

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 11TH NOVEMBER 2014

1pm

Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dave Antrobus	Lay Member – Patient Engagement
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Shamim Rose	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Maurice Smith	GP
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Rosie Kaur	GP
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP

CO-OPTED:

Dr Rob Barnett	LMC Secretary
Ray Guy	Practice Manager
Dr Sandra Davies	Interim Director of Public Health
Dr David Webster	GP – Matchworks Locality

IN ATTENDANCE:

Ian Davies	Head of Operations & Corporate Performance
Tony Woods	Head of Strategy&Outcomes

Kim McNaught
Derek Rothwell
Carole Hill
Phil Wadson

Nikita Picard
Paula Jones

Deputy Finance Director
Head of Contracts & Procurement
Head of Communications
Director of Finance, NHS England
Merseyside Area Team
NHS Management Trainee
Minutes

APOLOGIES:

Dr Donal O'Donoghue
Dr Tristan Elkin

Secondary Care Doctor
GP – Liverpool Central Locality

Councillor Roz Gladden
Dr Paula Finnerty
Kathy Hull

Liverpool City Council
GP – North Locality Chair
Executive Officer – Healthwatch
Liverpool Scrutiny

Samih Kalakeche

Director of Adult Services &
Health, Liverpool City Council

Cheryl Mould

Head of Primary Care Quality &
Improvement

Public: 4

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 October 2014 were agreed as an accurate record of the discussions that had taken place subject to amendments suggested by Dr Maurice Smith to the points noted under the More Independent presentation which had been submitted. These did not alter the substance but clarified the points made. It was agreed that

these changes would be made to the final version of the minutes.

1.3 MATTERS ARISING Not already on the agenda:

- 1.3.1 Action Point Two – it was noted that a verbal update on the MI Programme would be brought to the December 2014 meeting.
- 1.3.2 Action Point Three – the Lay Member for Patient Engagement noted that reports on the position regarding Complaints would be brought to the Governing Body on a six monthly basis therefore the next report would be in 5 months time (April 2015 meeting).
- 1.3.3 Action Point Five – it was noted that there would be a report on Liverpool Community Health and Offender Health at the December 2014 meeting probably under private business.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 80-14:

- Healthy Liverpool Programme Leads Board 14th October 2014 –the Chief Finance Officer fed back to the Governing Body:
 - ✓ Content for Prospectus for Change – authorised and agreed for sign off.
 - ✓ Four investment proposals considered – two were not approved.
- Approvals Panel 15th October & 22nd October 2014 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:

- ✓ Signed off winter capacity and social isolation bids, avoiding conflict of interest issues as GPs not involved. The Chief Officer noted that the social isolation bids were also part of the £5 per head funding for over 75s.
- ✓ With regard to social isolation bids, there was a requirement for practice leads in the three Neighbourhoods involved to sign off as the responsible body.
- ✓ Liverpool General Practice Specification Validation process required an appeal process therefore Approvals Panel to be used to provide this.
- ✓ Winter Capacity – approval given for an additional 4,930 appointments across the city per week from October going forward which was excellent.
- Quality Safety & Outcomes Committee 21st October 2014 – the Head of Quality/Chief Nurse fed back to the Governing Body as the Chair of the meeting had not been present:
 - ✓ Supporting reduction of Healthcare Acquired Infections across the health economy – last year had been difficult, this current year was improved but there were new infections emerging such as Carbapenemase-Producing Enterobacteriaceae (CPE). There was close working with the Royal Liverpool Hospital with well established processes/regular meetings across the health economy. An appeals process was in place for providers who had no blame in the cases attributed to them to remove blame but keep learning in the system.
 - ✓ Issue of high number of reviews taking place following incidents which met criteria for Serious Case Review, Domestic Homicide Review and Mental Health Homicide Review – this was not unique to our area.

The current processes were to be reviewed and potential alignment considered.

- ✓ Approved updated Serious Incident Policy, noting need for opportunities for learning and improvement – working with NHS England to establish a patient safety collaborative with providers and wider partners.
- Finance Procurement & Contracting Committee 23rd October 2014 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Legacy issues of Mersey Care Time Project. Phase One had two parts - Walton site and Edge Lane. Walton scheme was now Clock View and Edge Lane was the Liverpool Scheme. Clock View was approved as part of the legacy assignment and would come to the Governing Body in December 2014, recommended for approval. However Edge Lane was not part of the legacy assignment and needed to come back to the Governing Body as a full business case.
- Primary Care Committee 28th October 2014 - the Committee Vice Chair fed back to the Governing Body on the main issues discussed:
 - ✓ Community Pain Model – very positively received but needed to ensure that there was strong evaluation of outcomes.
 - ✓ General Practice Organisational Development – for Practice Managers, Practice Nurses and Administrative Staff – aspirational proposal for workforce development, was welcomed but the Committee needed to know how it would be implemented and measured.
 - ✓ GP IT Options Model was discussed.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Merseyside CCG Network 5th November 2014 – Report No GB 81-14

The Chief Officer updated the Governing Body on the recent Merseyside CCG Network meeting:

- ILinks Strategy presented by the Clinical Vice Chair..
- Commissioning Support Unit and how to get the best possible services – Interim Managing Director to meet with the Mersey CCGs 3rd December 2014.
- Maternity Services Review – commissioner-led review to be instigated across Cheshire and Merseyside. This would come back to the most appropriate committee of the CCG for consideration. It was confirmed in response to a query from the Local Medical Committee Secretary that One to One Midwifery was included in this review and that NHS England North were also gathering evidence across their patch re the quality of services provided by the said organisation.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Merseyside CCG Network.**

2.3 Feedback from Joint Commissioning Group – 20th October 2014 – Report No GB 82-14

The Clinical Vice Chair fed back to the Governing Body on the meeting of the Joint Commissioning Group on 20th October 2014:

- First joint look at commissioning intentions and strategy for children's services. There was still a great deal of uncertainty regarding the impact of Local Authority

Budget changes so we needed to work very closely together. A Children's Summit was to be held bringing together all stakeholders, the Mayor had agreed to chair and a date was awaited.

- Physical Activity Strategy – this was very ambitious, with clear goals and benefits, however the risk was that it would not be sufficient to change behaviours of the number of people required. There was clear oversight from the Living Well Programme Steering Group.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Joint Commissioning Group.**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Management trainee at the Walton Centre was spending the day with the Chair and Chief Officer and attending the Governing Body.
- ✓ Healthy Liverpool Programme Prospectus for Change launched last week – an environment for change had been created within the city the level of which had not been seen before. Thanks were due to the Mayor who had led strongly on this and to the Liverpool City Council Governing Body co-opted member.
- ✓ Five Years Forward View had been published by NHS England and had been received positively. The key themes were prevention and new care models. The CCG needed to be careful that it was developing solutions that worked for Liverpool rather than having solutions imposed which might not work. This would be discussed at the Governing Body Awayday in December. The other key area was around Finance and the forecast £30bn gap £22bn of which was predicted to be addressed by prevention and the New Care Models. There were lots of resources within the

Healthy Liverpool Programme but it was vital to move forward with changing services so that the money was invested wisely.

- ✓ Primary Care Co-Commissioning – the guidance had been published yesterday. The three options were (1) influence, (2) co-commissioning and (3) delegated authority. Applications for delegated authority need to be submitted by 6th January 2015 therefore there was a great deal of work to be done. The opinion was that Liverpool CCG should apply for delegated authority but this needed to be debated by the Governing Body with clear input from practice members and would be picked up at the Governing Body Strategic Development Session the following week.
- ✓ Specialised Commissioning – more clarity received on the three levels: Level One – national, Level Two – vast majority (10 joint committees with NHS England and CCGs) and Level Three – four areas going to CCGs (renal, bariatric, specialised wheelchairs and urology). The CCG met with Richard Jeavons to see how it could proceed.
- ✓ First meeting of the Committees in Common had taken place on 5th November 2014 – this would be used to sanction hospital commissioning decisions, including specialist services. The terms of reference had been considered and adopted with no substantial changes.
- ✓ Better Care Fund: 97% of all CCGs had had their plans approved, including Liverpool.
- ✓ There was an opportunity for a new Practice Manager co-opted member of the Governing Body as the current member was retiring at the end of December 2014. The Chair and Chief Officer would proceed with this recruitment.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Area Team

The NHE England Merseyside Area Team Director of Finance gave an update to the Governing Body on NHS England Merseyside Area Team activity:

- Co-commissioning – already discussed.
- Better Care Fund.
- Committees in Common.
- Five Year View – would be added to the next planning round.
- A&E and Referral to Treatment performance: referral to treatment, additional performance paid for had not been delivered by the Royal Liverpool and Aintree Hospitals.
- Assurance – this time would be a lighter touch with more KLOEs communicated in advance.
- Organisational Alignment and Capability Programme – by 5th January 2015 95% of the reorganisation would be in place. Then consideration will need to be given to how to work with fewer people on a larger footprint.

2.6 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- Five Year Forward Plan – in the process of looking at Public Health investment priorities.

- Public Health England had just published the document on what Public Health could provide for the Local Authority.
- Joint Strategic Needs Assessment – would be submitted to the Health & Wellbeing Board the following week and would be refreshed for additional areas.
- Pharmacy Needs Assessment consultation had closed the previous week, nothing of concern had been raised.
- Public Health England had recently updated the Tobacco Counter Profile – Liverpool had a high number of quitters but had seen a drop in referrals to the service from Primary Care.
- Dry January being launched at The Brink the following week and there would be a flashmob in Williamson Square.
- “Say no to drunks” campaign was ongoing – 75% of those coming in to the city centre to drink were already drunk.
- Care to Know campaign launched.
- Pancreatic Cancer – St Georges Hall to be turned purple on 12th November 2014.
- Winter Warmth event also to take place at St Georges Hall.

With regard to the level of smoking quitters the Governing Body members commented on the prevalence of electronic cigarettes and although the use of these did not count as a “quit” it would affect referrals to smoking cessation services.

The Practice Nurse member asked if there was a Homeless Lead for the CCG and the Chair agreed that this would be discussed outside of the meeting. The Interim Director of

Public Health would also pick this up with the Practice Nurse member outside of the meeting.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update on Public Health**

PART 3: STRATEGY & COMMISSIONING

3.1 Healthy Liverpool Prospectus for Change – Report No GB 83-14

The Chief Finance Office presented the final version of the Healthy Liverpool Prospectus for Change which had been provided to the Governing Body in draft form in October 2014:

- The Governing Body was asked to note and sign off the final version.
- The Governing Body was asked to note the launch of the Prospectus at the Mayor's Summit which had gone extremely well.
- A Phase Three paper would be brought to the Governing Body in December 2014.
- Public engagement would be January to March 2015

The NHS Liverpool CCG Governing Body:

- **Noted the final version of the Healthy Liverpool Prospectus for Change;**
- **Noted the launch of the Prospectus at a Mayoral Summit on 3rd November;**
- **Noted that a further report will be presented to the Governing Body in December on the next phase of public engagement for Healthy Liverpool, which will commence in January 2015.**

PART 4: GOVERNANCE

4.1 Corporate Risk Register – Report no GB 84-14

The Head of Operations & Corporate Performance presented the Corporate Risk Register to the Governing Body as part of the governance and assurance process for the organisation.

He highlighted:

- C004 – HR/Employment Law monitored by HR Committee but there was a risk in ensuring all policies and procedures were up to date and communicated to staff.
- C008 – More Independent/DALLAS – programme and staff transferred to the CCG 1st November 2013 following which there was a review of activities, staff consultation process continuing.
- C012 Liverpool Women’s Hospital, follow up Care Quality Commission inspection in September 2014, report was published containing further action around staffing and assessing and monitoring the quality of services provisions which would now be reviewed by the CPQG along with the trust Action Plan which in turn reported the Quality Safety & Outcomes Committee.
- C014 Continuing Healthcare legacy cases from Primary Care Trust – there had been significant issues in these cases which meant that more were going to review panels which in turn meant that the potential financial exposure was raised from £2.4m to £4m and the timescale for restitution would be further into the beginning of 2017. There was also a reputational risk to the CCG and so the risk continued red at 20. Liverpool was not unique in having this level of challenge and the process was extremely slow and bureaucratic. In response to a query

from the Local Medical Committee Secretary it was confirmed that the Commissioning Support Unit had sufficient resources to deal with this but would need to look at different ways of working. The Lay Member for Governance/Deputy Chair queried if this was an acceptable level of risk.

- C019 Better Care Fund – the risk had been updated following the approval of the CCG submission to green, this would probably be recommended for removal at the next discussion of the Corporate Risk Register.
- C024 Liverpool Community Health – this remained a high red, further Care Quality Commission inspection report published August 2014, the CPQG had oversight of the remedial action plan and NHS England was supporting the trust over governance matters. The Collaborative Commissioning Forum was continuing to meet and this matter would be expanded on at the Governing Body away day in December. The Chief Office noted that a report on Liverpool Community Health and prison health would be brought to the December 2014 Governing Body meeting.
- C026 Alder Hey – report had been reviewed by the CPQG and along with the Collaborative Commissioning Forum would oversee the work to address quality and safety concerns.
- C029 Delivery of 4 hour wait targets at the Royal Liverpool Hospital – this risk had been kept high but an external audit of activity and patient pathway had been commissioned and there had been some improvement in quarter 2 however this had not been delivered consistently week on week.
- C030a Liverpool Clinical Laboratories – a review meeting chaired by NHS England to establish learning had taken place. The CCG was assured that remedial action had been implemented and operational service delivery would

now be subject to routine monitoring and so removed from the Corporate Risk Register.

- C032 Royal Liverpool Hospital Over Performance – the formal response from the trust had now been received but was incomplete. The CCG had commissioned an independent 3rd party audit and the output would be back in December which would inform the next steps. For this reason the risk was at the highest level.
- C033 revision to the current partnership agreement and changes to the commitment from previous partners which could threaten delivery to the CCG - this was recommended for removal, the CCG was satisfied that all had been done to mitigate the risk to the organisation.

New Risks:

- C035 Delivery of 4 hour wait target at Aintree Hospital – performance continued to deteriorate now under 89%, year to date combined was under 92%. Single item Quality Surveillance Group had been held in October 2014 and the CCG continued to work with the trust but there were still concerns. Dr Fiona Lemmens added that this was a very difficult situation and the lack of signs of improvement highlighted problems with the Acute Medical Take and that the Board were aware of these issues.
- C036 Delivery of commissioned services to meet winter/adverse weather demands. The North Mersey System Resilience Group had hosted a winter planning review for the health economy and additional services had been invested in across Primary Care, ambulance, community, mental health and secondary care systems. The CCG had funded additional winter GP appointments so this was set at a medium risk but would continue to be monitored over the next few weeks.
- C037 Aintree – concerns again over mortality rates following publication of latest SHIMI deaths by the Health

& Social Care Information Centre. Aintree continued to be a key outlier and this needed to be reviewed by the CCG and reviewed through the Collaborative Commissioning Forum and Clinical Quality & Performance Group. It was noted that the North Locality Chair/Co-opted Member was the lead for the Collaborative Commissioning Forum on the mortality workstream and also attended the trust's own mortality meeting as well as being a member of a national mortality monitoring group. The Collaborative Commissioning Forum would be making recommendations to the trust via the North Locality Chair/Co-opted member, however despite the data re SHIMI increases the HSMA and overall mortality rates had reduced. It had been suggested that the trust might collaborate with the Royal Liverpool Hospital.

The Chair noted the need to keep the discussions on mortality at Aintree Hospital ongoing.

The NHS Liverpool CCG Governing Body:

- **Noted the revised and updated risk register and the actions underway to mitigate the risks identified**

Part 5: Performance

5.1 CCG Performance Report – Report no GB 85-14

The 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 2014/15. Further work had taken place on the presentation and content format expanding on outcomes and would be developed further over the next few months. He highlighted:

- Referral to Treatment – overall the CCG had met its 18 and 52 week objectives but patient referral by GPs in August for the Royal Liverpool Hospital failed the target with no obvious reason why.

- A & E Waits – for August/September the CCG achieved 95% threshold but Aintree and the Royal failed to achieve the target in September. Aintree looked likely not to be able to recover the position by the year end. In recent weeks there had been some improvement at the Royal which last week was at 94.9%, therefore it was looking as though changes were embedding.
- Diagnostics – the CCG was demonstrating improvement in diagnostics waiting times.
- Ambulance Response Times – North West Ambulance Service had achieved all three targets for Liverpool but rising demand for Red calls put North West delivery under threat.
- Stroke – there had been slight slippage at the Royal Liverpool Hospital re outliers.
- Mixed Sex Accommodation – there had been improvement, changes made at the Royal Liverpool Hospital meant that issues would be eliminated going forward.
- Quality Premium/Healthcare Acquired Infection – there were no new cases in September re MRSA. Incidences of C-Difficile were decreasing but the planned trajectory for the year was exceeded.
- Good progress made around life expectancy and male life expectancy.
- Smoking Quitters – referrals to Smoking Cessation services in primary care were down.
- NHS England had launched a two year Cancer Screening Plan which would be presented to each GP Locality.

- Health related quality of life for people with Long Term Conditions – self care strategy was being developed to complement the new Integrated Diabetes Service.
- Mental Health - proportion of adults in contact with mental health services living independently – performance improved.
- Next re-iteration of the report would focus on outcomes and change.
- CCG Quality Premiums – NHS England had sent out draft data for 2013/14 but the Analytical Team at the CCG was looking at the data and would incorporate this into future reports.
- Liverpool Women's Hospital Care Quality Commission Inspection Update - this had been discussed under the Corporate Risk Register section – further action was being taken.
- Patient Safety – there had been 55 serious incidents in September 2014, 33 related to Liverpool patients. Liverpool Community Health Grade 3 and 4 pressure ulcers dominated these and the pressure ulcer work stream was exploring previously identified issues around assessment skills, training, competence and staffing. The Head of Quality/Chief Nurse added that the CCG was working closely with the trust to understand the issues. A much better process would be in place next year. The Lay Member for Patient Engagement raised the issue of patients in nursing homes and who were not the responsibility of Liverpool Community Health. The Head of Quality/Chief Nurse assured that District Nurses did come in to contact with nursing home patients and that the Continuing Healthcare Team would also have contact. Work was underway to develop a database for care homes residents re incident reporting and monitoring of patient safety.

- CCG Financial position – year to date there was a small underspend, the total allocation had been increased from the previous month by £5.4m.

The Governing Body members welcomed the changes in format and focus on outcomes and commented as follows:

- The Lay Member for Governance/Deputy Chair asked for a view on national requirements and deliverability from the CCG viewpoint.
- The Local Medical Committee Secretary referred to national targets and enquired if children's weight and nutritional data would be in the next report. The Head of Operations & Corporate Performance noted that the national data was out of the date, the Interim Director of Public Health noted that new data was expected very soon and that local proxy measures/indicators were being sought to add a further level of intelligence.
- A GP member referred to the indicator for composite avoidable emergency admissions and the use of the programme areas in achieving this.
- The Matchworks Locality Co-opted member noted the rise in respiratory deaths and decrease in cancer related deaths and wanted to be assured that the efforts of the CCG were allocated appropriately. The Chief Officer noted that the purpose of the November Governing Body Development Session was to review our priorities for effect over the next six months and ensure we were focussed effectively. The Governing Body Clinical Lead for Respiratory noted that a great deal of work was being carried out to understand the reason for increased respiratory deaths. The Governing Body Clinical Lead for the More Independent Programme advocated the use of the More Independent Programme/Telemetry in helping COPD patients and promoted the difference this would make. The Head of Strategy & Outcomes added that a Healthy Lung Project was about to be introduced and that there was a need to report systematically on COPD which

was being done and looking at the impact of solutions implemented.

- The Chief Finance Officer referred to A&E performance and Referral To Treatment – A&E performance was failing by provider. NHS England had funded additional capacity in order to meet referral to treatment targets and we needed to understand that this was being used effectively.

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.**

6. QUESTIONS FROM THE PUBLIC

A question had been submitted by Mr Sam Semoff which was read out by the Chair:

Background

NHS England – Merseyside in response to an FOI, stated the data for 2013/14 shows that 91.5% of 5 year olds registered with Liverpool GPs had completed their second dose of MMR, in the year to April 2014. However only 69.1% of 5 year olds registered with Princes Park Health Centre had completed their second dose, in the year to April 2014.

Thus I would wish to ask the following:

- 1) *Given reports of an increase in cases of measles, is the percentage of 5 years olds registered at Princes Park Health Centre who had completed their second dose a matter of concern for Public Health?*
- 2) *What are the reasons for the percentage of 5 years olds registered at Princes Park Health Centre being 22.4% below the figure for 5 year olds registered with Liverpool GPs?*
- 3) *What actions are being taken to address this problem?*

A detailed written response had been prepared and was given to Mr Semoff. In summary the Chair commented at the meeting:

- It was important to maintain high immunisation levels.
- Princes Park Health Centre was in the Picton Neighbourhood which due to the cultural/ethnic diversity of the population was a particular challenge in communicating the need for vaccination and achieving uptake. This needed to be approached differently.
- The Liverpool Central Locality Chair noted that there were a number of Neighbourhood projects to address this and the Neighbourhood Champions were assessing and would pick this up.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 9th December 2014 at 1pm, to be held in the Boardroom at Arthouse Square.