1. Introductions, Declarations and Apologies

David Merrill welcomed all members and attendees to the meeting.

Apologies and declarations were received and noted as listed in the attendance log.
EO presented the Public Health (PH) Annual Report confirming that it was an important vehicle by which the Department of Public Health (PH) could identify key issues, flag problems, report progress and, thereby, serve their local populations. It was a key resource to inform local inter-agency action and a way that Public Health was held accountable to the population it served.

The 2017/18 Public Health Annual Report focused on Keeping Happy and Healthy in Schools. This topic was chosen as it highlighted the key Health and Wellbeing Board priority of Improved Child Development, in particular tackling social and emotional and physical activity. The report used a short film to examine how these issues were approached within two local schools through Halton’s Healthy Schools Programme. The film included interviews from children, head teachers and staff, underpinned by a list of recommendations on school age health as outlined below:

- To support all Halton schools to participate in the Healthy Schools Programme;
- To offer a whole school approach and a healthy school environment that encourages wellbeing;
- To reduce health inequalities by building social and emotional and physical resilience that improves health and academic attainment;
- To promote healthy lifestyle choices for Halton pupils, staff, parents and carers;
- To offer role models that encourage the Halton school community to stay healthy;
- To provide opportunities for physical and social and emotional activity within school and promote these activities outside of school. We are now beginning to see improvements from the input of work with school staff trained up and also parents. Mindfulness is embedded into the curriculum.

GOH stated he would like to see aspects of self-care and understanding of the use of NHS services included. Members asked if there are any key themes of stress noted amongst children, and aspects of social media is particularly noted. DM queried whether social media could be used to some effect to counter the stress. Positive material was put out on social media, but it was acknowledged that it was difficult to keep pace with. It was also noted that parents needed support as they had the greatest contact with children. EOM confirmed there was a programme in place for parents to access.

Discussion took place regarding how easy it would it be to build this programme into Secondary schools. EOM confirmed that work was underway in secondary schools, and it was agreed that work needs to be widely published to ensure the success of projects.

LT queried whether funding withdrawn from North West Boroughs was to be reinvested in the Halton Borough.

Members discussed that the above priority was a key determinant of health. Therefore, improving outcomes in this area would have a positive impact on improving the health of Halton residents.

Governing Body noted the report. The recommendations contained therein were
supported by Governing Body to continue, in line with the on-going programme of work.

3. Public Minutes and Action Log of the Governing Body held on 1 November 2018 (GB42-18)

The following corrections & amendments were noted and agreed:

Page 5 Performance & Finance Committee – 25 September & 23 October 2018. 2nd Para ‘He’ should read ST.

The minutes of the meeting held on the 1 November 2018 were reviewed and agreed as a correct and accurate record.

The action log from the previous meeting was discussed and updated as follows:

Actions:
• Performance & Finance Committee – Key Issues Reports (GB36-18) – another session to be arranged;
• Chief Nurses Report (GB37-18) - Paper to be brought to next meeting;
• BCP – Currently on-going. LT advised a total refresh was required. Timescale for completion to be determine. Item to be brought to future Governing Body meeting following Management Team review.

Governing Body ratified the minutes.

3. Clinical Chief Officer’s (Interim) Report (GB43-18)

AD presented the Clinical Chief Officer’s Report and provided highlights on corporate issues, including key national and local issues relevant to the CCG. A summary of key activities that support delivery of the CCG’s strategic objectives was also provided, highlights of which included the following:

Commissioning Intentions Workshop
Positive feedback from the workshop was noted and staff commended for the way in which the event was presented. It was agreed this fits well with Primary Care work currently being undertaken. Another briefing session will be organised to report on Outcomes.

Impact Assessment on ‘No Deal’ EU Exit
It was noted this must be submitted by the end of January 2019. The CCG will work with local authorities regarding labour workforce/capacity and demand. Devices and Medicines are to be managed centrally, and organisations have been advised not to stockpile.

Executive Leadership in Safeguarding (1-day course)
Information regarding free courses was shared with Members. It was noted courses will be held on various dates and locations throughout January, February and March. Booking forms are available from nhs@bondsolon.com
One Halton Programme Board
Programme is on-going. The Board continue to meet on a bi-monthly basis.

Collaborative Commissioning Forum - Population Framework
An overview of the work of the CCF was provided. It was noted that robust engagement with members of the public is critical to ensure meaningful feedback.

360° Stakeholder Survey
It was noted the 2018/19 Stakeholder Survey conducted by Ipos MORI is due to take place during January and February 2019.

Improvement and Assessment Framework (IAF)
A refreshed version of the IAF was released in November 2018 by NHS England. The Framework contained a total of 58 indicators, 7 of which were new.

Appointment data
General Practice appointment data has been published. This is being monitored nationally and is updated monthly at CCG level.

Members noted the content of the report.

4. Committee Reporting – Key Issues Reports (GB36-18)

Audit Committee – 5th December 2018
DM informed members that in his current role as Acting Chair for Halton CCG, it was inappropriate for him to Chair Audit Committee meetings during this period. As such, this role is now undertaken by the Vice Chair of the Audit Committee, in line with MIAA Governance advice. In IF’s absence, DM presented key issues from the meeting.

Strategic Risk owners had been invited to attend meetings, and an overview was provided at the meeting in respect of the Chief Commissioners work programme. The CCG Risk Management Strategy continues to be developed, and a review of recommendations from audit activity continue to be worked through in order to achieve sign-off. DM stated MIAA had presented an internal audit report which included information regarding work completed during Q3, along with items which remain outstanding and are currently progressing.

It was noted a dedicated section regarding Assurance at scale was now included within the Handbook, and DM highlighted the need for the CCG to, potentially, involve Internal Auditors in this work. It was reported that AD had joined the Audit Committee for a discussion regarding assurance in respect of Partnership Working at Scale. Members discussed the role of the Audit Committee, including arrangements currently in place, determining controls and assurance information, providing appropriate challenge, understanding delegation, shared decision making, and how internal audit can be used on a system-wide basis. Members agreed the need for a mapping document/organogram to provide clarity regarding the various forums and committees in the system, both regional and local. AD agreed to work on this for future discussions with the Governing Body and Audit Committee.
DM invited Committee Chairs to summarise key issues from their Committees, as follows:

**Clinical Advisory Group (CAG): 21 November and 19 December 2018**
The Map of Medicine was discussed and members were advised that additional costs were being reviewed. The GP Forward View was discussed and noted. Funding for a One Halton Rapid Response team for GPs to support patients being kept at home for as long as possible was highlighted. The CAG had reviewed Terms of Reference and made some changes that should be reviewed as part of the wider Governance review. High Intensity users (CA41-18) - Reported incorrectly noted.

**Primary Care Commissioning Committee - 15 November 2018**
The Committee agreed the programme for quality visits to practices that were to commence in January 2019, and reported that NHS England Regional Office had sought assurance around core hour access (8.00am – 6.30pm, Monday to Friday). Members were asked to consider if the opening hours of Halton practices met the reasonable needs of patients, and the issue would be picked up with individual practices.

**Quality Committee - 14 November & 20 December 2018**
A positive Infection Control report had been received. It was noted the Transforming Care work is significant, and that it was important for GP practices to ensure protected time is factored in.

**Performance & Finance Committee - 27 November 2018**
It was noted discussions have taken place around Commissioning Plan intentions. The delivery of NHS Halton CCG’s QIPP plan was a fundamental part of the 2018/19 Commissioning Plan, which included delivery against all appropriate national standards and priorities as set out in the local joint Health & Wellbeing Strategy. This plan must be delivered within allocated resources to ensure that the CCG achieves its statutory duty to break even.

The Committee noted the reports.

**6. Chief Nurse’s Report (GB45-18)**
MC presented an update and assurance position in respect of quality, safety and experience of services commissioned. MC highlighted a number of issues contained within the report, as follows:

**Quality Committee - Terms of Reference**
The Committee discussed Terms of Reference, quoracy was reviewed and recommendations were made (currently standing at 3). AD suggested that a minimum of 4 members be included, made up of 2 Clinical members, Chair (Governing Body Lay Member) or Vice Chair and one other member.

Members unanimously agreed to approve changes to the Terms of Reference.

**Continuing Health Care**
On 15 November 2018, a Strategic Improvement in Continuing Healthcare National Webinar was undertaken. The Webinar was the end product of work undertaken by the National CHC
Team, NHS England Finance Directorate, MIAA, CSU and CCGs. The work was commissioned to support CCGs and local health systems to improve efficiency via delivery of their QIPP allocations.

**Safeguarding**
The CCG’s Safeguarding Annual Report 2017-2018 took account of national changes, influences and local developments, activity, governance arrangements and any challenges to business continuity. The CCG had in place governance and accountability arrangements including regular reporting via the Quality Committee and to Governing Body. The CCG worked in partnership with Halton Local Authority and other agencies including Halton Local Safeguarding Children Board (LSCB) and Halton Safeguarding Adults Board (HSAB).

The Annual Report provided a summary of progress against the safeguarding priorities set for 2017/18. It demonstrated the contribution to multi-agency partnerships across the borough and provides assurance to the Governing Body that the Chief Officer and the Chief Nurse had discharged their duties to ensure the CCG was fully committed to ensuring it met the statutory duties and responsibilities for safeguarding children, young people and adults at risk of harm.

Looking forward to 2018/19, the designated professionals had identified key priority areas which would continue to support the CCG Quality and Safeguarding Strategy implementation and ensure statutory duties were met. This work would be monitored by the Quality Committee and the Multi-Agency Safeguarding Arrangements with partners moving forward.

MC noted that the Governing Body would receive annual training in respect of Safeguarding at the Development Session in February.

**Members agreed and approved the NHS Halton CCG Safeguarding Annual Report 2017-2018.**

**Bridgewater Community Health NHS Foundation Trust**
Bridgewater CHFT remained on Enhanced Quality surveillance. The CCG had updated its current position in terms of information received at the monthly Clinical Quality and Performance Group (CQPG) and monthly meetings with area leads. Commissioners highlighted the quality, safety and experience risks in Bridgewater CHFT with supporting evidence during the QRP risk score exercise.

**Warrington and Halton Hospitals NHS Foundation Trust**
Recent audit data showed the Trust was improving following a number of initiatives working with maternity team/midwives. The Trust was 85% compliant with CQC actions, with 12 ‘Must Do and Should Do’ actions to complete.

**Primary Care**
It was noted NHS Halton CCG did not have any Primary Care providers on enhanced surveillance at the time of reporting.

**Summary**
A system surveillance process was in place which would identify best practise and prompt
alerts to early warning signs of system failure. The Chief Nurse would submit bi-monthly reports to the Governing Body for consideration and challenge.

Governing Body noted the update.

7. Chief Finance Officers Report including Financial Sustainability (GB46-18)

Representing the Chief Finance Officer, BW reported that the financial position at month 8 was breakeven against planned expenditure budgets, with a reported in year deficit position of £2.6m. This was in line with the CSF trajectory. Within the reported position, brought forward pressures from 2017/18 and above planned levels of expenditure for Acute Contracts for six month monitoring detail, were captured. At month 8, all reserves had been utilised to manage known pressures to secure the year-to-date position and it was noted at month 8 the CCG were on course to meet key milestones at month 9.

Material financial risks (greater than £0.250m) to the achievement of the planned outturn position in 2018/19 were noted within the following service areas:

**Acute Sector:** Historically, this service segment had presented the most variable activity and high cost performance issues. This was affecting the QIPP savings linked to short stay admissions and pathway changes, however, a clinical audit of zero length of stays had been undertaken, discussions were being held at Chief Officer level and an assumption had been made based on detail of non-elective short stay activity that £458k had been assigned against QIPP achievement.

**Continuing Care & Funded Nursing Care:** Efficiency savings of approximately £2m were aligned to this area of expenditure. Within the month 8 reported position, forecast outturn expenditure provided by Pool Budget Partners had been used to determine the level of expenditure included. This resulted in the £0.554m reserve being released and posed a significant risk to the position being managed in line with planned levels in 2018/19.

**Prescribing:** A stretch target for £0.8m had been applied to the GP Prescribing efficiency target, making a total planned saving of £2m in-year. NCSO cost pressures were planned as being managed centrally, however, evidence of continued NCSO related drugs within 2018/19 prescribing data (FYE £950k) were noted. NHS England had confirmed that funding would not be made available to support NCSO in 2018/19, and CCGs had been asked to absorb this expenditure.

The CCG had reduced reported risks against the planned outturn position. This related to previous captured financial risks now being included within the year to date position, and within the forecast outturn position. The CCG had outlined mitigations to manage the identified risks, should they crystallise in-year. The main areas of risk identified related to:

- Over performance at Trusts over and above that currently reported;
- High cost patients coming into Mental Health placements or the high cost patient staying longer than 6 weeks;
- Estates bills increase in line with market rents potential risk.
QIPP Position: Month 8 reporting had identified deterioration against the planned level of QIPP of £0.781m YTD, and the forecast annual achievement had an adverse variance of £1.089m. Acute contract activity was overspending against planned levels collectively, which could further impact on Acute PbR related schemes.

Investment & Reserves: Reserves had been reduced at month 8 to zero to balance in month position. Revenue resource limit had reduced by £291k at month 8 for overseas visitors allocation adjustment, giving a revised revenue resource limit of £213,578k. NHS England have confirmed costs would be absorbed in this financial year.

Governance Body noted the report.

8. Performance Report (December 2018) (GB47-18)

Representing the Chief Finance Officer, MS presented the report which provided information on the key strategic and operational issues related to the CCG's statutory requirements, as follows:

Performance
A number of constitutional standards had been missed in October. The most significant being all the major cancer waiting time standards including the two week cancer standard for the fifth month in a row. Also missed were the Referral to Treatment Target of 18 weeks and the CCG also had a 52-week breach.

Although action plans had been developed in all these areas and resources made available, it was unlikely that improvement would be seen in these areas soon. In some instances it would be 2019 before the improvement would be seen.

Activity
The CCG was meeting its planned activity targets, albeit with large variations at individual trust level. Unplanned activity was above the affordable contracted level but in line with the plan agreed with NHS England, this was driven by significant levels of over performance at Whiston.

6-Week Diagnostic Waiting Times
The CCG had met the 6-week diagnostic waiting time for the first time since March, however previous poor performance in the year meant that the CCG would still miss the target year to date. The diagnostic capacity issues at the Liverpool Trusts had eased although the full action plans were not yet in place. This improvement in reported in performance may not be sustainable, particularly going into the winter months.

Referral to Treatment - 18 Weeks
Due to problems in with the implementation of their new patient record system St Helens & Knowsley would be unable to report RTT figures until Q3. On a partial dataset the CCG missed the target in both October and year to date.

Referral to Treatment - 52 week breach
1 Bariatric patient breached at University Hospital North Midlands, this patient had now been
treated and as of the 9 December the CCG had no 52-week breach patients.

**Cancer Targets**
The CCG failed the Cancer targets throughout October with 92.84% and remains below YTD target with 91.13%.

Missed referral treatment targets by 18 weeks. Currently fairly satisfactory position reported regarding waiting lists; however, a shift to independent providers by service users noted via the Choose & Book system which may have impacted on same. It was noted that some Trusts were closing their lists which was also potentially driving patient behaviour. The six Weeks diagnostic target time had been achieved.

An update in respect of Ambulance Response times, Data Quality and Quality premium was also provided to the Governing Body.

Governing Body noted the report.


LT presented an update on progress made on the 2019/20 Commissioning Plan.

The report provided information on Diabetes, Respiratory and the Right Care Respiratory project, Dermatology; Eastern Cancer Hub; Local Cancer Performance and End of Life Care.

The procurement of the Urgent Treatment Centres was ongoing. The pre-engagement work had concluded and the CCG received over 300 responses to the questionnaire. The consultation commenced on the 7 January 2019 and will run for eight weeks, which would allow co-design of the service model and agreement of standardisation of the Urgent Treatment Centre opening times in line with GP extended access.