

Governing Body Meeting (Part I) Agenda

Date: Thursday 2nd September 2021, 13:00hrs to 15:00hrs

Venue: Virtual Meeting: Teams

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. We will continue to publish papers as normal.

13:00 hrs Formal meeting of the Governing Body (Part I) commences.

The Governing Body Members

Dr Peter Chamberlain	Chair & Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member - Governance	AS
Steven Cox	Lay Member - PPI	SC
Dr Gina Halstead	GP Clinical Director	GH
Chrissie Cooke	Interim Chief Nurse	CC
Martin McDowell	Chief Finance Officer	MMcD
Dr Alison Rowlands	GP Clinical Director	AR
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

Director or Deputy	Director of Public Health, Sefton MBC	
Director or Deputy	Director of Social Services and Health, Sefton MBC	
Bill Bruce	Chair, HealthWatch	BB

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:00hrs
GB21/100	Apologies for Absence	Chair	Verbal	Receive	25 mins
GB21/101	Declarations of Interest	Chair	Verbal	Receive	
GB21/102	Minutes of previous meeting – 3 rd June 2021 (<i>Page 3</i>)	Chair	Report	Approve	
GB21/103	Action Points from previous meeting – 3 rd June 2021 (<i>Page 14</i>)	Chair	Report	Approve	
GB21/104	Business Update	Chair	Verbal	Receive	
GB21/105	Chief Officer Report (<i>Page 16</i>)	FLT	Report	Receive	
Quality					13:25hrs
GB21/106	Chief Nurse update (<i>Page 26</i>)	CC	Report	Receive	10 mins
GB21/107	Annual LeDeR Report (<i>Page 34</i>)	CC	Report	Receive	10 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB21/108	Complaints Report (<i>Page 63</i>)	CC	Report	Receive	5 mins
Finance and Quality Performance					13:50hrs
GB21/109	Chief Finance Officer update (<i>Page 69</i>)	MMcD	Report	Approve	25 mins
GB21/110	Integrated Performance Report (<i>Page 81</i>)	MMcD	Report	Receive	
Governance					14:15hrs
GB21/111	ICS and ICP update	FLT	Verbal	Receive	10 mins
GB21/112	Staff Survey (<i>Page 154</i>)	TJ	Report	Receive	10 mins
GB21/113	Primary Care Committee in Common Terms of Reference (<i>Page 179</i>)	DFair	Report	Approve	5 mins
Strategy					14:40hrs
GB21/114	Intermediate care strategy (<i>Page 192</i>)	SF	Report	Receive	10 mins
Key Issues Reports to be received for “review, comment and scrutiny”:					14:50hrs
GB21/115	Key Issues Reports: (<i>Page 220</i>) a) Finance & Resource Committee b) Quality & Performance Committee c) Primary Care Commissioning Committee PTI d) Leadership Team	Chair	Report	Receive	10 mins
GB21/116	Approved Minutes: (<i>Page 235</i>) a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					15:00hrs
GB21/117	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB21/118	Date of Next Meeting Thursday 4th November 2021, 13:00hrs. Venue/Format: Teams All PTI public meetings will commence 13:00hrs.				
Estimated meeting close					15:05hrs

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 3rd June 2021, 13:00hrs to 15:00hrs

Format: To help the CCG respond to the coronavirus meetings are being held virtually, as per the published notice on the CCG website.

The Governing Body Members in Attendance

Dr Peter Chamberlain	Chair & GP Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member for Governance	AS
Helen Armitage	Consultant in Public Health	HA
Bill Bruce	Health Watch Chair	BB
Steven Cox	Lay Member for Patient & Public Engagement	SC
Dr Gina Halstead	GP Clinical Director	GH
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

In Attendance

Terry Stapley	<i>Minute Taker</i>	TS
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF
Tracey Forshaw	Deputy Chief Nurse	TF
Neil Watson	Adult Social Care (Sefton Council)	NW

Apologies

Jeff Simmonds	Secondary Care Doctor	JS
Deborah Butcher	Director for Adult Social Care (Sefton Council)	DB
Chrissie Cooke	Interim Chief Nurse	CC

Name	Governing Body Membership	Sept 20	Nov 20	Feb 21	Apr 21	Jun 21
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓		
Alan Sharples	Deputy Chair & Lay Member - Governance	✓	✓	✓	✓	✓
Director or <i>Deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	A	✓	✓	A	✓
Director or <i>Deputy</i>	Director of Social Service & Health, Sefton MBC	A	✓	✓	A	A
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓		
Dr Peter Chamberlain	GP Clinical Director	✓	A	✓	✓	✓
Gina Halstead	GP Clinical Director	A	✓	A	✓	✓
Maureen Kelly	Chair, HealthWatch (<i>co-opted Member</i>)	A	A			
Bill Bruce	Chair, HealthWatch (<i>co-opted Member</i>)			✓	A	✓
Steven Cox	Lay Member for Patient & Public Engagement					✓

Name	Governing Body Membership	Sept 20	Nov 20	Feb 21	Apr 21	Jun 21
Jane Lunt	Interim Chief Nurse	✓	✓			
Chrissie Cooke	Interim Chief Nurse			✓	A	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	✓	A	A
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓
*Dr John Wray	GP Clinical Director	✓	✓	✓	✓	✓

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB21/59	<p>Apologies for Absence</p> <p>Apologies were received from Chrissie Cooke, Jeff Simmonds and Deborah Butcher.</p> <p>The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members. No questions had been received for the meeting.</p>	
GB21/60	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell and Tracey Forshaw.</p> <p>Dr John Wray in relation to his role as Medical Director at North West Ambulance Service (NWAS).</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCGs Register of Interests which is available on the website http://www.southseftonccg.nhs.uk/about-us/our-constitution/</p>	
GB21/61	<p>Minutes of Previous Meeting 1st April 2021</p> <p>The members approved the minutes of 1st April 2021 as a true and accurate record.</p>	

GB21/62	<p>Action Points from Previous Meeting</p> <p><u>GB21/10(II) Integrated Performance Report</u></p> <ul style="list-style-type: none"> • MMcD to check why the figure for E-referrals is still only at 35.2% YTD., when all practices will be sending referrals electronically. <p>Resolution: Open</p> <p><i>Update:</i> MMcD noted systems not fully linked, thus it is felt it is not an accurate figure. MMcD to review and decide whether to cease reporting this data until the information is correct.</p> <p><u>GB21/35 Patient Story</u></p> <ul style="list-style-type: none"> • Relevant actions for the CCG from local area Learning Disabilities Mortality Review (LeDeR) meetings to be reported to Joint Quality Performance Committee (JQPC) and to be reported back to the Governing Body via the Chief Nurse report. <p>Resolution: Open</p> <p><i>Update:</i> TF advised this information is not available yet but will be reported back via the Chief Nurse report when available.</p>	
GB21/63	<p>Business Update</p> <p>PC provided an update to the Governing Body on his recent appointment as Chair of the CCG. PC noted he will continue his role as clinical director for the vaccination programme in South Sefton until the end of programme. Furthermore, he will be continuing to engage with the Primary Care Network developments as they progress.</p> <p>Resolution: The members received the update.</p>	
GB21/64	<p>Chief Officer Report</p> <p>FLT presented the Chief Officer report which focussed on those items not covered on today's agenda.</p> <p>In relation to the mass vaccination programme practices will continue to work though cohorts 1-9, specifically those who require second doses. For cohorts 10-12 increased provision through community pharmacy colleagues has been made available across Sefton.</p> <p>The CCG will continue to work closely with PCNs, Local Authority, Voluntary Sector and HealthWatch Sefton colleagues to address vaccine hesitancy and address the needs of groups who may find it difficult to access vaccination.</p> <p>Members attention was brought to section 2 and the relocation of the CCGs' to Magdalen House. The Interim Programme Lead for Corporate Services is continuing to work with CCG colleagues, iMersey and Sefton Borough Council to conclude the relocation of the CCG's headquarters to Magdalene House in Bootle. Merton House was vacated during mid-March and the medicines management team and key administrative staff have been working from the fourth floor at Magdalene as an interim measure.</p> <p>The CCG had planned for a return to office-based working, albeit an agile model comprising off site and on site ways of working, with effect from the 1st July, however there have been some delays with the media provider meeting</p>	

	<p>the required timelines.</p> <p>In relation to section 5, FLT thanked Alan Sharples and Dr Craig Gillespie for their support through the 2020-21 CCG Self-Assessment and the follow up meeting on the 27th May 21. The CCG are still waiting for the findings and final assessment from NHSE.</p> <p>FLT noted that the Primary Care Commissioning Committee authorised the establishment of a new Southport and Formby PCN, which includes all practices within the SFCCG membership. The PCN will work with the two other Sefton PCNs to contribute to the development of integrated working at borough and locality level.</p> <p>FLT advised the Strategic Task & Finish Group is now well established, to support the ICS development. Further work is being undertaken to implement key partner strategies that were developed in 2020/21, including the Care Home and Intermediate Care Strategies. The Sefton Programme Delivery Group will have a key role in driving forward implementation.</p> <p>Resolution: The members received the report.</p>	
GB21/65	<p>Chief Nurse update</p> <p>TF provided the Governing Body with an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio.</p> <p>Due to patient flow members were advised of the information in relation to Southport and Ormskirk Hospitals CQC Report. The CQC's report was published on 13 May 2021, following the unannounced focused inspection on the 3rd – 5th March 2021. This was on the back of concerns from the public re: patient safety, decision making of do not attempt cardiopulmonary resuscitation (DNACPR). TF noted the trust are working on the 7 areas for improvement which were noted within the report.</p> <p>TF updated members on the Chief Coroners Reg 28: Prevention of Future Deaths Report for Southport and Ormskirk Hospitals NHS Trust (SOHT), following the death of a 4 year old girl in January 2020. This incident has been raised on StEIS and the Trust will be working alongside Alder Hey as a learning exercise and providing the report to NHSE within 56 days.</p> <p>TF provided a further update in relation to an incident in January 2021 and issues with the children and young people's mental health pathway. Eight strategic actions have been determined, with an overarching action plan in place with oversight from NHS EI C&M. The Chief Nurse for the Sefton CCGs, is ensuring the actions plans are progressed across Sefton. A report is in the process of being finalised, which JQPC should receive in June 2021.</p> <p>In relation to Special Education Needs and Disability (SEND), ahead of the DfE re-visit is expected to take place on 26th June 2021. Updates have been provided across health partners, to support the SEND Improvement action plan and to further inform the SEND risk register. In preparation a request has been made to health partners to submit additional evidence to demonstrate; co-production, sustainability for mental health support, evidence if consultation and impact on improvement of services and any additional training which has taken place from the last visit.</p> <p>Members attention was brought to the Covid Local Vaccination Site (LVS) incident: On the 19 May an SBAR was submitted to NHS EI C&M and the</p>	

	<p>System Vaccine Operations Centre (SVOC) of an administration error that has taken place in February. This affected 41 individuals and the accurate recording of the vaccine received at their first dose. Consequently 3 people have received a mixed vaccine schedule, which is outside of local COVID vaccine administration arrangements. The incident has been reported on strategic executive information system (StEIS) with the investigation progressing, duty of candour has been completed, and discussion with general practitioner (GP) to support reassurance. The CCG is reviewing the reporting through to System Vaccination Operational Centre (SVOC) as part of the learning.</p> <p>Finally, TF noted the CCG considered a request to allow practices to switch off eConsult out of core hours. The CCG agreed to support the request and will update the Primary Care Commissioning Committee in June 2021. In order to progress this clear processes for practices to follow if they wish to turn off eConsult will need to be established, part of this process will be communicating this to patients which should be via the practice website and notifying the relevant PPG.</p> <p>FLT noted the concerns around Stoddart House reduced bed base (16) compared to the commissioned bed base from Sefton in place at the previous Ward 35 (25). There have been no patient safety issues reported, with inclusion and exclusion criteria being closely adhered to by the provider. The CCGs Leadership Team are clearly sighted on this issue and also the second phase Aintree at Home / Ward 34 transfer.</p> <p>Resolution: The members received the report.</p>	
GB21/66	<p>Care Home Strategy</p> <p>NW provided members with an update on the Care Home Strategy which has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.</p> <p>NW noted that whilst progress has been made to date, especially during the COVID-19 pandemic, its recognised that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.</p> <p>The report advises that Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role.</p> <p>Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.</p> <p>TF noted that the strategy has been through the necessary governance at the CCG and Chrissie Cooke has had input throughout.</p> <p>Members agreed that the strategy shows positive joint working and demonstrates integrated commissioning in action.</p> <p>FLT added that the strategy gives us a clear direction of travel to help us think about how we spend money in supporting our residents. Whilst laying</p>	

	<p>foundations for quality, finance and setting the scene on future joint working.</p> <p>AS brought members attention to a query which was raised at Finance and Resource Committee in relation to the uplift for existing Continuing Healthcare Packages and the recommendation of what it should be. AS noted a 1% uplift would be agreed, FLT noted that there will be the development of a new specification with the intent to align with the Local Authority. FLT confirmed the CCG would continue to use the Adam Dynamic Purchasing System and Chrissie Cooke will work on the quality aspect of the specification.</p> <p>Resolution: Members received the report and approve the document to continue through the Local Authority governance arrangements.</p>	
GB21/67	<p>Chief Finance Officer update</p> <p>MMcD presented the Governing Body with the proposed budgets for H1 2021/22 following publication of the H1 2021/22 planning guidance and the updated CCG financial plan.</p> <p>The draft budgets were presented to the Governing Body in March 2021 and the draft financial plan presented in May 2021. The CCG's financial plan is subject to further review with system partners and final approval by the Health Care Partnership as part of the system financial plan. The CCG QIPP target is also subject to change as a result of this process.</p> <p>The draft financial plan identified a deficit of £3.290m, the CCG is working alongside all partners in the Cheshire and Merseyside area to manage within allocated resources and it is expected that the CCG will reach a break-even financial position in line with its allocation for the first six months of the financial year. Discussions are ongoing and the CCGs have received an additional funding allocation as consequence of these discussions, further work is required to undertake peer review amongst CCGs to ensure that this distribution is fair and equitable.</p> <p>The current situation is that the CCGs deficit/QIPP requirement has reduced to £1.800m although this is subject to further discussions during the first part of the financial year.</p> <p>AS asked whether there are workstreams that can help the CCG reach the £1.800m QIPP requirement for H1? MMcD confirmed through prescribing and corporate savings can be made but they may not total the full requirement.</p> <p>FLT noted her concerns for H2 2021/22 and there being a lot of risk due to the uncertainty of what the rules will be from October onwards.</p> <p>Resolution: The Governing Body approve the proposed budgets for H1 2021/22, noting the following key points:</p> <ul style="list-style-type: none"> • The Governing Body is asked to approve the proposed budgets for H1 2021/22 and to note that the budgets and QIPP requirement may be updated following further review with system partners. • The Governing Body are asked to note the value of the QIPP requirement of £1.800m to deliver the CCG statutory financial duty of break even. • The proposed budgets include COVID related costs and associated allocations including those related to the Hospital Discharge 	

	<p>Programme.</p> <ul style="list-style-type: none"> • The CCG requires a robust deliverable QIPP plan if it is to meet its statutory financial obligations in H1 2021/22. • The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to: <ul style="list-style-type: none"> ○ Provide leadership required to deliver change. ○ Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings. ○ Make real savings during the year, through service integration and redesign through collaboration with system partners. 	
GB21/68	<p>Integrated Performance Report</p> <p>MMcD led the discussions advising, that the report provides summary information regarding the activity and quality performance on the key constitutional targets of South Sefton Clinical Commissioning Group.</p> <p>MMcD noted following previous discussions at Governing Body the data for March 2021 e-Referral has been removed.</p> <p>The Summary Performance Dashboard shows some improvement has taken place around % of patients waiting 6 weeks or more for a diagnostic test, against this the % of all Incomplete RTT pathways within 18 weeks has come under pressure. This has attributed to the increase in the 52 week waiters which have been observed.</p> <p>The CCG is achieving 3 of the 9 cancer measures year to date and 6 in March, whilst LUHFT aren't achieving year to date but are achieving 2 in month. Performance in two week wait breast services has now been achieved after being under target for the previous 4 months month due to breaches within LUHFT.</p> <p>MMcD advised Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.</p> <p>The Eating Disorder service has reported 33.3% of patients commencing treatment within 18 weeks of referral in March, compared to a 95% target. 11 patients out of 33 commenced treatment within 18 weeks. This shows a small decline on last on month (37.1%). Demand for the service continues to increase and to exceed capacity. The Trust is working with Sefton and Liverpool Commissioners on a 3-year investment plan for Eating Disorders. MMcD noted this would be brought back through the Governing Body Development Session to review the packages available.</p> <p>For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.63% in March, below the target standard of 1.59%. Year to date the CCG's year to date performance recorded 8.85% which has failed the year-end target. Potential options are being discussed with the provider and CVS.</p> <p>South Sefton CCG is recording a dementia diagnosis rate in March of 57.2%, which is under the national dementia diagnosis ambition of 66.7%. This is a</p>	

	<p>slight improvement to last month's performance (56.9%).</p> <p>MMcD noted Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS). Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs.</p> <p>CAMHS waiting times continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.</p> <p>In relation to the COVID-19 vaccination programme 69% of the full adult population within Southport and Formby CCG have had their first dose, and 44% their second dose as of last week – this shows significant progress has been made across the population.</p> <p>Finally, MMcD noted that Aintree Hospital is showing the largest under performance with a variance of -£9.1m/-34% against the previous year. Across all providers, South Sefton CCG has underperformed by -£15.8m/-32.7%.</p> <p>Action – Members requested a Deep dive into the Mental Health services at the next Governing Body Development Session.</p> <p>Action – The Chair asked that the urgent care dashboard is updated to re-establish unplanned care measures (community parameters, Stoddart House and walk-in centre pressures). Take to Governing Body Development Session and IPR going forward.</p> <p>Resolution: The Governing Body received the report.</p>	<p>MMcD</p> <p>MMcD</p>
GB21/69	<p>Audit Committee Annual Report</p> <p>The members were presented with the Annual Report for the Audit Committee for 2020/21. The Committee, in the eighth financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body in a number of areas and as detailed within.</p> <p>AS brought members attention to page 175 of the pack and highlighted the ADAM Dynamic Purchasing System post implementation review received only 'Moderate Assurance' with one high risk recommendation which is receiving urgent attention to address it. In all other areas reviewed that require an assurance opinion 'Significant or High Assurance', has been reported.</p> <p>FLT formerly thanked the Audit Committee, AS and other members of the governance team, for the support and assurance given that the processes and governance within the organisation are robust.</p> <p>Resolution: The members received the report.</p>	
GB21/70	<p>F&R Committee Annual Report</p> <p>The members were presented with the Annual Report for the Finance and Resources Committee for 2020/21. The report summarises the structure and work of the F&R Committee in order to provide assurance to the Governing Body.</p> <p>AS noted, the Finance and Resources Committee remains a key committee</p>	

	<p>of the CCG Governing Body, with significant monitoring and assurance responsibilities requiring commitment and expertise from members. In all areas the F&R Committee seeks to assure the CCG Governing Body that effective financial management is currently being delivered and that this will remain so in the future.</p> <p>Resolution: The members received the report.</p>	
GB21/71	<p>Disciplinary Policies and Procedures</p> <p>DFair presented the members with the updated Disciplinary Policies and Procedures which have been through the CCGs governance processes and has been approved at Finance and Resource Committee in May 2021.</p> <p>DFair advised that the policy has been extensively re-written following the Harding Review and has been brought to the Governing Body (public) to fully understand the differences in terms of level of seriousness as requested by the Chief People Officer.</p> <p>AS brought members attention to part of the policy which had been amended but sought advice on whether they would prefer that this message was prominent within the policy. (Section 3 of the policy “The employee will have the right of representation by a recognised Trade Union Representative or workplace colleague through all formal stages of the disciplinary procedure.”) it was noted that this statement is still within the policy but not as prominent as members thought it should be.</p> <p>FLT noted that Gill Roberts is taking this action from F&R Committee as to whether this change has been made following further review with staff side. If this has not been changed the members would like this front and centre of the policy and would proceed with a bespoke policy going forward.</p> <p>Resolution: The Governing Body received the policy and approve the recommendation of the F&R Chair that the policy statement is included at the beginning of the policy.</p>	
GB21/72	<p>North Mersey Joint Committee for the Proposal for a Comprehensive Stroke Centre</p> <p>FLT presented members with the report to seek approval for decisions regarding a Comprehensive Stroke Centre be delegated to a Joint Committee comprising Liverpool, Southport and Formby and South Sefton and West Lancashire CCGs.</p> <p>This proposal is to extend the work programme and the membership of the Joint Committee to include West Lancashire CCG for this particular service proposal and is intended to streamline decision-making for a service change that will deliver improved health outcomes for people across this whole population.</p> <p>Resolution: The Governing Body approve –</p> <ol style="list-style-type: none"> the delegation of decision-making regarding the proposal for a Comprehensive Stroke Centre to the joint committee; the extension of membership of the North Mersey joint committee to include West Lancashire CCG, limited to the proposal for a Comprehensive Stroke Centre. 	

GB21/73	<p>Published Registers 2020/21</p> <p>The report presented the members with the CCG's published registers as at 31st March 2021, an update on the work undertaken in 2020/21 and the next steps planned for 2021/22, as reported to the Audit Committee in April 2021.</p> <p>The Register of Interest is a well-established and working system of governance for the management of the CCG conflicts of interest with areas of good practice noted within the MIAA response.</p> <p>Resolution: The members received the report.</p>	
GB21/74	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q4 2020/21</p> <p>The members were presented with the updated Corporate Risk Register (CRR) and GBAF as at 31 March 2021. It was noted that this was as presented to the Audit Committee on the final position of the risks for Q4 2020/21.</p> <p>Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.</p> <p>The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process.</p> <p>Also presented through the report is an update on the position of the risks for COVID-19, SEND and Fraud, Bribery and Corruption.</p> <p>Further discussion was to be had in the PTII meeting on the confidential risks.</p> <p>Resolution: Following review and scrutiny, the Governing Body:</p> <ul style="list-style-type: none"> • approved the report content and actions • Made no recommendation for any further updates and actions in addition to that already discussed. 	
GB21/75	<p>Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups (Overview & Terms of Reference)</p> <p>This report presented is to provide members of the Governing Body with background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire & Merseyside CCGs. It also outlined the key next steps over 2021/22 to support the ICS Statutory establishment.</p> <p>FLT advised that she will be the accountable officer for Southport and Formby CCG and Martin McDowell will cover South Sefton CCG as part of the membership of the Joint Committee of Cheshire and Merseyside CCGs.</p> <p>The CCG would also provide the Quality lead to the membership from the Governing Body (Chrissie Cooke).</p> <p>Action – FLT to clarify the voting members noted with table 6.3. If AOs/CFOs (9 voting members) its ok, but the table needs to be amended to show who has voting rights. If it's all members two CCGs will be more represented than others and this will need further review.</p> <p>Resolution: The Governing Body approve the report for 9 voting members.</p>	FLT

GB21/76	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team <p>Resolution: The Governing Body received the key issues reports</p>	
GB21/77	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Audit Committee c) Joint Quality & Performance Committee d) Primary Care Commissioning Committee PTI: <p>Resolution: The Governing Body received the approved minutes.</p>	
GB21/78	<p>Any Other Business</p> <p><u>Hightown Letter</u></p> <p>FLT noted the CCG had received a letter from Irwin Mitchel solicitor, with a challenge to the delivery of medical services within Hightown. The CCG are dealing with the letter with Hill Dickinson and will provide a response in due course.</p> <p><u>General Business</u></p> <p>The Chair noted the Primary Care position has progressed through interviews and is progressing under Jan Leonard and Angela Price.</p> <p>The Mental Health post interviews have now been scheduled, and also an additional Governing Body post has been interviewed for to provide more capacity to clinical areas.</p>	
GB21/79	<p>Date and Time of Next Meeting</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month.</p> <p>Dates for 2020/21 are as follows:</p> <p>2nd September 2021</p> <p>All PTI public meetings will commence at 13:00hrs, format to be confirmed.</p>	
<p>Meeting concluded</p> <p>PTI meeting concluded using the Teams platform.</p>		<p>15:00hrs</p>
<p>Motion to exclude the public:</p> <p>Due to the format of the meeting the motion to exclude the public was not required.</p>		

Governing Body Meeting in Public Action Points

Date: Thursday 3rd June 2021

Item	Item and action	Lead	Update
GB21/10(II)	Integrated Performance Report MMcD to check why the figure for E-referrals is still only at 35.2% YTD., when all practices will be sending referrals electronically.	MMcD	03/06/2021 MMcD noted systems not fully linked, thus it is felt it is not an accurate figure. MMcD to review and decide whether to cease reporting this data until the information is correct.
GB21/35	Patient Story Relevant actions for the CCG from local area Learning Disabilities Mortality Review (LeDeR) meetings to be reported to Joint Quality Performance Committee (JQPC) and to be reported back to the Governing Body via the Chief Nurse report.	CC	03/06/2021 TF advised this information is not available yet but will be reported back via the Chief Nurse report when available.
GB21/68(i)	Integrated Performance Report Members requested a Deep dive into the Mental Health services at the next Governing Body Development Session.	MMcD	
GB21/68(ii)	Integrated Performance Report The Chair asked that the urgent care dashboard is updated to re-establish unplanned care measures (community parameters, Stoddart House and walk-in centre pressures). Take to Governing Body Development Session and IPR going forward.	MMcD	
GB21/75	Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups (Overview & Terms of Reference)	FLT	

Item	Item and action	Lead	Update
	FLT to clarify the voting members noted with table 6.3. If AOs/CFOs (9 voting members) its ok, but the table needs to be amended to show who has voting rights. If it's all members two CCGs will be more represented than others and this will need further review.		

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/105	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@Southsefton.ccg.nhs.uk	Clinical Lead: N/A
Report date: September 2021		
Title: Chief Officer Report		
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's bi-monthly update.		
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> • <i>Receive the update</i> 		Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2021/22 (x those that apply)	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to the Governing Body September 2021

COVID19 updates

1. COVID19 Vaccination Programme

The local NHS is preparing to support phase three of the national COVID-19 vaccination programme. This phase will concentrate on delivering booster shots, initially to our most vulnerable patients. At the same time, anyone eligible who has not yet taken up the offer of their first two doses of vaccine will continue to be encouraged to get protected. There will be a mixed delivery model in Sefton for phase three, seeing pharmacy services working alongside primary care network led services, in addition to regional centres and hospital hubs.

Roving teams will build on their success from phase one to take vaccines out to the likes of care homes, specific groups and locations or events with high foot fall. Uptake in Sefton remains good, in line with the national average and above some other areas of Merseyside. During July and August the programme focused on younger age groups and those hesitant to getting vaccinated. An increase in walk-in vaccination centres and their consistent promotion has greatly increased access for residents, as have a number of pop-up programmes. Peel Ports and Waterloo Festival have hosted pop ups, whilst Asda in Bootle and Netherton Activity Centre have welcomed a vaccination bus to deliver jabs.

In addition, Seaforth Village Surgery, located in an area of low uptake opened as a vaccination centre in July to making access easier for local residents. We continue to work closely with our partners in Sefton to deliver the vaccination programme, including council Public Health colleagues and the authority's team of COVID-19 engagement officers, Sefton CVS and other voluntary community and faith groups.

Partners have played an important role in helping us to cascade consistent communications to residents via their channels and networks for multi media campaigns like 'Let's Get Vaccinated', in addition to traditional and outdoor media approaches. You can find up to date information about the vaccination programme from our websites.

2. Information Governance Annual Report

The CCG's Audit Committee has received and reviewed the Information Governance Annual Report for 2020/21 including the CCG's submission for the Data Security Protection Toolkit. The CCG was able to provide positive assertions relating to 87 of the 88 mandatory evidence enquiry lines including meeting 95% IG training for all staff and members. The one outstanding issue related to network security as the CCG had not arranged for a specialist penetration test to take place during the DPST timeframe. The CCG's last test was undertaken in November 2019 and a revised date for the test to

take place has been set for October 2021. The CCG subsequently reported that it had not met all standards and had an action plan in place to address outstanding issues.

3. EPRR assurance process – 2020/21

The EPRR assurance process for 2020/21 will be taking place throughout September with a submission deadline of 1st October 2021. NHS England have agreed that for that submission, and in recognition of the schedule of governing body meetings across the system, that it will be acceptable for a member of the leadership team to sign off the submission to meet the deadline, with a commitment that a copy of that submission will be go to the next scheduled public meeting.

The full submission will be presented to the Governing Body at the meeting in November.

4. EU – flow of personal data from EU/EEA to the UK

During 2019/20 and 2020/21 as part of the EU exit updates, the governing body has received updates on the deliberations of the EU in respect of data flows.

On the 2nd July 2021, NHSE/I confirmed that the EU had now formally adopted ‘adequacy decisions’ for the UK. These allow for the ongoing free flow of personal data from the EU/EEA to the UK.

This means personal data can continue to flow freely between Europe and the UK following agreement by the European Union to adopt ‘data adequacy’ decisions. Formal adoption of the decisions under the EU General Data Protection Regulation (GDPR) and Law Enforcement Directive (LED) allows personal data to flow freely from the EU and wider European Economic Area (EEA) to the UK.

The decisions mean that UK businesses and organisations, including NHS bodies can continue to receive personal data from the EU and EEA without having to put additional arrangements in place with European counterparts.

NHS organisations had previously been asked to ensure that appropriate safeguards were in place. While these are no longer required, they remain good practice. The Department for Digital, Culture, Media and Sport (DCMS) recommend that as a sensible precaution, UK organisations should keep a record of regular personal data transfers they receive from EU counterparts, and be ready to put alternative arrangements in place to allow these to continue should EU adequacy decisions cease to be in effect in the future.

The CCG’s Senior Information Risk Owner (SIRO), Martin McDowell with support from the information governance team at MLCSU will continue to update the governing body of any further changes or implications for the CCG.

General local and national updates

5. Headquarters – relocation

The CCG’s Interim Programme Lead for Corporate Services is continuing to work with CCG colleagues, iMersey and Sefton Borough Council to conclude the relocation of the CCG’s. Floor plans have now been approved and shared with the landlord who will now make arrangements for the plans to be implemented.

At this stage, there are continued delays and we are currently in the process of finalising timelines.

In the meantime the CCG's internal staff engagement forum, Sounding Board, has lead on the development and implementation of staff surveys the outputs of which will inform the approach to be taken when it is time to return to some level of on-site working.

To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.

6. Shaping Care Together

The Shaping Care Together programme continues to progress. A summary of the key highlights is provided below:

- **Engagement and Communication:** Engagement Process Advisory Group held its inaugural meeting and approved hurdle criteria. A public facing issues paper has now been produced with 1.7k respondents to the online questionnaire, over 13k microsite visits, 10 focus groups held (attended by more than 60 people) and accessible FAQs uploaded onto microsite.
- **Clinical and care engagement and leadership:** the fourth round of workshops has been completed with all 6 draft models of care reviewed and approved at the CCC on 12/08/21. Hurdle criteria applied to the first draft of the long list of solutions with a shorter list in development and some identified actions to review those scenarios that the hurdle criteria couldn't be easily applied to. Yorkshire and Humber Clinical Senate visit planned for 15/09/21. The QIA process has been approved.
- **Business Case:** baseline work completed for estates with over 24 virtual walkabouts undertaken with staff. Final transport assessment completed including 97 staff responses. Data quality challenges have been raised with operational teams and resolutions/assumptions being worked through. Finance drivers of deficit work was due for completion in August 2021. Modelling frameworks and assumptions are being tested out and coordinated across all leads.

7. HealthWatch Sefton – annual report

On 19th July Healthwatch Sefton shared with the CCG its Annual Report 'On Equal Terms', which details our work over the past 12 months (April 2020 – March 2021).

The report was published on Healthwatch Sefton website in line with the statutory guidance on the 30th June, and you can access the report via the web link below:

<https://healthwatchsefton.co.uk/wp-content/uploads/2021/06/Healthwatch-Sefton-Annual-Report-2020-21.pdf>

To drive quality improvement, performance and assurance across the CCG's portfolio.

8. 2020-21 CCG Self-Assessment

Each year NHS England is required to review CCG performance. Historically, this has been carried out under the auspices of the CCG Improvement and Assessment Framework, and more recently the NHS Oversight Framework. However, as a result of the continued impact of Covid-19 and the need for the NHS to set new and updated priorities across the different phases of the response, NHSE has introduced a simplified approach.

The CCG participated in this year's annual assessment process which focussed on CCGs' contributions to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in the local system.

The process comprised a self-assessment by the CCG and a follow up meeting that was held the 27th May 2021.

On 30th June, NHSE/I wrote to the CCG with their findings from the self-assessment noting that particular areas of good practice for the CCG were in respect of:

- Robust approach to continuing engagement and eliciting patient experience in a COVID-19 context
- Dedicated Equality and Inclusion team.
- Proactive in managing discharge and increasing intermediate care bed capacity
- Pulse oximetry programme
- Managerial and organisational development support to facilitate PCN development

A copy of the letter from the Regional Director of Performance and Improvement – North West is available at the following link:

<https://www.southseftonccg.nhs.uk/media/4638/pinw-gu107-letter-to-nhs-south-sefton-ccg-re-202021-ccg-annual-assessments-11062021.pdf>

9. Liberty Protection Safeguards

The Deprivation of Liberty Safeguards (DoLS) are to be abolished and replaced entirely by the Liberty Protection Safeguards (LPS) from 1 April 2022.

NHS trusts and CCGs/ICSGs are especially affected as they will acquire new responsibilities as 'responsible bodies' with duties to process authorisations alongside local authorities.

The definition of deprivation of liberty to trigger the system won't change, but the scope of LPS is much broader – including all settings not only care homes and hospitals, and including 16-17 year olds – and so the number of patients involved will be much higher than under DoLS.

Though further detail is expected to be set out in the draft Code of Practice and regulations, expected out for consultation shortly, there is a lot of preparation that can and must be done now, scoping the likely LPS process for each organisation and putting resources in place; and, most fundamentally, ensuring the Mental Capacity Act is well understood and applied.

The quality team will continue to work with our partner organisations through transition and beyond to ensure that the new legal requirements are implemented.

10. Macmillan Right By You Report

In November 2020, Healthwatch Sefton independently reviewed the Macmillan Right By You service and at the end of May 2021 shared the report with the CCG.

The service aimed to provide holistic support to people in Sefton living with or affected by cancer and this was the responsibility of the Macmillan Community Navigator team, based in north and south Sefton.

The team assisted patients to access hospital services, put together care plans and provided signposting. The independent review of the service carried out by Healthwatch Sefton found that the client experience of the service was overwhelmingly positive.

A copy of the report can be accessed here:

<https://www.southseftonccg.nhs.uk/media/4637/hws-an-independent-review-of-the-right-by-you-service-final.pdf>

To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.

11. Financial Framework

Due to the ongoing response to the COVID-19 pandemic, NHS England and Improvement (NHSE/I) advised that the pre COVID-19 financial framework and contracting processes would continue to be suspended for the first half (H1) of the 2021/22 financial year.

Planning guidance issued on 26th March 2021 refers to the requirement for the Cheshire and Merseyside system to break even in the first half of the 2021/22 financial year. CCG allocations for H1 are based on the second half of the 2020/21 financial year.

The CCG is working alongside all partners across the Cheshire and Merseyside area to manage within allocated resources and it is expected that the CCG will reach a break-even financial position in line with its allocation for the first six months of the financial year. The CCG will continue to evaluate its expenditure on a monthly basis to respond to guidance relating to the second part of the financial year when it is published in September.

The finance team will work with colleagues to prepare a financial plan for the second half of the year.

To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

12. Primary Care Network (PCN) – general update

The three PCNs in Sefton are continuing to progress with plans against the additional roles reimbursement scheme (ARRS). This will see the introduction of a range of new roles within PCNs and practices supporting service delivery and integrated working with partners.

New guidance for PCNs was issued on the 24th August setting out priorities for the remainder of 20/21 and 22/23. Service specifications for anticipatory care and personalised care have been delayed until April 22, however a focus on hypertension and reducing health inequalities will be introduced in Oct 21. Additional funding is also being made available for leadership and management.

To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

13. Transition to Integrated Care System

From November 2020 to February 2021, NHS England ran a consultation: *Integrating care: Next steps to building strong and effective integrated care systems across England*¹. The consultation detailed how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective integrated care system (ICS) and reflecting what a range of local leaders' experiences during the past two years, including the immediate and long-term challenges presented by the COVID-19 pandemic taught us.

On the 19th February 2021 the government launched its white paper *'Integration and innovation: working together to improve health and social care for all'*² the foreword stated:

"At its heart, however, this Bill is about backing our health and care system and everyone who works in it. Our proposals build on the NHS's own – those in the Long Term Plan. We're also outlining steps to support everyone who works to meet people's health and care needs. Taken together, they will help us build back better after Covid"

On July 6th the Health and Care Bill was published. The bill sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012.

14. Integrated Care Boards

¹ Available at: <https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/>

² Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

The new legislation will establish an NHS body to be known as the NHS Integrated Care Board (ICB). ICBs will bring partner organisations together in a new collaborative way with common purpose. They will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

Statutory functions, like those currently exercised by CCGs, will be conferred on ICBs from 1 April 2022, along with the transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts). Relevant duties of CCGs include those regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs and (SEN) or disability.

Interim guidance on the functions and governance of the integrated care board were published in August 2021 and can be found at the following link: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0886_Interim-guidance-on-the-functions-and-governance-of-the-integrated-care-board-August-2021.pdf

Alongside this the HR framework was also published. The HR Framework provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory ICBs. [Read the framework here.](#)

15. Cheshire and Merseyside Joint Committee

The nine CCGs across Cheshire and Merseyside established a joint committee and formally delegated a limited number of functions to it. It is intended that this will be the shadow ICB and will evolve over the coming months as it seeks to acquire further delegations from the statutory CCGs in readiness for the legislative changes in April 2022.

The Cheshire and Merseyside joint committee will hold its first public meeting on 31st August.

The new legislation further sets out the rationale for seeking to delegate further to the joint committee. The timescales in ICS design Framework state that CCGs will no longer be operating in the same way from October and also that there needs to be a governance and decision making structure in place to support the Shadow ICB and enact decisions as it is CCGs that remain the statutory bodies until 1st April 2022

It further identifies what cannot be delegated, for example Primary Care (general medical services), Audit, Remuneration and duty to consult – and notes that these are 'out of scope'.

16. Integrated Care Partnership

From November 2020 to February 2021, NHS England ran a consultation: *Integrating care: Next steps to The White Paper* and the Bill envisage the development of a place-based partnership within each ICS Place to drive the improvement of Health and Wellbeing in that Place, maximising the impact and resource of all parts of the system in that area.

The second reading brought a change in terminology that had been adopted previously. The legislation now refers to the Cheshire and Merseyside Health and Care Partnership/Integrated Care System as the Integrated Care Partnership and what we have come to know locally as the Integrated Care Partnership of Sefton is now referred to in the legislation as a Place Based Partnership.

Over the past few months CCG and local authority colleagues have been collaborating to develop proposals for how that place based partnership could look within the borough of Sefton. There has been a significant amount of progress made through a locally established task and finish group which includes Health and Wellbeing Board representatives, which has been further supported by senior executives from the CCG and local authority, governance leads and Hill Dickinson to examine the

way in which existing legal frameworks could enable appropriate governance mechanisms to be created.

Once those proposals have been finalised they will be shared through the respective organisations leadership and governance forums for review, input, and approval as appropriate.

17. Recommendation

The Governing Body is asked to

- *Receive this report.*

Fiona Taylor
Chief Officer
September 2021

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/106	Author of the Paper: Chrissie Cooke Chief Nurse Chrissie.cooke@southseftonccg.nhs.uk	Clinical Lead: Dr Gina Halstead GP Governing Body Member and Clinical Quality Lead South Sefton CCG
Report date: September 2021		

Title: Chief Nurse report

Summary/Key Issues:

The local system continues to experience pressure in terms of elective waiting and urgent care. Notwithstanding the pressures there have been quality improvements during the past year, which providers have reported via their Quality Accounts.

There continues to be a rise in young people in mental health crisis across Cheshire and Merseyside.

The report contains details of serious incidents occurring across both Sefton CCGs. One of which relates to a 12 year old girl with a diagnosis of autistic spectrum disorder who died in June 2021 at Alder Hey Children’s Hospital NHS Foundation Trust (Alder Hey), following an unintentional overdose.

Sefton Safer Community Partnership are considering the deaths of a husband and wife from Birkdale to determine if the case meets the threshold for a domestic homicide review (DHR).

Delivery of Continuing Health Care for the people of Sefton continues to be behind expectations.

The DfE SEND Improvement notice has been lifted following a visit in July. This is a result of concerted and committed partnership working that has achieved improvements in services for this group of children and young people.

The JQPC reviewed its performance and terms of reference in July. Young Person A – rapid review and action plan

The action plan following the young person who was kept for a long period in ED has been reviewed. Progress has been impressive.

Recommendation

The Governing Body is asked to receive this report.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives 2021/22 (<i>x those that apply</i>)	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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		X	

Report to the Governing Body September 2021

1. Key Issues

This paper presents the Governing Body with an update regarding key issues that have occurred since the last report which was presented in June 2021.

The key risks to draw the members attention to are:

- The local system continues to experience pressure in terms of elective waiting and urgent care. Notwithstanding the pressures there have been quality improvements during the past year, which providers have reported via their Quality Accounts.
- The rise in young people in mental health crisis across Cheshire and Merseyside that have been kept in ED for longer than 12 hours due to lack of appropriate support. Pressures on services, including the numbers of children and young people requiring support, coupled with staffing pressures due to covid isolation, sickness and retention, has meant that some have been kept in ED for longer than 12 hours due to lack of appropriate support.
- The Local Authority received a requirement to improve letter regarding assessment, risks and senior management assurance following the Ofsted letter in May. A children services improvement board has been established, of which the CCG is a key member.
- Delivery of Continuing Health Care for the people of Sefton continues to be behind expectations.
- The death of a 12-year-old girl with autism has been reviewed by the Local Safeguarding Children Board (LSCB) practice review group as meeting the criteria for a learning review. The national team have been informed.
- Sefton Safer Community Partnership are considering the deaths of a husband and wife from Birkdale to determine if the case meets the threshold for a domestic homicide review (DHR).

2. System report

The local system continues to experience pressure in terms of elective waiting and urgent care. This is covered in more detail in the Integrated Performance Report. Particularly the system has seen pressures resulting in diverts from maternity units. The system protocol for mutual aid has been enacted with good effect. This is under daily review by the local system.

Harms review

Southport and Ormskirk Hospitals Trust. The Trust are reporting the number of patients that have been waiting for a long period for treatment. This includes those patients that have started some treatment but need further procedures and those who have been waiting for over 52 weeks to start treatment. The Trust is focusing on pathways with an associated high risk of harm, by agreeing on an improvement trajectory to be delivered over the next few months.

The priority specialties for validation based upon level of risk have been identified and set out below:

- Urology
- Dermatology
- Ophthalmology
- Gastroenterology
- Gynaecology
- Breast
- Learning Disability patients

To date, 963 have been lost to follow up, meaning that they needed to be followed up and clinically reviewed. Following further review 23 have been identified as harmed – 4 severe, 6 moderate and 13 low (22 prior to October 2020) and 1 low harm since May 2021. These harms are being progressed through a more detailed harm review panel process to identify root causes and improvements.

In terms of LUHFT a panel for 52+ Long Waiters panel took place in July, however, the submissions did not have sufficient information to review. Liverpool CCG will work with the Trust to improve the process and for the CCG to be explicit about the requirements needed. Annual leave has delayed the process a little.

The report of the Independent Medicines and Medical Devices Safety Review (IMMDs) The Cumberlege review has reported on three important clinical areas where harm has occurred; Primodos, sodium valproate and surgical mesh insertion for female urinary incontinence. To seek assurance on the recommendations from this report LCCG requested an assurance report at CQRM which was presented by Liverpool Women's Hospital in Jan 2021. To ensure progress against any ongoing actions the CCG has requested an updated assurance report for Sept 2021 CQRM.

The CCGs medicines management Team have issued sodium valproate procedures for practices to adopt. They also carry out a monthly audit to identify women of child-bearing age prescribed valproate who have not been coded as being part of the Pregnancy Prevention Programme (PPP) in the last 12 months. Practices are informed of the audit results and asked to discuss the issue with the patient.

Notwithstanding the pressures experienced over the last year, there have been quality improvements, which providers have reported via their Quality Accounts.

The CCG held a joint Quality Accounts review day on 18 June with Liverpool CCG. Commissioned NHS providers each presented their draft quality accounts to CCG quality teams. The CCGs coordinated feedback to each provider and the Quality Accounts are expected to be published on each Trusts website. It was a positive day. Every Trust was able to describe making progress against quality improvements, despite the pandemic and many were able to describe improved staff satisfaction and support. The CCG Quality and Safeguarding Team continue to work with CCG colleagues to monitor quality via the contract monitoring mechanisms already established.

Review of the Joint Performance and Quality Committee

The JQPC reviewed its performance and terms of reference in July. Governing Body members will remember that Niche Patient Safety conducted a review of the committee's operation as part of a

wider governance review in 2020. Their final report made a recommendation regarding the operation of the Committee: *the QPC should undertake a review of the standing items on the work plan, the extent to which they align to the ToR, and the effectiveness of their presentation in facilitating Committee members to focus on and scrutinise key issues.*

Since January 2021 the Committee has carried out the following tasks:

- Reviewed the Terms of Reference for the Committee
- Received a presentation of the work and plans for the CCGs Quality team that align to the oversight of the Committee
- Approved the Committee work plan for April 2021-March 2022
- Received reports and updates in line with the approved work plan

The Committee has received reports regarding the quality of services to people with learning disability, people with mental health needs and children and young people. The Committee has also received updates regarding investigations, serious incidents, other provider quality issues, medicines management as well as the improvement work relating to complaints handling within the CCG and CSU. The format of the agenda has been reviewed and the presentation of the Chief Nurse report has been developed to provide a summary of system issues and a deeper dive into the issues facing providers.

The reports and presentations of key issues and the ability of the Committee to scrutinise these issues has been discussed during the reflection at the end of each meeting. There are three areas where the Committee has not fulfilled the terms of reference as expected. These are:

- Oversight of the CCGs Quality dashboard. Indicators of quality of service are contained in the Integrated Performance Report (IPR), that is presented at each Committee. There is a discussion regarding this at each meeting. It was hoped that the CCG quality and business intelligence teams could develop a more focused dashboard that related to provider quality in key areas. Work was underway to develop this. However, it has been hampered by the ability of the CCG to change data reporting from providers. Governing Body will remember that contracts were 'rolled over' into the first half of 2021/22 to assist providers in restoration of services. In addition, the National Quality Board is intending to release key quality indicators to guide the development of ICS and place level dashboards. Therefore, the development of the CCG's dashboard has halted for the time being. The Committee will continue to receive the IPR as previously.
- Receiving every quality impact assessment and equality impact assessment against service change once completed. A piece of work is underway to ensure that all impact assessments that have been completed in the last 6 months are collated and will be reported to the next Committee. This was an omission on the Committee workplan, which will be rectified.
- Receiving an update regarding primary medical service quality. This was scheduled for July's Committee but due to pressures elsewhere as a result of CHC, the report is not ready for presentation at the July Committee. This will be reported to the August Committee.

Safeguarding

The death of a 12-year-old girl with autism has been reviewed by the Local Safeguarding Children Board (LSCB) practice review group as meeting the criteria for a learning review. The national team have been informed. The Designated Nurse for Safeguarding Children and the Named GP for Safeguarding Adults have oversight of the case.

The Sefton Safer Community Partnership are considering the deaths of a husband and wife from Birkdale to determine if the case meets the threshold for a domestic homicide review (DHR). The Designated Professional Safeguarding Adults and the Named GP for Safeguarding Adults have oversight of the case.

The Joint Quality and Performance Committee will receive annual reports for Safeguarding, Safeguarding Children in Care and the Designated Clinical Officer for children with disabilities, in the September meeting.

Young Person A – rapid review and action plan

Governing Body members will remember where a young person with a learning disability was taken to ED at Aintree, in mental health crisis. The young person was kept in the ED observation areas for 3 weeks whilst the system tried to respond to her needs. Following this a rapid review process was held and identified system and provider issues that needed to be rectified. All stakeholders developed 30-60-90 day action plans and committed to complete these actions to improve the response to young people like YP A.

An assurance meeting took place on 8 July 2021, chaired by the Chief Nurse. All services provided an update on actions on the recommendations. Alder Hey Children's Hospital NHS Foundation Trust (Alder Hey) and Mersey care have recruited to a joint post specifically for young people with a learning disability (LD), and Alder Hey are recruiting to 7 LD trained nurses across the trust.

The rapid review process exposed a gap in the service cover for 16 & 17 year olds, attending ED in mental health crisis. Children under 16 attend Alder Hey ED, where their needs are responded to by the Trust. The Chief Nurse has brokered a temporary agreement between Alder Hey, Merseycare and Southport and Ormskirk Trust to ensure that these young people are not left without an appropriate response. The next phase is to present this at the NHS EI C&M 'Chief Nurse and Director of Nursing Meeting' to formalise a process across the Integrated Care System (ICS).

The CCGs are also planning to recruit to an LD Children and Young People (C&YP) case manager post.

The assurance regarding completion of the stakeholders action plans is being transferred over to the Transforming Care Strategic Board, following agreement with the SRO.

Joint Targeted Area Inspection (JTAI) Action Plan Update

There are currently 4 outcomes outstanding on the JTAI Health Plan. Of the 4 outcomes 1 is red and 3 are amber. The 1 red and 1 amber outcomes relate to Children and Adolescent Mental Health Services (CAMHS) waiting times.

The remaining 2 amber outcomes relate to the development of a process to allow GPs to contribute information to Multi Agency Risk Assessment Conference (MARAC) whereby GPs were asked to sign a Memorandum of Expectation (MOE). Most practices have now signed up. The CCG Named GP is liaising with the practice, and the link Health Visitor for this surgery has been tasked to follow up directly to complete the MOE and escalate any further issues back to Mersey Care.

The remaining outcome relates waiting times for assessment and treatment of children with disabilities in Alder Hey Services. An outstanding part of this action was in relation to staff accessing Early Language Identification Measure and Intervention training (ELIM). Currently the 0-5 workforce have received the training, as part of the two-year review integrated speech and language pathway. This will be incorporated into the pilot for the integrated two-year review which we will commence in September 21.

Remaining outcomes will be continued to be monitored by the SEND Improvement Board which convenes monthly.

Special Education Needs and Disability (SEND) Update

The Department of Education (DfE) re-visit took place on 29 June 2021. Confirmation was received from the Under Secretary of State for Children and Families that the improvement notice has been

lifted. Both the Local Authority and the CCGs have given the commitment for SEND governance arrangements with remain place across Sefton.

A learning meeting took place on 22 July 2021 with the CCGs, led by NHS EI National Specialist Advisor with: Accountable Officer, Chief Nurse, Deputy Chief Nurse and Deputy Director of Nursing from NHS EI C&M. The purpose of the meeting was to discuss future developments of the Designated Clinical Officer (DCO) role at a national level, and to discuss the impact of the improvement notice on the CCG. The CCG has offered to share learning with other areas.

Learning from Deaths (LEDER programme)

The CCGs are required to complete and publish a LeDeR annual report by the end of June 2021. The 1st annual report was published in line with NHS EI requirements in 2019/20 for three CCG areas; Liverpool CCG, South Sefton CCG and Southport and Formby CCG. Due to capacity issues of the Deputy Chief Nurse and the CCGs Local Area Contact across the three CCG areas, the annual report will be slightly delayed. It is ready to be received by the Joint Quality and Performance Committee in September 2021.

Continuing Health Care (CHC)

The CCGs remain under scrutiny by NHS EI C&M in relation to the management and performance of CHC services. There is an improvement plan in place to meet the 80% threshold for 28-day assessment (from referral to decision) by Q4. The CCGs CHC Programme Lead and Programme Manager for Quality and Safety are leading the development work with key partners. This matter has been reported via Finance and Resources Committee and the Joint Quality and Performance Committee. A detailed report is being presented the Governing Body part 2 meeting in private.

Personal Health Budget Support Service Procurement

A procurement exercise has taken place for the CCGs PHB support service. Following the expression of interest process, a provider has met the threshold and has been notified. This is subject to procurement rules. The term of the contract will be for 3 + 2 years.

COVID Vaccination People with a Learning Disability

At the beginning of July, the uptake for people with an LD across Sefton was reported as; 94.5% 1st dose and 74.5% 2nd dose. This excludes people who have declined. Reasonable adjustments have been implemented including dedicated time at the end of a clinic session, dedicated clinics, home vaccination including support from Mersey Care Community LD Team. Of the 55 people living in care home and assisted living 100% had received their 1st does and 54 have received their 2nd dose. One person's 1st vaccination was delayed, due to legal consent. COVID Vaccine uptake for vulnerable groups is monitored at the Vaccine Hesitancy Group, chaired by the CCGs Director of Place.

Integrated Care System (ICS) / Integrated Care Partnership (ICP) Quality Development

The C&M Chief Nurses/Directors of Quality group continues to work on developing the new structure for the ICS and at Place.

National Patient Safety Alert (NPSA):

10 alerts have been received in month with dissemination as appropriate. Detail has been reported to Joint Quality and Performance Committee.

Infection Prevention and Control

The updated Board Assurance Framework, which was issued on the 6 July 2021 was circulated to ensure all organisations have the correct updated template. These will then be reviewed at the relevant monthly CCQRM/CQPG. There is also a requirement for Trusts to submit an annual report as part of the quality schedule workplans. SOHT submitted their annual report at the July 2021 CCQRM.

An increase in Clostridium difficile (C. Diff) has been reported both nationally and across the North West. There has also been noted an increase in other Healthcare Acquired Infections (HCAIs) including MRSA and E Coli. Local C.Diff cases have been reviewed and identified. Key themes identified include prolonged anti-biotic prescribing, delay in sampling and isolation, poor stool chart documentation and 1 case linked to another case. Learning has been shared across providers with systems being put in place to ensure this is embedded, including a review of some of the pathways. One of the reviews included the sepsis pathway and changes to the antibiotics prescribed. Antimicrobial ward rounds (AMRs) have been recommenced post COVID to support compliance with the prescribing.

3. Recommendations

Governing Body members are asked to note the update as set out.

Chrissie Cooke
Chief Nurse
September 2021.

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/107	Author of the Paper: Tracey Forshaw Deputy Chief Nurse Email: tracey.forshaw@southseftonccg.nhs.uk Tel: 07557312642	Clinical Lead: Chrissie Cooke Chief Nurse Chrissie.cooke@southseftonccg.nhs.uk						
Report date: September 2021								
Title: Sefton CCGs Learning Disability Mortality Review Annual Report 2020/21								
<p>Summary/Key Issues:</p> <p>This is the second Learning Disability Mortality Review (LeDeR) annual report that has been produced by NHS South Sefton CCG and NHS Southport and Formby CCG (to be referred to hereafter as CCGs). The annual report provides South Sefton CCG with an update; on LeDeR performance, governance arrangements, priorities and developments in year. This report covers the period from 1st April 2020 to 31st March 2021.</p> <p>An action plan has been developed which will be monitored by Joint Quality and Performance Committee on a quarterly basis. The annual report should have been approved in June 2021.</p> <p>There has been delayed by 2 months due to the capacity of the Deputy Chief Nurse.</p>								
<p>Recommendation</p> <p>The Governing Body is asked to approve this annual report.</p>		<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Receive		Approve	X	Ratify	
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Approve	X							
Ratify								

Links to Corporate Objectives 2021/22 (x those that apply)	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		X		
Clinical Engagement		X		
Equality Impact Assessment		X		
Legal Advice Sought		X		
Quality Impact Assessment		X		
Resource Implications Considered		X		
Locality Engagement		X		
Presented to other Committees		X		

Report to the Governing Body September 2021

1. Executive Summary

This is the second LeDeR annual report for the Sefton CCGs. The purpose of the report is to provide the CCGs with an overview of; LeDeR performance, key priorities and developments in year. This report covers the period from 1st April 2020 to 31st March 2021. Things to note within the report are:

- 1.1 There were 30 notifications to the LeDeR platform in year, in comparison to 24 notifications from the previous period 2019 – 20. Alongside the new cases in year, the CCG cleared the existing backlog of cases dating back to 2018 (79). 74 (94.1%) were closed by the expected deadline of 31 December 2021, the remaining within Quarter 4 2020/21.
- 1.2 Between March and June 2020, 16 cases were subject to rapid review, to determine the impact of the COVID pandemic. To date there are 11 confirmed COVID related deaths, with at least another expected 1 death to be confirmed by the end of September 2021. COVID was the highest cause of death for people with a learning disability across Sefton. The trends and themes from these reviews has fed into national learning and recommendations.
- 1.3 LeDeR performance has improved significantly in year for cases being closed within 6 months, from 7.6 in 2019/20 to 100% in 2020/21. This has been achieved despite the additional backlog of cases (79). LeDeR performance will continue to be monitored on a quarterly basis.
- 1.4 CCGs LeDeR governance arrangements have been strengthened in year with the implementation of the North Mersey LeDeR Task and Finish Group and the North Mersey LeDeR Multi-Agency Panel. Both have been led and implemented by the CCG. This has supported compliance against timescales and reviews being discussed.
- 1.5 In year there has been a transfer of the LeDeR system across from the University of Bristol to NHS EI. The system was paused at the beginning of March 2021, for the systems to transfer including the migration of data across. Systems and processes were put in place by the LAC to mitigate against the inability to access the system for the 3 months. The system came back on-line at the beginning of July 2020/21 which is outside of the reporting period.
- 1.6 An independent review on the LeDeR review for an 18-year-old young man, Thomas Oliver McGowan was published in October 2020. The review detailed key recommendations for: Department of Health and Social Care (DHSC), NHS EI, National LeDeR Programme Team, Integrated Care Systems (ICS) and CCGs.

The recommendations were reviewed and added to the CCGs LeDeR action plan. The CCGs have been able to report compliance against the CCGs recommendations within the review.

- 1.7 The NHS EI LeDeR policy was published in May 2021. Whilst outside of this reporting period, the policy has made number of changes to the LeDeR programme. These changes have been incorporated into the CCGs 2021/22 action plan.

2. Introduction and Background

- 2.1 The Learning Disability Mortality Review (LeDeR) programme was established in June 2015 as part of a pilot. And extended across all CCGs in England from January 2017. Reviews of deaths are carried out with a view to improve the standard and quality of care for people with learning disabilities. People with learning disabilities, their families and carers have been central to developing and delivering the programme. The programme was established at a time of increased scrutiny of avoidable deaths in general, and deaths of people with a learning disability, with a focus on learning lessons and making changes.
- 2.2 LeDeR is directly linked to the Transforming Care Programme (TCP) and the C&M TCP plan “To reduce the health inequalities experienced by people with a learning disability and/ or autism”. Children, young people and adults with a learning disability and/ autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.
- 2.3 The delivery of the programme requires a partnership approach across, health, social care, primary and secondary care, generic and specialist services. The reviews have tended to be multi-agency in nature, which don't currently sit within existing single systems. However, the programme does take account of statutory and parallel processes. How LeDeR reviews interface with parallel processes, is determined on an individual basis, with the exception to Child Death Overview Panel (CDOP) with this being the default mechanism for deaths of children and young people between the ages of 4 – 18 years.
- 2.4 This is the second LeDeR annual report for Sefton CCGs, which covers the period 1st April 2020 to 31st March 2021. The report provides the overview on CCG LeDeR performance, trends and themes from LeDeR reviews, impact of COVID on people with a learning disability living in Liverpool, and an update on key developments in year.

3. Key Issues

- 3.1 There has been significant improvement to the CCGs LeDeR performance is in line with NHS EI contractual compliance in year. The CCG has also reported complaint with LeDeR governance arrangements in year.
- 3.2 LeDeR governance arrangements have been strengthened in year with the introduction of the LeDeR task and Finish Group and the North Mersey Multi-Agency LeDeR Panel.
- 3.3 Backlog cases dating back to 2018, where completed and closed by the end of Quarter 4 2020/21.
- 3.4 The CCGs will need to maintain the LeDeR reviewer resource in Mersey Care NHS Foundation Trust (Mersey Care) to maintain performance.
- 3.5 The additional resource of the LeDeR Co-ordinator has been withdrawn by Mersey Care due to staffing issues. Recruitment to the 6month fixed term contract is in progress.
- 3.6 Learning and recommendations from LeDeR reviews have been included in the NHS EI C&M 4-year LeDeR strategy.
- 3.7 Changes to the current LeDeR programme are expected, with the publication of the national LeDeR strategy in March 2021. An action plan is in place to manage the changes to the system.
- 3.8 LeDeR management will transfer across to the Integrated care System as of the 1 April 2022.

4. Conclusions

4.1 This annual report provides an overview of:

- LeDeR cases reported in year and the management of backlog cases.
- CCG LeDeR performance against NHS EI contractual measures.
- Trends and themes from LeDeR reviews, including specific learning resulting from COVID.
- CCG governance arrangements and actions to strengthen LeDeR governance.
- LeDeR developments in year
- Progress against the CCG LeDeR action plan

5. Recommendations

5.1 Governing Body are requested to approve the 2020/21 LeDeR annual report.

6. Appendices

Appendix 1.

NHS South Sefton CCG and NHS Southport and Formby CCG LeDeR Annual Report 2020/21.

Tracey Forshaw
Deputy Chief Nurse
September 2021

**NHS South Sefton CCG
and
NHS Southport and Formby CCG
Learning Disability Mortality Review
(LeDeR)
Annual Report 2020/2021**

Tracey Forshaw

Deputy Chief Nurse and Local Area Contact

NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

August 2021

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1. Executive Summary

The Learning Disability Mortality Review (to be referred to hereafter as LeDeR) programme requires all people with a diagnosis of a learning disability from the age of 4 years, to have a review into the circumstances of their death. The aims of the programme are:

- To identify key learning to support increased quality of care and service delivery for people with a learning disability.
- Prevent avoidable deaths of people with a learning disability.

This is the second Learning Disability Mortality Review (LeDeR) annual report that has been produced by NHS South Sefton CCG and NHS Southport and Formby CCG (to be referred to hereafter as CCGs) which has been authored by the Local Area Contact (LAC) for the CCGs. The LAC covers the role across both Liverpool and Sefton. The report provides an update on LeDeR for the CCGs from April 2020 to March 2021.

The purpose of the report is to provide the CCGs with an update; on LeDeR performance, key priorities and developments in year. This report covers the period from 1st April 2020 to 31st March 2021. Things to note within the report are:

- 1.1 In year there were 30 notifications to the LeDeR platform, in comparison to 24 notifications from the previous period 2019 – 20. This represents a 25% increase from the previous year. Alongside the new cases in year, the CCG were required to clear the existing backlog of cases dating back to May 2018 (79) by 31 December 2020. The CCG were able to support closure of 74 (94.1%) of cases within timescale, with the LeDeR reviewer resource provided by NHS England Improvement Cheshire and Merseyside (NHS EI C&M).
- 1.2 Between March and June 2020, 11 cases were subject to rapid review as a direct request from NHS EI. To determine the impact of the COVID pandemic. To date there have been 7 confirmed COVID related deaths, with 1 other death to be confirmed by the end of September 2021, when the full years LeDeR reviews will have been completed. This represents the highest cause of death for people with a learning disability across Sefton in year. The majority of people were living in a care setting, either a care home or supported living. The trends and themes from these reviews has fed into national learning and recommendations. This includes:
 - Lack of clarity and access to COVID testing for residents and carers in residential and supported living placements
 - Additional requirements for Infection and prevention control (IPC) standards and measures across independent care sector
 - Implementation of shielding letters from GPs for those people with an LD at risk
 - Review of hospital discharge processes back to an independent care sector setting including COVID testing.

- Oxygen saturation monitors being rolled out across independent care setting (Primary Care Network).
 - Introduction of the Restore 2 tool to identify deterioration in independent care setting (Primary Care Network)
- 1.3 LeDeR performance to complete LeDeR reviews within 6 months has improved significantly in year from 7.6% in 2019/20 to 100% in 2020/21. This has been despite the additional backlog of cases. LeDeR performance will continue to be monitored on a quarterly basis.
- 1.4 The CCGs have been compliant with the majority of the governance arrangements for the LeDeR programme. However, the LeDeR annual report was delayed due to the capacity of the LAC, who is also the CCGs interim Deputy Chief Nurse.
- 1.5 The governance arrangements for LeDeR have been strengthened in year with the implementation of the North Mersey LeDeR Task and Finish Group and the North Mersey LeDeR Multi-Agency Panel. Both have been led and implemented by the CCG. In year the LAC has successfully led and developed:
- co-production of the LeDeR local arrangements document to streamline the LeDeR process across the North Mersey Footprint, support improved communication and performance.
 - Development of supportive materials to aid LeDeR reviewers
 - Successful bid for a Band 5 LeDeR coordinator across the North Mersey footprint.
 - Chaired the North Mersey Multi agency LeDeR panel.
- 1.6 In year there has been a transfer of the LeDeR system across from the University of Bristol to NHS EI. The system was paused at the beginning of March 2021, for the systems to transfer including the migration of data across. Systems and processes were put in place by the LAC to mitigate against the inability to access the system for the 3 months. The system came back on-line at the beginning of July 20201 which is outside of the reporting period.
- 1.7 An independent review on the LeDeR review for an 18year old young man, Thomas Oliver McGowan was published in October 2020. The review detailed key recommendations for: Department of Health and Social Care (DHSC), NHS EI, National LeDeR Programme Team, Integrated Care Systems (ICS) and CCGs. The recommendations were reviewed and added to the CCGs LeDeR action plan. The CCGs have been able to report compliance against the CCG recommendations within the review.

1.8 The national NHS EI LeDeR policy was published in May 2021. Whilst outside of this reporting period, the policy has made number of changes to the LeDeR programme. These changes have been incorporated into the CCGs 2021/22 action plan.

2. Background and Introduction

- 2.1 The Learning Disability Mortality Review (LeDeR) programme is the first national programme of its kind at aiming at making improvements to the lives of people with learning disabilities. The programme was established in June 2015 as part of a pilot, which is funded and run by NHS England (NHS E), with the support of the University of Bristol. The programme was subsequently extended to all CCG areas across England from January 2017. Reviews of deaths are carried out with a view to improve the standard and quality of care for people with learning disabilities. People with learning disabilities, their families and carers have been central to developing and delivering the programme. The programme was established at a time of increased scrutiny of avoidable deaths in general, and deaths of people with a learning disability, with a focus on learning lessons and making changes.
- 2.2 LeDeR is directly linked to the Transforming Care Programme (TCP) and the C&M TCP plan “To reduce the health inequalities experienced by people with a learning disability and/ or autism”. Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.
- 2.3 The delivery of the programme requires a partnership approach across, health, social care, primary and secondary care, generic and specialist services. The reviews have tended to be multi-agency in nature, which don’t currently sit within existing single systems. However, the programme does take account of statutory and parallel processes. How LeDeR reviews interface with parallel processes, is determined on an individual basis, with the exception to Child Death Overview Panel (CDOP) which is the default mechanism for review of deaths for children and young people between the ages of 4 – 18 years.
- 2.4 The objective set out for the LeDeR programme are:
1. To influence practice change at individual, professional, clinician and allied health professional levels, such that it will contribute to improving service provision for people with learning disabilities and their families.
 2. To influence change in policy and service provision at national level with Government, NHS England, Public Health England and the Local Government Association, such that it will contribute to improving service provision for people with learning disabilities and their families.

3. To support commissioning and service redesign by helping commissioners understand opportunities to improve service delivery, reduce variation and learn from best practice.
 4. To encourage a move towards equality of treatment and parity of esteem for people with learning disabilities and help tackle the systemic contributors to the health and access inequalities they face.
- 2.5 The scope of the programme is to support reviews of deaths of people with a diagnosis of a learning disabilities aged from 4 years and over who are registered with a GP in England at the time of death.
- 2.6 The definition that is applied to the LeDeR programme is based on the definition within the 2001 white paper 'Valuing People'. This sets out that a learning disability includes the presence of;
- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with
 - A reduced ability to cope independently, impaired social functioning)
 - Which started before adult hood, with a lasting effect on development.
- 2.7 There have been significant challenges during 2020/21 due to the Coronavirus 19 (COVID) pandemic. The pandemic has had a significant impact on vulnerable people, and health and social care services. People with a learning disability have been noted to be disproportionately affected from COVID and considered as a vulnerable group. The University of Bristol published a report in November 2020, following the review of 206 deaths between March and June 2020. It was noted that 80% of deaths were attributable to COVID. A third of those were living in a residential care home, 50% had Down Syndrome and 25% living in supported living.
- 2.8 In November 2020, DHSC, with the support of the Chief Medical Officer for England, commissioned Public Health England (PHE) to review the available data on the deaths of people with learning disabilities in England during the COVID pandemic. The data was sourced from the LeDeR register and hospital dataset to establish the number of people with a learning disability who had died in England with confirmed or possible death from COVID 19 from 5th June 2020. The review looked at:
- deaths from COVID-19 of people with learning disabilities
 - factors impacting the risk of death from COVID-19 of people with learning disabilities
 - deaths in care settings of people with learning disabilities
- 2.9 It was estimated there had been 956 deaths nationally, accounting for under-reporting. Based on the deaths reported to LeDeR, the COVID-19 death rate for people with learning disabilities was 240 deaths per 100,000 adults with learning disabilities. This is 2.3 times the rate in the general population for the same period. However, after adjusting for under-reporting the estimated rate was 369 per 100,000 adults, which is 3.6 times the rate in the general population.

Age	COVID deaths among people with a learning disability were spread more widely than across the general adult population with the greatest age range of 55 – 64 years compared with over 75 years for the general population.
Gender	The death rate was higher for men than women by 1.4 – 1.6 which is slightly less for the general population
Ethnicity	There were three times the proportion of deaths for people with a learning disability from an Asian, Asian British group, or Black or Black British Group than the previous two years. The number of deaths of people with learning disabilities from all causes in 2020 for White groups was 1.9 times the number in the 2 previous years. For Asian or Asian British groups, it was 4.5 times and for Black or Black British groups it was 4.4 times.
Care Setting	COVID accounted for 54% of deaths of adults with learning disabilities in residential care in the review period, slightly less than for people with learning disabilities generally, but still much more than in the general population. The rate of COVID-19 deaths for adults with learning disabilities in residential care was higher than the rates of COVID-19 deaths of adults with learning disabilities generally, estimated from LeDeR. It was 2.3 times the rate calculated from the actual LeDeR notifications and 1.5 times the estimated rate adjusting for under-notification. This difference is likely in part to reflect the greater age and disability in people in residential care.

- 2.10 The CCGs continue to support the LeDeR programme and have a designated LAC in place. The role and function of the Deputy LAC was allocated to the Designated Safeguarding Adult Manager (DSAM) in year. Going forward this will be the role of the CCGs Programme Manager for Quality and Performance, which is outside of this reporting period. Both the LAC and Deputy LAC provide the role and function across both Sefton and Liverpool, as a North Mersey approach.
- 2.11 The LAC has developed networks across both the Liverpool and Sefton area, to ensure that from a health perspective all NHS providers and GP practices support the LeDeR programme. Feedback mechanisms are in place with respective organisations and via the CCG lead commissioners and Quality Team. NHS organisations are required to consider the learning from all deaths, this is set out in the NHS contract and the National Guidance on the Learning Deaths (National Quality Board, March 2017).
- 2.12 Whilst NHS commissioned trusts have the structured judgement review (SJR) process in place to review the circumstances of deaths (this includes people with a learning disability), it isn't explicit that that the SJR needs to be in line with the LeDeR programme.

The LAC has developed a set of reporting standards within the quality contract to support NHS organisations to deliver this specific element of learning from deaths and provide assurance to the CCGs governing body that organisations are signed up to and supporting the LeDeR programme.

3. Governance and Accountability Arrangements

- 3.1 NHS EI have set out a purpose statement of expected requirements for CCGs to implement the LeDeR programme in their locality, working with local partners. Leadership is a critical tool for the successful delivery of the LeDeR programme and local leaders at all levels are required to drive the programme forward. Working with partners is the mechanism to ensure reviews are completed in a timely way and developing approaches to address learning arising from reviews.
- 3.2 CCGs are required to identify an executive lead who is the senior responsible officer for the delivery of the LeDeR programme. For the CCGs the senior responsible officer role and function sits with the Chief Nurse as a member of Governing Body. The role and function being delegated to the LAC, which has been provided by CCGs Deputy Chief Nurse.
- 3.3 The CCGs have received a quarterly LeDeR report to the Quality and Performance Committee. Highlighting the Sefton key issues and updates as part of the LeDeR programme.
- 3.4 The Deputy LAC role had been allocated to the DSAM. However, due to capacity issues in year, it has not been possible for the DSAM to fulfil the role and function. The role and function is now provided by the CCGs Programme Manager for Quality and Performance, which is outside of this reporting year. The LAC and Deputy LAC provide cover for the LeDeR programme across both Liverpool and Sefton. This model is likely to remain in place for 2021/22, when it is anticipated the management of LeDeR will transfer across to the Cheshire and Merseyside Integrated Care System (C&M ICS).
- 3.5 In year the LAC has established a North Mersey approach to LeDeR, with the implementation of the North Mersey LeDeR Task and Finish group and the North Mersey LeDeR multi agency panel, to strengthen the governance and reporting arrangements. Minutes and key issues from the North Mersey LeDeR multi agency panel are routinely submitted to the CCG Joint Quality and Performance Committee, as a sub-committee of Governing Body. The CCG's, GP Clinical Lead, Secondary Care Doctor, DASM were part of the core membership for the North Mersey LeDeR multi-agency panel.
- 3.6 The North Mersey LeDeR Task and Finish Group was implemented in year, with representation across the North Mersey NHS commissioned providers. This enabled the co-production of the North Mersey LeDeR Local Arrangements document. The document outlines expectations for all parties, including timescales, supporting LeDeR performance. Sefton Metropolitan Borough Council have been consulted and contributed to the document.

- 3.7 The North Mersey LeDeR Task and Finish Group, has been successful in a bid to NHS EI C&M for a Band 5 LeDeR Coordinator for a 12month fixed term contract. The functions include supporting information from NHS and General Practice to the reviewers, management of the LeDeR system, supporting CCG performance and providing administrative support to the LAC. There was agreement the post-holder to be hosted by Mersey Care. The post-holder commenced in post in February 2021, however, has since been re-called back to her substantive role due to capacity issues. Mersey Care are going out to recruit to the post for the remaining tenure of the fixed term contract, which is outside of this reporting year.
- 3.8 The LAC set up the North Mersey LeDeR Multi-Agency Panel in year. To enable all reviews to have oversight by health and social care partners. Providing an opportunity to understand the trends and themes for LeDeR reviews across the North Mersey (Liverpool and Sefton) footprint. All reviews in year have been subject to oversight either as part of the North Mersey multi agency LeDeR panel, or at the NHS EI North LeDeR panel.
- 3.9 During 2020/21 there have been changes to the LeDeR programme following a national review, and the planned transfer of the LeDeR platform from the University of Bristol to NHS EI.
- 3.10 The LAC contributed to the review of the LeDeR programme led by the national team. A LeDeR policy has since been published in May 2021 which is outside of this reporting year outlining the key changes and requirements for LeDeR going forward. These include:
- The programme has been rebranded to “learning from lives and deaths: people with a learning disability and autistic people”. Whilst the programme now receives notifications for people with autism, further confirmation is awaiting from NHS EI when CCGs will be expected to progress these reviews
 - Introduction of new classification of reviews; initial and focused. Only focused reviews will be required to be discussed at the LeDeR panels. Cases meeting the threshold focused review include; children and young people aged 4-18 years (CDOP), people with a diagnosis of autism, people from a black, Asian and ethnic minority (BAME), and cases following an initial review would benefit from a more focused review.
 - LeDeR panels to include representation from people with a learning disability and or family /carers
 - Whilst the timescales for the completion remaining the same (100% compliance within 6 months), the timescale for a case being allocated within 3 months has been removed.
 - ICS to have in place a 4-year LeDeR strategy, the draft to be in place by Sept 2021. The LeDeR strategy is being led by NHS EI C&M, with the LAC supporting the developments.

3.11 The NHS EI contract with the University of Bristol to manage the LeDeR platform was due to come to an end in May 2020, however due to COVID the contract was rolled over. The contract has now come to an end, with the LeDeR system now being managed by NHS EI. The Bristol system was paused at the beginning of March 2021, whilst the NHS EI system came online with migration of information to the new system. During this pause, it was not possible to access either system. The new system came on-line at the beginning of July 2021, however there are still issues which need to be resolved which is outside of this reporting period. Mitigation was put in place across the North Mersey footprint to prevent deterioration in CCG performance whilst it was not possible to access the system.

3.12 In October 2020, NHS E published the independent review of the Thomas Oliver McGowan's Learning Disability Mortality Review (LeDeR) process (phase 2). This was the review of the LeDeR review for an 18year old young man who died as an inpatient in North Bristol NHS Trust. The review identified key learning and recommendations to make improvement to the LeDeR process. 11 actions were applicable to the CCGs:

- All those who are new to the role of lead reviewer, or local area contact (LAC), must be allocated a 'buddy' who is experienced in the LeDeR process.
- Dedicated time and administrative support must be given to reviewers and LACs to undertake complex LeDeRs.
- There must be a transparent process for LeDeR in each locality, with robust governance and appropriate resources to ensure that each review is properly monitored in terms of procedure and outcomes.
- The LAC and the lead reviewer should confirm at the onset of the LeDeR process how much support is needed and what it should look like. Guidance for reviewers should emphasise that when undertaking a LeDeR, there is an onus on a team responsibility to complete the process to the required standards, rather than it falling to an individual (the lead reviewer, in this case).
- Each CCG must identify an executive lead to be responsible for the LeDeR programme and for ensuring that the board has full sight of progress.
- The CCG executive lead for LeDeR will ensure that LeDeRs are completed in a timely and correct manner and will intervene where problems are escalated, such as the inability to obtain critical information from the relevant agencies.
- When a multi-agency review (MAR) is indicated, it is important that the correct process and outcomes are achieved. It is therefore expected that where the reviewer and the LAC have no previous experience of a MAR, they will seek support from a 'buddy' who does

- In regard to the MAR meeting itself, it is recommended that there is action taken to:
 - ensure that families are central to the process, are offered full sight of all documents, and are invited to attend all or part of the meeting as they wish
- There should be an assurance process with regard to providing regular, appropriately documented supervision for individual LeDeR reviewers.
- Appropriate support should be available to reviewers, along with strong governance, to ensure that all LeDeR recommendations are robust and actioned in a timely manner, and that lessons learnt are shared nationally.
- Each CCG must formally undertake and document and review its own systems and processes against the learnings and recommendations arising from Oliver's re-review.

3.13 All recommendations were reviewed and added to the CCG LeDeR action plan in year. The CCG has been able to report compliance against the recommendations within the Thomas Oliver McGowan independent review. An update was provided to Quality and Performance Committee in Quarter 4.

4. Sefton Learning Disability Deaths 2020/1

- 4.1 During 2019-20 30 deaths were registered on the LeDeR platform. This represented a 25% increase from the previous year (24). Of these cases, 2 cases were confirmed not to have a learning disability (LD) diagnosis, and 1 was a duplicate. Out of the 30 cases, 27 were eligible for a LeDeR review. One case comes under the remit of CDOP, as per process. CDOP reports are uploaded onto the system once completed. There is good communication between the CCG LAC and the Merseyside CDOP Manager.
- 4.2 There has been a small increase in people being registered in year which is likely as a result of:
- Increased awareness of LD deaths due to the COVID pandemic.
 - Additional scrutiny by the Association Directors Adult Social Services (ADASS) due to COVID pandemic.
 - Number of deaths directly related to COVID
 - Awareness of the LeDeR programme across health, primary care and social care.

Financial Year	No. of cases on the LeDeR platform
2016 – 2017 (Jan – March)	0
2017 – 2018	11
2018 – 2019	29
2019 – 2020	24
2020 – 2021	30

- 4.3 During 2020/21 NHS EI, requested rapid reviews for all death registered on the platform between the 31 March 2020 – 30 May 2020, with all cases prioritised for a full review, outside of the standard 6 months schedule.

This was to determine learning as part of the COVID pandemic. For Sefton CCGs this applied to 11 cases. 2 cases relating to the previous reporting year. All rapid reviews and full reviews were completed in timescale.

- 4.4 Of the 11 cases 4 deaths were directly related to COVID 19 being the cause of death, as documented on either part 1a) or part 1b) of the Medical Certificate Cause of Death (MCCD). The learning from these reviews was submitted to NHS EI C&M and fed through to the national learning. This will have contributed to the University of Bristol report published in November 2020.
- 4.5 In addition to the 4 COVID confirmed death, there were an additional 3 confirmed cases in year. Currently 25.9% of all deaths registered in year were COVID related. The number is likely to higher with 5 cases yet to receive a LeDeR review and 1 of these suggesting COVID as the cause of death. This would suggest that at least 29.6% of deaths are likely to be COVID related, this would also be in keeping with the national prevalence. It should be noted there will be a 6month delay in understanding the full extent and impact of COVID. This is due to cases registered on the system in March and April 2020, not due for completion until the end of August and September 2021 respectively. This will be reported in the Quarter 3 update to Quality and Performance Committee.
- 4.6 The key learning from the COVID related deaths as identified by the North Mersey LeDeR Panel in year, are set out below. All learning is reported through to LCCG, Liverpool City Council, NHS Providers and NHS EI C&M.
- Discharge from acute hospital without COVID testing back to care settings
 - The need for robust discussions with families/carers in relation to Do Not Attempt Cardio-Pulmonary Resuscitation (DNA CPR) decision making.
 - Strengthening COVID Infection Prevention Control (IPC) measures in care homes and supported living.
 - Improved access to COVID polymerase chain reaction (PCR) testing across care homes and supported living for both residents and care staff.
 - Self-isolation letters required for people with an LD who are at higher risk of COVID, from Primary Care.
 - The impact on self-isolation on mental health of people with a learning disability in a care setting. Not being able to access the community of see families/friends.
 - The need for early identifying of deterioration of physical health across care homes and supported living.

Equality and Diversity

- 4.7 Under the Equality Act 2010, everyone in Britain is protected against discrimination under the nine protected characteristics. The breakdown against protected characteristics is limited within this report, due to the lack of robust reporting systems in place. Although reporting systems have started to be developed using Ulysses, this has yet to be fully resourced.

The NHS E LeDeR system that was in place as developed by the University of Bristol, was also not able to provide meaningful data or reports. For the purposes of the 2020/21 it is only possible to report against three elements: Gender, Age and Ethnicity. This is via a manual trawl utilising the standalone spreadsheet developed by the LAC.

4.8 In 2020/21 the profile breakdown:

4.8.1 Gender: 13 men and 14 women. There was very little difference between deaths reported women compared with men.

4.8.2 Age Profile: Most deaths in year were those who were 26 years and over, with the exception of 1 death. The oldest death was for a lady who was 86 years of age, the cause of death is yet to be confirmed. However, this is not indicated to be a COVID related death.

4.8.3 Age Range deaths 2020/21

4 – 17 years	18 – 25 years	26 - 40 years	41 – 60 years	61 - 75 years	over 75 years
1	0	7	8	7	4

4.8.4 Of the 7 deaths were reported as COVID related (4 female, 3 male)

- 4 aged 50 years and over
- 1 aged 40 – 50 years of age
- 1 aged below 40 years of age

4.8.5 The youngest death related to COVID was for a 28-year-old female, and the oldest a 76-year-old female.

4.8.6 The age range for COVID related deaths 2020/21

4 – 17 years	18 – 25 years	26 - 40 years	41 – 60 years	61 - 75 years	over 75 years
0	0	2	2	2	1

4.8.7 Ethnicity: 100% of people were registered as white British. The Sefton data doesn't reflect significant disadvantages due to ethnicity. However, it has been identified the people from a BAME background are likely to be disproportionately affected by COVID.

4.9 Main causes of death on part 1a) of the MCCD:

Cardiac / Arterial related	Myocardial Infarction	1
	Multi organ failure	1
	cardiomyopathy	1
Renal	Acute renal failure	1
Hepatic	Fatty Liver	1
Neurological	Hypoxic brain injury	2
	Alzheimer's	2
	Bowel	1
Respiratory	COVID 19	5
	Chest Infection	1
	Pneumonia	3
	Aspirational Pneumonia	2
Other	Natural cause	1
	Old age	1

4.10 Whilst the table represents what was documented as part 1a) of the MCCD, in many cases other causes were also documented on part 1b), 1c) and 2 of the MCCD. Down's Syndrome / Trisomy was documented on three MCCD's which were deemed appropriate under part 1b) of the MCCD and not as part 1a). It is accepted that learning disability on its own is not a cause of death. However, it can be a contributing factor to poor health and therefore should not be documented as part 1a) of the MCCD.

4.11 The most significant cause of death in year as on part 1a) of the MCCD related to the COVID pandemic. For two case COVID was documented on part b). However, the remaining cause of deaths compares similarly with the causes of deaths reported in the 2019/20 annual report, with a respiratory cause being the leading cause of death.

5. Recommendations from LeDeR Reviews

- 5.1 All LeDeR reviews in year have been submitted to review at a LeDeR panel. This was either the North Mersey LeDeR multi-agency panel, or the NHS EI North LeDeR panel. The NHS EI North LeDeR panel was utilised to support the 97 cases required to be closed by 31 December 2020.
- 5.2 Minutes from the North Mersey LeDeR multi-agency panel are reported through the CCGs Joint Performance and Quality Committee, as a sub-committee of the CCGs Governing Body. However, the LAC will escalate concerns from reviews through to the CCG Quality Team and Lead Commissioners as appropriate, outside of the North Mersey LeDeR multi-agency panel.
- 5.3 Learning, recommendations trends and themes from LeDeR reviews are also reported through to the NHS EI C&M LeDeR Steering Group. The LAC is a core member of the steering group, which reports through to the NHS EI C&M Transforming Care Board.

- 5.4 NHS Trusts are required to feed learning back through their own internal governance arrangements. The North Mersey LeDeR multi-agency panel has an action tracker in place to monitor progress and hold partners to account.
- 5.5 In year, the LAC has attended Sefton Safeguarding Adult Governance Meeting. To support the adult social care (ASC) understanding of the LeDeR programme, to streamline the information flow from (ASC), and to share learning and recommendations from the reviews. This was a particular response to the COVID pandemic.
- 5.6 The table below outlines the key learning points from LeDeR reviews in 2020/21. Learning and recommendations are fed back to respective organisations to support improvements in practice. They have also been included as part of the NHS EI C&M 4-year LeDeR strategy.

Primary Care	<ul style="list-style-type: none"> • Robust GP LD Registers • Access to Annual Health Check and Action plans (compliance, quality) • Not Brought policy (annual health check and health screening programmes) • Information available in Easy Read format • MCA – BI decisions (evidenced in GP records, DNA CPR) • Advanced Care Planning / End of Life (care plans not always in place as part of hospital avoidance) • Promotion of health eating and weight management • Closer attention SLT and risk of aspiration (recurrent chest infection)
NHS Trusts	<ul style="list-style-type: none"> • Not Brought policy • MCA / BI decisions end of life and DNA CPR • Hospital Discharge end of life pathway • The need for non-verbal pain tools • Diagnostic overshadowing • Hospital Flagging Systems • Variance gastro OGD pathway (multi agency LeDeR review) • Appropriate diagnosis LD as part of the MCCD
Local Authority Commissioned Providers	<ul style="list-style-type: none"> • Reporting death to LeDeR • Supporting people to attend: annual health checks, health screening programmes, health related appointments • The need for non-verbal pain tools • Diagnostic overshadowing • End of Life care plans • Completion of health passports • Promoting health eating and weight management • Referral to Community Learning Disability Team / Community services • Adherence to SLT care plan

	<ul style="list-style-type: none"> • Escalation to LA re: deterioration and appropriate placement • Recognition of deterioration • Delayed hospital discharge due to lack of available commissioned placement • COVID outbreaks and management • Impact of reduced services and support for carers (COVID impact) • Day Services response to emergency health related situations/actions.
COVID Related	<ul style="list-style-type: none"> • Discharge process from acute hospital and COVID testing • IPC in care homes and supported living • Access to PCR testing across care homes and supported living • Self-isolation letters to those at risk from Primary Care • Impact on self-isolation on mental health • Identifying deterioration (oxygen saturation, Restore 2 (PCN EHCP))

Learning Disability Annual Health Checks

- 5.7 The NHS has provided a directly enhanced scheme (DES) to support GP practices to provide annual health checks, however practice participation is optional. In order to ensure equity in provision GP practices in Sefton have an arrangement via the Local Quality Contract (LQC). Practices can choose to deliver the LD health check to their own patient population, or the health check can be provided by South Sefton GP Federation. Throughout the pandemic a virtual LD health check has been offered.
- 5.8 There is no target in the DES for individual practices to achieve, however there is an expected CCGs target for 67 % of people with a learning disability aged 14 and over to have had an LD annual health check in year. This managed by the Primary Care Networks.
- 5.9 The Investment and impact fund (IIF) was introduced as part of the Primary Care Network (PCN) contract DES in October 2020/21. The LD health check DES is one of the IIF indicators for PCN's to achieve based on a lower threshold of 49% and a higher threshold of 80%. At the end of year 2020/21 South Sefton CCG achieved 61.3% and Southport and Formby 77.6%. Discussions were held with the LMC in November 2020, and practices with low uptake were contacted and asked to provide narrative as to their plans to carry out the annual health check. one practice at this stage asked the Federation to undertake the health checks, whilst others confirmed their intention to carry out in the last quarter.
- 5.10 The PCN lead will be holding discussions with PCNs to identify how improvements can be made to the uptake and provision of the LD annual health check. The LD annual health check data is submitted monthly to the CCGs and to the LD lead.

This ensures an updated position is known and, if needed a remedial action plan can be put in place. There appears to be a trend for the annual health check to be completed towards year end which impacts on data through-out the year.

- 5.11 Quality Outcomes Framework (QOF) was income protected during 2020/21 due to COVID, although the Quality Performance Framework templates were still required to be completed and submitted. This is likely to be the position for 2021/22.

2020/21 Totals			
CCG Name	Total Registered	Total Checked	Total % Checked
South Sefton CCG	693	425	61.3%
Southport & Formby CCG	799	620	77.6%
Grand Total*	1,492	1045	70.1%

COVID vaccination programme

- 5.12 Sefton CCGs have ensured that all people with a learning disability either living in the family home, or in a care setting have been prioritised and offered the COVID vaccination. The CCGs vaccination programme for people with a learning disability commenced in February 2020.
- 5.13 In March 2021 the CCGs were able to report that for South Sefton CCG that out of the 734 people with a learning disability on the GP registers, 678 were eligible for the COVID vaccination. Of these 509 had received their first dose (75%).
- 5.14 For Southport and Formby CCG of the 853 people with a learning disability, 789 were eligible to receive the COVID vaccination. Of these 635 have received their first dose (80%). The CCGs continue to deliver the 2nd dose as part of the vaccination programme.
- 5.15 The CCG continues to prioritise people with a learning disability. Vaccination is offered in the person's own home, and fast tracked at vaccination sites. Support from the Community LD Team is accessed where appropriate. The vaccination of vulnerable groups is discussed at the Sefton Vaccine Hesitancy Group.

GP Practices and DNA CPR

- 5.16 DNA CPR for people who are on GP practice LD register is a QOF QI indicator, including peer review at PCN meetings for 2021/2022. There are no set compliance thresholds in year, with an expectation for a per review to be completed by year end.
- 5.17 Updates on performance on COVID vaccination, annual health checks, review of DNA CPR, implementation of Restore 2 and oxygen saturation monitors across care settings will be reported to the JQPC in Quarter 3.

6. Sefton LeDeR Performance

6.1 Whilst the LeDeR programme is not a statutory role for CCGs, NHS EI have put in place contractual key performance indicators (KPI's) to monitor CCGs performance and compliance with the programme:

- CCGs to have in place a LAC and Deputy LAC.
- Membership and attendance at the NHSE/I area team LeDeR steering group.
- Expected timescale of allocating cases across to a LeDeR reviewer within three months of being registered on the platform.
- Expected timescale for the completion of LeDeR reviews within six months of being registered on the platform.
- CCGs to produce an Annual LeDeR report. This is the second annual report the CCGs will have received.
- CCGs to have in place an action plan which is reviewed and updated on a quarterly basis.

6.2 As stated in the Governance Arrangements in section 3 of this report, NHS EI have set out a requirement for CCGs to demonstrate leadership of the programme to be evidenced by a named person and job title, as the identified lead and deputy for LeDeR as a delegated function of the Chief Nurse.

6.3 The LAC role and function was transferred across the Deputy Chief Nurse for the Sefton CCGs in year. The Deputy LAC role and function remaining with the CCG DSAM. The Deputy LAC function has now been allocated to the Programme Manager for Quality and Performance which is outside of this reporting period. It is expected the North Mersey approach will continue throughout 2021/22, pending changes as part of the forthcoming ICS in April 2022, when it is anticipated LeDeR management will transfer across to the ICS.

6.4 NHS EI have set out standards to monitor CCGs engagement and representation at the local area NHS E LeDeR Steering Group. These include:

- Named CCG Local Area Contact as part of the membership
- Terms of Reference for the LeDeR steering group include the CCG and details of the representative.
- Minutes of the steering group meeting show attendance and participation of the CCGs named representative.

6.5 The LAC is a core member of the NHS EI C&M LeDeR steering group and actively contributes to the development and learning from LeDeR, across the Cheshire and Merseyside Area. The LAC is now a core member of the NHS EI LeDeR strategy group which is outside of this reporting period.

6.6 In year CCGs were required to allocate reviews within 3 months, and closure within 6 months of being registered in the system.

- 6.7 In 2020/21 most cases were managed as per schedule. It should be noted that cases registered on the system in March and April 2021 will not be due to be closed until the end of August and September 2021, which is outside of this reporting period.
- 6.8 As of the end of July 2021, 100% of cases were allocated within the 3month timescale. As of the end of July 2021, 100% of cases were closed on the LeDeR system within the 6months timescale. It must be noted that 3 cases are subject to parallel process with are excluded from the performance management:
- 1 case subject to CDOP and remains open on the system.
 - 1 case is subject to Coroner's process and remains open on the system.
 - 1 case is subject to a serious incident review process and remains open on the system
- 6.9 The performance reporting has since been reviewed by NHS EI, who have removed the KPI for allocation within 3 months for 2021/2022. The timescale for completion within 6months remains in place.

Backlog Cases

- 6.10 In addition to the new cases registered in year, there were an additional 79 cases which remained open on the system from previous years 2018 – 2020. NHS EI mandated that all cases open on the system up to, and including 31 May 2020 were required to be closed on the system by 31 December 2020. This amounted to 86 reviews in total. As of 31 December 2020, 81 reviews had been completed (94.1%) with 5 remaining open. The reason for 5 remaining open were due to; statutory process, multiagency reviews, and a delay in information being provided. All cases have since been closed.
- 6.11 To enable compliance with NHS EI requirements, the CCG were able to access additional resource from NHS EI C&M. The reviews were either outsourced to North England Commissioning Support Unit (NECS), health professionals from Farley Dweck solicitors, additional resource to Mersey Care for a band 7 for a 6months fixed term contract. This was in addition to the 1 whole time equivalent (WTE) band 7 12month fixed term contract, the CCGs had successfully made a bid to NHS EI C&M in 2021/20.
- 6.12 To support cases being reviewed and closed, additional North Mersey LeDeR Multi- agency panels were scheduled. Where the panels did not have capacity, cases were reviewed at the NHS E North LeDeR panels.
- 6.13 The CCG were able to report a significant improvement in compliance with NHS EI LeDeR reporting at the beginning of Q4 2020/21.

NHS E Performance Measures by reporting period	No. of Cases	Compliance against target in year	Narrative
No. registered and eligible for LeDeR 16/17	3	N/A	Programme commenced Jan 2017 1 case subject to multi-agency LeDeR
No. registered 17/18 and eligible for LeDeR	19		
No. allocated within 3 months (100%)	12	63.1%	
No. completed within 6 months (90%)	0	0%	
No. registered and eligible for LeDeR 18/19	22		
No. allocated within 3 months (100%)	7	31.8%	
No. completed within 6 months (90%)	1	4.5%	
No. registered and eligible for LeDeR 19/20	26		
No. allocated within 3 months (100%)	6	23%	
No. completed within 6 months (90%)	2	7.6%	
No. registered and eligible for LeDeR 20/21	30		
No. allocated within 3 months (100%)	27	100%	Compliant with target in year.
No. completed within 6 months (90%)	22 (5 cases still within timeframe)	100%	Complaint with target YTD. Full year compliance yet to be provided at the end of Sept 2021. Expected to be completed within timescale.

6.14 Compliance significantly improved during 2020/21, with zero cases missing the target for allocation within 3 months. The full year compliance data can only be confirmed once the remaining 5 cases have been completed. This is likely to be at the end of September 2021. Compliance has been challenged in year due to the significant numbers to be completed which included the 79 backlog cases.

6.15 To minimise the risk of the transfer over to the new LeDeR system with the Bristol system paused from March 2021. NHS EI have commissioned NECS to conduct the reviews raised on the system between March and July 2021. All cases have been allocated and are in progress, with expectation to be completed in timescale.

Overall CCG LeDeR Performance and Compliance

6.16 In year there has been significant improvements in the CCGs LeDeR performance overall in comparison to 2020/21. Where performance is below threshold, actions are being taken to improve performance. These will be included in the CCG LeDeR action plan for 2021/22.

Evidence against measure		Frequency of Reporting	Assurance Rating
Named person with job title and contact details	Local Area Contact provided by the Assistant Chief Nurse from Sefton CCGs	Quarterly	
	Deputy Local Area Contact in place	Quarterly	
Terms of reference for LeDeR steering group including name of organisation and details of representative	Local Area Contact included in the membership of the ToR	Quarterly	
Mins of steering group meeting showing attendance at and participation in of named CCG representative	Local Area Contact regulatory attendance	Quarterly	
% notifications assigned within 3 months (100%)	100%	Monthly	
% of notifications completed within 6 months (90%)	100% (YTD) full year data to be confirmed at the end of September 2021	Monthly	
LeDeR action plan including timescales for completion, action owners, actions, outcomes/ outputs, brief description of evidence. Steering Group level action plans must be clear about the actions for each member CCG.	CCG action plan in place for 2020/21	Quarterly	
Actions within plans updated at least quarterly		Quarterly	
LeDeR Annual Report to be published on CCG website by the end of June 2021	Annual report delayed by 2 months scheduled to be approved at the CCGs Governing Body in August 2021	Annually	

7. LeDeR Key Priorities and Developments 2021/22

7.1 In 2020/21 the CCGs LeDeR governance arrangements were reviewed to support NHS EI performance requirements. A CCG LeDeR action plan was developed to take account of the key priorities as set out as part of the 2019/20 annual report. The action plan was reviewed in year following the publication of the Oliver McGowen report, which was published in October 2020. Updates and progress against the action plan have been reported to the Quality and Performance Committee apart from Quarter 4 due to capacity issues for the LAC.

7.2 Successes in year:

- Development and implementation of the North Mersey LeDeR Task and Finish Group. A LeDeR local arrangement document and process has been developed which has been co-produced by health and social care partners. This has streamlined the LeDeR process across the North Mersey area, to support information flow and enable improvements in LeDeR performance.

Action 1: The LeDeR local arrangement document to be reviewed in line with the NHS E LeDeR policy published in May 2021.

- Development and implementation of the North Mersey Multi-agency panel. There is now consistent representation across the partnership from; NHS trusts, CCG GP clinical leads, CCG representation Designated Nurse Safeguarding Adults, Liverpool City Council. This brings appropriate challenge to the reviews presented and formation of key actions.

Action 2: The LeDeR Multi-agency panel to be reviewed in line with the NHS E LeDeR Policy.

- CCG LeDeR performance is now reporting in line with NHS EI contractual requirements.
- Successful bid to NHS EI C&M for LeDeR Co-ordinator to support the North Mersey LeDeR programme. The post holder commenced in post at the beginning of March 2021 for a 12month fixed term contract. The post being hosted by Mersey Care NHS Foundation Trust (Mersey Care). However due to capacity in Mersey Care) the post holder was re-called to the substantive role at the beginning of July 2021. Mersey Care are in the process of recruiting to the post for the remaining tenure of the fixed term contract.

Action 3: North Mersey LeDeR Co-ordinator to be recruited to for the remained of the 12-month fixed term contract.

- The CCGs LeDeR governance arrangements were reviewed in line with the recommendations within the Oliver McGowan report (Oct 2020) with the CCG reporting compliance. All additional requirements were put in place, and assurance provided from Mersey Care who host the CCGs commissioned LeDeR reviewer resource.

7.3 Actions which were included as part of the CCG LeDeR action plan which were not completed in year are:

- The development and implementation of the North Mersey LeDeR Steering Group. Following further discussion with partners and CCG colleagues, consideration was given for potential duplication. There was a recommendation for LeDeR to be integrated as part of the Liverpool Transforming Care Partnership (TCP). The LAC is yet to receive a formal invitation to the Liverpool TCP via the Programme Manager for Learning Disabilities and Mental Health.

- Robust reporting arrangements to be put in place. Whilst LeDeR reporting via Ulysses was being developed by the LeDeR co-ordinator, this has paused due to the post holder returning to her substantive post.
- Deputy Local Area Contact in place. Whilst the role and function has not been able to be provided in year, the role and function is in place provided by the Sefton CCGs. This is outside of this reporting period.
- The 4 Year LeDeR strategy and action plan will be developed and overseen by the C&M Integrated Care System (ICS). The LAC is part of these meetings which is outside of this reporting year.
- Annual report to be published on the CCG website including easy read version by the end of June 2021. There has been a delay for the annual report to be written and presented to Quality and Performance Committee, due to the capacity for the LAC.

7.4 A revised CCG LeDeR 2021/22 action plan will be put in place, which will be monitored as part of the quarterly reports to the CCG Quality and Performance Committee. LeDeR will then transfer across to the C&M ICS as of April 2022.

8. Conclusion

8.1 This annual report provides an overview of:

- LeDeR cases reported in year and the management of backlog cases.
- CCG LeDeR performance against NHS EI contractual measures.
- Trends and themes from LeDeR reviews, including specific learning resulting from COVID.
- CCG governance arrangements and actions to strengthen LeDeR governance.
- LeDeR developments in year
- Progress against the CCG LeDeR action plan

8.2 It must be noted there has been a significant increase in the number of people registered on the platform during 2020/21 which can be directly attributed to the COVID pandemic, and increased awareness of the programme across the partnership.

8.3 The CCG performance against NHS E contractual measures has significantly improved in year, with full compliance for eligible cases being completed within 6 months. The CCG will continue to monitor and report on LeDeR on a quarterly basis.

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

9. Abbreviations

ADASS	Association of Directors of Adult Social Care
BAME	Black Asian and Ethnic Minority
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
COVID	Coronavirus 19
DES	Directly Enhanced Scheme
DHSC	Department of Health and Social Care
DNA CPR	Do Not Attempt Cardio Pulmonary Resuscitation
GP	General Practitioner
ICS	Integrated Care System
KPI	Key Performance Indicator
LAC	Local Area Contact
LeDeR	Learning Disability Mortality Review
LQC	Local Quality Contract
LUHFT	Liverpool University Hospitals NHS Foundation Trust
MCCD	Medical Certificate Cause of Death
Mersey Care	Mersey Care NHS Foundation Trust
MLCSU	Midlands and Lancashire Commissioning Support Unit
NECS	North of England Commissioning Support Unit
NHS E	NHS England
NHS E/I	NHS England and Improvement
NHS E/I C&M	NHS England and Improvement Cheshire and Merseyside
PCN	Primary Care Network
PHE	Public Health England
QOF	Quality Outcomes Framework
Sefton CCGs	NHS South Sefton CCG and NHS Southport and Formby CCG
SJR	Structured Judgement Review
TCP	Transforming Care Partnership

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/108	Author of the Paper: Chrissie Cooke Chief Nurse chrissie.cooke@southseftonccg.nhs.uk	Clinical Lead: Dr Gina Halstead GP Governing Body Member and Clinical Quality Lead South Sefton CCG						
Report date: September 2021								
Title: Complaints								
Summary/Key Issues: This report aims to provide a summary of complaints and concerns reported by our commissioned providers. Where possible, this will also include any improvement work carried out by providers. This report also includes a summary of CCG complaints, concerns, dispute queries, access requests and PALS received by the CCG								
Recommendation The Governing Body is asked to approve the recommendation in this report.		<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>Approve</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">x</td> </tr> <tr> <td>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 2021/22 (*x those that apply*)

x	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
x	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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 September 2021

1. Executive Summary

This paper presents the Governing Body with an update regarding complaints received by the CCG.

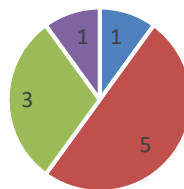
This report covers complaints open from 2020/21 and all those received during April – June 2021.

Open Complaints for 2020/21

Complaints

Following a retrospective data cleanse, there are 10 for South Sefton CCG. The charts below highlight the specific type of contacts open for the CCG.

SS CCG
Open Contacts by Type 20/21



■ SSCCG Action Request CHC ■ Complaint ■ Dispute CHC ■ PALS

The Complaints Team have worked extensively to close the number of open contacts from 80 open contacts to 30 open contacts over the last month. Key prioritisation areas have been identified in order to identify the appropriate CCG staff to support the resolution of any outstanding contacts.

The contacts have been broken down further by speciality and length of time open in the table below:

South Sefton CCG contacts 2020/21			
Time Overdue	Complaint type	Speciality	Total
3 months +	Complaints	Medical Records	2
		Mental Health	1
		Medicines Management	1
		General Medicine	1
	Dispute	Funded Nursing Care	1
	PALS	Admin	1

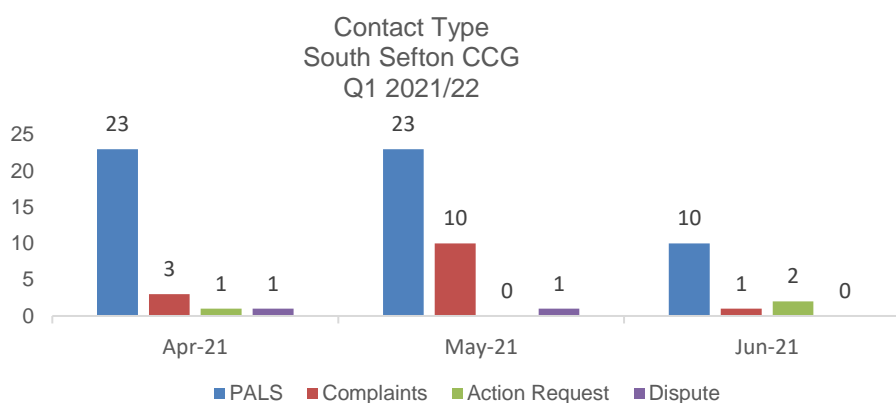
Sub total			7
6 months +	Action Request	Records	1
Sub total			1
9 months +	Dispute	CHC outcome dispute	2
Sub total			2
TOTAL			10

South Sefton CCG Q1 2021/22

The Complaints Department receive a variety of contacts ranging from complaints to requests for information. Below is a list of the contact category types received by the CCG:

- Complaints (including MP letters)
- PALS (Requests for Information, including MP letters)
- Disputes (in relation to CHC decisions)
- Action Request (Subject Access Requests (SARs) or Retrospective Reviews in relation to Continuing Healthcare (CHC))

During Q1 2021/22, there was a total of 75 contacts. Of the 75 contacts, all were acknowledged or resolved and closed within a short timeframe. The chart below provides a breakdown of the number of contacts by type received by the CCG during Q1 2021/22.



As with Southport and Formby CCG, PALS constitute the highest contact with a total of 56 during the reporting period. All PALS contacts involved a request for information, this includes 1 parliamentary request for information and 4 MP letter requests for information. Please see below table for a breakdown by contact type:

Contact Type	Speciality	Apr-21	May-21	June 21
PALS (56)	Request for Information	23	22	6
	Parliamentary Request for Information	0	1	0
	MP Letter – request for information	0	0	4
Complaint (14)	Complaint	3	6	1

	Concern	0	4	0
Action Request (3)	CHC	1	0	1
	SARS	0	0	0
	Parliamentary Request	0	0	1
Dispute (2)	CHC	1	1	0
Sub-total		28	34	13
TOTAL				75

Further breakdown by speciality can be shown in the table below. This covers the period Q1 2021/22.

Complaint Type	Specialty	Total
PALS (56)	COVID-19	18
	Covid Vaccination Centre/Covid	8
	Other	6
	Mental Health	4
	Diabetes	3
	Admin	2
	CHC	1
	Weight Management Service	1
	Communications	1
	Sleep & Ventilation Service	1
	Pharmacy	1
	IT Programme	1
	Unable to categorise	1
	General Surgery	3
	Infertility Services	1
	Information	1
	Cancer Services	1
	Referral Issues	1
Orthopaedics	1	
Complaint (14)	Primary Care	2
	Admin	2
	Talking Health	1
	IFR – Funding issues	1
	Covid Vaccination Centre/Covid	1
	Other	1
	General Medicine	1
	Stoma Care	1
	General Surgery	1
	Walk-In Centres	1
	GP Practice Medicine	1
	Medicines Management	1
Dispute (2)	Continuing Healthcare	2
Action Request (3)	Retrospective Review (CHC)	2
	Access to Services	1
TOTAL		75

Closed Contacts

During Q1 2021/22, out of the 75 contacts received for the CCG, 46 have since been closed and 29 are ongoing. The following chart breaks this down by contact type:

2. Recommendations

Governing Body members are asked to note the update as set out.

Chrissie Cooke
Chief Nurse
September 2021

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/109	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk	Clinical Lead: N/A
Report date: September 2021	Rebecca McCullough Deputy CFO Rebecca.mccullough@southseftonccg.nhs.uk	

Title: Chief Finance Officer Update

Summary/Key Issues:

This paper presents the Finance and Resource Committee with an overview of the Month 4 financial position for NHS South Sefton Clinical Commissioning Group as at 31st July 2021.

The standard business rules set out by NHS England require a 1% surplus in each financial year, however the usual financial framework has been replaced with temporary financial arrangements in response to the COVID-19 pandemic. It has been confirmed that the temporary arrangements remain in place for the first six months of 2021/22.

The temporary arrangements include additional funding for COVID related costs including a continuation of the Hospital Discharge programme. Additional funding has also been provided for Mental Health investments and recovery in Elective Care and Mental Health services.

NHS Planning Guidance has been published for April – September 2021 (H1) only and the CCG has agreed a financial plan for this period which is break-even in line with its statutory duty. The QIPP requirement to deliver the revised plan is £1.600m and the CCG remains on track to deliver this position although it is dependent upon non-recurring solutions to meet this expectation.

The Month 4 financial position reports an overspend of £0.547m which reflects costs for the Hospital Discharge Programme and the Elective Recovery Programme which are yet to be reimbursed. There are emerging cost pressures in other areas which will need to be addressed and the CCG should continue to progress QIPP schemes and other mitigating actions to manage expenditure within the available resource.

The forecast position to September 2021 is an overspend of £1.259m which is the forecast for costs related to the Hospital Discharge Programme Elective Recovery Programme up to September 2021. The CCG is expecting these costs to be reimbursed and, on this basis, the CCG is forecast to achieve a break-even position.

Recommendation

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

The Governing Body is asked to receive this report and note the following points,

- Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the first six months of the 2021-22 financial year.
- Additional funding is available for COVID related costs and recovery of Elective and Mental Health services.
- The CCG financial plan for April – September 2021 (H1) is break even in line with its statutory duty.
- Delivery of the break-even position requires QIPP efficiency savings of £1.600m
- The Month 4 financial position is an overspend of £0.547m and the forecast to 30th September 2021 is an overspend of £1.259m. Other cost pressures will need to be addressed if the CCG is to manage within the available resource.
- Following reimbursement of costs for the Hospital Discharge Programme and the Elective Recovery Programme, the CCG is forecast to achieve a break-even position.

Links to Corporate Objectives 2021/22 (*x those that apply*)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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 shared with members of F&R Committee

Report to Governing Body September 2021

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 31st July 2021.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Forecast Outturn	Forecast Variance
	£000	£000	£000	£000	£000	£000
Acute Care	77,703	50,342	50,184	(157)	77,969	266
Mental Health	14,429	9,842	9,998	156	14,650	221
Continuing Care	7,987	5,144	5,121	(22)	8,169	182
Community Health	16,917	12,019	12,046	27	16,919	2
Prescribing	16,193	9,816	9,802	(14)	16,193	0
Primary Care	16,718	11,205	11,117	(88)	16,744	27
Corporate Costs & Services	1,424	953	807	(146)	1,273	(151)
Other CCG Budgets	5,059	3,394	3,350	(45)	5,029	(30)
Total Operating budgets	156,430	102,716	102,426	(290)	156,946	515
Reserves	1,279	(836)	0	836	2,023	744
In Year (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/ Deficit	157,710	101,879	102,426	547	158,969	1,259
Retrospective Allocation - HDP	0	0	(310)	(310)	(542)	(542)
Retrospective Allocation - ERF	0	0	(237)	(237)	(717)	(717)
Revised (Surplus)/Deficit	157,710	101,879	101,879	(0)	157,710	0

Month 4 Financial Position

The Month 4 financial position is an overspend of £0.547m which is related to costs that are yet to be reimbursed, the CCG QIPP requirement is included in the reserves budget. The Acute Care budget is overspent due to cost related to the Elective Recovery Fund. The Mental Health budget is reporting an overspend due to an increase in Section 117 packages of care and the Continuing Care budget is overspent relating to costs for the Hospital Discharge Programme.

Funding is held in reserves for investments and the QIPP target, the cost pressures on this budget will be addressed when the agreed QIPP schemes are implemented in the next month.

The overspending areas are supported by underspends in other budgets. In the Corporate Services budget related to vacancies, the reserves budget due to anticipated system funding allocations.

Costs for the Hospital Discharge Programme and Elective Recovery Fund are to be reimbursed in full.

Financial Arrangements April to September 2021

The CCG financial plan for April to September 2021/22 (H1) has been agreed and the control total for the CCG is break even. The financial plan includes a QIPP requirement of £1.600m to deliver the break-even position.

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	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		2020/21 Control Total (April-September)	✓	
		2020/21 Control Total (October - March)	tbc	
2	Breakeven	Financial Balance	✓	
3	QIPP	QIPP delivered to date <i>(Red reflects that QIPP delivery is behind plan)</i>	✓	
4	Running Costs	CCG running costs < 2021/22 allocation	✓	

- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve are not required in H1 2021/22.
- The CCGs financial plan for April – September 2021 (H1) is breakeven.
- Guidance for October – March (H2) is not yet available.
- The QIPP target for H1 2021/22 is £1.600m.

2. CCG Financial Position – Month 4 2021/22																									
Report	Commentary																								
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">South Sefton CCG Forecast Outturn at Month 4</div> <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <caption>South Sefton CCG Forecast Outturn at Month 4 Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CCG Planned Deficit</td> <td>3,290</td> </tr> <tr> <td>Independent Sector</td> <td>625</td> </tr> <tr> <td>Continuing Care Packages</td> <td>542</td> </tr> <tr> <td>Investments / Other</td> <td>368</td> </tr> <tr> <td>Out of Hours</td> <td>208</td> </tr> <tr> <td>Mental Health S117</td> <td>206</td> </tr> <tr> <td>Primary Care</td> <td>185</td> </tr> <tr> <td>Acute Commissioning</td> <td>409</td> </tr> <tr> <td>System Funding Allocations</td> <td>1,600</td> </tr> <tr> <td>CCG QIPP</td> <td>1,786</td> </tr> <tr> <td>Forecast Deficit (M6)</td> <td>1,259</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CCG Planned Deficit	3,290	Independent Sector	625	Continuing Care Packages	542	Investments / Other	368	Out of Hours	208	Mental Health S117	206	Primary Care	185	Acute Commissioning	409	System Funding Allocations	1,600	CCG QIPP	1,786	Forecast Deficit (M6)	1,259	<ul style="list-style-type: none"> The CCG Month 4 financial position is an overspend of £0.547m The Forecast to Month 6 is an overspend of £1.259m prior to inclusion of additional allocations. The main financial pressures are as follows: <ul style="list-style-type: none"> The CCG planned deficit for Months 1-6 Independent Sector related to the Elective Recovery Fund Continuing Care packages related to the Hospital Discharge Programme Out of hours due to increased costs of the Acute Visiting Service. Section 117 Mental Health packages which have shown an increasing trend over recent financial years. <p>The cost pressures are offset with the revised allocation of system funding, the CCG QIPP target and on Acute Commissioning due to reduced costs of NCAs, High Cost Drugs and AQP contracts.</p> <p>It is expected that the CCG will receive additional allocations in respect of HDP and ERF funding to enable the CCG to break-even at Month 6.</p> <p>Further detail on the CCG financial position is provided in Appendix 1.</p>
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Report				Commentary																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="4" style="text-align: left; padding: 5px;">Risk Adjusted Position:</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="width: 70%; padding: 5px;">South Sefton CCG</th> <th style="width: 10%; padding: 5px;">Best Case £m</th> <th style="width: 10%; padding: 5px;">Likely Case £m</th> <th style="width: 10%; padding: 5px;">Worst Case £m</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">CCG Planned Deficit</td> <td style="text-align: right; padding: 5px;">(3.290)</td> <td style="text-align: right; padding: 5px;">(3.290)</td> <td style="text-align: right; padding: 5px;">(3.290)</td> </tr> <tr> <td style="padding: 5px;">Planned Surplus / (Deficit)</td> <td style="text-align: right; padding: 5px;">(3.290)</td> <td style="text-align: right; padding: 5px;">(3.290)</td> <td style="text-align: right; padding: 5px;">(3.290)</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Further Risks</td> </tr> <tr> <td style="padding: 5px;">S117 Mental Health Packages</td> <td style="text-align: right; padding: 5px;">(0.206)</td> <td style="text-align: right; padding: 5px;">(0.206)</td> <td style="text-align: right; padding: 5px;">(0.356)</td> </tr> <tr> <td style="padding: 5px;">Prescribing Growth above national assumption</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">(0.251)</td> </tr> <tr> <td style="padding: 5px;">High Cost Case</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">(0.500)</td> </tr> <tr> <td style="padding: 5px;">CHC Growth above national assumption</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">(0.200)</td> </tr> <tr> <td style="padding: 5px;">Sub Total</td> <td style="text-align: right; padding: 5px;">(0.206)</td> <td style="text-align: right; padding: 5px;">(0.206)</td> <td style="text-align: right; padding: 5px;">(1.307)</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Mitigations</td> </tr> <tr> <td style="padding: 5px;">Revised System Funding Allocation</td> <td style="text-align: right; padding: 5px;">1.786</td> <td style="text-align: right; padding: 5px;">1.786</td> <td style="text-align: right; padding: 5px;">1.786</td> </tr> <tr> <td style="padding: 5px;">CCG QIPP</td> <td style="text-align: right; padding: 5px;">1.600</td> <td style="text-align: right; padding: 5px;">1.600</td> <td style="text-align: right; padding: 5px;">1.600</td> </tr> <tr> <td style="padding: 5px;">Other Mitigations</td> <td style="text-align: right; padding: 5px;">0.110</td> <td style="text-align: right; padding: 5px;">0.110</td> <td style="text-align: right; padding: 5px;">0.110</td> </tr> <tr> <td style="padding: 5px;">Sub Total</td> <td style="text-align: right; padding: 5px;">3.496</td> <td style="text-align: right; padding: 5px;">3.496</td> <td style="text-align: right; padding: 5px;">3.496</td> </tr> <tr> <td style="padding: 5px;">Surplus / (Deficit)</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">-</td> <td style="text-align: right; padding: 5px;">(1.101)</td> </tr> </tbody> </table>				Risk Adjusted Position:				South Sefton CCG	Best Case £m	Likely Case £m	Worst Case £m	CCG Planned Deficit	(3.290)	(3.290)	(3.290)	Planned Surplus / (Deficit)	(3.290)	(3.290)	(3.290)	Further Risks				S117 Mental Health Packages	(0.206)	(0.206)	(0.356)	Prescribing Growth above national assumption	-	-	(0.251)	High Cost Case	-	-	(0.500)	CHC Growth above national assumption	-	-	(0.200)	Sub Total	(0.206)	(0.206)	(1.307)	Mitigations				Revised System Funding Allocation	1.786	1.786	1.786	CCG QIPP	1.600	1.600	1.600	Other Mitigations	0.110	0.110	0.110	Sub Total	3.496	3.496	3.496	Surplus / (Deficit)	-	-	(1.101)	<ul style="list-style-type: none"> The CCG draft financial plan for Months 1-6 identified a deficit of £3.290m. System funding of £33.3m has been distributed across the Cheshire & Merseyside CCGs and the share of this which will be received by South Sefton CCG is £1.786m. The revised financial plan is break even. The CCG QIPP requirement to deliver the revised financial plan is £1.600m and schemes will need to be actioned to achieve the required savings. Cost pressures in S117 Mental Health packages will need to be addressed if the CCG is to manage costs within available resources. There are further risks relating to Prescribing and Continuing Health Care costs which have been estimated using the national assumptions for growth. Risk relating to commissioning responsibilities relating to a High Cost case which is under review.
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4. CCG Reserves Budget					
Report			Commentary		
Reserves Budget	Opening Budget (Draft) £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(1.600)				(1.600)
QIPP Achieved	0.000	1.451			1.451
System Funding Distribution	(2.200)	2.671			0.471
Reversal of planned system funding	0.579	(0.414)			0.165
Month 2 Budget adjustment - 6th May draft plan	0.502	0.142		(0.192)	0.452
Primary Care COVID support		0.334		(0.334)	0.000
Ageing Well Allocation (H1)		0.438			0.438
Other allocations		(0.098)			(0.098)
Total Reserves	(2.719)	4.524	0.000	(0.526)	1.279
<ul style="list-style-type: none"> The CCG opening reserve budgets reflect the draft financial plan which was submitted on 6th May 2021 The QIPP target is held as a negative budget and it is expected that this will be offset with budget transfers from operational budgets into the reserves budget as schemes are achieved during the year. The reserves budget includes provision for the anticipated system funding adjustments. Additional funding is included in the reserves budget relating to the draft financial plan. This funding will be transferred to operational budgets in line with the final financial plan. An additional allocation was received in Month 3 for Primary Care COVID support, this will be deployed to operational budgets in line with the agreed expenditure plan. Additional funding was received in Month 4 related to the Ageing Well Programme for H1, an expenditure plan is required for this allocation. 					

5. Recommendations

The Finance and Resource Committee is asked to receive this report and to note that:

- Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the first six months of the 2021-22 financial year.
- Additional funding is available for COVID related costs and recovery of Elective and Mental Health services.
- The CCG financial plan for April – September 2021 (H1) is break even in line with its statutory duty.
- Delivery of the break-even position requires QIPP efficiency savings of £1.600m
- The Month 4 financial position is an overspend of £0.547m and the forecast to 30th September 2021 is an overspend of £1.259m. Other cost pressures will need to be addressed if the CCG is to manage within the available resource.
- Following reimbursement of costs for the Hospital Discharge Programme and the Elective Recovery Programme, the CCG is forecast to achieve a break-even position.

Appendices

Appendix 1 – Financial position - Month 4

Appendix 1 – Financial Position Month 4

011 NHS South Sefton Clinical Commissioning Group Month 4 Financial Position 2021/22							
Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance	Forecast (to M6)	
		£000	£000	£000	£000	Expenditure Outturn £000	Variance £000
Acute							
598571	Acute Commissioning	68,732	44,440	44,239	(201)	68,452	(279)
598576	Acute Childrens Services	2,695	1,796	1,796	0	2,695	0
598586	Ambulance Services	3,665	2,443	2,461	17	3,691	26
598591	Clinical Assessment And Treatment Centres	1,981	1,242	1,438	197	2,656	675
598596	Collaborative Commissioning	333	222	221	(1)	332	(2)
598606	High Cost Drugs	172	115	53	(62)	95	(77)
598616	Ncas/Oats	125	83	(23)	(107)	49	(76)
Sub-Total: Acute		77,703	50,342	50,184	(157)	77,969	266
Mental Health							
598501	Mental Health Contracts	172	115	114	(1)	172	0
598506	Child And Adolescent Mental Health	177	118	103	(15)	161	(15)
598511	Dementia	54	36	36	0	54	0
598521	Learning Difficulties	882	588	619	31	926	44
598531	Mental Health Services – Adults	8	5	1	(4)	1	(7)
598551	Mental Health Services - Older People	12	8	0	(8)	0	(12)
598556	Mental Health Services - SLA	11,574	7,939	7,953	15	11,577	4
598557	Mental Health Services - S117 Mental Health	1,551	1,034	1,172	138	1,758	206
Sub-Total: Mental Health		14,429	9,842	9,998	156	14,650	221
Continuing Care							
598682	Chc Adult Fully Funded	4,781	3,271	2,947	(324)	4,419	(361)
598683	Chc Ad Full Fund Pers Hlth Bud	1,340	893	911	17	1,370	30
598684	Chc Adult Joint Funded	598	268	571	302	1,140	542
598685	Chc Ad Jnt Fund Pers Hlth Bud	150	100	100	0	150	1
598686	Chc Admin and Support	303	202	204	2	305	2
598687	Chc Children	(55)	(89)	(109)	(20)	(87)	(32)
598691	Funded Nursing Care	871	498	498	(0)	871	0
Sub-Total: Continuing Care		7,987	5,144	5,121	(22)	8,169	182
Community Health							
598711	Community Services	16,416	11,686	11,764	78	16,472	55
598721	Hospices	184	123	133	11	193	9
598726	Intermediate Care	317	211	149	(62)	254	(62)
Sub-Total: Community Health		16,917	12,019	12,046	27	16,919	2
PRIMARY CARE							
598646	Commissioning Schemes	491	320	291	(29)	458	(33)
598651	Local Enhanced Services	2,023	1,293	1,206	(87)	1,935	(88)
598656	Medicines Management - Clinical	555	370	333	(37)	517	(38)
598661	Out Of Hours	727	485	579	94	935	208
598662	GP Forward View	510	340	340	(0)	510	0
598666	Oxygen	274	183	180	(3)	278	4
598671	Prescribing	16,193	9,816	9,802	(14)	16,193	0
598676	Primary Care It	1,033	812	812	(0)	1,033	0
598678	PRC Delegated Co-Commissioning	11,104	7,403	7,377	(25)	11,078	(26)
Sub-Total: Primary Care		32,911	21,022	20,919	(102)	32,937	27
Corporate Costs & Services							
600251	Administration & Business Support	151	101	71	(30)	122	(30)
600266	Business Informatics	187	124	108	(16)	170	(16)
600271	Ceo/ Board Office	214	143	172	29	253	39
600276	Chair And Non Execs	98	65	37	(29)	69	(29)
600292	Primary Care Support	84	56	71	14	99	14
600296	Commissioning	45	30	30	(0)	45	(0)
600301	Communications & PR	70	46	44	(3)	67	(3)
600311	Contract Management	75	50	39	(11)	64	(11)
600316	Corporate Costs & Services	139	93	54	(38)	95	(44)
600341	Equality & Diversity	10	7	3	(4)	6	(4)
600346	Estates And Facilities	81	54	64	10	81	0
600351	Finance	270	184	115	(69)	202	(69)
600426	Quality Assurance	0	0	0	0	0	0
600431	Recharges	0	0	(0)	(0)	0	0
Sub-Total: Corporate Costs & Services		1,424	953	807	(146)	1,273	(151)
Other							
598756	Commissioning - Non Acute	3,351	2,234	2,235	0	3,351	0
598776	Non Recurrent Programmes	261	174	142	(32)	229	(32)
598791	Programme Projects	211	158	155	(3)	208	(3)
598796	Reablement	667	445	442	(3)	663	(4)
598801	Recharges NHS Property Services	126	84	84	0	126	0
598809	NHS 111	18	12	12	(0)	18	(1)
598810	Nursing And Quality Programme	268	183	199	17	301	33
		157	104	81	(24)	133	(24)
Sub-Total: Other		5,059	3,394	3,350	(45)	5,029	(30)
Sub-Total Operating Budgets pre Reserves		156,430	102,716	102,426	(290)	156,946	515
RESERVES							
598761	Commissioning Reserve	1,279	(836)	0	836	2,023	744
598781	Non Recurrent Reserve	0	0	0	0	0	0
Sub-Total: Reserves		1,279	(836)	0	836	2,023	744
Total I & E		157,710	101,879	102,426	548	158,969	1,259
099999	In Year Planned Surplus/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/Deficit		157,710	101,879	102,426	547	158,969	1,259
099999	Historic (Surplus)/Deficit	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/ 110	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350
Report date: September 2021	
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. Please note the effects of COVID-19 are noticed in month 3 across a number of performance areas.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2021/22 (<i>x those that apply</i>)	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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

21.110

South Sefton Clinical Commissioning Group

Integrated Performance Report June 2021

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Summary Performance Dashboard

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
<u>NHS e-Referral Service (e-RS) Utilisation Coverage</u> 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													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
<u>% of patients waiting 6 weeks or more for a diagnostic test</u> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R										
		Actual	8.05%	12.71%	14.14%										
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<u>% of all Incomplete RTT pathways within 18 weeks</u> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R										
		Actual	63.70%	66.71%	66.29%										
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<u>Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks</u> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R										
		Actual	1422	978	912										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
<u>Cancellations for non-clinical reasons who are treated within 28 days</u> 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.	Liverpool University Foundation Hospital Trust	RAG	R	R	R									R	
		Actual	2	2	1										5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Urgent Operations cancelled for a 2nd time</u> 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.	Liverpool University Foundation Hospital Trust	RAG	G	R	R									R	
		Actual	0	1	1										2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	G	R	R									R	
		Actual	94.74%	91.88%	92.13%										92.93%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	R	R	G									G	
		Actual	90.91%	92.00%	97.78%										94.17%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG	G	G	G									G	
		Actual	100%	96.92%	100%										99.12%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	G	R	G									R	
		Actual	100%	83.33%	100%										93.18%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	R	R	G									R	
		Actual	95%	95.24%	100%										97.18%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G									G	
		Actual	95.24%	96.15%	100%										97.37%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	G	R									R	
		Actual	61.11%	85.71%	75%										73.98%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	R	R	R									R	
		Actual	75%	75%	40%										66.67%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	South Sefton CCG (local target 85%)	RAG	G												
		Actual	100%	71.43%	70.42%										78.05%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2021-22													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R	R										R
Actual		85.48%	73.86%	71.29%											76.75%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available											
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available											
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemia</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R										R
YTD		0	0	1											1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C. Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R										R
YTD		7	13	16											16
Target		6	11	15	20	24	28	34	40	46	51	55	60		60
<u>Number of E. Coli</u> Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R										R
YTD		6	18	34											34
Target		11	21	32	42	53	63	75	85	96	108	125	128		128

Metric	Reporting Level		2021-22												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	G										G
		Actual	100%	100%	100%										100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
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	G												G
		Actual	64.3%												64.3%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R										R
		Actual	34.38%	30.30%	36.10%										37.5%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R										R
		Actual	0.56%	0.54%	0.72%										1.82%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R										R
		Actual	43.3%	41.4%	36.8%										40.78%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G										G
		Actual	96%	100%	92%										93%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	100%	100%										100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R
		Actual	57.88%	57.74%	58.5%										58.31%
		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%
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check cumulative	South Sefton CCG	RAG	R												R
		Actual	6.09%												6.09%
		Target	18%			35%			52%			70%			70%
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R												R
		Actual	20.8%												20.8%
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH) Rolling 12 month															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG													
		Actual	Q1 data due September												
		Target	8.75%			8.75%			8.75%			8.75%			35.00%
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												R
		Actual	69.6%												69.6%
		Target	95%			95%			95%			95%			95%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G												G
		Actual	100%												100%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	81.4%	62.5%	54.2%											66.00%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	57.1%	42.3%	72.2%											57.2%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	96%	98%	100%											98.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	85%	83%	77%											81.70%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	99%	98%	100%											98.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	98%	93%	91%											94.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	8.1	12.2												
		Target														
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	90.5	77.0												
		Target														

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 3 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for June and Quarter 1 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	14.14%	8.24%
Referral to Treatment (RTT) (92% Target)	66.29%	65.58%
No of incomplete pathways waiting over 52 weeks	912	4,122
Cancer 62 Day Standard (Nat Target 85%)	75.00%	68.54
A&E 4 Hour All Types (National Target 95%)	71.29%	69.62%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	472
Ambulance Handovers 60+ mins (Zero Tolerance)	-	151
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2021/22 - Q1	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q1	64.3%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.72%	-
IAPT Recovery (Target 50%)	36.8%	-
IAPT 6 Weeks (75% Target)	92.0%	-
IAPT 18 Weeks (95% Target)	100.0%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

COVID Vaccination Update

The South Sefton COVID-19 vaccination programme continues to offer dose 1 and dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Maghull Town Hall and North Park Health Centre are now well into phase 2 of the programme and are successfully administering dose 2 vaccinations for patients in cohorts 1-9. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues have also engaged with the local homeless population to offer dose 1 vaccinations and the dose 2 catch up for care home patients, staff and nursing home residents has also happened. At the end of June 2021 there have been 97,794 (or 77.1%) first dose vaccinations and 77,846 (60.0%) second dose vaccinations in cohorts 1-12.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period, and this has been clinically prioritised. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed and increased levels of elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent surgical patients (P2), long waiters (52 week plus) with work commencing on the prioritisation of diagnostic waits. Outpatient validation is another expected area of focus to support Elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF).

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in the first quarter of 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital has seen a 39.5% increase in secondary care referrals received in June-21 compared to previous month. GP referrals are reporting a 30.9% increase when comparing to the previous month. In terms of referral priority, as anticipated, all priority types have seen an increase at month 3 of 2021/22 when comparing to the equivalent period in the previous year. When viewing referral priority groups, analysis suggests a recovery of two week wait referrals during 2020/21 and into 2021/22.

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 14.14% in June - this being a decline in performance from last month (12.71%). Despite failing the target, the CCG is measuring well below the national level of 22.4%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 8.24% in June, a small decline in performance from last month when 7.49% was reported. But through the commissioning of delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in June was 66.29%, similar to last month's performance (66.71%). Unfortunately, the CCG is reporting slightly below the national level of 68.76%. LUHFT reported 65.58% which is also similar to last month when 65.89% was reported. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat.

There were a total of 2,307 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 912 patients were waiting over 52 weeks, a decrease of 66 on last

month when 978 breaches were reported. The 912 52+ week wait breaches reported for the CCG represent 5.50% of the total waiting list in June 2021 which is just below the national level of 5.59%.

Overall waiters increased by 599 this month with a total 16,576 South Sefton patients now on the RTT waiting list in June 2021. This is compared to 11,311 patients waiting in the equivalent period of the previous year and 15,977 in May 2021.

LUHFT had a total of 4,122 52-week breaches in June 2021, showing a decrease of around -6.4% (282) from last month when the Trust reported 4,404.

The Trust has reported 1 cancelled operation in June. No details given by the Trust. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 3 of the 9 cancer measures year to date and 5 in June, LUHFT are achieving 3 year to date and 3 in month.

The 2 week wait measure remains under target (93%) in June for the CCG recording 92.13% and are now also failing to date. Two week wait breast services has achieved the 93% target and reported 97.78% and are also achieving year to date. LUHFT have achieved both 2 week measures in June and year to date. Access to breast services varies by hospital site for LUHFT and plans are in place to assign patients to the site with the shorter wait and equalise waiting times unless patient expresses a preference for given site.

For Cancer 62 Day standard the CCG is measuring above the national level of 73.27% recording 75% in June but now below the national standard of 85%.

The CCG is unable to get the numbers of patients waiting over 104 days as Liverpool CCG (LCCG) is their lead commissioner and access has been withdrawn. LCCG have set up a harm review panel to discuss pathways and learning from 104-day breaches which South Sefton CCG attends when there are South Sefton CCG patients involved.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In June, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

LUHFT Friends and Family Inpatient test response rate is above the England average of 19.6% in April 2021 at 22.2% (latest data reported). The percentage of patients who would recommend the service has slightly decreased to 92%, which is below the England average of 95% and the percentage who would not recommend has increased to 4.7% and still above the England average of 3%.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. For the first quarter of 2021/22, this has resulted in a considerable 67% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the Planning Guidance, CCGs were expected to plan for 80% of 2019/20 (pre-pandemic) activity levels being completed during June-21 and available contracting data suggests this has been achieved with activity in month representing an increase of 4% to that reported in June-19.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in June 2021, reporting 71.29% and 69.62% respectively. This shows a decline from the previous month and the CCG and Trust performance is now lower than the nationally reported level of 81.71%. LUHFT's catchment position is showing a sustained historical peak in June which is impacting on performance, this is being mirrored across the country at the moment. The Trust will present information around the governance in place internally regarding the A&E improvement plans and mitigating actions for the current performance to provide assurance to the CCG and Governing Body. Actions previously reported in relation to the North Mersey capacity and flow group, patient flow (admission and discharge), NHS 111 First, winter plan and urgent treatment centre continue. These actions continue to be critical with sustained high levels of emergency admissions and A&E attendances at previous levels. COVID admissions have now reduced significantly. It is important to highlight though, that A&E attendances have continued to rise with increased walk-ins of low acuity not requiring emergency admission. This is also being seen in Walk-In Centre data and primary care also reporting pressures. Work is underway to try to understand causal factors and how best to address.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for June 2021, when the average response time for South Sefton was 8 minutes 19 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 42 minutes 09 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile this has shown the largest deterioration. The CCG is yet to achieve the targets in category 3 since the introduction of the ARP system. 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. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.

For ambulance handovers, LUHFT reported a decrease in ambulance handover times in June for handovers of 30 and 60 minutes which decreased from 484 to 472, but those above 60 minutes increased from 137 to 151. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since pandemic and a need for patients to enter A&E through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. Performance regarding this target has varied in line with activity and pressures within A&E and patient flow.

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of Strategic approach, there is a system executive conversation taking place to investigate the opportunity to expedite the work of the North Mersey Stroke network relating to the development of stroke services across the system.

The CCG and Trust reported 1 new case of MRSA in June against a zero-tolerance plan. This patient was identified at the Aintree site. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 3 new cases of C difficile cases in June (16 year to date) against a year to date target of 15. The CCG do not have the new objectives/plans for C. Difficile for 2021/22 as these have not been released nationally as yet, in the interim last year's plans are being used. LUHFT reported 14 new cases in June (33 year to date) against a year to date target of 27. It has been acknowledged nationally that this has in part due to the increased prescribing of antibiotics due to COVID and rates have risen in all acute Trusts.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E. coli for 2021/22 therefore the CCG is reporting against last year's target of 128. In June there were 16 new cases (34 year to date), against a year to date target of 32 so failing the target currently. LUHFT reported 12 new cases in June (31 year to date). There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 106.91 in June, over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

LUHFT Friends and Family A&E test response rate is above the England average of 10.8% in June 2021 at 20.7%. The percentage of patients who would recommend the service has decreased to 79.7%, which is below the England average of 82%. The percentage who would not recommend has increased to 13.3% and also above the England average of 11%.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 was a historical high for South Sefton CCG and June-21 has seen only a small decrease when compared to the previous month. Focussing specifically on A&E type 1 attendances, activity during June-21 was also 10% above that in June-19 with 2019/20 activity (pre-pandemic) being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during the first quarter of 2021/22.

Mental Health

The Eating Disorder service has reported 36.10% of patients commencing treatment within 18 weeks of referral in June, compared to a 95% target. 13 patients out of 36 commenced treatment within 18 weeks. This shows a small improvement on last on month (30.30%).

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.72% in June, below the monthly target standard of 1.59%.

The percentage of people who moved to recovery was 36.8% in June against the target of 50%, which is a decline from last month when 41.4% was reported.

South Sefton CCG is recording a dementia diagnosis rate in June of 58.5%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly better than last month's performance (57.7%).

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The Trust has undertaken a revalidation exercise of waiting times as figures reported prior to April 2021 were waiting times to initial assessment and not to diagnosis. The Trust is expecting to have all those identified with SEND (37 people) on the waiting list to have their diagnostic assessment to be completed by the end of July 2021. Once the 37 SEND assessments are completed the waiting list initiative will continue to operate targeting all age long waiters but with any new SEND referrals being prioritised. The CCG has approved of £53k (£100k) of recurring investment within the ASD service as part of its overall Mental Health Long Term Plan 2021/22 investment plan. This investment will ensure that the service is more sustainable by increasing assessment capacity going forward.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 78 weeks in June 2021. The waiting list cleanse has been completed and list is now 300 people having previously been recorded as being 547 people. All people on the waiting list have been contacted and have opted to remain on the list. The Trust originally planned to recruit two agency staff but this was not possible so instead the Trust is planning to second a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments per week. In addition, the Trust plans to outsource 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff.

Adult Community Health Services – (Mersey Care NHS Foundation Trust)

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g., staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A joint Clinical Quality Performance Group (CQPG) for South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 3 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 26 weeks as the longest wait. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing and Physiotherapy which continues to see high demand. Consideration is being given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.

Children's Services

In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service and all referrals are clinically triaged at the point of receipt and prioritised according to need. For June, whilst SALT continues to fall below the 92% target, dietetics and occupational therapies continue to be maintained. The trust has just commenced reporting monthly physiotherapy performance which is also within the 92% waiting time target.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in June. Notably SALT stood at 18 weeks against the 18-week KPI.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged locally. Whilst there has been an overall deterioration in performance since December 2020, there have been some improvements in referral to partnership waiting times, in part due to the additional staff who commenced in post as a result of the CCGs' short term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery and Sefton has been allocated an additional mental health investment of circa £800k in 2021/22. There has been significant system wide and local progress in relation to the allocation of the additional investment and plans to increase mental health service capacity to support recovery and reduce waiting times. These plans have now been finalised and providers have been allocated additional funding, including the third sector. Alder Hey has commenced the recruitment process for the additional posts. Over the coming weeks, providers will develop revised COVID recovery plans and trajectories detailing the timeframes to achieve a staged and sustainable return to the 92% waiting time measure.

Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times.

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the Trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced.

The 2020/21 year end mental health access rate was 34.7%. Whilst this narrowly missed the access plan target of 35% this is an improvement on the previous year, when the rate was 29.9%. The improvement is in part due to third sector provider, Venus, and the online counselling service, Kooth, commencing reporting of their activity through the national data set.

Referral rates for ASD/ADHD services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within agreed timescales. Whilst ADHD waiting times are increasing, they remain within target currently, but due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in June and fell to 77%. The trust has a number of mitigating actions in place to manage this and a paper has been shared by the CCGs outlining the current position, mitigations and options for consideration.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%
April	725	3288	2563	353.5%	828	699	-129	-15.6%	2200	5320	3120	141.8%
May	1012	2881	1869	184.7%	1138	1039	-99	-8.7%	2929	4803	1874	64.0%
June	1719	3771	2052	119.4%	1224	1448	224	18.3%	3910	6211	2301	58.8%
July	2402				1501				4929			
August	1966				1410				4380			
September	2301				1683				5070			
October	2502				1539				5123			
November	2325				1704				5041			
December	2220				1668				4869			
January	2078				1537				4546			
February	2115				1585				4689			
March	2524				1880				5559			
Monthly Average	1991	3313	1323	66.4%	1475	1062	-413	-28.0%	4437	5445	1008	22.7%
YTD Total Month 3	3456	9940	6484	187.6%	3190	3186	-4	-0.1%	9039	16334	7295	80.7%
Annual/FOT	23889	39760	15871	66.4%	17697	12744	-4953	-28.0%	53245	65336	12091	22.7%

Figure 1 - Referrals by Source across all providers for 2019/20, 2020/21 & 2021/22





Month 3 Summary:

- A focus on elective restoration has ensured that South Sefton CCG referrals in the first quarter of 2021/22 are 81% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -8% lower as at month 3.
- At the lead provider hospital site, trends show that total secondary care referrals in June-21 have increased by 1,126/39.5% when compared to the previous month for Aintree Hospital and are the highest number of referrals reported since October-19.
- Referrals to Aintree Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -7% below pre-pandemic (i.e. 2019/20) levels.
- GP referrals are reporting a 30.9% increase when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately 20 additional GP referrals per day in June-21 when comparing to the previous.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2020/21. Referrals to this speciality in month 3 are approximately 17% (37) higher than in the previous month but remain below levels seen in 2020/21. However, South Sefton CCG are aware of a recording issue from May-21 as a result of a PAS merger between the Aintree Hospital and Royal Liverpool sites. This appears to have resulted in decreases in specialities such as Trauma & Orthopaedics and increases in specialities such as Physiotherapy and Cardiology.
- In terms of referral priority, all priority types have seen an increase at month 3 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with an increase of 153.9% (6,782).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in the previous year from June-20 to May-21. The 983 two week wait referrals reported in March-21 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up much of this increase with Gastroenterology and Dermatology also contributing significantly.
- Data for June-21 is significantly higher than in June-20 across the board, the majority of this is due to the effects of COVID-19 on 2020 data at the start of the pandemic. Much of this data is now being reconciled for 2021/22 which explains the high variances within the data.



2.2 NHS E-Referral Services (e-RS)

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. Current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	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.
RED	TREND	Mar-21	Apr-21	May-21	May-21		
		CCG	8.39%	8.05%	12.71%	14.14%	
		LUHFT	10.79%	7.85%	7.49%	8.24%	
		Previous year	Mar-20	Apr-20	May-20	May-20	
		CCG	14.14%	65.50%	66.90%	53.45%	
		LUHFT	13.45%	69.60%	67.80%	53.50%	
National Target: less than 1%				Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%			
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 2,312 patients on the waiting list with 327 waiting over 6 weeks (of those 143 are waiting over 13 weeks). Same period last year saw 3,547 patients waiting in total and 1896 waiting over 6 weeks (of those 1237 waiting over 13 weeks). Gastroscopy (137) and Colonoscopy (101) make up 73% of the total breaches. The CCG and Trust is reporting well below the national level of 22.4%. For LUHFT joint performance was 8.24% in June compared to 7.49% a small decline from the previous month. Impact on performance due to COVID-19 pandemic but is showing improvement. Infection Prevention Control (IPC) guidance has resulted in reduced capacity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
System:							
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, CCGs submitted final expected activity/financial assumptions in June 2021. Liverpool CCG continues to meet with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 							
LUHFT Actions: Capacity Actions:							
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Commissioning of additional static CT scanner on the Aintree site to increase capacity of service. Through the commissioning and delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks. The Trust continues to benefit from access to the relocatable scanner for imaging, insourcing endoscopy capacity and mutual aid. 							
Improvement Actions:							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Focus on reducing Gastroenterology follow-up waits as per CQC recommendations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND	Mar-21	Apr-21	May-21	Jun-21			
		CCG	62.11%	63.70%	66.71%			66.29%
		LUHFT	63.44%	63.42%	65.89%			65.58%
		Previous year	Mar-20	Apr-20	May-20			Jun-20
		CCG	79.08%	70.40%	59.70%			49.96%
		LUHFT	78.36%	68.70%	59.20%	47.35%		
Plan: 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic, this month there has been no improvement in performance compared to last month. The challenged specialties include T&O (54%), General Surgery (50.6%), Urology (55.3%) and ENT (46.8%). The CCG is reporting slightly below the national level of 68.76%. LUHFT's overall waiting list has increased by 2,606 from previous month to 58,134 in June. Renacres has been under the national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. The CCG is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list. 								
LUHFT Actions:								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic. Increased utilisation of Spire Liverpool. Management of long wait patients and restoration of elective programme phased from mid-March 2021 ahead of plan by 15th April 2021. Continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat. The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 								
When is performance expected to recover:								
No specific date for recovery provided.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Martin McDowell		John Wray		Terry Hill				

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	1,548	1,422	978	912	
		LUHFT	5,027	4,758	4,404	4,122	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	3	8	46	106	
		LUHFT	0	11	85	248	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Of the 912 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (745) the remaining 167 breaches spanned across 16 other trusts. 52+ week waits for the CCG represent 5.50% of the total waiting list in June which is slightly below the national level of 5.59%. LUHFT 52 week breaches decreased to 4,122 in June compared to 4,404 in May. The largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and ENT. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand. Improved number and utilisation of theatres sessions. 							
When is performance expected to recover:							
No set date for recovery.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		John Wray			Terry Hill		

Figure 2 – CCG RTT Performance & Activity Trend

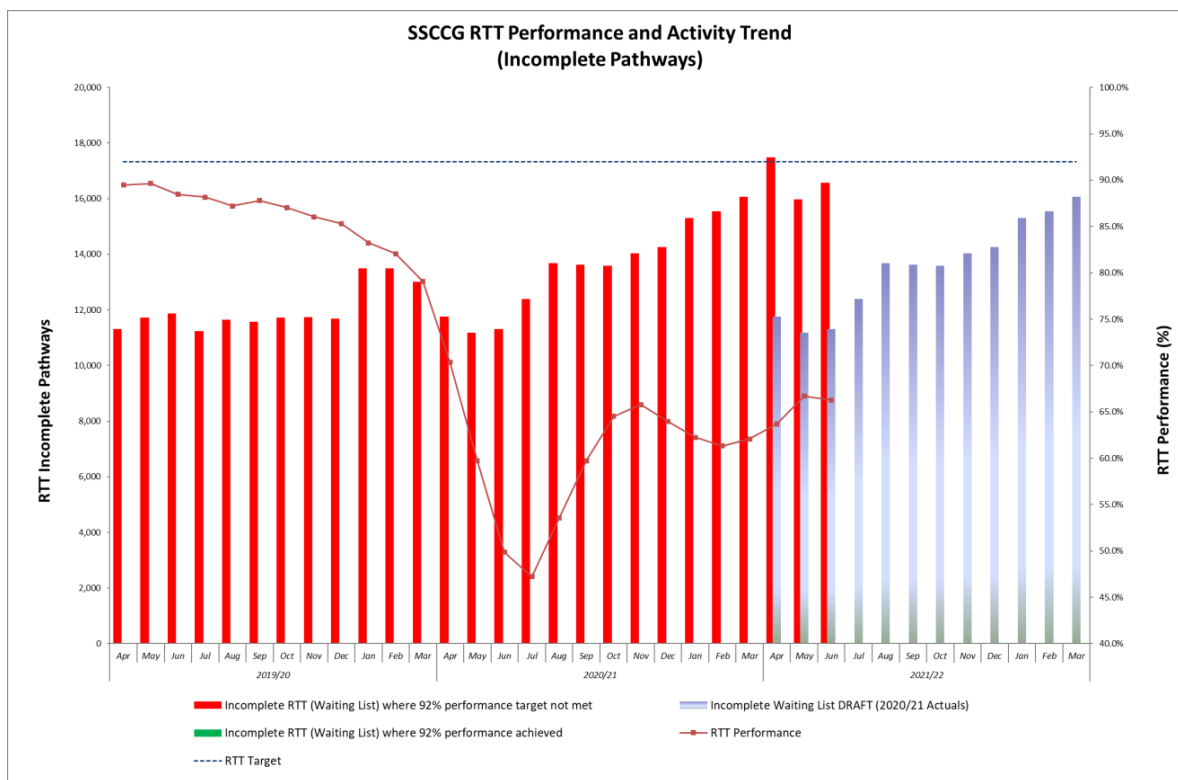


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG													
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	11,311
2021/22	17,491	15,977	16,576										16,576
Difference	5,740	4,798	5,265										5,265
52 week waiters - Plan (last year's actuals)*	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
52 week waiters - Actual	1,422	978	912										599
Difference	1,414	932	806										

LUHFT													
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	39,096
2021/22	51,649	55,528	58,134										58,134
Difference	9,827	15,690	19,038										19,038

*NB. Plans were not required for 2021/22 Operational Planning. Therefore, previous year being used for comparative purposes.

There were a total of 2,307 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 912 patients were waiting over 52 weeks, a decrease of 66 on last month when 978 breaches were reported. The 912 52+ week wait breaches reported for the CCG represent 5.50% of the total waiting list in June 2021 which is just below the national level of 5.59%.

Overall waiters increased by 599 this month with a total 16,576 South Sefton patients now on the RTT waiting list in June 2021. This is compared to 11,311 patients waiting in the equivalent period of the previous year and 15,977 in May 2021.

LUHFT had a total of 4,122 52-week breaches in June 2021, showing a decrease of around -6.4% (282) from the previous month.

2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1056	745	Where clinically appropriate, virtual clinics have occurred across all specialities and action has been taken to reintroduce referrals via ERS. Across the organisation specialities have completed a comprehensive validation of waiting lists to ensure appropriateness and priority of patients. As the organisation enters into the reset phase there has been an introduction of new patient clinics for urgent referrals. There has been a phased increase in the number of operating sessions for cancer and urgent patients on both the Royal and Aintree sites. Local Liverpool Specialist Trusts continue to work collaboratively with LUHFT to provide additional theatre capacity. Theatre sessions are being provided at Spire Liverpool (Breast, Urology and Ambulatory Orthopaedic Trauma Services). Plans were in place to schedule clinically appropriate routine General Surgery patients at Spire Liverpool from July. Priority will be given to patients who have waited in excess of 40 weeks for treatment. The Walton Centre continue to support spinal services and Liverpool Heart and Chest vascular and upper GI services.
SPIRE LIVERPOOL HOSPITAL	91	50	The Trust is now operating almost back to normal capacity and is recruiting aggressively in outpatients, physiotherapy, diagnostics and theatre. The Trust is continuing to drive down the waiting lists over 52 weeks as well as ensuring increased access to diagnostics within 6 weeks.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	116	32	In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have clinical triage, patients on the admitted pathway have all had Consultant review to prioritise patients. The service intends to keep in regular contact with those long waiting patients as was done during the national clinical validation programme. The Trust has met required recovery trajectories for outpatients and elective activity to date and RTT performance continues to improve. Following successful recruitment in theatre services the Trust is now able to maximise a 38-session week which allows the service to address the long wait backlog.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	41	29	Recovery plans are in place and all theatres are now fully re-opened. Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All long wait patients are monitored individually, and additional capacity is available to enable them to be booked as soon as feasible or the patient agrees. The Trust expects a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent Care, Cancers and long waiters remain the priority patients for surgery at Whiston with application of P-codes being effectively implemented. Application of D-codes is on target for delivery.
RENACRES HOSPITAL	34	14	Ramsay Health has played a key role in providing healthcare services to local communities since March 2020 in partnership with the NHS and continues to support the NHS in tackling the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	23	11	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. The Trust is currently meeting targeted restoration activity levels as per national guidance. The Trust continues to Clinically Prioritise surgical waiting lists as per the Federation of Surgical Specialty Association (FSSA)/ NHSE Clinical Guide to Surgical Prioritisation. Weekly PTL meetings to track patients and escalate issues continue with OSM daily monitoring. Ongoing validation of lists to ensure duplications are removed. Use of virtual appointments where possible. Gynaecology has pre-Covid theatres back to capacity and the Trust is looking to provide extra weekend sessions for Ophthalmology, Urology and T&O. A sub-contract with Renacres to deliver activity as part of the Trust recovery plan is in place and the Trust is the second best performer in Cheshire and Merseyside at dating P2.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	10	The Overall 18 Weeks Waiting List continues to grow. Despite this increase, the Trust has seen the number of patients waiting over 52 weeks for treatment drop for the third consecutive month, reducing by 24% since the start of the financial year. This, combined with a 7% financial year-to-date decrease in the amount of Priority 2 patients waiting for treatment, shows that the Trust's current elective strategy is working and that the growth of the waiting list is due to an increase in new RTT. The Greater Manchester Elective Recovery Reform Group is now in place. The Trust continue to access independent provider capacity.
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	2	5	There has been a 40% reduction in patients waiting over 52 weeks over the last two months. Development of actions has progressed well to address the longest waiters. The Trust is aiming to increase theatre productivity (by Oct 2021) and has increased outpatient productivity focus. The validation and education programme has commenced.

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	2	5	There has been a 40% reduction in patients waiting over 52 weeks over the last two months. Development of actions has progressed well to address the longest waiters. The Trust is aiming to increase theatre productivity (by Oct 2021) and has increased outpatient productivity focus. The validation and education programme has commenced.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	5	5	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the Covid pandemic. 52 week waiting patients undergo a harm review by the consultant responsible for the patients care. Due to the challenges with non-elective demand and the focus on treating elective urgent patients first there is the possibility that the number of patients waiting longer than 52 weeks will increase which was predicted in the recovery trajectories submitted to the regional recovery programme. Pressures with consultant anaesthetist capacity is also proving a challenge each month.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0	3	The Manchester Emergency & Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated, and maintain oversight and effective use of resources across Manchester University sites. The potential to utilise private sector capacity, Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue and there is ongoing outpatient improvement work as part of the Recovery Programme to develop transformation opportunities. The Trust ensures that there is a consistent, safe approach to the development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes.
NUFFIELD HEALTH, THE GROSVENOR HOSPITAL, CHESTER	2	2	As the UK's largest healthcare charity, Nuffield has been supporting the NHS during the COVID-19 pandemic, providing hospital team members, facilities and equipment to local NHS trusts to support NHS patients, including those with COVID-19, cancer and needing urgent surgery.
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	0	1	All long waits have been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continues. Services have also been transferring clinically suitable long wait patients to the independent sector during under revised contractual arrangements.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	0	1	Patients who have a rating priority P1 or P2 are being prioritised and will be treated immediately or within the next 4 weeks. Patients who are worried that they are on a lower priority list than they should be and have a risk of deterioration, with an impact on their outcome or independence, have been added to the priority list following agreement with clinical colleagues through the Clinical Reference Group.
FAIRFIELD HOSPITAL	0	1	All our service are available. As a green (Non-COVID) site for the NHS throughout COVID-19, we have adapted our services to the challenges presented from the pandemic.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	1	1	Actions in place are monitored through the Restart, Recovery & Renewal subcommittee. Planning assumptions are now in place and the Trust will be following good planning methodology to continually check performance against those assumptions, ensuring capacity is well utilised. The Trust continues to balance capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. The Trust continues to review the clinical priority of patients and update harms assessments as appropriate. The Trust is progressing o plans to date the longest waiting patients and expects to see the outcomes of this towards the end of quarter 2.
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	0	1	Recovery of the elective programme is taking place with urgent cancer and elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of vulnerable patients. Elective capacity has been restored at the Halton Elective Centre and Captain Sir Tom Moore Centre. The Trust continues to utilise Independent Sector Capacity. Restoration and recovery plans for 2021/22 have been drawn up in line with Operational Planning Guidance.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	5	1	The Trust restarted non urgent activities in March 2021 and has developed activity and performance trajectories. It is expected that RTT performance will improve moderately month on month but scenarios around referral growth will be monitored closely. There had been improvements in the number of patients classified as needing treatments within a month (P2 patients) which were clinically deferred as part of the COVID-19 response. It is anticipated that the waiting list for P2 patients will be cleared by the end of June 201 and there has also been significant improvements in the 52- weeks wait.
OTHER TRUSTS	9	0	No Trust Information.
	1,395	912	

2.5 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		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.
RAG	Measure	Mar-21	Apr-21	May-21	Jun-21	YTD		
	2 Week Wait (Target 93%)	CCG	96.59%	94.74%	91.88%	92.13%	92.93%	
		LUHFT	97.96%	94.99%	94.57%	94.34%	94.63%	
	2 Week breast (Target 93%)	CCG	98.04%	90.91%	92.00%	97.78%	94.17%	
		LUHFT	97.90%	95.24%	94.21%	93.41%	94.31%	
	31 day 1st treatment (Target 96%)	CCG	95.83%	100%	96.92%	100%	99.12%	
		LUHFT	95.76%	96.58%	94.14%	93.75%	94.80%	
	31 day subsequent - drug (Target 98%)	CCG	100%	95.00%	95.24%	100%	97.18%	
		LUHFT	100%	100%	100%	100%	100%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	100%	83.33%	100%	93.18%	
		LUHFT	91.11%	77.78%	75.00%	77.78%	77.14%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	95.24%	96.15%	100%	97.37%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	64.52%	61.11%	85.71%	75.00%	73.98%	
		LUHFT	66.53%	68.31%	72.09%	68.54%	69.52%	
	62 Day Screening (Target 90%)	CCG	100%	75.00%	75.00%	40.00%	66.67%	
		LUHFT	80.00%	78.18%	65.15%	67.65%	69.84%	
	62 Day Upgrade (Local Target 85%)	CCG	72.73%	100%	71.43%	64.29%	78.05%	
		LUHFT	80.00%	88.79%	79.56%	78.77%	81.79%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 3 of the 9 cancer measures year to date and 5 measures in month 3. The Trust are achieving 3 year to date and 3 in month. The breast 2 week wait standard has failed in month 1 and 2 but is now achieving again in month 3 for the CCG, the Trust is still on target for the operational standard. For Cancer 62 Day standard the CCG is now measuring above the national level of 73.27% recording 75% in June. 2 week wait referrals remain at 120% of pre pandemic levels The size of the surgical waiting list remains stable. The two principal reasons for patient breaches are the complexity of an individual pathway and patient choice. Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. The NHS Operational Planning Guidance asks for the focus to be returned to performance standards as soon as possible. 								
Actions to Address/Assurances:								
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly; To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints; To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe. CMCA is supporting development of a single cancer PTL across the system based on similar successful work in Greater Manchester <p>Key local actions:</p> <ul style="list-style-type: none"> In respect of breast services, LUHFT is developing a single point of access model so that waiting times can be equalised across the 2 hospital sites LHCH and CCC are providing additional MR and CT scanning capacity to LUHFT. 								
When is performance expected to recover:								
<p>Performance for LUHFT against several of the key cancer access targets was already challenged before the Covid-19 pandemic. The planning submission to support restoration of cancer services includes trajectories for months 1-6 for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral to be restored to pre-pandemic levels Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. <p>Providers have submitted their cancer restoration plans to NHSE. Overall these factor in growth of 10% on suspected cancer referrals and growth in treatment and diagnostic volumes to address backlogs.</p>								
Quality:								
<p>Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.</p> <p>LUHFT has established a Cancer Surgery Prioritisation Group (CSPG) to provide oversight to all operational requirements of cancer surgery across the Surgical Divisions and ensure clinical prioritisation is consistently applied across all.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			




2.5.1 104+ Day Breaches

The CCG is unable to get the numbers of patients waiting over 104 days as Liverpool CCG (LCCG) is their lead commissioner and access has been withdrawn. LCCG have set up a harm review panel to discuss pathways and learning from 104-day breaches which South Sefton CCG attends when there are South Sefton CCG patients involved.



Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region. Key messages:

- Almost half (49%) of very long waits were lower GI pathways
- Diagnostic delays accounted for 30% of delays cited although commentaries highlight most delays are complex and multifactorial; single categorised reasons may not capture true picture.
- Only 15% of lower GI long waiting patients ultimately received a confirmed cancer diagnosis compared with 39% of non lower GI patients, supporting the evidence that reducing diagnostic delay for gastrointestinal patients needs to be the key focus.

2.5.2 Faster Diagnosis Standard (FDS)

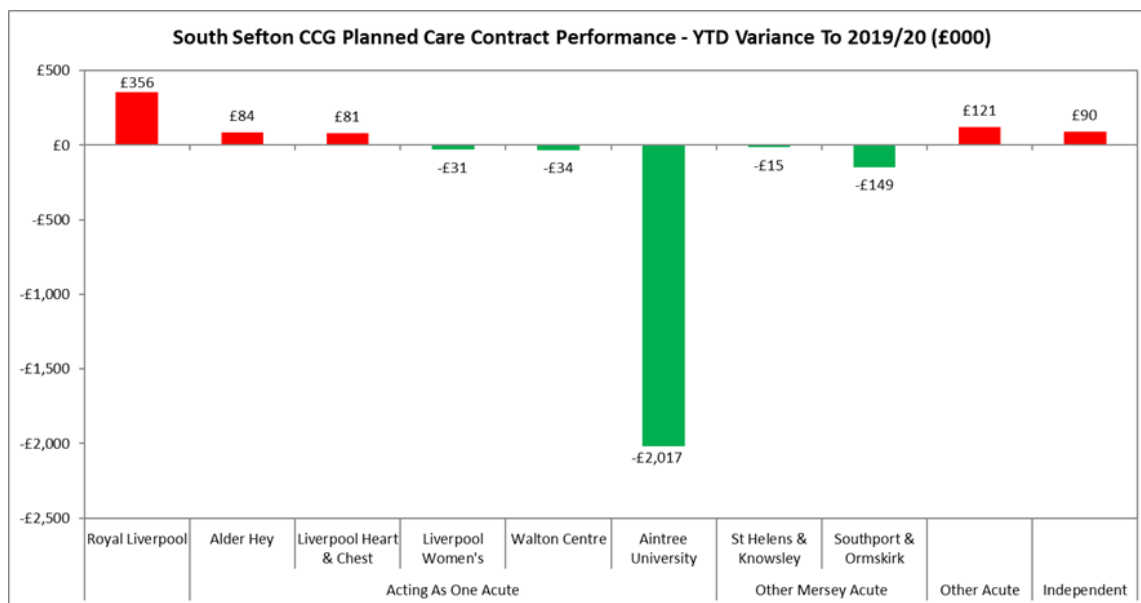
Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Mar-21	Apr-21	May-21	Jun-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	72.05%	66.13%	68.00%	66.44%	66.80%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	87.23%	94.29%	88.00%	100%	94.68%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	55.93%	48.72%	41.67%	45.45%	45.38%		
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> • The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. • Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. • In May and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. • RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. • 28 Day FDS overall is reporting for May is 66.42% and 66.73% year to date, under the proposed 75% target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> • The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. • Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. • Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. • The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance. 									
When is performance expected to recover:									
Not applicable.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Dr Debbie Harvey			Sarah McGrath			

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Jan-21	Feb-21	Mar-21	Apr-21		
		% RR	21.7%	20.0%	21.8%		22.2%
		% Rec	91.6%	93.0%	92.8%		92.0%
		% Not Rec	4.5%	4.3%	4.2%		4.7%
		2021/22 England Averages Response Rates: 19.6% % Recommended: 95% % Not Recommended: 3%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was been paused during the response to COVID-19, but has now resumed. Latest data being April. LUHFT has reported a response rate for inpatients of 22.2% in April which is above the England average of 19.6%. The percentage of patients who would recommend the service is 92% but below the England average of 95% and the percentage who would not recommend has increased slightly to 4.7% - still above the England average of 3%. There was no submission for Friends and Family Test (FFT) for May 2021 due to no data being available for the Aintree site during the month. This means that FFT performance could not be analysed at a Trust level and therefore no submission was required to NHS England. This was due to the switchover of systems as part of the PaperLite project, no data on attendances and discharges on the Aintree site was being sent to Health Care Communications (HCC), meaning that no surveys were being sent by text message or automated call. The PaperLite project did not affect FFT collection for the Royal Liverpool and Broadgreen, which continued as normal. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The problem has now been addressed and FFT surveys have been sent to patients attending the Aintree site during June 2021. Although FFT data was still collated for the Royal and Broadgreen sites during May 2021, FFT reporting to NHS England must be on a Trustwide level. FFT at Trust level will resume for June 2021 and FFT feedback for the Royal and Broadgreen sites during May 2021 will still be reviewed and reported through the Patient Experience governance structure at Trust and divisional level. The Quality team continue to monitor trends and request assurances from providers when exceptions are noted. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The above actions will continue with performance expected to improve during Q2 2021/22.							
Quality:							
No quality concerns identified in relation to Patient Experience the Provider continues to present updates bi-annually at the CCGs Engagement & Patient Experience Group (EPEG).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		N/A		Mel Spelman			

2.7 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care All Providers – Contract Performance Compared to 2019/20



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. For the first quarter of 2021/22, this has resulted in a considerable 67% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the Planning Guidance, CCGs were expected to plan for 80% of 2019/20 (pre-pandemic) activity levels being completed during June-21 and available contracting data suggests this has been achieved with activity in month representing an increase of 4% to that reported in June-19.

NB. Aintree Hospital and Royal Liverpool & Broadgreen Hospitals formally merged on 1st October 2019 to become Liverpool University Hospitals NHS Foundation Trust (LUHFT). However, South Sefton CCG will continue to monitor performance on an individual site basis. Contracted performance is compared against 2019/20 actuals.

Figure 5 - Planned Care Activity Trends

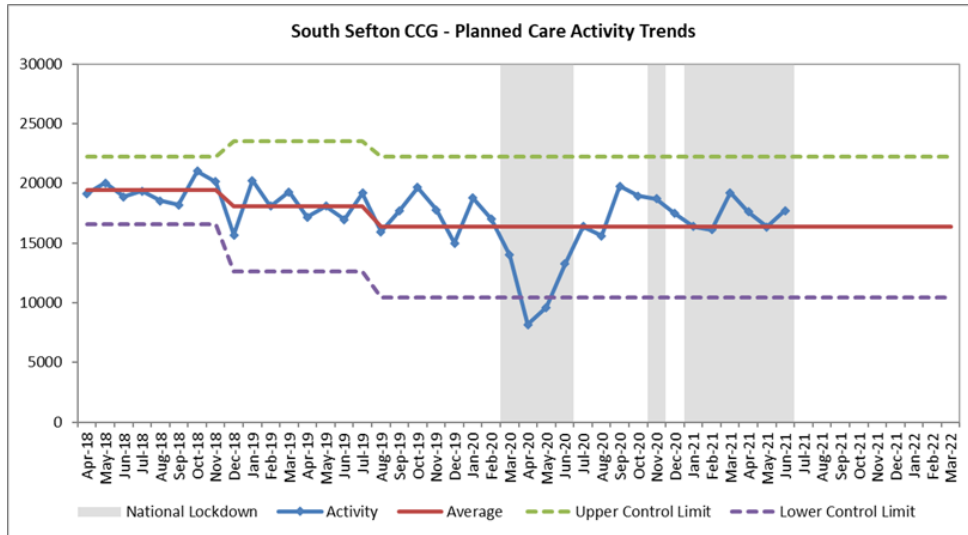


Figure 6 - Elective Inpatient Variance against Plan (Previous Year)

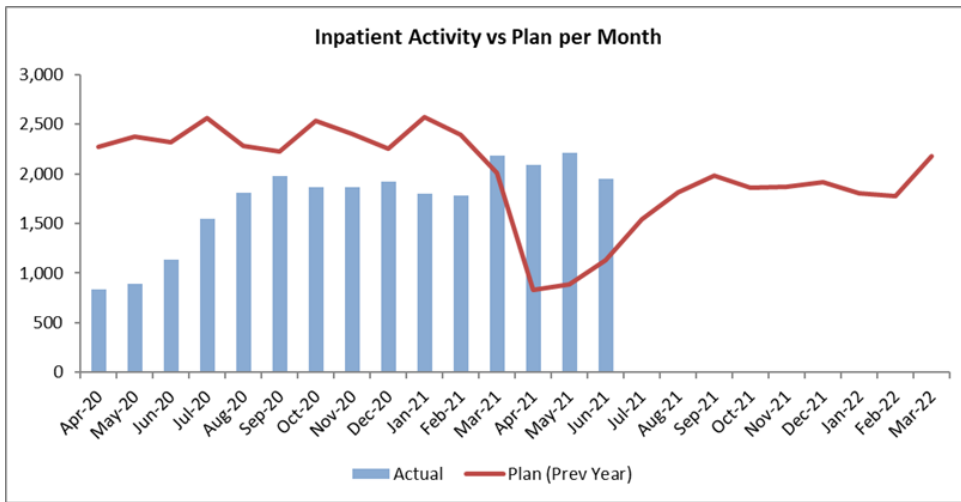
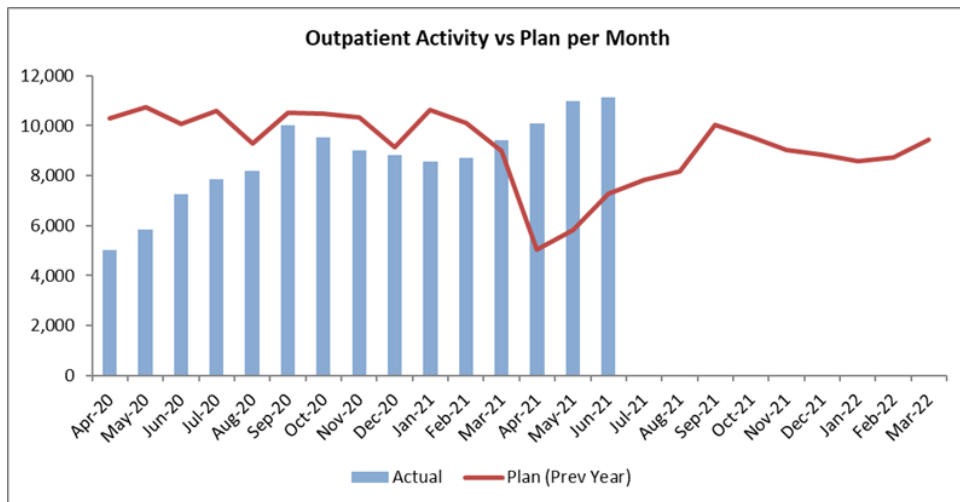


Figure 7 - Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.7.1 Aintree Hospital

Figure 8 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,166	2,700	-466	-15%	£1,952	£1,528	£-425	-22%
Elective	353	199	-154	-44%	£1,178	£493	£-685	-58%
Elective Excess BedDays	218	35	-183	-84%	£57	£9	£-48	-84%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	55	11	-44	-80%	£11	£2	£-9	-81%
OPFANFTF - Outpatient first attendance non face to face	283	1,758	1,475	521%	£9	£240	£231	2585%
OPFASPCL - Outpatient first attendance single professional consultant led	7,514	6,457	-1,057	-14%	£1,214	£1,073	£-141	-12%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	179	25	-154	-86%	£19	£2	£-16	-87%
OPFUPNFTF - Outpatient follow up non face to face	1,555	4,149	2,594	167%	£39	£260	£221	569%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,519	9,492	-7,027	-43%	£1,221	£667	£-553	-45%
Outpatient Procedure	5,669	1,528	-4,141	-73%	£785	£204	£-581	-74%
Unbundled Diagnostics	3,555	3,089	-466	-13%	£296	£274	£-22	-8%
Wet AMD	398	389	-9	-2%	£317	£327	£10	3%
Grand Total	39,464	29,832	-9,632	-24%	£7,097	£5,080	£-2,017	-28%

When comparing to 2019/20 (pre-pandemic), underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£2m/-28% for South Sefton CCG at month 3 of 2021/22. In line with planned restoration of elective services, South Sefton CCG referrals to Aintree Hospital have been on a general increasing trend with June-21 seeing the highest number of monthly referrals (3,978) reported since October-19. Despite this, year to date referrals in the first quarter of 2021/22 remain -7% below that reported in the equivalent period of 2019/20.



The two points of delivery that continue to report an over performance at month 3 are for outpatient non face to face (first and follow up) activity, which reflects a change in working patterns at NHS providers first established in 2020/21 to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients). Increased non face to face activity has occurred across a number of services including Gastroenterology, ENT, Renal Medicine, Urology, Cardiology and T&O. Some of these specialities had not previously seen any non-face to face appointments recorded.

Although consultant led first appointments remain below plan overall, a number of individual specialities have recorded increases in recent months including General Surgery and Trauma & Orthopaedics. However, a recent merging of Trust clinical systems between Aintree and Royal Liverpool sites has resulted in discrepancies with the recording of some outpatient appointments. There were a number of clinics cancelled as part of the cutover process between systems in May-21 and there were some delays in completing records due to the staff being unfamiliar with the new system. The provider has assured the CCG that teams are working on resolving any issues with numbers submitted.

Elective and day case procedures have increased each month in the first quarter of 2021/22, however, they remain below levels seen in 2019/20 (pre-pandemic). Gastroenterology accounts for the majority of day case procedures (predominantly diagnostic scopes) and is currently -15% below the equivalent period in 2019/20.

NB. Plan values in the above table relate to 2019/20 actuals.



2.8 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	Risk to CCG Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		11.28%	10.59%	7.49%	11.08%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		14.02%	12.27%	9.01%	10.84%		
		National ambition of 6% or less of maternities where mother smoked by 2022 Local Aim for Q1 10.03% - Actual 11.08% so not achieved					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 1, the number of South Sefton CCG Maternities were 379, of which 42 were reported as Smoking at time of Delivery giving the statistic of 11.08% , which is a decline of 3.59% compared to Quarter 4 and a negligible decline compared to last year. • To give a more rounded perspective over the last 5 months during COVID, the average SATOD performance figure works out to be 10.3%. To achieve the National ambition of 6% by the end of the year 2021/22 , the CCG need to reduce each remaining Qtr performance by 1.43%. This has been locally profiled for the rest of this year but has not yet been shared with the Trust: Q1 - 10.03%, Q2 - 8.87%, Q3 - 7.40% and Q4 - 6%. • Again, the CCG have seen an increase in reluctance to stop smoking at this time whilst the pandemic continues and recent ex-smokers are being reported as starting again mid-pregnancy. COVID has caused heightened anxiety and stressful home situations for many pregnant women, especially evident when face to face antenatal appointments with a midwife or obstetrician have either been reduced or not attended. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The Local Authority and CCG influence is indirect; The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. Serial scans have remained in place for pregnant smokers throughout the pandemic and they are counselled and advised on the risks of smoking and encouraged to try and quit. They are all referred to the Smoking cessation service at this point. • In terms of improving and achieving the long term plan for SATOD, the CCG and Public Health have commenced discussions to put forward a Business Case to employ a dedicated Smoking Cessation midwife in Liverpool Womens Hospital (LWH) Trust for Sefton. • Public Health provided Sefton investment monies for the Southport & Ormskirk unit which also covers Lancashire women and have informed us that any money for Liverpool Womens Hospital (LWH) will go to Liverpool CCG as lead commissioner, but obviously the model impacts on South Sefton women and the CCG will need to influence. Negotiations with LWH and Liverpool CCG are planned to ensure an equitable share is invested and services for Sefton patients attending the hospital for their maternity care. • Progression of the plan has been held off with the Trust due to their recent declaration of 'emergency status' from staffing pressures and the backlog of work however discussions have recommenced with Public Health and the CCG are keen to develop their plan in line with the Manchester Model of Smoking in Pregnancy and replicate the success of Southport and Ormskirk. 							
When is performance expected to recover:							
Performance improvement is hoped to be seen next quarter.							
Sefton CCG are keen to develop a business plan to put in post a dedicated Smoking Cessation midwife - similar to the one the CCG have in Southport and Formby to enable more dedicated support to patients and staff to spread good practice. Discussions about this have commenced with Public Health and we are keen to gain support from Liverpool CCG and LWH to progress an equitable model/ plan; in line with the Manchester Model of Smoking in Pregnancy.							
Quality:							
No specific quality issues relating to SATOD reported, however the CCG are awaiting sight of the current LWH performance return and Maternity dashboard.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			

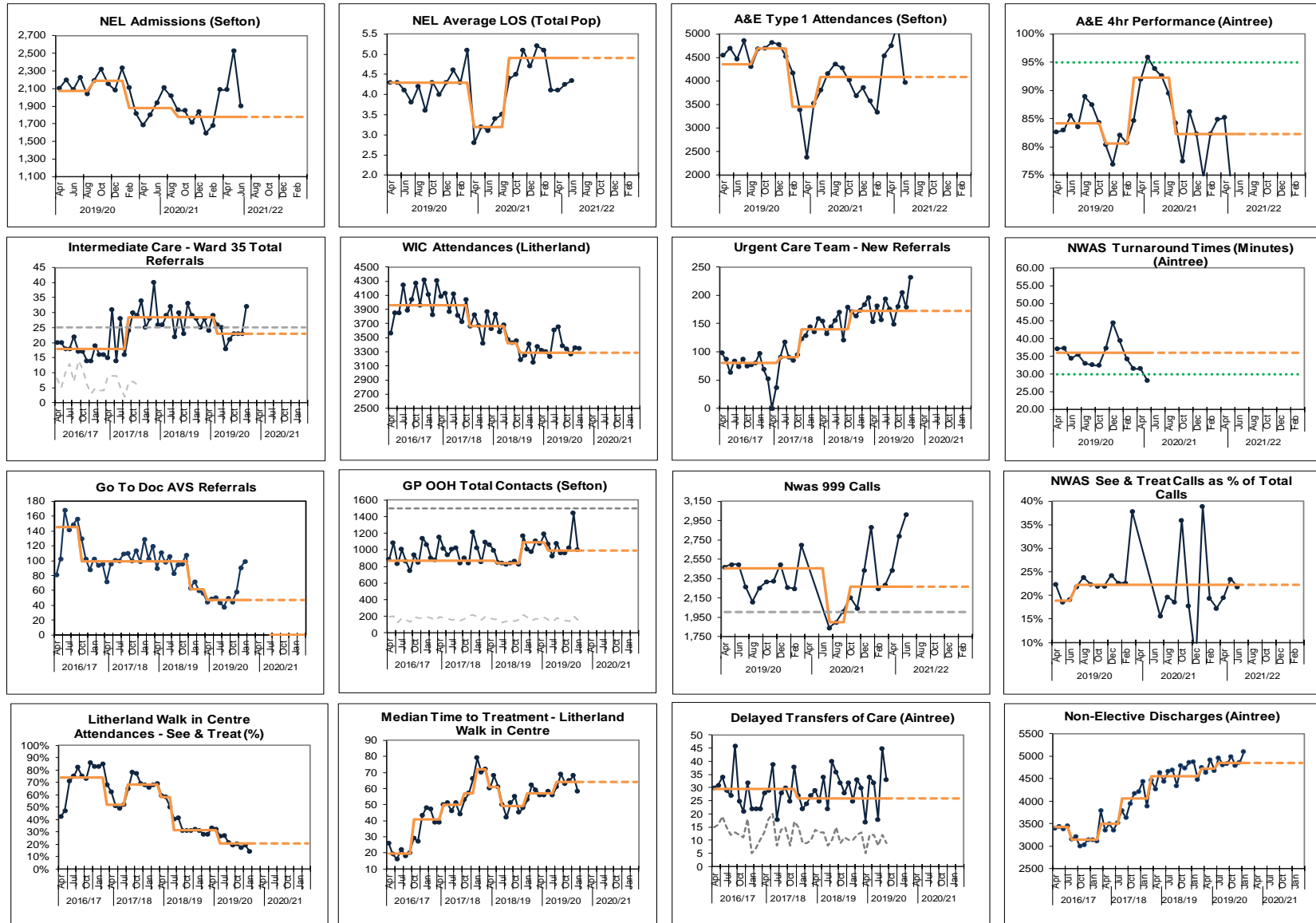
3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT 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	Mar-21	Apr-21	May-21	Jun-21		
 		CCG All Types	85.63%	81.14%	73.86%	71.29%	76.75%	National Standard: 95% No improvement plans available for 2020/21	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
		Previous Year	Mar-20	Apr-20	May-20	Jun-20	YTD		
		CCG All Types	86.03%	93.19%	96.37%	94.80%	94.93%		
			Mar-21	Apr-21	YTD				
		LUHFT All Types	84.86%	85.17%	72.83%	69.62%	75.74%		
	LUHFT Type 1	80.69%	80.17%	64.24%	59.33%	67.72%			
Performance Overview/Issues:									
<ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. 4 hour performance shows a deteriorating trend into June, likely as a result of activity increasing in May compared to March and this has continued into June. CCG and Trust A&E performance in June is lower than the national level of 81.31%. 									
Actions to Address / Assurances									
Work continues in regard to following actions: <ul style="list-style-type: none"> North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required. Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. Intermediate care and community services reviewing RFD lists daily to pull through relevant discharges. NHS111 First - now implemented with ongoing review. Following implementation of the new PAS system into LUHFT, this has enabled additional data to be collated and begin flowing regular activity and pathway data from NHS 111 into LUHFT. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. In addition, MCFT are producing a communications plan to encourage utilisation of the local WIC's. 									
When is performance expected to recover:									
NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21 or 21/22. The region continues to see significant and unprecedented demand across all healthcare providers with no sign of receding.									
Quality:									
There have been no 12 hour breaches in June.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Craig Blakey			Janet Spallen			



3.2 Urgent Care Dashboard





Definitions

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

3.3 Ambulance Performance Indicators

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	Apr-21	May-21	Jun-21		
		Cat 1 mean	<=7 mins	00:07:25	00:07:45	00:08:19		
		Cat 1 90th Percentile	<=15 mins	00:12:14	00:12:30	00:13:57		
		Cat 2 mean	<=18 mins	00:25:12	00:32:37	00:42:09		
		Cat 2 90th Percentile	<=40 mins	00:51:11	01:05:56	01:26:08		
		Cat 3 90th Percentile	<=120 mins	03:37:25	05:43:10	08:38:47		
Cat 4 90th Percentile	<=180 mins	06:26:49	07:29:02	16:59:51				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20, continued throughout 2020/21 and into 2021/22. In June 2021 there was an average response time in South Sefton of 8 minutes 19 seconds, not achieving the target of 7 minutes for Category 1 incidents. Also Category 2 incidents had an average response time of 42 minutes 09 seconds against a target of 18 minutes. The CCG also failed the category 3 and for 4 90th percentile this has shown the largest deterioration. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. 								
Actions to Address/Assurances:								
<p>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. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.</p> <p>The following actions are part of an ongoing work programme:</p> <ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances as well as planning to establish a conveyance pathway to the WiC/UTC to avoid AED. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Operational group in place following roll out to the LUHFT system on 17/11/20. Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWAS will encourage greater utilisation of SDEC/ACU at LUHFT SDEC services and avoid AED (implement July/August 21). 								
When is performance expected to recover:								
<p>The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and was scheduled to report at the beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.</p>								
Quality:								
<p>CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			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						
RED	TREND	LUFHT	Target	Apr-21	May-21	Jun-21	a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	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.
		(a)	<=15-30mins	206	484	472		
		(b)	<=15-60mins	33	137	151		
		LUHFT	Target	Apr-20	May-20	Jun-20		
		(a)	<=15-30mins	143	73	40		
		(b)	<=15-60mins	5	1	5		
		Plan: Zero						

Performance Overview/Issues:

- The Trust reported a small improvement in handovers between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 472 breaches compared to 484 last month.
- But there was a decline in handovers within 30 minutes and none waiting more than 60 minutes, recording 151 compared to 137 last month.
- Handovers have declined from previous year, on comparison in table above.

Actions to Address/Assurances:

- Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions.
- Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19.
- A contract notice has been stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels.
- The second week turnaround times in June were very poor, which impacted monthly performance due to implementation of the new PAS at Aintree and significantly reduced performance but this is now resolved.

When is performance expected to recover:

This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets.

Quality:

No quality / patient issues have been reported.

Indicator responsibility:



Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Craig Blakey	Janet Spallen

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of Strategic approach, there is a system executive conversation taking place to investigate the opportunity to expedite the work of the North Mersey Stroke network relating to the development of stroke services across the system.



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)						
RED	TREND		Mar-21	Apr-21	May-21	Jun-21		
		CCG	2	0	0	1	Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
		LUHFT	4	0	0	1		
		Previous year	Mar-20	Apr-20	May-20	Jun-20		
		CCG	1	0	0	0		
		Aintree	2	1	2	2		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> RAG rating and trend is on CCG cases. The CCG and Trust reported 1 new case in June now failing the zero tolerance plan for 2021-22. The hospital onset healthcare associated case was identified at the Sefton Suite at the Aintree site. The patient previously had an MRSA in December 2020 and is currently being investigated to identify any lapses of care. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> A Post Infection Review (PIR) will be undertaken and reviewed as this is the first MRSA in over 5 months at the Trust. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis. Improvements noted through the MRSA admission screening. 								
When is performance expected to recover:								
This is a zero tolerance indicator so recovery is not possible in 2021-22.								
Quality:								
Any further incidents will be reported by exception.								
Indicator responsibility:								
Leadership Team Lead			Clinical Lead			Managerial Lead		
Chrissie Cooke			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)				<p>2021/22 Plans Measuring against last year's objectives: CCG: <= 60 YTD Trust: LUHFT 109 (Aintree site 56, Royal 53)</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		CCG	44	7	13		16
		LUHFT	112	9	19		33
		Previous year	Mar-20	Apr-20	May-20		Jun-20
		CCG	63	4	6		7
		Aintree	93	9	21		33
CCG - Actual 16 YTD - Target 15 YTD LUHFT - Actual 33 YTD - Target 27 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2021/22 as these have not been released Nationally. The decision has been made to measure against last year's objectives in the interim. The CCG is reporting over the year to date plan of 15 recording 16 in first 3 months of the year, with the trust current cumulative performance is 33 cases against a cumulative trajectory of no more than 27 cases. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Post infection reviews have been undertaken in all cases of healthcare associated infections. Key themes for learning identified across the Trust including delays in sampling and isolation, poor audits scores from cleaning and 1 case linked to another. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust. A trajectory for recovery has been requested although this is an issue facing a number of trusts due to the increased antibiotic prescribing due to COVID. 							
Quality:							
The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting. The Board Assurance Framework (BAF) which is produced for the meeting is now a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		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		Previous 3 months and latest (cumulative position)					<p>2021/22 Interim Plan: <=128 YTD Measuring against last year's objectives: <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	115	6	18	34	
		LUHFT	88	7	19	31	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	156	9	23	35	
		LUHFT	71	5	9	15	
CCG - Actual 34 YTD - Target 32 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2021/22. The decision has been made in the interim to measure against last year's plan of 128. Currently the CCG is reporting over the year to date plan. For the Trust, in quarter 1 there have been 31 cases of reported healthcare associated infections compared to 15 cases in the same period last year. June saw 12 cases reported; 7 at the Aintree site and 5 at the Royal and Broagreens sites. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli. 							
When is performance expected to recover:							
This is a cumulative total and a small improvement from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

3.5.5 Hospital Mortality – Liverpool University Hospital Foundation Trust (LUHFT)

Figure 9 - Hospital Mortality

Mortality					
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Jun	100	106.91	↑	100.78 reported last quarter.

For June HSMR is higher than reported the previous quarter at 106.91 (previous month 100.78). HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign available to Trusts. 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 is at 1.04 and within expected parameters, for reporting period March 2020 - February 2021. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 1

Number of Serious Incidents Open for South Sefton CCG

As of Q1 2021/22, there are a total of 2 serious incidents (SIs) open on STEIS where South Sefton CCG are either responsible or accountable commissioner. See below:

N.B. South Sefton CCG will report and SIs for providers that do not have access to the STEIS database.

Provider and Current SI status	Total
SOUTH SEFTON CCG	2
RCA ongoing – on target (The Strand Medical Centre)	1
Downgraded Requested (North Park Vaccine Centre)	1
TOTAL	2

The Medication Incident at North Park Vaccine Centre related to patients receiving AstraZeneca as a second dose instead of Pfizer. This was due to an administrative error. Following an immediate harm review, it was found that this no longer meets SI criteria and a downgrade has been requested from NHSE/I.

Number of SIs Closed during Q1 2021/22

The South Sefton CCG Serious Incident Review Group (SIRG) panel convenes on a monthly basis to review completed investigations (RCAs) and subsequent action plans put in place following the

reporting of SIs, for all South Sefton CCG commissioned providers or SIs from other organisations involving South Sefton CCG patients (excluding Liverpool CCG commissioned providers).

During Q1 2021/22, the SIRG panel closed 2 SIs, relating to Mental Health Matters and Chapel Lane Surgery.

Number of SIs open within 20 days of RCA

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q1 2021/22 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported in Quarter 1 2021/22

There have 2 SIs reported in Q1 2021/22 where South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by South Sefton CCG during 2020/21 and Q1 2021/22.

Provider and SI Type	YEAR 20/21	Q1 21/22
SOUTH SEFTON CCG*	3	2
Medication incident meeting SI criteria (North Park Vaccine Centre & the Strand Medical Centre)	0	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	1	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0
TOTAL	3	2

*N.B. South Sefton CCG will report any SIs for Providers that do not have access to the STEIS database.

South Sefton CCG Reported SIs

Total SIs reported for 2020/21 YTD and 2019/20

There was a total of 2 SIs reported for 2020/21 by South Sefton CCG on behalf of other providers. The types of SIs by Provider are included in the table above.

Number of Never Events reported

There have been not Never Events reported by South Sefton CCG in 2021/22.

SIs reported within 48 Hour Timescale

The CCG has reported 100% of all SIs within 48 hours for Q1 2021/22.

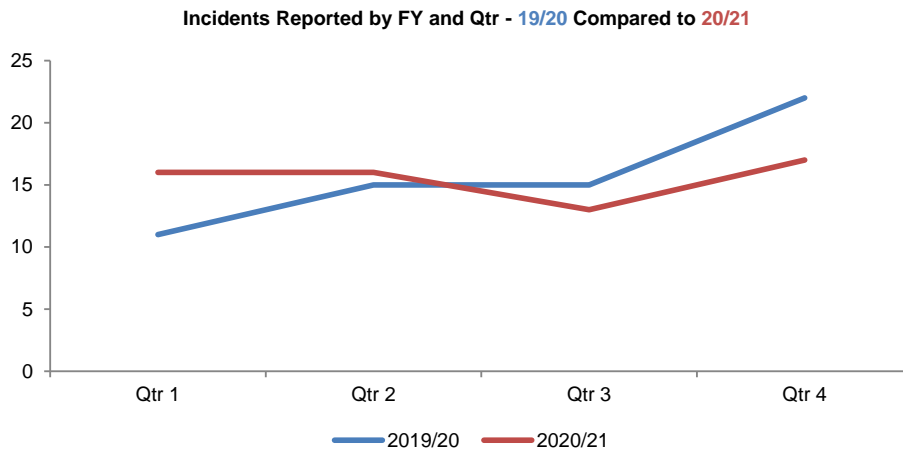
DMC Healthcare

The CCGs served a Contract Performance Notice (CPN) in March 2020, due to governance concerns for non-compliance of the management of serious incidents, in line with the national serious incident framework. In year DMC have undertaken a full review of their serious incident process, with the action plan shared with the CCGs.

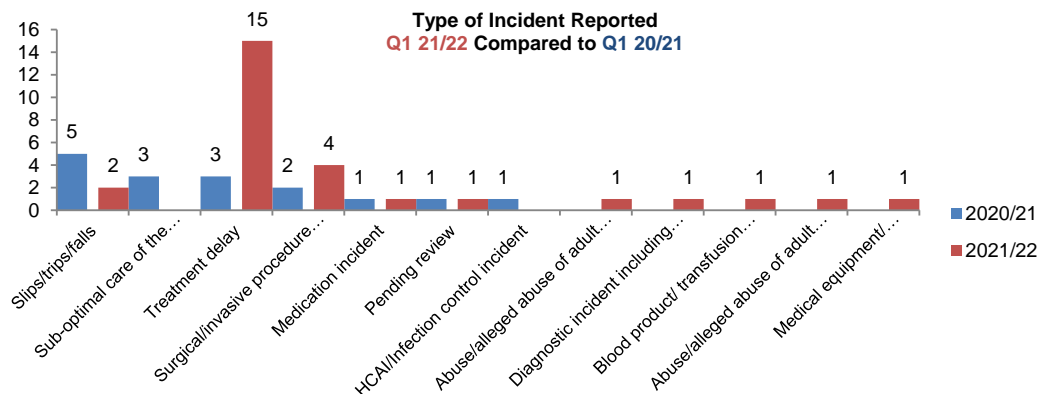
A further root cause analysis (RCA) has been received and reviewed following a serious incident, this was reported and completed within the timeframes set out and the standard of the report showed a significant improvement which was reassuring.

However, the CPN remains in place until the sustainability of the improvements are evidenced.

Total SIs reported for 2020/21 compared with 2019/20



Total SIs reported for Q1 2021/22 and Q1 2020/21 by Type of SI



The graph indicates a notable increase in treatment delay. This is largely attributed to Gastroenterology and lost to follow-ups. A further update is detailed below.

Gastroenterology SIs

Liverpool University Hospital NHS Foundation Trust declared an SI in relation to Gastroenterology patients beyond their planned follow update or without a follow update. LCCG are continuing to meet with LUHFT at Executive level on a monthly basis to expedite escalation and gain continued assurance that the incident is being managed appropriately and to a high standard. This includes ensuring that processes and outcomes are continuously maintained.

A specific RCA in relation to gastroenterology and lost to follow-up patients is due to be completed and reviewed by Liverpool CCG’s SIRG panel. The Trust also continue to provide a briefing to commissioners via the monthly CQPG meetings.

Number of Never Events reported

There were a total of 7 Never Events reported by the Trust in 2020/21. One further Never Event was reported in Q4 2020/21 and related to a retained swab. Support has been offered to the team involved and an investigation has been commissioned and is ongoing as per the SI framework.

Never Events Reported			
Provider	2019/20	2020/21	Q1 2021/22
Liverpool University Hospitals NHS Foundation Trust	8	7	3
TOTAL	8	7	3

Never Events

There have been 3 further Never Events reported by the provider during Q1 2021/22:

- Surgical/invasive procedure incident meeting SI criteria (2)
- Medical equipment/ devices/disposables incident (1).

The Commissioner continue to monitor progress against the improvement plans developed following the declaration of a number of never events in 2020/21. They have been revisited and reviewed to ensure they are fit for purpose and sustainable. The commissioners receive assurances via regular quality meetings and the CQPG.

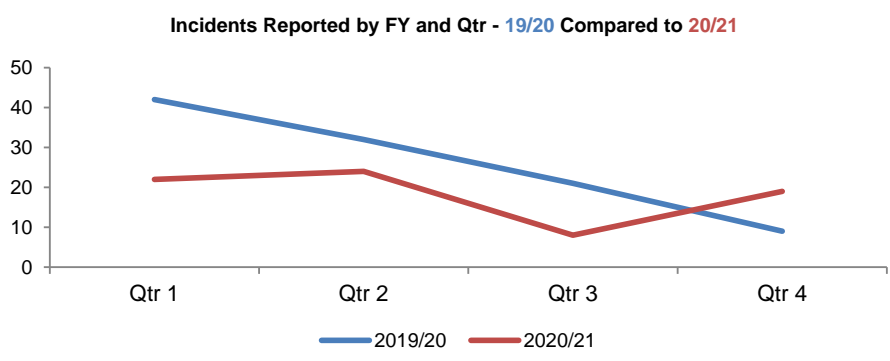
SIs reported within 48 Hour Timescale

The provider has reported 96% of all SIs within 48 hours for Q1 2021/22. There was 1 SI that was reported outside the timescale, this was delay was due to the incident being reported following an internal harm free care review that identified the incident as meeting the SI threshold.

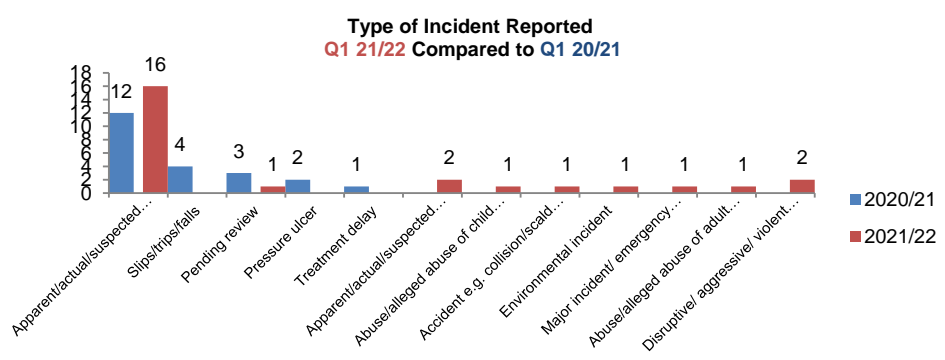
Mersey Care NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 compared with 2019/20



Total SIs reported for Q1 2020/21 compared to Q1 2021/22 by Type of SI





Number of Never Events reported

There have been no Never Events reported by the provider so far in 2020/21.

SlIs reported within 48 Hour Timescale

All SlIs reported during Q1 2021/22 were reported within the 48-hour timescale.

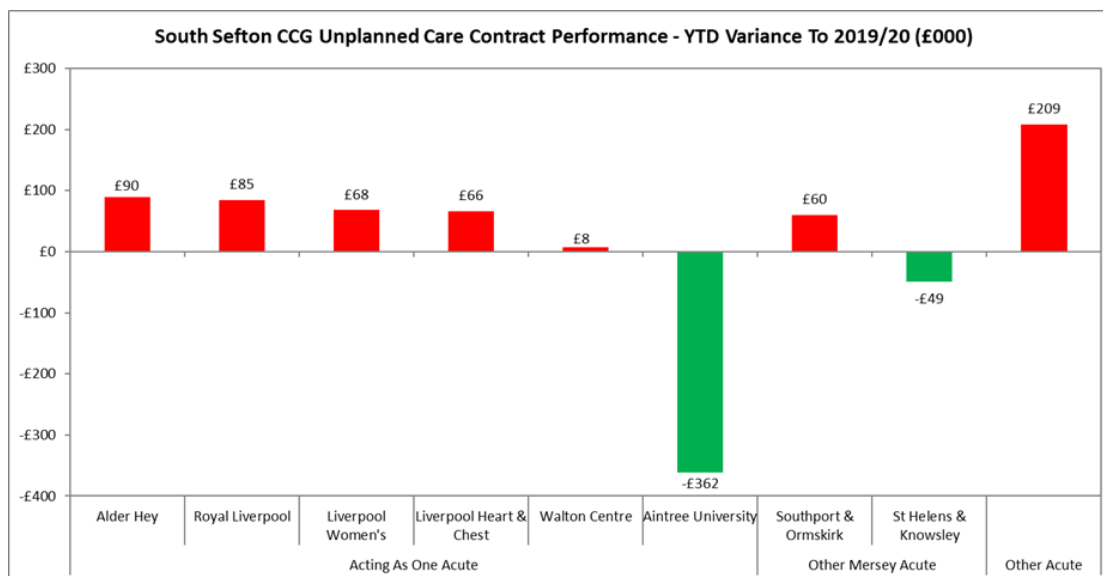
3.7 Patient Experience A&E

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test Results: A&E		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Jan-21	Feb-21	Mar-21	Apr-21		
		% RR	20.3%	20.1%	21.7%		20.7%
		% Rec	81.7%	82.5%	82.8%		79.7%
		% Not Rec	12.3%	12.2%	11.9%		13.3%
		2021/22 England Averages Response Rates: 10.8% % Recommended: 82% % Not Recommended: 11%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was paused during the response to COVID-19, but has now resumed, latest data is April 2021. The response rates for LUHFT in April is slightly lower than last month at 20.7%. The percentage recommending the service has declined to 79.7%, this is lower than the England average of 82%. The percentage not recommending is higher than the England average of 1% recording 13.3%. There was no submission for Friends and Family Test (FFT) for May 2021 due to no data being available for the Aintree site during the month. This means that FFT performance could not be analysed at a Trust level and therefore no submission was required to NHS England. This was due to the switchover of systems as part of the PaperLite project, no data on attendances and discharges on the Aintree site was being sent to Health Care Communications (HCC), meaning that no surveys were being sent by text message or automated call. The PaperLite project did not affect FFT collection for the Royal Liverpool and Broadgreen, which continued as normal. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The problem has now been addressed and FFT surveys have been sent to patients attending the Aintree site during June 2021. Although FFT data was still collated for the Royal and Broadgreen sites during May 2021, FFT reporting to NHS England must be on a Trustwide level. FFT at Trust level will resume for June 2021 and FFT feedback for the Royal and Broadgreen sites during May 2021 will still be reviewed and reported through the Patient Experience governance structure at Trust and divisional level. The Quality team continue to monitor trends and request assurances from providers when exceptions are noted. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The above actions will continue with performance expected to improve during Q2 2021/22.							
Quality impact assessment:							
A&E has been under considerable pressure during the pandemic, leading to increased waiting times and poorer patient experience. This has been identified as a focus area following a recent CQC re-inspection. The provider is working with CQC to identify improvements and implement accordingly.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		N/A		Mel Spelman			

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 10 - Unplanned Care – All Providers



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 was a historical high for South Sefton CCG and June-21 has seen only a small decrease when compared to the previous month. Focussing specifically on A&E type 1 attendances, activity during June-21 was also 10% above that in June-19 with 2019/20 activity (pre-pandemic) being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during the first quarter of 2021/22.

NB. Aintree Hospital and Royal Liverpool & Broadgreen Hospitals formally merged on 1st October 2019 to become Liverpool University Hospitals NHS Foundation Trust (LUHFT). However, South Sefton CCG will continue to monitor performance on an individual site basis. Contracted performance is compared against 2019/20 actuals.

Figure 11 - Unplanned Care Activity Trends

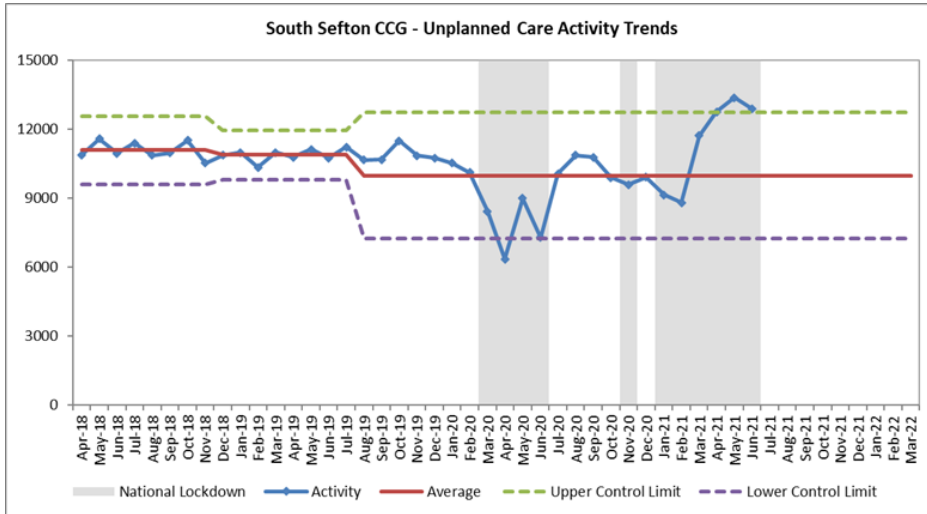


Figure 12 – A&E Type 1 against Plan (previous year)

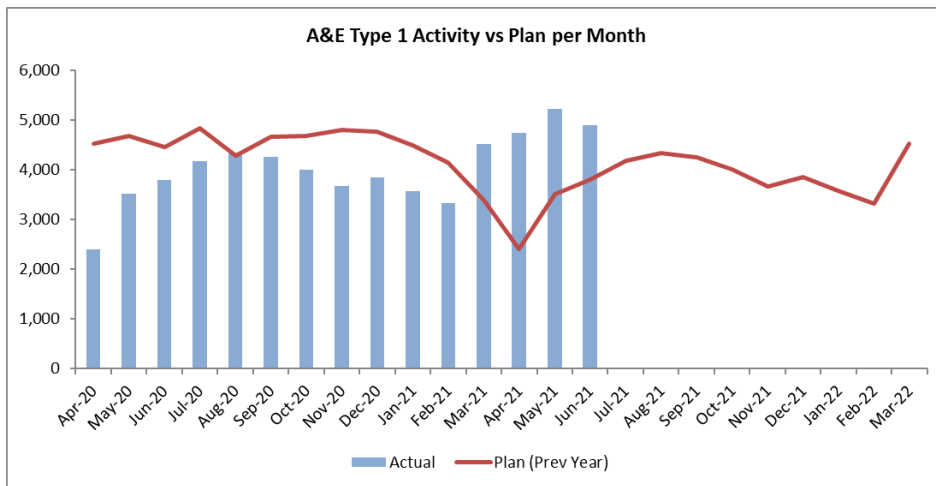
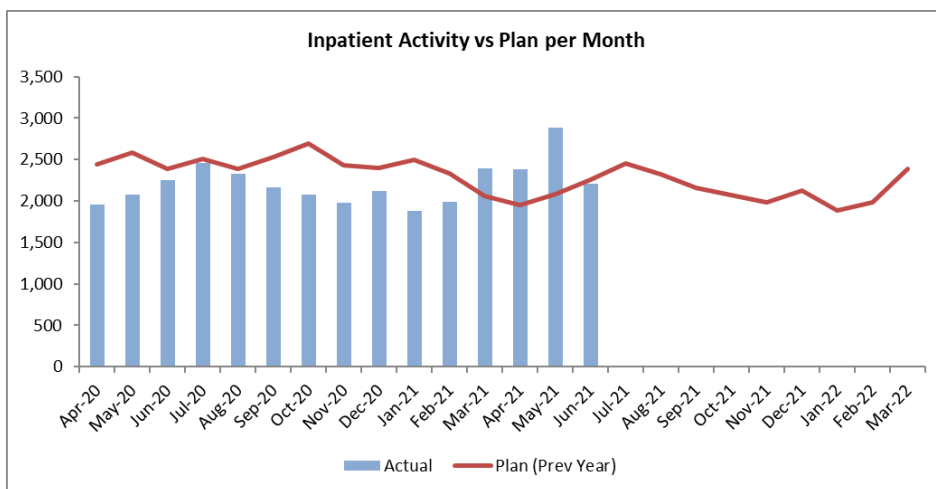


Figure 13 – Non-elective Inpatient Variance against Plan (Previous Year)



3.8.2 Aintree Hospital

Figure 14 - 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	9,850	16,034	6,184	63%	£252	£256	£4	1%
A&E - Accident & Emergency	9,192	9,408	216	2%	£1,496	£1,506	£10	1%
NEL - Non Elective	4,403	3,817	-586	-13%	£8,577	£8,588	£11	0%
NELNE - Non Elective Non-Emergency	11	12	1	9%	£60	£75	£15	25%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	35	35	-	£0	£9	£9	-
NELST - Non Elective Short Stay	881	839	-42	-5%	£609	£606	-£3	0%
NELXBD - Non Elective Excess Bed Day	2,623	1,026	-1,597	-61%	£681	£274	-£407	-60%
Grand Total	26,960	31,171	4,211	16%	£11,675	£11,313	-£362	-3%

Overperformance at Aintree Hospital is evident against both A&E points of delivery i.e. A&E type 1 and Litherland walk-in centre. The latter is operating on a new service model of pre-booked appointments from June-20 and has recently seen a surge in attendances resulting in historical peaks in activity during May-21. Attendances in May-21 were 5,746 compared to a pre-pandemic monthly average of 3,274, which represents an increase of 62%.



The total underperformance of -£362k/-3% for South Sefton CCG at Aintree Hospital can be attributed to a decrease in non-elective admissions and the associated non-elective excess bed days when comparing to the equivalent period in 2019/20. Non-elective admissions are also -2% below activity reported in the first quarter of 2020/21, which was during the first wave of the pandemic when overall unplanned care saw substantial reductions as a result of the initial national lockdown. A&E type 1 attendances have been at their highest since July-19 for South Sefton CCG at Aintree Hospital but contracting data suggests fewer patients require admission with a current conversion rate (to admission) of approximately 41% compared to a pre-pandemic level of 49%. The increased A&E attendances has had a significant impact on A&E performance for LUHFT (individual site performance not available) in 2021/22 to date.

In terms of COVID admissions, contracting data illustrates that South Sefton CCG saw peaks in admissions to Aintree Hospital during April-20, October-20 and January-21 mirroring local and national trends for increasing cases. There were 4 COVID related admissions recorded in June-21 compared to the last peak of 169 seen in January-21.



NB. Plan values in the above table relates to 2019/20 actuals.

4. Mental Health



4.1.1 CPA Follow up 2 days (48 hours)

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
		100.0%	91.7%	83.3%	100.0%	
		Plan: 95% - Quarter 1 2021/22 reported 100% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is achieving the 95% target reporting 100% for South Sefton CCG. All 12 patients were followed up by an appropriate team. Overall catchment the Trust is failing this measure reporting 94.4% just under the target. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Performance back on track in quarter 1. Please note the indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Performance has recovered in Q1 2021-22.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Gordon Jones		



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors	
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.	
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		33.30%	34.38%	30.30%	36.10%		
		Mar-20	Apr-20	May-20	Jun-20		
		45.83%	46.15%	48.70%	33.75%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 36 Service Users, 13 started treatment within the 18 week target (36.1%), which shows a slight improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 2.35 percentage points. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> • The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. • A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. • Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere. • 2 x Clinical Psychologists have been recruited to and are due to commence in October 2021. • 1 x Assistant Psychologist (6 month fixed term) has been recruited to from underspend and this has been extended. • The Trust and CCGs recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. This investment will support a dietitian post and psychology post. 							
When is performance expected to recover:							
Expectation is that performance will begin to improve in Q2 2021/22 but achievement of the target is not guaranteed.							
Quality:							
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Gordon Jones			

4.1.3 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool within 6 hours of admission		Previous 3 quarters and latest				KPI 6a	Patient Safety.
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		100.0%	100.0%	85.7%	100.0%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		100.0%	90.0%	85.7%	98.4%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 100% and have achieved the 98% target, all 9 patients assessed. The Trust overall had 63 out of 63 inpatients risk assessed using an appropriate tool in quarter 1 reporting 100%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance has been achieved in Q1.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		

4.1.4 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient Safety.
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		100.0%	75.0%	100.0%	100.0%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		85.7%	80.0%	75.0%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust continue to report 100%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance continues to achieve in quarter 1.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		0.63%	0.56%	0.54%	0.72%		
		Mar-20	Apr-20	May-20	Jun-20		
		0.68%	0.74%	0.46%	0.66%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
To address underperformance the following actions are being undertaken:							
<ul style="list-style-type: none"> 1 x Psychological Wellbeing Practitioner (PWP) agency staff commenced in June and 0.6 WTE agency PWP will commence in July 2021 3 x PWP posts are currently vacant and are being advertised however it should be noted that national workforce pressures are impacting on PWP recruitment. 4 x High Intensity Therapists recruited with 3 commencing duties in June and 1 post to commence in July 2021. Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees supported by a proposed Cheshire & Merseyside supervision hub. Ongoing marketing of IAPT at local and planned regional level. 							
When is performance expected to recover:							
There is an expectation that numbers entering the service will increase but achievement of the 19% access standard will be challenging within the first two quarters of 2021/22.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		38.3%	43.3%	41.4%	36.8%		
		Mar-20	Apr-20	May-20	Jun-20		
		45.5%	39.4%	34.2%	46.0%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased in June by 4.6 percentage points from previous month. Also a decrease of 9.2 percentage points from previous year. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. The provider inherited significant numbers of long internal waits when it took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Long internal waits within IAPT are a contributing factor to recovery rate and the provider working with commissioners has submitted a proposal for non-recurring funding to ring fence internal waiters who have waited over 18 weeks for Step 2 and Step 3 interventions with the aim of offering therapy through the deployment of agency staff. The initiative would run over a period of 38 weeks. The service is confident that once completed that they would have the staff to prevent this situation arising again. The QIPP Delivery Group considered the proposal and agreed that £169k of funding would be considered subject to the provider utilising £108k of slippage to addressing the internal waits and its impact. 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 3 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Gordon Jones			



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		57.2%	57.9%	57.7%	58.5%		
		Mar-20	Apr-20	May-20	Jun-20		
		64.0%	60.4%	59.4%	59.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 0.9%. 							
Actions to Address/Assurances:							
<p>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the COVID restrictions are being lifted the Trust has commenced some face to face activity. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates. The SSCCG have received £48k non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is intending to use the allocation for agency and staff overtime to reduce the waiting list. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts will resume, benefitting people referred to the VCF support services. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates from July 2021 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Yinka Moss		Gordon Jones			

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b 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.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		12.5%	25.8%	60.1%	6.09%		
		Q1 2021/22 Plan: 18% Year End Target 70%					
		National target by the end of 2023/24: 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 470 health checks 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. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 1 2021/22, the total performance for the CCG was 6.09%, below the Q1 plan of 17%. 673 patients were registered with 41 being checked resulting in the CCG failing the quarter 1 target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. GP practices can sub-contract the LD DES to the GP Federation, the CCG are currently awaiting practice confirmation for those that require this support from the Federation. Data sharing agreements and staff to undertake the health checks are in place for this work to start in August 2021. A programme of work is beginning in September 2021 focusing on patients who did not take up the offer of an annual health check in 2020/21, to understand what the barriers might be and to support patients to access a health check. Practices usually undertake this work towards the end of the year, however are being encouraged to spread this work throughout the year. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, where previously extractions were quarterly. 							
When is performance expected to recover:							
Quarter 3 onwards.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Geraldine O'Carroll		

4.5 Severe Mental Illness (SMI) Health Checks

Indicator	Performance Summary	NHS Oversight Framework (OF)	Potential organisational or patient risk factors																
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check	Latest and previous 3 quarters	123g As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.																
RED	TREND																		
		<table border="1"> <thead> <tr> <th>Q2 20/21</th> <th>Q3 20/21</th> <th>Q4 20/21</th> <th>Q1 21/22</th> </tr> </thead> <tbody> <tr> <td>16.1%</td> <td>12.3%</td> <td>16.2%</td> <td>20.8%</td> </tr> <tr> <th>Q2 19/20</th> <th>Q3 19/20</th> <th>Q4 19/20</th> <th>Q1 20/21</th> </tr> <tr> <td>20.7%</td> <td>22.7%</td> <td>28.1%</td> <td>19.0%</td> </tr> </tbody> </table>	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	16.1%	12.3%	16.2%	20.8%	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	20.7%	22.7%	28.1%	19.0%	
Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22																
16.1%	12.3%	16.2%	20.8%																
Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21																
20.7%	22.7%	28.1%	19.0%																
	Plan: 50%																		
Performance Overview/Issues:																			
<ul style="list-style-type: none"> In Quarter 1 of 20/21, 20.8% of the 1,928 of people on the GP SMI register in South Sefton CCG (401) received a comprehensive health check. COVID-19 has impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 																			
Actions to Address/Assurances:																			
<ul style="list-style-type: none"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. Spending Review funding of £64k has been identified to support physical health SMI. Funding will support HCA posts who will work closely with primary care and identify those individuals on SMI registers who require health checks. 																			
When is performance expected to recover:																			
Performance should improve from Quarter 2 2021/22 onwards.																			
Quality impact assessment:																			
No quality issues reported.																			
Indicator responsibility:																			
Leadership Team Lead	Clinical Lead	Managerial Lead																	
Geraldine O'Carroll	Yinka Moss	Gordon Jones																	

5. Community Health

5.1 Adult Community (Mersey Care FT)



Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g., staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A joint Clinical Quality Performance Group (CQPG) for South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 3 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 26 weeks as the longest wait. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing and Physiotherapy which continues to see high demand. Consideration is being given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.



5.1.1 Quality

Contract Quality and Performance Group continues with the community division across Liverpool and Sefton CCGs. Consistency of requests and reporting of KPI data has been completed whilst ensuring all commissioned services are reflected. Ward 35 has now moved bases over to Stoddart House with usage of the beds continually under review to ensure appropriateness of placement for service users.



5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Mar-21	Apr-21	May-21	Jun-21		
		17 wks	14 wks	12 wks	16 wks		
		Mar-20	Apr-20	May-20	Jun-20		
		25 wks	21 wks	24 wks	30 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • June incomplete pathways reported within the 18 week standard at 16 weeks with fluctuations over the past few months. • Early warning data shows waiting times are continuing to increase. • Workforce issues remain a challenge but with cover in place for vacant posts and Trust reporting an improved staffing position with return of staff and a new starter in post. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). • Recommencement of treatment of patients categorised as routine. • Weekly review and validation of the waiting list. • Additional SALT capacity being utilised through overtime / additional hours within the division. 							
When is performance expected to recover:							
The CCG are aware that staffing remains an issue in regard to permanent recruitment. This is similar to many SALT services.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Gina Halstead		Janet Spallen			

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Mar-21	Apr-21	May-21	Jun-21		
		19 wks	24 wks	24 wks	23wks		
		Mar-20	Apr-20	May-20	Jun-20		
16 wks	20 wks	18 wks	21 wks				
Target: 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none"> • June's incomplete pathways saw a small improvement at 23 weeks, since February the Trust have been above the waiting time threshold of 18 weeks. • The number of monthly referrals decreased in June with 144 compared to 151 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. • There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care. • Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans • Further update from Trust is that additional staffing were not employed to reduce waiting times but a flexible approach between our planned and ICRAS urgent care physiotherapy workforce. 							
When is performance expected to recover:							
Physiotherapy was identified as a priority for support from 19/20 growth monies in recognition of continued challenges over past year. Trust had been asked pre-COVID to complete a capacity and demand exercise against existing workforce to validate this. Issue to be reviewed by Trust and CCG as part of recovery plans. Whilst the Trust has advised that the reduction and achievement of KPI has been through flexible use of South Sefton physiotherapy workforce this is still considered a priority area by the CCG for use of growth monies given the demand on this service and the continued challenges the clinical team have experienced over what is now a 2 year period of transformation work.							
A Performance Improvement Plan for the recovery of physiotherapy waiting times requested from trust by 20th August 2021.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be re-triaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Gina Halstead		Janet Spallen			

5.1.4 Mersey Care Adult Community Services: Phlebotomy

Indicator		Performance Summary			Target and RAG	Potential organisational or patient risk factors	
Mersey Care Adult Community Services: Phlebotomy		Previous 3 months and latest			Target: Routine domiciliary appointments - 10 days, Urgent domiciliary appointments - 5 days >= target: Green < target: Red		
GREEN	TREND	Next Available appointment:					
		Apr-21	May-21	Jun-21			
		Urgent	3	3			5
		Routine	4	9			17
		Apr-21	May-21	Jun-21			
Performance Overview/Issues:							
<ul style="list-style-type: none"> Due to sustained workforce pressures including vacant posts Trust reporting increased waiting times for domiciliary visits. The service has reported a high number of referrals into the service for urgent domiciliary appointments and patients are not able to be seen within the current KPIs for routine domiciliary (10 days). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Additional staffing identified to support service - mutual aid, redeployment of staff from other Trust services, agency and bank. Trust closely monitoring clinics on a daily basis to ensure provide adequate appointments to meet demand whilst balancing the demand of domiciliary visits. Trust activated business continuity plans on 3rd August 2021. 							
When is performance expected to recover:							
The Trust have been requested to provide a trajectory for recovery of domiciliary waiting times. At M4 the next available appointment reported by Trust for routine domiciliary appointment is reported at 27 days and urgent domiciliary appointments is within KPI target.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to place patient safety as a priority and can confirm that clinic appointments in South Sefton are within KPI targets of 10 days and all urgent patients will continue to be seen within 2-3 days.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Gina Halstead		Janet Spallen			

5.2 Any Qualified Provider (AQP) – Audiology

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider Liverpool led engagement exercise on an updated Adult Hearing Loss specification and wider collaboration across a Cheshire & Merseyside footprint. Work has begun on reviewing the specification.



In terms of elective recovery, services are operational across the NHS Trusts and waiting times are good, broadly consistent with pre-pandemic levels.

6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services

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

Quarter 1 data is available 13th September 2021, there will be an update in the next report. Latest update below:



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 2 quarters, latest and 12 month rolling				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
AMBER	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Rolling 12 Mth Rate	
		8.8%	6.2%	5.0%	34.6%	
		Q2 19/20	Q3 19/20	Q4 19/20	Rolling 12 Mth Rate	
		5.4%	4.8%	7.4%	29.9%	
Annual Access Plan: 35% (RAG and trend on Q1 data)						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 4 data shows a deterioration on Quarter 3. The year end Access rate was 34.6% which just narrowly missed the 35% target and showed an improvement on the previous year, when the rate was 29.9%. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Although performance narrowly missed the 35% access plan, it is anticipated that quarterly and annual access figures will continue to improve in 2021/22.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services



Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the Trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand.

However, due to a further increase in referrals, there have been a number of breaches in the routine treatment waiting time standards (28 days) which the Trust is predicting will continue until further investment is confirmed and released. In line with the Mental Health Delivery Plan and COVID recovery, allocation of funds have now been agreed, including additional investment to support expansion of the model to include Avoidant Restrictive Food Intake Disorders (ARFIDs).



6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		91.0%	96.0%	98.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 100% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and above the planned target. • Referral rates continue to increase at a rate significantly higher than what is currently commissioned. From November 2020 to June 2021 they were 57% higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • A number of actions have been agreed to mitigate the risk of the increased demand on the service including increased use of independent sector providers to support new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible. • To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



6.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		90%	85%	83%	77%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 77% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 3 of months. • Performance has declined since December due to the impact of increasing referrals on service capacity. From November 2020 to June 2021 referrals were 57% higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To mitigate the risk of increasing demand, the service is making greater use of independent sector providers Axia and Healios to support the assessment process. • Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach. • To understand the drivers for the continued increase in demand the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
The Trust has stated that performance will continue to be challenged if referral rates continue at current levels. A recovery plan will be agreed and developed following further analysis and discussions with the trust.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.1.5 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		97%	98%	99%	100%	
		<p>Plan: 90% of referrals: Assessments started within 12 weeks</p>				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June, 100% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times • Between November 2020 and June 2021, referrals were 40% higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021 (67), which was an increase of 91% from the previous month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • To understand the drivers for the continued increase in demand, the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Performance is on target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.1.6 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		94%	98%	93%	91%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 91% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows a decline in the last 2 months. • The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • Waiting times are being closely monitored to understand the impact of this increase in demand. • To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		50.9%	81.4%	62.5%	54.2%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a decline of 8.3 percentage points in compliance with the agreed 6 week standard in June. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The Trust has introduced a new "COVID Support Team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and plans are progressing to mobilise the service. In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. Alder Hey has commenced the recruitment process for the additional posts and will develop recovery plans and trajectories to achieve a staged and sustainable return to the 92% waiting time measure. 						
When is performance expected to recover:						
Revised COVID recovery plans and trajectories will be developed and agreed in the near future.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		70.6%	57.1%	42.3%	72.2%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a significant improvement in waiting times in June as the service has seen a higher number of children and young people within 18 weeks. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. • There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. • This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. • In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. • Alder Hey has commenced the recruitment process for the additional posts and will develop recovery plans and trajectories to achieve a staged and sustainable return to the 92% waiting time measure. 						
When is performance expected to recover:						
Revised COVID recovery plans and trajectories will be developed and agreed in the near future.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Green > 92%: Red	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		75.00%	66.70%	59.40%	51.20%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
		368	399	448	479		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 17.1 weeks compared to 16.7 weeks last month. For open pathways, the longest waiter was 36 weeks in June compared to 31 weeks in May. Overall there had been a steady increase in referrals since September when the schools reopened the service received 131 in May and 90 in June. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved, however, due to the ongoing increase in referrals to the service open pathways waits have increased and service capacity continues to be challenged. All referrals are clinically triaged at the point of receipt and prioritised in accordance with need i.e. urgent or routine. Urgent appointments are prioritised for initial assessment as clinically indicated and routine referrals are placed on a waiting list for assessment and sent information on how to access resources including those on the service web page. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. Work continues with the early years services to support early intervention and reduce need for specialist support. The SEND average waiting time target continues to be achieved. 							
When is performance expected to recover:							
As referrals continue to be above expected levels waiting times will be challenged over the coming months. Referral rates are likely to fall over the summer and this will enable the service to work towards RTT compliance.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		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				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		97.6%	97.4%	100.0%	100.0%		
Total Number Waiting							
		Mar-21	Apr-21	May-21	Jun-21		
		42	39	54	38		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 5.1 weeks. For open pathways, the longest waiter was 9 weeks in June compared to 13 weeks in May. Overall accepted new referrals to the service have decreased slightly in June to 35 from 43 received in May. 							
Actions to Address/Assurances:							
None specifically, as performance is exceeding target.							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		98.9%	98.8%	100.0%	94.9%		
Total Number Waiting							
		Mar-21	Apr-21	May-21	Jun-21		
		89	82	92	97		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in May is 11 weeks. For open pathways, the longest waiter was 17 weeks in May compared to 17.1 weeks in April. Overall there has been a steady increase in new referrals since August, the service received 57 in June, this is an increase from 53 in May. 							
Actions to Address/Assurances:							
None specifically, as performance is exceeding the target for seventh consecutive month.							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

6.3.4 Paediatric Children’s Continenence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		93.9%	94.1%	89.5%	98.6%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
		49	53	57	52		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 11.7 weeks, previous month reported 13.5 weeks. For open pathways, the longest waiter was 18 weeks in June compared to 37 weeks in May. Referrals to the service remain steady, 21 were received in June and 20 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is currently back within target. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance back on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

6.3.5 Paediatric Children’s Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
		51	52	38			
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 5.89 weeks, previous month reported 6.60 weeks. For open pathways, the longest waiter was 11 weeks in June which is the same as to what was reported in May. New referrals to the service remain steady, 29 were received in June and 33 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is currently back within target. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. July saw 1 new inspection, Hightown Village Surgery, where the rating improved from their previous inspection with 'Safe' now reporting as good after requiring improvement.

Also to note, practices were reviewed on 9-7-21 no evidence was found for a need to carry out any inspections or reassess their ratings at this stage. This can change at any time if the CQC receive new information. They will continue to monitor data on these GP Services.

All results are listed below:

Figure 15 - CQC Inspection Table

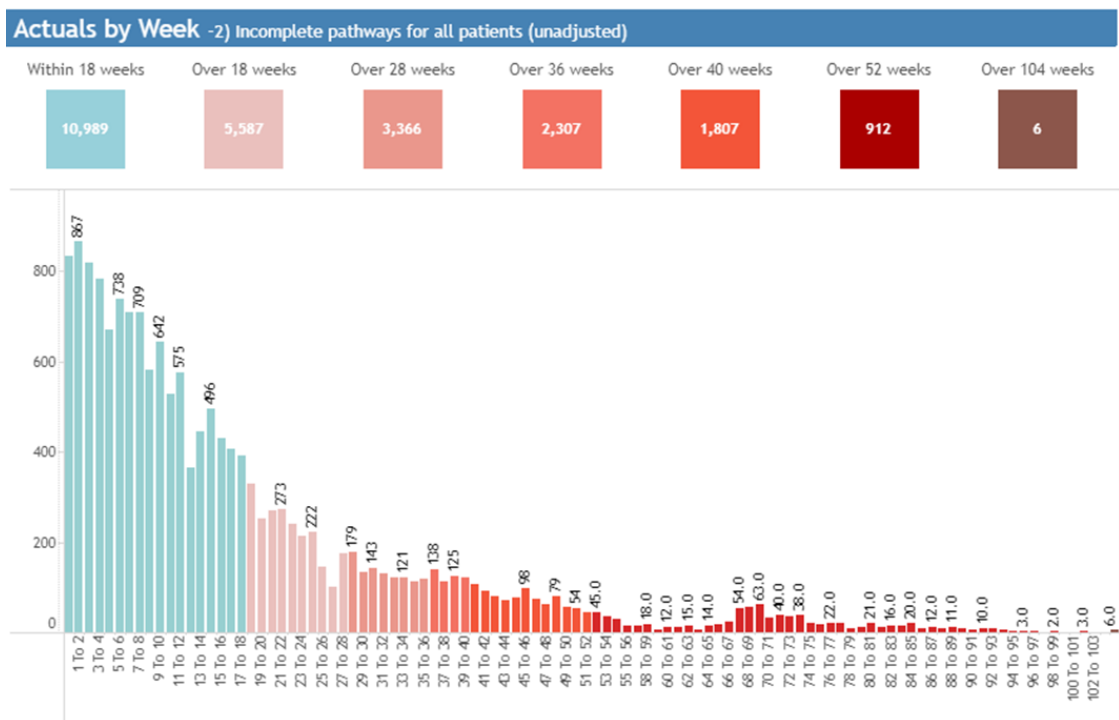
South Sefton CCG								
Practice Code	Practice Name	Lastest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	26 February 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	30 April 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	12 November 2019	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84038	Concept House Surgery	27 March 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	40-42 Kingsway Surgery	15 June 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Practice	14 December 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	13 July 2021	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	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	10 August 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	16 April 2019	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	16 July 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 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	05 March 2020	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	19 August 2016	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	19 August 2016	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	12 February 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 January 2020	Good	Good	Good	Good	Good	Good

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

8. Appendices

8.1.1 Incomplete Pathway Waiting Times

Figure 16 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



8.1.2 Long Waiters analysis: Top Providers

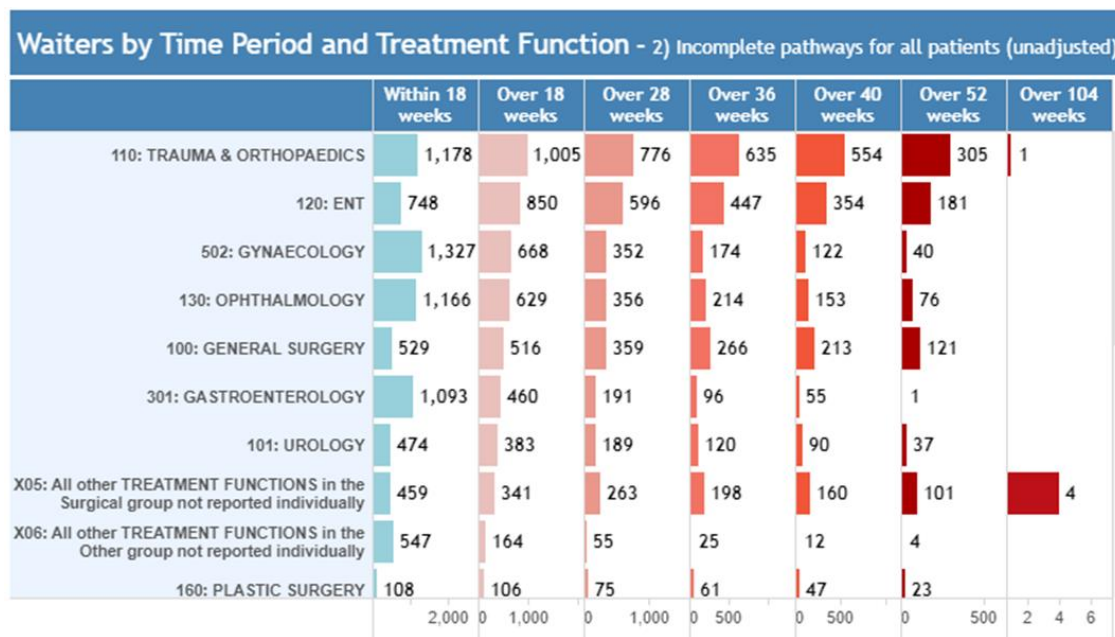
Figure 17 - Patients waiting (in bands) on incomplete pathway for the top Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks	Over 104 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	6,518	4,095	2,551	1,801	1,420	745	5
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	1,201	597	306	148	106	32	
SPIRE LIVERPOOL HOSPITAL : (NT337)	245	213	168	141	122	50	
RENACRES HOSPITAL : (NVC16)	955	171	89	48	27	14	
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	192	124	87	70	55	29	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	436	121	60	34	26	11	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	328	67	4	2	1	0	
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	49	46	27	20	14	10	

8.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 18 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/112	Author of the Paper: Tracy Jeffes	Clinical Lead: N/A						
Report date: September 2021	Position: Director of Place – South Sefton Email: tracy.jeffes@southseftonccg.nhs.uk							
Title: CCGs' Staff Survey Results and Actions 2021								
Summary/Key Issues: This report informs the Governing Body of the outcomes of the Sounding Board Staff Survey from June 2021, describes the analysis and result of the survey, and includes the subsequent action plan.								
Recommendation The Governing Body is asked to receive this report.		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (*x those that apply*)

x	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
x	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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 September 2021

1. Executive Summary

This report informs the Governing Body of the Sounding Board Staff Survey from June 2021, describes the analysis and result of the survey and includes the subsequent action plan.

2. Introduction and Background

Following new working arrangements put into place due to the COVID-19 pandemic in March 2020, Sounding Board undertook a survey of staff in June 2020.

Following staff feedback on this June 2020 survey the CCGs invested in IT infrastructure and equipment and provided office furniture and other items to support home working.

The National Annual NHS Staff Survey was undertaken in November 2020 with the results released in 2021. The results from the National survey were examined and in June 2021, Sounding Board commissioned a follow up staff survey to gauge the thoughts and feelings of staff members on:

- Some of the national results around quality of care
- Agile working arrangements,
- Upcoming integration proposals and
- To gain an understanding of the health and wellbeing implications of changes to working arrangements.

This survey was issued to staff between 11 May 2021 and 4 June 2021. 90 of the organisation's 144 members of staff responded to the survey. This 63% response rate aligns with that of last year's Sounding Board survey and the response rate for the national NHS Staff Survey.

This report presents the main themes and results of the survey and outlines the next steps undertaken; for a task and finish group to put forward recommendations and an action plan to Sounding Board and Leadership Team. The action plan now forms part of the CCGs' Organisational Development Plan and actions are due to be completed by Dec 2021. The Action Plan is attached in **Appendix 1.0 – Action Plan**

3. Key Issues

This section illustrates several key themes from the data, illustrating how respondents are feeling about their working arrangements, the organisation, their health and wellbeing and proposals for integration.

Strong case for agile working

The spread of working arrangements was similar in 2021 to last year 2020, with 70% of staff currently working from home. Of these 69% said they had adapted very well and 92% said they felt supported by their line manager.

All but one of the 89 respondents to the question about how well they had adapted, said they had adapted to their working arrangements. 92% of respondents said they had most of or all they needed to support their working arrangements. Two thirds of respondents said they felt more productive, while 30% said they felt the same.

Three quarters said their work life balance had improved with their current working arrangements. 37% said this had been 'a lot better' with 94% of these saying they had adapted very well. The reasons offered for this improvement were commonly the greater flexibility they had to balance their work and home life, particularly through time saved commuting. Respondents commonly felt that remote working and virtual meetings were working well and this was something they wished to continue. However, respondents also illustrated that they were missing human contact with colleagues and wanted flexibility to facilitate both remote and face to face working.

Overall, 95% of respondents wanted to continue working from home in some format, with the majority (66%) wanting a mix of site and home-based working. This figure was virtually the same as last year, whilst there was a small increase in those wishing to work from home and a small decrease in those wishing to work from site. Of the 28% who wished to work from home, the data shows that 96% had said they were currently working from home and 74% said they had adapted very well to their working arrangements.

When asked what concerns they had about returning to site based work, respondents highlighted worries over infection control, particularly with hot desking. But more commonly they illustrated not wishing to relinquish the gains in work life balance and productivity they felt they had made by working from home.

CCGs have a lot to be proud of

When asked if they felt the CCGs cared for them, 84 of the 85 respondents either agreed or strongly agreed. 98% of respondents said they felt their views were valued. 98% also said they were satisfied with the quality of service they provided which was a theme explored from the National Survey.

32% said they felt there were barriers to providing the standard of care they aspired to. When asked what these were they illustrated largely external factors such as COVID-19 restrictions to working with patients and colleagues face to face and issues with partnership working across the system. Issues with IT infrastructure for both home working and working in Magdalen House were also highlighted. Solutions reflected the sources of the barriers.

Overall, 96% of respondents said they felt valued by their line manager. 79% felt that the organisation recognised their efforts through the pandemic, however 21% did not. Of those 79%, the overwhelming majority said they felt valued by their line manager.

Feeling supported by line manager is important to wellbeing

As illustrated in the last paragraph, feeling supported by line managers had a positive impact on how respondents felt about the organisation and their work, and this was demonstrated time and again in the data:

- 54% answered 'definitely yes' that they had what they needed to support their current working arrangements and each of these also said they felt supported by their line manager.
- 94% of the respondents who agreed that the organisation valued the views of its staff, also agreed that the organisation cared for its people and said they felt supported by their line manager.
- The data also shows that the 41% who responded that they had not felt virtual fatigue, also said they felt supported by their line manager.

93% either agreed or strongly agreed that they felt connected with their line manager and team. 96% of respondents feel the organisation is doing a good job in keeping people connected.

Respondents said the number one source of important information affecting work was their line manager. Weekly wellbeing discussions with line managers were the most common and the data shows that those having weekly wellbeing discussions also reported feeling supported by their line manager. Those that had fortnightly wellbeing discussions with line managers also reported being more productive. Whilst the majority (59) reported having these discussions regularly, 26 were not having them, either regularly or at all.

Mixed feelings about integration, but not unsupportive of change

Just over three quarters of respondents said they had discussed integration with their line manager and the data shows each of these also said they had felt supported by their line manager.

There was a mixture of excitement and trepidation about integration, with 39% of respondents saying they felt excited and 39% also felt anxious. 24% said they had no feelings either way, and only 8% reported being sceptical that the changes will improve care. NB respondents could select more than one response.

Whilst respondents acknowledged existing communication, they commonly requested regular, clear information, particularly on how changes affect their roles and teams, to help them and their team through the transition.

The Results of the survey with comparison with the 2020 survey is attached in **Appendix 2.0 – Survey Results**.

4. Conclusions

The next stage of the survey was to develop the results and information into recommendations that would feed into, influence and support the model for how the CCG workforce will operate as pandemic restrictions begin to be lifted.

A highlight report was shared with Sounding Board members prior to wider distribution and a presentation of highlights and themes was given in late June to Sounding Board and Operations team.

It was proposed that a Task and Finish Group be established to make actionable recommendations based on findings enclosed. This Group included insight and input from HR and OD, Health and Wellbeing, Communications and Engagement, IT and Operations.

The Task & Finish Group produced an Action Plan that is attached as described in the Introduction in **Appendix 1.0 – Action Plan**

5. Recommendations

That the report, results and action plan be noted by the Governing Body.

6. Appendices

Appendix 1.0 - Action Plan

Appendix 2.0 – Survey Results

Sounding Board Task & Finish Group
September 2021

Sounding Board Actions from National and Local Staff Survey 2021

Action	Who	Current Position & Immediate Actions	By When	RAG
An agile working framework	DF	What will agile working look like? Who will decide what? *Look at ACAS policy	Sept 21	
Transition to agile/office working	LG	Plan for 'moving in' (including dates) Preparing for move: *Films of office environment and facilities to know what to expect *Team meeting up (in person) events *Practical information (car parking, security badges, where's my desk)	Sept 21	
Guide for infection prevention in the office	MS/LG	*Cleaning surfaces and equipment *Social distancing *Hand washing and face masks *Kitchen guidance and etiquette	Sept 21 – replicate from Vaccine Centre document.	
Etiquette guide for remote working and virtual meetings	JM/BS	* Meetings free lunch hour *Delay send on non-urgent emails OOH *MS Teams status settings	Sept 21	
IT tech tips for WHB	JM	*Using teams on the go/walking/garden *Using teams for social interaction (not just talking business)	Sept 21	

			<ul style="list-style-type: none"> *Drop in teams session for social interaction *Teams together mode - try it *Night light settings on computers to reduce eye strain in late afternoon *Editor in Word/Presentation Coach *My analysis? (Need IT input) 		
Recognition scheme/ideas re pandemic working	DF/BS		*Day back (TJ)	Launched Aug 21	Wellbeing Day granted August 2021
			*Tell your stories/Schwartz Rounds – steering group meeting Sept 21. Training completed	From Sept 21	
			*Awards and recognition event	TBC by March 22	
Integration Support to Staff: Building resilience	CC/BS		<ul style="list-style-type: none"> *Forms part of the OD Plan *Resilience skills sessions with teams to be delivered 	By Dec 21	
Wellbeing conversations	BS		* Promote & Launch Template	June 21	
			*Circulate and promote the National Wellbeing conversation training	August 21	
			* Evaluate levels of conversations via repeat questionnaire	Dec 21	

Staff Survey - COVID-19

Sounding Board

June 2021



Contents

Survey results	4
• About you and your working arrangements	6
• Your views about your employer and quality standards	26
• Your views about feeling connected and your well-being	31
• Your thoughts and feelings about integration (ICP/ICS) and the impact this will have on the CCGs	44
Next steps	47

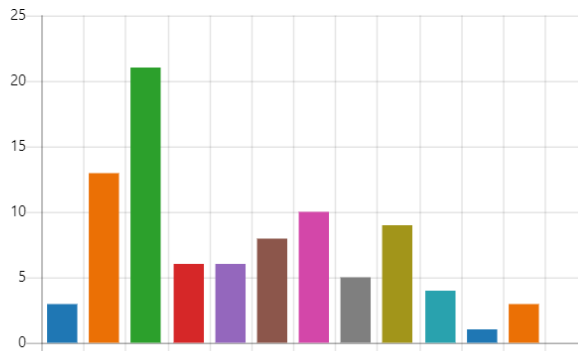
Survey results

About you and your current working arrangements

1. Which directorate do you work in?

89 responses

● Leadership team	3
● Commissioning	13
● Medicines management	21
● Primary care	6
● Communications and engage...	6
● Corporate services	8
● Quality and safety	10
● Finance	5
● Business intelligence	9
● Contracting	4
● Provider Alliance / Shaping Ca...	1
● Prefer not to say	3
● Other	0



Comparison with 2020:

Similar number and spread of responses across the various directorates.

2. What are your current working arrangements?

89 responses

● Work from home	61
● Work from site	6
● Mix of home and site working	22



Insight:

Nearly 70% of respondents were working from home. The data shows that of these, 69% said they had adapted very well to their arrangements and 92% said they felt supported by their line manager.

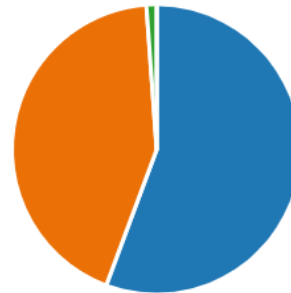
Comparison with 2020:

Similar number of responses and almost identical spread of working arrangements.

3. How well have you been able to adapt to your current working arrangements?

88 responses

● Very well	49
● Well	38
● Not well	1
● I've found it very difficult	0



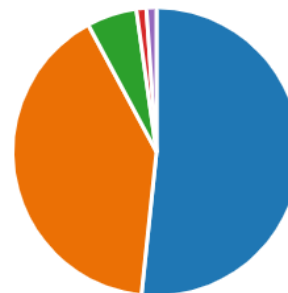
Comparison with 2020:

Similar number of responses, with an increase of those feeling they had adapted (either well or very well) by 24% and only 1 respondent not adapting well.

4. Do you have everything you need to support your current working arrangements?

89 responses

● Definitely yes	46
● Mostly yes	36
● I have around half the things I...	5
● Mostly no	1
● Definitely no	1



Insights:

The overwhelming majority of respondents felt they had what they needed. 54% answered definitely yes to this question and each of these also said they felt supported by their line manager.

Comparison with 2020:

Responses last year were yes or no with a quarter answering no. This year negative responses (mostly no and definitely no) accounted for just 2% of responses with positive responses (definitely yes and mostly yes) accounting for 92%. 5.6% said they had around half the things they needed.

5. What would help you better adapt your current working arrangements?

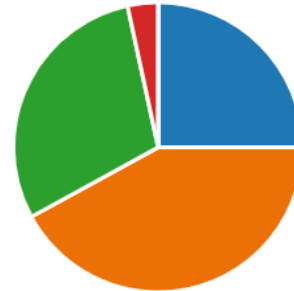
32 responses

General focus was on IT provision and Office Equipment

6. Do you feel you have been more or less productive in your current working arrangements?

88 responses

● A lot more	22
● More	37
● The same	26
● Less	3
● A lot less	0



Insights:

67% of respondents felt they were more or a lot more productive, with 30% feeling the same and just 3% feeling less productive. The reasons for feeling more productive outline below highlight benefits of remote working.

7. Outline the reasons for your answer:

75 responses

Comments and themes focused on the flexible approach to home working, reduction in travel time, less distractions, better work life balance.

One or two comments focused on how others felt that they would be more productive in an office environment. This reflects the percentage responses above.

8. Do you feel you have had better or worse work-life balance in your current working arrangements?

89 responses

● A lot better	32
● Better	32
● The same	17
● Worse	8
● A lot worse	0



Insight:

Nearly three quarters of respondents felt their work-life balance had improved. 37% of respondents felt their work life balance was 'a lot better' of these 94% said they had adapted very well to their working arrangements. Reasons outlined below highlight benefits greater flexibility have provided in balancing home life, particularly with regaining time lost to commuting.

9. Outline the reasons for your answer

74 responses

Reasons given highlighted the benefits of greater flexibility in balancing home life, particularly with regaining time lost to commuting.

10. During the pandemic, have you worked longer than your contracted hours each week?

86 responses

● No	19
● Yes: 1-2 hours extra	23
● Yes: 2-4 hours extra	18
● Yes: over 4 hours extra	26



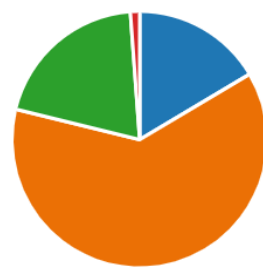
Insights:

78% of staff said they regularly worked longer than their contracted hours during the pandemic, with 30% saying they regularly worked half a day or more.

11. I feel the organisation recognises the extra work and effort I've put in through the pandemic

85 responses

● Strongly agree	14
● Agree	53
● Disagree	17
● Strongly disagree	1



Insight:

79% of respondents agreed or strongly agreed that the organisation recognised their efforts through the pandemic. However, 21% did not. Of those who said they 'agreed' 98% also said they felt valued by their Line Manager

12. What is working well with your current working arrangements that you would like to maintain if possible?

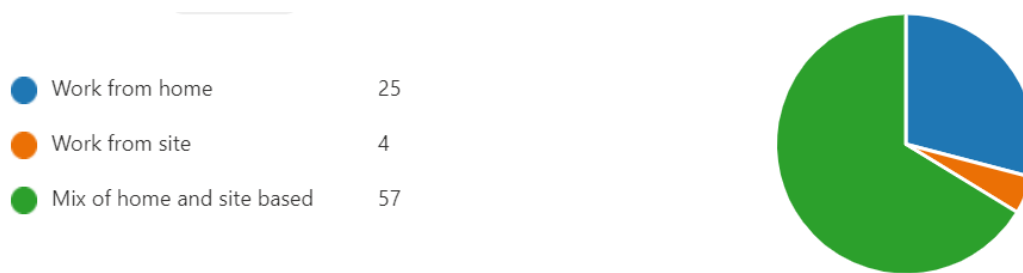
Responses highlighted the agile/flexible working model allowing for remote working and virtual meetings as the most common themes.

13. Is there anything from how you worked prior to the pandemic that you would like to be reinstated if possible?

Whilst responses to the previous question highlighted a desire to continue remote working, responses below highlighted that people were missing the human contact with colleagues and would like flexibility to facilitate both.

14. When we can change your current working arrangements, what would be your most preferred way of working in line with the service your team provides?

86 responses



Insights:

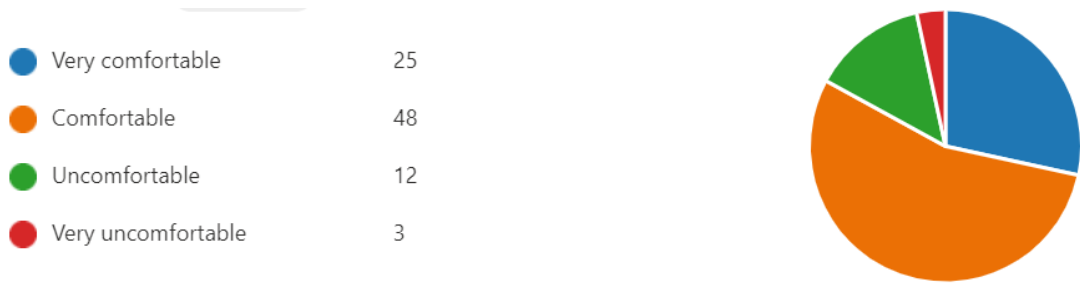
66% would like a mix of home and site-based working, of these the data shows 95% said they felt supported by their line manager. Of the 28% who wished to work from home, the data shows that 96% had said they were currently working from home and 74% said they had adapted very well to their working arrangements. A small number of respondents would prefer to work from site, of these the data from the survey shows they all said they had two doses of the vaccine and were 'very comfortable' with working on site.

Comparison with 2020:

Those who wanted to a mix of home and site-based work were virtually the same; 66% this year compared to 64% last year. There has been a small shift for the other options with 30% wanting to work from home, compared to 21% and 4% from site compared to 10% (from office).

15. When we can change our current working arrangements, how would you feel about returning to some site-based working as part of your working week?

88 responses



Insights:

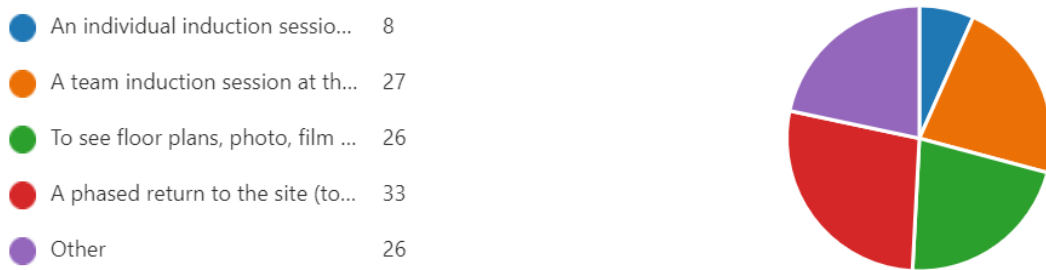
83% of respondents were comfortable or very comfortable with returning to site based working. The data shows that all those who responded to say they were very comfortable, also said they had received two vaccine doses. 17% were uncomfortable with returning to site based work.

16. Please outline your concerns and if possible, how you feel they could be addressed.

Responses highlighted concerns remain about the virus and infection prevention, especially in a hot-desking environment. Respondents are also reluctant to give up the benefits they have gained from remote working in terms of work-life balance.

17. What would help facilitate a return to site based work for you? Tick any that apply.

77 responses



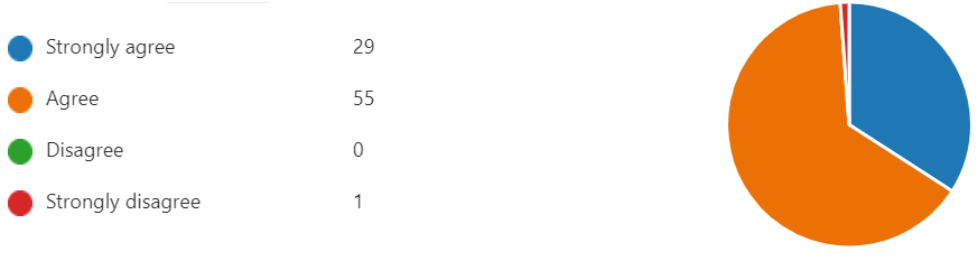
Insights:

A broad selection of tools were selected with a phased return slightly most popular.

Your views about your employer and quality standards

18. I would describe the CCGs as organisations that care for their people

85 responses

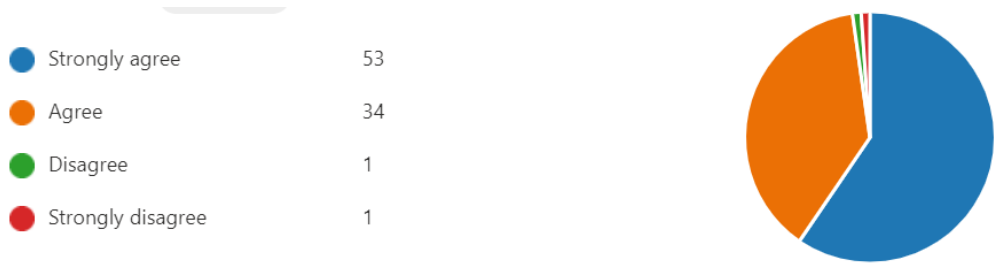


Comparison with 2020:

In both years the overwhelming majority agreed with this statement, with 99% either agreeing (65%) or strongly agreeing (34%) this year. In 2020, 11% responded that they neither agreed nor disagreed. In 2021 this category was removed, but this did not lead to an increase in respondents disagreeing.

19. I'm satisfied with the quality of service I and my team provide

89 responses



Insights

98% of respondents were satisfied with the quality of service they provided, with most strongly agreeing with this statement. Though as illustrated below 32% experienced barriers in providing the standards they aspired to. When asked about the barriers they faced, responses illustrated external factors such as situational barriers relating to COVID 19 restrictions and issues with partnership working.

20. Are there any barriers to providing the standard of service you aspire to?

87 responses

● Yes	28
● No	59



Comparison with 2020:

Last year the survey asked for views against the statement ‘I have what I need to perform my job effectively’. 88% either agreed strongly (53%) or agreed slightly (35%). This year 68% felt there were no barriers to providing the standard of service they aspire to, whilst 32% did. However it’s important to recognise that the difference in question may lead to different reflections, with this year’s responses including a number of external factors that created barriers – see below.

21. What are the barriers you face?

Responses highlighted common external factors such as restrictions due to the pandemic, issues with system working, capacity versus demand as well as internal issues with IT infrastructure both working at home and in Magdalen House.

22. What would enable you to provide a better quality of service?

Responses highlighted a range of things including improved IT infrastructure, greater cohesion across teams and partnership working.

23. The organisation values the views of its people

85 responses

● Strongly agree	31
● Agree	52
● Disagree	2
● Strongly disagree	0



Insights:

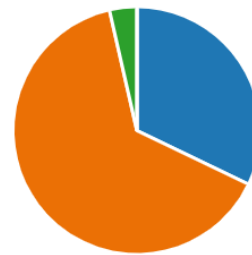
98% of respondents agreed or strongly agreed that the organisation values the views of its people. 94% of the 52 respondents who answered ‘agreed’ also agreed that the organisation cared for its people and also said they felt supported by their line manager.

Your views about feeling connected and your well-being

24. The CCGs are doing a good job of helping staff feel connected to each other

84 responses

● Strongly agree	27
● Agree	54
● Disagree	3
● Strongly disagree	0



Insights:

96% of respondents feel the organisation is doing a good job in keeping people connected.

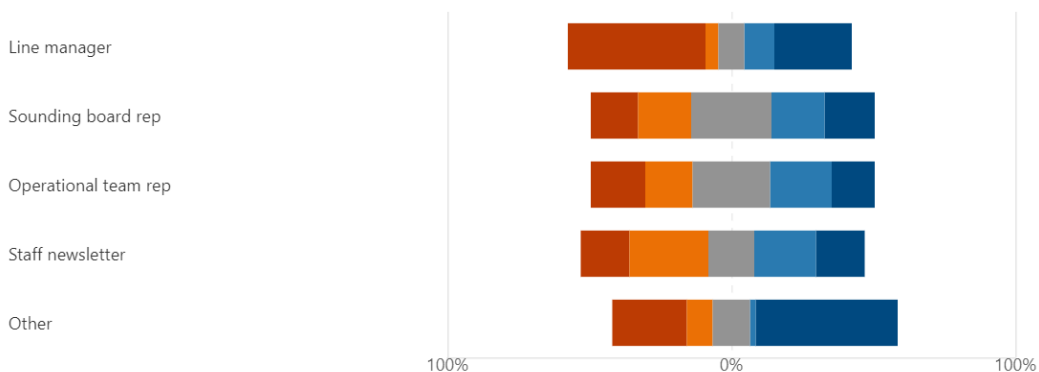
Comparison with 2020:

Last year 84% of respondents either strongly agreed (54%) or slightly agreed (30%), with 14% neither agreeing nor disagreeing. This year 96% either agreed or strongly agreed that the CCGs are doing a good job of keeping staff connected, an increase of 12%.

25. Number the following in order of how you most often hear about important information affecting your work

88 responses

■ 1 ■ 2 ■ 3 ■ 4 ■ 5



Insights:

The most prominent source of information selected was line manager with 48% selecting this first, followed by staff newsletter with 27% selecting this second, Sounding Board and Operational Team reps were closely third and fourth. Other sources were fifth and included those listed below, which commonly highlighted other colleagues.

26. If you chose other, please state where you most often hear about often important information.

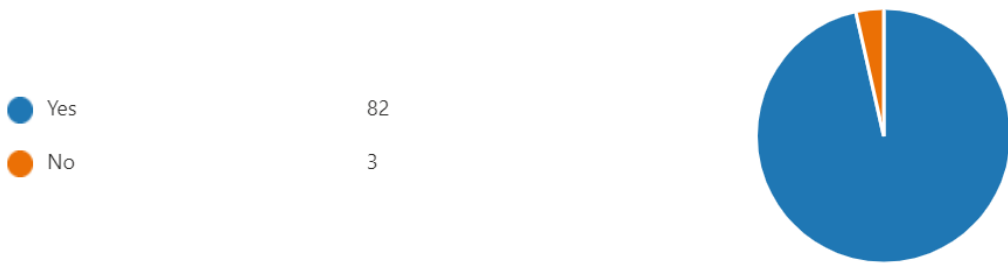
Responses ranged from hearing from Colleagues, Team meetings, from Line manager to National updates, Connections with other CCG's.

27. What suggestions do you have to create greater togetherness with colleagues and improve wellbeing?

Suggestions highlighted a desire for more face to face interaction with one another.

28. Do you feel supported by your line manager?

85 responses



Insights:

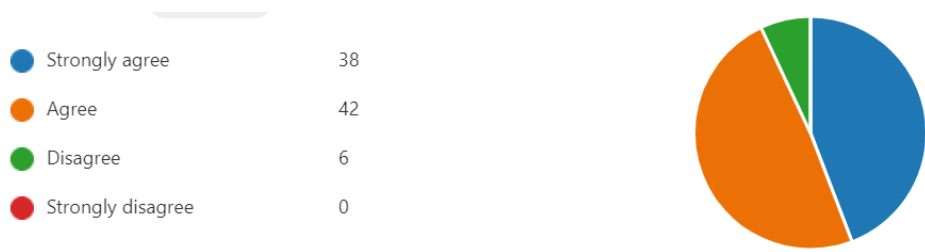
96% of respondents said they felt supported by their line manager.

Comparison with 2020:

Last year respondents were asked how far they agreed with this statement, 'I feel supported by my line manager and able to raise any concerns with them'. 84% either strongly agreed (66%) or slightly agreed (18%), 10% neither agreed nor disagreed and 5% slightly disagreed. This year the question was simplified to a yes or not response, to whether people felt supported by their line manager. 96% said yes, 4% said no.

29. I feel connected with my line manager and team

86 responses



Insight:

93% either agreed or strongly agreed that they felt connected with their line manager and team. For the 50% that responded with 'agreed' each of them said they felt supported by their line manager. The data also

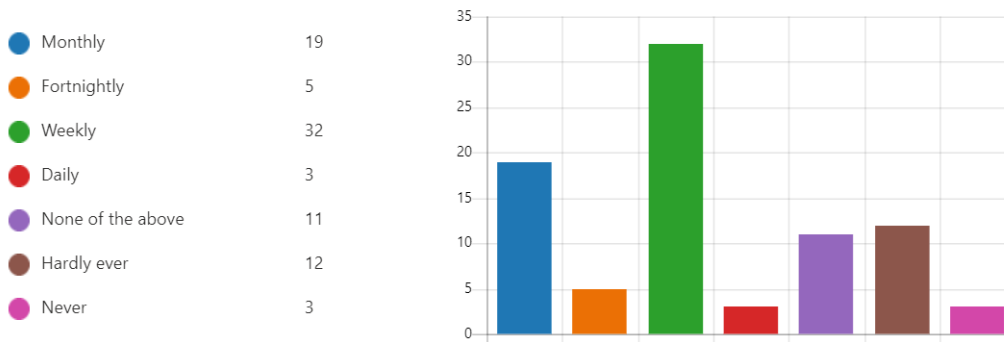
shows that those that responded with 'disagree', also said they hadn't had a discussion with their line manager about integration.

Comparison with 2020:

Last year this question asked only about feeling connected with team. 91% either strongly agreed (63%) or slightly agreed (28%), 8% neither agreed nor disagreed and 1% disagreed. This year 93% either agreed (49%) or strongly agreed (44%), whilst 7% disagreed with the statement.

30. How regularly do you discuss your wellbeing with your line manager?

85 responses



Insights:

Weekly wellbeing discussions with line managers were the most common. However nearly the same number of respondents (just 6 less), reported either no regular discussion, hardly ever or never with their line managers. Whilst the majority (59) reported having these discussions regularly, 26 were not having them, either regularly or at all. The data shows that all those who said they had fortnightly discussions also reported being more productive and those having weekly discussions with their line manager also said they felt supported by their line manager. The data also shows that those who felt supported by their line manager also reflected positively on the organisation as caring for and valuing the views of staff.

31. If you do have regular wellbeing discussions with your line manager how do you feel they benefit you?

Responses highlighted a seemingly mixed approach to wellbeing discussions but staff report feeling largely supported by their line manager.

32. Which health and wellbeing support have you used during the pandemic? (e.g. The NHS App, Wellbeing sessions from the North West Leadership Academy, Occupational Health, Resilience Hub, Information provided in Staff bulletin)

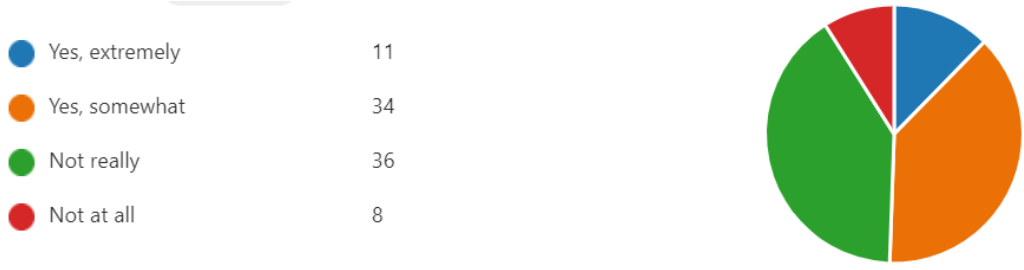
A considerable number of respondents had not used health and wellbeing support. Information provided via Staff Bulletin was referenced several times and several respondents were adopting self-help and/or connecting with colleagues for support.

33. Is there anything else you feel would support your health and wellbeing?

Similarly, many responses felt that more support was not required at this time. Others suggested ways to better manage meetings and workload and connect with colleagues.

34. Do you feel virtual fatigue (tired of constant virtual meetings and the feeling of being tied to your computer)?

89 responses

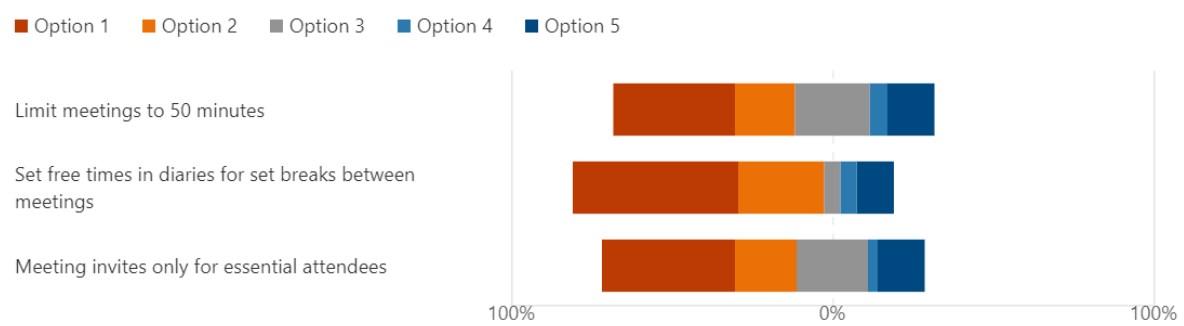


Insights:

There was an almost 50/50 split between feeling (45) and not feeling (44) virtual fatigue. The data shows that those who responded with 'yes, extremely', each said they were currently working from home. The data also shows that the 41% who responded 'not really', also said they felt supported by their line manager.

35. Which of the following would you like to see more to relieve virtual fatigue?

76 responses



Insights:

Setting free time in diaries for breaks was both the 1st and 2nd most popular choice. This was followed by having meetings to essential attendees only and then limiting meetings to 50 minutes.

36. Other - please state:

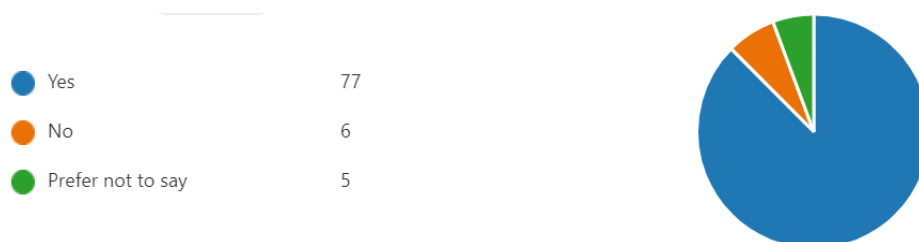
Some suggestions were put forward in relation to limiting the length of meetings to allow for breaks in between meeting to be able to process the information, avoiding putting meetings in over a potential lunch break, perhaps supporting with an etiquette guide.

37. Is there anything new that you think would benefit the way you work in the future?

Common responses highlighted a desire for a mix of virtual and face to face meetings dependent on need and capacity.

38. Are you eligible for the COVID vaccine at present?

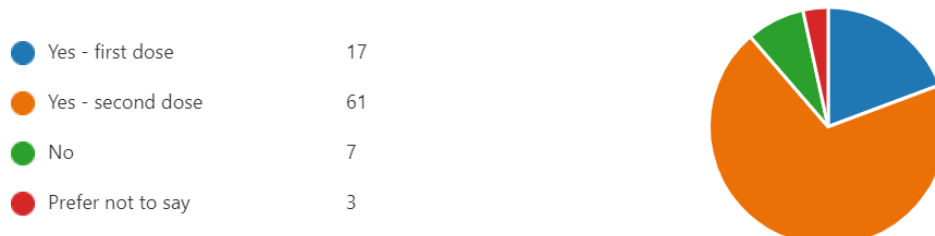
88 responses

**Insights:**

NB this survey was conducted prior to all over 18s being eligible.

39. Have you had your COVID vaccine yet?

88 responses

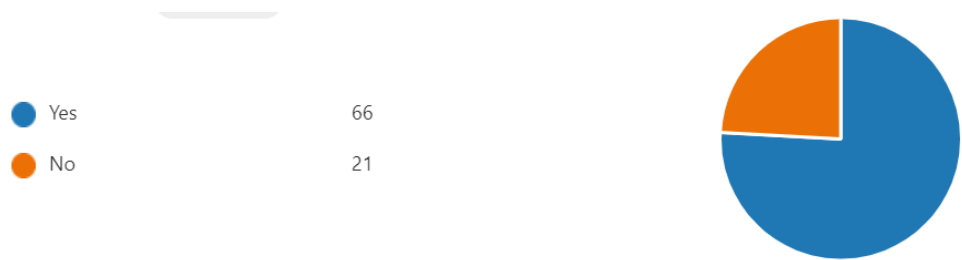
**Insights:**

69% of respondents had been fully vaccinated and the data shows that this includes all those who said they worked on site.

Your thoughts and feelings about integration (ICP/ICS) and the impact this will have on the CCGs

40. Has your line manager discussed integration (ICP/ICS) and what this means to the CCG, with you/your team?

87 responses

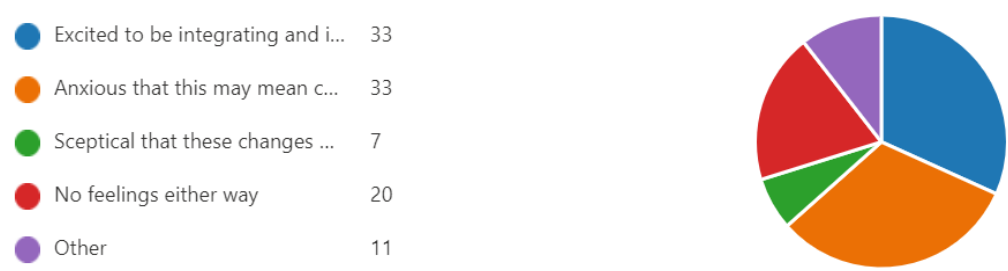


Insights:

Just over three quarters said they had discussed integration with their line manager and the data shows each of these also said they had felt supported by their line manager.

41. How do you feel about this expected transition? Tick all that are appropriate

85 responses



Insights:

39% of respondents said they felt excited and 39% also felt anxious about integration. 24% said they had no feelings either way, 13% selected other and 8% were skeptical.

42. What do you think will help you/your team as the organisations goes through this transition?

From the responses, whilst acknowledging existing communication so far, respondents commonly requested regular, clear information, particularly on how changes affect their roles and teams.

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/113	Author of the Paper: Debbie Fairclough Interim Programme Lead – Corporate Services Debbie.fairclough@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: September 2021								
Title: Primary Care Commissioning Committee Terms of Reference								
Summary/Key Issues: The Primary Care Commissioning Committees in Common met on 17 June 2021 and undertook annual review of the Terms of Reference. The attached Terms of Reference, with changes tracked, are recommended to the Governing Body by the committee for approval.								
Recommendation The Governing Body is asked to approve the Terms of Reference.		<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>Approve</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> </tr> <tr> <td>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 2021/22 *(x those that apply)*

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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		The proposed changes are minor and seek to strengthen the complaints management framework in place across the CCG.
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees		X		17 June 2021 - Primary Care Commissioning Committee

Primary Care Commissioning Committee

Terms of Reference

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to NHS Southport & Formby CCG. The delegation is set out in Schedule 1 of the NHS Act.

The CCG has established the NHS South Sefton CCG Primary Care Commissioning Committee (the “committee”). The committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. The Scheme of Reservation and Delegation is provided at Appendix 1.

The committee is established in accordance with NHS South Sefton CCGs’ constitution, standing orders and schemes of reservation and delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

The committee will oversee the effective commissioning of primary medical services and will provide assurances to the governing bodies on the arrangements in place and the outcomes achieved as a result.

It is a committee comprising representatives of the following organisations:

- NHS South Sefton CCG
- NHS England
- GPs/Primary Care
- HealthWatch
- Local Medical Committee (LMC)

This committee along with the Primary Care Commissioning Committee of NHS Southport and Formby CCG will meet as committees in common.

Statutory Framework

NHS England has delegated to the CCG, authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as agreed within the Delegation Agreement.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCGs acknowledge that in exercising its functions (including those delegated to them), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

The committee will also exercise the NHS England duties set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

The committee is established as a committee of the governing body of NHS South Sefton CCG in accordance with Schedule 1A of the NHS Act and in accordance with the relevant provisions as set out in the CCG's constitution.

The committee members acknowledge that the committee is subject to any directions made by NHS England or by the Secretary of state.

Role of the committee

NHS South Sefton CCG Primary Care Commissioning Committee (PCCC) will meet at the same time, in the same place with a shared agenda with NHS Southport and Formby CCG Primary Care Commissioning Committee (PCCC) and discharge the business under a "committees in common" arrangement. However, each respective PCCC remains accountable for decisions pertaining to their relevant CCG. The terms of reference, roles and responsibilities of each of the CCG's PCCC are aligned to ensure that "committees in common" meeting forum is able to function optimally.

The role of the NHS South Sefton CCG PCC is set out below:

The NHS South Sefton CCG PCCC has been established to enable the members to make collective decisions on the review, planning and procurement of primary care services in South Sefton under delegated authority from NHS England.

In performing its role the committee will exercise its management of the functions in accordance with the delegation agreement entered into between NHS England and NHS South Sefton CCG

The functions of the committee are undertaken in the context of a desire increase quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices,

- and removing a contract)
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
- Design of the Local Quality Contract
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).
- Receive and review complaints reports relevant to primary medical services
- Receive and have oversight of the implementation of quality improvement plans
- To support the CCG in discharging its statutory duty to improve quality in primary care by ensuring quality is reflected in all relevant proposals

The CCGs will also carry out the following activities:

- To plan, including needs assessment, primary [medical] care services in South Sefton.
- To undertake reviews of primary [medical] care services in South Sefton.
- To co-ordinate a common approach to the commissioning of primary care services generally
- To manage the budget for commissioning of primary [medical] care services in South Sefton accordance with the schemes of reservation and delegation.

Additional information on the role of the committee is provided at Appendix 2.

Membership

- 1 x lay member Patient and Public Involvement - Chair
- 1 x lay member Governance
- Chief Officer or nominated deputy
- Director of Commissioning and Re-design or nominated deputy
- Chief Nurse or nominated deputy
- Chief Finance Officer or nominated deputy
- 1 GP clinical lead – South Sefton
- NHSE representative

The Audit Committee Chair is prohibited from being the Chair or Vice Chair of the Primary Care Commissioning Committee as per the requirements stipulated in NHSE publication: *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017*
A vice chair will be selected from within the membership.

To support the “committees in common” meeting arrangement the Chair of South Sefton CCG PCCC and Southport and Formby CCG PCCC will act as “facilitator” on a six monthly rotational basis and preside over the running and conduct of the “committees in common” meeting.

In all cases the substantive decision making, as and when required, will remain with the relevant CCG’s PCCC and voting undertaken by the respective members only.

The following will be included on the committee as non-voting attendees:

- LMC representative
- Healthwatch Representative
- Health and Wellbeing representative

- Other relevant officers and external advisors will be invited to attend to ensure and enable the delivery of the functions of the committee.

Meetings and Voting

The committee will operate in accordance with the CCG's standing orders.

The secretary, who shall be the secretary to support the committees in common arrangements, will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than seven (7) working days before the date of the meeting.

When the Chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as they shall specify. If the matter is relevant to both CCGs, then a "committees in common" arrangement shall apply. In the event the matter is relevant to a single CCG then it will not be necessary to convene a "committees in common arrangement".

Each member of the NHS South Sefton CCG PCCC shall have one vote. The Committee shall reach decisions by a simple majority of members present, The aim of the committee will be to achieve consensus decision-making wherever possible.

In the event that a vote is required the Chair shall have the casting vote.

As this meeting is held in public there will at times be a need to complete some of the business of the committee in private and this part of the meeting and its agenda items will be closed to the public. NHS South Sefton CCG is open and transparent in its decision making and aims to ensure that all appropriate information is in the public domain. Unfortunately some of the business transacted can be commercial and in confidence and this work will form the private business of the committee.

Quorum

The Chair ~~or Vice Chair~~ of the committee must be present and three other members, at least one of which must be a member of the CCG Leadership Team of the CCG ~~and one other member present shall be a clinician.~~

A Vice Chair may be nominated by the membership in the event of the Chair being unable to attend. With the exception Audit Committee Chair who is prohibited from assuming the role of Chair, any other substantive voting member of the committee can be nominated to assume the role of Chair in these circumstances.

Frequency of meetings

The Committee shall meet bi-monthly and will meet as part of a "committees in common" arrangement with NHS South Sefton CCG PCCC.

Members of the committee have a collective responsibility for the operation of the committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Additionally members will be expected to:

- Attend meetings, having read all papers beforehand
- Act as 'champions', disseminating information and good practice as appropriate
- Identify agenda items to the Secretary of the committees in common at least fifteen

- working days before the meeting
- Submit papers at least ten (10) working days before the meeting
- Make open and honest declarations of their interests at the commencement of each meeting notifying the committee Chair of any agreed management arrangements, or to notify the committee Chair of any actual, potential or perceived conflict in advance of the meeting
- Uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements

The Committee may delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. In all circumstances the South Sefton PCCC will endeavour to seek agreement with South Sefton PCCC of any such delegations to support consistency of approach and continued alignment of ways of working.

Members of the committee shall respect confidentiality requirements as set out in the CCG's Standards of Business Conduct.

The committee will present its minutes to Cheshire and Merseyside sub regional teams of NHS England and the governing bodies of NHS South Sefton CCG each month or after each committee for information, including the minutes of any sub-groups to which responsibilities are delegated.

The CCGs will also comply with any reporting requirements set out in its constitution. These terms of reference will be reviewed on an annual basis.

Accountability of the committee

Budget and resource accountability arrangements and the decision-making scope of the committee have been agreed and are laid out with the scheme of reservation and delegation that have been approved by the CCG.

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation Agreement, the committee Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the members, the Delegation Agreement shall prevail.

The committee will publish, in line with national requirements all committee procurement decisions onto NHS South Sefton CCG Website.

The committee shall ensure that the CCGs engage and consult with the public and its members in the delivery of its functions.

Procurement of Agreed Services

The detailed arrangements regarding procurement are set out in the Delegation Agreement.

The South Sefton CCG Primary Care Commissioning Committee will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.

In discharging its responsibilities set out in Performance of the Delegated Functions, of the Delegation Agreement and paragraph 1 of Schedule 2 (Delegated Functions), the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG shall have regard to any relevant guidance, particularly Monitor's guidance Substantive guidance on the Procurement, Patient Choice and Competition

Regulation

Decisions

The Committee will make decisions within the bounds of its remit. The decisions of the committee shall be binding on NHS England and NHS South Sefton CCG.

The Committee will produce an executive summary report which will be presented to NHS England North (Cheshire and Merseyside) and the governing bodies of NHS South Sefton CCG each month/after each committees in common meeting for information.

The Committee shall publish its commissioning decisions on the CCGs websites in line with the requirements of transparency and management of conflicts.

Administrative Arrangements

The committees in common will be supported by an appropriate Secretary that will be responsible for supporting the Chair that is in occupying the “facilitation role” in the management of the committee’s business. The existing roles and responsibilities of the substantive Chair of the respective CCG’s PCCC remain extant and are unchanged regardless of which Chair is occupying the committees in common “facilitation role”.

The Secretary to the committees in common will ensure:

- Correct minutes are taken and once agreed by the Chair of each CCG’s PCCC, distributing minutes to the members within five working days of the meeting taking place
- A Key Issues report is produced following the meeting and submitted to the next meeting of the governing body
- An Action Log is produced following each meeting and any outstanding actions are carried forward until complete
- The agenda and accompanying papers are distributed to members at least five working days in advance of the meeting date
- They provide appropriate support to the Chair and Committee members
- The papers of the committee are filed in accordance with NHS South Sefton CCG policies and procedures
- The meetings of this Committee will be held in public to enable transparency of decision making. The guidance and arrangement for this is in Appendix 1
- The Work Plan will be agreed at the start of each financial year and will be approved by the Governing Body. The focus of the work programme will be in line with the strategic objectives of the CCG.

Version 3: May 2021

Review Date: March 2022

Primary Care Commissioning Committee – Scheme of Reservation and Delegation

<p>(Derived from the “Delegation Agreement”)</p>
<p>Matters reserved to NHS England</p> <ul style="list-style-type: none"> • management of the national performers list; • management of the revalidation and appraisal process; • administration of payments in circumstances where a performer is suspended and related performers list management activities; • Capital Expenditure Functions; • Section 7A Functions; • functions in relation to complaints management; • decisions in relation to the GP Access Fund; and • such other ancillary activities that are necessary in order to exercise the Reserved Functions.
<p>Matters delegated to the CCG’s Primary Care Commissioning Committee (PCCC)</p> <p>The Committee functions as a corporate decision making body as delegated to it by the Governing Body, and by NHS England (as set out in Schedule 2 in accordance with section 13Z of the NHS Act)</p> <p>The role of the Committee shall be to carry out the functions relating to the commissioning, procurement and management of primary general medical services under section 83 of the NHS Act except those relating to the Reserved Functions of NHS England. This includes but not limited to the following activities:</p> <ul style="list-style-type: none"> • GMS, PMS and APMS contracts. This includes decisions on the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract • decisions on newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”) • decisions on the Local Quality Contract (LQC) • decisions on design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)

- decisions about commissioning urgent care (including home visits as required) for out of area registered patients
- commissioning of primary care services delivered by non-GMS / PMS / APMS contracts
- decision making responsibility on whether to establish new GP practices (including branch surgeries) and closure of GP Practices in an area
- approving practice mergers
- decisions in relation to the management of poorly performing GP Practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- making decisions on 'discretionary' payment (e.g., returner/retainer schemes)
- manage the delegated budget for primary general medical care commissioning in South Sefton and Southport, which can include other budgets the CCG Governing Body determines as appropriate
- working collectively on Primary Care Education and Training
- overseeing the undertaking of needs assessment when and where appropriate
- deciding on whether to pool budgets with other commissioners of Primary Care
- consider, decide and ensure that the commissioning of primary general medical care is done within agreed available resources
- premises costs directions functions
- co-ordinate a common approach to the commissioning of primary general medical care services generally across South Sefton and Southport & Formby
- decisions on investment in Primary Care IT
- instruct and delegate actions to and receive reports from the CCG Primary (General Medical) Care Commissioning Operational Group (PCCOG)
- receive minutes of meetings, reports and updates on the monitoring of primary care quality from the CCG's Joint Quality and Performance Committee
- such ancillary activities as are necessary in order to exercise the delegated functions.

The role of the Primary Care Commissioning Committee (PCCC)

Essentially the PCCC will operate in a similar way to the governing bodies do in terms of presiding over the commissioning arrangements for hospital, continuing care and community services.

Like a governing body (with support from its relevant executive team) the role of the PCCC is to ensure there are sufficient resources in plan to enable:

1. Planning, including needs assessment, primary care services in the local area. To undertake reviews of primary [medical] care services in the area
2. Co-ordination of a common approach to the commissioning of primary care services generally
3. Effective management of the budget for commissioning of primary [medical] care services

As primary medical services commissioning is not a statutory function of a CCG, it is a “delegated” responsibility handed down (by agreement) by NHS England, then a separate committee is required to preside over those arrangements.

The Committee’s purpose is to ensure that appropriate primary care services are commissioned to serve the needs of residents and, in so doing, improve the efficiency, effectiveness, economy and quality of services, reduce inequalities and promote the involvement of patients and the public alike in the development of services.

Contracts and incentive schemes	
The PCCC is responsible ensuring there are resources and arrangements in place for the design and monitoring of a number primary medical services contracting models. The committee should ensure that primary care contracting staff apply the appropriate contract management principles such as taking contractual action, issuing breach/remedial notices and removing a contract.	
The PCCG should have oversight of finance, performance, risks and assurance that practices are complying with relevant NHS targets.	
General Medical Services (GMS),	Deliver core medical services and are agreed nationally. The funding for these types of contract is calculated based on the practice’s registered list size with a fixed, nationally agreed, price per patient, and the actual amount paid is calculated practice by practice
Alternative Provider of Medical Services (APMS) contract	Provide similar core medical services to GMS contracts and can also include extra health services that are considered to be ‘over and above’ the usual core services (for example, special clinics for homeless people in areas of high need, etc). PMS contracts make it possible to address specific local health needs. The funding for PMS contracts is worked out locally.

Personal Medical Services (PMS) contract	Contracts which can cover the provision of general medical services, as well as other locally developed services for a specific patient group.
Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)	<p>These are schemes designed to meet local needs.</p> <p>They are optional for Practices to provide.</p> <p>The CCG will usually consult with the LMC before they are issued, and we try to secure the best terms. It is an individual Practice decision to decide whether they want to sign up.</p>
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	The QOF is a voluntary reward and incentive programme. It rewards GP practices, in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.
Design of the Local Quality Contract	A locally agreed set of standards and performance measures for general practice.
<p>New GP practices and approving mergers:</p> <p>The PCCC is responsible for determining whether a new GP practice can be established in the area and is also responsible for approving practice mergers. This will be based on a number of factors that will be presented to the committee for review and consideration.</p> <p>The committee shall take into account a number of factors including, but not limited to choice, demand, authorisation with regulatory bodies (e.g. CQC) and access for patients</p>	
<p>Other duties</p> <p>In the same way that governing bodies have responsibility for ensuring compliance with statutory frameworks, and obtaining assurance on those arrangements the PCCC needs to operate in the same way to ensure compliance with the following key statutory duties:</p> <p>a) Management of conflicts of interest (particularly in decision making and awarding of contracts)</p>	

- b) Duty to promote the NHS Constitution (and the relevant standards – ensuring that contracts are designed in a way to align with constitutional standards)
- c) Duty to exercise its functions effectively, efficiently and economically (good financial stewardship and control)
- d) Duty as to improvement in quality of services
- e) Duty in relation to quality of primary medical services
- f) Duties as to reducing inequalities
- g) Duty to promote involvement of each patient. Section 14U of the Health and Social Act 2012 requires CCGs in exercising their functions, to promote the involvement of patients and their carers and representatives in decisions about their own care (shared decision-making)
- h) Duty as to patient choice – offering choice of more than one provider
- i) Duty as to promoting integration of commissioning and provision
- j) Public involvement and consultation

MEETING OF THE GOVERNING BODY SEPTEMBER 2021

Agenda Item: 21/114	Author of the Paper: Sharon Forrester Head of Commissioning and Delivery Urgent Care and Community Services Email: Sharon.forrester@southp ortandformbyccg.nhs.uk Tel:07906015833	Clinical Lead:						
Report date: September 2021								
Title: Integrated Intermediate Care Strategy								
<p>Summary/Key Issues:</p> <ul style="list-style-type: none"> • Intermediate Care is defined as a range of integrated services that promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living • The overall aim of this strategy is to reduce hospital admission, reduce the burden on acute hospital trusts, support more people to remain in their own homes during and following an episode of health and/or social decompensation and to reduce long term placements. • The strategy is aligned directly to the Aging Well Programme and the Sefton2gether strategy. • The strategy will allow for an integrated approach to commissioning for health and social care and pooled budget arrangements utilising the Better Care Fund. This will ensure that resource is invested where it is most needed. • There is currently an established intermediate care group, accountable for delivery. The Health and Well-being Board (HWBB) will oversee progress. • The attached report and Sefton Joint Intermediate Care Strategy 2021-24 is due to be presented to the HWBB for approval and may be subject to amends. 								
<p>Recommendation</p> <p>The Governing Body is asked to note the strategy and the governance arrangements and receive reports re: ongoing progress.</p>		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (<i>x those that apply</i>)	
x	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
x	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Engagement from 'big' and 'mini chats', Health Watch.
Clinical Engagement	x			Clinical lead oversight
Equality Impact Assessment		x		Not yet applicable
Legal Advice Sought			x	
Quality Impact Assessment		x		Not yet applicable
Resource Implications Considered	x			Need to consolidate overall budget within section 75 schedule of BCF
Locality Engagement	x			Multi – organisational attendance
Presented to other Committees	x			Presented to Health Watch and Programme delivery group

Report to the Governing Body September 2021

1. Executive Summary

Intermediate Care is defined as a range of integrated services that promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living

The overall aim of this strategy is to reduce hospital admission, reduce the burden on acute hospital trusts, support more people to remain in their own homes during and following an episode of health and/or social decompensation and to reduce long term placements.

The strategy is aligned directly to the Aging Well Programme and the Sefton2gether strategy.

The strategy will allow for an integrated approach to commissioning for health and social care and pooled budget arrangements utilising the Better Care Fund. This will ensure that resource is invested where it is most needed.

There is currently an established intermediate care group, accountable for delivery. The Health and Well-being Board (HWBB) will oversee progress.

Sharon Forrester
Head of Commissioning and Delivery Urgent Care and Community Services
September 2021

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 8 September 2021
Subject:	Integrated Intermediate Care Strategy		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member Adult Social Care Cabinet Member Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report presents to the Board the Sefton Joint Intermediate Care Strategy 2021-24 for approval.

Recommendation(s):

- (1) To approve the Sefton Joint Intermediate Care Strategy 2021-24
- (2) To note that that further reports will be submitted to the Board throughout the life of the strategy in order to provide updates on delivery of the strategy.

Reasons for the Recommendation(s):

The implementation of a joint Local Authority and Clinical Commissioning Groups (CCGs) Intermediate Care strategy is a key workstream of the Sefton Integrated Commissioning Group and the Health and Wellbeing Board will play a key role in supporting and overseeing its delivery.

Alternative Options Considered and Rejected: (including any Risk Implications)

1. **Maintain the Status Quo** – this option was considered and rejected as the Integrated Commissioning Group have identified that a key priority is an expansion of integrated working relating to the delivery of updated models of service delivery, which the strategy outlines and seeks to implement, which in turn will improve outcomes for Sefton Residents, including maintenance of their independence.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no revenue costs associated with this report. Any proposals arising from the delivery of the strategy which result in revenue costs will be subject to separate reports in line with Council governance and approval processes.

(B) Capital Costs

There are no capital costs associated with this report. Any proposals arising from the delivery of the strategy which result in revenue costs will be subject to separate reports in line with Council governance and approval processes.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
There are no resource implications arising from this report at this stage.	
Legal Implications:	
<ul style="list-style-type: none"> • Care Act 2014 • Care and Support Statutory Guidance • The Care and Support and After-Care (Choice of Accommodation Regulations) 2014 • National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 	
Equality Implications:	
The equality Implications have been identified and mitigated.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	
Have a neutral impact	Y
Have a negative impact	
The Author has undertaken the Climate Emergency training for report authors	Y

Contribution to the Council's Core Purpose:

Protect the most vulnerable:
The strategy outlines how services will be delivered so that they continue to meet the needs of vulnerable people.
Facilitate confident and resilient communities:

Delivery of the strategy will encompass a key focus on ensuring that the needs of the local population are met, and that people are supported to maintain their independence and remain part of their communities.
Commission, broker and provide core services: The strategy outlines the approach to joint strategic commissioning at a Sefton borough level and encourage greater integration and collaboration between Social Care and Health in order to achieve better outcomes.
Place – leadership and influencer: The strategy outlines to the market how Social Care and Health will work with the Provider market and ensure that it continues to meet needs.
Drivers of change and reform: The strategy is a key document outlining how change and reform in the delivery of services and patients / Service Users experiences will take place.
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.....) and the Chief Legal and Democratic Officer (LD.....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

This strategy has been informed by ongoing discussions with patients, carers, local residents and a wide range of stakeholders through the CCGs' "Big Chats", "Mini Chats" and other listening activities.

Implementation Date for the Decision

Immediately following the Board meeting.

Contact Officer:	Neil Watson
Telephone Number:	Tel: 0151 934 3744
Email Address:	neil.watson@sefton.gov.uk

Appendices:

Appendix A – Sefton Joint Intermediate Care Strategy 2021-24

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1. The overarching aspiration of the previously approved “Making it happen” Cabinet paper was that integration would become “business as usual” by 2020.
- 1.2. Integration was described as being clear why partners stand together, stepping outside institutional siloes and navigating multiple meanings of ‘place’. It means redesigning the health and social care landscape together, decommissioning services as well as creating new ones, sharing risks and jointly being responsible for what may be difficult decisions within a complex, challenging and changing system.
- 1.3. The Sefton Integrated Commissioning Group has previously defined the principles of integrated commissioning and identified areas of potential focus. The Group framed its ambition as the need to move towards a strategic commissioning approach by focusing on shared values including maximising population health outcomes, developing trust and transparency of the whole budget position, and supported by an open, positive culture.
- 1.4. A key focus of the Integrated Commissioning Group was the delivery of Intermediate Care services. Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.
- 1.5. To drive and support this work, the development of a joint strategy was a key identified workstream of the Integrated Commissioning Group and that its implementation should be subject to formal approval.

2. The Rationale and Development of the Strategy

- 2.1. The strategy has been produced in order communicate and outline how Sefton will deliver the overall aims of encouraging independence, avoiding unnecessary admission to hospital and to accelerate discharge from hospital, while ensuring that no long-term decisions about care and independence are taken in a hospital setting.

- 2.2. The strategy was developed following the alignment of a strategic vision for the borough or the place of Sefton via the Health and Wellbeing Strategy, Sefton2together and the NHS 5-year delivery plan.
- 2.3. The strategy outlines a joint health and social care commitment to making a real difference to the way services are delivered and the quality of the patient's individual experience of health and social care provision in Sefton.
- 2.4. As detailed in the strategy, its development was needed in order to address how Health and Social Care will meet the current and future needs of the Sefton population, and take into account the ageing population and the associated impact on the demand for services.
- 2.5. Delivery of the Strategy will form a key part of the Sefton Integrated Care Partnership and is an excellent example of what can be achieved through aligned commissioning, demand management and a focus on outcomes for the local population.

3. Key themes and Objectives within the Strategy

- 3.1. The strategy focusses on the following four models of intermediate care and how they will be delivered in an integrated way so that people can move easily between them, depending on their changing support needs;
 - Home-based intermediate care
 - Reablement
 - Bed-based intermediate care
 - Crisis response
- 3.2. The strategy highlights that care will largely be provided in the person's own home, but for those assessed as at risk if 24-hour care is not provided or their home is unsuitable, an intermediate care bed in a residential setting, or with some nursing care may be the only viable option to avoid hospital admission.
- 3.3. A key theme within the strategy is working to achieve the following outcomes;
 - Ensuring individuals receive care at the right time in the right place, reducing acute hospital admission and managing the projected increase in demand;
 - Ensuring decisions about long-term care are made only when individuals have had an opportunity for rehabilitation and recovery; and
 - Increase individual satisfaction and maximise independent living
- 3.4. The strategy also highlights that a key element of its delivery will be activities relating to commissioning and also engagement with key stakeholders throughout its life, in order to ensure that all partners are aware of required services and to ensure that any services commissioned meet the needs and aspirations of the local population.

- 3.5. The strategy is included as Appendix A of this report, however please note that it may be subject to further design changes in advance of it being fully published and disseminated to key Stakeholders.

4. Delivery of the Strategy and Governance Arrangements

- 4.1. As detailed in the strategy, its oversight ultimately rests with the Health and Wellbeing Board, however oversight will be conducted by the Programme Delivery Group.
- 4.2. In terms of the practical delivery of the strategy, an Operational Group will ensure that action plans and individual projects are managed, with this group including Providers delivering services.

5. Conclusion & Recommendations

- 5.1. The Intermediate Care Strategy has been developed to outline how key deliverables of the Health and Wellbeing Board will be realised. It takes into account that the elderly and frail population is projected to rise significantly and there are an increased number of people living longer with more complex health needs.
- 5.2. Health & Wellbeing Board are asked to approve the strategy and note the delivery and governance arrangements associated with it.
- 5.3. The Health & Wellbeing Board are also asked to note that it is intended that further reports will be submitted to the Board to report progress against the delivery of the strategy and any identified issues and themes.

Sefton Joint Intermediate Care Strategy 2021-2024

Master Version
Date: July 2021

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1. Executive Summary

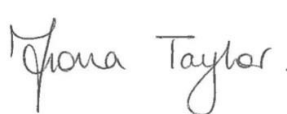

This strategy is the product of collaborative working with a range of professionals in both health and social care organisations from 2017 to date within the Integrated Community Reablement and Assessment Service (ICRAS). It is a combination of recommendations, values and beliefs, an understanding of what works well and what offers value for patients and these will shape the future development of an Intermediate Care Model for adults within Sefton, including ensuring that model implemented in Sefton is conversant with national discharge models and operating policies.

Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

This strategy sets out work undertaken to date and will lead to the delivery of an updated model of service delivery, designed to rebalance hospital and community care, provide home based intermediate care, reablement, bed based intermediate care and crisis response. The aim of which is to encourage independence, avoid unnecessary admission to hospital and accelerate discharge from hospital, while ensuring that no long-term decisions about care and independence are taken in a hospital setting.

This strategy will be underpinned with associated action plans to ensure adequate and timely delivery, and as a result the strategy will be a working document, subject to regular review in order to ensure that it reflects action plan progress and any newly emerging themes, findings and objectives.

Both health and social services are committed to making a real difference to the way services are delivered and the quality of the patient’s individual experience of health and social care provision in Sefton.

	
<p>Fiona Taylor Chief Officer NHS Southport and Formby CCG NHS South Sefton CCG</p>	<p>Deborah Butcher Executive Director of Adult Social Care and Health</p>

2. Vision

Both Sefton Clinical Commissioning Groups and Sefton Council envisage a seamless intermediate care service designed to enable and support people to remain in their own homes for as long as possible; living independently, increasing time spent with family and friends and reducing the need for longer term care provision.

3. Context

Sefton now has established an aligned strategic vision for the borough or the place of Sefton via the Health and Wellbeing Strategy, Sefton2together and the NHS 5-year delivery plan.

There is a clear ambition to grow its integration and build on the success of its established Better Care Fund, delivery of the services described in this strategy are key to this. Other interdependent strategies to be considered alongside this are described in section 3.3.

Governance oversight to this ultimately rests with the Health and Wellbeing Board and its delivery will be driven by Sefton's Integrated Commissioning Group.

The provision of Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Sefton health and social care integrated team have committed to work collaboratively to develop the model and supporting infrastructure needed for effective and efficient delivery.

3.1 Current and Future Demand

The Sefton Population Projections¹ identifies the following key facts.

- The estimated population of Sefton in 2018 was 275,396. The latest 2018 based population projections suggest an increase in population year on year rising over 6% to 292,176 in 2043. The biggest percentage increase is estimated to be among residents aged 65 and over, with this age group expected to rise by a third from 64,032 in 2018 to 85,198 by 2043 (from 23% of the population to 29% of the population). Every quinary age group above 65 is projected to have a significant increase, in particular those aged 85-89 projected to increase by 61% and those aged 90 and over by 95%.
- Sefton's 65+ population is 64,032 accounting for 23% of the total population and largely accounts for the projected future increases in the total population.
- Sefton already has a sizeable population of older people. As this grows, it will have a large impact on services and their ability to cope.
- Sefton has the highest proportion of residents aged 65+ and 75+ than the other local authorities within Liverpool City Region.

¹ Sefton Population Projections – 2018, Business Intelligence & Performance on behalf of Sefton Council

- An increasingly elderly population are likely to attend A&E and be admitted to hospital as a result of falls - 36% more by 2035².
- By 2035, it is projected that 38% more people aged 65 and over will have dementia. This will impact on their wider health and their care needs².
- In 2019, over 2,800 people are forecast to be living in a care home (with or without nursing) – there will be an increase of over 40% by 2035².
- Like most of the country Sefton has a growing and ageing demographic. By 2043 Sefton will have an overall forecast increase of 33% of residents who are 65+ and is set to account for 29% of Sefton’s population
- Current statistics show Sefton having the largest cohort of residents 65+ within the Liverpool City Region³.

Borough	Sefton	Wirral	St Helens	Halton	Knowsley	Liverpool
Age 65+	23.1%	21.3%	20.4%	17.9%	17.0%	14.6%

- A further analysis of the 23.1% of older Sefton residents by sub-areas is as follows;

Sefton	Southport	Formby	Maghull	Crosby	Bootle	Netherton
Age 65+	26.6%	31.4%	26.5%	21.7%	15.5%	17.5%

By way of summary, the Sefton Strategic Needs Assessment identifies Sefton as having a growing elderly population. Older people are more likely to develop complex and long term health conditions, which lead them to require increased health and social care.

Managing such increased demand will necessitate a new approach to service planning, enabling people to maximise their independence and decrease reliance upon acute and social care services.

3.2 Strategic Aims and Objectives

This strategy has been informed by ongoing discussions with patients, carers, local residents and a wide range of stakeholders through the CCGs’ “Big Chats”, “Mini Chats” and other listening activities and is congruent with the CCGs’ strategic priorities of:

- 3.2.1 Frail Elderly: to support the frail elderly, with long term conditions, to optimise self-care based in the community or home setting, while preventing unnecessary and unplanned admission to hospital;

² Projecting Older People Population Information System correct as 01/07/2020

³ Mid-Year Estimates 2018

- 3.2.2 **Unplanned Care:** to support patients of all ages to manage their healthcare needs at home or in the community setting, while preventing unnecessary and unplanned admission to hospital;
- 3.2.3 **Primary Care Transformation:** to support the healthcare needs of the population through enhanced primary and community care services, supporting self-care and enabling appropriate intervention at home or in the community and preventing unnecessary and unplanned admission to hospital.

Further, as part of the Intermediate Care and Reablement Scheme of the Better Care Fund for Sefton, the main scope of this scheme is to reduce hospital admissions and readmissions, reduce the need for ongoing care and support and to reduce the number of admissions into long term residential and nursing care.

3.3 Linkage with Other Strategies and Priorities

This strategy will both link to, and be informed by associated strategies, plans and priorities, including, but not limited to;

- 3.3.1 **Sefton Care Home Strategy 2021/24** – this developing strategy outlines a 3-year approach to this sector of care, providing a direction of travel for existing care providers and a clear indication to new providers wishing to become part of the Sefton Care Home market. Essential to the success of this strategy is strong leadership at all levels and across all agencies. Success will revolve around a commitment to supporting and delivering high quality care and the development of trusting, committed partnerships. The strategy will enable us to develop and communicate the long-term commissioning intentions, of which Intermediate Care services will be a part of;
- 3.3.2 **Sefton2gether** – this joint Council and CCGs plan has a focus on Early Intervention, Self-Care and Prevention and having Integrated Care Teams to ensure targeted care coordination.
<https://www.southportandformbyccg.nhs.uk/media/4044/sefton2gether-final-print-version-2020.pdf>
- 3.3.3 **Seftons Health & Wellbeing Strategy 2020-25** – this identifies that the Sefton health and care system, including wider partners, works together to meet the needs of our entire population. This means focusing on the areas of greatest need and ensuring the best use of available resources.
<https://www.sefton.gov.uk/media/1648266/sefton-health-and-wellbeing-strategy-2020-2025.pdf>
- 3.3.4 **Sefton’s Market Position Statement** – this is currently in draft and will be published shortly and sets out a direction of travel including strategic and legislative drivers that are influencing change. It provides information to the social care market on population needs, service demands, commissioning priorities and resource availability, to facilitate the effective planning and development of services and opportunities to meet the needs of our residents – both now and in the future, of which Intermediate Care type services will be a key element.

3.3.5 **Sefton’s Dementia Strategy** – in development due to be published September 2020, this outlines that positive, proactive approaches to service development providing individualised support can help ensure that physical and mental health are sustained as long as possible, that people live at home for as long as possible and that crises and unnecessary use of intensive costly services are minimised. It outlines the intention to ensure that older citizens experiencing dementia can access appropriate, joined-up services that are provided safely and effectively to maximise independence, choice and quality of life.

3.3.6 **Sefton Older People’s Strategy** – a key element of this strategy is the identification of the need to ensure that Older People are supported to keep independent and that improving Health and Social Care services is one of the biggest things that Older People identified can help them. The aims and objectives outlined in this Intermediate Care strategy support these aims.

<https://www.sefton.gov.uk/your-council/plans-policies/adults.aspx>

3.3.7 **Extra Care Housing** – The development of extra care across the borough as an alternative housing option to other more costly and restrictive options such as residential and nursing care is a key driver for Sefton. Extra Care Housing offers a self-contained home of your own where social activities are easy to find, and help is on hand if you need it. It is intended to enable and support older and vulnerable people to live independently for as long as possible, but with the reassurance that care and support services are available should they need them, either now or in the future. Our goal is to deliver 1,306 extra care units by 2035 this will then have significant impacts on our reliance on other more costly services across the spectrum.

<http://www.housingcare.org/jargon-extra-care-housing.aspx>

4. The National Model and Operating Policy

Underpinning and driving the delivery of this strategy will be the need to ensure that it supports and delivers a model in line with the *“Hospital discharge and community support: policy and operating model”* (July 2021).

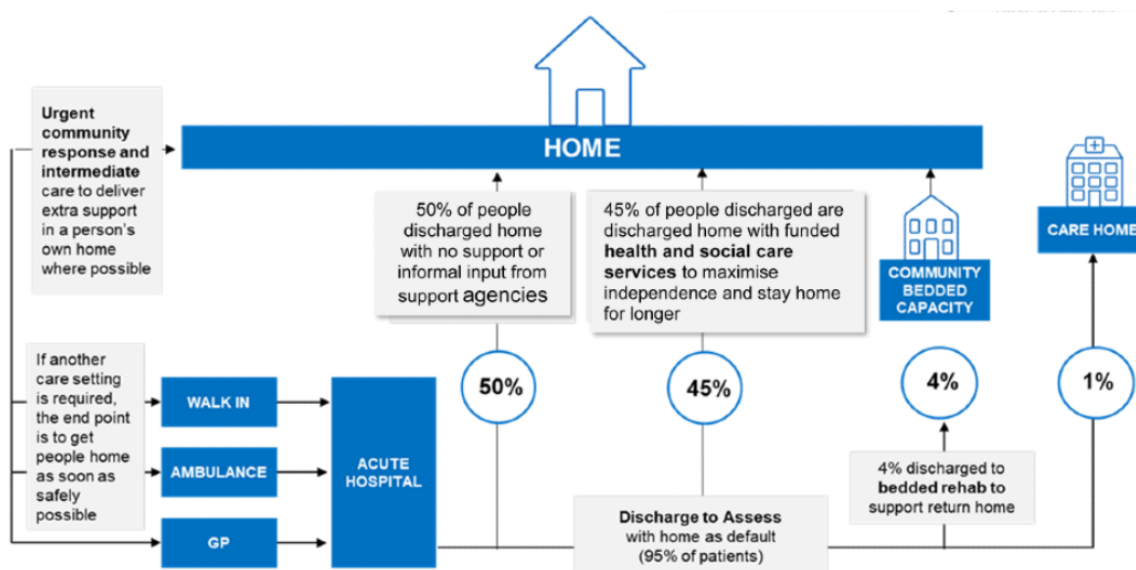
This document sets out the hospital discharge service operating model for all NHS trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England.

In summary, this model outlines the following four discharge pathways;

- **Pathway 0**
 - Likely to be minimum of 50% of people discharged:
 - simple discharge home
 - no new or additional support is required to get the person home or such support constitutes only:
 - informal input from support agencies

- a continuation of an existing health or social care support package that remained active while the person was in hospital
- **Pathway 1**
 - Likely to be minimum of 45% of people discharged: able to return home with new, additional or a restarted package of support from health and/or social care. This includes people requiring intensive support or 24-hour care at home.
 - Every effort should be made to follow Home First principles, allowing people to recover, reable, rehabilitate or die in their own home.
- **Pathway 2**
 - Likely to be maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, ideally before returning home
- **Pathway 3**
 - For people who require bed-based 24-hour care: includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged) plus existing care home residents returning to their care setting (for national data monitoring purposes, returning care home residents will count towards the 50% figure for Pathway 0).
 - Those discharged to a care home for the first time will have such complex needs that they are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs.

The following diagram also summarises the model;



(Source: Hospital discharge and community support: policy and operating model - July 2021)

People with Mental Health conditions such as delirium or dementia will better recover in their own home/care home as this is an environment that is familiar to them. Additionally, it is far more likely that an accurate assessment of long-term health and social care needs will be possible once they have returned to their own home as opposed to an unfamiliar and often confusing environment.

It is our commitment to continue to embed some of the principles of the discharge to assess and home first adapted for mental health care pathways, such as;

- Assessment of long-term care and support needs in the most appropriate setting and at the right time for a person.
- Instigation of care packages as soon as a person is ready to leave hospital, doing what is right by them and crucially removing delays and disputes over funding and responsibilities (and if needed resolving these after the discharge support has started).

The first few days and especially nights following discharge home of someone with dementia or delirium are usually the most challenging and therefore we will endeavour to ensure that the package of care is tailored to individual need and that we utilise other resources to support independence such as assistive technology.

5. Supporting Infrastructure

At present Sefton has the following four schemes / services of intermediate care to support delivery of the overall model;

- Home-based intermediate care
- Reablement
- Bed-based intermediate care
- Crisis response

However, a key deliverable for this strategy will be to review these schemes / services to ensure that their individual operating models are in line with the national model and to ensure that they have sufficient capacity within them to meet demand.

We are committed to implementing a Discharge to Recover model and ensuring that long-term care needs assessments not being performed in an acute hospital setting as such assessments will not reflect the abilities of a person and may lead to an over-prescription of care and support, persons should be allowed a period of recovery to give an accurate picture of their future needs.

These services will be delivered in an integrated way so that people can move easily between them, depending on their changing support needs. For most people interventions last up to 6 weeks. Services are delivered by a multidisciplinary team and most commonly by healthcare professionals and/or care staff.

5.1 Intermediate Care

Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

(<https://www.nice.org.uk/guidance/ng74/chapter/recommendations#intermediate-care>, 2017)

Intermediate care services are usually delivered for no longer than 6 weeks and can be as little as 1 to 2 weeks in duration. Four service models of intermediate care are available: bed based intermediate care, crisis response; home based intermediate care and reablement.

5.2 Core principles of intermediate care, including reablement

Collaborative working to develop goals which optimise independence and well being
 Person centred approach, taking into account cultural differences and preferences

Ensure good communication at all stages of assessment and delivery between intermediate care practitioners, other agencies, people using the service and their families and carers.

Intermediate care practitioners should

- Work in partnership with the person to find out what they want to achieve and understand what motivates them
- Focus on the person's own strengths and help them realise their potential to regain independence
- Build the persons knowledge, skills, resilience and confidence
- Learn to observe and guide and not automatically intervene, even when the person is struggling to perform an activity, such as independent dressing and meal preparation.
- Support positive risk taking

Ensure that the service user and or their family or carers know who to speak to if they have any questions or concerns about the service, and how to contact them.

Offer the person the information they need to make decisions about their care and support, and to get the most out of the intermediate care service. Offer this information in a range of accessible formats, for example:

- Verbally
- In written format
- In other accessible formats, such as braille or Easy Read
- Provided by a trained, qualified interpreter

5.3 Assessment of need for intermediate care

- be provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery;
- have a planned outcome of maximising independence and typically enabling patients and service users to resume living at home
- be time-limited, normally no longer than six weeks and frequently as little as a few days;
- involve cross-professional working, with a single assessment framework, single professional records and shared protocols;
- Inclusive of older people with mental health needs, either as a primary or secondary diagnosis.
- Intermediate Care services may also:
 - form part of the pathway for end of life care, if there are specific goals for the individual or carer that could be addressed in a limited time; or
 - link with longer term plans for support.

6. The Models of Care

The four models of care within the pathway will ensure a flow through intermediate care for the patient at a time and level as their need dictates. To be effective, the pathway relies on the interdependence and close alignment of health and community services, together with third sector services to ensure there all gaps in services are bridged and there are no delays in transfers of care.

Home based intermediate care

Home based intermediate care are community-based services that provide assessment and interventions for people in their own home or a care home setting, whether that is an older person or someone with a learning difficulty or other assessed needs. The aim is to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. Care will be provided through a multidisciplinary health and social care approach with agreed goals and support tailored to individual need.

There will be access to and the further development of assistive technology to promote independence at home e.g. telecare (such as pendant alarms and falls detectors), community equipment (such as beds, hoists and walking trolleys), and minor and major adaptations to the home (such as hand rails and ramps). The introduction of other forms of digital assistive technology such as telehealth and teletriage will be explored to support people to remain in their chosen place of home for as long as possible.

The Sefton Integrated Commissioning Group will ensure that the home-based intermediate care offer will allow professionals to build a package of care and support around individual needs therefore enabling independence. In addition, we will work with the voluntary, community and faith sector in the development of community centred models of support which can be utilised by individuals in the longer term to enable transition from intermediate care.

Reablement

Fundamental to the objective of this service is the principle of helping people to support them rather than 'doing it for them' or 'doing it to them'. Evidence shows that timely bursts of Reablement, focusing on skills for daily living in people's own homes, can enable people to live more independently and, in most cases, appropriately reduce their need for ongoing longer-term services.

As a result, the Sefton Integrated Commissioning Group will seek to expand the provision of such services so that they become the default pathway for people, thereby ensuring that when people do receive services, in the first instance they are supported to regain their independence as much as possible.

Bed Based Intermediate Care

Bed based intermediate care is designed to help people avoid hospital or get home sooner, recover from illness, and plan their future care. It is a model of care which sits at the heart of Sefton's vision for an integrated health and social care system.

Assessment and interventions provided in a bed-based setting are designed to reduce the risk of further deterioration in the person's condition which can lead to reduced independence.

Sefton integrated commissioning group will ensure bed based intermediate care services are provided in a range of appropriate environments to meet the needs of the individual. We aim to ensure sufficient capacity to ensure that adults can start the service within 2 days of referral from hospital or the community setting. The aim of this is to maximise outcomes, prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and support timely discharge from hospital.

Crisis / Rapid Response

Such services build on other existing short-term intervention services by also offering another mechanism to provide Domiciliary Care, Reablement tasks and practical support to enable Service Users who are medically stable, to remain safe and secure in their own homes when an acute situation occurs and who, without such support, may normally be admitted to Hospital or access other services such as longer-term care at home or in a care home setting.

As part of the implementation of this strategy, opportunities to develop such services will be considered, which will also encompass how such services can link with other services and provide timely interventions to people, thus reducing the need for an acute hospital admission and/or longer-term service.

6.1 WHO will deliver the care?

The intermediate care offer within Sefton will be provided through multidisciplinary teams and services working through an integrated model of service delivery to provide holistic short-term care interventions and rehabilitation. Key to the delivery of this model will be a single point of access for those referring into the service and a single assessment and care planning process approach. There is a need for further review and consideration of these enabling processes as part of the implementation of this strategy.

The intermediate care model will comprise:

- Nurses and health care assistants
- Allied health professionals e.g. occupational therapist, physiotherapist
- GP or Geriatrician
- Social workers
- Care workers e.g. within reablement and crisis response

There will be clear routes of referral and engagement with commonly used services, for example:

- General practice, pharmacy, podiatry
- Mental health and dementia services
- Housing services
- Voluntary, community and faith services

The intermediate care model will encompass a broad range of disciplines and skills and competencies to support effective service delivery. There will be flexible utilisation of the intermediate care workers between community and bed-based care; and greater interaction of

health and social care to enable education and development opportunities for care workers to create a robust workforce to support reablement and crisis response.

The intermediate care model will link closely with other developments within Sefton. This will include the integrated care teams which are delivered at a local level and whose remit is to proactively support service users and avoid reactive interaction with the urgent primary and secondary care systems. The integrated care teams will identify and refer individuals to intermediate care where required and will also provide follow on support after intermediate care. The intermediate care model will also establish links with a variety of additional key health and social care community services to include, *inter alia*, stroke, falls, continence and respiratory services, together with Continuing Health Care Teams, to ensure that each individual's care is person-centred and that their journey through the Intermediate Care pathway is timely and seamless.

6.2 WHERE care will be provided

Intermediate care will largely be provided in the person's own home, but for those assessed as at risk if 24-hour care is not provided or their home is unsuitable, an intermediate care bed in a residential setting, or with some nursing care may be the only viable option to avoid hospital admission.

6.3 WHEN care will be provided

Step up: the service will provide a proactive "rapid response" assessment within two hours of referral, providing an intervention in people's homes (or place of residence) with a view to avoiding admission to hospital.

Step down: the service will also 'in reach' into local acute services with a view to facilitating early discharge. Decisions relating to long term care will not be made in a hospital environment, but in the patient's home environment to promote and sustain independence and wellbeing.

6.4 How long will care be provided for?

Intermediate care should last no longer than 6 weeks and is a time-limited service with the intention of preventing unnecessary hospital admission, reducing lengths of stay in hospital and enabling patients to return home quickly by providing support in the community for a short period while on-going packages of care are commissioned from Adult Social Care.

It is goal-focussed and provides time for assessment and intervention based on specific, agreed outcomes to be achieved within days and weeks, supporting people to return to self-care.

6.5 Transition of Care

Transition of care will be effectively planned within the 6 weeks service duration and will run parallel with intermediate care interventions. This will enable the service user to exit the service smoothly and transition into any ongoing service provision, the aim of which is to enable and maximise independence at home.

Persons needing ongoing support will have had an equal partnership with the multidisciplinary team to enable them to make choices about their own care. They will be treated with dignity and respect throughout their transition.

A clear plan will be provided to the service user on transition with good communication between intermediate care teams and other agencies and on other types of support available.

A contingency plan will be agreed equally between parties with Information readily available about how to self-refer back to the service and how to contact the team if needed.

7 Outcomes

7.1 *Ensuring individuals receive care at the right time in the right place, reducing acute hospital admission and manage the projected increase in demand*

- We will agree a model across Sefton, in partnership between health and social care, independent sector and the third sector to agree a single model for intermediate care.
- We will review and develop team capacity in the community, together with community bed provision to take account of the projected increase in the elderly and frail population, while demonstrating value for money and effectiveness in reducing hospital admission.
- Organisational boundaries will not be allowed to obstruct or delay operation of the system. A cohesive team will ensure effective co-ordination and accountability for all members of the intermediate care teams.
- Develop clear and consistent referral pathways between intermediate care services, primary and secondary care and the Social Services, ensuring the single point of access is promoted widely.
- The strategy will be delivered through a patient-centred approach and implemented through working in a collaborative manner.

7.2 *Ensuring decisions about long term care are made only when individuals have had an opportunity for rehabilitation and recovery*

- We will ensure that patients are not transferred directly from a hospital ward to residential care (unless in exceptional circumstances) without being offered a period of intermediate care and reablement.
- We will ensure that individuals with complex health needs are treated fairly and offered rehabilitation prior to any decision being made about their long-term needs.
- In Sefton we will work to ensure access to high quality Care at a Fair cost of care that allows people to remain in their own home wherever possible, utilising the resource of residential or nursing home by those whose needs require it most.

7.3 *Increase individual satisfaction and maximise independent living*

- We will continue to monitor and review the pathway to ensure a fully integrated service.
- We will ensure our services are individual centred.
- We will introduce a new series of measures to performance manage the operation and delivery of the service, which will include continuous assessment of the individual experience.
- We will ensure individuals do not become delayed in the system or access intermediate care services for longer than necessary.

7.4 *Ensuring that models and services work for people with mental health problems, dementia and delirium*

- We will deliver services that reflect that an accurate assessment of long-term health and/or social care needs will be possible once someone with dementia or someone recovering from delirium is back in their own home/care home and very unlikely if undertaken in the unfamiliar and confusing environment of a hospital.
- We will ensure that when following the principles of Discharge to Assess and Home First for people with mental health conditions on mental health care pathways, there will be in place the delivery of more supportive care packages than usual, which will be person-centred and planned in conjunction with the person and any identified carers, family and/or friends.
- Care coordinator or relevant mental health clinician will be involved in the discharge planning for people with a pre-existing mental health concern who are known to mental health services, to ensure their mental health needs are considered as part of duties under the Mental Capacity Act (2005). For people where new mental health concerns are considered in light of discharge psychiatric liaison teams should be contacted by Case Managers in the first instance to review and assess as appropriate

8 Commissioning Approaches

- 8.1 A key element of this strategy is the service models for Intermediate Care services, and as a result Commissioners will need to ensure that services commissioned reflect these models, meet the desired outcomes and have sufficient capacity within them to meet demand.
- 8.2 Commissioning intentions and options will be outlined as part of the ongoing development of this strategy and the associated action plans, however it is important to initially highlight that these options could include;
- 8.2.1 Reconfiguring existing contractual arrangements to ensure that services are aligned to multi-disciplinary Teams in order to ensure that efficiencies are achieved and that there is the best use of available resources; and

8.2.2 Reviewing existing services in place to ascertain whether they can be expanded and/or remodelled in order to better meet the required models of service.

8.3 When commissioning proposals are formulated, both the CCGs and Council will ensure that the appropriate approval and procurement processes are adhered to, and that these intentions are outlined to all stakeholders.

9 Consultation & Engagement

9.1 Through the life of this strategy, all stakeholders will be consulted and engaged with to ensure that the strategy continues to identify emerging needs and remain aligned to other associated strategies and plans.

9.2 In addition, as part of the implementation of associated action plans, consultation and engagement will take place, for example with Service Users and Care Providers to ensure that commissioning activities take into account identified needs, desired outcomes, feedback on current services being delivered and Provider market factors.

10 Governance

10.1 As outlined earlier, oversight of this strategy ultimately rests with the Health and Wellbeing Board, however oversight will be conducted by the Programme Delivery Group.

10.2 As part of the implementation and delivery of the strategy an Operational Group will ensure that action plans and individual projects are managed, with this group including Providers delivering services.

10.3 Oversight and governance will also take place through other mechanisms such as the Better Care Fund and internal CCGs and Council bodies, for example when procurement activities are proposed.

10.4 The quality of the services provided will be monitored via contractual arrangements and regulated by the care quality commission who monitor, inspect and regulate service to ensure they meet fundamental standards of quality and safety.

11 Conclusion

11.1 Delivery of this Intermediate Care Strategy will be crucial in supporting the delivery of the CCGs and Councils aligned strategic aims. The strategy also represents key deliverables of the Health and Wellbeing Board and takes into account that the elderly and frail population is projected to rise significantly and there are an increased number of people living longer with more complex health needs.

11.2 Our challenge is to commission services upon which there will be growing demand, which offer a high standard of care within the current financial constraints.

- 11.3 The benefits for the Sefton population will be an increased quality of care and an environment where they are not admitted to hospital unless it is absolutely necessary and if admitted to hospital, ensuring that they are discharged quickly with services put in place to support them to resume independent living.

Appendix 1 - Terms used in this Strategy

Bed-based intermediate care

Assessment and interventions provided in a bed-based setting, such as an acute hospital, community hospital, residential care home, nursing home, stand-alone intermediate care facility, independent sector facility, local authority facility or other bed-based setting. Bed-based intermediate care aims to prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and to support timely discharge from hospital. For most people, interventions last up to 6 weeks. Services are usually delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).

Crisis response

Community-based services provided to people in their own home or a care home. These services aim to avoid hospital admissions. Crisis response usually involves an assessment, and may provide short-term interventions (usually up to 48 hours). Crisis response is delivered by a multidisciplinary team but most commonly by healthcare professionals.

Home-based intermediate care

Community-based services that provide assessment and interventions to people in their own home or a care home. These services aim to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. For most people interventions last up to 6 weeks. Services are delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).

Home care

Care provided in a person's own home by paid care workers which helps them with their daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by the local council or by the person receiving home care (or someone acting on their behalf).

Intermediate care

A range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Intermediate care services are usually delivered for no longer than 6 weeks and often for as little as 1 to 2 weeks. Four service models of intermediate care are available: bed-based intermediate care, crisis response, home-based intermediate care, and reablement.

Person-centred approach

An approach that puts the person at the centre of their support and goal planning. It is based around the person's strengths, needs, preferences and priorities. It involves treating them as an equal partner and considering whether they may benefit from intermediate care, regardless of their living arrangements, socioeconomic status or health conditions.

Positive risk taking

This involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether.

Reablement

Assessment and interventions provided to people in their home (or care home) aiming to help them recover skills and confidence and maximise their independence. For most people interventions last up to 6 weeks. Reablement is delivered by a multidisciplinary team but most commonly by social care practitioners.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 20 th May 2021	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
The CCG has reported that it has met its statutory duty / revised financial control total, by reporting break-even position within its draft accounts.	Subject to external audit review and opinion.	None

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

The committee received an update regarding CCG progress in relation to the People Plan and noted the actions contained within the staff Health and Wellbeing report.

The HR Performance dashboard was presented to the Committee.

The committee received an update on the Disciplinary Policy, noting that it had been extensively re-written and FLT recommended that the policy should be discussed further by the Governing Body to fully understand the implications. After discussing the policy, members of the committee noted that clarity was required relating to a point raised regarding the right to have Trade Union or other staff colleague representation and further assurance was requested to confirm that this right remained included within the policy. The Committee approved the policy subject to confirmation of this point.

The Committee approved the retirement policy and noted that a final change relating to individuals seeking to “retire and return” should be included within the policy.

The Committee received an update relating to Continuing Healthcare, highlighting a number of cases that are expected to be resolved beyond the current deadline. The financial impact has been assessed and included within the CCG’s draft accounts for 2020/21.

The Committee received an updated prescribing report and also received a verbal report updating the March position which noted that a slight benefit was reported compared to the estimate included within the draft accounts

The Committee approved the CCG's Prescribing Rebate Scheme, noting that this has been expanded to include primary care opportunities.

The Committee received an update on the CCG QIPP plan for 2021/22 noting that the financial framework will mean that system working will be required to deliver expected savings. The CCG's QIPP Delivery Group will prioritise the plan in the May meeting.

The Committee received an updated procurement schedule on the basis that current regulations remain unchanged. The Committee was asked to note that there may be new legislation introduced which impacts upon the schedule.

The Committee received the 20/21 Annual Health and Safety report, noting that the impact of COVID-19 has changed the way that the assessments have been undertaken.

The Committee received an update regarding progress on Digitising patient records, noting that the CCG is on target to meet plans to deliver digitisation in line with GP contract plan requirements.

The Committee was asked to note that the F&R annual report will be presented to the Governing Body in the June meeting.

The Committee noted that the process regarding primary care digital funding for 21/22 has yet to be confirmed.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 17 th June 2021	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<p>The CCG has developed a plan for H1 in conjunction with other CM CCG's which leaves a 2.9% QIPP target on influenceable spend. Reliance on national assumptions may create risks should local experience be different</p> <p>The CCG's underlying position remains challenged with an estimated deficit of c. £9m - £12m.</p>	<p>Potential overspending in key areas could mean that CCG does not deliver its statutory duty to break-even unless further mitigating actions are developed.</p>	<p>The CCG must continue to review all aspects of expenditure. The committee will receive monthly reports advising on risks and potential mitigations.</p> <p>The CCG must continue to work alongside local system partners to develop and implement QIPP and service improvement schemes to address financial sustainability of the CCG and wider system.</p>

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

<p>The Committee received an update on CHC, noting that the CCG was unlikely to meet the deadline for addressing the backlog, although overall numbers have reduced. Local pressures on staffing experienced by the provider may mean that there will be an additional financial pressure arising to the CCG although this may be mitigated through the Hospital Discharge Programme (HDP). The Committee will receive a further update on progress in July.</p> <p>The Committee approved the recommendation to sign up to the Dabigatran Etextilate (Pradaxa®) rebate scheme, noting that it was in line with CCG rebate scheme policy.</p>

The Committee approved the recommendation of the Pan Mersey Area Prescribing Committee to adopt commissioning policy for the following medicines,

- ROMIPLOSTIM – ELTROMBOPAG in idiopathic thrombocytopenia purpura (ITP), for first line use in Covid-19 pandemic
- FILGOTINIB tablets (Jyseleca®▼) for moderate to severe rheumatoid arthritis

The Committee received the QIPP report update and noted that work was continuing with system partners to develop schemes for implementation post COVID.

The Committee reviewed the CSU report and asked for further clarification regarding the split of costs relating to the HR service.

The Committee received a verbal update on the 21/22 IT Investment Plan and also progress on the GPIT Futures development. The Committee will receive further written updates on both items.

The Committee noted that it was Alison Ormrod, Deputy Chief Finance Officer's final meeting and thanked her for her contribution to the Committee and CCG during the last four and a half years.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

21.115b

Joint Quality and Performance Committee held on 29th April 2021

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<p>1) Mental Health Matters – lack of transparency by CWP in relation to long internal waits.</p> <p>2) Clarification on roles and responsibilities required in relation to referring in to the Mersey Care holding team to support Covid 19 vaccinations for patients with learning disabilities and autism</p>		<p>1) This is to be raised at Quality Surveillance Group and escalated to NHSEI. The provider had increased staffing to support. Recovery plan has been requested. An exercise to be undertaken to look back at serious incidents</p>
<p>3) EMIS issues impacting on clinical practice.</p>	<p>3) Impact on clinical practice.</p>	<p>3) To be placed on quality risk register. SBAR to be sent to NHSEI. Actions to be communicated to primary care.</p>
<p>4) Econsult issues impacting on clinical practice.</p>	<p>4) Impact on clinical practice.</p>	<p>4) Issues to be raised at PCN meeting in May 2021.</p>

5) Mental health support service for primary care - change made to the specification. Resulting in prescribing being undertaken by primary care clinicians own GP. The risk is that the valuable support mechanism has been changed in a way that will dissuade clinicians from using the service.

5) Primary care clinicians choosing not to access the mental health support service.

5) Risk to be added to quality risk register.

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

- Data Protection and Security Policy, Staff Code of Conduct and NHS South Sefton CCG and NHS Southport and Formby CCG Handbook approved subject to some minor amendments.
- Modern day slavery statement approved.
- Introduction to ADAM DPS recommended.
- First of a series of detailed reports received.
- Quality team plan, Committee work plan and quality priorities noted. To be ratified at the next meeting.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

21.115b

Joint Quality and Performance Committee held on 27th May 2021 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> 1) Additional capacity required for the CCG's complaints team 2) Further assurance required from SOHT on the safeguarding documentation audit as part of JTAI and safeguarding training 		<ol style="list-style-type: none"> 1) Additional capacity is being provided, with an over of additional support from the CCG 2) To be raised at the SOHT CF and CCQRM

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

- CCG's IG handbook, CCG's code of conduct, CCG's IG and data security and protection policies, the proposed approach to modern day slavery statement, quality priorities and Joint Quality and Performance Committee work plan were approved.
- Q4 safeguarding report presented to the Committee
- Rise in the number of children in care and therefore the demand for health assessments
- Ingrid Bell – New DCO to commence on 31st May 2021
- ADHD pathway for 16-25 year olds waiting times to be included in the IPR going forward

- Discussion to take place at Leadership Team meeting in relation to neurodevelopment pathway for 16 to 25 year olds
- SEND DfE revisit to take place on 22nd June 2021
- Individual placement support – summary and assessment of anonymous allegations received by NHS South Sefton CCG are being fully investigated. There is continued oversight from Leadership Team.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

21.115b

Joint Quality and Performance Committee held on 24th June 2021

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
A development session will be undertaken by JQPC committee members to gain some understanding of the impact of COVID-19 on Primary Care and the wider healthcare system. The committee will undertake a look back at the previous year and subsequently review the JQPC workplan	Understanding of the areas of risk that presented as a result of the pandemic and how this was managed by the CCG.	Chief Nurse and Quality Team to gather some information to help inform these discussions including: <ul style="list-style-type: none"> The effect of the pandemic on providers – Programme Manager to collate a summary of the provider Quality Accounts which will include responses to the pandemic. Summary of the transfer of quality to the ICS.
GP records may potentially be lost to history in primary care due to the transfer to electronic platform.	Record history being lost and not having access to all of patients notes. Impact to quality of clinical care.	GP to GP to be asked to temporary halt the destruction of paper records. Martin McDowell to take this forward as SIRO.
Neurology not accepting referrals from Primary Care	Impact on quality of patient care and treatment – potential delays to diagnosis and treatment – lack of continuity of care.	Martin McDowell to take this through contract route and directly to the Walton Centre for Neurology.

Lack of bed base at Stoddart House	Impact on patient care and treatment and patient flow	Jane Lunt to request LUHFT and MCFT to link in with each other to address this. This is also being picked up by the intermediate care board.
Information governance SOP approved at JQPC – Committees members asked for a flow chart to be shared with CCG staff	Lack of awareness of correct IG processes	Flowchart to be shared with CCG staff
CHC MCFT Backlog – provider failed to meet agreed deadline. Problems identified with internal management processes, training and capability of staff carrying out assessments and the overall quality of assessments.	Growing backlog impacting CHC patients, increasing number of assessments to address individual's needs not being undertaken.	NHSE/I have received an action plan from the CCG that was developed with the provider. CCG stepped up meetings with provider to weekly and taken steps to address the quality issues identified. A CPN is being issued to the provider by the CCG and NHSE are now monitoring the 28 day standard.

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

- A verbal update on Safeguarding Children Board arrangements was received. A paper to be presented at future meeting.

Key Issues Report to Primary Care Commissioning Committee in Common

South Sefton Primary Care Commissioning Committee Part 1, Thursday 17th June 2021

Chair: Dil Daly

Key Issue	Risk Identified	Mitigating Actions

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

- Summaries the changes made to the TOR
- LQC has been approved by the committee and confirmation gained that there is not cross subsidisation
- Temporary switch off e-consult outside of practice working hours

Key Issues Report to Governing Body

Leadership Team key issues – July - August

Chair: Fiona Taylor

Key Issue	Risk Identified	Mitigating Actions
<p>Early Supported Discharge – LT approved the continued commissioning of the ESD service at Southport and Ormskirk NHS trust recurrently and received an update around progress on the HASU pathway development.</p>	<p>Stroke services remain under pressure</p>	<p>Stroke review and ongoing support for the trust</p>
<p>ICS Development Advisory Group – LT received updates on the work of this group that is making good progress in exploring design options for the emergent system</p>	<p>ICS legislation not published so working in the absence of prescribed guidance</p>	<p>Legislation and guidance due in July. Partners engaged in design which will ensure strong models are being drafted</p>
<p>Termination of Pregnancy – SBAR. LT confirmed the addition of Marie Stopes as a choice provider though the central booking service</p>	<p>None</p>	
<p>ED Streaming and Navigator Role in S&O. LT approved the proposal.</p>	<p>None – post 50% funded by trust</p>	
<p>Medicines Management Team Governance Arrangements. LT received a paper documenting the</p>	<p>None</p>	

information governance arrangements that were in place across the team to enable them to support GP practices. The Leadership Team approved the information governance arrangements and requested final sign off by MMCD as SIRO.

Sefton CCG Estates Support Role Proposal – LT approved this additional support to assist with the move from Merton House.

Funded Nursing Care – LT received a comprehensive update on funded nursing care. F&R committee will continue to receive reports.

OT Sensory Review - Recurrent funding of up to £120k was approved by Leadership Team.

Closedown and Transfer Group TOR. This group is to be established as a sub-group of LT and will provide progress updates on a regular basis.

Financial implications

F&R committee will continue to review.

Information Points for Southport and Formby CCG Governing Body (for noting)

-

Key Issues Report to Governing Body

Leadership Team meeting held on 24.8.2021

Chair: Fiona Taylor

Key Issue	Risk Identified	Mitigating Actions
<p>Independent Sector Provision for Q3 21/22 Onwards – LT received an update on the approach relating to ICS providers. This will go to governing body in September.</p> <p>NW Regional Equalities Team Inclusive Job Adverts LT formally adopted the following statement as recommended by The CCG’s Equality and Inclusion team have recommended the following for approval by LT:</p> <p><i>“NHS Southport and Formby CCG/NHS South Sefton CCG is committed to promoting equality of opportunity, celebrating and valuing diversity and intersectionality and eliminating any form of unlawful discrimination of our workforce, ensuring our people are listened too and are truly representative of our diverse patients, communities and workforce: We aspire to understand, encourage and celebrate diversity in all its forms, therefore all individuals regardless of race, age, disability, ethnicity, religion, gender, gender reassignment, belief, sexual orientation, marriage, civil partnership are encouraged to apply for this post.</i></p>		

The “NHS Southport and Formby CCG/NHS South Sefton CCGs are engaged in the North West robust system of staff and inclusion networks across underrepresented groups and communities; It is the only NHS region to have a NHS Black, Asian and Minority Ethnic Assembly, which consists of 70 senior NHS leaders. The Assembly was established in 2020 with a mission of supporting NHS organisations to become Anti-Racist.”

Noted and approved

Information Points for Southport and Formby CCG Governing Body (for noting)

-

Finance and Resource Committee Approved Minutes

Thursday 20th May 2021, 1pm to 3pm
Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG	SC
Dr Pete Chamberlain	SSCCG Governing Body Chair	PC
Chrissie Cooke	Interim Chief Nurse, SS CCG	CC
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
Jan Leonard	Director of Place - North, SS CCG	JL
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Tracey Jeffes (Items FR21/167-8)	Director of Place – South, SS CCG	TJ
Jane Keenan (Items FR21/172)	CHC Programme Lead, S&F CCG	JK
Gill Roberts (Items FR21/170-71)	Senior HR Business Partner, People Services, Midlands & Lancashire CSU	GR
Louise Taylor (Items FR21/179-80)	Primary Care Business Change Manager – Informatics Merseyside	LT
Gary Holmes (Items FR21/181)	Health & Safety (Fire) and Security Officer	GH
Apologies		
Dr John Wray	GP Governing Body Member, SS CCG	JW
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Billie Dodd	Deputy Director of Commissioning and Delivery	BD
Minutes		
Christine O'Mara	Senior Administrator SS&SFCCG	COM

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

Name	Membership	May 2021												
Alan Sharples	Lay Member (Chair)	Y												
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG	Y												
Dr Pete Chamberlain	SS Governing Body Chair	Y												
Chrissie Cooke	Interim Chief Nurse	Y												
Tracy Jeffes	Director of Place – South SS CCG	Y												
Susanne Lynch	Head of Medicines Management	Y												
Martin McDowell	Chief Finance Officer	Y												
Alison Ormrod	Deputy Chief Finance Officer	A												
Dr Sunil Sapre	GP Governing Body Member	Y												
Dr John Wray	GP Governing Body Member	A												
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	Y												

No	Item	Action
General business		
FR21/63	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams.</p> <p>Apologies were received from Billie Dodd, John Wray and Alison Ormrod</p> <p>AS welcomed Steven Cox who has replaced Graham Bayliss as Vice Chair of the committee.</p>	
FR21/64	<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 (CCG).</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 & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR21/65	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 18th March 2021 and 14th April 2021 were approved as true and accurate records.</p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting on 18 March 2021..</p>	
FR21/66	<p>Action points from the previous meeting</p> <p>FR21/29 - Out of Hours / Lone Working Procedure</p> <p>GH provided an update noting that work is progressing with the CSU to acquire safety devices and the funding has been authorised. The procedure can be incorporated into the policy once the devices are procured and in operation. Training relating to situational management will also be provided.</p> <p>FLT confirmed that most staff are currently working from home, with the Meds Managements Team regularly working from Magdalen House. SL advised that a full risk assessment currently takes place for any patient visit and if there any risks are identified, then two staff will make the visit in separate cars.</p>	

No	Item	Action
	<p>FR21/46 - Prescribing Report</p> <p>To be carried forward to the next meeting</p> <p>FR21/53 Update on Digital Funding Streams 20/21: Year-End Report</p> <p>Report received and item closed</p> <p>FR21/62 CHC Fee Rates 2021/22 – Tiered Pricing Approach and Implementation of the Adam DPS Quality Tool</p> <p>CC noted that there is a new programme manager joining the CCG in June who will lead on this programme. It was agreed to carry forward the items to the June F&R committee meeting</p> <p>FLT confirmed that the Joint Care Home Strategy will be discussed at the next Governing Body meeting.</p> <p>CC noted that the DPS Quality Tool has been presented to the Joint Quality and Performance Committee - Item closed</p> <p><i>It was noted that all other actions on the action tracker following the March and April 2021 meetings had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	
HR		
FR21/67	<p>Item FR21/181 – 2021 Annual Health and Safety Report was presented prior to this item</p> <p>NHS People Plan Update</p> <p>TJ presented the NHS People Plan update noting the following points;</p> <ul style="list-style-type: none"> • Most of the actions in the CCG plan have either been completed or are on track to be completed. • The Leadership Team kee oversight of the actions. <p>Questions and comments;</p> <ul style="list-style-type: none"> • AS noted that the target dates on some amber items should be updated – TJ to action. <p><i>The committee received this report.</i></p>	TJ
FR21/68	<p>Health & Wellbeing Programmes</p> <p>TJ presented the Health and Wellbeing programme noting the following points;</p> <ul style="list-style-type: none"> • Boo Stone (BS) is providing leadership in the CCG on the programme. • The report highlights the detail of work of health and wellbeing co-ordinator. • BS plans to extend good practice into our GP bulletins. 	

No	Item	Action
	<p>Questions and comments;</p> <ul style="list-style-type: none"> • FLT noted that she was pleased that a member of staff had volunteered for the role. • FLT reported that there is some free Mental Health First Aid online training being offered to staff. • FLT noted that a wellbeing staff survey is currently taking place. • FLT noted that SC's role incorporates the PPI lead and wellbeing champion. • AS noted that the staff survey was useful, easy to follow and well presented. TJ to feed back to Jamie Murphy in the Communications Team. • TJ noted that an OD plan is in production • PC commented that the work being undertaken was excellent and asked regarding the next steps. FLT responded outlining the CCG's future strategy. <p><i>The committee received this report.</i></p>	
FR21/69	<p>HR Performance Report</p> <p>GR presented the HR Performance Report noting the following points;</p> <ul style="list-style-type: none"> • High level Summary of HR dashboard, there is an improvement in PDRs, statutory and mandatory training figures. This is linked to pay progression criteria which is having a positive impact. • Sickness levels have decreased. <p>No questions and comments</p> <p><i>The committee received this report.</i></p>	
<i>Policies for Approval</i>		
FR21/70	<p>Disciplinary Policy</p> <p>GR presented the policy for approval.</p> <ul style="list-style-type: none"> • The Committee received an update on the Disciplinary Policy, noting that it had been extensively re-written following the Harding Review. <p>Questions and comments;</p> <ul style="list-style-type: none"> • FLT noted that this policy would be incorporated into management training and development sessions once ratified. • FLT recommended that the policy should be discussed further by the CCG Governing Body to fully understand the differences in terms of level of seriousness. • A discussion followed regarding the omission of the 'right to representation by a recognised trade union representative or workplace colleague through all formal stages of the disciplinary procedure.' sentence in the statement on page 90 of the pack. <p><i>The committee approved the policy - subject the wording relating to the right to representation being reinstated in the introduction statement and other minor grammatical amendments.</i></p>	

No	Item	Action
FR21/71	<p>Retirement Policy</p> <ul style="list-style-type: none"> GR presented the policy for approval noting there was an amendment at point 1.15 of the People Plan, to incorporate the advice that staff seek own independent financial advice before committing to retire and return. <p><i>The committee approved the policy</i></p>	
<i>Continuing Healthcare</i>		
FR21/72	<p>Continuing Healthcare Update</p> <p>JK presented an update report on Continuing Healthcare (CHC).</p> <ul style="list-style-type: none"> The Committee received an update relating to Continuing Healthcare, highlighting a number of cases that are expected to be resolved beyond the current deadline which has been extended. There are pressures on staff involved in terms of undertaking reviews. The financial impact has been assessed and included within the CCG's final accounts for 2020/21. <p>Questions and comments;</p> <ul style="list-style-type: none"> AS expressed his appreciation to the team for all their work, acknowledging how difficult and frustrating it had been. <p><i>The committee received this update report.</i></p> <p><i>JK left the meeting</i></p>	
<i>Prescribing</i>		
FR21/73	<p>Prescribing Report – Month 11 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 11.</p> <ul style="list-style-type: none"> The Committee received an updated prescribing report noting that a slight benefit was reported compared to the estimate included within the draft accounts. <p>Questions and comments;</p> <ul style="list-style-type: none"> AS expressed his appreciation to the team for all their work. MMcD confirmed savings made were reinvested into expansion of the team. <p><i>The committee received this report.</i></p> <p><i>PC left the meeting</i></p>	
FR21/74	<p>Prescribing Rebate Scheme: Lokelma® (sodium zirconium cyclosilicate) rebate scheme</p> <ul style="list-style-type: none"> SL presented a paper with the recommendation to approve the renewal of the Lokelma® (sodium zirconium cyclosilicate) rebate scheme. 	

No	Item	Action
	<i>The committee approved the renewal of the Lokelma® (sodium zirconium cyclosilicate) rebate scheme.</i>	
Finance		
FR21/75	<p>Finance Report - Month 12 2020/21</p> <p>MMcD provided an overview of the month 12 2020/21 financial position for Southport & Formby CCG as at 31st March 2021. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The report confirms that SSCCG has submitted annual accounts that confirm a break-even position for the year. • The report is subject to the external audit review which is due to report back to the CCG's Audit Committee on June 10th. <p>Questions and comments;</p> <ul style="list-style-type: none"> • FLT noted that it had been an unusual year and she would like to take the opportunity to express her appreciation to the Finance Team for their work. <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	
FR21/76	<p>QIPP Update Report – May 2021</p> <p>MMcD presented the QIPP update and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> • The Committee received an update on the CCG QIPP plan for 2021/22 noting that the financial framework will mean that system working will be required to deliver expected savings. The CCG's QIPP Delivery Group will prioritise the plan in the May meeting using the Road Map process. • MMcD further noted that the group would be working with the newly appointed Turnaround Director in LUFT who has previously worked with the CCG. • MMcD noted that innovation and productivity is part of the group's remit and would be looking at these opportunities as part of the draft plan. <p><i>The committee received this report.</i></p>	
Contracts		
FR21/77	<p>CCG Procurement Schedule</p> <p>MMcD provided an update and brought the following point to the committee's attention;</p> <ul style="list-style-type: none"> • MMcD noted this was from the Commissioning team and was a forward view regarding the current status of contracts and what procurements will need to take place. He further noted this is a joint paper with Southport and Formby. He reported that further updates will come to future meetings. 	

No	Item	Action
	<p>Questions and comments;</p> <ul style="list-style-type: none"> AS noted that if it was a normal year the committee would be making strategic positions moving forward. FLT noted that some of the contracts were due to terminate on 31st March and these were the basis for a discussion with the ICS in relation to arrangements for April 2022 onwards. SLT and the GB will be reviewing on a regular basis. <p><i>The committee received this report.</i></p>	
<i>Committee Governance</i>		
FR21/78	<p>Draft F&R Committee Annual Report</p> <ul style="list-style-type: none"> AS presented the draft F&R Committee Annual Report. <p>Questions and comments;</p> <ul style="list-style-type: none"> FLT noted that it was very helpful to see a concise summary of the year's activity in one document and thanked the Chair for the critical challenge and professionalism. SL thanked AS for the comments supporting the medicines management team, which she would share with the team <p><i>The committee received this report which will be presented to the Governing Board on 3 June, after minor amendments.</i></p>	
<i>IT</i>		
FR21/79	<p>Update on Primary Care Digitisation</p> <p>Louise Taylor joined the meeting MMcD and LT presented an update on Primary Care Digitisation.</p> <ul style="list-style-type: none"> The Committee received an update regarding progress on Digitising patient records, noting that the CCG is on target to meet plans to deliver digitisation in line with GP contract plan requirements. <p>Questions and comments</p> <ul style="list-style-type: none"> FLT noted that following the completion of phase 2 there be a different process in place for the digitalisation of new patient records. MMcD left the meeting. FLT further noted that the process was to be discussed with the ICS moving forward. <p><i>The committee received this presentation.</i></p>	
FR21/80	<p>Update on Digital Bids</p> <p>FLT noted that there was no news on the funding allocation yet.</p>	

No	Item	Action
	<i>The committee received this verbal update.</i>	
Estates		
FR21/81	<p>2021 Annual Health and Safety Report – presented prior to item FR21/167</p> <p>MMcD – noted that this item was the 2021 Health and Safety Annual Report not Estate Update as listed in the agenda.</p> <p>GH presented the report noting the following points;</p> <ul style="list-style-type: none"> • There have been no site visits due to the COVID pandemic, this has been mitigated due to reduced occupancy. • There has been no face to face training. • No incidents relating to breaches or incidents have been recorded. • Workstation assessments have taken place remotely. • There have been no legislative updates. • There is an additional objective for 21/22 to support the CCG during the pandemic and the recovery period. <p>Questions and comments;</p> <ul style="list-style-type: none"> • AS enquired if there were any plans to increase the training figures. FLT noted that mandatory training is connected to pay and appraisals, the figures will increase as the CCG’s conducts its appraisals. • PC enquired if there was any legislation in place for staff working on an agile basis. CC noted that there are regular well-being meetings with staff taking place, there is equipment being provided to facilitate home working and there is a grant available for staff to purchase additional resources as needed. It was also reported that staff have the opportunity to raise concerns via a number of different routes. • GH noted that the CCGs have been very proactive in supporting staff during the pandemic. He further noted that there would be a more formal set of Risk Assessments and escalation procedures in place once Covid guidelines change. <p>GH left the meeting</p> <p><i>The committee received this report.</i></p>	
Minutes of Steering Groups to be formally received		
FR21/82	<p>Minutes of Steering / Sub-Groups to be formally received</p> <p>The committee received the minutes of the following steering / sub-group meetings:</p> <ul style="list-style-type: none"> • Joint QIPP Delivery Group – February 2021 • IMT – March 2021 	
Closing business		

No	Item	Action
FR21/83	Any Other Business	
FR21/84	<p>Review of Meeting AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <ul style="list-style-type: none"> • SC – it was the first meeting, I would suggest an option to include page numbers in the agenda moving forward if feasible. • CC – agreed with the above suggestion and noted it was a helpful meeting. • SS – noted that the meeting had run smoothly, with no issues and finished on time. • FLT – thanked AS for efficiently and effectively chairing the meeting. • SL – nothing to add. 	
FR21/85	<p>Key Issues Review FLT highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meetings:</p> <p>Next Main F&R Committee Meeting: Thursday 17th June 2021 1pm to 3pm Microsoft Teams</p>	

Finance and Resource Committee Approved Minutes

Thursday 17 June 2021, 1pm to 3pm
Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG	SC
Chrissie Cooke	Interim Chief Nurse, SS CCG	CC
Tracy Jeffes	Director of Place – South, SS CCG	TJ
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Jane Keenan	Interim CHC Programme Lead, SS CCG	JK
Paul Shillcock	Accounts/Training Manager – Informatics Merseyside	PS
Fiona Doherty	Head of Strategies and Outcomes	FD
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF
Minutes		
Sandra Smith	PA to Finance Director	SSm

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

Name	Membership	April 2021	May 2021	June 2021									
Alan Sharples	Lay Member (Chair)		Y	Y									
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG		Y	A									
Dr Pete Chamberlain	SS Governing Body Chair		Y	A									
Chrissie Cooke	Interim Chief Nurse		Y	Y									
Tracy Jeffes	Director of Place – South SS CCG		Y	A									
Susanne Lynch	Head of Medicines Management		Y	Y									
Martin McDowell	Chief Finance Officer		Y	Y									
Alison Ormrod	Deputy Chief Finance Officer		A	A									
Dr Sunil Sapre	GP Governing Body Member		Y	Y									
Dr John Wray	GP Governing Body Member		A	A									
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)		Y	A									

No	Item	Action
General business		
FR21/86 (a) (b)	Apologies for absence Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams. Apologies were received from Steve Cox, John Wray, and Alison Ormrod	
FR21/87 (a) (b)	Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group (CCG). 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 . Declarations of interest from today's meeting <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 & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR21/88 (a) (b) (c) (d) (e)	Minutes of the previous meeting and key issues The minutes of the previous meeting held on 18 th March 2021 and 14 th April 2021 were approved as true and accurate records. The key issues log was approved as an accurate reflection of the main issues from the previous meeting on 20 May 2021. FR21/72 Continuing Healthcare Update JK commented on the wording within this point, it was agreed that the financial impact has been estimated, rather than assessed. This change of wording was agreed by the Chair. FR21/77 CCG Procurement Schedule AS asked for this point to read 'strategic decisions' rather than 'strategic positions' FR21/84 Review of Meeting It was noted that the suggestion from Steve Cox of adding page numbers to the agenda should be adopted for the next F&R meeting.	
FR21/89 (a) (b) (c)	Action points from the previous meeting FR21/46 – Prescribing Report – Month 9 2021/21 This action is now closed. FR21/53 – Update on Digital Funding Streams 20/21: Year-end Report This action is now closed. FR21/62 CHC Fees All three actions are now closed.	

No	Item	Action
(d)	<p>FR21/29 - Out of Hours / Lone Working Procedure This action is showing as completed, AS asked for it to be placed back onto the action list. SL confirmed the policy is awaited and that the order for the support devices has been placed. AS asked for a copy of the policy to be sent to him for approval.</p> <p><i>It was noted that all other actions on the action tracker following the May 2021 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	SL
<i>Continuing Healthcare</i>		
FR21/90	<p>Continuing Healthcare Update – June 2021</p> <p>(a) JK confirmed it is her intention to provide an update regarding the backlog of cases requiring assessment for the next F&R meeting.</p> <p>(b) JK updated the Committee; there were a total of 37 outstanding cases for SS CCG at the time of the report and that this position had improved to 23 today (19 assessments and 4 reviews).</p> <p>(c) The original completion date reported to the Committee last month, as mandated by NHSE, was 30th May and this was extended to 20th June. There will be several cases that remain outstanding after this date.</p> <p>(d) JK added the delays described above will have an impact on estimating the financial impact to the CCG, noting that it may be mid-July before this could be confirmed. She offered to report back to the July Committee meeting.</p> <p>(e) JK had spoken at the last Committee meeting on the resource impact in relation to workforce, given the number of cases still outstanding, and noted that pressures will be experienced by the local authority and Midlands & Lancashire CSU</p> <p>(f) CC reassured the Committee that the resolution of this issue is being managed as a CCG priority. She reported that NHSE Regional team had written to the Accountable officer of the CCG to emphasise the importance of ensuring that the provider is complying with the expected standards.</p> <p>(g) Both CC and JK are involved in daily updates with the provider and the CCG is also reviewing what action should be taken from a contractual perspective.</p> <p>(h) AS thanked JK for the update and looked forward to receiving the written report at the next F&R Committee meeting.</p>	
<i>Prescribing</i>		
FR21/91	<p>Prescribing Report – Month 12 - 2020/21</p> <p>(a) SL reported the month 12 position noting the budgetary underspend of £251k, pointing out this is an improved position compared with forecast; however, expenditure is considerably higher when compared to last year.</p> <p>(b) SL highlighted the issue around the high levels of laxative prescribing and noted that the team will be auditing this area to review practices.</p>	

No	Item	Action
(c)	MMcD reported that S&FCCG F&R Committee had received an informative development session on prescribing, and he recommended that this should be brought to the SSCCG committee. AS agreed, that it would be a good idea to present at a future committee.	SL/ MMcD/ SSm
FR21/92 (a)	<p>Prescribing Rebate Scheme – Dabigatran Etexilate (Pradaxa)</p> <p>SL presented the report and asked for the approval of the Committee in relation to new NICE guidance and the rebate scheme.</p> <p>Approved</p>	
FR21/93 (a) (b) (c) (d) (e)	<p>Pan Mersey APC recommendations and NICE technical appraisals</p> <p>SL presented a report on Pan Mersey Area Prescribing Committee (APC) recommendations and recent NICE technical appraisals.</p> <p>ROMIPLOSTIM - ELTROMBOPAG in ITP (Red Drug) SL explained the background of the recommendation NHSE, noting the clinical efficacy although not mandatory. Under the current arrangements, there is minimal financial impact although this may change if we revert to normal financial arrangements. SL recommended that approval is given and that she will review the financial implications should contracting arrangements change in the future.</p> <p>FILGOTINIB tablets (Jyseleca®▼) (Red Drug) SL explained that approval was being sought for the NICE Technical Appraisal and reminded the Committee that the CCG is obliged to introduce commissioning arrangements within 3 months of publication. SS asked how the discount schemes are monitored; SL explained these particular drugs which are being approved are red drugs, which are hospital only and not prescribed by Primary Care.</p> <p>The committee approved the Pan Mersey APC recommendations for:</p> <ul style="list-style-type: none"> • ROMIPLOSTIM – ELTROMBOPAG in ITP (Red Drug) However, SL will monitor and review the situation if current contracting arrangements change. • FILGOTINIB tablets (Jyseleca®▼) (Red Drug) 	
Finance		
FR21/94 (a) (b) (c) (d)	<p>Finance Report – Month 2 - 2021/22</p> <p>MMcD provided an update noting that the original financial plan had identified a deficit of £3.3m including £0.6m growth funding from HCP allocations.</p> <p>The revised plan included an increase in growth funding of £1.6m which has reduced the CCG planned deficit to £1.6m which equates to 2.9% QIPP target. The CCG has worked alongside other CM CCGs to develop a consistent and equitable approach to planning taking account of risks and mitigations and the target has been set following that process.</p> <p>MMcD reported that indications are that the Month 2 position shows a small underspend of £0.348m with a forecast position for end of September estimating an underspend of £0.473m.</p> <p>MMcD noted that the CCG would further develop its best and worse-case scenarios for the next report noting that risks included</p>	

No	Item	Action
	<ul style="list-style-type: none"> Potential increase in expenditure, above the nationally forecast assumptions used for both Prescribing and Continuing Healthcare Increased use of the independent sector compared with 19/20 baselines although this may be mitigated via additional resources available through the Elective Recovery Fund. 	
FR21/95	Finance Strategy Update	
(a)	MMcD commented that the financial arrangements for the second part of the year have yet to be published with the earliest date for guidance expected to be July.	
FR21/96	QIPP Update Report – May 2021	
(a)	MMcD presented the report, which was taken as read by the Committee.	
(b)	MMcD reminded the committee that the CCG's underlying deficit is in the region of £9m - £12m, having increased since the outbreak of COVID. He noted that the expectation was that the NHS will have to make additional savings in the second part of the year to meet its financial duties and that local work should continue to develop plans with system partners so that they could be introduced.	
(c)	AS thanked MMcD for his report to the Committee, adding it is good that this work continues as schemes will be needed, however, now is not the time to implement them due to ongoing issues relating to COVID.	
<i>Contracts</i>		
FR21/97	CSU Service Report	
(a)	MMcD provided an update noting discussions earlier in the meeting regarding CHC and the level of assurance required by the CCG.	
(b)	AS noted, the disproportionate allocation of costs to SSCCG for the HR and OD service. MMcD agreed to review the situation and report back to the Committee.	MMcD
<i>CCG Published Registers</i>		
FR21/98	Sponsorship register update	
(a)	MMcD explained this matter had been reviewed by the Financial Accounts team and there will be a reconciliation of sponsorship to the register to ensure both are consistent. This will be reported back to the next Committee.	MMcD
<i>Risk</i>		
FR21/99	Finance & Resource Committee - Risk Register	
(a)	MMcD explained that this is an unusual time of year as the 20/21 risks are completed and we start to report the 21/22 risks.	
(b)	The risk register will reflect this situation in terms of the nil entries. He confirmed that managers have been asked to review the risks in more detail and moderation will be undertaken through SMT.	
(c)	AS commented that the only red residual risk relates to QIPP which is an area which we will not be able to mitigate.	

No	Item	Action
FR21/100 (a) (b)	Niche Governance Action Plan MMcD confirmed the training needs analysis had been undertaken by S&F, the plan is for four development sessions to take place. SS F&R would not ordinarily participate but it was agreed it may be useful to bring this into this Committee when there is a full complement of members in attendance. MMcD explained where continued work needs to take place in relation to QIPP, which is relevant to South Sefton. He recommended that this is continually reviewed by the Committee during the year particularly during the period to September given indications that additional savings will be required in the latter part of the year.	
<i>Digital and Information Technology</i>		
FR21/101 (a)	21/22 Investment Plan update AS commented, that as the last report was also verbal, he would like a written report to be brought to the next meeting in July.	MMcD
Minutes of Steering Groups to be formally received		
FR21/102 (a) (b) (c) (d) (e)	Minutes of Steering / Sub-Groups to be formally received The committee received the minutes of the following steering / sub-group meetings: <ul style="list-style-type: none"> • Joint QIPP Delivery Group – March 2021 AS commented this meeting had been sparsely attended and questioned whether it had been quorate. MMcD confirmed it had, adding the membership had been reduced to himself, Chrissie Cook, GP leads, Fiona Doherty, and Alison Ormrod. The group is unable to make decisions above individual delegation levels. AS asked if any new members had been approached; MMcD confirmed that potential GP GB members had been approached. AS expressed, concerns regarding attendance at meetings in general and thought a discussion on this item may be useful. CC commented that this matter had been discussed at the Leadership Team in preparation for the transition arrangements. It was agreed that a mapping exercise will be undertaken to look into ensuring the correct people are in attendance and that information will be taken to the next Leadership Team meeting. AS agreed, this will be an ongoing problem as people may leave the organisation and, to ensure governance is maintained, the mapping exercise is a good idea. He asked if the findings could be brought back to the SS F&R Committee.	CC
Closing business		
FR21/103 (a)	Any Other Business MMcD gave a brief update on the submission of the annual accounts and report for 20/21, confirming the Senior Leadership Team are aware the accounts have been submitted unaudited in time to meet the deadline of 9 am on 15 th June. Since then, conversations have taken place with the Auditors in relation to the finance report and MMcD expects a conclusion today. He added that final opinions declaring the financial accounts and annual report are expected to remain unchanged with unqualified opinions being reported.	

No	Item	Action
(b)	<p>MMcD confirmed there are no significant changes to the post balance sheet declaration apart from the disclosure that the CCG has appointed a new Chair in the intervening period, noting continuity given that the new Chair was previously a member of the governing body.</p> <p><i>AO joined the meeting</i></p>	
(c)	<p>AS noted, that it was AO's last meeting before leaving the CCG and he offered his thanks on behalf of himself and the Committee for her hard work and support.</p>	
FR21/104	Review of Meeting	
(a)	<p>CC expressed her concerns in relation to the CHC issues, other than that she had nothing further to report.</p>	
(b)	<p>MMcD noted that additional information received since the publication of the papers had meant that several verbal updates had been given and that it will always be the intention to provide written reports where possible.</p>	
FR21/105	Key Issues Review	
(a)	<p>MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meetings:</p> <p>Next Main F&R Committee Meeting: Thursday 29 July 2021 12.30pm to 14.30pm Microsoft Teams</p>	

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

Thursday 27th May 2021, 9am to 11.30am
Microsoft Teams Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Tracey Forshaw	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	TF
Chrissie Cooke	Interim Chief Nurse, SSCCG/SFCCG	CC
Steven Cox (attended part of the meeting)	Lay Member, SSCCG	SC
Dil Daly	Lay Member, SFCCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD
Ex Officio Member		
Fiona Taylor (attended part of the meeting)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Helen Roberts	Lead Pharmacist, SSCCG/SFCCG	HR
Ally Dwyer (for agenda item 21/90 only)	BI Analyst, SSCCG/SFCCG	AD
Helen Case (for agenda item 21/87 only)	Designated Nurse Children in Care /Interim Designated Clinical Officer for Children and Young People with SEND aged 0-25 years, SSCCG/SFCCG	HC
Natalie Hendry-Torrance (for agenda item 21/87 only)	Designated Safeguarding Adult Manager, SSCCG/SFCCG	NHT
Karen Garside (for agenda item 21/87 only)	Designated Nurse Safeguarding Children, SSCCG/SFCCG	KG
Apologies		
Jennie Piet	Programme Manager, Quality and Performance, SSCCG/SFCCG	JP
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD

Steven Cox (attended for part of the meeting)	Lay Member, SSCCG	SC
Minutes Michelle Diable	Personal Assistant to Chief and Deputy Chief Nurse, SSCCG/SFCCG	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)
 Lay member (SS)
 CCG Officer (SF)
 CCG Officer (SS)
 A governing body clinician (SF)
 A governing body clinician (SS)

Membership Attendance Tracker

Name	Membership	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	V	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	V	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	V	A	✓	✓	A	✓	A	A	✓	✓	A	✓
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	V	✓	✓	A	✓		✓	✓	✓	✓	✓	A
Martin McDowell	Chief Finance Officer	V	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	V	A	A	A	A	A	A	✓	✓	A	A	A
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety (on Secondment)	V	✓	✓	✓	✓	A	✓	✓	✓			
Tracey Forshaw	Interim Deputy Chief Nurse										✓	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	V	✓	✓	A	✓	✓	✓	A	✓	✓	A	✓
Billie Dodd	Deputy Director of Commissioning and Delivery								A	✓	✓	✓	A
Chrissie Cooke	Interim Chief Nurse								✓	✓	✓	✓	✓
Steven Cox	Lay Member for Patient & Public Involvement												A

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

No	Item	Action
General		
21/83	<p>Welcome and Apologies for Absence</p> <p>Apologies for absence were noted from Susanne Lynch, Billie Dodd, Dr Gina Halstead, Jennie Piet, Dr Jeff Simmons and Steven Cox.</p> <p>It was noted that the meeting was not quorate in the absence of Steven Cox. There were no items on the agenda requiring approval. However there were some documents from the previous meeting which required formal ratification.</p> <p>Steven Cox joined for part of the meeting where the following documents were formally ratified; CCG's IG Handbook, CCG's Code of Conduct, CCG's IG and data security and protection policies, the proposed approach to modern day slavery statement, quality priorities and the Joint Quality and Performance Committee work plan were approved.</p>	
21/84	<p>Declarations of Interest</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 and NHS Southport and Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Dil Daly had informed the Chair prior to the meeting that the risk register report on the agenda refers to James Dixon Court as a provider of reablement beds. James Dixon Court is managed by New Directions. Dil Daly is employed by New Directions as a non-executive director on the New Directions' Governing Body. The Committee Chair advised that no action was required. • Declarations of interest were received from CCG officers who hold dual posts in both NHS South Sefton CCG and NHS Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
21/85	<p>Minutes and Key Issues of the Previous Meeting</p> <p>The minutes and key issues from the previous meeting held on 29th April 2021 were approved as an accurate reflection of the meeting.</p>	

No	Item	Action
21/86	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <p>Concerns had been raised in relation to midwives that have not been trained to use EMIS.</p> <p>Chrissie Cooke had previously informed that the key person that had been liaising with Brendan Prescott had been absent due to sickness and had since returned. There is a new Director of Nursing in post that is following up the issues raised. Chrissie explained that she had written to Liverpool Women's Hospital NHS Trust. The response she received is that the Trust has advised that the IT new system being put in place will be linked with EMIS and that they will attend a PLT session to explain the system in detail. Chrissie requested further information from the Trust in relation to what is being put in place to address the current issues and is awaiting a response.</p> <p>It was noted that a meeting has been convened for 29th April 2021 and will be attended by Dr Gina Halstead and Chrissie Cooke. The outcome of the meeting will be fed back to the Committee before the next meeting.</p> <p>It was also noted that issues have been highlighted at a Community CQPG meeting by Mersey Care NHS Foundation Trust in relation to the new software that the Liverpool Women's Hospital is rolling out. This is on Mersey Care's risk register. Therefore a Mersey Care representative will also be in attendance at the meeting on 29th April 2021.</p> <p>Chrissie Cooke advised that she and Dr Gina Halstead had met with the Director of Nursing at Liverpool Women's Hospital, where it was acknowledged that there are issues regarding training for midwives and issues with their new IT system K2. The IT issues with K2 will be addressed via the Trust's CQRM. The issues in relation to EMIS training for midwives are being addressed and the Trust is liaising with Mersey to facilitate a training programme. The Committee agreed to keep this action on the tracker and will note a progress update at the next meeting with a view to removing it from the action tracker, but to have further updates via the Chief Nurse Report.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 21/29, Clinical Director Update <p>Dr Rob Caudwell to raise the issue regarding patient choice in respect of patient being directed to access the community pain clinic in Ainsdale with Emma Bingham, Programme Manager.</p>	CC

No	Item	Action
	<p>Dr Rob Caudwell informed that he had contacted Emma Bingham but had not received a response to date, but would follow this up and also contact Terry Hill.</p> <p>Dr Rob Caudwell advised that he had been in contact with Terry Hill, who had explained that many services were closed, however Renarces Hospital was open, so patients unable to be offered a choice. Further updates will be shared with the Committee.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/30, Q3 Safeguarding Report <p>(i) Evidence based learning to be included in Q4 Safeguarding Report.</p> <p>It was noted that the Q4 Safeguarding Report includes evidence based learning and is on the agenda.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/48, Corporate Risk Register <p>(i) Explicitly reflect the staff base as a whole system in the risk register.</p> <p>Action completed.</p> <p>(ii) Mel Spelman to add the new risk in relation to the primary care mental health service specification had been changed. This meant that prescribing can only be done by the clinician's own GP. This could potentially dissuade clinicians from using the service.</p> <p>Mel Spelman advised that she had liaised with Jan Leonard regarding this risk and informed that it had been agreed that this risk would not be placed on the risk register at this stage. However awareness has now been raised and if it does require to be placed on the risk register, this will be under the auspices of the Primary Care Committee.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/50, Clinical Director Quality Update <p>(i) Billie Dodd to follow up the email sent by Dr Rob Caudwell to Jan Leonard and the LMC in relation to the MGUS patients at Southport and Ormskirk Hospital NHS Trust, being discharged from the haematology clinic and referred on to primary care.</p>	

No	Item	Action
	<p>Dr Rob Caudwell had informed that there is a well ran nurse led haematology service at Whiston Hospital and that the suggestion of introducing similar for the Haematology service at Southport and Ormskirk NHS Trust has been made. However a response had not yet been received.</p> <p>Martin McDowell acknowledged there is disconnection and that a network solution needs to be found. Martin advised that he would discuss this further with Billie Dodd.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/51 Commissioner Quarterly Controlled Drug Report to NHS England <p>(i) Helen Roberts to take the suggestion of introducing 56 day prescribing for stable patients on 4 or less drugs to her prescribing lead colleagues at the next JMOG meeting and report back.</p> <p>It was noted that the next JMOG meeting was due to take place week commencing 3rd May 2021 where the above suggestion will be discussed.</p> <p>Helen Roberts informed that this had been discussed at the recent JMOG meeting where it was agreed for a separate meeting to be convened with GPs to obtain their input. The Committee requested for the meeting to take place as soon as is possible.</p> <p>Action to remain on the tracker.</p> <p>A discussion had taken place in relation to the suggestion of establishing a specifically managed repeatable dispensing process. An alternative suggestion was made to explore the possibility of pharmacists supporting repeat prescribing. Dr Gina Halstead informed that she would contact Dr Craig Gillespie regarding this and will copy in Chrissie Cooke and Dr Rob Caudwell.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/60, Meeting Review <p>(i) Leadership Team to discuss the plan of action in relation to the average reading age in Sefton and how the CCG's will consider this when engaging with the public.</p> <p>Chrissie Cooke had informed that she is trying to ascertain who in the local authority is responsible for improving the average reading age in Sefton. There appears to be no strategic overview in place. Chrissie advised that she will provide an update at the next meeting on how this will be taken forward.</p>	<p>MMcD/BD</p> <p>HR</p> <p>GH</p>

No	Item	Action
	<p>It was noted that the UK average reading age is 8. It was suggested that going forward all CCG communications should be sent in an easy read format.</p> <p>Action deferred to the next meeting.</p> <p>(ii) Billie Dodd to raise the issue of the low average reading age in Sefton at the next Integrated Commissioning Team meeting.</p> <p>It was noted that the next Integrated Commissioning Team meeting will take place on the afternoon of 29th April where this issue will be raised.</p> <p>Action deferred to the next meeting.</p> <p>(iii) Development Session to be convened to better understand how strategic connections can be made to quality improvement and quality assurance.</p> <p>Chrissie Cooke had advised that a development session will be convened in due course.</p> <p>Chrissie Cooke informed that work is taking place in preparation for the transition to ICS. There is a development session scheduled for 8th June 2021 and quality is on the agenda. Feedback from the session will be presented to this Committee.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 21/62, Welcome and Apologies for Absence <p>(i) Michelle Diable to share documents requiring approval with Alan Sharples, Audit Committee Chair, to request his approval.</p> <p>Action completed.</p> <p>(ii) Documents requiring approval at the April JQPC to be formally ratified at the next meeting; CCG's IG Handbook, CCG's Code of Conduct, CCG's IG and data security and protection policies and the proposed approach to modern day slavery statement.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/64, Data Protection and Security Policy, Staff Code of Conduct and NHS South Sefton CCG/NHS Southport and Formby CCG Handbook <p>(i) Amendments to be made to the Data Protection and Security Policy and Staff Code of Conduct and shared with Committee.</p>	<p>CC</p> <p>BD</p> <p>CC</p>

No	Item	Action
	<p>Action completed.</p> <p>(ii) Michelle Diable to send the amended Data Protection and Security Policy, amended Staff Code of Conduct and NHS South Sefton CCG/NHS Southport and Formby CCG Handbook to Alan Sharples for approval.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/67, Integrated Performance Report <p>Chrissie Cooke and Dr Rob Caudwell to raise the on-going issues in relation to A&E avoidance at the next Clinical Congress meeting.</p> <p>Dr Rob Caudwell informed that he had attended a meeting to discuss A&E avoidance where it was acknowledged that a large amount of A&E admissions are appropriate. Those deemed inappropriate are reviewed to ascertain where the patients have been referred from. Coding issues were highlighted as being a contributory factor in relation to inappropriate referrals. This is being addressed and a follow up meeting is to be convened. It was noted that this be discussed at the Primary Care Committee. Dr Rob Caudwell advised that he keep oversight on this issue via the Primary Care Committee.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/68, Chief Nurse Report <p>Chrissie Cooke to amend the chief nurse report to state that in April 2021 an SBAR was issued by NHS Southport and Formby CCG.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/69, Learning Disability and Autism Paper Month 11 2020/21, including Q4 and End of Year LeDeR Update. <p>Michelle Diable to circulate the NHS Southport and Formby CCG Covid 19 vaccination data to Committee members.</p> <p>Action completed.</p> <p>(ii) Tracey Forshaw to add the NHS Southport and Formby CCG Covid 19 vaccination data in to the report.</p> <p>Action completed.</p>	

No	Item	Action
	<p>(iii) Chrissie Cooke to highlight the issues raised in relation to the holding team to the vaccination programme team.</p> <p>Tracey Forshaw informed that she had contacted the holding team to highlight the issues raised by the Committee. Tracey has advised them to contact her if there are any issues to help speed up the vaccination process.</p> <p>Action completed.</p> <p>(iv) Chrissie Cooke to share the video with Dr Gina Halstead of the local student with learning disabilities encouraging Sefton residents to have their Covid 19 vaccination.</p> <p>Action completed.</p> <p>(v) Tracey Forshaw to amend the data table numbering in the Learning Disability report.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda 21/70, Clinical Director Quality Update <p>(i) Dr Gina Halstead to forward the meeting invitation with PCN colleagues in May 2021 to Dr Rob Caudwell. Both to attend the meeting and will highlight their concerns relation to Econsult.</p> <p>Dr Rob Caudwell advised that a meeting had taken place. However the issue of patients having unlimited access to primary care services remains. Dr Rob Caudwell explained that he will connect with the work that is being undertaken by South Sefton. It was noted that the option of turning off the Econsult facility out of hours is being explored.</p> <p>Action completed.</p> <p>(ii) Dr Gina Halstead to contact Karen Garside (for safeguarding issue) and public health contracting (for the contractual issue) in relation to a health visitor refusing to support a patient with a neurological condition that had self-referred in to the alcohol service. The patient has a child with constipation issues.</p> <p>Action completed.</p> <p>(iii) Mel Spelman to add the EMIS issues to the quality risk register.</p> <p>Mel Spelman advised that the EMIS issues raised at the previous meeting are national issues and have been escalated via the EMIS portal with oversight from NHS Digital.</p>	

No	Item	Action
	<p>Given the fact that the CCGs have taken the necessary action and escalated this issue, it will not be added to the risk register but will be monitored on an ongoing basis.</p> <p>Action completed.</p> <p>(iv) Dr Rob Caudwell to email Tracey Forshaw with EMIS issues, linking in with Alan Richmond and Paul Shilcock. Tracey to then create an SBAR and escalate to NHSEI.</p> <p>Action completed.</p> <p>(v) Communication to be sent to practices advising that the Committee is escalating EMIS issues to NHSEI. To also advise that a read only version of EMIS can be obtained when EMIS is not accessible via business continuity mode desk top icon.</p> <p>Tracey had contacted IMerseyside, who confirmed this is already being overseen by NHSEI with actions being taken. Consequently, an SBAR would not be required. As this is a wider system issue, it was agreed this wouldn't be included on the CCGs risk register. Regular updates and communications are circulated to practices by IMerseyside.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/72, Quality Priorities and Joint Quality and Performance Committee Work Plan <p>(i) Michelle Diable to circulate the Quality Priorities and Joint Quality and Performance Committee Work Plan to the Committee members.</p> <p>Action completed.</p> <p>Committee to ratify the quality priorities and Joint Quality and Performance Committee Work Plan at the next meeting.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/73, ADAM Dynamic Purchasing System Quality Tool <p>Michelle Diable to circulate the ADAM Dynamic Purchasing System Quality Tool presentation to the Committee.</p> <p>Action completed.</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item, 21/79, Serious Incident Review Group (SIRG) Minutes and Key Issues <p>Tracey Forshaw to ensure the penultimate sentence on page 15 of the SIRG minutes (dated 03.03.21) is completed.</p> <p>Action completed.</p>	
21/87	<p>Q4 Safeguarding Update Report</p> <p>Karen Garside presented the quarter 4 safeguarding report was taken as being read.</p> <p>The Committee noted the following :-</p> <p>The safeguarding team has oversight of the commissioned services managed through the KPI process.</p> <p>The report includes a summary of progress from each quarter.</p> <p>Work is being progressed by the safeguarding team; reviews are being undertaken in respect of both adults and children. The learning from those reviews will be highlighted in future reports.</p> <p>The safeguarding team is supporting the work being undertaken in relation to the transition to ICS.</p> <p>The safeguarding team has oversight of the acquisition of services from North West Boroughs NHS Healthcare NHS Foundation Trust that are being transferred to Mersey Care NHS Foundation Trust.</p> <p>There has been a rise in the number of looked after children, child protection and domestic homicide reviews.</p> <p>The safeguarding team has oversight in relation to the training non-compliance at Southport and Ormskirk Hospital. It was suggested that the training issues at Southport and Ormskirk are addressed via the CF and CQRM meetings.</p> <p>Chrissie Cooke advised that there is a need to ensure that the training issues are kept at the forefront and to reiterate to the Trust that that the CCG's are aware of the reasons behind the training non-compliance issues but wish to highlight the impact.</p> <p>Action: Tracey Forshaw to ensure discussions in relation to training non-compliance at Southport and Ormskirk hospital take place, highlighting the impact at the CF and CQRM meetings and to invite Karen Garside to those meetings.</p>	TF

No	Item	Action
	<p>Domestic Homicide Reviews (DHRs) It was noted that the number of DHRs and reviews has increased. The DHR terms of reference are extensive. Discussions are being held in relation to fully understanding the issues and the need to obtain consent from living people to be able to access their medical records and make them aware they could be involved in a review. There are a number of complex issues and the amount of time being spent in terms of the reviews was noted. These discussions include Chrissie Cooke in her capacity as Caldicott Guardian.</p> <p>It was noted that some additional interim administrative support has been sourced. Chantelle Collins will be commencing in June 2021 which should help to support this element and reduce the some of the pressure currently placed on the deputy chief nurse.</p> <p>Individual Health Assessments (IHAs) The consistent sustained work undertaken by Helen Case in respect of the IHAs was noted.</p> <p>It was noted that more health assessments had been undertaken and in timescale in quarter 3 than in quarter 4. However it was highlighted that those not done in timescale were completed soon after.</p> <p>Capacity issues with the team at North West Boroughs Healthcare NHS Foundation Trust were noted. This has been due to sickness absence in quarter 4. This has impacted on getting health assessments completed in timescale and there has been an increase in the number of children in care.</p> <p>It was highlighted that the amount of children in care and health assessments are not equal across the four quarters, thus making it difficult to provide a percentage of how many were undertaken to timescale.</p> <p>Designated Clinical Officer (DCO) It was noted that the new DCO, Ingrid Bell is due to commence on 31st May 2021. Chrissie Cooke wished to formally thank Helen Case for her work undertaken covering the DCO role on an interim basis, which has been in addition to her designated safeguarding nurse role. Chrissie explained that the work Helen Case has undertaken has made a significant impact.</p> <p>Outcome: The Committee noted the Q4 Safeguarding Update Report.</p>	
21/88	<p>Progress report on the implementation of a new 'model of practice' across Sefton's children workforce</p> <p>Karen Garside presented the model of practice report advising that the model had been referenced previously.</p>	

No	Item	Action
	<p>The Committee noted that the CCG is engaged with the model of practice. The briefing slides have been shared with GP Leads Form and the Joint Operation Group.</p> <p>Karen Garside referred the Committee to a letter from Ofsted recommending collaborative working. The model supports that and the consistent approach in how the CCGs work with children and families.</p> <p>Outcome: The Committee noted the progress report on the implementation of a new 'model of practice' across Sefton's children workforce.</p>	
21/89	<p>Individual Placement Support – Summary and assessment of anonymous allegations received by NHS South Sefton CCG</p> <p>Chrissie Cooke presented the individual placement support summary and assessment of anonymous allegations received by NHS South Sefton CCG report on behalf of Gordon Jones. Chrissie advised that the report is being shared with the Committee for information purposes. The allegations received have been investigated. There is no case to answer. There is a plan in place to monitor this. Leadership Team have oversight. If there is anything further required, it will be brought through via the governance route.</p> <p>Outcome: The Committee noted the Individual Placement Support – Summary and assessment of anonymous allegations received by NHS South Sefton CCG</p>	
21/90	<p>Integrated Performance Report</p> <p>Ally Dwyer presented the integrated performance report which was taken as being read. Ally highlighted that the report received by the Committee was in draft. The final reports have since been completed and the following corrections have been made to the dashboard; diagnostics should have read 8.39% instead of 9.39% and the RAG status on the Children and Young People' Mental Health Services is red, not green, in NHS South Sefton CCG report. The quarter 4 reports which also include a summary for third sector and serious incidents along with various other quarterly updates.</p> <p>The following highlights were noted:-</p> <p><u>Planned Care</u></p> <p>Referrals Secondary care referrals have remained low across all referral sources since the beginning of 2020/21.</p>	

No	Item	Action
	<p>But month 12 has seen a peak for referrals with the 5,559 reported representing a 30.6% increase when comparing to the previous year for South Sefton CCG and 4,303 a 19.2% increase when comparing to the previous year for NHS Southport and Formby CCG. This increase is due to this time last year we went into lockdown, but other factors could be the national vaccination programme, easing of some national lockdown restrictions and the elective restoration programme. GP Referrals has also seen an increase in March.</p> <p>E Referrals E Referrals have been paused due to data issues and lower reported percentages, a note on the published data states that due to the Covid-19 pandemic, providers may have been receiving more referrals as appointment slot issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data.</p> <p>Ally informed that Terry Hill had advised that With such large waiting lists at the moment across all our providers, the opening up of slots would create an inequity of provision. All Trusts will utilise either ASI processes or RAS (Referral assessment services) to manage patients to ensure that there is a focus on patients with greatest need (i.e. P2/priority 2 or long wait patients).</p> <p>Diagnostics In March a further improvement overall in performance for both CCGs and Trusts was noted. NHS SSCCG 8.39%, LUHFT 10.79%, NHS SFCCG 15.07% and Southport and Ormskirk Hospital 4.58%. Comparing the CCGs against the national picture, they are well below the national level being at 24.29%.</p> <p>Referral to Treatment (RTT) In March a similar performance for both CCGs and Trusts RTT compared to the previous month. NHS SSCCG 62.11%, LUHFT 63.44%, NHS SFCCG 73.97%, Southport and Ormskirk 81.47%. Measuring against the national level, SSCCG is reporting below, but SFCCG is reporting well above, national level being at 64.38%.</p> <p>RTT 52 Week Waiters New plans are being used to measure the 52 week waiters as part of the phase 3 response (as for waiting lists) there is further decline in over 52 week waiters for both CCGs and Trusts. NHSSSCCG Actual 1,548 plan 1007, NHS SFCCG Actual 519/plan 104). NHS SSCCG the breaches represent 9.63% of the total waiting list in March, and for NHS SFCCG the breaches represent 5.74%, SFCCG being below the national level of 8.81%.</p>	

No	Item	Action
	<p>There are several actions being taken by the LUHFT to tackle the long waiters and recovery, including patients being prioritised and offered new appointments, the Trust are also validating their waiting lists, there is a review of activity and workforce to support future workforce planning and improved utilisation of theatre sessions.</p> <p>Referral to Treatment (RTT) Waiting List As noted earlier in the meeting, new plans have started. Both CCGs remain over the new plans. However these plans were put in place prior to the second wave of Covid 19 and current lockdown.</p> <p>Cancer Measures NH South Sefton CCG is achieving 3 of the 9 cancer measures year to date and 6 measures in month. NHS Southport and Formby CCG is achieving 4 of the 9 cancer measures year to date and 4 measures in month 12. Also after the decline in 2 week breast measures in previous months, there has been an improvement in March 2021 with both CCGs now achieving the 93% target. Both CCGs are now below the national level for 62 days of 73.94%% (SSCCG is at 64.52% and S&F is at 71.15%).</p> <p>Smoking At Time of Delivery (SATOD) An improvement against plan in quarter 4 for both CCGs of around 2% from quarter 3. For quarter 4; NHS SSCCG 7.49% and NHS SFCCG 6.47% - Plan 6% or less of maternities where mother smoked by 2022.</p> <p>The CCGs and Public Health are working together with the Local Maternity Service (LMS) as part of the transformation work to improve all aspects of maternal health, to help address SATOD performance and targets. Further improvements are anticipated.</p> <p><u>Unplanned Care</u></p> <p>A&E 4 hour This is still under the 95% target for both CCGs and Trusts but have shown improvement from the previous month. Measuring against the national level of 86.14%, NHS SSCCG is still below at 85.63% but NHS SFCCG and 86.83% is slightly above.</p> <p>Trust 12 hour Breaches Southport and Ormskirk had one 12 hour breach in March 2021. No harm came to the patient.</p> <p>Handovers There have been further decreases in handover breaches for 15-30 and 15-60 minutes at LUHFT and a slight rise at Southport and Ormskirk for 30-60 minutes, but numbers are much lower for the Trust compared to the previous year, where there were 22, 30-60 minutes and just 1 for over 60 minutes.</p>	

No	Item	Action
	<p>Stroke For Southport and Ormskirk, following an MIAA audit, the recommendation is to report this indicator 1 month in arrears. February 2021 being latest data, 29.2% a decline from January 2021 when 56.3% was reported. LUHFT have sent over individual Trust updates (Royal and Aintree) for Q3. They are unable to do a combined position due to not having the numerators/denominators and are under the 80% target. No exception comments have been received.</p> <p>Health Care Associated Infections (HCAI) There were no new case of MRSA's for the CCGs and Trusts in March 2021, but are over plan and have failed for 2020/21. Cdiff remain over plan at NHS SFCCG, Southport and Ormskirk and LUHFT and under plan for NHS SSSCCG. For E coli NHS SSSCCG are under plan, but NHS SFCCG remains over.</p> <p><u>Mental Health</u></p> <p>Mental Health Eating Disorders Both CCGs are failing the measure still and are showing a further decline from the previous month. Long standing issues remain. Trust actions include therapy and assessments being delivered via telephone or Attend Anywhere along with group therapy using Zoom.</p> <p>It was noted that Alder Hey Hospital have submitted a business case in relation to CAMHS and eating disorders.</p> <p>Improving Access to Psychological Treatment (IAPT) Access Both CCGs are still failing the measure.</p> <p>IAPT Recovery NHS SSSCCG has shown a decline after reporting 50% in February 2021 reporting 38.3% in March 2021 and 43% year to date against the 50% target. NHS SFCCG is failing the target reporting 42%, but are achieving year to date at 50.4%. There are several factors that contributed to the underperformance in March 2021 given by the Trust which are documented in the report.</p> <p>Dementia Remains under plan for both CCGs. Recovery is unlikely until restrictions are lifted and face to face can resume. It is possible that the CCGs will see an increase in referrals and diagnosis rates from June/July 2021 onwards.</p> <p><u>Children's Services</u></p> <p>Children and Young People Eating Disorders Both CCGs are now below plan at quarter 4 and failing the 95% target. NHS SSSCCG - 90% and NHS SFCCG - 89.7%.</p>	

No	Item	Action
	<p>After achieving the previous 2 quarters, small numbers impact the performance the demand for the service exceeds capacity. There has been an increase in demand as the result of the pandemic.</p> <p>Autism Spectrum Disorder (ASD) After falling under target for previous 2 months the Trust is back on target in March 2021 reporting 91% for assessments within 12 weeks against the 90% target. The Trust continues to achieve completed assessments within 30 weeks (90%) target 90%.</p> <p>Attention Deficit Hyperactivity Disorder (ADHD) Achieving both measures in March 2021.</p> <p>Child and Adolescent Mental Health Service (CAMHS) Although still failing, CAMHS has seen a much improved position for referral to choice within 6 weeks (50.9% from 37.3% in February 2021), plan 95%. Also an improvement in percentage referral to partnership within 18 weeks 70.6% from 41.2% in February 2021, plan 75%.</p> <p>Whilst SEND performance for the community therapies is on track, there are ongoing concerns in respect of CAMHS performance which continues to fall short of the SEND KPI's. As outlined in the reports local regional and national plans are in progress to address this, as the management and delivery of the service will continue to be closely monitored.</p> <p>It was noted that the ADHD waiting times for 18 to 25 years olds is to be included in the integrated performance report going forward.</p> <p>Action: Ally Dwyer to include Mersey Care NHS Foundation Trust ADHD waiting times for 18 to 25 years olds in the integrated performance report going forward.</p> <p>The Committee noted that investment is to be made to the ADHD service to reduce the waiting times which will be discussed at Leadership Team.</p> <p>Also noted was that patients are referring to Psychiatry UK advising that they wish to exercise their rights in having access to health services. The CCGs have received complaints about not being able to access services and therefore not being able to obtain a diagnosis. The CCGs have sought legal advice in order to respond to the complaints and to advise patients of the arrangements.</p> <p>The Committee received the following most recent Covid 19 vaccination figures relating to all adults for both CCGs:-</p> <p>NHS Southport and Formby CCG First dose - 73.6% Second dose - 53.5%</p>	AD

No	Item	Action
	<p>NHS South Sefton CCG First dose - 69.4% Second dose - 44%</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
21/91	<p>Chief Nurse Report</p> <p>Chrissie Cooke presented the chief nurse report which contains information in relation to quality over the last month, system issues and provider quality issues and what is being done to address them. Chrissie wished to thank Tracey Forshaw for her work in obtaining the information contained in the report.</p> <p>The level of detail contained in the report and the report style was complimented by the Committee.</p> <p>It was noted that the report demonstrates the huge expanse of the quality agenda.</p> <p>It was noted that the report did not include a safeguarding update. This is because there is a quarter 4 safeguarding report already on the meeting agenda. However going forward it was confirmed that there will be a safeguarding section routinely contained in the chief nurse report. It was highlighted that there is a mental health report also on the meeting agenda in support of the preparation to ICS. The importance of having one quality report that provides a comprehensive update on all aspects of the quality agenda was highlighted. Therefore any separate reports on the JQPC meeting agenda pertaining to the quality agenda, will routinely be included in the chief nurse report.</p> <p>Action: Chief Nurse report to routinely include all quality agenda item updates.</p> <p>Tracey Forshaw provided the Committee with the following updates:-</p> <p>Southport and Ormskirk Hospital Chief Coroners Reg. 28 - the child in this case had also been under the services of Alder Hey Hospital. The SBAR provides a clear indication for Alder Hey Hospital to support the RCA and the serious incident process.</p> <p>There have been discussions in relation to raising this on StEIS with the Trust and NHSEI. Reopening the previous StEIS is being explored, instead of opening a new StEIS, as the actions undertaken at the time did not resolve the on-going issues.</p> <p>Outcome: The Committee noted the Chief Nurse Report.</p>	CC/TF

No	Item	Action
21/92	<p>Complaints, PALS, MP Report – May 2021</p> <p>Mel Spelman presented the complaints report on behalf of Sue Jago.</p> <p>The Committee noted that from 1st April 2020, the CCG has been logging all contacts on the Ulysses Risk Management system within the customer relations module. As this system develops, the codification of contacts will become more streamlined and further analysis will be possible.</p> <p>A total of 58 contacts were made; 32 contacts were made to NHS Southport and Formby CCG and 26 contacts were made to NHS South Sefton CCG. The majority of which were Covid 19 related.</p> <p>A rise in letters from MPs was noted. The reason why patients are contacting MPs and not the CCGs directly is to be explored.</p> <p>The complaints team are working with BI colleagues to better understand the data and are benchmarking against other CCG's.</p> <p>It was noted that Mel Spelman will be supporting the complaints team and is developing a dashboard which will be note all open actions.</p> <p>Any complaints which have been open for a significant time will be escalated to the Committee.</p> <p>The Committee noted that in addition to the recent appointment of the complaints and corporate services officer, interim administrative support is required which will be provided up to 2 days per week. Also a full time complaints administrator is due to commence in July 2021. Tracey Forshaw informed that some cross cover support may also be provided by the LEDER Co coordinator in the interim.</p> <p>It was highlighted that a lot of work has already taken place following the NICHE report recommendations i.e. a complaints policy has been agreed, the Complaints Oversight Group has been established and staff complaints training has been undertaken. An understanding of how complaints are to be managed going forward and how much resource is required is being worked up.</p> <p>It was suggested including in the complaints report going forward, that complaints training has been undertaken by staff members. It was highlighted that this had been noted in a previous report, however it was agreed to include an update on the percentage of staff that have received complaints training.</p> <p>Action: Sue Jago to include in the next complaints report the percentage of CCG staff that has received complaints training.</p> <p>Outcome: The Committee noted the Complaints, PALS, MP Report – May 2021.</p>	<p style="text-align: right;">SJ</p>

No	Item	Action
21/93	<p>Mental Health Deep Dive Quality and Performance Report</p> <p>Tracey Forshaw presented the mental health deep dive quality and performance report. Tracey apologised for the late receipt of the report which was due to her ensuring that she had captured the most up to date information available.</p> <p>Tracey Forshaw advised that the commissioning team contributed to the data in the report.</p> <p>Dr Rob Caudwell referred to the Sefton and Women's Aid noted in the report and enquired on behalf of a patient, what support is in place for men, in particular male victims of domestic violence. Chrissie Cooke advised of a domestic violence forum and that further information regarding this can be obtained via Natalie Hendry – Torrance.</p> <p>The report was well received by the Committee in terms of content, detail and presentation.</p> <p>Outcome: The Committee noted the Mental Health Deep Dive Quality and Performance Report.</p>	
21/94	<p>Serious Incident (SI) Report</p> <p>Mel Spelman presented the serous incident report which was taken as being read. The Committee noted the following highlights:-</p> <p><u>NHS Southport and Formby CCG</u></p> <p>Southport and Ormskirk Hospitals NHS Foundation Trust There had been a dip in SI's in quarter 3, however this has resumed to normal levels.</p> <p>The Trust is reporting well and to timescales. However some concerns relating to non-receipt of feedback have been escalated. All outstanding responses are to be received imminently and will be discussed at the next Serious Incident Review Group (SIRG).</p> <p>Lancashire Care NHS Foundation Trust The community services element of the NHS Southport and Formby CCG community services contract has transferred to Mersey Care NHS Foundation Trust. The SI management process is to be confirmed. The result of which will be incorporated in the revised serious incident policy and the standard operating procedure.</p> <p>Prior to the transfer there were 3 open SI's. Two of SI's have been closed. The remaining SI is still open with feedback yet to be submitted and it was agreed that this will be provided by the previous provider rather than transfer to the new provider. This is due to be received will be reviewed by the SIRG with a view to supporting closure.</p>	

No	Item	Action
	<p>Chrissie Cooke informed that the quality team is striving to improve SI quality assurance and in particular, actions plans. This is to ensure that the changes being made are positively impacting on improving patient safety.</p> <p>Chrissie Cooke wished to highlight the National Patient Safety Syllabus which refers to a change in culture in respect of incorporating Always Events, to focus on what is working well rather than focusing on what isn't going well.</p> <p>Tracey Forshaw reiterated the importance of improving quality assurance and action plans. Tracey referred the Committee an issue whereby an incident had been reported on STEIS with an action plan put in place. However the original issue had not been resolved, resulting in the STEIS incident being reopened.</p> <p><u>NHS South Sefton CCG</u></p> <p>It was noted that there are 3 ongoing SIs for NHS South Sefton CCG to review for quarter 4 20/21. This is a decrease from 6 the previous quarter. Further updates have been referenced earlier in the meeting, in the chief nurse report.</p> <p>Outcome: The Committee noted the Serious Incident Report.</p>	
21/95	<p>Corporate Risk Register – Update</p> <p>Mel Spelman presented the corporate risk register report in a new format which has been created to provide a more user friendly version of the risk register.</p> <p>The Committee noted that there were 37 risks for the Committee, 3 new risks in the last quarter, one of which relates to the Continuing Healthcare backlog, one in relation to Stoddart House and one regarding the transition to ICS.</p> <p>Two risks had been requested for closure, one in relation to Woodlands Hospice and the other in relation to the development of the Covid Urgent Eye Service (CUES). Both risks have been fully mitigated against with the level of risk reducing to 6 or below.</p> <p>The Committee complimented the new report format which was noted as being easier to view and navigate. It was agreed to utilise the new format going forward.</p> <p>It was noted that Quality and Safety Programme Manager, Chantelle Collins is due to commence in the Quality Team from 7th June 2021.</p> <p>Outcome: The Committee noted Corporate Risk Register – Update.</p>	

No	Item	Action
21/96	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow highlighted the pressures on primary care in relation to significantly increased activity levels and demand.</p> <p>Dr Doug Callow informed that the on line consultation facility Econsult, is continuing to consume a large proportion of practices time and switch off at weekends and out of hours is welcomed by many practices. Although Econsult are patient initiated online consultations and count towards digital tallies, there is a mismatch between trivial consultation at lower threshold levels and the usual quality outcomes general practice would strive for, if primary care is overwhelmed by this type of transactional access at the expense of those with greater clinical need this, is not a good place to be.</p> <p><u>Advice and Guidance at Southport and Ormskirk Hospital NHS Trust</u></p> <p>Dr Doug Callow informed that requests should be responded to within 2 working days, it is accepted that this may not be possible all the time, particularly during the pandemic and a week or two would seem acceptable, if this could be agreed and communicated locally. However it is not uncommon to get no response representing a clinical safety/quality issue and a waste of GP surgery time having to check for a response repeatedly. It also reduces the likelihood of clinicians using the service in future.</p> <p>There have been reported incidents in gastroenterology, haematology and urology. It is been heard that the gastroenterology consultants do not have any allocated advice and guidance time. Dr Doug Callow advised that he has raised this with Kate Clarke, the new Medical Director at Southport and Ormskirk Hospital NHS Trust.</p> <p>Audit has been suggested as a good way to work through issues, for example how many Southport and Ormskirk Hospital NHS Trust advice and guidance referrals are outstanding, so that patients do not come to harm.</p> <p><u>Quality Issues</u></p> <p>Dr Doug Callow suggested that if the advice and guidance outcome is for a patient to be seen, then it might be helpful if the Trust converts this to the e-Referral Service.</p> <p>It was noted that experience of advice and guidance referrals to other trusts has been more positive in feedback from local GPs.</p> <p>Dr Doug Callow has suggested to the Southport and Ormskirk NHS Hospital Trust for high use advice and guidance specialities, to build a suite of referral guidelines like KERNIW RMS to enable good practice.</p>	

No	Item	Action
	<p>Issues in relation to radiology services at Southport and Ormskirk NHS Hospital Trust requesting that GPs arrange c y or z referrals for further imaging has been raised with Kate Clarke and Raj Gedela as pushback, which adds no value and in many cases imaging requested by GPs are not able to request. There is a risk of requests being potentially missed, resulting in a delay in patients having procedures done.</p> <p>Action: Tracey Forshaw to ask Jennie Piet to obtain examples of audit issues from Peter Chamberlain. Jennie Piet to ensure that these are addressed via the quality monitoring meeting.</p> <p>Dr Rob Caudwell informed of a meeting that he is arranging in relation other radiology related issues. He advised that he will add the issue of primary care being asked by radiology services to undertake further referrals to the meeting agenda and provide an update following the meeting.</p> <p>Action: Dr Rob Caudwell to discuss the issue of primary care being asked by radiology services to undertake further referrals at a meeting he is convening and provide an update.</p> <p>Covid 19 Mass Vaccination Update It was noted that the hubs are currently administering second Covid 19 doses to housebound patients. However when this arrangement ceases, how housebound patients will receive Covid 19 vaccinations is to be confirmed.</p> <p>Outcome: The Committee noted the Clinical Director verbal update.</p>	<p>TF/JP</p> <p>RC</p>
For Information		
21/97	<p>SEND Health Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Health Performance Improvement Group Minutes and Key Issues from the meeting held on 26th March 2021 and the following points were highlighted.</p> <p>There will be a focus on adult neurology development pathway at the next leadership team meeting. The SEND DfE revisit is scheduled for 22nd June 2021. Provider Trusts have been requested to provide additional supportive evidence around sustainability and training ahead of the visit. There is a meeting scheduled with the CCG's Deputy Chief Nurse and Kerrie France in her NHSEI role to review the evidence prior to the revisit.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group Minutes and Key Issues.</p>	

No	Item	Action
21/98	<p>Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key issues from the NHS Southport and Formby CCG SIRG meeting held on 3rd March 2021. The following were noted.</p> <p>CCG's to ensure that the actions transferred from the previous IAPT provider are managed through.</p> <p>PC24 have identified other individuals who have had delays in terms of their investigations. These have been extended and added on to the investigation that is already under way.</p> <p>Outcome: The Committee received the Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/99	<p>Individual Patient Activity Combined Quality and Performance Group (IPA CQPG) Minutes and Key Issues.</p> <p>The Committee noted the minutes and key issues from the Individual Patient Activity Combined Quality and Performance Group meeting held on 26th March 2021. No comments were made.</p> <p>Outcome: The Committee received the Individual Patient Activity Group minutes and key issues.</p>	
21/100	<p>Complaints Oversight Sub Group Minutes</p> <p>The Committee noted the Complaints Oversight Sub Group minutes from the meeting held on 19th April 2021. No comments were made.</p> <p>Outcome: The Committee received Complaints the Oversight Sub Group Minutes.</p>	
21/101	<p>North Mersey LeDeR Panel Minutes and Key Issues</p> <p>The Committee noted the North Mersey LeDeR Panel Minutes from the meeting held on 16th March 2021. No comments were made.</p> <p>Outcome: The Committee received North Mersey LeDeR Panel Minutes and Key Issues.</p>	
21/102	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee noted the Engagement and Patient Experience Group (EPEG) Key Issues from the meeting held on 12th May 2021 and the following was highlighted.</p>	

No	Item	Action
	<p>Dil Daly referred the Committee to a concern raised at the previous EPEG meeting, in relation to the lack of a psychologist post in the Asperger service due to the substantive post being on maternity leave with no backfill post appearing to be provided. Chrissie Cooke advised that this will be addressed via the contract monitoring meeting.</p> <p>Action: Chrissie Cooke/Tracey Forshaw to address the concern raised in relation the lack of a psychologist post in the Asperger service via the contract monitoring meeting.</p> <p>Outcome: The Committee received Engagement and Patient Experience Group (EPEG) Key Issues.</p>	CC/TF
21/103	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the Joint Medicines Operation Group (JMOG) Key Issues from the meeting held on 7th May 2021 and the following were highlighted.</p> <p>Helen Roberts informed that there had been a discussion at the recent JMOG meeting in relation to ensuring sufficient GP representation at JMOG as there had been 2 resignations received. It was agreed that that was sufficient representation, however if any agenda items require a wider GP view, then this can be requested as and when required.</p> <p>It was noted that the medicines management team roles and responsibilities and associated governance policy had been presented at the recent JMOG meeting would require formal ratification by the Committee.</p> <p>Action: Helen Roberts to present the Medicines Management Team Roles and Responsibilities and Associated Governance policy at the next Joint Quality and Performance Committee for formal ratification.</p> <p>Outcome: The Committee received Joint Medicines Operation Group (JMOG) Key Issues.</p>	HR
Closing Business		
21/104	<p>Any Other Business</p> <p>Tracey Forshaw informed the Committee of the death a 17 year old at Oakvale Gardens (brain injury rehabilitation centre) in 2020 which had been reported in the Liverpool ECHO local newspaper. This falls under the auspices of NHS Liverpool CCG.</p> <p>Tracey explained that quality issues are being addressed as part of the inquest in terms of level of suctioning, record keeping and documentation. Leadership Team are sighted on this.</p>	

No	Item	Action
	<p>This is on the Cheshire and Merseyside Pathway and has been highlighted to NHSEI.</p> <p>It was noted that CCGs have 2 people at Oakvale Gardens currently. NHS Midlands and Lancashire Commissioning Support Unit are undertaking a review of their care.</p>	
21/105	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1) Q4 safeguarding report presented to the Committee 2) Audit and training compliance concerns at Southport and Ormskirk Hospital to be raised at CF and CQRM 3) Additional capacity required for the CCG's complaints team 4) Rise in the number of children in care and therefore the demand for health assessments 5) Ingrid Bell – New DCO to commence on 31st May 2021 6) ADHD pathway for 16-25 year olds waiting times to be included in the IPR going forward 7) Discussion to take place at Leadership Team meeting in relation to neurodevelopment pathway for 16 to 25 year olds 8) SEND DfE revisit to take place on 22nd June 2021 9) Individual placement support – summary and assessment of anonymous allegations received by NHS South Sefton CCG are being fully investigated. There is continued oversight from Leadership Team. 10) CCG's IG handbook, CCG's code of conduct, CCG's IG and data security and protection policies, the proposed approach to modern day slavery statement, quality priorities and Joint Quality and Performance Committee work plan were approved. 	
21/106	<p>Meeting Review</p> <p>There were no comments made.</p>	
21/107	<p>Date of Next Meeting:-</p> <p>Thursday 24th June 2021 at 9am to 12noon, Via MS Teams.</p>	

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

**Thursday 24th June 2021, 9am to 12noon
Microsoft Teams Meeting**

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Tracey Forshaw	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	TF
Chrissie Cooke (for part of the meeting)	Interim Chief Nurse, SSCCG/SFCCG	CCooke
Steven Cox	Lay Member, SSCCG	SC
Dil Daly	Lay Member, SFCCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD
Ex Officio Member		
Fiona Taylor	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Chantelle Collins	Programme Manager for Quality and Performance, SSCCG/SFCCG	CCollins
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Luke Garner (for agenda item 21/112 only)	Chief BI Analyst, SSCCG/SFCCG	LG
Sue Jago (for agenda item 21/114 only)	Complaints and Corporate Services Officer, SSCCG/SFCCG	SJ
Pippa Joyce (for agenda item 21/121 only)	Information Governance Business Partner, MLCSU	PJ
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Tracey Forshaw	Deputy Chief Nurse, SSCCG/SFCCG	TF
Fiona Taylor	Chief Officer, SSCCG/SFCCG	FLT
Minutes		
Michelle Diable	Personal Assistant to Chief and Deputy Chief Nurse, SSCCG/SFCCG	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)
 Lay member (SS)
 CCG Officer (SF)
 CCG Officer (SS)
 A governing body clinician (SF)
 A governing body clinician (SS)

Membership Attendance Tracker

Name	Membership	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	✓	A	✓	A	A	✓	✓	A	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	✓	A	✓		✓	✓	✓	✓	✓	A	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	A	A	A	A	✓	✓	A	A	A	✓
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety (on Secondment)	✓	✓	✓	✓	A	✓	✓	✓				
Tracey Forshaw	Interim Deputy Chief Nurse									✓	✓	✓	A
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	✓	✓	A	✓	✓	✓	A	✓	✓	A	✓	A
Billie Dodd	Deputy Director of Commissioning and Delivery							A	✓	✓	✓	A	✓
Chrissie Cooke	Interim Chief Nurse							✓	✓	✓	✓	✓	✓
Steven Cox	Lay Member for Patient & Public Involvement											A	✓

✓ = Present A = Apologies

No	Item	Action
General		
21/108	<p>Welcome and Apologies for Absence</p> <p>The meeting Chair, Dr Rob Caudwell welcomed all to the meeting.</p> <p>Apologies for absence were noted from Susanne Lynch and Tracey Forshaw.</p> <p>Chrissie Cooke introduced Chantelle Collins who has recently commenced as programme manager in the Quality Team on a fixed term basis. Chantelle's portfolio of work includes primary care, community care and continuing health care. Chantelle will be assisting Tracey Forshaw and Jane Keenan in relation to individual patient activity.</p>	
21/109	<p>Declarations of Interest</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 and NHS Southport and Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</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 NHS South Sefton CCG and NHS Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
21/110	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendment made, the minutes from the previous meeting held on May 2021 were approved as an accurate reflection of the meeting. The key issues from the previous meeting were also approved.</p> <ul style="list-style-type: none"> • The first section under agenda item 21/96, Clinical Director Quality Update, to be replaced with: -_ <p>Dr Doug Callow highlighted the pressures on primary care in relation to significantly increased activity levels and demand.</p> <p>He informed that the online consultation facility Econsult, is continuing to consume a large proportion of practices time and switch off at weekends and out of hours is welcomed by many practices. Although Econsult are patient initiated online consultations and count towards digital tallies,</p>	

No	Item	Action
	<p>there is a mismatch between trivial consultation at lower threshold levels and the usual quality outcomes general practice would strive for, if primary care is overwhelmed by this type of transactional access at the expense of those with greater clinical need this, is not a good place to be.</p> <p><u>Advice and Guidance at Southport and Ormskirk Hospital NHS Trust</u></p> <p>Dr Doug Callow informed that requests should be responded to within 2 working days, it is accepted that this may not be possible all the time, particularly during the pandemic and a week or two would seem acceptable, if this could be agreed and communicated locally. However it is not uncommon to get no response representing a clinical safety/quality issue and a waste of GP surgery time having to check for a response repeatedly. It also reduces the likelihood of clinicians using the service in future.</p> <p>There have been reported incidents in gastroenterology, haematology and urology. It has been heard that the gastroenterology consultants do not have any allocated advice and guidance time. Dr Doug Callow advised that he has raised this with Kate Clarke, the new Medical Director at Southport and Ormskirk Hospital NHS Trust.</p> <p>Audit has been suggested as a good way to work through issues, for example how many Southport and Ormskirk Hospital NHS Trust advice and guidance referrals are outstanding, so that patients do not come to harm.</p> <p><u>Quality Issues</u></p> <p>Dr Doug Callow suggested that if the advice and guidance outcome is for a patient to be seen, then it might be helpful if the Trust converts this to the e-Referral Service.</p> <p>It was noted that experience of advice and guidance referrals to other trusts has been more positive in feedback from local GPs.</p> <p>Dr Doug Callow has suggested to the Southport and Ormskirk NHS Hospital Trust for high use advice and guidance specialities, to build a suite of referral guidelines like KERNIW RMS to enable good practice.</p> <p>Issues in relation to radiology services at Southport and Ormskirk NHS Hospital Trust requesting that GPs arrange c y or z referrals for further imaging has been raised with Kate Clarke and Raj Gedela as pushback, which adds no value and in many cases imaging requested by GPs are not able to request. There is a risk of requests being potentially missed, resulting in a delay in patients having procedures done.</p>	

No	Item	Action
21/111	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted: -</p> <ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <p>Following issues raised regarding midwives not having had EMIS training. Chrissie Cooke and Dr Gina Halstead had met with the Director of Nursing at Liverpool Women's Hospital, where it was acknowledged that there are issues regarding training for midwives and issues with their new IT system K2. The IT issues with K2 will be addressed via the Trust's CQRM. The issues in relation to EMIS training for midwives are being addressed and the Trust is liaising with IMersey to facilitate a training programme. The Committee agreed to keep this action on the tracker and will note a progress update at the next meeting, with a view to removing it from the action tracker, but to have further updates via the chief nurse report.</p> <p>Chrissie Cooke provided the following update, explaining that the Liverpool Women's Hospital was experiencing difficulties contacting IMersey. Chrissie Cooke had subsequently contacted IMersey to request that they contact the Liverpool Women's Hospital and for them to provide her with an update. It was noted that if Chrissie Cooke had not received a response by close of business on 24th June 2021, she would follow up the issue at the next CQRM.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 21/50, Clinical Director Quality Update <ul style="list-style-type: none"> (i) Billie Dodd to follow up the email sent by Dr Rob Caudwell to Jan Leonard and the LMC in relation to the MGUS patients at Southport and Ormskirk Hospital NHS Trust, being discharged from the haematology clinic and referred on to primary care. <p>Dr Rob Caudwell had informed that there is a well ran nurse led haematology service at Whiston Hospital and that the suggestion of introducing similar for the haematology service at Southport and Ormskirk NHS Trust has been made. However a response had not yet been received.</p> <p>Martin McDowell had acknowledged there is disconnection and that a network solution needs to be found. Martin advised that he would discuss this further with Billie Dodd.</p> <p>It was noted that the issues whereby primary care services are being asked to monitor MGUS patients care are starting to re occur, this has been escalated. Billie Dodd updated that she would follow up the disconnection at the next Clinical Assurance Group to obtain clarity.</p>	CCooke

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/90, Integrated Performance Report <p>Ally Dwyer to include Mersey Care NHS Foundation Trust ADHD waiting times for 18 to 25 years olds in the integrated performance report going forward.</p> <p>It was noted that this was on the agenda.</p> <p>Action closed.</p> <ul style="list-style-type: none"> • Agenda Item 21/91, Chief Nurse Report <p>The chief nurse report to routinely include all quality agenda item updates.</p> <p>Noted, action closed.</p> <ul style="list-style-type: none"> • Agenda Item 21/92, Complaints, PALS, MP Report – May 2021 <p>Sue Jago to include in the next complaints report the percentage of CCG staff that has received complaints training.</p> <p>It was noted that this was on the agenda, action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/96, Clinical Director Quality Update <p>(i) Tracey Forshaw to ask Jennie Piet to obtain examples of audit issues at Southport and Ormskirk Hospital from Peter Chamberlain. Jennie Piet to ensure that these are addressed via the quality monitoring meeting.</p> <p>Action completed.</p> <p>(ii) Dr Rob Caudwell to discuss the issue of primary care being asked by radiology services to undertake further referrals at a meeting he is convening and provide an update.</p> <p>Dr Rob Caudwell updated that he is still in the process of convening a meeting, a date has not been confirmed yet.</p> <p>Action deferred to the next meeting.</p>	<p style="text-align: center;">RC</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/102, Engagement and Patient Experience Group (EPEG) Key Issues <p>Chrissie Cooke/Tracey Forshaw to address the concern raised in relation the lack of a psychologist post in the Asperger service via the contract monitoring meeting.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/103 Joint Medicines Operation Group (JMOG) Key Issues <p>Helen Roberts to present the Medicines Management Team Roles and Responsibilities and Associated Governance policy at the next Joint Quality and Performance Committee for formal ratification.</p> <p>Helen Roberts advised that it had been agreed to present the Medicines Management Team Roles and Responsibilities and Associated Governance policy at Leadership Team meeting, instead of at the Joint Quality and Performance Committee.</p> <p>Action closed.</p>	<p>CCooke /TF</p>
21/112	<p>Integrated Performance Report</p> <p>Luke Garner presented the integrated performance report to provide summary information on the activity and quality performance of NHS South Sefton CCG and NHS Southport and Formby CCG at month 1, April 2021.</p> <p>The following report highlights were noted: -</p> <p><u>Diagnostic Performance</u> Both CCGs remain better performing than national levels and remaining steady against the previous month. Both CCGs have colonoscopy and gastroscopy as areas where performance is poor and waiting lists are high.</p> <p><u>Referral to Treatment Performance</u> Improvements against the previous month for both CCGs were noted but waiting lists continue to grow. NHS Southport and Formby CCG levels of performance and proportion of 52-week waiters are in a better position than national levels, whereas NHS South Sefton CCG are roughly in line with national levels.</p>	

No	Item	Action
	<p><u>Cancer</u> Main areas of concern are 2 week wait breast symptoms and 62-day treatment targets with increasing referrals noted for 2 week wait activity and are now above 2019/20 levels.</p> <p><u>Urgent Care</u> The 4-hour target remains as same as previous levels in previous months.</p> <p><u>A&E</u> Attendance is high. More admissions are being seen in relation to non-Covid 19 related issues rather than Covid 19 related issues.</p> <p>Winter plan preparation is in place with evidence being collated. It has been noted that in previous years from September onwards, there is usually an increase in paediatric chest infections. However there was no peak at that same period in 2020 due to social distancing being in place and school closures.</p> <p><u>Children's Services</u> Increased demand into children's services continues to affect performance with CAMHS and ASD/ADHD waiting times failing the targets. Demand increase estimates at the start of the pandemic of 15% now look closer to 30%.</p> <p>It was noted paediatricians are anticipating a spike in bronchiolitis.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
21/113	<p>Chief Nurse Report</p> <p>Chrissie Cooke presented the chief nurse report providing the Committee with an update on the key issues that have occurred since the last report presented in May 2021. It was noted that the report now includes safeguarding updates following the recommendation from Joint Quality and Performance Committee in May 2021.</p> <p>The Committee noted the following key issues: -</p> <p>The rise in young people in mental health crisis across Cheshire and Merseyside that have been kept in the emergency department, for longer than 12 hours due to lack of appropriate support. At least 50% of the young people presenting with mental health issues at A&E are not already known to services.</p> <p>The Local Authority has received a requirement to improve letter regarding assessment, risks and senior management assurance following the Ofsted letter in May 2021. Lisa Lyons has commenced as interim Director of Social Services.</p>	

No	Item	Action
	<p>There are continuing issues with the Continuing Health Care (CHC) service. It was noted at a recent meeting that over 150 cases have not progressed since February 2021. This has escalated and discussed at Leadership Team. It was noted that CHC performance is on the agenda and would therefore be discussed in more detail later in the meeting.</p> <p>A 12-year-old girl with a diagnosis of autistic spectrum disorder had unintentionally taken an overdose and died in June 2021 at Alder Hey Hospital.</p> <p>It was noted that in the key issues section of the chief nurse report, reference is made to the backlog of assessments and reviews that emerged during February 2021. It was suggested that the report should explicitly state that they relate to CHC.</p> <p>Action: Chrissie Cooke to amend the June 2021 edition of the chief nurse report to state that the back log of assessments, in the key issues section specifically relate to CHC.</p> <p>It was highlighted that the Mersey Care Collaborative Commissioning Forum had reported that 30% of CHC staff are off work due to sickness absence. It was suggested having a breakdown of the reasons for the absences and to also state the full complement of staffing percentage, against the 30% to better understand the issues and provide context.</p> <p>Action: Chrissie Cooke to ascertain the reasons for the CHC sickness absences and to advise how many staff members there are, to provide context in relation to the percentage that are off sick.</p> <p>It was also noted that in section 3 of the chief nurse report reference is made to section 7, however there is no reference made in section 7. Chrissie Cooke advised that it refers to the same practice reported in the previous chief nurse report for a different reason and that an action plan is in place and it is being monitored by the quality team and primary care.</p> <p>Dr Gina Halstead referred to section 4.3 of the chief nurse report where it states that the ADHD maximum waits were reported as 500.7 in April, with 20.6 weeks for those transitioning across from Alder Hey Hospital. Dr Gina Halstead enquired about what unit of measurement has been used in the report in relation to number of waits.</p> <p>Action: Chrissie Cooke to confirm the unit of measurement referenced in the June 2021 edition of the chief nurse report in relation to ADHD maximum waits.</p> <p>The format of the chief nurse report is new and it was noted that the Committee is content with new format.</p> <p>Outcome: The Committee noted the Chief Nurse Report.</p>	<p>CCooke</p> <p>CCooke</p> <p>CCooke</p>

No	Item	Action
21/114	<p>Complaints, PALS, MP Report – May 2021</p> <p>Chrissie Cooke apologised for the absence of a written report on this occasion and advised that a quality report will be provided going forward.</p> <p>Chrissie Cooke highlighted that complaints are usually dealt with by providers. If patients are not happy with the responses received from the provider, then they can contact the CCG's. As a result the CCG's had not resourced the management team with enough support to be able manage the complaints process.</p> <p>It was noted that the CCG's transferred their complaints database system from Datix to Ulcyes in line with many other organisations in 2020. A lot of work has been undertaken to rectify the issue whereby a lot of data had been placed into the wrong fields.</p> <p>Chrissie Cooke explained that she had raised low level concerns at a previous meeting in relation to the complaints coming through as she was not assured on the numbers. However following a recent data cleanse and subsequent report, Chrissie Cooke advised that she was assured on the numbers.</p> <p>Chrissie Cooke referred the Committee to a report presented at the recent Complaints Oversight Group which covers open complaints from 2020/21 and all those received during April – May 2021.</p> <p>Chrissie Cooke advised that she would share the report with Committee members following the meeting, where a full breakdown of the data can be found. The Committee noted the following: -</p> <p>The complaints team have worked extensively to close the number of open contacts from 80 open contacts to 38 open contacts over the last month. Key prioritisation areas have been identified in order to identify the appropriate CCG staff to support the resolution of any outstanding contacts.</p> <p><u>NHS Southport and Formby CCG</u> During April and May 2021, there were a total of 57 contacts. Of the 57 contacts, all were acknowledged or resolved and closed within a short timeframe. 41 have since been closed and 16 are ongoing.</p> <p><u>NHS South Sefton CCG</u> During April and May 2021, there were a total of 62 contacts. Of the 62 contacts, all were acknowledged or resolved and closed within a short timeframe. 34 have since been closed and 28 are ongoing.</p> <p>PALs constitute the highest contact during the reporting period for both CCGs.</p>	

No	Item	Action
	<p>It was noted that there has been an overall increase in the number of complaints made to MP's. It is suggested that this may be due to patients who have felt the need to complain more during the pandemic, as they do not feel that they have received a good service. In addition as MP's have not been in parliament and have therefore been in contact with their constituents more.</p> <p>The Committee raised concerns that there is no mechanism in place for patients to be able contact relevant services if their symptoms have worsened. Provider trusts refer patients to primary care who in turn, request for a letter to be written to provider trusts.</p> <p>Dr Rob Caudwell explained that a consultant at Southport Hospital wrote to associated GP practices to inform them what the gastroenterology service at the trust would and would not expedite. Dr Rob Caudwell highlighted that this provides primary care with clear guidance which could then be explained directly to patients. He suggested exploring this further with the Medical Director at Southport hospital.</p> <p>Dr Gina Halstead expressed that she would not benefit from the receipt of such information from secondary care consultants. She advised that she would write to provider trusts as and when appropriate to expedite accordingly.</p> <p>Dr Doug Callow informed of a process in place at Wirral Teaching Hospital, whereby the trust writes to patients to provide them with an update on the assessment of their care. The letter sign posts the patient to the outpatient booking service or to their GP if their symptoms worsen.</p> <p>Action: Dr Rob Caudwell to discuss with the Medical Director at Southport Hospital the issue whereby patients have no mechanism to contact care providers should their condition worsen and to suggest having a clear guidance from secondary care colleagues, in relation to what they will or will not expedite. To explore the possibility of writing to patients to sign post them should their symptoms/conditions worsen. In addition to raise the issue at the next CQRM.</p> <p>Sue Jago highlighted that provider trusts i.e. Southport and Aintree have different complaints response deadlines to that of the CCGs. Chrissie Cooke confirmed that the processes need to be streamlined to align the complaints response timings. To also incorporate better sign posting on the CCG's website. These issues are being addressed via the Complaints Oversight Group. It was noted that any issues in relation to trusts not responding to complaints within the agreed timescales should be raised at CQPG.</p> <p>Chrissie Cooke wished to formally thank Sue Jago and Mel Spelman for their hard work in producing the report and also specifically to Sue, for the</p>	RC

No	Item	Action
	<p>management of CCG's complaints on a daily basis. Action: Chrissie Cooke to share the June 2021 Complaints and Oversight Group report with Committee members.</p> <p>Outcome: The Committee noted the verbal Complaints, PALS, MP Update.</p>	CCooke
21/115	<p>Niche Corporate Governance Review 2020 Review JQPC and Complaints</p> <p>Chrissie Cooke explained that following the Niche corporate governance review in 2020, the function of the Joint Quality and Performance Committee is required to be reviewed to align the necessary work required. It was noted that since the review, the following aspects have been undertaken: -</p> <ul style="list-style-type: none"> • Terms of Reference have been reviewed and approved. • Committee work plan and programme of work have been revised and approved. • Structured agenda now in place to reflect the work plan and to enable rich discussion • Volume of report papers have been reduced, replaced by a balance of reports and verbal updates. • Presented deep dive reports in relation to learning disabilities and mental health services. <p>It was noted that the Committee will receive a deep dive report in relation to maternity service and summary of adult care and children care in general in due course. The latter will inform a position statement in preparation for transition to ICS.</p> <p>Chrissie Cooke noted that there had been no reference made to the pandemic in the chief nurse reports in 2020. She is working to address the issue to ensure that from this year, there is consistent relevant information contained in chief nurse.</p> <p>Dr Gina Halstead explained that it had been raised at the start of the pandemic about the issues and impact Covid 19 was having on large trusts. She raised an issue in relation to the impact Covid 19 was having on primary care and on the health and wellbeing of primary care staff and also PPE concerns. However this had not been progressed by the Committee.</p> <p>Dil Daly highlighted that it is difficult to ascertain what the norm is now in terms of quality monitoring. Chrissie Cooke suggested presenting a summary report on the quality accounts at the next meeting.</p> <p>Action: Jennie Piet and Mel Spelman to present a quality accounts summary report at the next meeting.</p>	JP/MS

No	Item	Action
	<p>The reduced volume of Committee meeting papers for this month's meeting was noted as being preferable.</p> <p>The late receipt of meeting papers for this month's meeting was highlighted. Chrissie Cooke apologised for the late circulation of the meeting pack, which was due to the fact that not all of the reports were ready to be circulated on the usual day this month. She explained that she did not feel it was beneficial to circulate reports separately, but to send only the complete meeting pack. The meeting packs are normally circulated the week before the meeting and the team will endeavour to meet that deadline.</p> <p><u>Joint Quality Performance Committee Development Session</u></p> <p>Chrissie Cooke asked the Committee what they would like to discuss at the development session. She suggested reviewing the previous year and the impact the pandemic has had on quality. To also review the work plan to ensure that is still relevant to the work that is required over the coming year. The session will take place at either the July or August 2021 Committee meeting.</p> <p>It was suggested to have a summary of complaints and incidents at the session. To look at all providers in terms of care provision and how they have responded to the pandemic and the impact Covid 19 has had on quality.</p> <p>Dr Gina Halstead highlighted the hard work undertaken quickly and efficiently by primary care services in response to the pandemic and gave recognition to the excellent work undertaken by IMersey.</p> <p>Difficulties were noted in terms of obtaining quantifiable primary care data. Martin McDowell informed that he had reported recently to the Overview and Scrutiny Committee, that activity had increased by 21% compared to last 6 months. He highlighted the need to understand the data and suggested looking at it on a practice-by-practice level to ascertain gaps and also how the data can be reported.</p> <p><i>Action: Martin McDowell to review primary care data at a practice-by-practice level to ascertain gaps and also how it can be reported.</i></p> <p>Chrissie Cooke explained that she will work with the quality team and BI colleagues to obtain information to help inform a useful discussion, to enable the Committee to review the previous year and the impact Covid 19 has had on quality. To also take stock of the arrangements in preparation for the transition to ICS.</p> <p><i>Action: Chrissie Cooke to arrange Joint Quality and Performance Committee Development Session to take place in July/August 2021.</i></p> <p>Outcome: The Committee noted the Niche Corporate Governance</p>	<p>MMcD</p> <p>CCooke</p>

No	Item	Action
	Review 2020 Review JQPC and Complaints verbal update.	
21/116	<p>Continuing Health Care (CHC) Performance</p> <p>Chrissie Cooke informed the Committee that it had been brought to the CCG's attention in February 2021 of the large backlog of CHC assessments. The CCG's have worked with Mersey Care NHS Foundation Trust to address the issues and reduce the backlog of assessments. Initially there were twice weekly meetings in place to monitor progress, which later reduced to once per week at the request of Mersey Care NHS Foundation Trust. However the trust failed to meet the action plan time frame of 16th May 2021 and consequently daily meetings have been convened between MLCSU, Mersey Care NHS Foundation Trust and Liverpool and Sefton local authority to go through each case. Extra support was provided, however the trust failed to meet the action plan time frame of 20th June 2021. Meetings have taken place with the Executive Director of Nursing of Operations of Mersey Care NHS Foundation Trust, where issues were highlighted in relation to internal processes, management training and capability and general quality of documentation being provided to CHC. Financial support was given to MLCSU to increase capacity.</p> <p>The CCG's have met with the Executive Director Nursing at Mersey Care NHS Foundation Trust and NHSEi to inform them of their proposal to issue a contract performance notice. This was then discussed at a recent Leadership Team meeting, where it was agreed to issue a contract performance notice to Mersey Care NHS Foundation Trust following their failure to meet 2 action plan deadlines.</p> <p>It was noted that NHSEI have raised concerns with the CCGs in relation to their failure to deliver and have requested an action plan be put in place. The CCG's have issued an action plan to NHSEI and have outlined the actions undertaken thus far by the CCG's.</p> <p>The backlog is being intensely and actively monitored and work is continuing to support Mersey Care NHS Foundation Trust to provide a good service. It was highlighted that there are difficulties in relation to being able to come out of the contract, as it would require a 6-month notice period and then time required to procure a new provider, which would then impact on the timeframe in relation ICS development.</p> <p>It was highlighted that the service specification has not been progressed.</p> <p>Dr Rob Caudwell queried if enough change has taken place to avoid another backlog accumulating.</p> <p>Chantelle Collins advised that there is a three-tier quality assurance process in place currently. All the evidence suggests that the issues are quality related.</p>	

No	Item	Action
	<p>A high number of sickness absences was noted at the CQRM, however it was highlighted at the steering group meeting that it was not that high. Sickness absence is being monitored.</p> <p>Chrissie Cooke explained that MLCSU recruited agency staff to reduce the assessment backlog, however they were not able to retain those members of staff as their appointments were fixed term. There are capacity issues in relation to CHC nurses as they are highly specialised, making it difficult to be able to recruit them in general.</p> <p>It was noted that MLCSU only reject cases if they do not have enough information required.</p> <p>Chrissie Cooke informed that that from June 2021 NHSEI are monitoring the 28 day standard.</p> <p>Outcome: The Committee noted the CHC Performance verbal update.</p>	
21/117	<p>Quality in ICS</p> <p>Chrissie Cooke referred the Committee to the Quality and Safeguarding in Cheshire and Merseyside ICS presentation.</p> <p>Chrissie Cooke outlined the following 2 key requirements in quality oversight in ICS:-</p> <ul style="list-style-type: none"> - To ensure the fundamental standards of quality are delivered, including managing quality risks, including safety risks and addressing inequalities and variation. - To continually improve the quality of services in a way that makes a real difference to the people using them. <p>It was noted that the National Quality Board has worked up a shared single view of quality. The Board includes leads from health and social care, CQC and other regulatory bodies and NHSEI. In practice a shared single view of quality ensures that the delivery of care is safe and effective and provides a positive patient experience.</p> <p>The presentation contains a description of ICS; partner's responsibilities, delivering quality in care 7 step model, key principles and how to deliver quality. Also included is information in relation to the quality surveillance groups which will become system quality groups and the terms of reference will be amended in line with a change in membership. These will be defined nationally.</p> <p>Chrissie Cooke informed that she has been working with CCG Chief Nurses/Directors of Quality colleagues and advised that there is a second</p>	

No	Item	Action
	<p>workshop scheduled for 24th June 2021 in relation to quality in ICS. Part of the work undertaken by the Chief Nurses and Directors of Quality thus far, has been to review statutory duties and aligned them accordingly.</p> <p>It was noted that the Committee understood the shared definition of quality and were in agreement for the CCGs to develop an integrated quality team with the local authority in line with the Juran principles, which are based on quality planning, quality control and quality improvement.</p> <p>Action: Chrissie Cooke to circulate the Quality and Safeguarding in Cheshire and Merseyside ICS presentation to the Committee.</p> <p>Outcome: The Committee noted the Quality in ICS presentation.</p>	CCooke
21/118	<p>Implementing the recommendations of Working Together Children (2018) regarding Local Safeguarding Children Board (LSCB)</p> <p>Chrissie Cooke provided a verbal update in the absence of a paper. She explained that due to some recent changes, a paper was not yet available, but will be presented in due course.</p> <p>Action: Safeguarding Children Board arrangements paper to be presented at future meeting.</p> <p>Chrissie Cooke informed that three years ago Alan Wood had highlighted that the LSCB was not improving outcomes for children in need. He recommended that focus should be made on driving safeguarding practice activity by partnership working with the NHS (led by CCGs) Local Authority and the Police. However Sefton did not follow Alan Wood's recommendations.</p> <p>Sefton received a Joint targeted area inspection and a following a DfE visit, a SEND improvement plan was put in place. In addition an Ofsted targeted letter identified a number of issues with the Sefton's children services.</p> <p>It was noted that there is an interim Director of Children Services in post and an Improvement Director who is developing an Improvement Board.</p> <p>Chrissie Cooke advised that she would be attending a meeting later that day to discuss the work and priorities required by the three strategic partners.</p> <p>Outcome: The Committee noted the Implementing the recommendations of Working Together Children (2018) regarding LSCB verbal update.</p>	CCooke

No	Item	Action
21/119	<p>Commissioner Quarterly Controlled Drugs Report</p> <p>Helen Roberts presented the commissioner quarterly controlled drugs report for the period from January to March 2021.</p> <p>It was noted that on the first page of the report it refers to the period of January to March 2020, this is an error, it should read January to March 2021.</p> <p>No concerns were highlighted following the review of controlled drugs prescribing data at a CCG level</p> <p>It was noted that the report no longer contains the drug misuse information which was more preferable for the purposes of the Committee.</p> <p>Outcome: The Committee received the Commissioner Quarterly Controlled Drugs Report.</p>	
21/120	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead noted the concerns in relation to the lack of understanding between some patients and some councillors about why GPs are not seeing patients face to face. Work is to be undertaken to better manage expectations in respect of primary care.</p> <p>A concern was raised in relation to GP records potentially being lost to history in primary care, due to the transfer to an electronic platform. The immediate need to halt the destruction of paper records temporarily was noted. Martin McDowell agreed to take this forward.</p> <p>Action: Martin McDowell to take forward the concern raised in relation to GP records potentially being lost in history due to the transfer to electronic platform and to recommend that an immediate halt in the destruction of paper records is put in place temporarily.</p> <p>The lack of bed base at Stoddart House was noted. Jane Lunt is to request Liverpool University Hospitals NHS Foundation Trust and Mersey Care NHS Foundation Trust to link in with each other regarding this. Chrissie Cooke advised that this will be addressed via the Intermediate Care Board.</p> <p>Dr Doug Callow highlighted an issue in relation to Maxitrol eye drops which were being prescribed by the trust, however this has ceased to take place and consequently GPs are being asked to prescribe them instead. He advised that this issue has been raised at another forum.</p> <p>Dr Doug Callow also highlighted the issues in relation to radiology services referring patients back to primary care.</p>	MMcD

No	Item	Action
	<p>He explained that it creates an extra step for patients and additional work for primary care.</p> <p>Dr Rob Caudwell advised that he would raise this when he meets with the clinical director. He explained that this was already an action for him to follow up.</p> <p>It was highlighted that there are issues in relation PC24 regarding patients not being able to access clinicians/doctors at Southport on Sundays and patients consequently being redirected elsewhere. Not having enough visiting doctors available to see patients who are experiencing lengthy call back times was noted. Martin McDowell advised that he would raise this with the Leadership Team and ask the commissioning team to undertake some research with a view to providing an update before the next meeting.</p> <p>Action: Martin McDowell to obtain an update from the Leadership Team in relation to the issues that patients are experiencing when trying to access PC24 clinicians. To ask the commissioning team to undertake some research with a view to providing an update, if possible before the next meeting.</p> <p>Dr Rob Caudwell highlighted difficulties in obtaining a general neurology referral. Martin McDowell requested for Dr Rob Caudwell to share some examples with him, which he will then escalate via the contractual route and directly with the Walton Centre.</p> <p>Action: Dr Rob Caudwell to send examples of the difficulties experienced in obtaining general neurology referrals to Martin McDowell.</p> <p>Action: Martin McDowell to escalate the issues in relation to the difficulties experienced by primary care in obtaining a general neurology referral.</p> <p><u>Mass Vaccination Programme Update</u></p> <p>Martin McDowell provided the following update:-</p> <p><u>NHS South Sefton CCG</u> 76% of the adult population have received their first vaccination. Just fewer than 60% of the adult population have received their second vaccination.</p> <p><u>NHS Southport and Formby CCG</u> Just fewer than 80% of the adult population have received their first vaccination. Just over 65% of the adult population have received their second vaccination.</p>	<p>MMcD</p> <p>RC</p> <p>MMcD</p>

No	Item	Action
	<p>It was noted that work with partners continues to understand why the numbers are lower in South Sefton than in Southport and Formby and in turn, create opportunities to increase the numbers of patients receiving vaccinations</p> <p>It was noted that the booster Covid 19 vaccinations in the autumn will be administered by pharmacists.</p> <p>Outcome: The Committee noted the Clinical Director verbal update.</p>	
Policies Requiring Approval		
21/121	<p>Localised Information Governance (IG) Breach Standard Operating Procedure (SOP)</p> <p>Pippa Joyce presented the IG Breach SOP to the Committee for approval. The SOP outlines the procedure for staff if they become aware of a data security and protection breach.</p> <p>Pippa Joyce explained that the SOP was being put in place to formalise the process. It was queried if there was a flow chart to support the procedure. Pippa Joyce advised that there is flow chart to accompany the SOP which will be shared with CCG staff.</p> <p>It was noted that as part of the IG breach process, if an RCA is deemed necessary, then it would require approval by Martin McDowell in his role as SIRO.</p> <p>Outcome: The Committee approved the Localised IG Breach SOP.</p>	
For Information		
21/122	<p>SEND Health Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Health Performance Improvement Group Minutes and Key Issues from the meeting held on 30th April 2021. No comments were made.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group Minutes and Key Issues.</p>	
21/123	<p>Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key issues from the NHS Southport and Formby and NHS South Sefton CCG SIRG meeting held on 5th May 2021. It was highlighted that the key issues template had been left blank and was queried if this was intentional. Mel Spelman advised that she would follow this up and confirm.</p>	

No	Item	Action
	<p>Action: Mel Spelman to confirm if there were any key issues arising from the SIRG meeting held on 5th May 2021.</p> <p>It was suggested going forward, to state if there are no key issues in the key issue template.</p> <p>Outcome: The Committee received the Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	MS
21/124	<p>Individual Patient Activity Combined Quality and Performance Group (IPA CQPG) Minutes and Key Issues.</p> <p>The Committee noted the minutes and key issues from the Individual Patient Activity Combined Quality and Performance Group meeting held on 30th April 2021. No comments were made.</p> <p>Outcome: The Committee received the Individual Patient Activity Group minutes and key issues.</p>	
21/125	<p>Complaints Oversight Sub Group Minutes and Key Issues</p> <p>The Committee noted the Complaints Oversight Sub Group minutes from the meeting held on 17th May 2021 and key issues from the meeting held on 21st June 2021. No comments were made.</p> <p>Outcome: The Committee received Complaints the Oversight Sub Group Minutes and Key Issues</p>	
21/126	<p>North Mersey LeDeR Panel Minutes</p> <p>The Committee noted the North Mersey LeDeR Panel Minutes from the meeting held on 18th May 2021. No comments were made.</p> <p>Outcome: The Committee received North Mersey LeDeR Panel Minutes and Key Issues.</p>	
21/127	<p>Primary Care Commissioning Committee in Common Minutes</p> <p>The Committee noted the Primary Care Commissioning Committee in Common Minutes from the meetings held on 18th March and 21st April 2021.</p> <p>Dil Daly referred to the section of the minutes in relation to PC24 having taken over out of hours provision from 1st April 2021 and that the feedback from stakeholders had been positive. He highlighted the discussion earlier in the meeting in relation to the issues being experienced with PC24.</p> <p>Outcome: The Committee received the Primary Care Commissioning</p>	

No	Item	Action
	Committee in Common Minutes.	
Closing Business		
21/128	Any Other Business No items noted.	
21/129	Key Issues Arising From This Meeting The following key issues were noted by the Committee:- <ol style="list-style-type: none"> 1) JQPC Development Session to be arranged. 2) CHC Mersey Care NHS Foundation Trust assessment backlog issues continue, provider failed to meet 2 deadlines. Contract performance notice to be served. 3) Concern regarding the lack of bed base at Stoddart House was raised. 4) Information Governance Breach SOP approved. 5) PC24 issues highlighted in relation to there being no access to clinicians/doctors at Southport with patients being redirected elsewhere. Not enough visiting doctors seem to be available with patients experiencing lengthy call back times. 6) Issue in relation to general neurology referrals from primary care not being accepted was raised. 7) Concern raised in relation to GP paper records as they may be potentially lost to history in primary care due to the transfer to electronic platform. 8) Verbal update received in relation to Safeguarding Board arrangements. Paper to be presented in due course. 	
21/130	Meeting Review The Committee agreed that the meeting was positive. The reduced volume of papers was preferable. The comfort break in the middle of the meeting was beneficial. Dil Daly highlighted that the Committee can discuss issues and their impact, but queried how many of those issues can the Committee resolve in the absence of a quality monitoring norm during the pandemic.	
21/131	Date of Next Meeting:- Thursday 29 th July 2021 at 9am to 12noon, Via MS Teams.	

**NHS South Sefton CCG and NHS Southport & Formby CCG
Primary Care Commissioning Committee in Common – Part ONE
Minutes**

Date: Thursday 20th May 2021

Venue: MS Teams due to Covid-19 Pandemic

Members		
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Non-Voting Attendees:		
Dr Kati Scholtz	GP Clinical Representative	KS
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Jennifer Piet	Primary Care Quality Team	JP
Debbie Fairclough	Interim Programme Lead – SS SF CCG Corporate Services	DF
Joe Chattin	LMC Representative	JC
Diane Blair	Healthwatch	DB
Rob Smith	SS SF CCG Finance	RS
Jane Elliott	Commissioning Manager Localities	JE
Melanie Spelman	Programme Manager for Quality & Risk	MS
Minutes		
Susan Spofforth	Senior Administrator	SS

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

Name	Membership	Nov 2020	Jan 2021	Mar 2021	Apr 2021	May 2021						
Members:												
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓	✓	✓						
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N	A	N						
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	✓	✓						
Alan Sharples	SS CCG Lay Member	✓	✓	✓	✓	A						
Helen Nichols	S&F CCG Lay Member	✓	✓	✓	A	✓						
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓	✓	✓						
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	✓	✓	✓						
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	N	✓	✓						
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality Lead	N	A	N	A	A						
Non-Voting Attendees:												
Dr Kati Scholtz	GP Clinical Representative	✓	✓	✓	A	✓						
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓	✓	✓						
Joe Chattin	LMC Representative	✓	N	N	N	✓						
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N	D	D						
Diane Blair	Healthwatch	✓	N	A	✓	A						
Rob Smith	SS SF CCG Finance	N	✓	✓	N	✓						
Jennifer Piet	Programme manager – Quality & Performance	N	N	N	✓	N						
Melanie Spelman	Deputising for Tracy Forshaw	N	N	N	N	D						
Jane Elliott	Commissioning Manager, Localities	N	N	N	✓	✓						

No	Item	Action
PCCiC 21/25.	<p>Introductions and apologies</p> <p>DD opened the meeting; apologies were received from AS, FT, TF and DB. DF deputising for FT and MS deputising for TF.</p>	
PCCiC 21/26.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/27.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 21st April 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/28.	<p>JOG Key issues May 2021 – JL (see attachment)</p> <p><u>Crosby practice</u> - JL advised a practice in Crosby wants to close their list, have asked for more information before considering this. Access needs to be addressed in the Crosby area.</p> <p><u>E-Consult</u> - JE discussed attachment highlighting an increase of 1000 e-consults in S&F during December to March. JC will take to LMC group.</p> <p><u>Hollies</u> – JL advised that the partnership change in the Hollies surgery has taken place. Had no issues with Improvement grants and practices will formally make an application. Changes to PCN membership in these papers for Committee to peruse.</p>	
PCCiC 21/29.	<p>LQC – AP (see attachment)</p> <p>AP provided attachment re local quality contract.</p> <ul style="list-style-type: none"> • Due to the disruption of Phase 6 with the Covid programme, Phase 7 will be implemented from 1/7/21 to 31/3/22 with the same Principals as Phase 6. • Still have 3 schemes in Part 1, 2 and 3. • Equity of funding principal and dashboard (which requires updating) will remain in place. • COPD respiratory scheme in Part 1 will be retiring in Phase 7. • CKD section has been expanded. • Public Health vaccinations and immunisation have had changes due to the National Scheme re QOF, so no duplication of payment. • LD annual health check indicators and Meds Management have been reviewed and this will include patients who receive B12 injections. • Part 2 indicators in the main are remaining the same apart from physical health check for serious mental health patients. Funding will be added into Part 1 to expand these indicators. • Part 3 no significant changes. 	

	<ul style="list-style-type: none"> Finances need to be separated out as Q1 of this year roll over of P6 and quarter 2, 3 and 4 see the SMI health checks going to Part 1 which changes Part 1 payments. Looked at weightings in LQC and amended to reflect changes. Close to having a final document to go to Committee. A meeting will be arranged for June 2021 to receive the final document. <p>Questions/comments:</p> <ul style="list-style-type: none"> Narrative needs to be addressed to make the acronyms more specific as not all recipients will understand medical terminology. Need to ensure that they understand this is a worthwhile scheme, provide evidence to demonstrate that it is sound. Finance performance team will provide support if required. Recommendation for meeting in June agreed. 	
PCCiC 21/30.	<p>Primary Care – General Medical Services – Financial position as at 31/3/21 – RS (see attachment)</p> <p>South Sefton:</p> <ul style="list-style-type: none"> Financial year end (April 2020 – March 2021) showed an under-spend of £492,293. The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. <p>Southport & Formby:</p> <ul style="list-style-type: none"> Financial year end (April 2020 – March 2021) showed an under-spend of £283,805. As for South Sefton, the continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. In response to the Covid emergency, temporary financial arrangements were implemented throughout the 2020/21 financial year. 	
PCCiC 21/31.	<p>Update of PCN position – JL (see attached)</p> <p>South Sefton:</p> <ul style="list-style-type: none"> Changes to Bootle, Crosby and Maghull practices opting to join the PCN this year: These 3 practices are all run by the same provider. One practice in Maghull is still yet to join the PCN, vote currently being undertaken with BCM. Once accepted all SS practices will be in the PCN. <p>Southport & Formby</p> <ul style="list-style-type: none"> Ainsdale, Birkdale and Formby have opted to close. Formation of a new S&F PCN which meets the qualifying criteria as set out by NHSE will be set up. Have got locality representatives in 4 localities available. Authorisation required by Committee to approve these changes. Committee has formally approved changes to PCNs. 	

PCCiC 21/32.	<p>Risk Register - JL</p> <p>The risk register was reviewed and updated.</p> <p><u>JC03 – General Practice</u>: NHSE sent out Access letters last week re ‘Face to Face’ access, no mitigating risks at the moment and currently awaiting changes in Standard Operating Procedures. Risk not to be reduced at this time.</p> <p><u>JC05 – PCSE</u>: no further update, issues continue.</p> <p><u>JC39 – Mass Vaccination Programme</u>: this risk was previously reduced in the JOG meeting. Change in guidance re bringing forward 2nd doses to 8 weeks. S&F are currently doing this and SS are taking this on board. Large community pharmacy programme will be available shortly to offer Pfizer to under 40’s.</p> <p><u>JC41 - Estates in South Sefton</u>: There was a lack of recruitment to the ARRS scheme last year as BCM have flagged shortage of locations to place staff. Working closely with Council to explore estate opportunities there.</p>	
PCCiC 21/33.	<p>Any Other Business</p> <p>Special meeting to be arranged for June.</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
<p>Date of Next Meeting: Thursday 15th July 2021 10.00am-11.00am. Venue: MS Teams</p>		

**NHS South Sefton CCG and NHS Southport & Formby CCG
Primary Care Commissioning Committee in Common – Part ONE
Minutes**

Date: Thursday 17th June 2021

Venue: MS Teams due to Covid-19 Pandemic

Members		
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Non-Voting Attendees:		
Dr Kati Scholtz	GP Clinical Representative	KS
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Jennifer Piet	Primary Care Quality Team	JP
Debbie Fairclough	Interim Programme Lead – SS SF CCG Corporate Services	DF
Joe Chattin	LMC Representative	JC
Diane Blair	Healthwatch	DB
Rob Smith	SS SF CCG Finance	RS
Jane Elliott	Commissioning Manager Localities	JE
Melanie Spelman	Programme Manager for Quality & Risk	MS
Minutes		
Susan Spofforth	Senior Administrator	SS

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

Name	Membership	Jan 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Sep 21	Nov 21
Members:									
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓	✓	✓	✓		
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N	A	N	A		
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	✓	✓	✓		
Alan Sharples	SS CCG Lay Member	✓	✓	✓	✓	A	✓		
Helen Nichols	S&F CCG Lay Member	✓	✓	✓	A	✓	✓		
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓	✓	✓	✓		
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	✓	✓	✓	✓		
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	N	✓	✓	✓		
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality Lead	N	A	N	A	A	A		
Non-Voting Members:									
Dr Kati Scholtz	GP Clinical Representative SF	✓	✓	✓	A	✓	✓		
Dr Reehan Naweed	GP Clinical Representative SS	n/a	n/a	n/a	n/a	n/a	✓		
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓	✓	✓	✓		
Joe Chattin	LMC Representative	✓	N	N	N	✓	N		
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N	D	D	✓		

Diane Blair	Healthwatch	✓	N	A	✓	A	✓			
Rob Smith	SS SF CCG Finance	N	✓	✓	N	✓	N			
Jennifer Piet	Programme manager – Quality & Performance	N	N	N	✓	N	N			
Melanie Spelman	Deputising for Tracy Forshaw	N	N	N	N	D	✓			

No	Item	Action
PCCiC 21/44.	<p>Introductions and apologies</p> <p>Dr Reehan Naweed is the newly appointed Primary Care Clinical Lead for South Sefton and was introduced to the group. Apologies were received from FT. DF deputising for FT and MS deputising for TF.</p>	
PCCiC 21/45.	<p>Declarations of interest</p> <p>DD declare that he was a non-executive director of New Directions. It was noted that this had very little impact on the agenda.</p>	
PCCiC 21/46.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 20 May 2021 agreed, a minor change was noted; on page 5 the word waiting needs to be replace by weighting</p>	
PCCiC 21/47.	<p>Action points from the previous meeting</p> <p>There were no actions brought forward from the previous meeting</p>	
PCCiC 21/48.	<p>Terms of Reference</p> <p>The terms of reference (TOR) for the Primary Care Commissioning Committee were reviewed as required annually. There are TOR for each committee, South Sefton and Southport and Formby. Discussion took place about quorum across the two CCG's if each committee required a clinician in attendance. It was noted the neither clinician is member of the committee. It was agreed that DF would make changes to the wording of the TOR to reflect the discussion. This would then be taken to the governing body.</p>	DF

PCCiC 21/49.	<p>Local Quality Contract</p> <p>The contract was brought about to support GP practices in addition to what they are contracted to provide via LES, DES etc</p> <p>There will be one contract across both CCG's. The contract is split onto 3 sections.</p> <p>Good practice standard - each practice is expected to comply with the criteria. Compliance will be monitored via a self-declaration.</p> <p>Part 1 – It is mandatory for the practice to sign up to this to enable them to deliver service in part 2 and 3. There has been an increase in indicators to this section however several do not attract funding. This is because the practice will be paid via several other funding streams. One example of this is Learning disabilities. The indicators are written in the style of QOF with lower and up levels of achievement. Compliance will be monitored via a dashboard. The data will then be used during the validation process at the end of the year.</p> <p>Part 2 – This is made up of schemes which are optional for practices to deliver. Practices will be expected to invoice per item of service.</p> <p>Part 3 – This is made up of schemes that only several practices across Sefton will deliver on behalf of the whole community. Again practices will be expected to invoice per item of service.</p> <p>Funding for LQC will be based on April list sizes and will be adjusted quarterly. 75% of the funding will go to the practices over the duration of the year with 25% being given following validation of compliance to the contract.</p> <p>Health watch raised concerns about the carers section not attracting any funding; it was noted that feedback had been received around carers not being able to get evidence for receiving the COVID vaccine.</p> <p>The LQC was approved by the committee.</p>	
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PCCiC 21/50.	<p>JOG Key issues from JOG</p> <p>Access into GP practices was discussed at length with a particular emphasis on the Maghull area. Primary care is experiencing a marked increase in demand at present. A programme of work to look at access with practices is planned.</p> <p>The LMC submitted a request to the CCG to support practices in managing e-consults coming into practice outside of practice working hours. Practices have been given an opportunity to submit a request. The CCG have supported switching off e-consult after 6.30 weekdays and over the weekends based on the following reasons:</p> <ul style="list-style-type: none"> • Practices have met their contractual obligations by making online consultations available in working hours • There is no contractual requirement for e-Consult to remain operational and accessible outside of working hours • There has been a significant increase in e-Consults in the past few months which is increasing the workload pressure on practices. • There remains a clinical risk whereby patients may make a consultation in the out of hours period that is not picked up until working hours by which time harm may have occurred. • Using the current online consultation software further increases inequalities by disadvantaging those residents who are unable to access online tools packages for a variety of reasons. <p>This will be for a period of 3 months to allow assessment of the impact of this and understand access requirements further.</p> <p>Several concerns/comments were made, it was agreed that these would be considered during the review of access across Sefton It was confirmed that bank holidays will be included in the closure of e-consult as this would not be classes as usual opening hours for practices. Health watch raised concerns about the working population who may not have access to e-consult during GP in-hours. How will practices communicate the change with patient who do not have a PPG. Communications will be place on practice website If safety has been sighted as an contributory factor to switching off at weekends, should this be a blanket decision that all practices turn off over weekends The standard response time for replying to e-consults is 24 hours, this places increased pressure on practice. 48 hours feels like a better response. JE will work with e-consult to allow this to happen. Health watch asked if standard communication can be sent across to enable signposting facilitator to give the correct advice. LC will be asked to provide this</p> <p>Practices have been asked to switch on sharing agreements by 1st July 2021 to allow data to be collected Nationally via GDPR. Concerns have been raised about the ability to inform patients before the deadline. LMC are currently working on sharing agreements with iMerseyside. National deadline has been pushed back to September 2021.</p> <p>Key Issues to be raised at GB</p> <ul style="list-style-type: none"> • Summaries the changes made to the TOR • LQC has been approved by the committee and confirmation gained that there is not cross subsidisation • Temporary switch off e-consult outside of practice working hours 	JE
PCCiC 21/51.	<p>Risk Register</p> <p>The risk register was reviewed and updated.</p> <p>Access in general practice was noted as a serious risk. It was suggested that the July development session could map out mitigating actions to resolve some access problems</p>	

PCCiC 21/52.	Any Other Business <i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i>	
Meeting Concluded.		
Date of Next Meeting: Thursday 15 th July 2021 10.00am-11.00am.		
Venue: MS Teams		