

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 11TH AUGUST 2015 1pm
BOARDROOM ARTHOUSE SQUARE

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Ogden-Forde	GP
Dr Fiona Lemmens	GP
Dr Janet Bliss	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Dr David Webster	GP – Matchworks Locality Chair

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Healthy Liverpool Programme Director - Community & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Ray Guy	Retired Practice Manager
Stephen Hendry	Acting Head of Operations & Corporate Performance

Samih Kalakeche

Director of Adult Services &
Health, Liverpool City Council

Kim McNaught

Deputy Chief Finance Officer

Alison Ormrod

Interim Head of Finance

Kirsty Pine

Operations Manager NIHR

CLAHRC North West Coast

Lynn Collins

Chair of Healthwatch Liverpool

Paula Jones

Minutes

APOLOGIES:

Dr Rosie Kaur

GP

Tom Jackson

Chief Finance Officer

Dr Monica Khuraijam

GP

Moira Cain

Practice Nurse

Dr Donal O'Donoghue

Secondary Care Doctor

Dr Sandra Davies

Interim Director of Public Health

Phil Wadeson

Director of Finance, NHS England

Sub Regional Team

Ian Davies

Healthy Liverpool Programme

Director – Hospitals & Urgent Care

Dr Tristan Elkin

GP – Liverpool Central Locality

Councillor Roz Gladden

Liverpool City Council

Dr Rob Barnett

LMC Secretary

Tina Atkins

Practice Manager

Public: 5

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present.

1.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 14th July 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Item 2.4 Chief Officer's update – it was noted that Liverpool CCG had been named as one of the top NHS places to work in the country and was the only Clinical Commissioning Group **in the North West** on the list.
- Item 6.3 questions from the public – it was noted by the More Independent Clinical Lead that the reference to the Physical Activity Strategy “not intrinsically tied in to walking in parks” should be clarified along the lines that the it was not dependent on gyms and facilities and there were many green spaces in the city which would always remain for the public to use.

1.3 MATTERS ARISING from 14th July 2015 not already on the agenda:

- 1.3.1 Action Point One – it was noted that there was no update as yet on the output of multi-agency intelligence sharing re Legal Highs from Public Health.
- 1.3.2 Action Point Two – it was noted that the update emailed by the Director of Public Health which would be read out later on the agenda contained information on the funding issue around Talk to Frank.
- 1.3.3 Action Point Four – the Head of Quality/Chief Nurse updated the Governing Body that the Quality Team had looked at the issues raised by the Governing Body in the Performance report on antibiotic prescribing and its effect on C Difficile and considered the Post Infection Review process. They

would work with Primary Care colleagues re antibiotic prescribing across the spectrum.

1.3.4 Action Point Five – it was noted that the amendments to Corporate Risk C024 re the delivery of commissioned services by Liverpool Community Health would be brought to the September 2015 Governing Body meeting.

1.3.5 It was noted that the section on the agenda for the August 2015 meeting referring to the ratification of decisions from the previous meeting was not required as the July 2015 meeting had been quorate.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 55-15:

- Primary Care Commissioning Committee – 21st July 2015 – the Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ The reporting was in two sections, firstly from the Primary Care Commissioning Committee and secondly from the Primary Care Quality Sub-Committee which reported to the Primary Care Commissioning Committee.
 - ✓ Primary Care Commissioning Committee:
 - SSP Contract extension had been granted until 2017 for 10 of the practices with the exception of two practices, Princes Park and Kensington. This had been due to the practices not fulfilling the criteria of the individual practice's most recent CQC report being an overall rating of "outstanding" or "good", or a remedial notice being served within the previous twelve months.

- ✓ Primary Care Quality Sub-Committee:
 - Reporting was included on the Governing Body reporting template as this was a requirement by NHS England for delegated commissioning.
 - The Sub-Committee Terms of Reference had been reviewed in the light of where patient engagement fitted into the CCG governance structure and this was being discussed further with the Head of Quality/Chief Nurse re the reporting of patient experience to the Quality Safety & Outcomes Committee.
- Audit Risk & Scrutiny Committee 24th July 2015 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Conflict of Interest and Hospitality Registers – there was a drive throughout the organisation for all CCG employees to keep these up to date.
 - ✓ Merseyside Internal Audit Agency had identified concerns re documentation re partnership working which were being corrected.
 - ✓ Continuing Healthcare and demise of the Commissioning Support Unit – this was going out to tender and the risk was being managed.
 - ✓ Safeguarding Update had been provided by the Head of Quality/Chief Nurse which had been extremely positive. It had been noted that sometimes there were anomalies around individuals in Care Homes where there were safeguarding concerns and patients not being put into Care Homes where there were safeguarding concerns – the issue was around the balance between moving patients or keeping them where they were settled and mitigate the risks.

- Finance Procurement & Contracting Committee 4th August 2015 – the Deputy Chief Finance Officer fed back to the Governing Body:
 - ✓ Information Governance Policies – audit assurance review to be carried out.
 - ✓ Working with Mersey Care re new payment approaches for 2015/16.
 - ✓ Work on-going re procurement of professional services from the Commissioning Support Unit.
- Committees in Common – 5th August 2015 – the Chief Officer fed back to the Governing Body:
 - ✓ This was a step up from previous meetings – good discussion and feedback on the progress of Healthy Liverpool Hospitals Programme.
 - ✓ Feeling amongst CCGs that we need to think about how we collaborate re commissioning, not just using the Collaborative Commissioning Fora which enabled joint contracting but rather working together to commission services.
 - ✓ The meeting was very constructive

The Director of Adult Services & Health, Liverpool City Council commented that it was good to see the local CCGs working together in the same way as the Local Authorities.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

2.2 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Margaret Thompson, the former Associate Director at Liverpool Primary Care Trust for Public health had sadly passed away and many people remembered her fondly for her vast contribution to local public health and primary care in the areas of Toxteth/Dingle/Kensington in particular. She had been a marvellous colleague and would be greatly missed.

- ✓ Three Vanguard Bids had been submitted from the city of Liverpool. The three bids had been endorsed by the CCG and were:
 - ❖ Walton Centre – based on neurosciences network.
 - ❖ Liverpool Women's Hospital – maternity & gynaecology on a Cheshire/Merseyside footprint.
 - ❖ Liverpool Heart & Chest Hospital – cardiology services.

All three bids aligned with the direction of travel for Healthy Liverpool. The success of the bids would not be known until September 2015, even if the bids were not successful these were all things which needed to be done in the city anyway.

- ✓ Premises and risks of the new CCG accommodation development not being ready for occupation at the lease break time in September had already been flagged to the Governing Body. Since then it had been confirmed with the developers that the new building would be ready for occupation in November and additional time at Arthouse to cover the delay had been obtained. There was an issue about funds having been transferred to our solicitor's account in preparation for payment re the move as originally planned and due to the delay this was now earning interest which the CCG was not allowed to do.

This had been flagged to the Auditors and would be managed appropriately.

- ✓ The Deputy Chief Finance Officer was leaving the CCG to take up a senior NHS finance position at Central Manchester University Hospital Foundation Trust. Her contribution to NHS Finance both locally and nationally (particularly the “Show Me The Money” programme) was recognised by the Governing Body along with the internal professional development of the CCG in-house Finance Team. The Chief Officer made a formal presentation to the Deputy Chief Finance Officer and noted that the Chief Accountant would be stepping up to take on additional duties over the next twelve months as Interim Head of Finance.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer’s update**

2.3 NHS England Sub-Regional Team Update

There was no one in attendance from NHS England to give an update to the Governing Body.

2.4 Public Health Update - Verbal

The Interim Director of Public Health had sent apologies to the meeting but had provided a written update to the Chief Officer:

- ✓ The consultation on how to fairly apportion the cuts to the public health budget was now open and Public health would be responding to this.
- ✓ The Locum consultant in Public Health Medicine had started in post and would be meeting with CCG staff over the next few weeks. His name was Alexis Macherianakis.
- ✓ The item mentioned at the last CCG Governing Body referring to the closure of the “Talk to Frank” helpline and

website had been followed up with the Department of Health and the good news was that they had no plans to close this support programme for drugs services.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Update from Health & Wellbeing Board

The Healthy Liverpool Programme Director – Community and Digital Care updated the Governing Body:

- This had been an excellent meeting.
- It was exciting to see work from the Police, Fire Service, community services and Healthwatch, and their impact on health.
- The Governing Body Clinical Vice Chair and the Healthy Liverpool Digital Care & Innovation Programme | ILINKS Managerial Lead had presented the Information sharing Framework which had been well received and noted for the challenge it presented. The Governing Body Clinical Vice Chair noted the need for the sharing of information from GPs and that a letter was being sent out to practices to communicate this.
- This was the first meeting for which Public Health had been responsible for the agenda and it had been extremely positive to see more about the wider determinants of health, and how we connected better.

The Director of Adult Services & Health, Liverpool City Council commented on the value of multi-agency information sharing and marked reduction of mortality in vulnerable people over the last year due to the sharing of information from the Fire Service and the role of the Health & Wellbeing Board in promoting this. The Police Commissioner was keen to work with the Health & Wellbeing Board and paper was to be sent to the next Health & Wellbeing Board from the Police.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 56-15

The Acting Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the CCG's performance in the delivery of quality, performance and financial targets for the year 2015/16. He highlighted:

- The report used data available 31st July 2015 for month 3 (May/June 2015 combination).
- Ambulance Response Times – Green overall but issues at provider level.
- Cancer waits – Green for the CCG with two exceptions being maximum 62 day wait from urgent GP referral to first definitive treatment (Liverpool Heart & Chest Hospital) and 62 day wait for first definitive treatment following a consultant's decision to upgrade priority (Liverpool Women's Hospital). Project group at network level was examining the system issues and late referral.
- Diagnostics – Green for the CCG.
- A&E Waits – Type 1 showed improvement with Royal and Aintree close to 95% target.
- Stroke – since the report the Royal Liverpool Hospital performance had dropped which would affect overall performance – an update would be brought to the September 2015 Governing Body meeting on Stroke performance.

- The Head of Quality/Chief Nurse updated the Governing Body on Improving Access to Psychological Therapies ('IAPT') – this was Red with failure to reach the 95% target for patients receiving first treatment with 18 weeks highlighted in particular. However performance was heavily influenced by the backlog from the previous provider. Technically the CCG was not obliged to report on this until April 2016 so it was hoped that by then the issues would be sorted. The CCG was working closely with the current provider and issues were discussed at the Clinical Quality & Performance Group and with NHS England. A data cleanse exercise had been undertaken and hopefully additional funding would be received from NHS England. The Head of Primary Care Quality & Improvement requested that a communication be drawn up to send out to practices so that they were aware and the Head of Quality/Chief Nurse agreed to prepare this.
- The Head of Quality/Chief Nurse updated the Governing Body on Mixed Sex Accommodation – Liverpool Heart & Chest Hospital had recorded two breaches in June bringing their total to eight for 2015/16. The Trust had acknowledged issues of patient flow and this had been reported to their Board for mitigating action to be taken. Most breaches involved critical care cases when the benefit to the patient outweighed the need to maintain single sex accommodation.
- The Head of Quality/Chief Nurse updated the Governing Body on Healthcare Acquired infections. Performance was Green for C Difficile with eleven new cases in June. One case was from Mersey Care which was unusual with the bulk being in the acute trusts. As with all other cases Post Infection Reviews were being held to determine root cause analysis for provider learning and understanding. Performance was Red for MRSA as although there were no new cases year to date there were two against a zero tolerance plan. Alder Hey had reported one new case but this was not related to a Liverpool patient.

- The Head of Quality/Chief Nurse updated the Governing Body on Never Events – performance was Green, Alder Hey had reported two Never Events but these did not relate to Liverpool patients.
- The Head of Quality/Chief Nurse updated the Governing Body on Serious Incidents highlighting that the national process had changed with reporting to be within 48 hours which had caused difficulties for some trusts. Also the deadline was now 60 days for the submission of investigation reports rather than 45 days. If trusts requested an extension it was possible to work with them to deal with the challenges involved which was preferable to them simply submitting late. The Acting Head of Operations & Corporate Performance added that the 48 hour response target was dictated by Steis and would perhaps be reconsidered going forward.
- Care Quality Commission reports on GP Practices – three reports and been received since the last Governing Body meeting on Sefton Park (Good overall), Vauxhall Primary Healthcare (Good overall with an outstanding on clinical audit and work with the Travelling Community) and Princes Park (overall inadequate). A Task & Finish Group had been set up for Princes Park jointly with Liverpool CCG and NHS England to work with practice and produce and action plan over the next 6 months. It was agreed that a summary of findings would be brought to the Governing Body in September 2015.
- Liverpool CCG GP Patient Survey Results - Overall, Liverpool CCG had performed well during 2014/15; reporting higher rates than the England average (and core city average) for all but two of the measures. However, Liverpool CCG's performance reduced slightly when compared to the previous reporting period, which was reflective of a national trend. At the request of the Acting Head of Operations & Corporate Performance, the Head of Primary Quality & Improvement agreed to upload the results to the CCG Intranet/Internet page.

- Finance – the Interim Head of Finance updated on the financial position noting that there was an underspend against budget of £6.7m for the month ended 30th June 2015 with no risk to the CCG surplus position. The Finance Team would liaise with the Chief Finance Officer to decide on future presentations to the Governing Body on the balance sheet etc. A more detailed report would be brought to the September 2015 meeting.

The Governing Body commented as follows:

- The Lay Member for Patient Engagement referred to the patient survey results and asked about Liverpool CCG's performance compared to the other Core Cities. The Chief Officer responded that our performance was strong, however of the nine Core Cities some had more than one CCG therefore Liverpool could be even stronger than the initial rank shown. It should be stressed though that as a key aim for Healthy Liverpool is that we are in the top 5% of all CCGs, we need to do some further analysis to understand our current position.
- The Healthy Liverpool Programme Director – Community & Digital Care referred to the Care Quality Commission report on Vauxhall Primary Healthcare noting that they were an outstanding example of neighbourhood/community working with Liverpool City Council and engagement had been key to achieving this. This showed how the new community model would work going forward.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national performance indicators and the recovery actions taken to improve performance.**

PART 4: STRATEGY & COMMISSIONING

4.1 NIHR CLAHRC NWC (National Institute for Applied Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast) – Report no GB 51-15

The Chief Officer introduced a paper to the Governing Body which provided a summary of the progress of the North West Cost CLAHRC and sought active engagement from Liverpool CCG on the on-going development and delivery of the programme of work, governance and implementation. It was noted that this was the report which should have been discussed at the July 2015 meeting but the meeting ran out of time. This was the only CLAHRC being hosted by a CCG (Liverpool) and involved £9m of national funding and £11m from partners with the aim of getting research into practice.

The Operations Manager for NIHR CLAHRC North West Coast continued explaining that we were now 18 months into a five year programme.

The NWC CLAHRC had six themes: Evidence Synthesis Collaboration; Knowledge Exchange and Effective Implementation; Improving Public Health and Reducing Health Inequalities; Improving Mental Health; Managing Complex Needs, and; Delivering Personalised Health and Care. Reducing health inequalities was a major focus and in order to audit and monitor the health inequalities focus the Health Inequalities Impact Assessment Toolkit ('HIAT') would be used – this was being developed through the CLAHRC by the Public Health Team and was available on the website but was still being piloted.

The key achievements were:

- 32-36 partners including 10 Local Authorities, 3 universities, 5 CCGs and various NHS provider organisations across the North West Coast.
- 40 Live Projects (13 of which involved Liverpool in some way). 3 had GP/CCG Manager involvement.

- Neighbourhoods for Learning had been identified.

The next steps were to engage with partners and utilise the matched funding. The Partner Reference Panel was to meet in September 2015. Engagement would be strengthened via the Public Reference Panel which would also look at strategy and oversee governance. Further PhD studentships and internships were to be recruited. There would be work with Liverpool CCG on the development of evaluations for Lung Cancer Screening and Liverpool Diabetes Pathway as well as opportunities for trialling COPD.

The Governing Body members commented as follows:

- The Chair noted that this was an excellent piece of work.
- The Head of Primary Care Quality & Improvement asked which neighbourhoods in Liverpool had been selected and were the health inequalities based on the report from a year ago. The Operations Manager for NIHR CLAHRC North West Coast responded that the Public Health Team working with the Local Authorities had decided which neighbourhoods to focus on across the region – she agreed to go back to Public Health and request a full list which would be shared. It was noted by a GP member that Picton Neighbourhood had been selected which the neighbourhood had been very pleased about. In response to a query from the North Locality Chair it was noted that the neighbourhoods had been identified and finalised in March/April 2015 and were not just in Liverpool but across the North West.
- The Matchworks Locality Chair asked if there were opportunities for GPs to be involved in the CLAHRC. The response was that the opportunity was for research funding and if anyone came across GPs with research ideas they should be directed to contact the North West Coast NIHR CLAHRC Operations Manager.

- The Healthy Liverpool Programme Director – Community & Digital Care noted that the issues in the past with research had been a lack of alignment with health needs.

The NHS Liverpool CCG Governing Body:

- Encouraged wide engagement with CLAHRC NWC from CCG staff and member practices
- Encouraged CCG patient/public groups to engage with CLAHRC NWC themes (meetings and projects)
- Ensured the identified CLAHRC NWC lead in the CCG engages staff in CLAHRC NWC Activities to meet the requirements of the matched funding commitment and involvement as active partners in the work packages.

PART 5: GOVERNANCE

5.1 Changes required to Scheme of Reservation and Delegation and Prime financial Policies– Report no GB 58-15

The Interim Head of Finance presented a paper to the Governing Body to detail the steps required following changes to the Healthy Liverpool Programme investment processes to ensure that officers made decisions within the procedural boundaries and delegations described in the Scheme of Reservation and Delegation and Prime Financial Policies. The paper had been sent to the Audit Risk & Scrutiny Committee in July 2015

The NHS Liverpool CCG Governing Body:

- Noted the required amendments to the CCG Scheme of Reservation and Delegation;
- Ratified the investment decisions made in year to date (prior to the adoption of the changes described in this report to the SORD); and
- Approved the SORD for immediate adoption.

5.2 Annual Audit Letter 2014/15 – Report no GB 59-15

The Lay Member for Governance/Deputy Chair/Chair of Audit Risk & Scrutiny Committee presented a paper to the Governing Body which communicated the key messages resulting from the audit of the CCG's 2014/15 Financial Statements and Accounts. This had been discussed previously at the Governing Body but this was the formal report for acceptance.

The Deputy Chief Finance Officer continued and highlighted:

- Annual Audit Letter summarised the key finding arising from audit carried out by the external auditors Grant Thornton.
- Statutory requirements set out in the letter were to assess the key findings of the external audit of the accounts and Value for Money around the CCG's activities.
- The CCG had received an unqualified audit report on the financial statements being accurate and the expenditure being incurred as intended by Parliament. "Unqualified" was the best result available.
- The auditors confirmed Value for Money.
- The CCG procurement process had been highlighted by the auditors as an example of Good Practice. The CCG was also compliant with all regulations HM Revenue & Customs re tax, national insurance and payments for Governing Body members.
- Challenges: to move forward and focus on investment in Healthy Liverpool and invest appropriately and consider the challenges of Primary Care Co-Commissioning.

The Chair acknowledged the hard work of the Deputy Chief Finance Officer and the Team in achieving this result and thanked her again for the previous three years of dedication to the role.

The NHS Liverpool CCG Governing Body:

- Noted the content and key messages of the report.

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been received from Mr S Semoff:

Background

The Adult Social Care and Health Select Committee was recently asked:

Healthy Liverpool seeks to create “.....local teams across health and social care who work together.....”. Currently health care remains free at the point of delivery while social care is means tested.

Thus with health and social care working together, could specific services, which at present come under the remit of health care, be moved to social care and hence become means tested?

Thus I would wish to ask:

Can Liverpool CCG confirm that with health and social care working together, specific services, which at present come under the remit of health care, will not be moved to social care where they could become means tested?

The response submitted by Tom Jackson, Chief Finance Officer, Liverpool CCG, was:

“The NHS was founded on a common set of principles and values that bound together the communities and people it serves.

The 7 principles, values and rights of patients, public and staff were set out in the NHS Constitution, which included:

- A comprehensive services available to all,
- Access to NHS services based on clinical need and not an individuals need to pay,
- The NHS working across organisational boundaries and in partnership

Working to deliver the NHS constitution there were no current plans to means test any NHS services.”

The Lay Member for Governance/Deputy Chair added that the CCG did not have control over any future political direction. Therefore the original question of whether services could be moved from health care to social care, remained unanswered as this was simply not known.

- 6.2** A second member of the public raised the issue of the financial cost to the NHS of people who failed to cancel appointments and simply did not attend and asked if there were there any steps being taken or planned to address this.

The Chair responded that this issue was raised regularly with trusts on how to run more efficiently and often clinics were overbooked for this reason. Also non-attendance had an impact on the waiting times for other patients who might have been seen earlier if there had been a suitable slot available. Work was on-going with trusts and in GP practices and perhaps could be raised at the Patient Participation Groups. The Clinical Vice Chair thought that there must be an easy IT solution to apply.

The Chair noted that for Healthy Liverpool to work the population of the city needed to look at health in a different manner. The Lay Member for Governance/Deputy Chair advocated the use of social

psychology. The More Independent Clinical Lead noted that this was not necessarily about financial saving, rather being a better use of resources. The Chief Office suggested a targeted campaign.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 8th September 2015 at 1pm Boardroom Arthouse Square

Also there would be an Extraordinary meeting on 29th September 2015 to sign off formally documentation on the Healthy Liverpool Strategic Direction for the next few years.