EPEG meeting took place on 24th July 2019, therefore the keys issues will be presented at the next Joint Quality and Performance Committee meeting.</p> <p>Outcome: The Committee to receive the EPEG Key Issues at the next meeting.</p> | |
| 19/136 | <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 5th July 2019. The Medicines Datix Report for April 2019 was also included.</p> <p>Outcome: The Committee received the JMOG Key Issues and April 2019 Medicines Datix Report.</p> | |
| 19/137 | <p>Corporate Governance Support Group Key Issues</p> <p>The Committee received the Corporate Governance Support Group Key Issues from the meeting held on 20th June 2019.</p> <p>Outcome: The Committee noted the Corporate Governance Support Group Key Issues.</p> | |

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| 19/138 | <p>Healthwatch Sefton Annual Report 2018-19</p> <p>The Committee received the Healthwatch Sefton Annual Report 2018-19 and noted that it was well presented and that they had undertaken some good work.</p> <p>Outcome: The Committee noted the Healthwatch Sefton Annual Report 2018 - 19.</p> | |
| 19/139 | <p>Any Other Business</p> <p>None.</p> | |
| 19/140 | <p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues:-</p> <ul style="list-style-type: none"> • The current service provided by Health Visitors and North West Boroughs Healthcare NHS Foundation Trust. Risk of children vaccinations rates/safeguarding reviews. Feedback to be received by the Joint Quality and Performance Committee from the Safeguarding Leads meeting taking place on 18th September 2019. • Follow up process at Southport and Ormskirk Hospital NHS Trust from Fiona Taylor's enquiries. Feedback from the Trust meeting and a paper to be presented to the Joint Quality and Performance Committee once the meeting with the Trust has taken place. Need assurance on the Trust's surveillance process for all patients and not just certain directorates. Clinical review, robust process and trust surveillance process and immediate actions. Review of CCG internal processes when risks identified (originally identified in 2017). Need to see the improvement plan. • Mersey Care NHS Foundation Trust review on RiO data and performance reporting, action is to escalate up through the contract meetings. • Is the Joint Quality and Performance Committee fulfilling its terms of reference? What are the Leadership Team and CCG officers doing in relation to working towards the actions? • Quality and Performance reporting to Joint Quality and Performance Committee. Where else is it scrutinised, what needs to come to Joint Quality and Performance Committee in terms of summary and areas of focus? Will work with commissioning colleagues on the Integrated Performance Report and present back to Joint Quality and Performance Committee. | |
| 19/141 | <p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 29th August 2019 at 9am – 12noon, Marshside Surgery, 117 Fylde Road, Southport, PR9 9XP.</p> | |

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

Date: Thursday 29th August 2019 at 09.00 – 12.00

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

Membership

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| 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

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

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| Tracey Forshaw (for part of meeting) | Assistant Chief Nurse (SSCCG) | TF |
| Mel Spelman | Programme Manager for Quality and Risk(SSCCG) | MS |
| Susanne Lynch | Head of Medicines Management (SSCCG) | SL |
| Natalie Hendry-Torrance | Designated Safeguarding Adult Manager (SSCCG) | NHT |

Apologies

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| Billie Dodd | Deputy Director of Commissioning and Delivery (SSCCG) | BD |
| Jennie Piet | Programme Manager Quality and Performance (SSCCG) | JP |
| Dr Jeffrey Simmonds | Secondary Care Doctor (SFCCG) | JS |
| Karen Garside | Designated Nurse Safeguarding Children (SSCCG) | KG |
| Graham Bayliss | Lay Member (SSCCG) | GB |
| Fiona Taylor | Chief Officer (SFCCG/SSCCG) | FLT |
| Martin McDowell | Chief Finance Officer (SFCCG/SSCCG) | MMcD |
| Dr Gina Halstead | GP Clinical Quality Lead/GB Member (SSCCG) | GH |

Minutes

No minute taker in attendance.
Meeting recorded.

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

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

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

| No | Item | Actions |
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| 19/142 | <p>Welcome, Introductions & Apologies</p> <p>The Chair welcomed all to the meeting.</p> <p>Apologies were noted from Fiona Taylor, Billie Dodd, Jennie Piet, Dr Jeff Simmonds, Martin McDowell, Graham Bayliss, Karen Garside and Dr Gina Halstead.</p> <p>It was confirmed that the meeting was not quorate. Therefore any reports requiring approval would be circulated via email to absent Committee members to obtain formal approval. It was suggested that when the Terms of reference are next reviewed to amend them to state that only one lay member is required for quoracy.</p> <p>Action: Michelle Diable to circulate the Committee reports requiring approval to absent Committee members to obtain formal approval.</p> <p>Action: Brendan Prescott to amend the Joint Quality and Performance Committee Terms of Reference to state that only one lay member is required for quoracy.</p> | <p>MD</p> <p>BP</p> |
| 19/143 | <p>Declarations of Interest</p> <p>None.</p> | |
| 19/144 | <p>Minutes & Key Issues Log of the previous meeting</p> <p>The minutes and key issues from the previous meeting held on 25th July 2019 were provisionally approved as an accurate record.</p> | |
| 19/145 | <p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> Action 19/33 NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Service Incident Reports. <p>The CCG to look at NRLS reporting to compare MCFT and LCFT. Mel Spelman to contact Lee Taylor or Trish Bennett.</p> <p>Mel Spelman advised that the NRLS database only provides meaningful data for mental health. As of April 2017 community data has been added. As most of the incidents relate to mental health, there would not be any meaningful data obtained from community to be able to provide a comparison. It was noted that incident data is recorded on a quarterly basis. NRLS suggests that neither MCFT of LCFT are outliers for reporting.</p> <p>Dr Doug Callow advised of a patient with a grade II pressure ulcer who was declined by LCFT and therefore the patient was seen by their GP. It was suggested that this be discussed at the next Lancashire Care NHS Foundation Trust Operational Meeting. Dr Doug Callow advised that he would email Brendan Prescott the details.</p> <p>Action: Dr Doug Callow to provide details of the patient with a grade II pressure ulcer who was declined by LCFT to Brendan Prescott, who will then raise the issue at the next LCFT Operational Meeting.</p> <ul style="list-style-type: none"> Action 19/36 GP Quality Lead Update | <p>DC/BP</p> |

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| <p>Debbie Fagan to raise the concerns of the impact of the Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. Fiona Taylor to invite 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 on the Health Visiting Service Changes.</p> <p>Previous Update: Margaret Jones was invited to the June 2019 Committee meeting but was unable to attend. Margaret to attend a future meeting.</p> <p>Previous Update: Committee's issues to be addressed at the Safeguarding Leads Meeting on 18th September 2019. Feedback to be presented to the Committee.</p> <p>Action to remain on the tracker, update to be received at September 2019 Committee meeting.</p> <ul style="list-style-type: none"> • Action 19/81 Chief Nurse Report <ul style="list-style-type: none"> (i) ERS SOPs to be presented at a future Joint Quality and Performance Committee meeting to provide assurance. <p>Previous Update: To be presented at a future Committee meeting.</p> | BP |
| <p>Action to remain on the tracker and to be presented at the November 2019 Committee Meeting.</p> <ul style="list-style-type: none"> (ii) Aintree University Hospitals NHS Trust paper switch off in radiology update to be presented at the Joint Quality and Performance Committee. <p>Previous Update: Task and Finish Group has been set up. The paper switch off in radiology has not occurred yet.</p> <p>Action closed. Any issues will be presented to the Committee.</p> <ul style="list-style-type: none"> • Action 19/83 Quarter 4 Serious Incident Reports <ul style="list-style-type: none"> (i) 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>Previous Update: No update received, deferred to next meeting.</p> <p>Mel Spelman advised that the Safeguarding Team already include the information requested by Fiona Taylor and will provide that separately as it is not appropriate to include in the Serious Incident Report. Lessons learned are now included in the report. Action closed.</p> <ul style="list-style-type: none"> • Action 19/84 Performance Highlight Report <ul style="list-style-type: none"> (ii) Contract Meeting to be convened after the Joint Quality and Performance Committee. <p>Previous Update: Action not progressed. Brendan Prescott has discussed this action with Martin McDowell and is not practical. To be removed</p> <p>Previous Update: This proposal is not practical and to be removed from the tracker. Following a Collaborative Commissioning Forum Meeting a Contracts Query and Performance Flow Chart to be produced by Terry Hill and be shared with the Committee. Michelle Diable to circulate the flow chart to the Committee. Brendan Prescott advised that Michelle Diable has requested the flow chart from</p> | BP |

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| <p>Terry Hill but has not received it yet. Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS <p>Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>Previous Update: Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and she will update the Committee at the next meeting.</p> <p>Brendan Prescott advised the Committee of the following update from Billie Dodd "Go to Doc have seen a change in the number of patients coming from 111 already triaged to a lower number in peak times. As a result, Go to Doc have to triage requests for visits themselves in real time which impacts on ability to respond to visits per se. They are remodelling their staffing to support the changes while at the same time highlighting the issue at regional 111 level. They have been asked to feedback to contract meeting in September".</p> <p>The Committee advised that further information in required. Brendan Prescott advised that he would request further information from Billie Dodd.</p> <ul style="list-style-type: none"> • Action 19/87/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report <p>Plan to be presented at the next Joint Quality and Performance Committee Meeting.</p> <p>Previous Update: Action deferred. Further information is awaited from Jane Lunt.</p> <p>Previous Update: Brendan Prescott to contact Jane Lunt and provide an update at the next Committee Meeting.</p> <p>Action closed. A new action was noted for Brendan Prescott to speak to Sharon Forrester in the first instance in relation to questions raised by the Committee regarding response times, now many paramedics are on the road at any one time and how does NWAS manage their performance internally. Brendan noted that an NWAS Quality Forum has been scheduled for September 2019 where the above questions will be raised.</p> <ul style="list-style-type: none"> • Action 19/91 Multi Agency Safeguarding Arrangements (MASA) Plan <p>(iii) Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</p> <p>Previous Update: A response is awaited. Karen to update the Committee.</p> <p>Brendan Prescott advised that Local Safeguarding Children's Board (LSCB) and the current housing provider (One Vision Housing) plans to establish links with other housing registered providers to ensure they are linked into the LSCB. Action closed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/104 Performance Highlight Report <p>Brendan Prescott to include in the summary of the Performance Highlight Report that the report goes to Cheshire and Merseyside Health and Care Partnership and would also include Liverpool CCG and Knowsley CCG's reports going forward.</p> <p>Previous Update: Brendan Prescott to present at the next Quality Surveillance Group Meeting in September 2019. The outcome will be presented to the Committee in October 2019.</p> | <p>BP/BD</p> <p>BP</p> |
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| | <p>Action to remain on the tracker with an update to be received at the October 2019 Committee Meeting.</p> <ul style="list-style-type: none"> • Action 19/108 Safeguarding Quarterly Report <p>(i) Looked After Children Action Plan to be presented to the Committee at a future meeting.</p> <p>Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> • Action 19/121 Deputy Chief Nurse Report <p>(i) Brendan Prescott to request Tracey Forshaw to present a paper to the Committee on the feedback from the meeting with Southport and Ormskirk Hospital NHS Trust and to follow up Fiona Taylor's enquiries in relation to their processes.</p> <p>Action included in the Deputy Chief Nurse Report. Action to be removed from the tracker.</p> <p>(ii) Brendan Prescott to request if Southport and Ormskirk Hospital NHS Trust would consider support from Aintree University Hospital NHS Trust's Serious Incident Team.</p> <p>Brendan Prescott advised that he would raise this at a meeting scheduled with the Trust on 29th August 2019. Action to remain on the tracker.</p> <p>(iii) Assurance required from Mersey Care NHS Foundation Trust on data quality/ data capacity.</p> <p>Brendan Prescott advised that he would raise the issue at the September 2019 CCQRM. Action to remain on the tracker.</p> <p>Action 19/122 Clinical Director Quality Update</p> <p>(i) Dr Gina Halstead to update the Committee following her letter to Dr Jim Anson in relation to the changes made by Liverpool Clinical Laboratories not accepting blood samples without them being dated and signed.</p> <p>Action to remain on the tracker with an update to be presented at the October 2019 Committee Meeting.</p> <p>(ii) Dr Gina Halstead to contact Debbie Harvey and Sarah McGrath to follow up the actions noted to address item 2.5.1 – Two week urgent GP Referral for Suspected Cancer.</p> <p>Action to remain on the tracker with an update to be presented at the October 2019 Committee Meeting.</p> <ul style="list-style-type: none"> • Action 19/125 Corporate Risk Register – Quality Update <p>Brendan Prescott to contact Angie Price to follow up the primary care risk which is being transferred to the Joint Commissioning Risk Register.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/128 Audit Programme Lancashire Care NHS Foundation Trust 19-20 | <p>BP</p> <p>HC</p> <p>BP</p> <p>BP</p> <p>GH</p> <p>GH</p> |
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| | <p>(i) Helen Roberts to feedback the concern raised about patients having their own rescue packs. They are being shared and used inappropriately.</p> <p>It was noted that the above concern has been raised with Jenny Johnston and was discussed at JMOG and will be discussed with Dr Leonard. Action completed and to be removed from the tracker.</p> <p>(ii) Brendan Prescott to feedback to Lancashire Care NHS Foundation Trust via CCQRM regarding continence service being absent from the audit and for it to be placed on the LCFT Risk Register.</p> <p>Action on agenda. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/131 Serious Incident Review Group Revised Terms of Reference <p>Brendan Prescott to clarify with Tracey Forshaw which CCG works in partnership with which Trust and amend the Terms of Reference accordingly.</p> <p>Action completed and to be removed from the tracker.</p> | |
| 19/146 | <p>Deputy Chief Nurse Report</p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which provides an update on the key issues since the last report presented in July 2019.</p> <p><u>Aintree University Hospitals NHS Foundation Trust</u></p> <p>The CCG have escalated Referral to Treatment (RTT) through its Governance structure and have now instigated a Contract Performance Notice against RTT and more specifically in relation to gastroenterology. The Trust has indicated that they have reduced overall waiting times and have assured the CCG that they are not expecting any over 52 week beaches.</p> <p><u>Southport and Ormskirk NHS Trust</u></p> <p>The Committee discussed the RTT lost to follow up issues and wished to note that they were not assured on the RTT lost to follow up action plan in terms of clinical engagement of senior medical staff. It was suggested that a paper be presented at the next CCQRM in relation to the management of clinical engagement following the action plan. The Committee requested further updates against the plan.</p> <p>Action: A paper to be presented at the next CCQRM in relation to the management of clinical engagement following on from the RTT lost to follow up action plan.</p> <p>Dr Doug Callow informed that notifications of biopsies are not always being shared with GPs. Dr Callow agreed to raise the issue at the next monthly meeting with the Medical Director.</p> <p>Action: Dr Doug Callow to raise the issue in relation to notifications of biopsies not being shared with GPs at the monthly meeting with the Medical Director.</p> <p>Gill Brown advised that Dr Hilal Mulla had raised issues regarding gastroenterology electronic referrals. Dr Rob Caudwell agreed to discuss the issues with Dr Hilal Mulla at a gastroenterology meeting scheduled for 9th September 2019.</p> <p>Action: Dr Rob Caudwell to discuss the gastroenterology electronic referral issues with Dr Hilal Mulla on 9th September 2019.</p> | <p>BP</p> <p>DC</p> <p>RC</p> |

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| | <p>Brendan Prescott advised that the Trust has invited CCG clinical members to attend Mortality Operational Group Meetings. Dr Rob Caudwell advised that he would speak to John Cain to request his attendance and to provide feedback via the Collaborative Commissioning Forum.</p> <p>Action: Dr Rob Caudwell to contact John Cain to request his attendance at the Mortality Operational Meetings and to provide feedback via the Collaborative Commissioning Forum.</p> <p><u>Alder Hey Children's Hospital NHS Foundation Trust</u></p> <p>It was noted that an incident has been reviewed relating to Alder Hey Children's Hospital with subsequent actions agreed with NHSE and Liverpool CCG in relation to monitoring risks on non e-RS patients being missed, actions have been agreed.</p> <p><u>One to One Northwest Limited</u></p> <p>NHS Commissioners took immediate action after being informed by One to One (North West) Limited on 29th July 2019 that it was unable to continue to operate. Trading ceased on 31st July 2019. 41 patients were booked for either ante-natal or post-natal care from South Sefton and 20 were from Southport and Formby. By 12th August 2019 all Sefton woman had been notified to new providers.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p> | RC |
| 19/147 | <p>Clinical Director Quality Update</p> <p>This agenda item was discussed later in the meeting under Any Other Business.</p> | |
| 19/148 | <p>Integrated Performance Report</p> <p>Brendan Prescott presented the Integrated Performance Report which seeks to provide an overview of provider performance for both NHS South Sefton and NHS Southport and Formby. The report provides both quality and performance metrics by exception and current actions to provide assurance.</p> <p>Brendan advised that due to diary commitments Karl McCluskey was unable to attend the meeting. It was noted that a meeting had taken place with Brendan Prescott, Karl McCluskey, Luke Garner and Jennie Piet following discussions at the previous Joint Quality and Performance Committee. They had agreed not to include full IPRs as they are discussed at other forums but would provide an executive summary and dashboard.</p> <p>The executive summary and dashboard were well received by the Committee. Sight of the Children's Services recovery plan was requested and some narrative against RCAs would be useful. Also consistency in terms of compliance percentage data was requested.</p> <p>Action: Brendan Prescott to share the Children's Service Recovery Plan and to provide narrative against RCAs and to ensure there is consistency in relation to compliance percentage data.</p> <p>Brendan provided a Children's Services update and advised that discussions had taken place at the most recent Senior Management Team Meeting where it was noted that long waits for children in relation to Speech and Language Therapy (SALT) had reduced.</p> <p>Challenge from the Overview and Scrutiny Committee was also noted as it was felt that 18 weeks is too long for a child to wait for an appointment.</p> | BP |

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| | <p>All breaches now have planned appointments.</p> <p>Brendan suggested holding a workshop session subject to availability at the next Joint Quality and Performance Committee to concentrate on the role and function of the Committee and to confirm what is required in terms of providing assurance going forward.</p> <p>Action: Brendan Prescott to invite the necessary staff members to the next Joint Quality and Performance Committee which will include a workshop to look at the role and function of the Joint Quality and Performance Committee.</p> <p>Outcome: The Committee received the Integrated Performance Report.</p> | BP |
| 19/149 | <p>Commissioning for Quality and Innovation (CQINN) Update</p> <p>Brendan Prescott presented the report which seeks to provide the Committee with an update in relation to CQUIN framework which supports improvements in the quality of services and the creation of new, improved patterns of care.</p> <p>It was noted that the following had not been provided in quarter 1 which will be picked up via single item CQSG:-</p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People, CCG7: Three high impact actions to prevent Hospital Falls,</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u></p> <p>CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People, CCG7: Three high impact actions to prevent Hospital Falls.</p> <p>Dr Doug Callow queried why cephalexin isn't being prescribed to elderly patients with sepsis. Susanne Lynch advised that some audits had been undertaken in several practices looking at complicated patients with more than one infection. She advised that there is still some work to be done in relation to prescribing choices.</p> <p>Susanne Lynch asked to be linked in with the Quality Team in relation to CQUINs, in particular when attending the quarterly meetings at Aintree University Hospital NHS Trust, enabling her to feedback accordingly.</p> <p>Mel Spelman advised of a shared folder which is being introduced in relation to the quality schedule and will ensure that all the relevant staff members have sight of it.</p> <p>It was noted that falls and serious incidents will be noted via SIRG in terms of CQUIN.</p> <p>It was noted that a meeting had recently taken place following concerns raised regarding discharge incidents. Unfortunately the Local Authority was unable to attend. However the Trust is fully sighted in relation to trends and themes. Further work is to be undertaken in relation to this.</p> <p>Outcome: The Committee received the CQUIN Update.</p> | |
| 19/150 | <p>Serious Incident Report</p> <p>Mel Spelman presented 2 reports which seek to provide the Committee with a Q1 2019/20 update on the performance of serious incident management for the CCG in line with the National Serious Incident Framework, where the CCG is the lead commissioner:</p> | |

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| <p>NHS Southport and Formby CCG:-</p> <p><u>Southport and Ormskirk NHS Trust</u></p> <p>It was noted that there are 14 incidents reported in quarter 1. The Trust has an open and honest reporting culture and there are no major concerns. There has been a large improvement on 48 hour reporting timescales. 72 hour reporting all submitted on time. There are some issues, CPN is on-going with recovery expected by end of November 2019. Legacy serious incidents have been closed down, however the process isn't sustainable. New Route Cause Analyses (RCAs) are starting to breach. The team is not being supported appropriately and this has been escalated to Juliette Cosgrove. A position statement is required in relation to meeting the trajectory. A meeting will need to be scheduled with the Trust.</p> <p>It was queried what the process will be should recovery not be made by the end of November 2019. Brendan Prescott advised that it will be escalated and discussed at the Improvement Board in October 2019.</p> <p>An options appraisal paper has been submitted in relation the management of serious incidents. It was noted that there is no clarity in relation to how the situation will be resolved long term.</p> <p>It was noted that lessons learned have been included in the report as requested by Fiona Taylor.</p> <p>An improvement story relating to the Plaster Cast Team was shared with the Quality and Safety Forum in July 2019 which was well received.</p> <p>It was suggested that an update in relation to the progress of the improvement work being undertaken including the action plan be presented to the Committee on a quarterly basis.</p> <p><i>Action: Mel Spelman to present the Committee with a quarterly update in relation to the improvement work being undertaken against the action plan and to include the action plan within the report.</i></p> <p><u>Lancashire Care NHS Foundation Trust</u></p> <p>5 Serious Incidents were reported in quarter 1 with zero Never Events. 60% of incidents were reported within the 48 hour timescale which is the same as in the previous quarter. 60% of the 72 hours report due for quarter 1 were submitted. This is being monitored by the Quality Team and will be fed back to the Trust and will be discussed at CCQRM.</p> <p><u>NHS Southport and Formby CCG StEISable Incidents</u></p> <p>There is 1 RCA outstanding which relates to a surgical/invasive procedure incident meeting serious incident criteria reported on behalf of Isight. The CCG has been supporting their RCA completion. This has been added to their action plan, to source additional education and to obtain further knowledge of the serious incident framework.</p> <p>NHS South Sefton CCG:-</p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>It was noted that 7 incidents were reported in quarter 1 with zero Never Event reported. 100% of incidents were reported in 48 hours. The number of incidents open for the Trust has decreased. It took time to obtain assurance to close the RCAs down.</p> | <p>MS</p> |
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| | <p>It has reduced however, but the number of issues has increased. Actions have been sent to Diane Brown as the CCG is not receiving the right level of assurance.</p> <p>There are no concerns in relation to the of submission of RCA's in line with the timescale. There were no lessons learned but will be actively looking for them.</p> <p><u>Mersey Care NHS Foundation Trust (Community Services)</u></p> <p>6 incidents were reported in quarter 1 with zero Never Events reported. 100% of incidents were reported within 48 hours. 72 hour reports will be tabled at the CCQRM in September 2019 and will be discussed at the monthly divisional pressure ulcer meeting. They are not meeting their contractual requirements.</p> <p>It was noted that serious incident management and quality of RCAs in terms of pressure ulcer reporting requires some work. There is a meeting taking place scheduled regarding timescales adherence and quality of RCA's. The re-organisation of the community division is impacting. This has been raised at the Senior Management Team Meeting as assurance is required. A further update is expected in October 2019.</p> <p>Outcome: The Committee received the Serious Incident Reports.</p> | |
| <p>19/151</p> | <p>Safeguarding Adults – Chapter 14 Care Act 2014 Briefing Paper</p> <p>Natalie Hendry – Torrance presented the briefing paper advising that the Merseyside Safeguarding Adult Board (MSAB) Chapter 14 Audit has been completed and submitted on 30th July 2019. This demonstrates NHS South Sefton CCG and NHS Southport and Formby CCG (CCGs) are compliant with all aspects of Chapter 14 of the Care Act 2014.</p> <p>Following the audit an action plan has been generated to support compliance against the three minor actions which will be monitored by the Safeguarding Business Meeting and via the Joint Quality and Performance Committee on a quarterly basis:-</p> <ul style="list-style-type: none"> • Update on the recruitment of an Interim Chief Nurse; • Safeguarding Training Needs analysis and Strategy to be updated; • Mental Capacity Act Policy to be updated (when detail known). <p>Outcome: The Committee received the Chapter 14 Care Act 2014 Safeguarding Adults Briefing Paper.</p> | |
| <p>19/152</p> | <p>Safeguarding Children and Adults Declaration</p> <p>Natalie Hendry - Torrance presented the report advising that the CCGs are required to publish a Safeguarding Children and Adults declaration, highlighting their standards. Since the last declaration updated in April 2017, it has been reviewed and the following changes being made in line with national changes:-</p> <ul style="list-style-type: none"> • Inclusion of reference to Looked After Children within the declaration; • Removal of reference to the CCG having a process for following up children who miss outpatient appointments and a system for flagging children and adults for whom there are safeguarding concerns which would be only relevant with declarations of provider health services. <p>It was noted that in the Safeguarding Children and Adults Declaration in the minimum safeguarding standards/ arrangements section that 8th bullet point stating "That the CCG/NHSE should ensure that GP practices and staff have robust systems and practices in place to ensure fulfilment of the child and adult at risk safeguarding role" be removed.</p> | |

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| | <p>It was suggested that GP compliance be discussed at the Primary Care Commissioning Committee. Natalie Hendry- Torrance advised that she would speak to Jan Leonard about this.</p> <p>Action: Natalie Hendry to speak to Jan Leonard regarding GP compliance.</p> <p>Outcome: Due to the Committee Meeting not being quorate, the Committee provisionally approved the briefing paper subject to formal approval being sought via email from the absent Committee Members.</p> | NHT |
| 19/153 | <p>Listeria Outbreak at Aintree University Hospital NHS Foundation Trust</p> <p>Brendan Prescott presented this item which sets out the actions undertaken by the Trust following a Listeria Outbreak at Aintree University Hospital NHS Trust in May 2019. It was noted that the patient who had contracted Listeria was admitted as a palliative case. The patient died in Woodlands Hospice in relation to cancer not Listeria. Lessons have been learned in relation to how the CCG became aware of the incident which was via national media instead of directly from the Trust. No further cases have been noted.</p> <p>Outcome: The Committee received the Listeria Outbreak at Aintree University Hospital NHS Foundation Trust Report.</p> | |
| 19/154 | <p>North West NHS 111 Commissioners Report</p> <p>Brendan Prescott presented this item which seeks to provide Clinical and Commissioner Leads with the key intelligence relating to the clinical, safeguarding and operational and quality elements of the NHS 111 Telephony Service in the North West relating to Month 3 (M3) 2019/20.</p> <p>The Committee noted the following questions that they wished to ask of North West Ambulance Service (NWAS) in relation to having a breakdown in terms of a Sefton wide report going forward.</p> <p>It was suggested asking NWAS if they have any way of surveying primary care to get their feedback about their referrals.</p> <p>It was also suggested asking NWAS how many have used the Care of the Chemist service and to also ask them about what their response times and categories and their hand over times.</p> <p>It was noted that inappropriate triage decisions are being made resulting in clinical quality issues. It was highlighted that the NWAS dossier advises that patients have to see a GP within 2 hours thus giving patients false expectations.</p> <p>Action: Brendan Prescott to ask the above questions of Ian Davies and raise them at the NWAS Quality Forum.</p> <p>Outcome: The Committee received the North West 111 Commissioners Report.</p> | BP |
| 19/155 | <p>Serious Incident Review Group (SIRG) Minutes</p> <ul style="list-style-type: none"> • NHS South Sefton CCG – 11th July 2019 • NHS Southport and Formby CCG – 3rd July 2019 <p>Outcome: The Committee noted the Serious Incident Review Group Minutes.</p> | |

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| 19/156 | <p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <ul style="list-style-type: none"> • 26th June and 24th September 2019 <p>Outcome: The Committee noted the Serious Incident Review Group Minutes.</p> | |
| 19/157 | <p>Engagement and Patient Experience Group (EPEG) Meeting Key Issues</p> <p>The Committee noted the key issues update from the last JMOG meeting held on 24th July 2019.</p> <p>Outcome: The Committee received the JMOG Key Issues.</p> | |
| 19/158 | <p>Any Other Business</p> <p>Dr Doug Callow raised concerns regarding triaging in relation to changes made to the 2 week pathway process. Previously a GP would make a 2 week referral but now patients are being downgraded or sent straight for a test. If the test results are negative then the patient is referred back in to primary care. This currently relates mainly to urology, respiratory and gastroenterology. It was noted that this poses a risk of patients not being treated accordingly or efficiently and impacts on primary care workload. Brendan Prescott advised that he will raise this at the next CCG Senior Management Team Meeting and will in turn raise it with Southport and Ormskirk Hospital NHS Trust.</p> <p>Action: Brendan Prescott to raise the concerns highlighted in relation to the changes made to the 2 week pathway process at the next CCG Senior Management Team Meeting in the first instance.</p> <p>Dr Rob Caudwell requested an update around the consent issues relating to MASH requests. The Local Medical Committee has written to Kieran Murphy about the issues. Brendan Prescott advised that Wendy Hewitt had spoken with David Smith and Kieran Murphy and that David Smith will be attending the Safeguarding Leads Meeting on 12th September 2019 where the issues will be addressed. It was noted that a MASH information booklet in relation to referrals is being introduced.</p> <p>Brendan Prescott advised that the new Patient Safety Strategy has been released by NHS England and NHS Improvement which will have implications in terms of the reporting and processing of serious incidents.</p> <p>Action: BP to liaise with CCG primary care colleagues to present a paper to the Committee at a future meeting highlighting the implications arising from the new Patient Safety Strategy.</p> <p>Dr Callow raised a question in relation to waiting times and communications at Aintree University Hospital NHS Trust as patients are waiting a long time for care. Brendan Prescott advised that he would raise the question with Terry Hill in the first instance.</p> <p>Action: Brendan Prescott to raise waiting times and communications at Aintree University Hospital NHS Trust with Terry Hill.</p> | <p>BP</p> <p>BP</p> <p>BP</p> |

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| <p>19/159</p> | <p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues:-</p> <p><u>NHS Southport and Formby CCG</u></p> <p>Key Issue Committee not assured on RTT lost to follow up action plan in terms of clinical engagement of senior medical staff.</p> <p>Risk Identified Risk of patients not being reviewed which may lead to harm.</p> <p>Mitigating Action Request paper to CCQRM from Southport and Ormskirk Medical Director on clinical engagement to the Trust plan.</p> <p>Key Issue SI process and recovery plan against contract performance notice.</p> <p>Risk Identified Risk of not meeting the recovery trajectory in terms of SI process.</p> <p>Mitigating Action Contact Director of Nursing to request assurance on plan to recover and if not assured to agree remedial action with Trust Board oversight.</p> <p>Key Issue Change to 2 week pathway process.</p> <p>Risk Identified Risk of patients not being treated accordingly or efficiently. Impact on primary care workload.</p> <p>Mitigating Action Discuss at SMT on Trust changes to 2 week pathway.</p> <p><u>NHS South Sefton CCG</u></p> <p>None.</p> | |
| <p>19/160</p> | <p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 26th September 2019 at 9am – 12noon, 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL.</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 | | |
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| 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 |
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| 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 |
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| 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 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> | |

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| <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> | |

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| 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 |
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| 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 GB 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 PCCiC 19/05 Item closed. TOR are prepared and will be reviewed at the subcommittee. PCCiC 19/05 Item closed. The committee will discuss this within the development session in July. 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> | |

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| <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> | |

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| <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> | |

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| <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>Information was presented on some of the issues the 7 day access service is facing due to technical difficulties: the service is unable to access electronic tests requests via ICE system and is therefore using a paper format. This is causing issues with the response to tests requests as the result is being returned to the GP and not the 7 Day access service. The 7 Day access service is also experiencing difficulties referring on ERS (electronic referral system) as the service does not have access to the software in order to refer patients to secondary care electronically. The CCG and federation are working with NHS Digital in order to address the issues and find a resolution.</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> | <p>CT</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 Review of 7 day access Authorisation of the 7 PCN's Medicines Management offer to PCN's Extended hours provision by PCN by 1st July 2019 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 Room 5A Merton House, Bootle, L20 3DL</p> | |
| <p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p> | | |

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

Approved Minutes – Part I

Date: Thursday 15th August 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 |
| Alan Sharples | SS CCG Lay Member (Deputy Chair) | AS |
| 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 |
| Jane Elliott | Localities Manager SSCCG | JE |
| 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 |
| Sue Calvert | Interim Deputy Head of Quality & Safety | SC |
| Minutes | | |
| Jacqueline Westcott | Senior Administrator SSCCG | JW |

Attendance Tracker

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

| Name | Membership | April 19 | May 19 | June 19 | July 19 | Aug 19 |
|------------------------------------|--|----------|--------|---------|---------|--------|
| Members: | | | | | | |
| Gill Brown | S&F CCG Lay Member (Chair) | ✓ | A | ✓ | ✓ | ✓ |
| Graham Bayliss | SS CCG Lay Member (Vice Chair) | ✓ | A | ✓ | ✓ | ✓ |
| Alan Sharples | SS CCG Lay Member (Deputy Chair) | - | - | - | - | ✓ |
| Helen Nichols | S&F CCG Lay Member | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fiona Taylor | S&F SS CCG Chief Officer | A | A | ✓ | A | A |
| Martin McDowell | S&F SS CCG Chief Finance Officer | ✓ | ✓ | ✓ | A | A |
| Jan Leonard | S&F CCG Director of Place (North) | ✓ | ✓ | ✓ | ✓ | A |
| Brendan Prescott | S&F CCG Chief Nurse and Quality Lead | A | ✓ | N | ✓ | A |
| Angela Price | S&F SS CCG Programme Lead Primary Care | ✓ | ✓ | A | ✓ | ✓ |
| Alan Cummings | NHSE Senior Commissioning Manager | ✓ | ✓ | A | A | A |
| Non- Voting Attendees: | | | | | | |
| LMC Representative | | ✓ | N | A | N | N |
| Health Watch Representative | | A | A | ✓ | A | A |
| Health & Well Being Representative | | A | N | N | N | N |

| Name | Membership | April 19 | May 19 | June 19 | July 19 | Aug 19 |
|--------------------|---|----------|--------|---------|---------|--------|
| Dr Craig Gillespie | GP Clinical Representative | ✓ | ✓ | A | ✓ | ✓ |
| Dr Kati Scholtz | GP Clinical Representative | ✓ | ✓ | A | ✓ | ✓ |
| Sue Calvert | Interim Deputy Head of Quality & Safety | | | | | ✓ |
| Debbie Fairclough | Chief Operating Officer | | | | | ✓ |

| No | Item | Action |
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| PCCiC19/59 | <p>Apologies for absence Apologies were received from Fiona Taylor, Martin McDowell, Jan Leonard, Alan Cummings, and Brendan Prescott. Healthwatch</p> <p>Welcome and Introductions GB 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.</p> | |
| PCCiC19/60 | <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> | |
| PCCiC19/61 | <p>Minutes of the previous meeting 20th June 2019 – PCCiC 19/54 7 Day access Utilisation paragraph 4 the committee requested the paragraph to be re-worded to the following: Information was presented on some of the issues the 7 day access service is facing due to technical difficulties: the service is unable to access electronic tests requests via ICE system and is therefore using a paper format. This is causing issues with the response to tests requests as the result is being returned to the GP and not the 7 Day access service. The 7 Day access service is also experiencing difficulties referring on ERS (electronic referral system) as the service does not have access to the software. The service creates the referral in EMIS on the patients records and a request is made for the practice upload the referral onto ERS. The CCG and federation are working with NHS Digital in order to address the issues and find a resolution.</p> | |
| PCCiC19/62 | <p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated</p> | |

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| PCCiC19/63 | <p>Report from Operational Group and Decisions made</p> <p>There were no decisions made at the meeting 15th August 2019.</p> <p>Translation services – Since delegation both CCGs are using translation providers through NHSE. Moving forward both CCGs will work with other local CCGs to review translation needs.</p> <p>Primary Care practice contracts – A new member of staff will be joining the team in September 2019, a regular review process will be implemented in order to review the process and contract changes to partnerships.</p> | |
| PCCiC19/64 | <p>Primary Care Quality</p> <p><u>GP Patient Survey –</u> AP presented data on the GP patient survey (GPPS) taken from July 2019. The data was compared with the previous survey dated 2018. The results of the surveys show an increase in patient satisfaction compared with the national average. There was a discussion regarding the presentation of the data, with views on future iterations.</p> <p>It was acknowledged that Southport and Formby CCG had achieved the highest results in Cheshire and Merseyside for 'overall experience of GP practice', and South Sefton had improved this indicator from the previous year.</p> <p>The Committee agreed that a letter of acknowledgement will be sent to all Southport and Formby practices, and to those South Sefton practices who achieved the national average of above. A letter will be drafted and agreed with the Chairs.</p> <p>Results could be picked up via contract meetings. Variations between practices within a PCN/locality could be discussed.</p> <p>Ease of getting through on the telephone was discussed, it was acknowledged that implementing e-consult which is being rolled out across Sefton, could reduce calls to GP practices.</p> <p><u>Complaints log quarter one –</u> AP presented data on the primary care complaints log which has now been delegated to the CCG from NHSE. The data has been collated since April 2019. There were 4 complaints received by the SSCCG and 3 for SFCCG primary care team, although it was recognised that the complaints highlighted were in relation to the commissioning of primary care, other themes of complaints would be presented to different committees.</p> <p>The operational group will provide assurances to the Committee that patients know how to complain to a practice and the steps that can be followed if they are unhappy with the outcome. The process is to be reviewed in order to collate the data effectively.</p> | RH/GB |
| PCCiC19/65 | <p>Update on GPFV Operational Plan/ Primary Care Programme Report</p> <p>Item for discussion in part 2 of today's meeting.</p> | |

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| PCCiC19/66 | <p>Primary Care Network update</p> <p>There are 3 PCNs within SSCCG:</p> <ul style="list-style-type: none"> • Crosby & Maghull • Bootle • Seaforth & Litherland <p>The PCN DES is on course for progressions to be made. 4 practices are not signed up to the PCN DES within SSCCG, however the DES allows them to sign up at a later stage.</p> <p>There are 4 localities and PCNs within SFCCG:</p> <ul style="list-style-type: none"> • Ainsdale & Birkdale • Central • North • Formby PCN has only 3 practices in this PCN with a population of less than 30,000 patients. The PCN has not formally signed up to the pharmacy hub at this stage <p>A meeting is to be arranged with NHSE and Formby PCN to discuss development of the PCN, the practice not currently signed up to the PCN DES has the opportunity to join at a later stage. Formby PCN has agreed to cover the practice population for extended hours and social prescribing.</p> | |
| PCCiC19/67 | <p>Sign up to Direct Enhanced Services</p> <p>Practices can sign up to additional Direct Enhanced Services (DES) nationally.</p> <ul style="list-style-type: none"> • The 2019/20 DES's are as follows: • Learning disabilities • Extended Hours – Quarter 1 2019 only. this will become part of the Network DES from Quarter 2 2019 • Minor surgery • Out of Area Registrations • Special Allocation Scheme previously known as the Violent Patient Registration Scheme. Currently only 1 practice in Bootle provides this scheme for patients across Sefton. The Committee were interested to know the numbers of patient from each CCG who are currently on the SAS scheme. RH will collate this information. • Primary Care Networks | RH |

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| PCCiC19/68 | <p>Healthwatch Feedback</p> <p>This item will be discussed further at next month's meeting.</p> | |
| PCCiC19/69 | <p>Key Issues Log</p> <p>A letter commending the work of Blundellsands Surgery in relation to patients identified with autism will be drafted.</p> <p>The practice uses lanyards for patients with autism, and offers patients the first appointment of the afternoon when the surgery is quieter in order to support patients.</p> <p>Complaints to be added to the log in order to provide assurances of quality.</p> | |
| PCCiC19/70 | <p>Any Other Business</p> <p>There were no other items raised.</p> | |
| PCCiC19/71 | <p>Date of Next Meeting:</p> <p>Date of Next Meeting: 19th September 2019 Room 5A Merton House, Bootle, L20 3DL</p> | |
| <p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p> | | |